

Transcript for Interview #2

Interviewee: Lucy Hobbs

Interviewer: Jacob Tremble

Date: May 6th, 2021

Format: Video recording, Zoom

Location of interview: Eau Claire, Wisconsin

Transcriber: Jacob Tremble

Additional Transcription Equipment used: Otter.ai Project in association with: University of Wisconsin-Eau Claire

Abstract: Lucy Hobbs is a nursing and Spanish double major that has also been working on an archive documenting immigrant farm workers in rural Wisconsin and getting their experiences and perspectives regarding the pandemic, as well as administering vaccinations for those farm workers. She has also been working at a hospital here in Eau Claire and has a lot of firsthand experience with the virus working with patients affected by the Covid-19 virus. She herself also had caught the virus back in September and talked about her experience having to self-isolate and even going to the E.R. when she was having trouble breathing. She brought a very interesting perspective about how people in the medical field feel about the vaccine and dealing with this pandemic, and followed that up by talking about her frustration in seeing the pandemic being politicized in all areas the way that it has.

JT-0:02: My name is Jacob Tremble. And I'm conducting an oral history interview as part of an effort to archive the effects of the covid 19 pandemic for individuals and communities in the Midwest for both the western Wisconsin COVID-19 archive, as well as the journal the plague archive. Today's date is May six, and it is approximately 2:59pm. As of today, there have been 32 point 3 million cases of COVID-19 in the US with 575,000 deaths. And in Wisconsin, there have been 601,000 cases with 6823 deaths. And also today, as of today, 32% of the total US population has been fully vaccinated. Today, I'll be talking with Lucy Hobbs, Lucy thanks for joining us today.

LH-0:54: Of course.

JT- 0:57: So to start off, could you give some demographic information for the study?

LH-1:03: I am a White female.

JT-1:06: And how old are you?

LH-1:08: I am 21 years old.

JT-1:13: So, you're going to school here in Eau Claire. Where are you from?

LH-1:16: I'm from Somerset, Wisconsin.

JT-1:20: I'm from Hudson.

LH- 1:23: Oh, yeah. Right next to me. I'm currently in Somerset actually.

JT-1:30: What is your major?

LH-1:32: am a nursing and Spanish double major at Eau Claire with? And then I have I was in the Honors Program. So I'm able to kind of not really a minor, but it's close.

JT-1:49: So when you first heard about COVID, what were your first thoughts on it?

LH- 1:54: Um, my first thoughts when I heard about COVID, I actually was sort of pessimistic. Um, a lot of people didn't think it was a big deal. But I actually thought it had the potential to be a big deal. And I think that is potentially part of my healthcare background. Kind of historically, some things have kind of blown up like this. So I was a little bit worried about that. And then I ended up, you know, becoming a pandemic.

JT-2:24: So your thoughts didn't really change all that much about it?

LH-2:27: Um, well, I guess in the beginning, like, I was hopeful that it wouldn't be, you know, it wouldn't spread to the US and other parts of the world. And then it did. And so it was kind of like I thought it, I guess it could be a really big thing. So although it was surprising, I kind of had it in the back of my mind. But it's, this is a potential to be something that's really big. Yeah.

JT- 2:51: So you yourself have also been working on a different archive. Could you tell us a little bit about that?

LH- 2:59: Yes, I'm currently working with the Spanish department on this same project, interviewing Hispanic farmworkers, in the Wisconsin farms. So it's been a really great experience, because I've been able to just discuss, I guess, the topic of COVID, with community members that I wouldn't normally get in contact with. So it was, it's been really awesome. I've learned a lot. And it's been a great way for me to kind of see how myself becoming a nurse will be able to help these populations in the future and kind of help them to access healthcare.

JT-3:40: So what was your favorite part about doing that kind of project?

LH- 3:44: My favorite part was just having one on one conversations with people. Like I just I like talking with people. I like hearing people's stories. So learning more about individuals and their backgrounds and how they've gotten to where they are today is just really interesting to me.

JT- 4:04: Did you have any challenges conducting the archive?

LH- 4:08: I did. So I started last semester. And at that point, I was in a nursing clinicals going to the farms. So I wasn't Dr. Casey had reached out to me to be a Spanish intern. And I was kind of starting in that role, but it wasn't official yet until this semester. So I'm going to the farms and having you know, doing nursing things, as well as Spanish was sometimes difficult to navigate just because of time, um, with, you know, people coming into the clinics, and then a lot of times

they needed to go to work right after and so people didn't really have a lot of time to think about the interviews and everything. So, this semester, it's been a lot easier because we talked to people while they're waiting to get through, you know, when they're 15 It's for their vaccine. So it's just been a great time to interview people. And then with that, we were kind of doing a lot of online interviews last semester, which I'm sure as you found out as well, this semester, it can be really difficult, just to schedule a time and for people to remember the time and you know, for things to not come up, it's a lot easier to I think, forget about an online appointment versus in person. Yeah. So, um, it was a little bit of phone tag. And so this semester, it's been easier because I've, I've just been able to interview people right on the spot.

JT- 5:34: And then why do you think that project was important?

LH- 5:38: I think it was very important, just generally, for history to have an accurate representation of what COVID was, like, for normal individuals in our community, just having, and not having like a political influence on what COVID was, like, or a societal influence, but really talking with individual people and how it actually affected them.

JT- 6:06: Documenting what was going on?

LH- 6:09: Yep.

JT- 6:11: Um, so you're also a nursing major, has COVID affected any content in your nursing courses, like in terms of having to deal with a pandemic and stuff like that?

LH- 6:23: It has, um, I have a class that's a seminar class about innovative solutions to complex healthcare problems. And I'm a senior so I'm graduating in like, a week, but I'm so excited. So that class, the content of it changed a lot because we switched from? Well, I guess, you know, we had like the content that we were going to cover in other ways. But in class, there were several periods where we just talked specifically about COVID. So that's been a change. I think generally, in every class period, professors say like, oh, like the pandemic, this the pandemic that so it's been almost just innovated, and every part of the but i think i think that's similar to all classes, I think all classes are kind of discussing it. And just because it's such a real world issue right now, that's affecting everyone.

JT-7:25: Um, has COVID affected your decision at all to continue going into the medical field?

LH- 7:39: Um, it's definitely, um, it hasn't affected my decision, because I still want to go into the, you know, into health care. And I still want to, you know, do the same thing, I guess. But it definitely made me think about it like, okay, is this something that I really want to do, because it was not fun. Even I work in a hospital in Eau Claire, and we've been working in the COVID unit, and sitting with patients that were totally miserable. And if you took them off their bipap, or decrease their oxygen level at all, that they were getting supplementally, they would just tank, you know, they needed it just to stay. So it was just, it was definitely eye opening, that this is what healthcare workers sometimes have to deal with. And it was a lot of learning on the spot. But overall, I'm still like, I just can't see myself doing anything else. So that's just what I have always wanted to do.

JT-8:43: So. As a nursing student, have you, well you've been working in hospitals, I guess I can answer that question. Um, been helping out the community was trying to deal with a pandemic, like, sign up testing, medical space, and stuff like that?

LH- 8:56: Yeah. So I have been working in vaccine clinics with going to the rural farms. And then also, with my clinical, we went to vaccine clinics, and just, you know, volunteering to administer COVID vaccines. And then the hospital that I work in had a emergency, extra staffing kind of necessity, because of COVID. So I signed up for a bunch of extra shifts just to come in and help them and so that was kind of like a almost like a float position. So what you would call the house supervisor an hour before your shift, and it was usually an eight hour shift instead of a usual like 12 hour shift that I would work. So you'd call the house supervisor and they'd say, We need you on med surge, you know, or we need you in the COVID unit or we need you in the ER so it was just um, you kind of went where you were needed that day.

JT- 9:57: And um, how's COVID affected your community at all? Like, jobs, friends, stuff like that?

LH- 10:07: Yes. So with nursing jobs, specifically, this is something that I was actually surprised that was happening, a lot of nurses were getting laid off, which is kind of counterintuitive, because you think, Oh, it's a pandemic, you need all the nurses, but you don't actually. Because surgical procedures were getting canceled, you know, non, I guess, elective surgical procedures that could be postponed, were getting cancelled. So all of a sudden, you have, you know, pre op nurses that don't are out of work, currently you have, or nurses that are out of work. And then you also have post op nurses. So a lot of And generally, a lot of units, were actually cutting down their people as well, just because people were scared to come into a healthcare setting, because they catch COVID from hospitals, which is a totally valid fear, because there are people coming into my hospital who had COVID all the time. So yeah, so generally, the kind of census of patients went down for a bit in hospitals, until it rose up again with COVID patients. So really, the, the type of nurse that was needed in this pandemic was like ICU nurses, because a lot of COVID patients are on ventilators. And that's ICU level, or med surge if the or ACU so it was a specific kind of nurse that was needed. So with that, a lot of nursing students graduating weren't able to find positions for several months, actually, thankfully, on kind of on, knock on wood at the tail end of COVID, I'm hoping so at least like in its most extreme state, so I had no problem finding a position. And my classmates have all, not, from what I've heard not had a problem. But workwise I know, students in the cohorts above me had a serious problem with friends. Um, I mean, you can't really hang out with people. So it's definitely been hard to have, for me, like my senior year completely kind of derailed, but also at that point, like, everyone's life has changed so much. And I don't really spend time feeling sorry for myself about that, just because I know I could have been affected a lot worse, and a lot of people have been affected a lot worse. So just I spend more time on phone calls than I do hanging out with people.

JT-12:42: That you need to, having to work in a hospital and everything,

LH-12:44 :Yeah.

JT- 12:46: What have been some struggles you've seen in the community?

LH-12:56: I've seen a lot of financial struggle. When businesses were, you know, like, mandated to be closed or have a lot of reduced capacity. A lot of people struggled financially, which was hard to see because, you know, on the public health end, you want people to be safe, and you don't want the virus to spread. But on the other, you know, side of things, it's kind of like, you're weighing the, I guess the bad effects of COVID versus the bad effects of financial issues, and what's better and what's worse, and then it's like, well, this person's in their 30s, they could probably keep their business up, and they probably wouldn't die from COVID. But at the same time, it's like, but they could spread it to other people, or they actually still could die of COVID. So it's that was really difficult to see because I'm being on the healthcare side of things. A lot of people in health care were very pro keeping things closed. And I was at first too. And then I just saw how much it affected people. And then I started being like, okay, like, maybe maybe, like, in my opinion, maybe opening things up a little bit more, but keeping, you know, the masks on keeping the hand sanitizer, and just so that people could still make a living and like the stimulus checks were helpful, I think to a lot of people, but I don't think that was any amount of money that would really make a difference in someone's bed. So that's, I think, majorly how I've seen it affect the community, also, mental health wise. I have seen a lot of people struggle more with mental health. Just I mean, I was working with a lot of students in the university and it was kind of shocking almost how many students were struggling with that because you know, when when you're in quarantine, you're not obviously able to go see people so just that isolation was really difficult for a lot of especially color college age students going off of that also extremely difficult for older adults. Sorry, I know I'm kind of going on a tangent. But I also saw a lot of older adults that it was just sad because they would be dying. I'm working with COVID patients in this code unit and people are dying and their families aren't able to come in, they had to video call them on this iPad, and it's just like, Oh my gosh, like this, like you a death, like going through the dying process is such an incredibly scary thing for people. And a lot of times what patients say is a good death is like painless, and they want family there, and they want you know, to be comfortable, and like they weren't able to have their family there, which was just very, very sad to see. Um, not only in the hospital setting, but also in the nursing home setting. So that that was also just like, honestly a nightmare for not only the patients, but also the healthcare workers that had to see people go through that.

JT-16:06: So have you or anyone you known, gotten the virus over the course of the pandemic?

LH: I sure have. I got it while working at my hospital in the emergency department, I was technically not an exposure, because I was in the patient's room, you know, took their EKG. And like, I don't remember what else I did in there. I got it in, like last September. So I literally showed up to college, back to work at my god COVID. And at that point, it was like if your symptoms weren't improved, like after 14 days, and then like your symptoms weren't improving, like you had to stay in isolation. Well, my symptoms did not improve. And I had a lingering cough, because I got bronchitis from it afterwards. So I was isolated for almost two months. Still, I still had symptoms of this cough. And at that point, they didn't know if I was still contagious. So I would come back to college. At that point, I worked as a resident assistant in the residence halls. So I went back to college. And then I had like a follow up appointment with my primary care provider and they're like no, back in isolation. So then I go back into isolation. So it was an interesting way to start my semester. And with that, my dad actually got COVID as well. And he is he's a pilot. So he got it from a training session, when when one of his instructors had it and they didn't know, they were, you know, wearing masks and everything. But they still were in you know, close proximity for like five hours or something. So he ended up getting it to when I got it I had on like a mask, and I think I had on goggles too, but I didn't have a gown on and I got it.

JT-18:05: Like on your clothes?

LH-18:07: Yeah, something I don't even know. I mean, the the patient was coughing a lot too. So I don't know if it just , it was just a mess.

JT-18:21: Um, a lot of people after they got COVID reported having, like losing their taste to the smell. Did you experience that at all?

LH-18:28: I did not, which I was really surprised I didn't. The only symptoms that I had. My I had several, I guess I had a headache. I had a cough, body aches, and then I experienced shortness of breath, which led me to go to the emergency room like a month after I was diagnosed with COVID. And it was just shortness of breath. I mean, my I had a little pulse oximeter. And so I knew my oxygen was fine. But I called the nurse line and I was like, hey, just so you know. And I also had like some chest pain associated with that. Come to find out is probably chest pain from coughing so much in bronchitis but I didn't know at the time. I called the nurse line. I was like, Hey, I have these symptoms kind of hard to breathe kind of freaking me out a little bit and chest pain and they're like, Oh, go to the ER go to the ER, I've never gone to the ER before like for myself. I just I've never had something like that happened to me. So I went in there I was totally freaking out hyperventilating, which I thought was because of shortness of breath ended up I think I was just super anxious to be going to an ER for a COVID concern. Yeah, um, ended up I was fine. They did a CT of my chest to see if I had a pulmonary embolism which I did not thankfully. And I was just sent home and they were just like, you know, come back if you can't breathe. Like okay. Yeah, if it gets worse, come back. And then I

was you know, it was a weird experience because you fell short of breath. You felt kind of that air hunger. But I mean, I was keeping close track of my oxygen level and my oxygen level was never went below like 94 I believe so. It was fine. I was fine.

JT-20:15: Have you gotten the vaccine?

LH-20:18: Not yet, I actually got a different vaccine, just like a scheduled routine. So I have to wait.

That actually is probably not the best time to do that. Like, I probably should have waited on that one and gotten the COVID. One first. But anyway, I have to wait a little bit after that. And then I didn't get it right away, because I'd already gotten COVID. And so I was like, Oh, I'm sure I'm fine. Like with antibodies. So I'm now once this waiting period is up for my other vaccine, I plan to get it. So I think I think I can get it early June.

JT-20:57: Have you, well, probably not you but anyone you know, have any concerns with the vaccine, or about the vaccine.

LH-21:04: Yes, um, my, my sister's, who one of them as an ER nurse, she has concerns with not like really concerns, she's just doesn't really think she needs to get it. Because she doesn't think COVID is a very, like, big deal for her age group. Which is generally true, because it usually affects, you know, middle aged or older individuals more, but so she just says that she's just not going to get it cuz she's not concerned about it. Um, which coming from an ER nurse perspective is interesting. It's actually interesting how many nurses are not getting it. A lot of a lot of people and a lot of people in healthcare are not getting it from, from people I know, in my hospital, which is really interesting. In this it, there's a very polarized opinions on it. Um, a lot of people that don't, especially healthcare workers that don't get the vaccine don't really want to tell people that they're not getting the vaccine, because they're scared, they're gonna, you know, gonna have backlash from it and everything. But there was a couple of instances where, like, one, one person got shingles from it, but just because it kind of was like a shock to their immune system. And they ended up getting shingles on their face in there. I like around there I, which is a horrible place to get shingles is a risk for blindness. So it was just kind of like, a, an extreme example of like, what, but it happened, like, in our community, and so that was known about and so a lot of people were like, no, and then I think, um, another thing is that health care workers have kind of seen historically, sometimes this, another thing is that health care workers have kind of seen historically, sometimes this, you know, sometimes medications are recalled, and, you know, there's things that are, you know, found out afterwards that they're like, oh, maybe we shouldn't give that to everyone. So I think a lot of healthcare workers were a little, a little bit wary, which is to I will be 100% honest. I was a little bit wary of it in the beginning. And I was like, well, I've already had COVID. So I'm, you know, I have a couple months to kind of like, see what happens. And I've been, I've been watching what's happening, and so far, it seems like it's fine. So I'm like,

you know what, I'm just gonna do it. Like at this point, like, I'm at the range where I like, should get it to be protected. And from what I've seen, it would be safe for me to get it I haven't, you know, there's no huge thing in the news. That's like, everyone's getting this condition or whatever. It seems, you know, to be very safe for the public.

JT-23:49: So yeah, um going back on that. My dad also works in the hospital. And before the vaccine started going on, he was like, get them in derner. And the Pfizer one, but not the Johnson and Johnson one. Interesting later, then it came out, but a few people have gotten blood clots and stuff like that, mostly.

LH-24:09: Yeah, that's actually that's smart. That's really interesting. I mean, the Johnson and Johnson one has like lower efficacy, right anyway, so even like when I was looking at I preferably have heard like better things about Pfizer. So I'm kind of hoping I get Pfizer but if I get my journal, I'm not gonna complain. Like I think either one is, you know, good, but that's interesting. What's now exact out on the market, which is, you know, because I kind of looked at what the issue is that it's been so highly politicized. It's crazy. It is crazy, like honestly how much politicians are using it for their own personal gain or tabash other politicians and That's not what COVID is about. So I look at that, and I'm like, you guys have any idea of like, what a horrendous crisis This is for people, and then like, you guys are just messing it up even more with your political agendas like do what's actually say for people. So that's really frustrating to see.

JT-25:26: So going back to you sort of talk about mental health, and how that's kind of become a crisis over the course of this pandemic. Do you think physical health has also been affected by it?

LH-25:44: That's a really good question. I'm not really I haven't really heard much about physical health and like the general population. I'm from my own experience, I've actually exercise more and gotten kind of here. Because I've had time to, with like, my double majoring and working different jobs and stuff. Like I'm usually extremely busy and like with my classes online and doing stuff online, basically, I find just more time to, I'm not really sure what other people have experienced with that. I know like gyms closed, which was hard. Yeah. So yeah, I mean, just based on that, I'm sure it has affected people detrimentally. But in my own personal case, I think I've been actually better.

JT-26:37: Now, you can go on back to the politicization of COVID. How do you feel about the government's response to the pandemic?

LH-26:50: I think it's been a total mass personally. Um, total mass, I think. I, it's hard because every single community is different. So when you tell an entire state or an entire unit, well, cities would make more sense. But like when entire, when the federal government is telling the entire

country to do something, that's just not going to work for every community, most of the time, most of the time, even when Governor say something to an entire state, it's going to be different, and communities what the needs are. So I think, kind of keeping it more in this situation. See, I'm just I'm not like a political science major. And I don't pay that much attention to politics just because it stresses me out. But just like, Oh, my gosh, all this stuff that's going on. But I think a lot of things could have been done differently. And I think keeping things close for the amount of time that they did was really detrimental to a lot of people probably more so than keeping than opening earlier, and having just more protections for vulnerable populations would have been. Now that is an extremely debatable opinion. And I could totally be wrong on that. Because I again, don't know every politics Northwest, I never will. So just from my viewpoint on it, I was kind of like when things were still really, really closed, I kind of wish companies were able to continue to pay employees and to continue to have people at work because I saw families firsthand suffering from that. And that was really hard to watch. With, like the vaccines, I think that was a really cool thing to see all of these people working together to get a vaccine that I think was probably done to the best of their ability to get that out. Because it was really fast, which was another sort of concern I had about it. I was like, Ooh, that was like insanely fast. But at the same time, like they had like the world working on it. That's just what needed to happen. So that I think was probably a good response. I'm trying to think of all of the other things, the stimulus checks. Um, I hope they helped people saw a lot of I saw a lot of memes that were like, Oh, I got my stimulus check. I'm gonna buy the PS five or I don't know what, whatever that new video game thing is. And I was like, Oh my gosh, that's not what they're meant for. But like that much money for struggling families, like if people were actually struggling to pay rent and actually I think it would be like enough for like food for a couple months. But like above that, I don't know.

JT-29:57: Maybe rent for like a month?

LH-29:58 Yeah, like it just didn't seem to be adequate. I was kind of like, you know, like they're trying to do something. But I don't know, if they were just trying to do something to say, Oh, we tried to do something instead of actually making a difference, you know? So yeah, overall, I think the government has highly politicized this issue. And it's been extremely disappointing to watch. And that's about where I stand on. Like, do things for the safety of everyone and not for your political gain. That's kind of where I get annoyed when I see that happening. But.

JT-30:39: Has your experience with this pandemic, transformed how you think about, like, friends, family and your community?

LH-30:47: Yeah, I would say so I think just just thinking back to like, how gatherings used to happen in like concerts, and movie theaters, and just all the things that people did. It's like, wow, that I can't even you know, that's not even on my radar at this point, from the pandemic, so I have

a greater appreciation for spending time with my friends and family and just like having things are normal, like they were before. Now, if that ever actually comes back, I don't know, maybe there will be like the new normal, like a lot of people are talking about. Um, so I have no idea how it's going to look in the future. But that I just think that gives me some more appreciation for how things were. That being said, there's a lot of things that I'm kind of, like happy that aren't happening anymore. Like, even like at church service, like I'm very religious and at church services when people would like shake hands for like, I'm like, oh, like, even I'm like, Oh, I don't really want to touch her. I don't know where you like, that even I just didn't really like, like, sharing, I guess. Like in in makeup stores having the samples of makeup, that's gross. Stuff like that I kind of like a higher sanitizing. And what we've seen is that flu cases have severely decreased this year, because people are actually trying to be cleaner and more conscientious about not spreading germs to each other. And I hope that continues into future years.

JT-32:31: Because they're actually washing their hands?

LH-32:34: Yeah, like, it's disgusting. How many people don't care. It's gross. I'm like people like this is like serious. I mean, surely public health, but okay. And like, I just hope that the flu continues to not like be as severe because that's another thing that kills a lot of people. So if we can, you know, eliminate these things from being spread, or at least minimize the spread that is, you know, always better in my opinion.

JT-33:08: So um, what do you think will be important to take away from this pandemic? That will be important to remember for the future if there's ever another sort of pandemic like this one?

LH-33:21: Huh? You know I asked people these questions, time, and a lot of times, I'm like, I don't know how to answer that even myself. Like the governmental response. I don't really know how I would answer that like this one, it's very difficult, because there's, um, there's a lot of things that went wrong with COVID. But I don't exactly know how to make them better. Like, maybe taking it more seriously earlier on, and having there was a lot of like, COVID is not real, the government's just trying to control you. And it's like, are you? Are you getting, like, you go to the COVID unit, and you look at those people that can't breathe and tell me it's not real. So I guess having people to actually take things seriously and take precautions, that that would be a good response in the future. As far as like governmentally, I mean, in, in one aspect, I think they probably did the best that they could with the knowledge that they had. Because at the beginning, it was so unknown what COVID even did to people and how bad it really would be we didn't know how many people were going to die from it and what age groups would be affected? So I guess, I think the initial shutdown was prudent to do, and to just make sure that this was not going to become this, you know, what, even though kind of to become this major crisis, but, you know, they were trying to prevent it from getting worse than it did, I guess. So I guess for future

pandemics, which honestly probably will inevitably happen because of geography and the amount of travel and just general world things that are happening, I guess just take it seriously and crack down on precautions right away and hopefully get people to comply. Because if if the people don't trust the government and don't trust, I guess, the scientists then there's there's literally no public health, because you can make all the vaccines you want. But if people don't get them, that's it's not going to make a difference. So I guess building up that trust among the public is really crucial to the safety of the community.

JT-34:49: Well, that's all the questions. Thank you for your time and cooperation with this project.

LH-35:05: Of course.