

WorkWell

A Deloitte podcast series to empower your well-being



Resilience in times of crisis

Jen Fisher (Jen): Hey, this is Jen. Before we get started with today's show, I have a quick ask of you. I want to hear from you if the show has helped you in any way, please take a couple of minutes to rate and review this show. Let us know what you think, let us know what's helped you, let us know what you want more of, what you want less of, but just take a couple minutes to do that. It would mean a ton to me and it'll help us get better and better in the future. I really do want to hear from you.

When the COVID-19 pandemic hit. We were told to shelter in place. But while most of us were isolating in our homes with our families, frontline and essential workers continued to do the work needed to keep society afloat and citizens safe. In a health crisis, emergency responders, in particular, are bearing the burden of helping those that need it the most. These brave individuals are seeing firsthand the impact of the pandemic. Hi, I'm Jen Fisher, Chief Well-being officer for Deloitte and host of the WorkWell podcast series.

Mike Kearney (Mike K): And I'm Mike Kearney, the risk and financial advisory CMO for Deloitte and host of the Resilience podcast series. This is a special COVID-19 collaboration episode!

Jen: So, Mike, what are we doing here today?

Mike K: Jen, I am fired up and I'm sure you are, to be joined by Mike McCabe, chief of operations at McCabe ambulance service. And he's a podcaster as well, which is pretty cool. Mike and his team have lived and worked through several crises, from 9/11 to COVID-19 response, and many different public safety and medical incidents.

Jen: All right, let's get started, Mike, welcome to the show.

Mike McCabe (Mike M): Thanks so much for having me.

Jen: I want to start with you—learning about you. Tell us who you are, tell us your story, all your details, you know, all the good stuff.

Mike M: Sure. So my name is Mike McCabe. I am the owner and the chief of operations of McCabe Ambulance Service in Bayonne, New Jersey which happens to be a family owned and operated ambulance service, which is 48 years old. My father started it back in the early seventies. And we have been doing the 911 service for the city of Bayonne own since 1983, exclusively. We are located approximately five miles from Manhattan, so we serve on many committees and task forces that deal with large scale incidents in this region—which we have been involved in almost all of them—fortunately, or unfortunately, however you look at it—over the last you know, two to three decades.

Jen: So you've seen a lot.

Mike M: Yeah, absolutely. So I'm a paramedic by trade as well. I also work in another system to maintain my skill set and kind of separate myself from the management side of things. And I do that in Elizabeth, New Jersey which is approximately two miles from where I am here in Bayonne.

Mike K: So Mike, let me jump in really quickly. Obviously, like you said, you've seen a lot of disasters and crises—probably everything from my guess, 9/11, throw in a hurricane or two, and now the COVID-19 pandemic. What are some of the things that you've learned? And you can take this any way you like.

Mike M: Sure, absolutely. Well, you know, I guess, you know, to start, I've been programmed to deal with chaos just by my family, I would think because I grew up around it. You know, when I was younger, my father would respond to emergencies and I would be in his command vehicle with him, whether it was any high rise fire or a, you know, a pedestrian struck by an automobile or things like that. So early on it resonated with me. And when I graduated from college I wasn't exactly sure which path I was going to take. And I graduated with a marketing degree and while I was looking for employment, I decided to go and get my EMT and ride on the ambulance in Bayonne while I tried to figure out what I was doing. And I did that for three years as a regular EMT on one of the city units. And, you know, I started to really get a passion for it. And at that point, you know, I really started to figure out that this was going to be the path for me in my life to continue doing this, helping people, serving a capacity where you can make a difference. And I think that just being around those types of incidents, where, although they may be chaotic, where you have the ability to make a difference in someone's life or a family's life it certainly intrigued me. It certainly isn't for everyone, but you know, you have to figure out a way to compartmentalize certain things and, you know, deal with them in, in ways that others may not be accustomed to doing.

Mike K: So Mike, you said early on that you're programmed to do this type of work. Can you really be programmed? Can you learn it? Is there something that you could maybe share with others that maybe haven't been in disasters and crises like you've been in so that they could actually prepare themselves for it, because ultimately at some point in our lives, something really difficult happens that we need to be ready for. So, how did you program yourself?

Mike M: Yeah, it's a good question, Mike. And I think you point out, too, like complete buzzword stigmas as far as programming and compartmentalizing, you know, some

of those things that we probably shouldn't do. I think that when I say that, I say it in a respect that, you know, you have to take a look at the incident and say to yourself that you're going to do the best that you possibly can with what you have in a certain situation.

Mike K: What about for emergency workers over the last six to seven months, has there been anything different from maybe other experiences, crises, disasters and what has it been like for them as they've been on the front line of COVID-19? And, you are literally in the thick of things so, how about emergency services professionals? What's it been like for them?

Mike M: Yeah, Mike I think that the last, like you say six, seven months, the COVID era here it has taken on a different tune as far as we're concerned, because we're used to dealing with you know major incidents, but they usually go away rather quickly. Right. So we deal with them. We move on from that situation in, you know, even on larger scale events in a 24 to 36 hour period, this was an ongoing incident that really we saw no end to. And we still don't, you know, as we speak currently. And so, it was very difficult because this was almost an invisible enemy to us. And when we deal with, you know, major incidents, we know the casualty count and we know what we have to do to tend to those patients, but now we had to tend to patients, but we also had to make sure that we didn't get sick. And so it became a double pronged issue. Whereas we had to make sure we did the best that we could for our patients while also assisting hospitals and surge. But in the process, we had to make sure that we were protecting ourselves so that we didn't become victims.

So from a boots on the ground perspective, I don't think that everybody really truly understood what emergency medical services is or was. It was a very trying time for us, the bravery of these individuals just stood out so much.

From the administrative side, we had to just make sure that we were tending to all of the issues, as I said, not just patients and surge, but also making sure that the measurements were taken to protect our personnel.

Jen: So, Mike I'm going to push on the programming and compartmentalizing and in the emotional piece of this, because I appreciate what you said, but you were all also still human. You might be super humans, but you're still human. And, in your own experience or you know, just an experience that you're aware of. I mean, at some point, something has to impact you, or get to you. And, let's be honest, let's talk about mental health. I mean, mental health societally is so highly stigmatized. So how, you know, how is this dealt with in the EMS community? And what does that look like? Cause I have to imagine that there's trauma there regardless of how well you're trained it has to seep through, I would imagine.

Mike McCabe

Absolutely. Jen, a great question in a sense that I think that you touch upon something that's been ignored for a very long time in the emergency service sector. I think that it's always been stigmatized in a sense that it was weakness if you admitted to being affected or impacted. And I think now we are seeing the repercussions of that with increased suicide and you know, certain vices that are being used by responders: alcohol drugs, all of these things that were used as coping mechanisms. I think it's opened the eyes of the response community now. And I also believe that there are a lot of things that are happening to say, hey, listen, we can't continue down this pathway.

Some of the things that we do—we like to hold open ear programs, you know, during COVID, we made sure that we had an open line of communication to our staff. We held weekly calls sometimes twice a week during the surge so that we allowed our staff to decompress. They did it from home—everybody was welcomed to do it. And then the open ear program was, listen if somebody wasn't feeling right, they had the ability to talk to any one of their peers we're very much in tune with the fact that listen, unless you have seen, felt, smelled what we have dealt with, you can't relate to it. And so it's very difficult.

Jen: Yeah. I'm a fan of whatever works. I mean, certainly there are times where we need, you know, escalated care, but just the dialogue amongst the teams—I commend you for doing that. So Mike, what do you do to take care of yourself? I want to get personal here.

Mike M: Yeah, you know, I tend to just look at things through a different lens. I try to remain positive as much as I can. Like I said, you know, not all outcomes are always great, but I look at the good things and, you know, I try to focus on those things and always say the things could be worse. I guess what I do is I look at things that I have seen with negative outcomes and say, hey, listen, that didn't happen to me. And then of course you also have things that you do outside of work, you know, whether that is with your kids or coaching baseball or playing hockey or playing drums or any, any type of thing that takes your mind off of those things and kind of brings you back to a better place. There's a million different ways you can do it, but you just have to make sure that you do it, you know, and that's one of the things that we try to really impress upon our staff.

Jen: You brought up family, um, and I know you have a family and you grew up in a family business. I mean, what's it like as a child of the frontline heroes?

Mike M: My father was one of the first EMTs in New Jersey and he actually started the company because he was interested by the show Rescue that was on the seventies and he wanted to be them. And so he started it with one ambulance and my mom answering phones. And that's kind of the way the whole thing unfolded. And you know, he's been in EMT and, again, I learned so much from him growing up. And even when I got into the business, I was just a line EMT. You know, I certainly wasn't put in a management position. We both responded to 9/11. He was very much impacted as he has subsequently received a double lung transplant, which we're coming up on four years in October. So yeah, we were intimately involved in that together. We've been very much involved over the years. So yeah, it's, like I said, it's always been in the blood.

Jen: With your family and COVID and the fear of bringing it home. What's that been like for you and your teams?

Mike M: Yeah. It's been difficult. You know, there's a lot of the time you're just trying to figure out the best ways. And when this started again, well, up here in the Northeast, we were some of the first to be so heavily impacted by this. We were learning on the fly, right? So we were getting recommendations on a daily basis. So that's difficult to do because, you know, you have to put certain policies in place and then, you know, potentially audible on them within two hours and make sure you disseminate that during a process where we're answering, you know, 60 calls a day with, you know, COVID positive patients that are literally going into the hospital and being put on a ventilator. So, you know, it's complete

chaos and pandemonium, and then you compound it with the fact that, you know, I also hold collateral duties as the County Coordinator, and also one of the state leaders on the EMS task force.

So not only am I taking care of the local side, which is my company, but I'm also taking care of 12 other municipalities needs, and then also bringing in resources on a state level. So it starts to get overwhelming. But when you have a good team that you have in place, you rely on them a lot to make sure that the things go smoothly.

Mike K: Hey, Mike, I'm really curious, because you've mentioned a couple of times that this is kind of been in an elongated crisis, which we've all seen, and we're still in the middle of it. How do you motivate the people that work for you to come to work, especially in those early days when you're saying, you know, we're picking up people all day long, we don't know really the severity of COVID at that point in time. How do you motivate your people?

Mike M: I think, you know, Mike, honesty. I think that honesty with your staff--it drives them. I really try to subscribe to basically like four basic tenets in my leadership style. Action, empathy, acknowledgement, and then modification, right? So, you know, if we have the ability to plan, that's great, but a lot of times in our business, we don't. So we act, and then after we act, we have to make sure that we have that empathy for our staff to understand what it is they're going through, you know, from a management perspective that's why I say I work in a different agency as well as a line medic, because it brings perspective as to what these individuals are going through. And then you have that empathy, you can acknowledge their concerns and then make changes or modify after that.

And I think that's what we did, you know, right from the beginning, as I said, we were all in the same boat, not really understanding what was going on. And so we were honest with them and we said, listen, if you have a family or you're concerned about this and you don't feel comfortable, you just tell us. And we had a few people bow out. But I will say for the most part, the high percentages of our staff stayed onboard. And we maintain that empathy the entire time, as I said, whether it was encouraging them, or whether it was saying we were in this together, or, you know, and again, little things making banners for them Making sure, I mean, we had every single day, we were fed by the community through donations of food. I mean, they couldn't send enough because of the appreciation that they showed for our people. And it was heartwarming. It really was because they deserved every single thing that they got. And I think that kept them motivated. Cause it, it made them realize how important they were to this process.

Mike K: I love the tie of what you said about you can't plan for some of these challenges and you obviously had a number of challenges coming at you and you've had a change in environment. Can you talk about maybe an example of a solution, a creative solution that you may apply, but maybe more importantly, the underlying thinking, because what I hear you saying is we're kind of working through a lot of unknowns or having to think through kind of solutions on the fly which is extremely important in an unfolding crisis. So maybe to parts of the question, one love to just hear kind of a creative solution and maybe the thinking that goes through identifying the issue, coming up with a solution, trying it out, and then moving forward. Any thoughts on that, Mike?

Mike M: Sure. you know, so creative solutions in this really were, you know, how best are we going to, you know, protect our people. And so ironically, we, we realized that when this started, you know, we had to cut down on the cross contamination. So one of the things that we immediately put into practice was making sure that we decontaminated the back of the ambulances after every single job. Right. And I think that that kind of gets, you know, thrown to the wayside sometimes where people think, Oh, well you automatically wipe those down after the jobs. We'll have to be honest, you know, that when you're doing 60 jobs, you know, it's tough to maintain that type of disinfectant practices. And are you wiping down effectively? So we actually purchased an electrostatic sprayer approximately three weeks prior to COVID hitting here because we were going to start to clean our ambulances better anyway.

And just by the grace of God, when that hit, we automatically implemented that policy, that quick solution by spraying ambulances between every single job. And I'll be honest with you, Mike, we had incredible outcomes on the so minimal and almost nonexistent cross contamination. We only had three of our individual, three of our employees come down with COVID very mild symptoms. And as I said, we were answering 60 to 70 calls per day for you know, a month and a half. So, you know, that type of quick fix was like, okay, let's just figure out this solution now. So that as we move forward, we have to implement it early, right. Or else we're going to have negative outcomes. So that was one of the quick fixes that we did.

Mike K: Yeah. It's, it's really just more about kind of the mindset, especially in kind of an unfolding crisis of how you actually solve problems real time. Just your thinking of how you apply that. And probably not even just during COVID has probably given the nature of the work that you guys do. You know, what you need to do every single day. And, I guess what I'm trying to get at Mike is I come from the corporate world, we're always talking to executives around how you respond and manage crisis. These you're kind of in DNA crisis every single day. And there's different ways that organizations and leaders respond to crisis. And so I'm really curious, like as something's unfolding and you got to come up with a solution, what's your mindset as to how you approach that?

Mike M: I think that you have to be open minded. I think that in situations that we deal with on a daily basis, like you said, you know, we plan, we try to plan, we try to mitigate against certain things, but it changes so often that we have to look at the problem, but we also have to be open to input from others, right? So you, as a leader, ultimately the responsibility and the onus is going to lie on you, but you have to have that input from your staff, from your personnel on there, because otherwise it's very, very unifocal. And, and it's truly, you're doing yourself a disservice because you can be overlooking something else. It's not to say that, that input you're going to take and, and say, absolutely, we're doing that, but you, the more input you get, I feel the better you are in making a true and solid decision.

Mike K: Yeah. I totally agree with that. And in some respects you cannot plan for every crisis and you probably know that way better than I do. And it's almost like you need kind of those core skills and capabilities and maybe mindset in order to adapt to any given situation. And as you just added on, you need to use the people that are around you and get input and collaborate on solutions real time.

Mike M: I think that we learn a lot also from our past practices that we are able to implement as we move forward. You know, so some of the things that we did during Superstorm Sandy, which was huge impact here in the Northeast, we were able to take those mitigation practices and put them in place here, because we knew that this was going to be a very long term operation. And so, you know, you'd start, you, it's like a cookie cutter type thing where you take a little bit from here and there, and then you implement it. It's never going to be the same, but you can start to take some of those best practices and implement them so that, you know, you're not changing the entire game plan.

Jen: How do you and your team and other first responders feel about all the first responder, parades and celebrations that were happening during the time?

Mike M: So when now when you say parades, do you mean like saluting hospital staff and things like that?

Jen: Well, here in South Florida, we actually had Ambulances kind of go around the city and people would come out of their homes or on their balconies and, you know, and cheer. And so I call that a parade. But there were also obviously the salute saluting the hospital workers, any of the first responders.

Mike M: Yeah. So we didn't necessarily have a lot of people come by us. It was more like them sending letters or food or donations. What we did from the EMS side is we actually put together some drive by salutes to hospital staff, you know from different hospital networks, because they were just so inundated inside. And just nonstop, you know, from the EMS perspective, we were able to pick patients up, drop them off and then go back to society. Right. Whereas they were in the hospital for 12, 24, 36 hours without any time to take mask or PPE off or come outside. They were repurposing space inside the hospital, like cafeterias and everything else. And, we wanted to show them our support. And so we would establish, you know long, long lines of first responders that would go by the hospital as they stood outside and we would salute them.

And we thought that that was the best way that we could, you know, keep their spirits up. And I can tell you from speaking with them, they were super emotional about it because they realized that they weren't alone. They, you know, they understood that we were behind them. I thought it was great.

Jen: Yeah, no, the reason I ask is because, you know, it was always something that brought me hope and, you know, just to kind of, even for a moment, right. But I, I never really knew how some of the first responders felt about it. So I didn't know if it was more for the rest of us or if you all actually really appreciated it too. So I appreciate you indulging me on that answer.

Mike M: Yeah, no, we, we certainly, we definitely appreciated it. It was a breath of fresh air. You know, we had the Blue Angels fly over for us here, which was awesome. You know, again, it's those little things that you don't really think make a big difference, but they do, they make a huge difference to the responders.

Mike K: So maybe the takeaway here is for everybody to go out and thank those that are on the front line.

Mike M: Yeah. We'll take it when we can get it, but, you know, it's tough, Mike. I mean, especially EMS we're always been misunderstood or not on the same level of understanding as law enforcement and fire. And like I said, you know, the COVID pandemic really brought up to the surface, what EMS does for the community.

And I think that that was really special. I think that the responders really appreciated that. And any time that you can show them that support, it goes a long way for them who, they constantly work their tails off.

Mike K: Hey, just out of curiosity, Mike. Is there something that as you've reflected on the last six or seven months that you don't think has been reported that you think should have been maybe it's been reported, but it hasn't gotten national attention that you think it should, and that may be from an EMS perspective, it could be from a patient perspective, a doctor perspective, whatever you think it is, what do you think is something that you'd like to shine a bright light on?

Mike M: You know, I think that one of the big things that I think responders and health care personnel have an issue with is just this whole division on face masks being worn out in public. And I know that I've had this conversation with many of my colleagues, physicians alike, and I host a podcast as well, where I speak to a lot of physicians from other areas in the country. And when we went through it, it was hell, there's no way of, you know, describing this, you know, that there were bodies that we had to find areas for. And so that type of vision and that type of situation is something that you never forget and don't ever want to revisit. And so to know that something as simple as face masks and I think maybe just from a human perspective and my perspective is difficult to deal with after going through and continuing to go through what we go through today.

Jen: So on the flip side of that, what's one thing that you think is particularly meaningful. That was, you know, that has either come out of this or happened at the height of the surge or just something that happened that really mattered to you or provided a lot of meaning?

Mike M: I think the comradery amongst this health care industry, not just EMT paramedics nurses, but also the hospital personnel, the nurses, the physicians, the comradery was very, very strong and became very strong because we became each other's advocates and that's not to take away the other responders, but this really was primarily a health care specific operation. You know, usually when we have these large scale incidents, disasters, it's all agencies and all disciplines involved, this was specific to health care, right. And so we were each other's shoulders to lean on during this. And I think that that was, that was pretty special. And, you know, also just saluting those people, like we spoke about, about the parades or, you know, having patients that came out after being, you know, three or four weeks on a ventilator celebrating that, you know, we're, we're always so quick to point out the negative numbers, but when we were able to point out the positive numbers or somebody going home off a ventilator, you know, that really charges up people, right?

And like you said, we, a lot of times, whether you're compartmentalize or whatever else, it's very easy to get down. And I find that if you focus more, like I said, on the positive, then that's going to recharge people. And so rather than reporting those daily death numbers all the time, you know, getting those signs on the outside of the hospital and the patient 1 51 to leave this hospital is huge. It was huge to us. It was uplifting. And again, it was great for the health care industry.

Mike K: So, Mike, do you feel like a ping pong ball yet? Like you go from Jen to me to Jen?

Mike M: I don't mind. It's great. It's a good flow.

Mike K: This is the first time we've done this. So this is kind of fun.

Mike M: Oh, cool.

Mike K: One of the things that we talk about kind of in the business world and what we try to help clients think through and quite frankly, one of the reasons I started this podcast was to help organizations learn from others that have dealt with crisis risk and crisis risk and disaster. The thing though that I think is interesting is, you know, most senior executives, most leaders want to know what's kind of around the corner, which is almost an impossible feat. And so we talk about oftentimes is being kind of prepared for the unknown. And I know that's very difficult, especially in your line of work, but what are the things that you do personally and prepare your employees to prepare for the unknown so that when a crisis hits or something that they've never seen, even though they've seen almost everything, I'm sure you probably see new things all the time. What do you do to prepare them?

Mike M: Yeah, it's a good question. Because I think in this industry we're used to preparing for But I'm going to be quite honest with you. This is something that we really didn't prepare well for. And I don't think it's just specific to, you know, EMS or health care. I feel like as a nation, we didn't really prepare for this because it was almost unbelievable. Right. And I think that as this started to unfold, you know, we're quick to act, but as you step back and say, oh my word, how did, how did this happen? Right. So I think now this, if nothing else, this has raised our game to say, Hey, listen, we have to be prepared for literally everything. And, and as I've always said, we're a very reactionary society. So whatever's happening at that point. You throw all your eggs in that basket. But I think that one thing that we can never lose sight of in our industry is you never take your eye off the ball and you never think that this isn't going to happen tomorrow because anything can happen in any given day. So we can be in the middle of this pandemic and we can still have that sarin attack tomorrow. And so if you aren't prepared at all times, you will fail.

Mike K: That's great.

Jen: So I think we're supposed to be moving into lightning round. But it feels like we've already been in, or maybe you've been in lightning round and Mike and I have just been hanging out.

Mike M: Am I doing alright?

Jen: You're doing fantastic. So, and I just have one last question for you based on your experiences with COVID-19, but, you know, you can broaden that to almost any of the work on a day in day out basis that you have, what's one piece of advice that you have for the rest of us?

Mike M: I think that one piece of advice is to honestly I would say that you have to make sure that you enjoy and you, you know, take solace in all of the good things that exist in your life, in the present moment. And I don't mean to get too you know, sappy or anything like that, but we've seen some really terrible things occur in the last five months. You know, we've seen people that were completely healthy die within two weeks that got this virus. We lost 15 MTS in the state of New Jersey to COVID. That's unheard of for us, right? I mean, we're exposed to viruses and bacteria all the time and 15 EMTs died. And I just think that it's, it's brought a different type of perspective on things also because of what we're dealing now with the, with the division in this country. I think that the desire to do better and to recognize the gifts that you have in life have to be of paramount importance to people.

Jen: That's great advice.

Mike K: Here's the one thing I believe to my core, and this is, I think what you're getting at is first of all, life's hard. I mean, like, if you think about like the last hundred or 200 years. And I think I saw this somewhere. Like if you were born in 1900, you know, you went through the Spanish Flu, you went through World War I, the Depression, World War II. I mean, so it's not like it's new where we have all of this hardship, but I think the people who do very well have hope for the future—that could see kind of a brighter day, because you really don't have an alternative. Alternative could be, you go dark and that's not a good place to go. And I'll pivot to my question. I'm actually gonna start with the last one I was going to ask you, but you know, given the fact that you've been through everything, what, what gives you hope Mike? Like, why are you hopeful for the future? You've been through 9/11, hurricanes. And now COVID-19, why are you hopeful?

Mike M: I think I'm hopeful because I made it through all those things. I honestly, feel there's probably nothing that we can't deal with. You know, when we go through these things, it's almost a badge of honor for us to say, we've been there, we've done that. I mean, in my 21 years in this industry, I've been to 9/11. I've been to a Miracle on the Hudson, which was an actual joyful event. Believe it or not, because, you know, when you hear a commercial airliner landing in the Hudson, you don't think that you're going to get there and see all of those individuals standing on the wings of the plane. You know, we've been through Superstorm, Sandy, we've been through—and I've been through an active shooter. There's so many things that I've seen, but we've gotten through them. And so that gives you hope in a sense that you say, listen, we know that we serve a purpose, we know that we can make a difference and you take pride in that.

Mike K: Ah, that's fantastic. So this is a mashup of WorkWell and Resilient, but when I started Resilient four years ago it really was to talk to people that had really led through crisis, risk, and disruption. And so I always love to end with the simple question of, you know, what, in your opinion, based on everything you've been through makes a resilient leader, like what is one or two qualities that stand out?

Mike M: I think that humility is absolutely number one. You should never put yourself above anyone else. I honestly feel that those that do that certainly undermine their attempts to be a good leader. I think that empathy is another one. And I think that courage is also one where you have to be courageous enough to make difficult decisions, but you're doing it with empathy involved in it.

I'm so grateful Mike McCabe could be with us today to share his personal story on the impact of the pandemic. Thank you to Mike Kearney for co-hosting and thank you to our producers and our listeners. You can find the WorkWell podcast series on deloitte.com or you can visit various podcatchers using the keyword WorkWell, all one word, to hear more. Don't forget to also check out Mike Kearney's podcast, Resilient and Mike McCabe's podcast on EMS world. If you like the show, don't forget to subscribe so you get all of our future episodes. If you have a topic you'd like to hear on the WorkWell podcast series or maybe a story you would like to share, please reach out to me on LinkedIn, my profile is under the name Jen Fisher, or on Twitter @jenfish23. We're always open to your recommendations and feedback. And of course, if you like what you hear, please share, post, and like this podcast. Thank you and be well.

Individual speakers' views, experiences, and treatments/remedies are personal in nature, do not constitute medical advice, and may not be suitable for everyone; nor are they in any way sponsored or endorsed by Deloitte. All information presented here is intended for your general knowledge only and is not a substitute for professional medical advice or treatment for specific medical conditions. You should seek prompt medical care for any specific health issues and consult your physician or a mental health professional as appropriate.

This publication contains general information only and Deloitte is not, by means of this publication, rendering accounting, business, financial, investment, legal, tax, or other professional advice or services. This publication is not a substitute for such professional advice or services, nor should it be used as a basis for any decision or action that may affect your business. Before making any decision or taking any action that may affect your business, you should consult a qualified professional advisor. Deloitte shall not be responsible for any loss sustained by any person who relies on this publication.

Deloitte refers to one or more of Deloitte Touche Tohmatsu Limited, a UK private company limited by guarantee ("DTTL"), its network of member firms, and their related entities. DTTL and each of its member firms are legally separate and independent entities. DTTL (also referred to as "Deloitte Global") does not provide services to clients. In the United States, Deloitte refers to one or more of the US member firms of DTTL, their related entities that operate using the "Deloitte" name in the United States and their respective affiliates. Certain services may not be available to attest clients under the rules and regulations of public accounting. Please see www.deloitte.com/about to learn more about our global network of member firms. Copyright

© 2020 Deloitte Development LLC. All rights reserved.