



## Resilient: Confronting the COVID-19 crisis

Actionable insights to help businesses respond and recover

### Episode 21: Health care: Responding and recovering with resilience

#### Host:

[Mike Kearney](#), partner and chief marketing officer, Deloitte Risk & Financial Advisory

#### Guest:

[Kevin Sowers](#), president, Johns Hopkins Health System

[Michael Dowling](#), president and CEO at Northwell Health

[Ken Abrams](#), chief medical officer and managing director, Deloitte Consulting LLP

**Mike Kearney:** Welcome to Resilient. My name is Mike Kearney, the Risk & Financial Advisory CMO. With 17 episodes in the Confronting the COVID-19 Crisis series, we are going to break from convention. We will be exploring the other side of this crisis from the health care provider perspective.

At the nexus of innovation and ingenuity, health care has had to adapt quickly to meet the needs of patients and communities. How are these frontline leaders managing through the crisis? What lessons of resilience can they share? How have they empowered front line practitioners in this time of crisis?

Today, I am honored, deeply honored, to be joined by two leaders at world renowned health care institutions, Michael Dowling, CEO of Northwell, and Kevin Sowers, president of Johns Hopkins Health System. I'm also pleased to have Ken Abrams join Kevin and Michael. Ken is a Deloitte managing director and chief medical officer. They and their teams are some of the real heroes of this crisis. Let's hear what they have to say.

Mike, Kevin, and Ken, welcome to Resilient. We have been through one of the toughest periods in recent memory as a nation and as a global community and the term resilient,

which we actually named our podcast four years ago, is very much in vogue. Mike and Kevin, as leaders of two of the most recognizable health care systems in the US, and Ken, as a Deloitte leader who has been in the thick of COVID-19, I just want to start off with a question. What does resilience mean to you? So, Mike, I'm going to start with you.

**Mike Dowling:** Delighted to be here. Thank you for the invite, again. For me it means being able to deal with adversity. Somebody once said that you don't fail when you lose, you fail when you quit. So, resilience means going through difficult times, getting back

up, knowing that you're going to get knocked down, which is not in itself a bad thing, but it's the ability to get up and keep moving and having the strength to do so.

I think that we saw that being played out in an amazing way during COVID, and the resilience of the staff that went through extraordinarily difficult times and quite frankly, more difficult times than most of them ever knew that they would ever actually go through, but they came in every day, got back up, doing the thing that they did yesterday, despite the deprivation of the situation and the circumstance. So, it's basically handling tough times and having the grit to maintain your sanity and your commitment during a difficult time.

So adversity, by the way, it can be a wonderful teacher. I believe that adversity is a very positive thing. You benefit from adversity. If anybody has never had any adversity, it's hard to know whether or not you're resilient or not. So that's how I would define it.

**Mike Kearney:** Hey, Mike, thank you. And I love that word grit. And I actually wrote an article just a few months ago—when looking at my life and thinking about resilience, the times that I actually grew were in those kind of dark moments, the times where it really tested my character. So I love your answer. Kevin, how about you?

**Kevin Sowers:** Thank you first of all for having me. As I think about the word resilience, I want to talk about what it's not. Because for a lot of people that I've spoken to in the healthcare industry, the word has become a vogue word. And because of that, many people feel that that word represents that "I personally have done something to myself and I've got to fix myself." There are instances where there are things that happen in our lives, but the word resilience is not to push blame on the individual. Because as we look at what Michael was saying about adversity, that's not something that we personally have control over, as I use the pandemic as an example. And it really is about how we rise above the chaos. We understand and acknowledge and respond to and manage our own emotions around that chaos, but then the real question is, how do we act on the other side of that?

And how do we act in terms of taking care of ourselves, managing our own emotions, and then responding within an organization in the midst of a crisis or in the midst of chaos. And so, for me, it's the ability to take care of yourself and manage all those components, but yet rise above it, to lead either a group of people or an organization through very difficult and challenging times.

**Mike Kearney:** Kevin, I love, and I've never actually heard that response before when I've asked this question about resilience, about the importance of managing your emotions. But now that I think about it just out loud, it's difficult for you to move forward and to be resilient in very difficult times if your emotions get the better of you. So, I think that's a fantastic answer. Ken, what would you like to add?

**Ken Abrams:** Well, Mike, first of all, thanks for having me join these two illustrious gentlemen, who I've had the privilege of knowing for a good number of years now and working together with them. So, it's a pleasure to be here with Mike and with Kevin. Always tough to follow the two of them, but let me offer a couple of thoughts around resilience. There's an ability to demonstrate agility with your resilience; that is, you can meet adversity and be very stiff and structured in how you respond, or you can be very agile in how you respond. Part of that response is about being flexible, being able to recover, but being able to do so with compassion, and compassion for the situation that's taking place, compassion for yourself as you're going through that, and also the compassion for others around you that are experiencing similar challenges and how you can help them be able to recover and respond in favorable ways, as opposed to potentially destructive ways.

**Mike Kearney:** We've all had to really think about how we instill a resilient mindset with the people that we lead and that we work with. And I'd love to hear you, and Kevin, I'm going to start with you this time. How do you instill a resilient mindset in your people? Maybe the better question is actually, can you? What are your thoughts on that?

**Kevin Sowers:** So first of all, as a senior leader, you have to be able to manage your own emotions before you can effectively

lead the rest of the team because if you become emotional and bring your emotions to the table, it will only stimulate further emotions within your team, which then leads to a nonproductive place. The team will tell you that I focus primarily on listening and responding to your emotions, but as a leader what I will respond to are the facts. And the facts are not always completely well shaped. If I use the pandemic as an example, every day we were learning something and sometimes every hour we were learning something new in the midst of the pandemic. And so, your ability to take those facts in and understand how it's going to impact policy, how it's going to impact process and systems within your organization is critical.

But if you allow fear of becoming infected or all the other emotions that come with what's happened, during the pandemic and then you layer on top of that the issues that we've seen in racism, and the social disparities for the African American and Latino population during the pandemic, clearly that is a layer of emotion that we need to acknowledge and listen to, but it should not drive us. Facts should drive us as to how we need to act. And so that's the balance I use with the team. I'm always willing to listen to your emotions, but I will respond to the facts.

**Mike Kearney:** And, Kevin, I'm just curious, obviously I think what you're talking about is you lead by example. Will you communicate this way of leading in difficult times to your executive or leadership team? How do you teach others kind of this way that you have managed through the challenging times?

**Kevin Sowers:** So, the team will tell you it's not uncommon for me to ask the question, "Are you wanting me to listen to your emotions? Or are these facts that I need to understand?" Because when somebody comes at you in the midst of a crisis, you'll get a mixture of both in a conversation, but I try to help the team separate that and tell me how you're feeling right now, and let's get through that and understand that, but then let's walk through what the facts are and how are we going to respond to those facts.

**Mike Kearney:** I love it. So you give them space to share their emotions, but then you

move them to facts. That's great. Hey, Mike, what about you? What are your thoughts on this? How do you instill a resilient mindset with your people?

**Mike Dowling:** One is to stay calm when things are difficult, is to stay very calm. Calmness in a crisis is important, because it sends a message. I agree with Kevin, if you jump around from one emotional state to another, it can be very, very disconcerting. The other part of this is to have, even in a crisis, a high degree of optimism that you're in the crisis that has been bestowed on you or has come at you from someplace else that you wouldn't anticipate. But you have to be optimistic about the fact that you can succeed and you will get over it. And these things come and go. And, it's like a term I've often used with staff is stand back from these situations and look at it from the balcony. It's like watching a sports game. If you stand back from the sports game and you look down on the whole playing field, you see a very, very different game than you do if you're right up front close by. And I encourage people to stand back and put things in perspective. Because when you're in a difficult circumstance, you may get to the point of believing that nobody ever went through something as difficult as this, and this is the hardest thing anybody has ever gone through. And you've got to get them to realize that, no, that's not the case. No matter how bad it is, there has been worse. People have gone through worse circumstances. I also believe very strongly that direct personal communication is important. You can send information by text or email or written communication, but face-to-face communication to me is extremely important. I spend a lot of time on that. I think Ken recognizes this from his time when we worked together. I go directly to the front lines.

And this is another point I just want to make. Your leadership team is not your C-suite. That's part of your leadership team. Your leadership team are your frontline supervisors, your middle managers, your people on the floor, your people on the ground, on the front lines. That's your leadership team. There is often a big disconnect between the leadership at the

C-suite level and the rest of the organization, and there is always often a failure to communicate from the C-suite down. So, you have many leadership teams, so you have to be very, very careful that you don't make the mistake of only thinking the C-suite is your leadership team. Being calm, optimistic view, face-to-face communication, and standing back from it a little bit. And, as I tell staff half the time, just sleep on it overnight, because when you wake up in the morning, things are never as bad as you thought they were the night before.

**Mike Kearney:** There is so much gold in here. I would say the one thread through all of the leaders that I've spoken to over the last four years is what you said, Mike. And that is optimism. I use the word hope, that if you don't have hope for the future, it's very difficult to be resilient. So that's great.

I want to stick with you just for a second, Mike, because you brought something up at the beginning of your answer and that was, how do you look for resilience when you're bringing in new people to your team? So can you comment on that? And then, Kevin, I'll go to you and then, Ken, don't worry. We're not forgetting you. We're going to come back to you in a second with an answer to these questions.

**Mike Dowling:** I meet with people at various levels of the organization. And as you know, I meet with all new employees in the organization every Monday before COVID, for twenty years, I met with every single employee that was hired. We've been hiring up to 200 people a week, so that, I've been in personal contact with them. I'm less concerned about where they went to college or what their score or the grade point average was, that for me doesn't matter much. I want to know what they have done. What was their background like? What experiences did they have before? What circumstances have they been in that have been somewhat difficult? How did they handle it? I am much more interested in the totality of the person than I am about the grades of the college or quite frankly just what's on a CV.

It's that totality of the human being that I spend a lot of time focusing on.

Can you connect with them at an emotional level. You'll get this gut feeling, or this person has got it, this person is adaptable, going back to a phrase that Ken mentioned.

**Mike Kearney:** I love all of your answers. I'm enjoying myself so much today. The one thing that I would say is probably one of my favorite studies that I've ever seen is one of the number one indicators of success is a high school job. Think about that, a high school job. And so, when you say you look at the totality of their experiences and not necessarily just what's on their resume, that always resonated with me cause that's like real life experience. And quite frankly, when I think back to my high school job, it wasn't glamorous at all. So, Kevin, how about you? What's that?

**Mike Dowling:** And it shouldn't be glamorous.

**Mike Kearney:** Absolutely, it shouldn't be. Kevin, what's your thoughts on this? Do you look for resilience when you're bringing new people into your organization?

**Kevin Sowers:** So, I wouldn't label it resilience. I would align with some of what Michael said, and that is, I really don't look at the CV. I look for, do they have the competencies to do the job and can they articulate those competencies, but what's even more important to me is do they have EQ (emotional intelligence quotient). Because when I look at really managing and leading an organization with resilience, it requires a level of EQ, so that you can really learn to manage yourself, but also then lead people in the organization through difficult times. And I also look for moments where they can describe for me how they've led through adversity, and you can learn a lot through storytelling as to what they might have done well from your perspective and what they could have managed differently. And so, those are three elements that really become important to me as a part of the interview process.

**Mike Kearney:** We have a lot of college students that listen to Resilient, and I think some of what you're giving to them is gold because this cuts against the grain a bit as

to what they expect as part of the traditional interview and recruiting process, the things that you're looking for. So thank you for that.

**Kevin Sowers:** If we went on grades, I would not be the president of Johns Hopkins Health System because they would have found out that I flunked Chemistry 101 my first year of nursing school. So grades, to Michael's point, does not make always for the best leaders.

**Mike Kearney:** I couldn't agree more. So, Ken, what's your thoughts on this broader conversation about the ability to instill a resilient mindset with people, maybe even things that you look for in people from a resilience perspective?

**Ken Abrams:** There's a couple of things that I'll comment on. Mike, first let me pick up on Mike's description of his interviews, because I felt like I was reliving my first interview with Mike over an unplanned meeting that Mike and I had when I first came into interview. So, it was not on the schedule for me to meet with Mike at that time. It turned into a pizza lunch meeting in his office that went on for a couple of hours. So, reliving that experience. Mike, thank you. I passed that one.

But a couple of things around the adversity piece that you're talking about, Mike, and that is, there's this concept out there known as the adversity quotient, just as there is emotional intelligence quotient that exist out there, kind of an AQ, if you will, not something I've developed, but it is in the broader research environment. It's pretty well established at that point that there are components of it that are inherent in each and every one of us, we have different levels of that ability to respond to adversity. But it's also very clear from that research that it can be further developed through experiences, through roles and responsibilities, through challenges that we have in our lives, and through deliberate development and focused effort around that. So I do believe a lot of it starts with a mindset, and coming into these challenging situations like we have with COVID, recognizing that we have to be very practical and tactical in dealing with the crisis in front of us, but we have to be able to instill optimism and hope at the

same time. And I think that word was used by almost all of us at this point now. And I'll always remember something that I learned from my paternal grandmother, when she said, no matter what it is, it could always be worse. And I think if you keep that concept in mind, you can always see the value of the good that's going to come after the challenge and being able to rise up to that challenge.

In talking about selecting people, one of the things that I look for in addition to the things that both Kevin and Mike have already articulated is I look for activities that people were involved with outside of their educational endeavors. So, did they play team sports? Were they part of a band? What kind of interactive activities were they involved with? Because what I've found in health care in particular, it is very much a team sport. And the only way to be able to succeed is if you have a team with multiple skill sets and competencies and capabilities, as Kevin was describing, surrounding you, informing you, challenging you, inquiring of different ways of being able to do things. And those team experiences early on really help build that concept of team in the long run.

**Mike Kearney:** So, let's move to diversity and inclusion. I know diversity and inclusion is important to everybody that's on this call, this interview. Mike and Kevin specifically, can you talk about how diversity and inclusion comes into play and how you lead your organization, especially over the last few months? And, Kevin, I'm going to start with you this time.

**Kevin Sowers:** So, Michael, I would be remiss if I did not say to all of the African Americans and blacks in this country, while I can't fully appreciate what it must feel like because George Floyd's event was emblematic of a much broader set of issues. And so, when I look back and think about what we're working with in our own organization, and I'm working with Sharita Golden, our chief diversity officer, we're really looking at making sure we have, number one, mechanisms in place to support our employees who are really experiencing a lot of pain because of what's happened, personal pain. So having support

mechanisms in place at an individual level. Also creating forums where people can come together and to have a thoughtful dialogue, not just about how this makes them feel, but what's got to change, not just change in our organization, but the communities we live in.

I would also say that this is not a time that we look just to people of color to lead these conversations. It is a difficult conversation for many to have around race and around the issues of racism, but as people across our organization, all of us have to be comfortable having those dialogues and listening and understanding and gaining people's perspective. But we will look different on the back end of this, and it will cause a cultural change within our organization that we need to be prepared to respond to and to help manage moving forward so that we can see an end to what I would call senseless violence. And so, I think it's our obligation as leaders in health care because of the diversity of populations that we serve, that our teams represent the resemblance of what our community looks like and the people we serve. But it's not just hiring for the sake of hiring. It's really hiring for the sake of it's the right thing to do, to have people who look like people who live in the community who have the competencies and skills to help you lead your organization.

**Mike Kearney:** Hey, Kevin, I'm curious. One of the things that you talked about earlier was your approach to giving people space for emotion, but then also focusing on the facts. Can you talk about how you're managing these conversations in the context of that? Because there's obviously a tremendous amount of emotions, but there's also facts. How do you lead through those conversations?

**Kevin Sowers:** There was a conversation I had yesterday. People who are not African American or black, depending upon how people see themselves, and I use both of those terms. The issue is while we had a horrific event, and people saw it on camera, for many people, for many African Americans and black people in this country, there are decades of built-up frustration and emotions that culminate in this event. So, for us to think that it's just about this event,

we're fooling ourselves. And so, someone the other day was in my office and had a lot of emotion around this and justifiably so, but I was trying to understand, are you upset because of racism? Are you upset because of an unjust justice system? Are you upset because there is not a way forward for all people to get education? Are you upset...? And my point was, there are layers to this, and can you really put your finger on what's bothering you most and what you would want to see change? Because in the midst of emotions, all of this kind of comes together, and people aren't able to separate what it is they're feeling and what they attach those feelings to.

**Mike Kearney:** Kevin, what I really liked is what you are doing in those circumstances is you are allowing people to share their concerns, but you're also directing them through a thought process of what is that deeper level concern that you have. Like, let's figure out what the real issue is, because once you isolate that, that's when you can begin to figure out how do you correct it. And I think that's important in challenging times we're obviously emotional, but sometimes we may not be clear on what really is driving that. And so you go through a process in order to get to that deeper level insight, I feel.

So, Mike, let's move to you. What role does diversity and inclusion play in your organization? Once again, especially over the last several months, but obviously this is something that you guys have been working on for quite some time. Love your thoughts.

**Mike Dowling:** Yeah. A couple of things. I completely agree with what Kevin just mentioned. So, I won't repeat that, hopefully. Obviously, we are in very diverse organizations and we live in unbelievably diverse communities. I mean, part of our catchment area is one of the most diverse communities in the world. And diversity of all different races and ethnicities and religions, et cetera. So, I would say that all of us thrown into this circumstance, we all individually have to examine our own feelings about this and our own perspectives. And there's a lot of learning that needs to be done here.

Diversity to me is also about maximizing the use of the talents of everybody in our organization. I mean, if we were to maximize the talents of everybody within organizations and the variability of talent that exists, then we would be so much stronger as an organization and so much stronger as a country. We engage the talents of a lot of people, but we don't engage the talents of a lot of others.

I think that that point has to be strongly encouraged. Listening, by the way, is something that is very, very important, listening to those people that we talk to, but listening to ourselves and how we talk about it. Language is important to here. I was in a church earlier this morning, in a Black African American church in Harlem. And the pastor said to me, you know, the importance of language, because we were talking about some of these issues and the words that we use. I also think that diversity also means, to what extent are we satisfied as leaders in our organization that we are giving maximum opportunity to everybody to grow within the organization. And I constantly talk to my leadership about have we really, really searched for the talent that exists. But we don't search. We don't mine for the gold. We kind of go on the surface and we take that which is easy to take.

And I think that we have to revisit the way we engage our staff, the way we listen to our staff, and the way we promote opportunity for our staff. We are going through a complete reanalysis of everything we're doing in our own organization. And then I would say that there is something else. What is the responsibility of leaders like Kevin and I outside our field of health care in an issue like this? To what extent should we be talking more globally about more global issues. I'm not talking international, but outside of our own organizations. How do we go outside of our comfort zones here?

**Mike Kearney:** I want to go back to a comment that you made, because I'm really curious, because you talked a lot about if we were just able to use the strengths of our employees, gosh, what a great world this would be. Right? And also, sometimes you're picking kind of from the top and not going

deeper. If you were an employee within Northwell, what would you tell that individual who maybe has incredible gifts that haven't necessarily been recognized or they haven't had the platform to do it? What would you tell that person so that they could, so that somebody could find the gold?

**Mike Dowling:** Well, actually this has occurred because we have a very participatory organization, and I'm very involved with all that stuff. What I've taught them when I come across people or people write to me directly, employees write to me directly, I say to them, "I want you to communicate with me directly. You communicate with my HR person directly, or the head of your facility. And when you communicate to the head of your facility, make sure I get a CC on it." And that way you have a good sense of what's going on. Some of it can be very legitimate. Some people may have views of themselves that are not necessarily borne out by experience subsequently. I do think that we give that kind of access. This Friday, for example, we are holding our first major forum as a response to the current crisis with our staff. And unfortunately, we have to do it through mechanisms like this. This is not the right way to do it. To me, I wish I could be in a room with a hundred people, 500 people, and talk about it or in small groups because body language matters. It is not what you hear, it's what you see that matters. And so, unfortunately, we won't be able to do that for a little while. But I strongly encourage my staff to reach down into the organization, and I encourage those that want to talk about the possibilities that they might see for themselves reaching up through the organization. And then you've got to make sure you know those places in your organization, the people that put a damper on that kind of initiative. If they put a damper on that initiative, then you know you have somebody that maybe you should question whether or not they should be in that role.

**Ken Abrams:** Their leadership as CEOs of their organizations is absolutely paramount and really profound. And it's fabulous to see leaders of those kind of health care systems really taking a stand, but I think it goes beyond that. And as important as it is for

all of us as formal leaders in our roles to be able to address the issues of diversity and racism and other components of prejudice, it's equally important that our leaders who are on the front lines, whether that be a med surge unit, whether that be an intensive care unit, whether that be a project team or an account team for us in the firm, that we all take this issue with the same degree of sincerity and seriousness, because we're going to make the difference at the individual behavior change level, where each and every one of us has the ability to act differently, to embrace people differently than perhaps we have in the past, as we look to do things better going forward.

The last comment that I'll make is I think there's a word that permeates through all of this, that both Mike and Kevin were talking about. And that word to me is freedom. And it is the freedom of beliefs, as both of them were talking about, the importance of freedom of thought that embraces and builds on diversity. The freedom of people to express their race, their religion, their sexual tendencies, whatever ethnicities might be a part of who they are, and to do so in an environment which is accepted and appreciated and valued. And I think if we can live those behaviors, then we're going to be able to really address a lot of what we've been stuck in history with around continued racism and the responses to that.

**Mike Kearney:** Thank you for that, Ken.

**Mike Dowling:** Just one other point I'd like to make here. And I may not be able to articulate this. But everything is a balance in life. We have to be careful about what I see as a growing hyper, hypersensitivity where, every least little thing that upsets you, you turn into a major, major problem. And a lot of things are going to upset you and things are going to be said. There is a resilience that is needed in handling some of our circumstances.

**Mike Kearney:** I swear, I could do this interview probably for about three hours, but I want to be very respectful of your time. So, let me go to the next question. And that's, there's been a lot in the media about people that COVID-19 that aren't able to

be with their loved ones during some very difficult times and sometimes it's end of life situations. And the question I'm actually super curious about this is, and Kevin, let me start with you. How do your health care professionals deal with that on the front line?

**Kevin Sowers:** So, Michael, it is one of the most concerning things I've heard as I've rounded with our folks who are taking care of COVID-19. I mean, in all of our facilities across this country, we've created within our hospitals hotspots where we've consolidated and cohorted COVID-19, so limited visitation from a public health perspective is the right thing to do. But to hear the stories of what our providers, our physicians, our nurses, our other types of providers at the bedside have done to try to connect the family with the patient at end of life has been extraordinary. At the same time, while I thank them around managing the sensitivities of that, I also hear in their voice the issues of moral distress. By the way, my background is I was an oncology nurse, so I took care of a lot of people at the end of life, and you're trained on the importance and value of having people there to bring closure and to be a part of that process. And the healing that takes place as being a part, as much as it hurts in losing someone, and to not have that... A colleague of mine yesterday just lost their father, and I was on the phone checking in with him last night. They happened to be Jewish, and so there is the timeliness of burying the body. But they have to only be allowed to have eight members attend the service, and they have to decide which eight family members get to go. So, I see moral distress in our units, but I also see moral distress being caused as an outcome of having death in the midst of a pandemic. So helping people and supporting people when you see that moral distress and the impact it's having on them is a part of what I believe is what the organization needs to bring to bear for its people for them to continue to thrive and survive and move forward in a resilient way in this pandemic.

**Mike Kearney:** Mike, what are your thoughts?

**Mike Dowling:** Well, I would agree with Kevin. What we all saw was pretty extraordinary and depressing. I was on an ICU floor when I spoke to a nurse who came over to talk to me. It was eleven o'clock in the morning. They had most of their shift ahead of them. And he talked to me and said, "We got this, Mr. Dowling." As I'm walking away, his supervisor came up to me and said, "I just want you to know that his mother just died down the hall this morning."

We can recount numerous situations like this. And as Kevin said, family members not able to be involved, although the nurses are doing an unbelievable job of connecting technology-wise with as many people as possible. And I think we're going to see a tail of behavioral health issues and psychological issues, not just on the COVID patients, that's another issue, that have been discharged, but employees. Because remember, this has only been, it's only three months ago that this started. Not a long period of the time. So, I do think that we're going to see a tail on this among our employees.

I was at a unit the other day in one of our hospitals that got patients beginning of March. And the same group of nurses are in that unit since early March to today. They don't want to break apart, despite the fact that we've been trying to give them a break. They're committed to this, which is great, and you applaud it, but you can almost be sure that when it was all over and the last vent patient leaves that unit, you're going to have distress.

So, one of the things we're working on is how do we deal with that going forward? What should our EAP (employee assistance) programs be like? Family issues, because you're going to have family issues associated with this as well. In the middle of a crisis, everybody bands together, and you put up with things that you wouldn't put up with normally, because you're in the middle of the crisis, then the crisis disappears. And then some of the negative legacy of that crisis begins to demonstrate itself. I have nothing but absolutely extraordinary appreciation for the courage and the compassion of our staff in this circumstance. We saw 15,000

inpatient COVID patients, and we were at the epicenter, but you're going to have downstream effects of this. And I just think we've got to get ready.

**Mike Kearney:** Ken, any thoughts?

**Ken Abrams:** I'll just echo a little bit about what Michael and Kevin have both shared. And my biggest concern as we go forward is actually the residual impact that this is going to have on the clinical community. These are people who have given their heart and soul in caring in a very compassionate way for patients and their families. We have already been struggling in this country with high degrees of stress and burnout. The National Academy of Medicine has recorded that as over 50 percent across numerous clinical arenas, the stress associated with this kind of crisis and delivery is going to make those matters worse. I think we are going to see acute stress disorders and probably post-traumatic stress disorders that are going to emerge here. And I think we, as a firm, and leaders like Mike and Kevin have the ability to put in place mechanisms for being able to help deal with those, part of it being the ability to listen and truly understand and appreciate exactly what they're going through as they go through it now and as they continue to emerge out of the back end of the crisis as it begins to abate.

**Mike Dowling:** So, let me add just one other thing here. We're dealing with a constellation of issues here. The massive unemployment and economic dislocation. We were very fortunate in one way in health care because all of our people were working during all of this, but many of them are going to go back now to their homes where their partners are not working and may not work again and may not work at the same level that they worked before. So the whole family circumstance changes. How we deal with the schools in the fall depending on what happens in the meantime, you disrupt the normal activity of school time, and it throws the whole family circumstance into a whole other dilemma. So, it's not just COVID alone. It's economic disasters and distress and social isolation.

**Kevin Sowers:** Michael, the only other

observation I would make that has made this more difficult is we've lost the impact of human touch. And what I mean by that is in our organizations, some people chose to hug each other, shake hands, but that's all gone now. When you have difficult conversations now, you do it through something that is so impersonal, you don't get to the human condition in the way you did pre-COVID. And I think that leads to, and I have no study to predict this, but that leads to even more issues with mental health in the long run because we've lost our ability in the midst of this to interact in a way that demonstrated the human condition and didn't take this away from our ability to feel that and to understand that human to human. The way our world has evolved in this pandemic I think is also having an impact on that.

**Mike Kearney:** We're going to start the first lightning round question. I'm going to start with you, Kevin, is what is one lesson that you personally have learned that will change how you lead in the future?

**Kevin Sower:** That every day does not require me to answer every email. To the point about this being a marathon, not a sprint, there's so much coming at you that you have to have email-free weekends, where you tell your team, if it's a crisis, call me, but I'm not reading emails. You have to have moments where you disconnect to stay healthy in the marathon.

**Mike Kearney:** Absolutely. Mike, how about you?

**Mike Dowling:** Spend more time on the front lines, which I do a lot of.

**Mike Kearney:** Ken?

**Ken Abrams:** I would say, as difficult as it is given the fact that we have to do so much of this through technology, stay connected with people.

**Mike Kearney:** Awesome. Okay. One last question. And, Kevin, I'm going to start with you. We talked earlier when we were really describing a defining resilience, this whole notion of hope and optimism came up.

And I'm sure each of you have an incredible story that really brings to life the spirit of the human condition, of what we can do in these challenging times. And this does not need to be a long story. But, Kevin, is there something that just inspires you that when you think about the last three months that you'd like to share? And then, Mike, I'll go to you and then we'll close it out.

**Kevin Sowers:** You know, what inspires me is every day I come to work with a commitment to the tripartite mission of clinical care and excellence and the research and the education. And for Hopkins, this has really been a defining moment for us in demonstrating our long-term commitment to all three. But it's one of those moments where it pulls our clinical folks together with our educators and our learners, and also our researchers to really advance our understanding of the disease and the treatment of this disease. While it's been difficult in dealing with the pandemic, it also has brought out the best in our organization, and really brought the talents of our people to play an important role in the world. And so, knowing that impact that we've had and continue to have has been inspiring to me, and my heartfelt thanks to every Johns Hopkins employee.

**Mike Kearney:** Awesome. Thank you. Mike, what's your story?

**Mike Dowling:** We have so many. Many of our employees did extraordinary things. But, to me, the one thing that stands out was the unbelievable dramatic outpouring of public gratitude at every one of our facilities almost every day. You know, hospitals have been under the gun, we've been criticized, we have too many beds, we've got this, that, and the other. But this outpouring of gratitude, the supplies of food, and everything else that was provided. And now the question becomes, how do we maintain that trust going forward? How do we build on that? How do we not disappoint? The public recognized what our staff were doing. We saw it firsthand. They looked at it from the outside and they recognized it, and they displayed their gratitude. That to me was just absolutely extraordinary. And it basically asks us the question of how do we now

meet our obligation because of that, and because of what we've done, to do better tomorrow than we did yesterday?

**Mike Kearney:** What an incredible way to end it, on gratitude. So I will give my gratitude. Thank you, Kevin, Mike, and Ken. Like I said, we could have done this for hours because I probably missed half of the questions and probably could have asked about 20 follow-ups, but thank you. This has been inspirational. I always write down like little tidbits that I take away just from a leadership perspective, and this has been an education for me.

**Kevin Sowers:** Thank you.

**Mike Dowling:** Love to do it again anytime.

Thank you, Kevin, Michael, and Ken, I'm incredibly inspired by your perspectives, and I am so deeply grateful for your time and insights. We have covered a lot of topics over the last few months. We have an incredible backlog of guests that we're going to continue to bring to you, but I want to hear from you. What topics do you want to hear about? Let me know. You can hit me up on LinkedIn or Twitter. And for those who already have, thank you. It is incredibly helpful to hear from you, and it helps us prioritize which topics we bring to you next. For more insights across all aspects of COVID-19, just go to [deloitte.com](https://www.deloitte.com) on our [COVID page](#). You can also listen to the Resilient podcast on [Apple Podcast](#), [SoundCloud](#), [Stitcher](#), [Google Play](#), and even [Spotify](#). Until next time, stay safe and remain resilient.

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