

**Interviewer:** Keely Berg

**Interviewee:** Dr. Louis Frase

**Date of Interview:** April 2021

**Location:** Altoona Wisconsin

**Format:** Audio recording via Voice Memos

**Transcription by:** Keely Berg

**Additional Transcription Equipment used:** Otter.ai

**Project in Association with:** The University of Wisconsin Eau Claire

**Abstract:** Dr. Lou Frase is a retired geriatric doctor and is a resident of an assisted living facility in the Eau Claire/Altoona area. Dr. Lou discusses in this interview his struggles with Covid 19 as a medical professional, as well as someone who suffers from various mental and physical illnesses including Parkinson's disease and Asperger syndrome. He shares his struggles with isolation, and his frustration with the United States government as Covid 19 progressed. He also shares his stories regarding his life previous to the pandemic and how he ended up in Eau Claire WI.

**Keely Berg 0:01**

Alrighty so today is the 25th of April, the time is 2:42(pm). Current statistics for the number of confirmed cases and deaths for COVID-19. The United States has a total of 31,795 are oh my gosh 31,795,248 total deaths 5600 or 506 568,237. In Wisconsin, our total cases are 656k, and then total deaths in Wisconsin is 7452. And then positively, the US population that has been vaccinated is essentially 226 million. So now that we got that out of the way, what is your name? And do you mind sharing some demographic information for the study? You were Dr. Lu?

**KB 1:11**

What did you

**KB 1:14**

What did you specialize in? in medical school?

**Dr. Lou Frase**

Okay do you want my name first?

KB

Yes, name and everything else.

**DLF 1:21**

My name is Lewis Harvey Frase MD.

**KB 1:23**

Okay

**KB 1:27**

And then race, ethnicity [laughs].

**DLF 1:31**

I am a white male. Of European extraction, Bohemian and German.

**KB 1:38**

Okay. Awesome. Alrighty, so then where did you live before moving to independent living here? Like, where did you grow up? Where'd you go to school?

**DLF 1:50**

I grew up in Chicago, Illinois, in a small segment of Chicago, Illinois, which was immediately adjacent to the suburbs and Oak Park river forest and the Elmwood Park, which were very high level suburban areas of Chicago.

**KB 2:07**

Okay.

**DLF 2:09**

River Forest, for example, at the time that I was born, was the wealthiest county in the country.

**KB 2:18**

And then where did you go to school? For both undergrad, medical school, all of the above?

**DLF 2:24**

I graduated from the Chicago Public Schools in 1956.

**KB 2:30**

Okay.

**DLF 2:31**

And then I went to the University of Illinois, Navy Pier in Chicago,

**KB 2:35**

Okay.

**DLF 2:36**

For three years. And then one year down in Champaign Urbana, the main campus. Navy Pier in Chicago was a re-organized naval barracks that was set up after World War Two for GI's returning from the war for educational purposes.

**KB 3:00**

Okay.

**DLF 3:01**

So, it was a three-year program. If you wanted a four-year program you had to go down to Champaign Urbana for one year,

**KB 3:15**

Okay.

**DLF 3:16**

And I opted to go for the four-year program, three in Chicago and one in Champaign Urbana. And I received a bachelor's degree in chemistry and zoology.

**KB 3:29**

Wow, that's so cool. That's awesome. I didn't know that you had interest in zoology as well. That's awesome. That's awesome. And then where did you go to med school?

**DLF 3:40**

I went from an undergraduate school to the University of Illinois in Chicago medical school. I lived at home alone. I lived at home throughout my initial medical school experience till I got married. So I was living with my parents. For the first two years of my medical career that was a freshman and sophomore year of medical school. Then I met my wife, Jan at Cook County School of Nursing in 1962. While I was a freshman at the medical school, we courted for a year and then married in July, in 1962, September 8.

**KB 4:34**

Awesome

**DLF 4:36**

That's when she had graduated from her nursing program. So she was an RN. And she worked to put us through school, the last two years of my medical education.

**KB 4:46**

That's so sweet. I love that.

**KB 4:50**

And then you mentioned that you spent some time overseas in Korea?

**DLF 4:55**

Yeah. After I graduated. At the time in 1962, the early phases of Vietnam build up were occurring. It was not actually anything serious at that point. But the federal government, looking forward, decided they needed more physicians, especially in the specialty areas. So they developed what's called an alternative program for obtaining medical education. And in order to, to increase the number of physicians available to the US military, they develop what's called the Plan Berry B-E-R-R-Y.

**KB 5:50**

Okay.

**DLF 5:51**

Named after some army officer,

**KB 5:55**

[Laughs].

**DLF 5:52**

The Berry plan would enable us to complete educational goals while being compensated for the time that we were spending. And we would be reserve officers in the US Army. So I opted for that program, which paid 72000 a year.

**KB 6:20**

That's not that bad.

**DLF 6:22**

No not at that time-

**KB 6:22**

That's not too shabby. No, definitely not.

**DLF 6:26**

So that enabled my wife and I to get married.

**KB 6:30**

Yay [Laughs]

**DLF 6:32**

And be able to be self-supporting.

**KB 6:34**

Right. Absolutely.

**DLF 6:36**

So, we've completed the last two years of medical school in Chicago.

**KB 6:43**

Okay.

**DLF 6:45**

And After that, opted to go into the internal- internship and residency training in Youngstown, Ohio.

**KB 6:53**

Okay

**DLF 6:54**

[Unclear] private hospital, St. Elizabeth Hospital in Youngstown. And that was a nice experience because they had the housing for my wife and children.

**KB 7:09**

Okay.

**DLF 7:10**

Because by that time, we were starting to have a family.

**KB 7:13**

Right.

**DLF 7:14**

Our first child was born in 1964. That was Christine.

**KB 7:21**

Okay.

**DLF 7:22**

And then our daughter Julie was born in 1966.

**KB 7:27**

Yeah, that makes sense. Okay-

**DLF 7:28**

Both born in Youngstown, Ohio.

**KB 7:32**

Awesome.

**DLF 7:33**

So we had the two girls.

**KB 7:34**

Okay.

**DLF 7:36**

Then as time progressed there and I completed my internship and residency. That would have been 1966. And I opted to go for advanced federal education in internal medicine, in cardiology. That was at the University of Cincinnati in Ohio.

**KB 8:10**

Oh, wow. Okay.

**DLF 8:12**

And that would have been in 1967. To 1968.

**KB 8:17**

All righty, from Ohio then did you go to Korea after that, and-

**DLF 8:26**

after Ohio University of Cincinnati, that was a cardiology program for one year. [paper crumpling] And upon completion of that, I was ineligible for the US Army, my time in the Berry program had been utilized-

**KB 8:54**

Right.

**DLF 8:54**

So I was immediately drafted into the active environment.

**KB 8:54**

Oh okay, yeah.

**DLF 9:00**

The reserves with the Berry plan. So I became a military officer with a rank of captain.

**KB 9:09**

Wow.

**DLF 9:10**

My initial posting was in Washington DC at the Pentagon.

**KB 9:16**

Wow! That's awesome.

**DLF 9:18**

Yeah. It wasn't so much fun because in between what happened in- and this is a geopolitical situation. But while I was completing my training in April of 1968, the Tet Offensive occurred.

**KB 9:38**

Oh, yeah-

**DLF 9:39**

Do you know what the Tet Offensive-?

**KB 9:39**

I know the Tet Offens- [stumbles over words] Offensive. Yes. That's no good.

**DLF 9:42**

That occurred and I was scheduled to go to Fort Sam Houston for basic training in July of 1968. And that was the-that was the way it would have gone had the Tet Offensive not occurred but with the Tet Offensive, we immediately had to activate all the medical officers because they needed them for increasing, expanding war. And that shifted my basic training program. Because they didn't put me down at Fort Sam Houston, they were training the doctors who were going to go overseas. And I wasn't scheduled to go overseas. I was scheduled to go to the Pentagon in

Washington, DC. So what they did was they canceled my basic training. So I wound up in Washington DC at the Pentagon without any basic training.

**KB 10:46**

Oh, my gosh,

**DLF 10:48**

No knowledge of the army at all.

**KB 10:50**

Oh my.

**DLF: 10:51**

Yeah I was-

**KB 10:52**

Yeah, I couldn't, I couldn't. I don't know how I would handle that.

**DLF 10:57**

Uh I didn't handle it very well.

**KB 10:57**

[Laughs]

**DLF 10:58**

Because the military was just so bureaucratic, the rules are so rigid,

**KB 11:05**

Right.

**DLF 11:06**

That I did not do very well. Being free, free thinker and a free spirit.

**KB 11:13**

Right.

**DLF 11:14**

I did not fit into that bureaucratic thing,

**KB 11:18**

Right. I understand.

**KB 11:24**

Sort of skipping around here. So you ended up in Eau Claire, how did you end up in Eau Claire?

[Laughing]

**DLF 11:32**

Well, when we were assigned then to my first mission in the US Army was at the Pentagon in Washington, DC. I did very poorly there because of the rigidity of the military system. They wanted me to have a special haircut, they wanted me to dress a certain way. And I wasn't ready for that. I had no basic training to understand why they needed me to do these things. So-

**KB 12:00**

I mean, I can understand that. Absolutely.

**DLF 12:05**

I was not very good at following their rules. And I let them know that. I'd tell them this was stupid.

**KB 12:12**

[Laughing]

**DLF 12:14**

Why do I need a haircut? Ya know, the first day at the Pentagon, I was walking through the parking lot and some guy comes up to me says you need a haircut. And I said who cares?

**KB 12:32**

[Laughing]

**DLF 12:32**

I said, what's your problem?

**KB 12:34**

[Laughing]

**DLF 12:35**

He was a lieutenant colonel.

**KB 12:35**

[Laughing stops] Oh, no. Did you end up cutting your hair?

**DLF 12:40**

Oh, yeah.

**KB 12:41**

[Laughing]

**DLF 12:41**

Not only that, I was in trouble with the-my commanding officer was Colonel de Lorenzo with the US Army Pentagon dispensary.

**KB 12:51**



Okay.

**DLF 12:53**

And I was on report.

**KB 12:55**

Right.

**DLF 12:57**

[Unclear] talking back to him field grade officer.

**KB 13:03**

Right.

**DLF 13:05**

I was just a [unclear]. So I was in constant trouble there. Because I didn't know the rules. Therefore, I couldn't follow them.

**KB 13:13**

Right.

**DLF 13:14**

It was a bizarre situation- catch 22.

**KB 13:17**

Right. Right.

**DLF 13:21**

So needless to say, after nine months at the Pentagon, they transferred me out of the Pentagon to Korea. Just to get me away from the Pentagon, I guess. Wasn't serving very good purpose there. So they transferred me to Korea. At the time I'd heard that that's where they send the misfits.

**KB 13:43**

Yeah.

**DLF 13:44**

The misfits in, in the army. The guys who were good soldiers went to Vietnam and I was not a good soldier. So they sent me to Korea. Which is interesting. Anyway, after we got to Korea, I was able to worm my way into a position out in Taiko Korea. Initially I was assigned to this Pentagon dispensary at [unclear] Tec, which is a known missile base on the South China Sea. It's five officers or five enlisted men and a single officer. Just hold on. When I was promised that I would when I got over there, I would go to the biggest hospital in Korea, 100 and 21st evacuation hospital. Turns out that my assignment there was filled. Because stepping back one step when I've got assigned to Korea. I was still at the Pentagon and I still hadn't had basic training!

**KB 14:55**

Right.

**DLF 14:56**

So I had to go to the offices of Surgeon General and tell him that I hadn't had Basic Training. He said, No, you haven't. You have to have basic training if you go to Korea.

**KB 15:07**

Right.

**DLF 15:08**

I said, well fine. Do what you have to do. So they cut me orders to go to Fort Sam Houston for the basic training, which just happened to interfere with my assignment of 100 and 21st evacuation Hospital, the biggest hospital in Korea. I was going to use my internal medicine for cardiology training. But I couldn't because they did fill that spot. And the only spot they had opened for me was over at Pyeongtaek at this missile base. So I had to regroup and decide that I was going to stay in the military and against my wishes. But in a situation that I wasn't particularly happy with. I had originally- because of the fact that South Korea by then was becoming quite deep- I don't want to say demilitarized-it was it was-peace, peace time.

**KB 16:09**

Okay, yeah.

**DLF 16:14**

I had originally- my my wife had scouted this out because it was people who were going to the One Hundred and Twenty First Evac project who were living on the economy in Korea. In other words, the base I was in with the wives and kids were coming over and renting a house or apartment in South Korea. So we opted to try that. We were arranging for Jan to go to Korea, and that would have been July. But when I got over there and my assignment had been switched they sent me to Pyeongtaek and it was just a miserable situation. It was the monsoon season. So the floods were occurring- and there are no- they had no sewers in the whole of Korea.

**KB 17:10**

Oh, no.

**DLF 17:11**

When you went to the bathroom, when you pooped

**KB 17:15**

[Laughter]

**DLF 17:15**

It was just a hole in the floor. I mean, it went down into a bucket.

**KB 17:19**

Oh, no.

**DLF 17:20**

And they had men only come and clean out the buckets once a week or so and it was awful-

**KB 17:25**

No, that's not that's no good. That's- that's not good at all.

**DLF 17:31**

Not good at all. Each house had a hole in the floor in the corner, and poop would just drop down into the buckets below and then somebody would come on and scoop out and stick with a coffee can on the end.

**KB 17:45**

Ew.

**DLF 17:46**

and they would walk out from there to what was called the Honey Wagon and dump it into the Wagon. And that's the way they've handled the sewer for the whole of Korea.

**KB 17:58**

Is it still like that today? Do you know?

**DLF 18:00**

No, no, no they developed-they developed sewers fairly quickly. Military Bases had sewers already by the time we got there, but the general economy no that it was stuck on this hole in the side-in the corner of the house with intermittent dumping of the stuff with the coffee cans and a stick.[Laughing]

**KB 18:30**

Yeah no.

**DLF 18:31**

It was pretty basic.

**KB 18:31**

Yeah.

**DLF 18:33**

Well, that resulted in since I was down in Pyeongtaek South Korea was such a muddy dirty country. I called my wife and said don't come over because I don't want you bringing the kids over in this kind of environment. So we put off bringing her over until later. In the meantime, I went up to the office of Surgeon General. I was angry with the way they were playing with my body. So I went to the office of Surgeon General- Eighth Army Surgeon General and complained and was angry and I just told him this is no way to treat anybody. I was cursing and he cursed right back. And apparently, he thought that I must have some good streak for the army because he said look, if you do a good job in this base for three months and pass this inspection that's coming up. I'll let you go down and take over. We'll set up a dispensary and an aid station. Two

dispensaries and an aid station/ and you can bring your wife and kids over and get base housing. But I had to extend for a year in the army.

**KB 20:05**

Okay, yeah, so-

**DFL: 20:06**

that was a really tough decision,

**KB 20:08**

Right.

**DLF 20:10**

I talked about it with my wife, and we decided to finally go for that. So I spent the three months down in Pyeongtaek and then eventually got transferred down Taegu. I was in a support command assignment, where the Korea support command was based in Taegu. And that was the quartermaster corps for the whole of Korea. So I've suddenly bounced up from peon over here, to a member of the General Staff into-General Staff, General George Home one star General, and then his staff. And I was the staff surgeon for that support command. My job was to control venereal disease and report monthly on venereal disease statistics for the age.

**KB 21:10**

Right. Okay.

**DLF 21:12**

Once a month, I had to go to a meeting and get these statistics. Well, it turned out that that worked out successfully because Jan was able to come over then in October. I started off there in July, and this was October and she was able to come over with the two kids. And we had base housing, which was really nice. So we were very happy. We immediately sent to Japan and bought a Subaru station wagon[laughter] for fourteen hundred dollars.

**KB 21:49**

Hey!

**DLF 21:50**

yeah, really, kind of a cute little car. Japan is just emerging from World War Two as well so their industrial base was just being born So the Subaru is the first station wagon that they created. And we had one of them for 1400 bucks shipped to Puerto Pusan. That means we had transportation around Korea,

**KB 22:13**

Right.

**DLF 22:14**

So every weekend we were out with the kids touring the dirt roads-

**KB 22:17**

Yeah.

**DLF 22:20**

Looking at all the wonderful things in Korea. It's a beautiful country.

**KB 22:22**

I'm sure it's beautiful. Yeah.

**DLF 22:26**

Yeah it is, unfortunately, it was devastated by Japan, who controlled Korea from 1910 Until the oh 1960s? Well, the end of World War Two until 1942. Japan, cut down all the trees, brought all the timber over to Japan.

**KB 22:51**

Right, of course.

**DLF 22:55**

Essentially clear cut the country,

**KB 22:57**

Right.

**DLF 22:58**

It was nasty-

**KB 22:59**

It was like really barren?

**DLF 23:01**

Yeah, yeah-huge trees were cut down and took over Japan. So they just raped the country. weren't very thoughtful about it. And were very- brutal to the Korean people. You may have recently heard that the Korean people are still suing Japan. For the service ladies. The Japanese army used the women of South Korea as prostitutes, in essence, to serve the needs of Japanese men.

**KB 23:41**

That's not No. Oh, I don't like that at all.

**DLF 23:45**

It wasn't good. And they're still suing. There's ninety-ninety plus year old ladies who are suing for Reparations based on-

**KB 23:57**

Oh my gosh,

**DLF 23:58**

I saw it this weekend.

**DLF 23:58**

That they are still in the process of adjudicating them. So at any rate, given what had happened, and we had our Korean Subaru station wagon, we just toured all over Korea. And I being in the military, I could fly base space available to anywhere in Asia,

**KB 24:21**

Right.

**DLF 24:22**

So my wife and I took a trip to Japan and Hong Kong space available on military flights. So we turned it into a real good opportunity.

**KB 24:38**

I mean, good for you.

**DLF 24:41**

Yeah it was a wonderful opportunity. That's what- when we got our first love of travel. Because after that when we got back home and I was out of the army in July of 71. We then started traveling all over the world.

**KB 25:03**

Wow.

**DLF 25:05**

Once I came home-You asked how did I wind up in Eau Claire, we had- we had to choose a place to go. And Korea being 10,000 miles away, wasn't easy to go and look at something-

**KB 25:20**

Right.

**DLF 25:21**

In the states, so we kind of looked at the map and decided that our families always vacationed up in northern Wisconsin in northern Minnesota. So we decided that we would try to settle there. At the time, there were multiple opportunities for physicians around the country. I had a choice of some 300 different practices that I could enjoy.

**KB 25:50**

Wow.

**DLF 25:52**

But I chose to join the one in Eau Claire-

**KB 25:54**

Wow. Well, that's awesome.

**DLF 25:57**

There were-the three that we looked at one in Eau Claire, one in Mankato, Minnesota, and the other one in La-Cronus. And I visited all three of them. I came back home space available one weekend, and traveled to all three of those facilities, and chose Midelfort for it as the one that I wanted to join.

**KB 26:17**

Yay!

**DLF 26:19**

Jan was not there. She couldn't come home. She was 10,000 miles and we had to pay her way and we couldn't afford it. So I just came alone and chose Midelfort. That's when we got to Eau Claire in 1971 after I was mustered out of the army, came to Midelfort Clinic in Eau Claire and it was there that I had my next assignment in my career, until I retired in 1999.

**KB 26:53**

Okay! wow, you have been all over the place.

**DLF 26:57**

Yup

**KB 26:58**

And just for the record, what was your specialty in an Internal Medicine? What did you work-

**DLF 27:03**

So Internal Medicine and Geriatrics

**KB 27:05**

Geriatrics okay, awesome. So now we're going to kind of transition into how COVID- like the COVID questions here. As far as COVID is concerned, when you first learned about it, what were your thoughts about it? Obviously, you've worked with diseases and illness before? What were your initial thoughts about that?

**[PAUSE FOR BREAK]**

**KB 27:45**

We were talking-I asked you as far as COVID is concerned, when you first learned about it, what were your thoughts?

**DLF 27:55**

Well, as you recall the first cases came to Wuhan China.

**KB 28:03**

Yup.

**DLF 28:05**

And initially felt to be an ordinary flu, it became apparent quite early that it was a very severe form of the influenza virus, lead to death in specific populations, especially the elderly and those who had previous conditions. So there was a very high death rate.

**KB 28:33**

Right.

**DLF 28:34**

High mortality rate.

**KB 28:35**

Absolutely.

**DLF 28:39**

It was rapidly progressive, easily easily transmitted, so that it spread like wildfire. Here, I don't know what you want to talk about here, but here, they did a beautiful job of insulating the residents.

**KB 28:57**

I agree. I agree.

**DLF 29:00**

By following the CDC principles of wearing masks, distance, -social distancing, and washing your hands.

**KB 29:09**

Right.

**DLF 29:12**

And that essentially, blocked the people of this institution from getting COVID.

**KB 29:13**

Right. Which is important.

**DLF 29:15**

Yeah, it was very important and wonderful that it worked out that way because nursing facilities, senior living facilities of the nursing home variety, were just overwhelmed with the disease.

**KB 29:38**

I agree. Yeah, that was that was a big for us- as staff that was a big, big part of our job was making sure that we got everybody safe. Do you remember being afraid of the virus? Were you worried Were you-



**DLF 29:56**

worried enough to be careful,

**KB 29:59**

worried enough to be careful okay

**DLF 30:00**

With my wife being a nurse, the two of us very careful with wearing our mask and social distancing emotion. So we did everything we could personally to prevent getting the disease,

**KB 30:13**

right. Of course, you have lived and worked through various other epidemics. Do you remember how that affected you? So I'm assuming you- there was the Ebola outbreak? I don't even remember when that was. But there was also the Polio- there was a Polio vaccine that came out. Do you know if that affected how you thought about COVID? Or your knowledge of disease? And how that-how that impacted your thoughts?

**DLF 30:39**

Well, first, the first one would be the polio epidemic back in the 30s. 30s and again, in the 50s, two cycles. And when that came through, a lot of kids wound up getting Polio were paralyzed. So there was a huge need for Polio sanitariums. Institutions where they housed the kids that had polio, because they would be paralyzed from the waist down. So they had to institutionalize a lot of these kids. I lived- lived next door to one who had Polio back in 1936.

**KB 31:25**

Oh my

**DLF 31:25**

He's still paralyzed on the left side. So it's quite a devastating disease. And then much worse was the so-called Post-Polio Syndrome, where after a period of time where they rehabilitated and we're doing well, the long term complications in the Polio emerged and generalized neuropathy, painful neuropathy, and additional weakness and paralysis. Very unexpected outcome.

**KB 32:06**

Right.

**DLF 32:08**

But devastating to those who develop the syndrome, the Post-Polio Syndrome was fairly common. So people who had the Polio with the first go around then developed the Post-Polio Syndrome, which was, again a very depleting disease of mainly neuropathy-neuropathy, with muscle weakness and muscle pains were debilitated.

**KB 32:40**

And to think that could happen with COVID too.

**DLF 32:47**

Well, that apparently is happening. Because from the polio epidemics, we went into the influenza, Ebola was just a splash in the pan. That emerged from Africa it was a disease that was prevalent in monkeys.

**KB 33:07**

Really?

**DLF 33:08**

It spreads from the monkeys to humans, and was quite a serious illness. It was so contagious,

**KB 33:17**

Right.

**DLF 33:25**

The Ebola-Ebola epidemic was contained eventually. But not without a lot of deaths, especially over in Africa. I think there was only one death in the United States.

**KB 33:40**

I can't recall.

**DLF 33:42**

There was a businessman who was flying back from Africa.

**KB 33:45**

Okay.

**DLF 33:46**

He contracted it while he was over there, and he came over here back to Texas and died from Ebola. I think he was the only one. So we were pretty, pretty well protected from it.

**KB 34:01**

Right.

**DLF 34:04**

Then the next series of epidemics were the Influenza and the annual

**KB 34:09**

Right.

**DLF 34:13**

Epidemic. 31,000 people died in one year. From Influenza.

**KB 34:19**

I feel like people don't take Influenza all that seriously. Because it's something that we all can get. But it's devastating, especially when you have people with pre existing conditions and, and stuff like that.

**DLF 34:24**

Early in the course 31,000 deaths was from the Influenza. Ya know so what? Just didn't didn't evoke any interest among the infectious disease specialist, other than to develop a vaccine to prevent Influenza complications and so we all got annual flu shots right after that, and that helped to prevent a lot of influenzal complications. And that continued right up to the present time. But has been overtaken by the COVID experience, which is a form of influenza, but much more serious, much more. What's the term I am looking for? Much more potent?

**KB 35:32**

Okay.

**DLF 35:33**

And so there's a very high, transmissibility was high and the death rate was high.

**KB 35:41**

Yep. That transfers right into my next question, which is, from your medical perspective, can you tell me about how COVID impacts the body? So sort- of you are just on those lines. It's more potent than other diseases. It affects your lungs as well.

**DLF 35:58**

Well, the virus is what's called the Coronavirus which has to do with the anatomy of the viral particle and it has peculiar projections that make it stick to the lung.

**KB 36:14**

Okay.

**DLF 36:17**

So you inhale it, and it gets into the bottom and then the virus grows.

**KB 36:22**

Okay.

**DLF 36:28**

It causes pneumonia and in the case of the Coronavirus, it's not treatable. There's no antibiotic or anything to treat it. The only thing you can rely on your own individual, what we call supportive therapy. You hydrate and help people breathe with artificial ventilation going through it. Which still had a very high rate of pneumonia and pneumonia had a very high fatality rate. And essentially no other treatment for it. So very rapidly it overtook the nation in terms of overwhelming our ability to provide care for it was so prevalent. Thousands of cases all over the country. And all of those cases require extensive treatment. Mainly supportive treatment, but since there's no other antibiotic or anything that affects them. But you have to maintain respiratory function with ventilation and oxygen.

**KB 37:00**

There's only so many of those.

**DLF 37:01**

Yeah, yeah. So many that it overwhelmed our system. So that there weren't enough hospital beds, there weren't enough ventilators, there weren't enough oxygen tanks, the core of the Intensive Care Unit. So it became apparent that this was a major crisis. Public Health people, and the private hospitals did the best they could and in managing what was going on. And that was ever increasing frequency of infection, and the ever increasing seriousness of that infection. So the obvious solution to that was to develop a vaccine, which we've now done after the initial nine months of COVID-19. That's when he developed a fast track vaccine faster than any other vaccine development in the history of infectious disease. So then we are now vaccinating the whole population. Unfortunately, a lot of people have developed an anti vaccine thought process where they're afraid of the vaccine, which is foolishness because it's the life saving vaccine.

**KB 38:33**

I actually- I have a question I was gonna ask, which is, you know, so now that the residents of this particular facility have been vaccinated. How do you feel about some of the staff choosing not to get vaccinated? Cuz I'm obviously a vaccinated person that's on this team, but there are some people who work in this facility that chose not to get vaccinated. What are your opinions on that?

**DLF 38:58**

I think it's stupidity

**KB 38:59**

I, I agree with you on that one [laughter].

**DLF 39:02**

Absolutely, absolutely dumb because the vaccines have been shown to be effective. Not just now with COVID-19, but with every other vaccine we've used in the past. They are very effective in preventing the transmission of infectious illness so it's, it's a dumb thing for the population to accept that attitude.

**KB 39:26**

Right.

**DLF 39:27**

But since we live in a free society, the government can mandate.

**KB 39:31**

Right I mean, that's true.

**DLF 39:34**

Well we did at one point

**KB 39:35**

we did yeah...we did?

**DLF 39:36**

We did years ago, vaccines for children. Were automatically administered before you went to school and you didn't have a choice.

**KB: 39:47**

And that makes sense

**DLF 39:48**

Unless you could get a medical release from a physician or you were a religious exemption. That was the only two reasons why you couldn't you- could avoid vaccination. But that has now spread to become a human right we don't have to be vaccinated if we don't want.

**KB 40:08**

Right. Did you have any side effects to the vaccine?

**DLF 40:11**

Not one.

**KB 40:12**

Not one? I-that's awesome to hear.

**DLF 40:17**

You said that you had fever and... [trails off]

**KB 40:19**

I-I experienced, the first time around when I first got it I went to work- I worked right afterwards. So it wasn't it wasn't an issue for me. But then the second one- the second one, I definitely felt-I was out for a day-I felt really sick. But I would do it again? Absolutely. Would I recommend that everyone get one? Yes, absolutely. But I'm glad that you didn't have any side effects. It really just depends on-on the people. That's what I've heard. Do you know anybody who had questioned it? Like, do you have any friends or family that were kind of resistant to get the vaccine?

**DLF 40:55**

Nope, all of my associates and friends were very easily or ready to be vaccinated.

**KB 41:01**

Okay, well, that's-that's awesome. Kind of jumping around here. So in what ways do you think that COVID-19 has affected peoples mental and physical health, mostly thinking about like mental-mental health?

**DLF 41:22**

Well two things: Isolation, used as management for the pandemic has created a lot of mental health issues, isolation is not good. When we are isolated, our mind runs away with us; it doesn't react in normal ways. So we wind up with a lot of anxiety and depression. Which at times has led to suicide. A very sad outcome, but that's strictly the phenomenon of isolation from society.

**KB 42:00**

Right. I,

**DLF 42:05**

That was treatable with counseling and maintaining good relationships. With kids and adults who have no family or friends to rely on. They've had the problems with the depression and anxiety. You had a good family, good support group issues with depression and anxiety were less. But so many people in today's world are isolated and that leads to issues.

**KB 42:43**

Do you feel like your mental health has taken a toll since COVID? Or do you feel like you had one of those good support systems that you refer to?

**DLF 42:52**

I have had good support groups and haven't had any problems. Other than my baseline because I have depression and anxiety as a chronic illness.

**KB 43:03**

Right of course. Well, same. So we're both the same in that.

**DLF 43:14**

Well I think that everybody is that way to some degree, some of us more than others.

**KB 43:15**

Right, of course, the baseline is for sure important to keep into consideration. So you moved into this facility not too long ago, you moved in...? [trailed off]

**DLF 43:30**

January 19th

**KB 43:31**

January 19th okay, so you're in the middle- that was during the middle of the pandemic. I mean, we're still in the pandemic. Now. What was it like moving from, I'm not sure where you were before you moved to this facility, but-but what was that, like the transition, especially with COVID?

**DLF 43:47**

Well, the reason that I moved in here was because of my own mental illness, which is a very complicated situation beginning with ADHD. I have what has been called Asperger syndrome.

**KB 44:08**

Okay.

**DLF 44: 08**

Which is Autistic-one of the Autistic varieties. And I didn't realize it until late in life. I finally got a diagnosis of ADD-ADHD in October of 2014.

**KB 44:28**

2014? Wow! So that's- that's a long time!

**DFL 44:32**

Yeah as an old man [laughing] 72 years old, I think. Throughout life, I've struggled with that chronic depression and anxiety.

**KB 44:45**

That's so hard.

**DLF 44:46**

Panic disorder initially. People- about 60% of the population has chronic anxiety. Only 3% have Panic disorder. which is what I had. I had that until age 45.

**KB 45:06**

Wow.

**DLF 45:07**

Where I could not stand up and talk in front of a group. Very frustrating for somebody who's in medicine,

**KB 45:15**

right. Of course.

**DLF 45:16**

When you have to be able to communicate with people. And if there were more than two people in a setting, I would get very anxious and have a panic attack. If you ever had a panic attack?

**KB 45:30**

I have had a panic attack. I have-I also have a panic disorder. So I'm on an SSRI for it. So I know what you're feeling.

**DLF 45:40**

So you know how terrible that feels-

**KB 45:40**

I understand. It does, it feels like you're drowning and you can't- you can't escape

**DLF 45:47**

Well, It's interesting because I have since age 45, developed a technique for avoidance of it. Because it's strictly a product of breathing. When we get frightened of something, and in my case, it would be having to speak in public, or we would immediately [breathing] take a breath. And then we wouldn't exhale fully. So we would wind up just trying to breathe and try to talk with the upper 10% of our vital capacity or lung capacity. Which doesn't work, you know, you have to [long exhale]

**KB 46:25**

Right.

**DLF 46:27**

get rid of all these-

**KB 46:28**

Hyperventilation and that's when al-

**DLF 46:29**

Yeah well hyperventilation is what happens when you're over breathing. Because you get that panic,[breathing sounds] and you're trying-trying to breathe with 90% or only 10% of your lung capacity. And you can do that's- that's when you hyperventilate. You end up blowing off carbon dioxide and reducing your oxygen levels. And you feel like you're gonna die and you wish you could,

**KB 46:55**

Yeah.

**DLF 46:57**

The answer to it is to exhale fully [breathing]

**KB 46:59**

Right.

**DLF 47:00**

And if you can train yourself to do that, as soon as you feel that panic coming on [breathing] and breathe slow, and exhale, fully. Exhale, exaggerate the exhalation. And it helps block the panic.

**KB 47:19**

Okay.

**DLF 47:20**

It took me until age 45 to learn.

**KB 47:22**

Well, I'm glad you did.

**DLF 47:23**



Yeah I'm glad I did too, because now I can stand up in front of anybody and talk. Because I know how to maintain my breath.

**KB 47:33**

Right.

**DLF 47:34**

It was a long time coming. But once it came, I had it.

**KB 47:40**

Absolutely. So this is sort of along that same lines. Do you know if anybody like so- did you?- You did not get COVID? Did you?

**DLF 47:52**

No.

**KB 47:52**

You did not get COVID? Do you know anybody who got COVID?

**DLF: 47:55**

No.

**KB 47:55**

No? Okay. There was a couple people in this facility, but not very many.

**DLF 47:59**

Yeah I think four.

**KB 48:02**

There were four total? Yeah. At least diagnosed, we didn't-we didn't know anybody else that. That-that had gotten it. What have been the biggest challenges that you faced during this covid 19 outbreak?

**DLF 48:20**

Just maintaining the [pause] following the CDC guidelines. It's so difficult to even remember to putting a mask on. It is very uncomfortable.

**KB 48:38**

It is yeah.

**DLF 48:40**

And ah it limits your communication, especially if you already heard a hearing as I am.

**KB 48:45**

Right.

**DLF 48:46**

Trying to hear people talk through a mask is very, very difficult

**KB 48:51**

it is! We experienced that with staff as well because we were trying to communicate with those who are hard of hearing and a lot of times we were asked to take our masks off by residents so that we could- they could hear more clearly and that's obviously not something that we could do so but I understand the frustration for sure.

**DLF 49:14**

It's frustrating.

**KB 49:15**

And then- I'm not sure are you able to like drive and get out now?

**DLF 49:19**

No I can't I have because of my underlying neurologic dysfunction. I've had two strokes, too many strokes. I can no longer drive. I don't have the ability to pay attention to the driving so I've had to give up my car.

**KB 49:42**

that's that's so that's so sad. I'm sure that was difficult.

**DLF 49:45**

That was the hardest thing of all.

**KB 49:49**

because then you have no way of independence almost. You're kind of- you feel a little bit isolated.

**DLF 59:57**

[Unclear] my wife to come and pick me up. The reason we've separated is that I have this ADD Asperger's syndrome. One of the hallmarks of that is in flexibility and explosive disorder. So I tend to go into rages. And that has been so painful for my wife that we finally decided that we should try a trial of separation. And we did that for a year, where I stayed down in an apartment downtown Eau Claire. But as I got worse as I had my stroke, I got worse and I couldn't handle financial affairs, living independently in the apartment. So Jan came and picked me up, took me back to the condo. But that didn't work very well, because I was progressing in this inflexibility and the rage reaction so that she was uncomfortable with me. I was angry enough that she was afraid for her own life.

**KB 51:11**

Oh, my gosh.

**DLF 51:12**

So we were deciding voluntarily to do this. She living in the condo, and I living here and our relationship has improved considerably because of the separation. Not I'm not, I'm not loading her up with my anger

**KB 51:31**

Right.

**DLF 51:32**

And I'm graduating, think I'm getting under control, as a result of being here in this unit. I've had plenty of time to think about it and time to learn how to control my behavior. So I'm hopeful eventually, we may even be able to get back together.

**KB 51:49**

Oh, that's beautiful.

**DLF 51:51**

That would be nice.

**KB 51:52**

Absolutely. Well, I had absolutely no idea that this is something that you suffered from, and I'm very honored that you chose to share that with me. So thank you for sharing that.

**DLF 52:03**

I don't have any problem sharing that because it is so common.

**KB 52:05**

It is so common gotta bring awareness right. And then I'm sure it was difficult with COVID you couldn't even- if you wanted to see your wife you probably weren't allowed to.

**DLF 52:15**

That's right only recently have we been able to come to have-come over here and we had dinner at Chips. Naturally by Monday we can go to Palmers. So we'll be able to have more I don't know what you want to call them-

**KB 52:37**

Interaction?

**DLF 52:38**

Social interaction.

**KB 52:38**

Right. Is your wife fully vaccinated then? Was she able to get the vaccine?

**DLF 52:42**

Yeah.

**KB 53:43**

Okay, so then there's no-there's no risk.

**DLF 53:48**

Well we don't know that yet

**KB 53:50**

that's true.

**DLF 53:50**

That's still up for speculation.

**KB 53:52**

That's true. That's true.

**DLF 52:54**

We think that we're protected. There's still some people who are vaccinated, they're getting COVID.

**KB 53:00**

That's so scary to think about. Oh, my. Well, I'm hopeful for you and Jan. to- to- to- rekindle and, and that's-

**DLF 53:11**

we've rekindled because we talk on the phone at least once a day

**KB 53:17**

Oh okay that's good

**DLF 53:19**

And there's lots of I love you's and I really feel good about it. We've been married 58 years and I hate to give up all that. we've got so much going for us.

**KB 53:29**

Of course.

**DLF 53:30**

[unclear]

**KB 53:31**

Of course, and I think you guys truly love each other.

**DLF 53:33**

I think so.

**KB 53:36**

You think so? I know so [laughing]. Absolutely. Yeah, that's, that's so interesting. I never really thought about that. I had not known that you experienced that kind of stuff before and I had absolutely no idea that that was something that affected you. And I can't think about-I mean, I can understand that COVID probably played a role in that -like making that difficult for-for both you and Jan. And I hope that it only gets easier from here.

**DLF 54:07**

I hope so. It's getting easier already. And I think we will continue to do

**KB 54:13**

I really, really hope so. So because now this facility allows you to go and do as you please, to a certain extent. Do you- what do you do for recreation, [stumbles over words] rec-recreation, like around this, this, this place?

**DLF 54:33**

Up to now because of my Asperger's Syndrome I have been pretty much a-social,

**KB 54:42**

Okay.

**DLF 54:43**

I don't appreciate social context.

**KB 54:49**

Okay.

**DLF 54:50**

I'm a loner.

**KB 54:51**

You're a loner, okay.

**DLF 54:52**

Yeah yeah once I get into, for example things like the Family Feud that was held here last week. Rachel, together all these things. That was enjoyable.

**KB 55:09**

Okay, that's so good to hear. Yeah. That's so good to hear. Especially as somebody who's part of the activities department, I'm glad to hear that what we're doing is helping you.

**DLF 55:17**

It really really does help

**KB 55:19**

Okay good.

**DLF 55:20**

And the exercise classes are wonderful. Over the course of a year or two before I came here, I was really letting myself go, I wasn't doing any kind of physical activity. And I really deteriorated. So now I'm back to exercising five days a week and yoga twice a week.

**KB 55:39**

Yes you are

**DLF 55:40**

Balance class once a week.

**KB 55:42**

Sometimes I lead that sometimes.

**DLF 55:44**

Yes.

**KB 55:45**

[Laughter] Yeah, we love to have you in class.

**DLF 55:50**

It is very helpful

**KB 55:50**

Of course and I'm sure that like-it's better now that no- no- nobody has to wear a mask-during during exercise.

**DLF 55:59**

Yeah what a difference.

**KB 56:01**

So yeah, what a difference that makes. Yeah, I feel like, because you, you have your more loner tendencies, as you described it, I feel like that probably made COVID a little easier, because you don't like to be around people. So it wasn't as- not that COVID was easy, but like you, you were kind of used to not being around all these people and, and whatnot. But I'm glad to see you out. And about more now that COVID is sort of dialed down here at the facility. That being said, it could spike again, because there are different strains of COVID.

**DLF 56:39**

Yes and they may be coming.

**KB 56:41**

They may be coming.

**DLF 65:43**

Especially for these people who are not masking or distancing.

**KB 56:46**

Right.

**DLF 56:46**

When they should be.

**KB 56:49**

I understand. What are your thoughts on like the anti mask movement?

**DLF 56:56**

Oh, I think that's absurd,

**KB 56:57**

Absurd? Yeah.

**DLF 57:00**

Oh I mean people who deny the use of a mask are just- they're just crazy and, you know, a high degree of that issue in the young people. Where they just feel "Oh, I'm not going to get it, I'm too healthy." Or the religious fundamentalists knows that God will be in charge and will protect them. Which is false- which is false you know, that's false religion.

**KB 57:32**

Would you consider yourself a spiritual person?

**DLF 57:35**

spiritual but not religious.

**KB 57:37**

Okay.

**DLF 57:38**

Which is a very, very common thing. I'm uncomfortable in church.

**KB 57:43**

I can understand that.

**DLF 57:47**

The same social reasons. I don't do well, with that environment.

**KB 57:53**

I get it

**DLF 57:54**

And I am not alone.

**KB 57:55**

You're not alone in that. No, definitely not alone in that.

**DLF 58:00**

But I resent these forces that think that God is in charge of every little bit of their life and will protect them from COVID-19. That's just not true.

**KB 58:11**

Right. I mean, that's what they thought during the Bubonic Plague right?

**DLF: 58:17**

Yeah! [Laughter]

**KB 58:18**

And look how that ended up. [laughter] not to make light of a situation but yeah, um, what have been your primary sources of news during this pandemic?

**DLF 58:33**

CBS News.

**KB 58:34**

CBS, okay. Are you-do you think that fake news is a problem today?

**DLF 58:43**

Absolutely

**KB 58:44**

Fake news? Okay. Yeah, absolutely. Did you change your news sources at all during the pandemic? Did you ever waver around?

**DLF 58:52**

CBS and CNN have been my sources.

**KB 58:55**

There you go.

**DLF 58:57**

I've avoided Fox for obvious reasons. They're so distorted.

**KB 59:01**

I understand what you're saying. Do you have any thoughts on how local state or federal leaders are responding to the crisis?

**DLF 59:11**

Well, I think our state leaders are letting this down because they're not supporting the mandates of the CDC mandate. They're just saying that we're Americans, and we can decide for ourselves.

**KB 59:28**



Were you- obviously we had a giant election in 2020. Do you think that the like-on the federal level, do you think that they did an okay job? Like, obviously, we didn't know-Do you think that the government listened to the warning signs of COVID before?

**DLF 59:30**

No not at all, Donald Trump is the worst president I've ever experienced.

**KB 59:59**

You've lived through a lot of presidents and to say that I guess that means a lot.

**DLF 1:00:06**

He's a pathologic person.

**KB 1:00:08**

Yeah And then So we obviously-some people will argue that the government didn't know what COVID was going to do, or they didn't understand the effects of COVID. Would you disagree that like, it was pretty intuitive what COVID was going to turn into? Were you expecting COVID to turn into this giant pandemic? Or no?

**DLF 1:00:32**

Early on, I wasn't sure what was going to happen. Obviously, as it progressed, it became very apparent that it was going to be a disaster, especially to those who ignored it, and Donald Trump led the way. No, he was just atrocious and saying it's going to go away, nothing to worry about nothing to worry about. And then disappear by spring, and then his episodes of hydroxychloroquine.

**KB 1:01:07**

Oh, yeah, I remember that.

**DLF 1:01:09**

Everybody should take hydroxychloroquine, which is false.

**KB 1:01:12**

What is hydro-chlo-chloroquine?

**DLF 1:01:14**

It's a medication used for Malaria.

**KB 1:01:18**

For Malaria?

**DLF 1:01:19**

Yeah and it's very effective against malaria. But somebody somewhere along the line decided they should take hydroxychloroquine and see if that helps. And obviously didn't help.

**KB 1:01:35**

Right.

**DLF 1:01:36**

Donald Trump says this is the way to treat it and he recommended that for the whole society.

**KB 1:01:45**

Or, you know, they could inject bleach or Lysol.

**DLF 1:01:48**

Yeah, that was the worst. [Laughing] Injecting bleach too, it was scary.

**KB 1:01:49**

[Laughing] I can't even imagine as a medical professional how you felt during that.

**DLF 1:01:59**

It was hard to watch. To know that there were people that believed him.

**KB 1:02:13**

right. I know, I get it. Do you think you have picked out anything that you've like learned specifically from this pandemic? Like, what what have you learned from this? If anything?

**DLF 1:02:27**

learn to be attentive to the needs of other people, to conduct yourself in a way that will protect both you and the people next to you. That's a very important learning process that has been ignored by Donald Trump and people who follow his pattern.

**KB 1:02:59**

what are your hopes for the future in terms of government transparency, and medical support?

**DLF 1:03:01**

Ah my hopes for the future are bright because I'm optimistic.

**KB 1:03:05**

I like that about you.

**DLF 1:03:08**

Yeah. Well, I'm optimistic that we will survive this and do even better. As a result, we learn our lessons. And right now, I can see us turning a corner in terms of the Black Lives Matter and the Asian invasion, not in the treatment of Asian people. These are atrocious events that shouldn't be happening.

**KB 1:03:40**

I agree.

**DLF 1:03:41**

They're doing intolerance, and hatred. We have to get rid of that and that's done one person at a time.

**KB 1:03:05**

Exactly. I think it's interesting. You've lived through the Civil Rights movement, you live through segregation.

**DLF 1:04:06**

Oh we are still living through it

**KB 1:04:06**

And now-I really appreciate you saying that

**DLF 1:04:08**

Segregation is still happening it's still very, very prevalent. The economic factors that affect blacks and the bipoc, blacks indigenous, and people of color. Bipoc, have you heard that designation?

**KB 1:04:24**

I have, you are very politically correct.

**DLF 1:04:26**

Yeah.

**KB 1:04:27**

Good job

**DLF 1:04:29**

These are the people who suffer as a result of our segregationist or white supremacy. [Unclear] is the answer, that the idea of white supremacy is that that's at the root of all of this stuff the fact that some white people think they're better than anybody else in the world, and they should control what happens to the world, which is nonsense. We need to share more.

**KB 1:04:56**

I agree. I agree. So you're thinking we've turned a corner in a positive way?

**DLF 1:05:03**

Oh, yeah. I think I see that happening. I think people are becoming more aware. The demonstrations that we're seeing are becoming less violent and more directed toward improving our relationships rather than worsening them. We're developing tolerance or redeveloping tolerance.

**KB 1:05:28**

Absolutely.

**DLF 1:05:29**

And I'm hopeful that that will continue and eventually understand about this whole, intolerant society.

**KB 1:05:37**

I hope so. I hope so.

**DLF 1:05:40**

Well, it is up to all of us.

**KB 1:05:43**

It is up to all of us. I think that's a beautiful way to end this, this whole interview. Thank you so much for sharing your insights and your knowledge with us. I think that your experience not only as a medical professional, but also as somebody who lives in assisted living, independent living, and then also having different neurological tendencies then than the norm. I think that makes your perspective very valuable.

**DLF 1:06:15**

Well thank you.

**KB 1:06:16**

Absolutely. Well, thank you so much, Dr. Lou, I am so honored to have spoken with you today.

**DLF 1:06:21**

It's my honor.

**KB 1:06:22**

Thank you. Thank you so much,

**DLF 1:06:23**

You are a brilliant person.