

## Funds help families of health workers who died due to pandemic

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### Featured topic and speakers

In today's COVID-19 Update, Michael Osterholm, PhD, a member of President Joe Biden's Coronavirus Task Force, and Heather Nesle, president of the New York Life Foundation, discuss the Frontline Families Fund and the Brave of Heart Fund, two efforts that offer financial support to the families of health care workers who lost their lives to COVID-19 and the importance of remembering their stories.

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### Speakers

- Michael Osterholm, PhD, director, Center for Infectious Disease Research & Policy, University of Minnesota
- Heather Nesle, president, New York Life Foundation, founding donor, Brave of Heart Fund

### Transcript

**Unger:** Hello, this is the American Medical Association's COVID-19 Update. Today, we're talking about the Frontline Families Fund and the Brave of Heart Fund, efforts that offer financial support to the families of health care workers who lost their lives to COVID-19. I'm joined today by Dr. Michael Osterholm, an epidemiologist and director of the Center for Infectious Disease Research and Policy at

the University of Minnesota in Minneapolis. He's also a member of President Biden's Coronavirus Task Force. He's asked that I refer to him as Mike. And Heather Nesle, president of the New York Life Foundation and founding donor to the Brave of Heart Fund in New York. I'm Todd Unger, AMA's chief experience officer in Chicago.

Mike, we usually see you on TV discussing vaccines or variants, as the case may be these days. But today we're talking about something very personal to you, which is the Frontline Families Fund. What inspired you to help the families of health care workers?

**Dr. Osterholm:** Well, thank you, first of all, for having me Todd, and it's great to be here with Heather. Early on in the pandemic, it became very clear that amongst all the tragedies we're experiencing, one of the greatest tragedy was the loss of life of our health care workers, people who are literally putting their life on the line every day. And it wasn't just that they died, but they left behind families in many situations. And because so many of them were nurses or support staff in health care facilities, these were not people that were well-off necessarily. And so we felt like we must help them as they help us with the pandemic.

**Unger:** That's kind of a big undertaking. How did you get started doing this?

**Dr. Osterholm:** Well, when something like this is right in front of you, you really don't have a choice, I believe. I didn't feel like I did. I needed to do something to help. And so, all the years of experience I've had in the philanthropic world and infectious diseases, I reached out to the St. Paul & Minnesota Foundation, here in the Twin Cities area. And they were immediately helpful and engaged with this issue. So from there, after their initial work and what they did with the rest of the efforts that Heather's going to talk about today, it was one of those things where I think everyone felt it's not what we can do, it's what we must do.

**Unger:** Well, Heather, can you tell us about the Brave of Heart Fund?

**Nesle:** Sure. I think similar story, I work at New York Life and last year when we realized really the scope of the pandemic, we found ourselves fortunate to be in a good, solid financial position and trying to figure out what we could do uniquely that we were suited to do. And so, what we do every day is provide financial support to families who've lost a loved one. And when we looked at the population that we could support, similarly thinking that health care workers were really essentially the firefighters of COVID. They were going into the burning building every day. And so we felt like we needed to do something for those families who gave the greatest sacrifice. And so we built a program that would offer financial support through grants to help those families. We actually have a clip of a family who was helped by these efforts. Let's take a look.

**Mark Alexander:** Adrienne Elizabeth Alexander was a business woman. She was a wife, a mother and a friend. I lost Adrienne due to COVID. My name is Mark Alexander and I am from Corpus Christi, Texas. I am a disabled veteran. I did nine years in the military. I met Adrienne actually when I was 16 years old. And we were married for 19 years. In this thing we call life, they do these studies, men go before women, women outlast...So in my mind, I was supposed to go first. So, when this happens, it's like, it's so different because women keep the family together. The thing that I miss most about Adrienne is our talks about everything under the sun.

The Brave of Heart Fund is phenomenal. They responded in a major way. Literally a snap of a finger, and the Brave of Heart was there. Having the Brave of Heart pay for the funeral allowed me to concentrate on my family. I want her back, but we know that's not going to happen. So let's move forward. Let's honor her. Let's make sure her legacy doesn't go unheard. And that's where I stand right now.

**Unger:** Wow. That is, that's incredibly powerful. Why is it important to talk about the stories of these families? Is there a particular story that you remember, or a moment that stays with you? Heather, why don't you start.

**Nesle:** Sure. I mean, I think it's important because, as we rightly do, we focus a lot on these heroes who've died and we should know their stories. But part of honoring them is by supporting the families that they've left behind. And there are just too many stories to even think about. One that really resonates with me, I follow a lot of folks on Twitter, there's a wonderful doctor who has taken it upon herself to really honor these folks by trying to post as many stories of health care workers in the U.S. who've died. And I recall seeing one about an EMS worker here in New York who died. And she had recently lost her husband and had left behind five children. And knowing that our fund could reach somebody like that, could help that family. It's certainly not going to do everything, but it really makes you feel like you're playing a small role in helping these families on the road to recovering, or at least learning how to handle their new.

**Unger:** Mike, how about you?

**Dr. Osterholm:** Well, I think many people have the misconception that if you work in health care, you obviously are well-off. You must surely have a big life insurance policy. You must have all kinds of worker's compensation, et cetera. And there are some, particularly physicians, who have that very support. But there are many in health care, who work day in and day out just to put a roof over their head of their kids, to put food in their stomachs and to try to make sure that they have adequate clothes to go to school.

And when you realize that they are the ones that were also putting their lives on the line day in and day out, you realize what that must mean. Particularly for that single mom who has three kids at home, who wonders, "When I go to work today, will this be the reason why I'm not going to be their mom anymore?" And you had to ask yourself, "What can we do?" Not that we want anyone to be harmed by this virus, but if they are, what peace of mind, what kind of hope can you give them for their families? And so I think it was just so easy to do this because it was the right thing to do.

**Nesle:** And I would just add that we're seeing data through our fund that really echoes those points. 83% of the health care workers who've died were the single or primary breadwinner for their families. And 70% of our applicants make less than \$50,000 a year.

**Unger:** So, it's interesting to hear those figures because one thing we know, the issue of health equity has been front and center in this pandemic with really disproportionate impact on marginalized communities. Talk about how your efforts tie into initiatives around health equity. Mike, will you start?

**Dr. Osterholm:** Sure. You, first of all, identified a very important point. And that is in many of the individuals who have been infected, who have had serious illness or have died, actually do come from the BIPOC community. They're the ones that are doing some of the most important jobs in our health care facilities, whether it be long-term care, residential homes or hospitals, of making sure that those institutions run every day. They may not be the individual who is providing the intensive care medical treatment at that moment. But they make it possible for that medical care treatment to occur. And so I think as Heather just very nicely illustrated, many of these are not the people who make those large sums of money that people suppose that health care workers might make. And yet without them, without them in these institutions, our patients, our loved ones, our family members would not be cared for. So I think it was really easy to see why we must support these people at time. They are, as Heather said, our frontline heroes.

**Unger:** Are there any additional thoughts around the issue of health equity?

**Nesle:** Yeah, again, we see that through the numbers. So more than 75% of our grantees identify as nonwhite. And one thing I'd add, I think it's just another sort of issue from an equity standpoint, are a lot of these families are also less likely to hear about or know about resources that may be available to them. Which is why it's so important for us to be reaching to groups like the Filipino Nurses Association and other groups that can really target these populations to make sure they understand there are resources out there for them.

**Dr. Osterholm:** Let me just emphasize that point. And one of the things that Heather's group has done so well is really provided that outreach, that this isn't just a pot of money sitting somewhere and if you can find it, fine. It is really helping people at the time that they need the most help navigate the system, whether it be financial, whether it be psychologically, whether it be socially. And so I really give them great, great credit for not only providing this fund, but really making it work for the people

who need it.

**Unger:** And that kind of outreach, hearing you talk about that reminds me of vaccine rollout and distribution as well. Just that theme just carries through in so many aspects of this particular pandemic. How much money have you raised for your funds and distributed so far? And what's your goal? Mike?

**Dr. Osterholm:** Well, we've raised close to \$2 million and we're continuing to work in that vein. Our job is really to help support, however we can, also Brave of Heart in what they're doing. They clearly, from a financial standpoint, have substantially increased amounts of money. But it's the partnership of trying to reach out, trying to bring the attention to this fund so that we can find those people who need the help and make it possible.

And also, I just want to add that I think what is really one of the most wonderful aspects of this support is it's long-term. The legacy we're leaving, for example, with college scholarships for children. Imagine a three-year-old child today who has lost the love and the care of their mother or their father for the rest of their lives. We can't change that. It'll never change. But we can leave them a legacy that one day when they decide to go to college, they'll have the support that they need to go there. So I also want to emphasize what a legacy issue that this also is.

**Unger:** Heather, can you give us some background on the size and scope of your fund and distribution so far?

**Nesle:** Sure. So New York Life, with our founding partner Cigna, donated an initial \$25 million each. So we started with \$50 million. We raised additional \$16 million through other corporations and foundations, as well as nearly 2000 individual donors. And we've given out about \$11.5 million. So we still have a sizable amount of money to provide. And just to give a sense, we've gotten in nearly 600 applications and we have about 350 unique families who've applied for funding. But we know that there's likely close to 4,000 health care workers who have died from the pandemic. And that that even could be a low estimate. So we just know that there are so many more people out there who could benefit from this fund. And our key job now is really to do that outreach and find those families and help them.

**Unger:** That's an enormous amount of money. How do you find the folks that you want to apply for this?

**Nesle:** So we've employed a lot of different strategies. Initially we did a ton of email outreach. So I think we've probably reached about 8,000 different organizations, health care systems, medical centers, unions, membership organizations, because we haven't talked about the specifics, but how we define health care worker is very broad. So it's not just the doctors and nurses. It's the cafeteria workers. It's the security guards. It's anybody who is working in one of these facilities. People who are

working as home health aides, anybody who's really a licensed medical provider. It can be EMS and EMTs. So there's a very broad range of people who qualify.

We've also done some partnerships with The Guardian and their Lost on the Frontline series with GoFundMe because unfortunately, so many families turned to GoFundMe to raise money. And then we do a ton of just direct outreach. And I have to give a huge shout out to our philanthropic partner, E4E Relief. They're the ones that make, ultimately, the grant decisions. They have just done a tremendous job in looking at obituaries. We have a great partnership with the National Funeral Directors Association, really following up with individual stories that we see, to make sure we can figure out and triangulate the way to get to those families.

**Unger:** Well, what can physicians do to help with this effort? Where should they direct people, if they know a family in need?

**Nesle:** Yeah. From our end, we really want people to go to [braveofheartfund.com](https://braveofheartfund.com). That is where the verification process begins. So we'll walk families through that process to make sure that they're eligible to begin applying for the two different grants that we offer. What we've asked of our own folks, and what we would like to ask of the medical community, is really to make sure that all of the medical facilities that you're associated with and membership organizations, houses of worship, anybody who may be a trusted source of information for these families, let them know about the fund and just bring them to the website. There's a ton of information there for them to be able to pursue this then.

**Unger:** Mike, how would you encourage your fellow physicians?

**Dr. Osterholm:** Well, in turn, we have a website also, [frontlinefamiliesfund.org](https://frontlinefamiliesfund.org). And we would say at this point you can come to our website and leave information there. We will follow up and coordinate with Heather and her team to make sure it's seamless. You don't have to worry about getting caught between different entities. One of the important things that we can do at this time is not only help, but make it easy to help. And so that's also one of the hallmarks of this collaborative effort.

**Unger:** Well, I want to thank both of you for the incredible efforts that you're making. That's just an astounding amount of money, and hopefully will reach people who are in need of it. Thanks for being with us here today on the COVID-19, that's it for today's segment. We'll be back soon with another COVID-19 Update. In the meantime, for more resources on COVID-19, visit [ama-assn.org/COVID-19](https://ama-assn.org/COVID-19).

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