



Holston haul

South Holston Lake and River cleanup adds to 30-ton total

REGION » B1



Sinking Spring Presbyterian marks a big anniversary

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BRISTOL HERALD COURIER

SUNDAY, August 14, 2022

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BY DAVID McGEE
BRISTOL HERALD COURIER

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Sharp, 64, is a former oncology nurse practitioner who retired when the effects of "long COVID" — extreme fatigue and memory issues also known as "brain fog" — refused to dissipate. COVID claimed her husband Danny's life, and nearly hers.

See FIGHTING, Page A7



Kathy Sharp went from a nightmare to reclaiming her life

EMILY BALL/BRISTOL HERALD COURIER

Kathy Sharp talks with Bristol Herald Courier Senior Reporter David McGee about her battle with COVID and how it affects all aspects of her life.

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See COVID, Page A7

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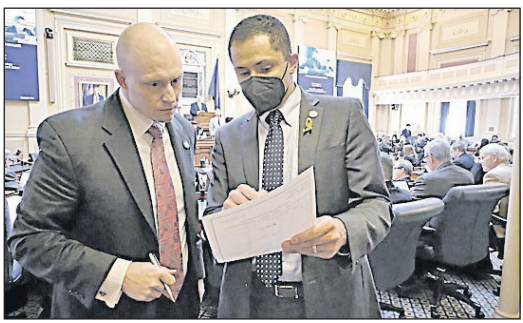
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BOB BROWN/RICHMOND TIMES DISPATCH



Youngkin's goal: Cut requirements by 25%

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Fighting

From Page A1

For someone who was “never sick” and “never hospitalized,” before testing positive for the virus on New Year’s Eve 2020, it has been a daunting path.

“Probably, 15-16 months into this, this past spring, I woke up one day and I felt like myself for the first time,” Sharp said last week. “I’d been trying to gain energy and stamina ... I still struggle sometimes with COVID brain, I still struggle with fatigue. I can’t work all day — I’m about good for half a day. I still cannot walk a long way even though I keep trying to build that up.”

Walking one mile was cause for celebration. “I still get winded with exertion and I think that’s probably as good as that’s going to be,” she said. “Fatigue is the worst part. Most people work up to a point, they get tired and stop. With COVID fatigue, boom, you’re there. You have to quit now.”

Sharp’s nightmare

This region was under siege from COVID-19 in the fall of 2020. In early December, Sharp’s former employer, Ballad Health, held a news conference to warn the public about dire conditions inside its hospitals and plead with them to heed public health warnings.

At that time a refrigerated morgue trailer was in use at Johnson City Medical Center because the hospital morgue couldn’t hold all the corpses.

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It wasn’t just Sharp. Her husband, mother-in-law and her twin sister, a brother-in-law and two caregivers all tested positive for the virus simultaneously.

“All of us got sick within 24 hours and are unsure where the exposure was,” Sharp said.

Some of their conditions soon worsened.

“We started the appropriate medicines, the doctors called and checked on us and for four days we thought we were going to be OK. Then my oxygen sats [saturation levels] dropped. Danny already had oxygen; we were checking sats for each other and were doing OK. Mine dropped to the low 80s [90-100 is healthy]. I couldn’t get my breath, I could hardly walk through the house and I knew I would have to go,” Sharp said.

She scooped up her cellphone, a charger and her CPAP [breathing device] and called 911. She was taken to Bristol Regional Medical Center and admitted on Jan. 5. She was placed on high-flow oxygen in an ICU step-down unit.

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“They called me when she died. I’m in the hospital but I’m her power-of-attorney. I had to call my mother-in-law and tell her she’s gone and had to arrange her burial from my hospital bed. About five hours later they called and said my husband was com-



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The couple was married 43 years. Back in her room, Sharp made the arrangements for his burial. Isolated and alone, she came to terms with his loss.

“I wrestled with the Lord. I said, ‘Lord, I prayed for you to heal him,’ and He said to me, ‘But I did heal him.’ I remember Danny’s words — he was always fond of saying — Heaven is as healed as you’re going to get. And those words came back to me,” she said.

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Back on her feet

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“I had to farm my dogs out to the breeder for seven weeks because I couldn’t take care of them. I couldn’t let them out. Didn’t have enough oxygen to

go out with them, didn’t have enough leash to let them out and I couldn’t go after them,” she said. “Everything about my whole world — my husband was gone, my dogs were gone — my life as I knew it was changed.”

Through the obstacles, she persevered.

“I always felt like I would make it. There were a couple of days I felt so bad I didn’t care. I’m a hopeless optimist anyway, but I’m also a realist. I had no idea how long I would be debilitated,” she said. “The fatigue is like nothing I’ve ever experienced in my life and it was like that for months.”

Other symptoms

Beyond the fatigue, her next greatest challenge was randomly being unable to find the right word.

“The word you want, the thing you want to say is right there but you just can’t reach it. It’s frustrating. It’s scary because I can’t remember or can’t recall people’s names,” she said. “It feels like you’re getting dementia.”

In addition to regular walks, she played word games and computer games to try and overcome the temporary bouts of brain fog. Ultimately, that led to her decision to stop practicing medicine.

“I don’t want to take care of somebody because I’m afraid I can’t remember things, what I’ve done or should do. I don’t feel safe,” she said. “I’m still having word-finding issues — not nearly like I was.”

A common COVID symptom was losing or lessened senses of taste and smell. While Sharp didn’t suffer that, she spent months smelling something that wasn’t there. Termed phantosmia, it’s a less common COVID symptom.

“I smelled a dirty ashtray for 10 or 11 months. It was awful. It was nauseating. It would come on initially and last for hours then the frequency diminished and the time it lasted diminished. My doctor told me she had another patient who smelled rotten meat,” Sharp said.

Widow’s ministry

Emotionally, Sharp was also struggling with something else she found distasteful, the term widow.

“One of the biggest things for me is when it hit me I was

a widow. I don’t know why that word — the connotation, the implications, the magnitude of it — was overwhelming,” Sharp said. “You think you know what other people go through losing their spouse, but you really don’t know the gravity of that. How it changes who you are. It’s not part of a couple. All of a sudden you’re different.”

Those realizations prompted her to begin a ministry for other widows at Tennessee Avenue Baptist Church, where she is a longtime member. About 30 other widows are members there and the monthly programs are open to anyone at no charge.

“We have a program. We’ve had fun things, inspirational movies, singing, we watch funny things. We do something that ministers directly to the widow,” she said. “It fills a need.”

Reclaiming life

Sharp and her husband traveled extensively throughout their marriage and planned for the time when both were retired so they could travel more. Rather than let go of that dream, last year she purchased a motor home.

Accompanied by friends or family, she visited the Ark in northern Kentucky, returned to Amish country in Lancaster, Pennsylvania — one of the couple’s favorite destinations, went to the beach, visited family in Missouri and went camping in Pigeon Forge.

She has since sold the motorhome and replaced it with small travel trailer.

On a more mundane note, she’s learned to operate a zero-turn mower to take care of her yard and troubleshoot issues around the home.

“I’ve learned to do a lot of things I’ve never done before. If God had not looked out after me and given me so many wonderful family and friends who stepped in, I couldn’t get out of the house. God has taken care of me and given me people who enabled me to do what I’ve done,” she said.

Lessons learned

Sharp’s experience with COVID has provided some new perspectives.

“I fought so hard to get where I’m at,” she said. “You have to go at it like you’re fighting, with a sword in your hand, and fight. Or you just lay down and let it overwhelm you.”

The experiences have made her “more compassionate, more understanding” but concerned less about what people think. She’s quicker to say what is on her mind, more sensitive to those who need help and more determined to do for others.

“People say you need to do this, you need to slow down. I am living life wide open because I’ve decided that’s the only way to live. You have to redeem the time you have left to make up for the time you’ve wasted. I have not always served the Lord like I should, but I’m trying to do that now and trying to live and have joy in every moment,” she said.

“This has given me clarity and made me realize the brevity of life and if you’ve got a bucket list, you better get on it,” she said. “Don’t take anything for granted because we don’t know from one day to the next how much time we have. You have to live life everyday like it’s the last day you have and strive to bring glory to God.”

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Twitter: @DMcGeeBHC

COVID

From Page A1

In June the CDC released data showing 19% of adults infected by COVID-19 still have some lingering symptoms. Previous estimates had been as high as 50%.

“Overall 1 in 13 adults in the U.S. (7.5%) have ‘long COVID’ symptoms, defined as symptoms lasting three or more months after first contracting the virus, and that they didn’t have prior to their COVID-19 infection,” according to the CDC.

It found nearly three times as many adults age 50-59 currently have long COVID compared to

those age 80 and older. Also, women are more likely than men to currently have long COVID (9.4% vs. 5.5%).

The prevalence of long COVID symptoms differs between states

In late June, the states with the highest percentage of adults who currently have long COVID symptoms were Kentucky (12.7%), Alabama (12.1%), Tennessee and South Dakota (11.6%). The states with the lowest percentage of adults who currently have long COVID symptoms were Hawaii (4.5%), Maryland (4.7%) and Virginia (5.1%).

“Post-COVID conditions are found more often in people who had severe COVID-19 illness, but anyone who has been infected

can experience post-COVID conditions, even people who had mild illness or no symptoms from COVID-19,” according to the agency.

The unvaccinated who become infected may also be at higher risk of developing post-COVID conditions compared to people who were vaccinated and had breakthrough infections.

Perhaps most troubling, post-COVID conditions can include a wide range of ongoing health problems which can last weeks, months, or years.

Symptoms can include fatigue, difficulty thinking or concentrating, shortness of breath, headaches, dizziness on standing, heart palpitations, chest pain,

cough, joint or muscle pain, depression or anxiety, fever, loss of taste or smell or to as complex as damage to heart, lungs, kidneys, skin and brain.

Conditions which persist can be considered a disability, since 2021, through the Americans with Disabilities Act.

In April, Virginia U.S. Sen. Tim Kaine visited Abingdon to discuss long COVID and tout legislation he introduced legislation to fund research into long COVID, in part because he suffers from it. Kaine caught the virus in 2020 but continues to have mild symptoms.

“It feels like my nerves have had five cups of coffee,” he told the Herald Courier. “My office has been hearing from people all

over Virginia who got past COVID initially but had these lingering symptoms.”

Thus far the bill has found little traction in a gridlocked Congress.

Last April, Ballad Health System established the Center for Post-COVID Care in Johnson City. There, patients have access to a full spectrum of services, including care management. The center also fosters research and learning opportunities and collaborates with other leading institutions to understand post-COVID care and to increase awareness among health care providers, patients and community members, according to the health system.

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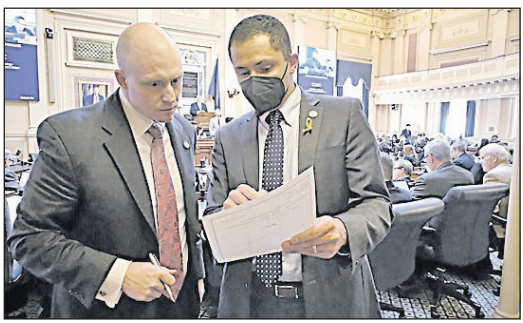
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In addition to regular walks, she played word games and computer games to try and overcome the temporary bouts of brain fog. Ultimately, that led to her decision to stop practicing medicine.

“I don’t want to take care of somebody because I’m afraid I can’t remember things, what I’ve done or should do. I don’t feel safe,” she said. “I’m still having word-finding issues — not nearly like I was.”

A common COVID symptom was losing or lessened senses of taste and smell. While Sharp didn’t suffer that, she spent months smelling something that wasn’t there. Termed phantosmia, it’s a less common COVID symptom.

“I smelled a dirty ashtray for 10 or 11 months. It was awful. It was nauseating. It would come on initially and last for hours then the frequency diminished and the time it lasted diminished. My doctor told me she had another patient who smelled rotten meat,” Sharp said.

Widow’s ministry

Emotionally, Sharp was also struggling with something else she found distasteful, the term widow.

“One of the biggest things for me is when it hit me I was

a widow. I don’t know why that word — the connotation, the implications, the magnitude of it — was overwhelming,” Sharp said. “You think you know what other people go through losing their spouse, but you really don’t know the gravity of that. How it changes who you are. It’s not part of a couple. All of a sudden you’re different.”

Those realizations prompted her to begin a ministry for other widows at Tennessee Avenue Baptist Church, where she is a longtime member. About 30 other widows are members there and the monthly programs are open to anyone at no charge.

“We have a program. We’ve had fun things, inspirational movies, singing, we watch funny things. We do something that ministers directly to the widow,” she said. “It fills a need.”

Reclaiming life

Sharp and her husband traveled extensively throughout their marriage and planned for the time when both were retired so they could travel more. Rather than let go of that dream, last year she purchased a motor home.

Accompanied by friends or family, she visited the Ark in northern Kentucky, returned to Amish country in Lancaster, Pennsylvania — one of the couple’s favorite destinations, went to the beach, visited family in Missouri and went camping in Pigeon Forge.

She has since sold the motorhome and replaced it with small travel trailer.

On a more mundane note, she’s learned to operate a zero-turn mower to take care of her yard and troubleshoot issues around the home.

“I’ve learned to do a lot of things I’ve never done before. If God had not looked out after me and given me so many wonderful family and friends who stepped in, I couldn’t get out of the house. God has taken care of me and given me people who enabled me to do what I’ve done,” she said.

Lessons learned

Sharp’s experience with COVID has provided some new perspectives.

“I fought so hard to get where I’m at,” she said. “You have to go at it like you’re fighting, with a sword in your hand, and fight. Or you just lay down and let it overwhelm you.”

The experiences have made her “more compassionate, more understanding” but concerned less about what people think. She’s quicker to say what is on her mind, more sensitive to those who need help and more determined to do for others.

“People say you need to do this, you need to slow down. I am living life wide open because I’ve decided that’s the only way to live. You have to redeem the time you have left to make up for the time you’ve wasted. I have not always served the Lord like I should, but I’m trying to do that now and trying to live and have joy in every moment,” she said.

“This has given me clarity and made me realize the brevity of life and if you’ve got a bucket list, you better get on it,” she said. “Don’t take anything for granted because we don’t know from one day to the next how much time we have. You have to live life everyday like it’s the last day you have and strive to bring glory to God.”

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COVID

From Page A1

In June the CDC released data showing 19% of adults infected by COVID-19 still have some lingering symptoms. Previous estimates had been as high as 50%.

“Overall 1 in 13 adults in the U.S. (7.5%) have ‘long COVID’ symptoms, defined as symptoms lasting three or more months after first contracting the virus, and that they didn’t have prior to their COVID-19 infection,” according to the CDC.

It found nearly three times as many adults age 50-59 currently have long COVID compared to

those age 80 and older. Also, women are more likely than men to currently have long COVID (9.4% vs. 5.5%).

The prevalence of long COVID symptoms differs between states

In late June, the states with the highest percentage of adults who currently have long COVID symptoms were Kentucky (12.7%), Alabama (12.1%), Tennessee and South Dakota (11.6%). The states with the lowest percentage of adults who currently have long COVID symptoms were Hawaii (4.5%), Maryland (4.7%) and Virginia (5.1%).

“Post-COVID conditions are found more often in people who had severe COVID-19 illness, but anyone who has been infected

can experience post-COVID conditions, even people who had mild illness or no symptoms from COVID-19,” according to the agency.

The unvaccinated who become infected may also be at higher risk of developing post-COVID conditions compared to people who were vaccinated and had breakthrough infections.

Perhaps most troubling, post-COVID conditions can include a wide range of ongoing health problems which can last weeks, months, or years.

Symptoms can include fatigue, difficulty thinking or concentrating, shortness of breath, headaches, dizziness on standing, heart palpitations, chest pain,

cough, joint or muscle pain, depression or anxiety, fever, loss of taste or smell or to as complex as damage to heart, lungs, kidneys, skin and brain.

Conditions which persist can be considered a disability, since 2021, through the Americans with Disabilities Act.

In April, Virginia U.S. Sen. Tim Kaine visited Abingdon to discuss long COVID and tout legislation he introduced legislation to fund research into long COVID, in part because he suffers from it. Kaine caught the virus in 2020 but continues to have mild symptoms.

“It feels like my nerves have had five cups of coffee,” he told the Herald Courier. “My office has been hearing from people all

over Virginia who got past COVID initially but had these lingering symptoms.”

Thus far the bill has found little traction in a gridlocked Congress.

Last April, Ballad Health System established the Center for Post-COVID Care in Johnson City. There, patients have access to a full spectrum of services, including care management. The center also fosters research and learning opportunities and collaborates with other leading institutions to understand post-COVID care and to increase awareness among health care providers, patients and community members, according to the health system.

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BRISTOL HERALD COURIER

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No tips, few leads in 2020 death of man found in Bland County **REGION B1**



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HURRICANE IAN

Ian's wake: Ruin, death

Focus turns to rescue, recovery in storm's path

REBECCA SANTANA AND MEG KINNARD
Associated Press

FORT MYERS, Fla. — Dozens of Florida residents left their flooded and splintered homes by boat and by air on Saturday as rescuers continued to search for survivors in the wake of Hurricane Ian, while authorities in South Carolina and North Carolina began taking stock of their losses.

The death toll from the storm, one of the strongest hurricanes by wind speed to ever hit the U.S., grew to nearly three dozen, with deaths reported from Cuba, Florida and North Carolina. The storm weakened Saturday as it rolled into the mid-Atlantic, but

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It turns out you're not in the Army now

Missed recruiting goal may pressure Guard, Reserve

LOLITA C. BALDOR
Associated Press

WASHINGTON — The Army fell about 15,000 soldiers — or 25% — short of its recruitment goal this year, officials confirmed Friday, despite a frantic effort to make up the widely expected gap in a year when all the military services struggled in a tight jobs market to find young people willing and fit to enlist.

While the Army was the only service that didn't meet its

Please see ARMY, Page A3

BALLAD HEALTH CENTER FOR POST-COVID CARE



'People are desperate. They know something is wrong.'

ILLUSTRATION BY KRISHNA MATHIAS, LEE ENTERPRISES

DAVID MCGEE
BRISTOL HERALD COURIER

Thousands in this region continue to cope with the effects of the SARS-CoV-2 virus months after their primary symptoms subsided, but many aren't seeking available treatment, according to providers at Ballad Health System's Center for Post-COVID Care.

Ballad established the clinic in April 2021, just over a year into the pandemic, to treat a growing number of patients whose symptoms lingered. To date it has had more than 850 appointments.

Most who contract the virus experience symptoms for up to two weeks, then get better.

But for about 33% of COVID patients, it has been a nightmare of months to more than a year of symptoms ranging from extreme fatigue, shortness of breath and brain "fog" to joint pain, heart issues and extremely high blood pressures.

50K+

Thousands here have long COVID. Help is available.

Many are likely going untreated or may not recognize their malady is related to COVID-19, said Dr. Paul Jett, who oversees the program.

"Conservative estimates, there should be way over 50,000 people in our Ballad footprint that are dealing with these types of problems. We know they're not all coming forward, nor can we

handle them all at once, but we'd like to create a dialogue that this is legitimate," Jett told the Bristol Herald Courier. "It is real and there is a lot of research being dedicated to this."

Since March, more than 53,000 cases of COVID-19 have been diagnosed across Northeast Tennessee and Southwest Virginia. Since the pandemic began

in March 2020, that total is more than 320,000. And nearly 5,000 area residents have died from COVID-19 and complications from the virus.

Throughout the pandemic, health care providers have dealt with considerable misinformation regarding the virus and its impacts.

"There was so much consternation and politicizing about the virus itself, especially in our region. Now, even this — it's something you can't see, you can't feel, you can't really measure with a test. How do you quantify that? How do people legitimize that in their own brain? There is a place for these folks to get evaluated," Jett said.

Established in an office complex near the MeadowView Conference Resort and Convention Center in Kingsport, the long COVID clinic is relocating to the

Please see COVID, Page A3

Remembering former Bristol Herald Courier columnist Jack Kestner

COMMUNITY, PAGE D1

Weather
Rain at times.
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COVID

From A1

Indian Path Community Hospital campus. In February, Becker's Hospital Review reported 66 such clinics had been established across the U.S., with most in larger cities and affiliated with large, research hospitals. However a website called Survivor Corps shows many more, including six in both Virginia and Tennessee.

"Our organization continues to provide resources for this initiative," Jett said. "That's important because there is a sense this virus is dying down when actually it's just simmering along. "We're continuing to get waves. It's less on people's minds and there is fatigue with the whole thing, which is well-founded."

Thus far about 75% of the center's patients are female. About half live in the Tri-Cities, 25% are from Southwest Virginia and 25% are from rural East Tennessee or other areas, including east Kentucky and western North Carolina. The largest age group is between 46 and 60 years old.

One surprising trend, Jett said, is that most of the long haulers didn't experience severe symptoms when they initially contracted the virus.

"The majority of these [long haulers] didn't have a significant experience with COVID. Between 60% and 80% of the people had

a mild encounter with the acute illness. Only about 5% had a serious hospitalization and really went through the ringer with it," Jett said. "You might think if you had a really bad experience with it you're more likely to have these symptoms but that's not really the case at all." Jett called the virus simultaneously "fascinating" yet "maddening" because it impacts individuals so differently making treatment that much more difficult.

On The Front Lines

Pammela Poore is a nurse practitioner at Ballard's Center for Post-COVID Care. For more than 20 years before she became a nurse practitioner, Poore worked as registered nurse in some of health care's most daunting arenas — intensive care, oncology, hospice and cardiology. She's witnessed a lot, but treating long haulers presents some unique challenges.

"A lot of people have all these long COVID symptoms and don't know what to do about it," she said. "The people that come to us are usually really having a problem. Primary care providers, for the most part, are already handling their general issues, and a lot of them don't know what to do with the COVID.



Jett



Poore

"Patients just don't know what to do. They're having shortness of breath, headaches, joint pain, definitely fatigue, blood pressures out of control, heart palpitations, and autonomic dysfunction. They're either having difficulty tasting and smelling or they've totally lost their taste and smell. And we see a lot of anxiety and depression. If somebody had anxiety and depression before, with post-COVID long haulers, it's usually worsened," she said.

Others who have suffered hypertension before contracting COVID-19 emerge with blood pressure that can shift from very high to very low, Poore said.

"It's throwing primary care providers for a loop because they have them stabilized and all of a sudden it's not anymore," she said. "A lot of people are dealing with heart palpitations and that goes along with shortness of breath. Some patients we're referring to cardiologists because their heart rate is out of control. I've seen patients get up to 180 [beats per minute]. It varies with every different patient."

Patients come to the clinic through referrals or by calling and going through a screening process. "COVID is an individual thing and it affects people on

Ballad Center for Post-COVID Care

75% patients female/25% male

Majority age 46-60

5% had serious bout with COVID

50% patients from Tri-Cities

25% patients from Southwest Virginia

an individual basis," Poore said. "The most important thing to me is, when patients come in, I listen to what they're saying and they're thankful somebody will listen and believes them. A lot people think you had COVID and now it's over so you need to get back on track to a regular life and some of these people just can't."

The clinic often refers patients to specialists to rule out underlying disease while also keeping their primary care doctors in the loop. The American Academy of Physical Medicine and Rehabilitation has established guidelines for treating a majority of long COVID patients.

"It's very challenging," she said. "We have people who are unable to go back to work. I have one patient who has a six-figure job, but he can't remember how to do his job, so he can't go back to work. That's a life-changing event."

Another factor, she said, is

many in our region simply shun going to the doctor and are suffering unnecessarily.

"We have a lot of rural people in our area that never go to the doctor anyway and they're just living with it," she said. "There are more people out there that need this kind of care, but they just don't ever go to the doctor."

A majority of the clinic's patients have gotten better.

"For the most part about two-thirds of the people are getting better but — for a lot of the patients — it takes from six to 18 months for them to start turning the corner on some of their symptoms," Poore said. "They think their life is never going to get back to normal. They're crying. They're upset. Their anxiety and depression is through the roof because life is just not like it was. Then one day they start feeling better and the symptoms start going away."

Poore is optimistic that once the new, larger clinic opens more people will access their services.

"People are desperate. They know something is wrong," Poore said. "COVID long haul is real. We're here to help. We do the best we can and try to get people as healthy as possible. We have a lot to learn, but we all can learn together and handle this the best that we can."

Source: Ballard Health System
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Ian

From A1

not before it washed out bridges and piers, hurdled massive boats into buildings onshore and sheared roofs off homes, leaving hundreds of thousands without power.

At least 35 people were confirmed dead, including 28 people in Florida mostly from drowning but others from Ian's tragic aftereffects. An elderly couple died after their oxygen machines shut off when they lost power, authorities said.

As of Saturday, more than 1,000 people had been rescued from flooded areas along Florida's southwestern coast alone, Daniel Hokanson, a four-star general and head of the National Guard, told The Associated Press while airborne to Florida.

Chris Schnapp was at the Port Sanibel Marina in Fort Myers on Saturday, waiting to see whether her 83-year-old mother-in-law had been evacuated from Sanibel Island. A pontoon boat had just arrived with a load of passengers from the island — with suitcases and animals in tow — but Schnapp's mother-in-law was not among them.

"She stayed on the island. My brother-in-law and sister-in-law own two businesses over there. They evacuated. She did not want to go," Schnapp said. Now, she said, she wasn't sure if her mother-in-law was still on the island or had been taken to a shelter somewhere.

On Pine Island, the largest barrier island off Florida's Gulf Coast, houses were reduced to splinters and boats littered roadways as a volunteer group went door-to-door Saturday, asking residents if they wanted to be evacuated. Helen Koch blew her husband a kiss and



MEG KINNARD — STAFF, AP

What remains of a pier stands at Pawleys Island, S.C., on Saturday, Oct. 1, 2022. Winds, rain and surf from Hurricane Ian pounded Pawleys on Friday, pushing tons of sand from beach dunes under homes and across the town's handful of roads and breaking apart the pier.

mouthed the words "I love you" as she sat inside a rescue helicopter that was lifting her and seven of the couple's 17 dogs to safety.

River flooding posed a major challenge at times to rescue and supply delivery efforts. The Myakka River washed over a stretch of Interstate 75, forcing a traffic-snarling highway closure for a while Saturday on the key corridor linking Tampa to the north with the hard-hit southwest Florida region that straddles Port Charlotte and Fort Myers. Later Saturday, state officials said, water levels had receded enough that I-75 could be fully reopened. However, they said monitors were out keeping close watch on constantly changing river levels.

While rising waters in Florida's southwest rivers have crested or

are near cresting, the levels aren't expected to drop significantly for days, said National Weather Service meteorologist Tyler Fleming in Tampa.

Elsewhere, South Carolina's Pawleys Island — a beach community roughly 75 miles (115 kilometers) up the coast from Charleston — was among the places hardest hit. Power remained knocked out to at least half of the island Saturday.

Eddie Wilder, who has been coming to Pawleys Island for more than six decades, said Friday's storm was "insane to watch." He said waves as high as 25 feet (7.6 meters) washed away the local pier — an iconic landmark — near his home.

"We watched it hit the pier and saw the pier disappear," said Wilder, whose house 30 feet (9 meters)

above the ocean stayed dry inside. "We watched it crumble and and watched it float by with an American flag."

The Pawleys pier was one of at least four along South Carolina's coast destroyed by battering winds and rain. Parts of the pier, including barnacle-covered pylons, littered the beach. The intracoastal waterway was strewn with the remnants of several boat houses knocked off their pilings.

John Joseph, whose father built the family's beige beach house in 1962, said Saturday he was elated to return from Georgetown — which took a direct hit. He found his Pawleys Island home entirely intact.

"Thank God these walls are still here, and we feel very blessed that this is the worst thing," he said of

the sand that swept under his home. "What happened in Florida — gosh, God bless us. If we'd had a Category 4, I wouldn't be here."

In North Carolina, the storm claimed four lives and mostly downed trees and power lines, leaving over 280,000 people statewide without power Saturday morning, officials said. Two of the deaths were from storm-related vehicle crashes while officials said a man also drowned when his truck plunged into a swamp, and another man was killed by carbon monoxide poisoning from a generator in a garage.

In southwest Florida, authorities and volunteers were still assessing the damage as shocked residents tried to make sense of the disaster.

"I want to sit in the corner and cry. I don't know what else to do," Stevie Scuderi said, mud clinging to her purple sandals as she shuffled through her mostly destroyed apartment in Fort Myers.

On Saturday, a long line of people waited outside an auto parts store in Port Charlotte, where a sign read, "We have generators now." Hundreds of cars were lined up outside a gas station, and some people walked, carrying gas cans to their nearby cars.

At Port Sanibel Marina in Fort Myers, charter boat captain Ryan Kane inspected damage to two boats Saturday. The storm surge pushed several boats and a dock onshore. He said the boat he owns was totaled so he couldn't use it to help rescue people. Now, he said, it would be a long time before he'd be chartering fishing clients again.

"There's a hole in the hull. It took water in the motors. It took water in everything," he said, adding: "You know boats are supposed to be in the water, not in parking lots."

Army

From A1

target, all of the others had to dig deep into their pools of delayed entry applicants, which will put them behind as they begin the next recruiting year on Saturday.

The worsening problem stirs debate about whether America's fighting force should be restructured or reduced in size if the services can't recruit enough, and could also put added pressure on the National Guard and Reserve to help meet mission requirements.

According to officials, the Marine Corps, which usually goes into each fiscal year with as much as 50% of its recruiting goal already locked in, has only a bit more than 30%. And the Air Force and the Navy will only have about 10% of their goals as they start the new fiscal year. The Air Force usually has about 25%. Officials spoke on condition of anonymity to provide details on the recruiting totals that have not yet been released.

"In the Army's most challenging recruiting year since the start of the all-volunteer force, we will

only achieve 75% of our fiscal year 22 recruiting goal," Army Secretary Christine Wormuth said in a statement to The Associated Press. "The Army will maintain its readiness and meet all our national security requirements. If recruiting challenges persist, we will draw on the Guard and Reserve to augment active-duty forces, and may need to trim our force structure."

Officials said the Army brought in about 45,000 soldiers during the fiscal year that ended Friday. The goal was 60,000. The Air Force, meanwhile, was able to pull enough recruits from its delayed entry pool to exactly met its goal to bring in 26,151 recruits this year.

"Using Air Force lexicon, I would say we're doing a dead stick landing as we come into the end of fiscal '22, and we're going to need to turn around on the first of October and do an afterburner take-off," Maj. Gen. Edward Thomas, head of the Air Force Recruiting Service, said at a conference last week. "We're going to be starting 2023 in a tougher position than we started 2022."

Military leaders used increased enlistment bonuses and other

programs to try and build their numbers this year, but they say it's getting more and more difficult to compete with private industry in the tight labor market. And as they look to the future, they worry that if the declining enlistment trends continue, the Pentagon may have to reassess its force requirements and find ways to make the military a more attractive profession to the eroding number of young Americans who can meet mental and physical requirements for service.

Early this year, military leaders were already braced for a bad recruiting season. The Army, for example, announced several months ago that it would have to adjust the expected size of its total force this year from 476,000 to about 466,000. The large recruiting shortfall was offset a bit by the Army's ability to exceed its retention goal — keeping 104% of the targeted number of troops in the service.

The causes for the recruiting struggles are many and varied.

Two years of the pandemic shut off recruiters' access to schools, public events, fairs and other youth organizations where they often find prospects. Moving to

online recruiting — as in-person meetings closed down — was only marginally successful. And some of the in-person access has been slow to open up again.

At the same time, companies like McDonalds are now wooing workers with tuition benefits and other increased perks that for years made the military an attractive profession. Military leaders say that they are suffering from the same labor shortage that has restaurants, airlines, shops and other businesses desperately scraping for workers.

Exacerbating the problem is the fact that according to estimates, just 23% of young people can meet the military's fitness, educational and moral requirements — with many disqualified for reasons ranging from medical issues to criminal records and tattoos.

"We remain committed to maintaining our standards, investing in America's youth, and emphasizing quality over quantity," Gen. James McConville, chief of staff of the Army said.

It's unclear how much the debate over the COVID-19 vaccine is playing in the recruiting struggles. So far, the Army has discharged a

bit more than 1,700 soldiers for refusing to take the mandated vaccine. That's a tiny fraction of the overall force size.

At the same time, the patriotism that fueled the rush to military service in the wake of the Sept. 11 attacks has dimmed. Some may look around and see no more wars and terrorists to fight so they look elsewhere. And others see lucrative hiring campaigns by private industry and know the salaries will be better than military pay, and they will be less likely to end up wounded or killed in those jobs.

The services are grappling with a number of new programs and other changes to beef up recruiting but face lingering questions about how best to convince young people that military life is a viable option for them.

During a recent Senate Armed Services Committee hearing on the recruiting challenges, Sen. Kirsten Gillibrand, D-N.Y., challenged the services to "think outside the box, creating new career paths, offering innovative pay and incentive structures, and realigning some capabilities from military to civilian workforces should all be on the table."