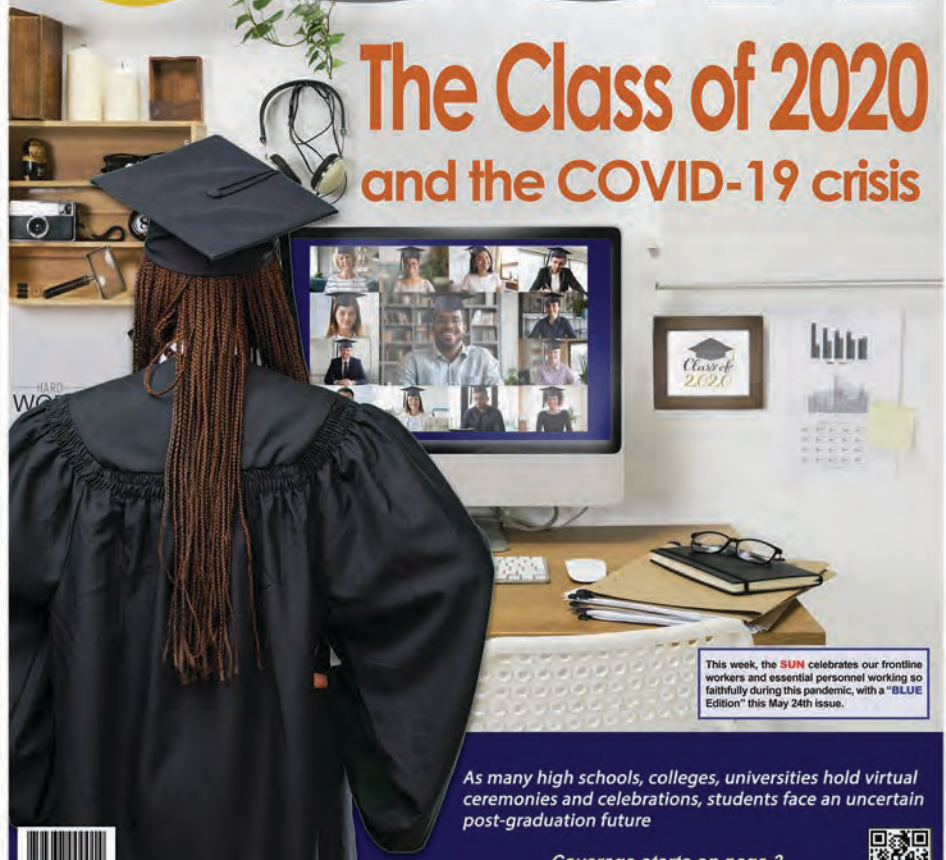
THE SUN HONORS ALL WHO SERVED THIS MEMORIAL DAY ! — INTRODUCING THE SUN SPOTLIGHT SECTION! — GETTING TO KNOW MORE ABOUT REGISTER OF WILLS TRACEY GORDON

THE PHILADELPHIA SUNDAY

MAY 24, 2020

SUN

The Class of 2020 and the COVID-19 crisis



This week, the SUN celebrates our frontline workers and essential personnel working so faithfully during this pandemic, with a "BLUE Edition" this May 24th issue.

As many high schools, colleges, universities hold virtual ceremonies and celebrations, students face an uncertain post-graduation future

Coverage starts on page 2

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A Matter Of Wills

In her first 100 days as the City of Philadelphia's Register of Wills, Tracey Gordon has been helping city residents do the things they need to do, pandemic or no.

By Denise Clay

You wouldn't expect marriage to be the first thing that comes up in a conversation with the City of Philadelphia's Register of Wills.

But when I sit down with new Register of Wills Tracey Gordon, it's where the conversation started.

Not a lot of people know that the Register of Wills handles marriage licenses, Gordon said. In fact, most Philadelphians probably discovered that the office performed that function when, due to the coronavirus pandemic, Gordon announced that her office would be making "Quaker marriage" licenses available for essential workers and others who needed a ceremony performed due to a medical emergency. "Quaker marriages" which are based in Philadelphia's Quaker tradition, can be performed without an officiant, Gordon said.

Once someone goes online to fill out the paperwork, they then have to send it to the Register of Wills with a check or money order, she said. An online payment option is coming as well.

It's become a popular program, she said.

"We were the first to do virtual probate and virtual marriages," she said. "I didn't want anyone to have to call an elected official or expose themselves to the coronavirus for this. New York is doing virtual marriages now."

But while Gordon is more than happy to be a part of the love and happiness of marriage, she's also thinks that couples need to understand that there is more paperwork involved than the license itself.

"I want to start educating people on the business of marriage," Gordon said. "People know all about the love part, but marriage is also a business. It's a contract. It has everything to do with property and children."

Tracey Gordon

Helping people become more aware of contracts like marriage, wills and housing titles are just some of the things that Gordon has been taking on since becoming Register of Wills in January. Despite having to deal with a pandemic during her first 100 days, she has managed to put together some programs that have been duplicated other places and has moved toward being an office that no one knew much about become more accessible to the public.

The **SUN** spoke with Gordon about her first 100 days, some of the changed she's made to the office, and why she'd like to make sure you can see William Penn's will.

SUN: Thanks a lot for giving us some of your time, Ms. Gordon. You've been the Register of Wills for 100 days now. What would you say has been the biggest surprise about the office and what's been your biggest challenge?

TG: The biggest surprise has been the pandemic, which led to my biggest challenge, believing in my thought process. We had to collaborate to work from home and it took us a week, but we decided that as a team that we could do this.

SUN: How has your office managed to do everything it does from home? You handle a lot of important things that you kind of have to do in person. How are you doing that?

TG: We're using Zoom.

SUN: You are the first new Register of Wills in Philadelphia County in 40 years. What changes have you made to the office? How have those changes worked out?

TG: In addition to bringing more diversity to the office, a couple of the more important things we've done have been related to probate. In addition to allowing people to do emergency probate matters online because of the pandemic, I no longer allow attorneys to make the decisions when it comes to probate. My name is going to be on the decision, so I want to make it. It's just common sense.

We've also stated deferring probate fees. These fees can run anywhere from $400-$500 and that's too much for some families, so it becomes a hindrance to getting things done. I don't have the authority to waive them, because that comes from the state, but I can help that way.

SUN: Mayor Jim Kenney had to make a lot of cuts in his 2021 fiscal year budget because of a $650 million hole in the city's budget caused by the coronavirus. How has that impacted your department?

TG: We had to reduce our budget because the cuts impacted everyone. But we're self-sustaining. So it didn't hurt us that much.

SUN: One of the phrases you introduced us to when you were on the campaign trail was the phrase "tangled title." This is when someone passes away and such things as who inherits the family home can't be completely figured out because it's not clearly delineated. Have you been able to work on that?

TG: Yes, I have. I've been working with Community Legal Services, the Senior Law Project and the Christian Law Service on this. I've already been fighting to fix this for years, because your home is your best source of generational wealth. If you're not in a tangled title situation, you know someone who is. If you don't have a will, this can happen and have consequences, especially for those in poverty.

SUN: For a while, former Councilper

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Online *continued from page 6*

cases produced by companies promising to replicate the traditional graduation experience.

Some are passing up on celebrity speeches, though, saying the online events aren't meant to be an exact replica of the campus event. At Rice University, officials are hosting an online event with no guest speaker. Instead, the school hopes to bring graduates back for a belated ceremony on campus with the previously announced keynote speaker, New York Times columnist Nicholas Kristof.

And some others are skipping online events entirely. Officials at the University of California, Berkeley, say they surveyed students and found it was their "clear preference" to pass on a virtual celebration and aim for a campus celebration later. A message from the university said it's "too early at this stage of the pandemic to finalize when and how we will mark this milestone."

TO THE
DOCTORS WHO
ARE LISTENING.
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A class act amongst us

By Andrea Lawful Sanders

Leah Sheppard and Dr. Ala Stanford are two women who may have previously crossed paths because of their affiliations in Philadelphia and beyond, but a dire need in the Black and Brown community became the glue that would forever bond how they came together.

The Philadelphia Chapter of The Links , Incorporated, have donated $13,300 to the Black Doctors COVID-19 Consortium. Chapter president Leah Sheppard talked with the SUN about the organization's participation in this effort.

Group shot of the members of The Links Inc., Philadelphia Chapter during the check presentation: Leah Sheppard, Evelyn Semple-Quinn, Dr. Ala Stanford, Mahlene Duckett-Lee, and Frances Jones.

Leah Sheppard, president, The Philadelphia Chapter of The Links, Incorporated (on the right) in the photo with Dr. Ala Stanford.

SUN: Describe how you learned about the COVID-19 consortium, and how you arrived at the place of donation and the amount.

Leah Sheppard: The Philadelphia Chapter of The Links, Inc. was looking for an opportunity to support an organization on the front lines in the battle against COVID-19. From job loss, to closed schools (including colleges and universities), to food insecurity and the lack of PPE, we looked at a broad spectrum of areas that could benefit from support – specifically financial support from our organization. We learned about the Black Doctors COVID-19 Consortium (BDCC) through both national and regional news reports, as well as through some chapter members who knew Dr. Ala Stanford or had been involved with her nonprofit in some way. We connected with BDCC to gain a better understanding of their mission, funding needs and current funding sources. Once we gathered that information, we received a unanimous buy-in and offered our partnership with the goal of helping to increase the availability of testing kits for African American communities across the city.

SUN: What is the impact that will be gained because of that donation?

Leah Sheppard: According to Dr. Stanford, our donation will assist the Black Doctors COVID-19 Consortium in not only diagnosing COVID-19 cases, but in working to improve overall health equity and outcomes in the African American community, which is also one of the areas of focus for The Links, Incorporated. Our donation of $13,300 will help with purchasing supplies, PPE, and educational materials, as well as providing volunteer resources, transportation to area sites, etc.

SUN: What programs are the LINKS involved in locally?

Leah Sheppard: Aligned to the overall focus of The Links, Inc., the Philadelphia Chapter initiates community impact programs through five facets, which include Services to Youth, The Arts, National Trends and Services, International Trends and Services and Health and Human Services. The programs are implemented through strategies such as public information and education, economic development, and public policy campaigns. Two of our current partnerships are with the Salvation Army and their work to eradicate human trafficking and with Girls, Inc. of Greater Philadelphia & Southern New Jersey providing mentoring and learning resources through their existing programs.

I met Dr. Ala Stanford when I invited her to be interviewed at WURD radio station the first week of March 2020 to acknowledge her as a woman of excellence during Women's History Month. She is a world-class pediatric surgeon who was born and raised in North Philadelphia and a gregarious soul who carries a heart of love for her people.

When Dr. Stanford learned there were WURD listeners who refused to adhere to the government warnings about COVID-19, she immediately agreed to become the medical correspondent for the show and would call in twice a week for several weeks to update us. Her explanation in simple terms about the dire impact the virus could have in the Black community, led to countless citizens in Philadelphia taking her words seriously.

After weeks of reporting to Philadelphians, and being highlighted across the country for her work here, Dr. Stanford announced that she had pulled together a group of Black doctors locally, to begin testing the citizens who had no access to drive-by testing, no insurance and were not considered essential workers. This led to the creation of the Black Doctors COVID-19 Consortium (BDCC), whose mission is the education and advocacy for African Americans to reduce the incidence of disease and death from coronavirus.

African Americans are being diagnosed at a disproportionately higher rate than other groups and are dying from coronavirus at a higher rate than other groups. To address that need, the Black Doctors COVID-19 Consortium was born. We have built a mobile COVID-19 testing operation. Their goal with the mobile unit is to provide a testing alternative that is BARRIER FREE to test for coronavirus disease in our hardest-hit areas in Philadelphia. Black Doctors COVID19 Consortium (BDCC) is an initiative of It Takes Philly, Inc. a 501c3. Dr. Stanford saw a need, then began the work with support from local churches, community members, and the Philadelphia Chapter of The Links, Incorporated, who gave them a giant booster shot with their most generous donation. This is a prime example of what is possible when the community joins arms with the underserved among us.

For more information on how to help fund the consortium, please visit: www.realconciergemedicine.com and click the link to their GoFundMe page.

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CORONAVIRUS PANDEMIC

VA says it won't stop use of unproven drug on vets for now

By Hope Yen
ASSOCIATED PRESS

WASHINGTON — Facing growing criticism, the Department of Veterans Affairs said last Friday that it will not halt use of an unproven malaria drug on veterans with COVID-19 but that fewer of its patients are now taking it.

In responses provided to Congress and obtained by The Associated Press, the VA said it never "encouraged or discouraged" its government-run hospitals to use hydroxychloroquine on patients even as President Donald Trump heavily promoted the drug for months without scientific evidence of its effectiveness. Still, it acknowledged that VA Secretary Robert Wilkie had wrongly asserted publicly without evidence that the drug had been shown to benefit younger veterans. The VA, the nation's largest hospital system, also agreed more study was needed on the drug and suggested its use was now limited to extenuating circumstances, such as last-ditch efforts to save a coronavirus patient's life.

In the first week of May, 17 patients had received the drug for COVID-19, according to VA data obtained by the AP. The department declined to say how many patients had been treated with hydroxychloroquine for the coronavirus since January, but a recent analysis of VA hospital data showed that hundreds of veterans had taken it by early April.

"VA has not endorsed nor discouraged the use of hydroxychloroquine in COVID-19 patients and has left those decisions to providers and their patients," the VA said. "While all drugs have the potential for adverse events and some drugs in particular, like hydroxychloroquine, are known to have specific risks, when they are used carefully and judiciously, they can be managed safely."

As of last Friday, 11,883 veterans had been confirmed to be infected with the virus and 985 had died, according to VA statistics.

Responding to written questions from Sen. Jon Tester, the top Democrat on the Senate Veterans Affairs Committee, the department admitted it had no studies or evidence to back up Wilkie's claim that hydroxychloroquine had shown effectiveness in younger veterans in particular.

"The use of hydroxychloroquine for COVID has dropped off dramatically," the VA said. Trump repeatedly has pushed the malaria drug hydroxychloroquine with or without the antibiotic azithromycin, but no large, rigorous studies have found them safe or effective for COVID-19, and they can cause heart rhythm problems and other side effects. The Food and Drug Administration has warned against the drug combination and said hydroxychloroquine should only be used for the coronavirus in formal studies.

Two large observational studies, each involving around 1,400 patients in New York, recently found no benefit from hydroxychloroquine. Two new ones published Thursday in the journal BMJ, one by French researchers and the other from China, reached the same conclusion.

Tester, who received VA's responses this week, said he remained concerned about the drug's safety.

"Any drug used to treat patients with COVID-19, especially veterans living with debilitating preexisting conditions, must be proven safe and effective before it's administered," he said. "Given recent studies from both VA and other hospitals, hydroxychloroquine seems to fall short of those requirements."

Major veterans organizations and Democrats including Senate Minority Leader Chuck Schumer had called on the VA to explain why it allowed the use of an unproven drug on vets. Last week, a whistleblower complaint by former Health and Human Services official Rick Bright alleged that the Trump administration wanted to "flood" hot spots in New York and New Jersey with the drug. Jeremy Butler, CEO of Iraq and Afghanistan Veterans of America, said Friday that his group was heartened by the VA's preliminary explanations and called it imperative that it release additional details. "It remains concerning that it took this long to begin to get answers to basic questions," he said.

The analysis of VA hospital data, done by independent researchers at two universities with VA approval, was not a rigorous experiment. Researchers analyzed medical records of 368 older male veterans hospitalized with confirmed coronavirus infection at VA medical centers who died or were discharged by April 11.

About 28% of veterans who were given hydroxychloroquine plus usual care died, versus 11% of those getting routine care alone.

In its response to Congress, the department provided copies of some of its guidance issued to VA physicians on hydroxychloroquine from March to May. It made clear that hydroxychloroquine should be considered mostly for use in clinical trials or when medically appropriate after a full discussion with the patient about risks.

The VA did not explain the circumstances in which veterans in the recent analysis of hospital data were given the drug, only suggesting that "it is possible" they were prescribed as part of last efforts to save a patient's life.

"Based on the principles of patient-centric care, it would be inappropriate to deny patients access to hydroxychloroquine under these dire circumstances," VA wrote. It said it had followed the approach of the National Institute of Allergy and Infectious Diseases by "summarizing the medical literature regarding unapproved treatments for COVID-19 and making that available to VA clinicians in their shared decision-making with patients." That guidance now includes preliminary studies on remdesivir, which has been federally approved for emergency use to treat COVID-19.

One VA document dated March 25 notes a few "very small cohort studies" show-

VA *continued on page 31*

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A Millennial Voice *with Danae Reid*

Katt Wilkins—photography's saving grace

Katt Wilkins, a renowned photographer from New Jersey, has admitted to having a difficult time adjusting to a world where her passion – photography – is considered one of those things that we "shouldn't" do, during the COVID-19 pandemic. As a person who struggles with depression, anxiety, and OCD, photography was one of the best ways for her to cope. She has since found creative ways to channel that energy.

SUN: Your job at the hospital has of course persisted, but the thing that you really love, photography, has taken a backseat due to the current pandemic… It seems that your current position is quite perplexing because on one hand, you're still making money consistently, but on the other, your passion has taken a backseat and I could only imagine how grueling your hours are at the hospital. Can you tell us a bit about that and how you're feeling as a result?

Katt Wilkins: It's a really frustrating for me because I've always been a photographer with a job, and now I just have a hospital job. I feel like I've lost a huge chunk of my identity without photography. It was what keeps me calm and sane, which I could really use during this time. I'm constantly stressed and anxious working at a hospital. I have days where I just get so overwhelmed that I just can't do anything, especially after a hard shift at work. And then sometimes I have this burst of energy – it's hard because most days are a combination of both of those extremes.

SUN: A lot of creatives have attested to feeling stifled, and dare I say, hopeless in regards to their craft. How difficult has it been to keep your passion alive in the current state of our world? What measures have you taken to combat these feelings?

Katt Wilkins: The self-portraits help a lot. I've also been working on re-editing old work or photos I've overlooked or found. Eventually I'm going to redo my website completely and rebrand... I've also been chatting with other people about shoots we're planning for after the quarantine. It's helping me feel productive and normal.

SUN: You've been doing a lot of self-portraits to keep you sane over the past few months, and they all seem to have a certain twinge of vulnerability and maybe – anxiety. Nonetheless, they're pretty dark.

Katt Wilkins

As an accomplished photographer, it seems that the photos you take, especially of yourself, are an extension of your spirit. What are you trying to convey in these photos?

Katt Wilkins: I'm a person with severe anxiety, OCD, and depression. A lot of my self-portraits are essentially describing that. I'm a person who has to be busy or else my brain takes over and I'm helplessly overwhelmed with my thoughts. So I try to capture what it's like living with these types of problems because sometimes it's truly hard to describe in words. It's also been helping a lot with my confidence. I've always been like extremely insecure about my appearance and I'm always photographing such beautiful human beings. I'm starting to see myself the way I see the people I photograph.

SUN: FaceTime photoshoots have all but taken over social media as an alternative to creating at a distance. What are your thoughts on the trend? Do you think it will continue beyond the lockdown?

Katt Wilkins: I modeled in my first FaceTime shoot and it was pretty cool. You really have to communicate and work together to pose, position your phones, etc. I think a lot of the communication gets lost when you're in person. Sometimes you have people that just don't talk during shoots or expect the photographer or model to come up with everything on their own. This kind of breaks that barrier and encourages teamwork in shooting. I definitely think it'll stick around for a little... Especially with photographers and models who live far from each other.

SUN: What fears do you harbor about your life and your art post pandemic? How have you confronted those feelings?

Katt Wilkins: I definitely worry things will not go back to normal for a long time. I feel so much for the hair stylists and makeup artists of shoots during this because everything will change. I worry we'll all never feel "safe" again. I'm trying to educate myself on this virus as much as possible and that helps me confront these fears in a way. The more I know, the better I feel and can rationalize things. It was difficult in the beginning because honestly nobody knew much about this virus, so I stayed away from the news and what not.

SUN: Follow up: What do you hope to see post pandemic? (Can be about your art, your life, the world, etc.)

Katt Wilkins: I plan on changing a lot about my life after quarantine. I have a list of goals to complete before 2020 is over and I'm going to accomplish all of them. It's mostly about taking control of my life again. Trying to make myself happy and feel the most alive instead of being in constant depressions and ruts. I've lived my life being whatever I needed to be for everyone else, and I'm seeing now that I deserve to pursue my own dreams. I'm really hopeful – and I have a really good support system at the moment.

SUN: Last question: Where can people find your art?

Katt Wilkins: Until my website is back up, my work is on my Instagram account, @kattwilkins

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City of Philadelphia VISIT PHILADELPHIA

HEALTH

Be the change:

Registered nurse rejoins frontline caregivers in the fight against COVID-19

BPT

It's early afternoon on a Thursday when Donna Portscher walks through the doors at a DaVita dialysis center in north Georgia. It is a familiar setting – the faces, the clean smell of a medical center and the sound of dialysis machines in the background. She pays visits to dialysis centers like this one countless times a year as an employee of DaVita, one of the largest providers of kidney care in the U.S. But this time is different. She'll be treating her first patient in more than eight years – he's recently tested positive for COVID-19.

"I wasn't nervous because this patient was COVID-19 positive," says Portscher. "I was nervous because for the first time in many years I was working shoulder to shoulder with one of our nursing teams to deliver life-sustaining care that would keep him as strong as possible to fight the virus."

Before joining DaVita as a clinical services manager where Portscher enjoyed facilitating new hire trainings, she worked as a registered nurse. Even as she made the change to supporting clinical teammates from a business office instead of a dialysis center, her passion for direct patient care never left. When the first dialysis patient in her area was hospitalized due to COVID-19, Donna heard the call for volunteers willing to provide care to patients with COVID, returning to the outpatient setting. "I said yes because I knew I could help," she shared.

Dialysis nurses must receive special training and education to care for the complex needs of patients with kidney disease. Portscher spent the week following the initial call attending training sessions, completing the required courses, and demonstrating the skills necessary to rejoin her clinical teammates. Finally, the day came that the patient was healthy enough to be discharged from the hospital and return to an outpatient treatment center.

"Once I met the patient I would be treating, I was overwhelmed with hope," she says. "He looked strong and I knew this was the start of his recovery."

COVID-19 poses a hazard to the health of over 37 million patients with kidney disease in the U.S. They are more often immunocompromised compared to the general population. In general, they are some of the sickest and most medically complex patients in the health care system.

Maintaining the ability to treat kidney disease patients in an outpatient setting is a twofold benefit: It helps limit their exposure to the virus and it limits the potential hazard of over-burdening hospitals that have recently seen an influx of COVID-19 patients. For kidney disease patients recovering from COVID-19, regular dialysis treatments help support overall health and reduce the risk that they will be rehospitalized for kidney-related complications.

"I know that the work I'm doing now is helping my community," says Portscher. "Without us, our hospitals would be overwhelmed with patients."

Donna will continue caring for patients over the coming weeks until the number of COVID-19 positive patients levels off. Since the onset of the virus, over a thousand clinicians have rejoined the heroic care teams at DaVita centers nationwide.

"I felt a tremendous sense of duty to return to patient care during this crisis," she says. "At DaVita we have a saying, we 'Give Life.' That strikes me now more than ever."

Don't ignore heart attack symptoms, even during COVID-19

BPT

It's your heart. Don't hesitate.

If you're experiencing symptoms of a heart attack or stroke, doctors urge you to not delay seeking treatment because of COVID-19 concerns.

During the COVID-19 pandemic, doctors across the nation are reporting a sharp decline in patients coming to the hospital for heart attacks and strokes. These conditions don't stop during a pandemic, and the decline has doctors worried that many people experiencing symptoms may not be seeking treatment, or that they are seeking treatment only after their condition has worsened. Delaying care could pose a significant threat to your health.

"Heart attacks and strokes required emergency care before the COVID-19 pandemic, and they continue to require emergency care now," said Sean D. Pokorney, MD, MBA, assistant professor of medicine in the division of cardiology at Duke University School of Medicine. "If you are experiencing symptoms, contact your doctor or call 911 now, as you may need immediate care to save your life."

Contact your doctor for these heart attack & stroke symptoms

You may be having a heart attack if you have symptoms such as:

- chest pain
- difficulty breathing
- discomfort in your chest, arms, back, neck, shoulder or jaw

You may be having a stroke if you are experiencing:

- numbness, weakness or loss of movement in your face, leg or arm, especially on one side
- loss of balance
- confusion, including trouble speaking or understanding

Health experts urge you to contact your doctor or call 911 if you are experiencing any of these symptoms.

Hospitals have safety measures in place to protect you

Patients may be understandably nervous about going to a hospital during COVID-19, but hospitals have implemented many safety measures to protect you from coronavirus. These facilities are ready now to safely care for you if you are experiencing serious health issues.

"Hospitals are doing everything possible to ensure the safety of patients who need critical care," said Pokorney. "With all of these measures, going to the hospital is probably at least as safe as going to the grocery store. Certainly the consequences of not seeking timely care for heart attacks

Heart *continued on page 27*