

Interviewee: Kristine Benusa

Interviewer: Brice Benusa

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Abstract:

Kristine Benusa is a resident of Trempealeau County in Wisconsin that works as a Dietitian for Gunderson Lutheran. In this interview, Kristine gives her insights and experiences upon how the COVID-19 pandemic has affected her work, social, and home lifestyles. She explains how it has affected those around her and gives further information upon what effect it has upon places of employment, specifically in the healthcare setting during 2020.

BB: The date is 11/12/2020 and it is 3:47p.m. Could you go and tell us what your name is?

Kristine Benusa.

BB: And if you don't mind me asking, could you share some of your demographic information like your age, race, ethnicity, and gender?

KB: Yes. So, I just did ancestry.com and I found out I'm 98% probably from the Poland area.

KB: So that would make me Polish.

KB: And I'm white and I'm a female, what else did you need to know?

KB: My age, I'm 52.

BB: Alright, and could you give me some insights on what your daily routine consists of, involving work and homelife?

KB: Okay, well outside of this week because I'm home on a COVID restriction.

KB: I typically work Monday through Friday; I usually get myself to work by 8:00[a.m.] and work till about 4:30.

BB: And where do you live in Wisconsin?

KB: Western Wisconsin, county of Trempealeau. Town of Arcadia.

BB: What's it like living there?

KB: I live in the country so its really nice-quiet-peaceful.

BB: And we're going to start off with a really broad question here, what issues have concerned you most with the COVID-19 pandemic?

KB: I just doubt-sometimes-question the information we've received through the media-I'm not sure that is not always as accurate as I'd like it to be-I also wonder sometimes the statistics that they give because we don't really have comparison statistics-so I understand there are a lot of deaths with COVID-but how many deaths do we see a year, I just think it would be nice to see some of those other statistics to help put it into better perspective, at least.

[connection interrupted]

BB: Okay. And how do you get your sources of news during the pandemic and in general.

KB: Ah-probably mostly from TV. [Television] So, CBS [Columbia Broadcasting System], NBC [National Broadcasting Company, FOX [Fox News Channel].

KB: I watch the news in the morning and in the evening.

BB: And you sounded pretty opinionated on your input of the media.

BB: What do you think are the important issues that the media is not currently covering?

KB: Well, like I said, I just think that I would like them to also be as concerned about other things that happen outside of COVID, especially if they're focusing on-you know, the number of deaths from COVID-why aren't we focusing on the number of deaths from suicide-I would like to see-like you know maybe more people talking about-you know, mental health issues.

KB: And the fact that insurance right now-you know, it can be medications that are needed that aren't-aren't covered by insurance.

Why isn't anybody looking into this-we have free birth control-why don't we have free medications for people that need them in order to just like function basically and get by in life and-[inaudible] so you mean-I just think that there are a lot of other social issues out there that we-the media could be looking at.

I just feel like it's always COVID and that's all we talk about and also to when there are like good things that happen, it's like one blurb in the media and that's it.

We don't talk about it anymore.

You're cutting- [internet connection disrupted]

BB: [connection disrupted] [Do you think the media contributes to]anything towards their being out of this or fear being instilled in the people rather than more good?

Well I-I definitely think there is a lot of fear out there-people kind of tend to think that COVID is a death sentence when in all reality, a lot of people get COVID and are just fine, like myself-I had COVID-I hardly knew I had it-I mean-I might have been a little more fatigued, than normal, but that was about it.

KB: I know of a lot of people that have had COVID and you know-some describe it as a bad cold.

KB: You have those people out there that-oh- “I lost my sense of taste and smell for a bit”, or “I had some muscle aches.”-you know-for the majority people.

KB: I don't think COVID is awful.

KB: I think that COVID is Darwinian in the sense that it seems to be for those who have underlying health conditions, who might be older, as well.

KB: It seems to target those individuals and they seem to have more of a reaction from getting COVID than what say a normal, healthy person would have.

KB: And so, because of that small percentage who are responding to COVID, obviously with severe symptoms that land them in the hospital.

KB: The rest of us are being forced to have all these restrictions put on us-which I really don't agree to being restricted, just because you had a potential exposure.

KB: That's not a guarantee you're even going to get COVID.

KB: I get it a little bit more when it comes to if you actually diagnosed with COVID, but again, there's so many unknowns with this.

KB: I feel like people are just taking stabs in the dark at what they should or should not do. And they really don't know.

BB: And so you mentioned that you saw-that you know a lot of people that have had COVID.

BB: So how are they reacting to the COVID 19 pandemic?

BB: How are they responding to it?

KB: Well, a lot of the people that I know and work with who have had it-are like it's not a big deal.

KB: They just don't think it is for people who are older, perhaps.

KB: I mean, I see a little bit more fear from them, you know, they tend to worry

KB: I'm more panicked-more thinking that, "oh my gosh", if they get it. It's going to be the end for them.

KB: But I've also seen elderly people in long term care, get this, and they've been asymptomatic and they have come through just fine.

KB: So, you know, I don't know, call it is COVID is different.

KB: I think you may have cut out you were saying and and what- [connection interrupted]

KB: So, I'm just gonna keep talking because I'm not really sure what questions you had, but I'm just gonna talk maybe a little bit about my experience and managing a department.

KB: I'm in a healthcare organization, with COVID and the restrictions that are placed on people, especially when it comes to exposures.

KB: It really poses a challenge with-[connection interrupted]

KB: Are you still there?

BB: Yes.

KB: Okay. Because like your picture disappeared.

KB: So, it really poses a challenge when you're trying to staff a department with minimal the potential for very minimal staff to be available.

KB: You can't just throw anybody like bring them in off the street and say "hey", [inaudible] we'll coach you with what to do because there- there are so many things you have to go through just to get somebody hired into the workplace pretty much by-if I need to hire someone- [it]is going to take me for the time. I know I have a need; it's going to take about six weeks before I get that person in the door.

KB: And then we have to realize a lot of people don't understand, but it's not like your home kitchen. I happen to oversee food service.

KB: And so, a lot of training is involved with these individuals and they need to know what they're doing.

KB: There's a lot of sanitation that's involved so that-you know-we're careful about the food that gets sent that we don't transmit anything.

KB: It's not, it's not your normal kitchen. Again, there's big equipment that needs to be used. You need training and how to use that equipment.

KB: So when you do run into having limited staffing. There's the potential that you know it's really going to cause a hardship.

KB: And how you feed people. And we do have-you know-contingency plans, but even those best laid plans don't always happen the way you want them to.

KB: So, you still got to have to keep people involved. You got to have people who know how to cook.

KB: And we've been busy preparing for COVID getting worse by doing more cross training with our staff so that they can-you know-jump in, maybe work two shifts-you know-if they're cross trained to work a couple we can-hopefully-we've got at least half our crew so that we can depend upon those people to cover for their co workers when they are not able to come to work.

KB: I basically had to tell staff that “yes, you may have asked for vacation.”. You may have asked for days off. It may be your weekend off. But if we have COVID staffing issues and we're in more of a crisis mode, then we're going to be calling able bodied people in to work.

KB: Maybe two weeks in a roll, they might have to work a 14 days stretch and we will have to look at possibly changing from having two different shifts to one shift, tightening up our meals so that you know you're going to get breakfast a little later.

KB: You're going to get supper a little earlier so that people don't have to work, hopefully more than a 12-hour shift.

KB: And we've talked-you know-I've had meetings with staff to discuss how we would do this; we have menus that I have reviewed and I call them my clothing venues.

KB: And so what that involves is minimal minimizing that meal so you know what-you're not going to get your five course meal for a meal, you may just get potatoes and meats.

KB: And a fruit or a vegetable, and then you're probably gonna just get like milk or juice for your beverage.

KB: Coffee would need to be served on the floor as people requested whatever's available, of course, in people's rooms and right now pretty much everybody is eating in their rooms because we have had to limit any social dining that can happen.

KB: So, it would mean a lot of changes and it would be very disruptive to a lot of people's lives, obviously, to- [inaudible]enough if you have to stay home because of actually having COVID, let alone, not being able to come to work because you've had a potential exposure- right now at work, we do test a staff.

KB: They're concerned-direct care twice a week. And so, that doesn't include the dietary staff and-you know-we kind of just go from test to test to see what's going to happen.

KB: Who's gonna-who's going to test positive?

KB: How are we going to fill the schedule and I give the-I give all the credit in the world to the staff that I work with dedicated-dedicated staff.

KB: Working in an industry, the food service industry-definitely not the best paid industry in the world.

KB: And these people are really, really pitching in to help where and when needed.

BB: Okay, so since you work in like a healthcare setting and that's what she said. COVID-19 has undoubtedly affected you in the workplace, could you kind of tell me-like how it was at the start of it and then kind of work your way up to how it is now?

KB: It's-it's almost kind of interesting because at the start i almost felt like there was more of a panic, Perhaps, and there is even [more]now.

KB: You know, clinic services. We weren't seeing people for a while, very limited with who could be seen for an appointment or who couldn't and-you know-and then it-sort of things seemed to kind of subside.

KB: We also had stopped her surgical procedures and you know, those have resumed now just this week.

KB: Those are again are being put on hold.

KB: But initially, all of this stuff was on hold and COVID wasn't really in our community yet.

KB: But there was just like a huge, huge panic-I think-initially going in with this.

KB: And then I think as things progressed and we saw more and more COVID in the community, you know, people saw that it wasn't necessarily a death sentence-you know-we still continued to make changes.

KB: So, for example, our cafeteria.

KB: We ended up going with only 50% capacity in the cafeteria.

KB: Now we're at about 25% capacity that we allow to dine at one time. We obviously allow no self-service.

KB: So-so we definitely have, you know, seen changes with COVID as COVID has progressed-so we have a lull, I would say.

KB: And now, again, I feel like we're-we're seeing that the area we live in, has become rather a-a hotbed for COVID and we are seeing more admissions so-so that, too, has-has resulted in us making some changes-you know-overall in our facility with where patients are being housed

KB: Since we are, you know, seeing the clinic side as much, again because of the-the surge in COVID.

KB: We have moved beds up there where we have in keep some patients in that area and then keeping our coven patients separate in a separate area.

KB: So, you mentioned that COVID was impacting the appointment of some of your some of the people that worked for you in your industry.

KB: How else has COVID 19 impacted the employment of those, you know,

KB: So, most people I that I know-I mean, especially in the hospital setting, long-term care setting, obviously dietary staff have to report to work.

KB: So-and we need-we need the staff we have.

KB: So, we haven't eliminated staff or anything from that standpoint, there was a certain time period where we didn't serve in the cafeteria and then we-we did limits and staffing hours, but nothing significant.

KB: All staffing hours have, you know, return to normal.

KB: Let's see, but when I look at the whole facility, I would have to say that we have, obviously- there are some staff who were determined-were able to do their work remotely.

KB: So those individuals rather than being on site at work were able to use technology and still continue to do the majority of their work from the home setting.

KB: So, there's definitely been that change, too, for patients that need to be seen-we've offered to be able to provide services over video.

KB: So, there's-there's that option for-for people that never used to exist. That is definitely out there now and-you know a lot of people really like that they don't have to drive in for an appointment, especially if it's something that you know doesn't require a lot of hands on.

KB: So you mean, I have to say that, you know, there's probably been some good things that have come from COVID and increase our technology and our ability to-you know-be seen by provider remotely.

BB: So, do you believe that COVID has led towards your-your place of employment, having more of a better grasp on technology utilizing better technology procedures?

KB: I would definitely say there that the technology has improved a lot.

KB: I mean, there's a lot-lot more done than there ever used to be, I mean now instead of going to a meeting, in a room-you know-with a bunch of people sitting close together-we will usually have meetings from our office and everybody just dials in and-you know-we-we talk and we- we meet virtually basically-so that's definitely-you know-helped as far as care quality of care goes-I do not think that this has in any way deterred from the quality of care if you do it, you see a patient in person or maybe on a zoom over zoom or-Skype or-something-you're still able to talk to that patient-see that patient.

KB: It all depends.

KB: I mean, not every visit is-is suitable for that.

KB: But, you know, some are.

KB: And those [who] aren't are definitely not-not compromised and I do think to-it actually is helpful to people because maybe they have difficulty driving in for an appointment, so-it does - you -know-help provide them the ability to see a provider without having to go very far from their home.

KB: And the downside-there are people who don't have that kind of technology available to them in their homes, they don't have the connectivity, especially those living in the rural areas, it's still struggle.

KB: And they just may not have the-the tech savvy to do it in any way without help from someone else, so-you know-there's definitely drawbacks as well.

BB: So, from your personal standpoint, how do you think COVID-19 is affecting those and situations of being economically disadvantaged?

KB: Well, definitely people who are just disadvantaged economically might be those individuals don't have a computer in their home-you know-maybe not everybody even has a smartphone, you know-those people it's definitely going to be hard for, I really feel for parents of young children who need to learn virtually and then they-if they don't have the capacity to do that you know-they don't have the technology in their home or-you know.

KB: Let's just face it-not every parent is prepared to be at home with their child supervising them, making sure they're getting-you know-online when they need to, in order to complete virtual learning.

KB: It's definitely a challenge.

KB: And I think to the students are becoming socially isolated.

KB: And that's going to open up a whole new can of worms, where people are going to lose some of their-their skill sets with how to socialize, how to be in a group setting when everything is being so done-so remotely.

KB: Alright, so I'm going to have you go and actually talk more about how you feel like COVID is affecting people's mindsets their mental and their physical health, could you kind of give your input there for that?

KB: So, I do believe that there is definitely a strong tie with emotional health and well-being.

KB: When it comes to COVID-19 it, especially for people who-who now find themselves isolated having to work remotely-you know-some of these people may live alone.

KB: I don't know.

KB: Sometimes too much time with your family to can, it can be not good-you know-we're all used to our routines and COVID's definitely impacted a lot of people's routines-I mean, if you have somebody who's had an exposure and then you have to limit where-you know- basically places that you go for a couple of weeks.

KB: That's a problem, also, just the fact that when you do go out, businesses have had to have so many limitations on-you know-them with capacity for serving.

KB: How many people can sit next to each other.

KB: You know, you go to a place and it's like, you have to have to remember.

KB: And of course, we're all getting better at this, but to wear your face mask when you walk in, "did you bring your face mask.?" -I mean, It's like forget like forgetting your phone.

KB: I mean, if you get too far without your phone you're like "oh my God, I forgot my phone.", well now you're like "Oh my God, I forgot my face mask."

KB: And you're like "I can't go into this store or I can't go into this restaurant without my face mask" so it's-you know-obviously we're-we're all more aware and it's not fun.

KB: There's been restrictions are certain other places.

KB: I know from the physical aspect, people that work out at gyms, that's been a hardship and knew for a while the gyms were closed and these people are-you know-they've developed good routines and it's like now-you know-it's so difficult.

KB: There are no "is your gym going to stay open, is the gym going to close?" so physically, I think that-you know-for people-It's also something that's impacting-but probably more so-the mental health issues that people are facing because they can't get together with their friends and groups and

KB: There's so many limitations out there-it's just, you know, and for college students to its-it's so hard.

KB: Your classes aren't always in person and you know, let's face it, not all instructors out there were prepared to deal with teaching virtually, they're not.

KB: And some of them quite frankly are not doing a very good job at it.

KB: This is new, I get it, but at the same time these college students are paying a lot for their education and they deserve to be taught and taught well and when you have certain instructors that just basically-maybe they're just not able to do this.

KB: I mean, they haven't had training-right, so some obviously are better at it than others, but a lot are definitely not good.

BB: So going back on to how COVID-19 is affecting people, I'm interested to hear what do you think is happening during COVID-19 with people's diets.

KB: Well, I think that probably more people are eating at home because they're afraid to go to restaurants and because of the limited capacity for seating and such.

KB: So, you know, maybe people are cooking more at home and making healthier food choices because of it, I mean, I can hope so.

KB: I, you know-you've got more free time on your hands because you're not out running around here, there, and everywhere else.

KB: So hopefully people are, you know, trying to have some fun in the kitchen-this is what I do you know-try new recipes [inaudible].

KB: Focus on, you know, having some fun while you while you're in the kitchen, of course, I imagine there are some people out there who think "oh, I have no cooking skills" and so they're going to eat a lot of processed foods.

KB: And hopefully there is less of that because also when it comes to COVID it seems like the healthier the individual, the better the outcome.

KB: And I would hope that, perhaps would also have influenced some people to maybe change the way they eat and work towards a healthier meal pattern.

KB: You know, people who are overweight, they-they definitely are more at risk.

KB: Now's a great time.

KB: Great time to try to, you know, focus on healthy eating and-you know-just doing that alone could help a person lose some weight.

BB: Alright so diverging away from this topic, I'm going to ask you: how do you feel like our government officials around the state, federal level, etc., have responded to this outbreak.

KB: Well, you know, I think they responded a lot with-you know-restricting crowd sizes [breathes out hard] mandating mask usage in certain areas-you know-they're following the lead

of those above them obviously-I mean I don't think they are-I mean, there's only so much that they can do.

KB: So other than, basically the restrictions, that's kind of the main focus-you know-and asking people to-you know-be careful in the group settings, even like for the upcoming holidays, for Thanksgiving, Christmas-limiting your get together size to immediate family, they're offering encouragement to people but you know there's not a lot they can really do.

BB: Do you feel like there's an area of improvement that state that the government really should have taken towards COVID that wasn't taken?

KB: Not really.

KB: I mean, I think they did the best they could, knowing what they knew.

BB: All right, and building on to that do you feel like the outbreak could have been handled in any way, shape, or form differently?

KB: Not really, COVID will run its course.

KB: The best we think we can probably do is hope for a vaccine.

KB: Other than that, I think, even with wearing the facemask avoiding the large get together, it's you're still seeing what's happening with the spread of COVID, honestly I don't think it's making a big difference.

KB: So, until we get that vaccine out, I think this: this is our new norm.

BB: And going from that, do you feel what- why do you feel think personally that on COVID-19- even though we're doing all of this stuff, all these safety procedures and stuff-why do you feel like it's not making that much of an impact?

KB: Because they don't really think that anything we do is going to stop spread. I think it's gonna have to run its course.

KB: People are gonna have to get it.

KB: They're gonna have to deal with it.

KB: So, you know, for most people [it] will be fine.

KB: Yes, there's going to be that percentage out there who won't be.

KB: There's going to be the outliers, who should be in won't be [inaudible].

KB: But there's, you know, it's just the way it is.

KB: I don't think we could have done anything differently, it's in the air.

KB: I don't think that the masks were wearing are preventing all of-all of the airborne particles from entering or exiting our masks.

KB: So, you know, unless we were to have complete PPE [Personal Protection Equipment], I mean face guards and M95's [Medical Type Mask]-and I-people just can't-all people can't walk around wearing that stuff.

KB: We can't live in a bubble.

KB: And that's basically what we'd have to do in order to really, really avoid [it].

KB: So, so then, it sounds like you had some problems with the masks on.

BB: Could you go on to explain what some potential side effects of using the masks might be or downfalls to them?

KB: I wouldn't say I had any problems with wearing the mask.

KB: Who likes to wear the mask?

KB: I don't know, maybe if you have bad teeth, but I definitely-you know-just feel like it's a restriction.

KB: It does-it does impair your breathing; you definitely do not feel like you're getting the air or the quality of air that you get when you're not wearing a mask.

KB: It's really hard to wear a mask.

KB: When you also have to wear glasses and then you have to deal with your glasses getting fogged up and I do believe that wearing a mask does cause difficulty with people hearing what you have to say.

KB: So, you know, you have people who are hearing impaired and then they're trying to listen to somebody talking through their masks when they have may have been taught to be a lip reader.

KB: So now you've taken that ability away from people who already have a disability because everyone has to wear these masks.

And then you think about people with dementia and they can't remember from, you know, one minute to the next.

KB: They don't know why on earth you people are wearing masks.

KB: It probably frightens them every single time they see you, you know, no one can see yours.

KB: Your smile, I mean, social communication is a really difficult when you're wearing a mask.

KB: I mean, I can only imagine how difficult it would be in a time like this to be single and dating-I mean-oh my gosh its like impossible so, there's lots of reasons why these masks.

KB: In my mind, [we] are just not doing enough to be worth the effort.

KB: Of course, I know there's a lot of people that think differently, but I know a lot of people who were there masks all the time and they still got COVID.

BB: Okay and tying together what with what you're saying, that it makes it difficult for people to communicate-tying that into also people being isolated people being self-isolated-do you see any long term impacts that this could have at maybe-at the college level, the personal level.

KB: Hopefully not long term impacts. I mean, I think it'll help us better appreciate when our lives were a lot less restricted mean sometimes you don't realize how good you had it until you've had to go through a hardship in life.

KB: And this is a hardship for a lot of people we have taken many things for granted that we now realize, you know-hey-you just can't-I mean-so many things have been taken away from us. So, it's, I guess it's going to give us a different perspective when this is over.

KB: I think we're going to have a lot more appreciation for, you know, our freedom to not wear a mask, when an [inaudible] that comes here hopefully sooner than later.

KB: And just the freedom to go places and do be able to attend group activities without fear of getting sick.

BB: Okay, and then also I wanted to bring the conversation back to some of the earlier points that we made in terms of the government and politics.

BB: And one of the questions that I wanted to ask you, was do you feel like COVID-19 had a significant impact on the presidential election this year?

KB: Oh yeah, I mean it was obviously a focal point, I mean for whatever reason you know they argued that the democrats could have done better than the Republicans. I really don't see how- all I know is, is when Trump was trying to-you know-shut down things with China, he was being called a xenophobe.

KB: And so obviously democrats weren't on board with him doing it at that time, but then later on it was like "oh, you should have done that sooner.", "we would have done it sooner." , so you know-it's kind of crazy but they're-each side thinks they could have done better.

KB: I honestly don't think either side could have done better than the other.

BB: Okay, so you feel like in general, though, that COVID definitely had a lot of impacts on the elections on the, on the political climate of the US.

KB: Yes, it did.

KB: Although I believe it was unfounded.

KB: Even though they tried to use it to their advantage.

BB: OK. And now for our last question.

BB: So you said that COVID has affected people that you know, could you give an example of how it's affected the family life for you, how it's maybe changed some of your family members routines, what they usually do that sort of deal.

KB: Well I guess I can look at my daughter who still lives with me, and she had been, you know, she also works in the health care facility had been working-just can, but had been working the activity department regular hours like eight o'clock to four o'clock or something.

KB: Well, her hours got changed; she got pulled out of that to be a CAN, again her hours are- they vary a lot so she could go in for a 6:30am shift and work, she could go in for 2pm shift and work-you know-sometimes she doesn't know, when you know it's not set in stone.

KB: Nothing is set in stone anymore, you kind of-you know-you might have to work more than one weekend in a row.

KB: So pretty much, I don't have a very set schedule, so-and as a healthcare worker, I think that's kind of what a lot of healthcare workers are experiencing.

KB: As they have staff shortages, they need to pull more and more people in

KB: She [Her Daughter] actually already had COVID once and I understand you can, perhaps, get it a second time, but for that reason she also was pulled to work into the unit with COVID people because they're like "So you already had it." So-you know-it's when you're employed by your employer you pretty much go do as your employer says, right for my daughter.

KB: My other daughter, who actually is a high school English teacher, she of course is teaching her classes are virtually.

KB: She happens to be pretty tech savvy.

KB: So, I believe she's given that-you know-good effort and is doing a great job

KB: But, she's not in a classroom with bunch of her students.

KB: She still has to, I think, go into the school, maybe once or twice a week, that's about it.

KB: And then as far as my husband goes, it hasn't really impacted his work he's self-employed.

KB: So that's been fine.

KB: And as far as my work goes, it hasn't to this point impacted a great deal, other than the fact that I have a lot more headaches, with all the constant change that's coming with COVID.

BB: And what about your extended family members, has it caused any drastic changes for them in their life?

BB: Anything on those sort of lines?

KB: I'm-not really, I mean, it seems like most of my extended family are still able to do what they always did, they have limited social gatherings.

KB: So, there's not as much as that-you'd have a family reunion- well, this summer, we didn't do that.

KB: You just don't have those-those big family get togethers that you once had. And then of course there was the initial fear period where "you know your grandparents." [?]

KB: Or like my parents didn't want me to come visit for a while.

KB: So, of course, I stayed away.

KB: Well then, you know, of course things calm down, then all of a sudden, you know, we're back.

KB: We're back to being paranoid again because of all of the COVID surge.

KB: And, you know, having had posted recently and been able to visit my mother, she panics too, and so she ran in three days later to get a test.

KB: She is fine, but she could still become asymptomatic and get it.

KB: Or not, so-it's just-it's hard because people are, you know, they want to be with you, but yet they're afraid to be with you.

BB: And do you feel like that this paranoia, that's where its coming from?

BB: Do you feel like for older people that it's more of just a general fear of their own health or is it possibly influenced by the way that COVID is being presented to us by the media?

KB: Well, I think it's both.

KB: I mean, obviously, the media has instilled fear because they highlight all of the outlier cases where somebody young got COVID and didn't do fine-they very seldom will talk about the numbers of people who had it and were asymptomatic or had very minimal symptoms.

KB: I mean, that's not what they talk about, you know, news-what makes the news is the stuff that is bad.

KB: So, we want to-they tend to focus on the negative aspects.

KB: And of course, by doing that, that instills fear into people because instead of seeing it as 1% of the population [affected] because that's all the media focuses on is they see it as the majority of the population that-that's the impact that is having on the majority, not the small one or 2% of individuals out there.

KB: And so there's definitely fear from the media that then feeds their own personal fear, maybe because they know they're older they maybe have some underlying health issues.

KB: They may-they know-they're probably a few pounds overweight and all of those things.

KB: I'm sure there are scary things to think, that this-you know-could possibly be the end for them.

BB: Okay, and then we're going to be looking towards the future here, actually, I just wanted to go next on this for a little bit longer.

KB: So, for the future of how things will look- [connection interruption]

KB: I'm good, I'm just going to ask you how do you think things will look a year from now, regardless if the COVID stays or if it's gone?

KB: Well, I think everyone's gonna probably have access to the vaccine. So I think people are going to get vaccinated and whether they want to or not for some.

KB: So, I think a lot of people want that vaccine and will get vaccinated

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KB: I think it'll become one of those vaccines that-you know-is sort of state required and everything, kind of like-you know-a lot of the other vaccinations out there that your child has to have before entering school

KB: I feel it's going to be one of those kind of vaccines and so pretty much everyone's gonna probably need to get vaccinated and, of course, going to have a few people out there who reviews to vaccinate.

KB: I'm not sure how you know that's going to go for them.

BB: How do you think people are going to reply to those people who don't go and get the vaccines, in terms of thinking of them as-the most as a person or thinking them as a potential danger, probably to other people.

KB: Oh, I would think if you're vaccinated, you should be relatively safe, I would think that from getting it-I would think, though-that those people who choose not to get it because they don't you know vaccinate for anything.

KB: Otherwise, they're just going to be more at risk themselves.

KB: So the risk, I feel, will be more for them and the other people they come in contact with who are not vaccinated

BB: And overall, what do you feel like the most positive effects of covert on our day to day lives the way our society works, What do you feel like it is?

KB: The positive aspects of it, yes, I [inaudible] probably everyone's improved some of their technological skill sets.

KB: So, I feel that's been a positive I feel it's positive, that-you know-some organizations have discovered that they actually can have their employees work from home and for some employees, this is really great.

KB: I mean, they maybe have an hour commute one way they no longer have that, so now they have extra free time that they didn't have before because they don't have that commute.

KB: Some people may just find that they're more efficient working in that home setting because they can go into a room, shut the door and not be bothered. They might be able to get their work done and five or six hours instead of eight hours-you know-and they'll have more time to work out and cook meals.

KB: And so I really think that the aspect of people being able to work from home, and it's not obviously everyone, it's not suitable to for all to do this by any means, but for those who can, that's great- so great COVID advantage.

BB: All right, well, we're going to be ending this video then at 4:32pm and thank you for your time.

KB: Yep, thank you, I hope you learned something.