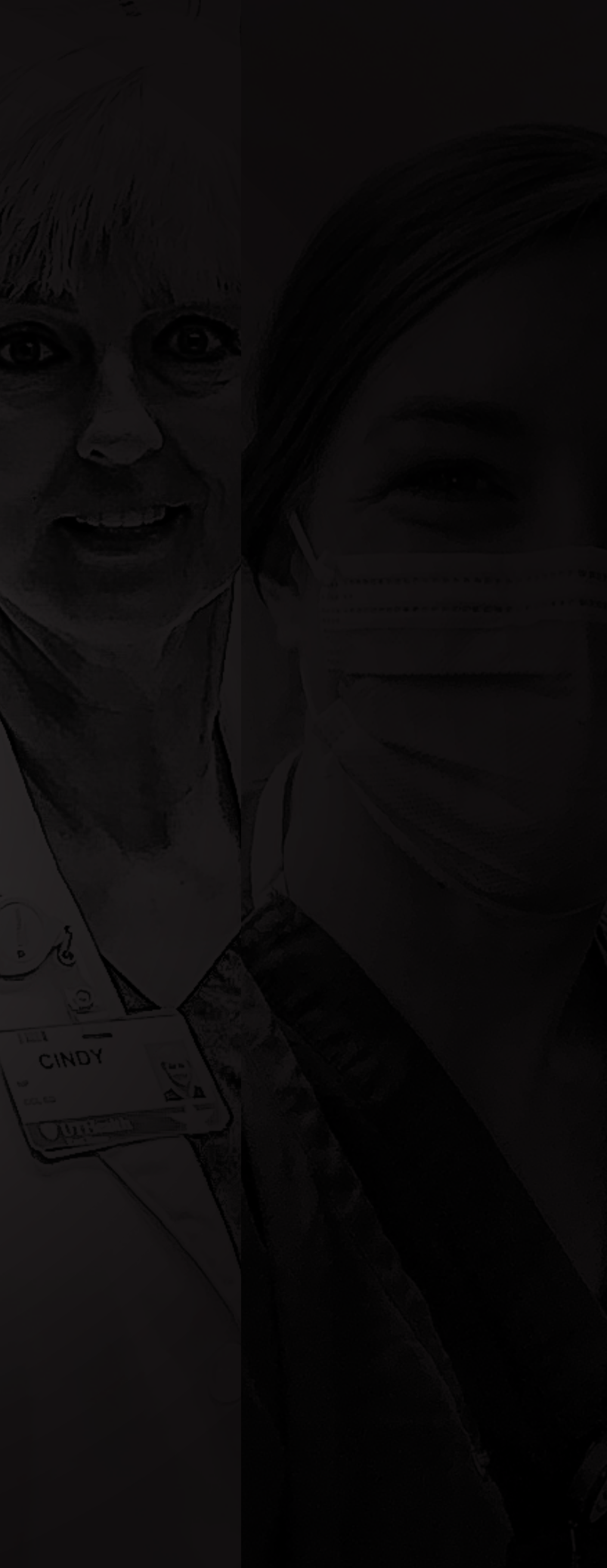


FROM THE FRONT LINES

Angus family heroes serve in the medical field during the COVID-19 pandemic.

by Karen Hiltbrand, American Angus Association



*“My name is Daniel McFarland,
and I am an administrator at
Johns Hopkins Medicine, and I
grew up showing Angus cattle....”*

Considering his upbringing working on the farm and caring for livestock, it only made sense that Daniel McFarland would one day work in healthcare. Little did he know he would do this during the coronavirus pandemic.

“I got into healthcare with the intent to positively impact the lives of others,” he says. “Naturally any hospital is a business, and so we need to see patients. But, we don’t ever want to see a large influx of patients who come in for something we aren’t able to treat.

I think our team here has done a really good job of treating coronavirus patients, but it takes a toll on them. These patients come in with a different type of disease, and ensuring they are provided with the clinical needs necessary takes a lot of work.

I think the biggest thing that we need to continue to have is hope. But also, realize that there is always a lesson to be learned in the midst of situations like this. For me, I always go back to my faith, and that things are going to work out.

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If we continue to have hope, and we continue to work hard, then we can do what my friend Cory Watt always said, ‘To do our best and let God do the rest.’ That’s something that is pretty cool, and shows up to be consistently true throughout our lives. I know it’s really hard and really scary right now, but just imagine how much more exciting our reunions will be with our Angus family.”

“*My name is Cindy Ahearn, and I am a family nurse practitioner...*”

As the owner of her own wound care business and as an emergency room nurse, Cindy has been a caretaker her entire life. From calving cows to caring for her patients, her innate ability to help others is a gift.

“My mom has this picture of me as a nurse, and I’m giving shots to my baby doll when I was probably 5 or 6,” she says. “I’ve always liked caring for people and caring for animals. My mom used to be an office manager for a veterinarian, and as a kid, I would go in and sit on the stool and watch surgeries. I have always had an interest for what’s on the inside, and I love the cattle in that way and when we have to try and figure out if someone is sick.



CINDY AHEARN,
WILLS POINT, TEXAS



DANIEL MCFARLAND,
BALTIMORE, MARYLAND

They are tired, though; the staff is tired. Tired from wearing gear the whole shift. Tired of trying to educate people. Tired of being taken away from the things that normally would receive their attention. We don’t have less heart attacks or less strokes; we don’t have less miscarriages or less sudden respiratory distress syndrome just because COVID-19 is going on.

I want the public to know that as a nurse practitioner, we are here to take care of you, and that is just what a nurse does — they don’t think twice about it. It’s part of the makeup of a nurse to be compassionate for others, and all nurses put ourselves last. I don’t care what age you are, how long you’ve been working — a good nurse will always put themselves last — everyone else comes first. That’s why a lot of nurses over the years have health issues, from the stress they put themselves through, and that’s why a lot of nurses have burnout. But, you do it for other people, and I don’t think twice about it. I consider it a gift God has given me to use.

When I go to work, I don’t think about being exposed. I go to do my job and do my best to reduce the risk of getting exposed or exposing others — but it’s not like it makes me not want to go. You go to work because it’s your job, and I love it. I want everyone to know that nurses are putting themselves last to put you first.”

My name is Lauren Coor, and I manage a pharmacy and work on my family's Angus farm in Hillsboro, Ohio...

From the pharmacy to her family's seedstock operation, Maplecrest Farms, Lauren's life hasn't slowed down a bit since the coronavirus came to the United States.

"A lot of people are short on money from not working, so they aren't able to pay for their medicine," she says.

"I had a patient who came in last week whose job has laid him off for the time being. With the factory being closed, this man's benefits got cut. Now, he is on a medication that has helped him transform his life and become a better person. The medicine he takes prevents him from relapsing to his past life, as he was an addict. The cost of his medicine went from like zero dollars to over \$200. In that instance, what do you do? Do you stand there and just watch as he's leaning on his steering wheel, basically crying and saying, 'I can't not have this.'

That just one story, but it hit me as one great story of someone who benefited from that prescription. He really turned his life around, and we try to work with patients to make ends meet, but legally when their employers cannot open,



LAUREN COOR,
HILLSBORO, OHIO



employees' benefits get restricted momentarily. And in this case, the patient had no idea.

Those are things that are really hard because there's nothing that you can really do, I would love to pay for all the people that can't afford things, but I can't afford that either. So, you have to find that happy medium of how to help them."

My name is Sarah Hill Schaffer, and I am a pediatrician...

From growing up in rural America to working in impoverished areas of Indianapolis, Dr. Hill Schaffer's perspectives are a good reminder that we all have the same basic needs and worries.

"My biggest fear is that my husband and I would be sick from COVID-19 at the same time. I've gone through a whole range of emotions in this. You know, it's a difficult place to be when you know the virus is out there, and you know that you are going to be exposed. I know I already have been exposed and luckily not gotten sick.

My husband, he intubates critically ill patients [who have] this virus. We know that we will be exposed, and we will get this virus. It's not so much a matter of when, but how, and what will it look like for us.

I have a photo of myself holding a baby while I am charting. I touch my patients, and I hold them. I hug the parents of my patients. Actually, I remember it was on March 13, we were literally in chaos trying to figure out how to make changes, and one of my first patients that morning was a 3-year-old who I diagnosed with type 1 diabetes. It's a really hard diagnosis for a pediatrician to make because you are changing that family's life forever by giving them that information. That morning I couldn't hug the parents — and that was horrible. I mean, it still brings tears to my eyes. It was really, really horrible to not be able to give them the attention I felt like I needed to give them.

Another challenge is not answering the questions that I'm used to having the answers to. As a doctor,

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I'm used to knowing things, I have 20 years of experience, and right now, I don't have a lot of the answers. My job is to help people clarify facts but, in the end, I don't have all the answers, and that is a really difficult place to be as a doctor."

My name is Mallory Trospen, and I am an acute care nurse practitioner at the Johns Hopkins Hospital...

Trospen, a past National Junior Angus Association (NJAA) Board member is using her resiliency learned on the farm to treat COVID-19 patients at the Johns Hopkins Hospital.

"I think growing up in an agricultural setting, you know the show has to go on," she says. "No matter what else is happening in your life or the world, the work of the farm always comes first. Whether you have time for everything or not, you make time. And I think in this setting, work still goes on, life goes on. Life does look very different for us all compared to just a few months ago. But you know that today is one day, and tomorrow is a different set of challenges. For me, I see my current job, just as I grew up on the farm — no matter the obstacles, the work has to be done, and you find a way to make it happen. As a medical community, we go in every day doing the best that we can for our patients,



MALLORY TROSPER,
BALTIMORE, MARYLAND



SARAH HILL SCHAFFER,
CARMEL, INDIANA

our community and the health of our country as a whole, so we can get through this and get back to some sort of normalcy.

It's been pretty rough here. Having family back in Missouri, I know things are very different there. The Baltimore/D.C. area certainly has not been affected like New York, but it hasn't been easy. I think that's the part that I struggle with — we have an entire country of people who are asked to make sacrifices, and it's hard to understand why you have to make these sacrifices when it's not personally affecting you. It's really about doing something for the greater good. For myself and colleagues, I think our unit converting back to a non-COVID-19 unit was a silver lining. It felt as though things were settling down, and starting to feel a little bit more normal. Our day-to-day practices however are still very different compared to three to four months ago, as we continue precautions to mitigate disease spread.

Every day, I get emails from the hospital about where our numbers are, including how many people are on ventilators, how many in ICU, and it was pretty daunting for a while as the numbers grew higher and higher. Now, it feels like we're getting a little bit better. It's hard. I am being cautiously optimistic for the fear that this will flourish again in the fall. While I am eager to fly home to visit my family, and simply get out and about on a more regular basis, I remain cautious." **AJ**

Editor's note: Look for more #AngusFamily Moving Forward stories like this in upcoming issues of the Angus Journal and online at www.Angus.org/MovingForward.