

**Interviewee:** Jackie Weber **Interviewer:** Seth Maina

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**Transcriber:** Seth Maina

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**Abstract:** Jackie Weber was born in West Bend, Wisconsin. She now lives in Milwaukee, Wisconsin and works as an occupational therapist in one of the major Milwaukee hospital systems. In this interview she dives deep into the affect that Covid-19 has had on her workplace such as staffing issues, equipment shortages, and burnout. She also talks about the emotional weight of working in such a stressful situation and not being able to help people in the same ways as pre-pandemic. She also speaks on the ways in which hospitals are changing how they treat Covid and often cites an ever-changing set of policies. Throughout the interview she intertwines her views on policy proposals, and anti-maskers into her strong points about safety.

**SM:** My name is Seth Maina, and I'm conducting an oral history interview as part of an effort to archive the effects of the covid 19 pandemic on individuals and communities in the Midwest for both the Chippewa Valley COVID-19 archive and the Journal of the plague year COVID-19 archive. Today's date is Tuesday, December 8, and it is 4:58pm. As of now there are 67.6 million confirmed cases and 1.54 million deaths from COVID-19 worldwide. Of those 15 million confirmed cases and 284,000 deaths are in the United States. And in Wisconsin, there are currently 443,000 confirmed cases and 3,979 deaths. Jackie [Weber], thanks for taking the time to speak with me today and for sharing your experiences on the pandemic. I appreciate your help and perspectives for this important project.

**JW:** Of course, thanks for having me.

**SM:** If you would be willing, could you please state your full name? And do you mind sharing demographic information for the study such as race, ethnicity, age and gender?

**JW:** Sure my name is Jacqueline Weber. I go as Jackie, and I am Caucasian. I'm 29 years of age. And, what was the other question?

**SM:** Race, ethnicity, age and gender? I believe he answered them all.

**JW:** And I'm a female.

**SM:** Oh, great, thank you. And where are you from?

**JW:** I grew up in West Bend, Wisconsin. Just north of Milwaukee, [Wisconsin].

**SM:** Okay, what would you say are the what are the primary things you do on a day to day basis, such as your job or any other extra curricular activities?

**JW:** Okay, so I am an occupational therapist, in a large, Milwaukee based hospital. And I normally work with patients on improving their activities of daily living. That includes dressing, bathing, toileting, household chores, all of the above pretty much everything you do on a daily basis. That's my bread and butter. And so I worked there full time. And I also, I'm currently live with my parents. And I moved home to help out after my mom had a medical event. And I, pretty much not done much since the pandemic started. I go to work, and I go home, and I see my parents and my fiance, and that's about it. So I like doing puzzles.

**SM:** I suppose a puzzle is a good way to make time, make time go by yeah when you're stuck in quarantine or when you don't have any other things to do, because we're not supposed to be going anywhere. So it's definitely a time consuming hobby. When you first learned about COVID, what were your thoughts about it? and have your thoughts changed since then? Would you say?

**JW:** Yes. So I first learned about it. January, maybe beginning of February. Pretty much like most people did, where learning about it on the news from the outbreak that happened in Wuhan,[China]. And I remember specifically my parents were going to Florida for a trip and they said should we be concerned about this Coronavirus? And I said no, you should be more concerned about getting the flu, then you should be concerned about getting Corona verbatim. And that all changed. That was a very naive statement. I think it was accurate at the time with the information we knew. But my opinion has definitely changed. I first started seeing COVID patients on March 16th was my first time seeing COVID patients and then I've been seeing them ever since. And the numbers have just increased in the hospital. And, yeah my opinion has definitely changed. And I think it's changed throughout the pandemic, you know, at first in March, you know well I should say at first in February, you know we kind of blew it off as oh my gosh, this is gonna be over. And then it became a reality and in March, we were terrified. I will say that being in the hospital. It's scary to think, oh my gosh, where, you know, seeing what happened in New York and seeing what happened in Italy, in Spain, and reading about all these health care workers that were dying let alone you know, the general population. It's, it was terrifying. So I remember being very scared. And then over the summer, kind of after treating

people for months, I kind of was like, you know, I got this. And I'll, if it happens, it happens. But you know, I don't want it to happen. And I'm obviously going to, you know, Don and doff proper ppe. But, you know, we're okay, we'll get through this. And then fall hit, and another wave of anxiety. Oh, my gosh I can't believe this is happening. I'm scared for my coworkers, I'm scared for my family. And that is pretty much been consistent with the trend, just, you know, going up and up and up. So lots of waves of emotion, but a lot of fear. And not necessarily for myself. But for my coworkers, like people are going to die from this. And I don't feel like we get really a choice, because we chose to work in healthcare. And that doesn't mean that we want to die. It just means that that's our job. And people don't take it seriously. And so now we're, we're going to be the consequence.

**SM:** Yeah, it's a very, it's a very crazy time you had mentioned, like the up and down with the emotions. I think a lot of people have been dealing with that and feeling different ways throughout different times. Through the pandemic, you had mentioned your job. And again, feel free to go in as much or as little detail as you'd like. How has COVID affected your job? Like, what sort of ways could you say, have made your job change from what it was pre-pandemic?

**JW:** Well, one thing, when this first all happened, at first, the hospital said, Do not wear a mask, do not wear a mask, because then that indicates that you're sick, and you shouldn't be wearing a mask. Well, that changed courses like two weeks later, and then it was a mask mandate, and we ran out of masks. And so they were saying, we're giving you one mask, and you have to make it last for as long as and until we can get another shipment. Or you can wear a cloth mask, that

someone your family, a friend provides you. So it was kind of the wild wild west a little bit everything was like, oh yes, do this, no, don't do this. And it all changes day to day, it still is doing that week to week, we change our protocols based on the ppe we have, the you know staffing we have. What we're learning more about the virus. And so I started off as being one of the team of therapists who were seeing COVID. So I probably have a, there's probably about 30 OTS and 30 PTs and maybe 10 speech therapists who work at the hospital every day, which seems like a lot, but it's about a 600 bed hospital. So it we see a good amount of the population. But there was only a handful of us that were seeing these patients, because we were trying to limit the spread of employees getting like interacting with the COVID population. Well, that also brought up a lot of burnout. Because it's exhausting putting on your 95 putting on your gown, putting on your gloves, making sure you have your hair bonnet, and making sure you have like everything you need before you go into the room because you cannot come out. It's like you go in and if you need something if your patient had to go to the bathroom and they needed, you know something to clean them up. And you need to pretty much stand at the door and be at the mercy of anyone else out there and say hey can you bring me linens or can you bring me this equipment? Because you couldn't come out unless you were done with your session because we had to preserve the ppe because you have to take everything off. Before you can leave the room and then you know, also put a new set of stuff before you can come back in. So we were telling patients really if you don't need us, we're not going to come in. If you feel independent, and you can walk to the bathroom, we're not going to come in. We ended up changing our, our way of thinking, which we think everyone needs therapy, as the therapists we want to make sure that you're moving independently and safely and that we're, we're assessing you pretty much until the time you go home. Well, since the pandemic happened, we called into rooms and say, Hey, I

hear you're kind of okay. Do you need us really? So it changed how we did our jobs, because we were really trying to avoid seeing patients that were maybe that borderline, they're independent, they could benefit from therapy, but they really don't need us. So we weren't going to go into those rooms, to the point, we changed our practices where we normally have rehab therapists that come in with us, when we have a patient who maybe needs a higher level of assistance. And we couldn't have them come in our leadership made that call. So it was pretty much you as a therapist, and for me, my counterpart is usually the physical therapist. And sometimes we would co treat even though we weren't supposed to, they didn't like us doing that. But they understood that we needed two sets of hands, if I have a patient that what we call total assist, meaning I am providing 75% or more of the work to get them to move, as well as I need a second set of hands to like offload some of that work.

I, you know we did a lot of changing how we practice and a lot more, I'm going to dangle you at the side of the bed or sit you at the side of the bed before I can try walking you where I might have walked through the first day because I don't have that extra set of hands. And also, if something were to happen, people can't readily come in, they need time to get their gear on to help me. Um, so we definitely changed who we saw how we saw people, or I shouldn't say it in the past tense, we are still doing that, um, we've gotten a lot better. I think about ruling out who needs therapy and who doesn't. But also, working on things that we'd never thought we would work on. Working on proning people, so making sure that they lay on their stomach versus on their back, which is more the comfortable and common position for patients to be on. But we've learned that proning helps with the oxygenation, and it helps with their lungs and the extra fluid that the COVID 19 related pneumonia causes extra fluid buildup, so proning is better for them.

So working on how they can transfer in there. It's not something we would normally do in acute care setting. Sorry, it's long winded.

**SM:** No problem at all, no problem at all. I'm glad that you're able to give so much information. This is something that I don't know anything about. And I'm sure a lot of people who might watch this interview in the future probably don't know, as much either. So I'm very grateful for everything.

**JW:** And let me know if I'm saying anything like me, you're not understanding what I'm talking about it because sometimes we have medical lingo that doesn't always make sense.

**SM:** Yeah, I understand my sister works at a hospital. So that happens a lot with me. I'm always asking questions. So I will I will make sure to do that. You spoke about the ppe shortage in the beginning. And I know just from my own research that that was a big problem in the beginning. Are you still is there still a pretty big struggle with that where you work to get a lot of that equipment?

**JW:** I will say no. So I work at a very big hospital organization. And in the beginning, there was an issue but what our company did was ended up acquiring ppe companies. So companies that make gloves and companies that make gowns and shields and everything like that, so they acquired companies so literally, we are pretty much getting our own supply. There's no one else that we have to, like, compete with, so no they're not selling to other companies and we can get to them. They're only selling us, because they're pretty much our company. So that helped a lot. I

do remember days where the nurses were saying, we only have this stack of gowns. And unless you absolutely have to go into a room don't, because we only have the stack of gowns until noon tomorrow. And so thinking about it, normal practice for nursing staff, and, you know, including therapy, we try to go into patients rooms on an hourly basis. That's like a nursing standard. And, you know, therapy, we're different where once a day, but we're still in there quite a long time. So if you're telling everyone that you can only go into these rooms, if that's absolutely necessary, before when you're used to going in every hour to check on a patient, let alone, you know patients have to go to the bathroom, they get food, they need to leave for a test, they need to have their blood drawn, they you know, X, Y, and Z doctors come in need to see them. So that, that was kind of the scary, one of the scarier days when it was like oh, crap, we're, we're really screwed. Like, I remember seeing, Chicago hospitals wearing ponchos from like Six Flags, because they didn't have gowns for their staff to wear. It's just, it's scary.

**SM:** Is that ever a situation you ran into where you were out of equipment? Or did that never affect you?

**JW:** Well, yes and no, there was, early pandemic I would say, March, April where I had to see someone in our medical respiratory ICU. And I went down there. And I was told by the nursing staff that they were not giving N95's to anyone besides nurses, that included nursing assistance, loud technicians, therapists, and even doctors, they were denying it to unless the doctors provided it for themselves. And I said, Well I'm not seeing this person if I can't get an N95 because at that time, we were unclear if it was an airborne or a droplet, virus. And so I remember contacting my supervisor and going they want me to see this person, but they don't want to give



me the proper equipment to do this. And she ya know layed down the law, but that was, that was a scary situation. They also at one point told us it was okay to treat people in just our droplet mass. So just a normal, I wouldn't say cloth but, the the mask you normally see at like the doctor's office and stuff like that, or a dental office. So they were saying, that's okay, for a while. And then they reverted courses and said nope you need to have the N95. And pretty much what they're saying telling us now is the N95 is needed. Because of durability, not necessarily because it's an airborne virus. It can be aerosolized by different equipment, if a patient's oxy flow or air Bo or Cpap or bipap, or events, anything like that, that that's going to aerosolize the virus so it then you would want an N 95 because the droplet mass would not benefit you.

**SM:** Interesting, I actually did not know that. I didn't know that. That's kind of an interesting fact, I guess. So kind of switching gears then to like, on a more personal level. How would you say COVID-19 has affected you and your family's day to day activities, if at all?

**JW:** Definitely has affected, my life. I will say, being a healthcare worker. In the early pandemic, when everyone was in quarantine. It did feel a little like everyone's school got a snow day, but you so you still had to go to work, but everyone else was at home and working from home were like, you know, that. So that was a little like dan it. But, it my, my fiance actually works in Madison,[Wisconsin], and he works for a genetics company who actually makes the materials in the COVID-19 test. So it's actually interesting, because we kind of got two ends of the spectrum, he's got like the very beginning, and I've got the very end. So it was hard, talking about whether we should still see each other whether, you know we should still plan on some of what he had to stand up in a wedding for some of our good friends, whether or not that was safe,

what we should do when we should get tested. So it's definitely changed our lives. We have still seen each other because I think it would have been more detrimental to both of our mental health not to, but also, you know he's working from home and lives alone and doesn't go anywhere. And I'm working at the hospital. And yes, it's a dangerous environment, but at least we have the proper ppe and so I'm safer in that regard. I, my immediate family I have a sister who is a stay at home mom and her kids were home during the quarantine, and they have been back at school this fall. And it's a small private school. So, they've actually been able to handle the pandemic pretty good and keep the school open all semester. My other sister is a college professor up in Eau Claire,[Wisconsin], and definitely hard. You know, I feel so bad for everyone who had to switch their jobs on the fly, and go from not only treating in person to, or not treating, teaching in person, but then also having to make sure everything's available online, but making sure that, you know, there's still a standard there, and they can't just like, pretty much get away with saying well, it's a pandemic, so I can't do my, you know schoolwork, because otherwise what's the point of her teaching. So interesting in that way. And, you know, my parents, my mom is, had breast cancer in the past. So I definitely grappled with living at home still, because her diagnosis and remission was so recent, that I, you know, I'm very fearful that I could potentially bring something home to hurt her. But we're just hoping you know I'm extra cautious, I think because of the personal side of it too. So, my family has been really good about just respecting, and knowing that when I say you need to quarantine and you can go anywhere, they're doing it and it didn't necessarily need me to, like yell at them to do that. My dad a little. But, but most of the time, it's been, you know my friends and family have been very respectful and knowing that they need to take this seriously because it's not just them. It's the healthcare workers. It's their friends

and family. It you know, it's general society, if you want our lives to go back to quote unquote, normal. You know, you need to do your part.

**SM:** What has been, would you say, the biggest challenge that you faced since the beginning of COVID-19?

**JW:** That's a good question. I feel like there's a lot of things that are kind of like a tie. I think mental health has been a struggle. And it's so hard. And I know I keep on coming back to my coworkers, but literally, we spend I spend almost as much time with them as I spend with my family and my fiance and so they are my family. And so it's so hard to when you know, I find out my co workers pregnant and I can't hug her. Or I find out that someone's family member died. And I can't console them in a way I normally would. And, you know, I have broken the rules. And I did hug a friend, I hugged a fellow coworker who ended up testing positive two days later. So that was not fun. And then it's like, Ah, geez, this is why you shouldn't do this. But you also have to realize you're human, you need touch, you need compassion, seeing patients lying there. And having patients pass away, or knowing that they're going to pass away and not having anyone besides the medical staff in there to see them. In their final days. It's gut wrenching, it's really hard. Because you don't go in to I think, this type of profession and not try to help. You try to benefit you want to do everything you can to improve that person. And yes, people die. And people die every day. But it's the rate at people are dying, and it's torture, they're pretty much drowning in their own fluid, you know from their lungs, and I had a patient in the beginning his wife passed away. He was also from COVID, he was COVID positive, and we got like little tablets. And the nurse was in the room with him and zooming his wife's funeral for him. And he

had hypoxic brain injury, from not getting enough oxygen. So, meaning his thinking was not correct, very confused. And he kept on turning to the nurse, and it was like, "she died? She died? My wife died?" And not understanding. And it's terrible, it's terrible. We see so many couples, I've had patients whose sibling and a parent have passed away, and then they're fighting COVID it, you know, it, demolishes families. It's, it's hard not to take it and take it on and think we're not getting any relief. And let that snowball effect of oh my gosh, we're gonna be doing this for how long, you know, even with a vaccine coming out, we're not gonna see the end of this with where we work. And that's terrifying. And it's hard not to get overwhelmed with fear. Sorry, long winded.

**SM:** No, that was that was. I mean, that that's, that's a real challenge. That's, I can only imagine what that is to deal with. Seeing people like that every day. And that's just, that's a lot to deal with. That is I can only Yeah, I can't even imagine what it's like to watch that and feel like you can't help people, because of it. To kind of switched into a lighter note, hopefully, have you you had mentioned puzzles before you do a lot of puzzles. Do you have you or your family or friends found a lot of new activities since the beginning of COVID, that you didn't do a lot before?

**JW:** Well, one thing is I got engaged over the summer. So I've been doing some wedding planning. So that was something I didn't do. That's been a fun new challenge. Just, working on exercise and kind of using the the nice weather, which is dwindling, To be outside and just I feel like it's, I try to relish in being outside in the fresh air. When I know that so many people can't go outside and have been stuck in rooms in stuffy, you know, hospitals for months. And so trying to live in a way that shows that like, you know, just because they're struggling doesn't mean I need

to get overwhelmed by that and I still need to live my life. So, exercising, doing puzzles. I don't really live that exciting of a life. Yeah, trying to like, zoom, or FaceTime or anything like that with family and friends like doing like game nights with friends. I watched two weddings to COVID weddings via zoom. So just trying to adapt and react and take something positive out of what's going on versus letting it overwhelm you. I don't know if that answered it at all.

**SM:** Yeah, yeah. Before you had mentioned, how your opinions or thought process has changed a lot, throughout the pandemic. Have you seen a lot of people around you change their opinions and change the way they think about it or not as much?

**JW:** I think I will say I'm lucky and fortunate to have educated family, in laws, and I think that definitely you know, close friends that definitely impacts, you know, people taking something seriously I believe. Versus maybe not understanding how dangerous this is. So, I'm lucky enough in that regard to have people who, maybe we're kind of, you know, we'll test the waters and then I say hey, don't do that. And they're like, Okay. But I know I am, I get super frustrated, you know just seeing people's lack of respect for human life, you know, I have distant family members who are like, well it's not even that big of a deal. And you know, think of how many people die from this that or whatever. It, it's like, it's very disheartening, and it's very, frustrating that it became a political agenda. Versus you know, health care is not alacart. A lot of patients think it is a lot of people come in and say, well do this test, but I won't take that medicine. And I'll do this thing. And I will, you know, these people have worked, how many years and studying how many years? And they're, they're doing their best to help you and you're telling them no. And I think that is the hardest thing is trying to wrap your mind around how anyone can view this as

anything other than a dangerous, deadly virus and want to do everything in their power to stop it. So I'm disheartened by a lot of the anti maskers, anti maskers. I remember having a patient who wanted to wear her personal mask, and I was like, whatever, I don't care. And it was mesh. And I had to have the conversation. Well, that's not actually a mask. So you can't wear that when I'm in the room. You need to wear an actual mask. And just, well, this one I can breathe in. Well, you know, you can breathe in the other one. Trust me, I do it all day long. So you know, you'll live. But yeah, it's hard to not get disheartened by seeing people in restaurants and bars and going out to every store imaginable and not changing their lifestyle at all because it would be inconvenient for them. But other people have been doing it since the very beginning and continue to do it. And they're burnt out as well. But they know that it's not just them it benefits everyone.

**SM:** Yeah, I think it's really hard to see the people who don't are just kind of blowing the whole thing off and acting like it doesn't matter. It's kind of it's a lot to deal with and it's hard to not get upset at them. You kind of spoke about like being educated on the subject. What have been your primary sources of like news and information throughout the pandemic.

**JW:** Well when it first started Chicago was blowing up, comparatively to Wisconsin now we're kind of equal, unfortunately. But we have a bunch of sister hospitals down in Chicago, with my organization. And we did a lot of meetings with them talking about, you know, research they were looking at, and pretty much comparing what they were doing for therapy and what we should implement in our hospital and how, you know, what are what patients really do you need therapy and what people don't, and looking at lab values, and which ended up being like good markers on if this person is really going to tank soon. Because COVID is not necessarily the

easiest virus, because you can be asymptomatic for many, many days. And then you or you're doing fine, you're doing fine and then you tank. And then we need to, you know, get you to the ICU, because maybe we need to put you on a vent, unfortunately. So doing a lot of, research with other hospital organizations, doing a lot of, you know I try to use as credible resources as I can find as far as when it comes to like medical reporting. John Hopkins is probably the top for the Covid 19 pandemic, and the not necessarily research but the reporting of everything. Trying not to, honestly, I've stopped really watching the news, because it's so hard to see it all day long at work, and then come home and people are like, how's it going in the hospital? Is he getting any better. And then also having like, at oh COVID numbers are spiking, and everything's you know burning, and it's like that meme where the guy is sitting in the bar and it was like this is fine, and there's fire all around him. It's like, totally that way. So, you know I'm trying to limit like, what resources I use to determine what's going on and trying to, you know, a lot of like, the meta thing, it's like the British Medical Journal, you know, just more like AOTA, which is American Occupational Therapy Association, I forgot what the physical therapy, you know, Association one is, but trying to use more credible resources to change our treatment plan.

**SM:** I feel like if everyone used as solid of sources as you we might get somewhere with something. But unfortunately, that's just not the way the world works.

**JW:** You mean the person with the, you know, high school biology, understanding, knows better than, you know Dr. Anthony Fauci, who's been studying this for, you know 20 plus years.

**SM:** It's all about the source.

**JW:** Sorry sarcasm.

**SM:** That's all I'm saying is it's all about the sources. So-

**JW:** Yup, yeah

**SM:** -that's definitely how I feel like that is the best going to the sources that have the best information is definitely-

**JW:** Well and also, yeah, and listening to our own staff, like this Friday, I am going to an in service put together by our RT department or respiratory therapy department. And they are going to give us specific information on how you know how we can adapt our therapy to benefit the patient. So you know, putting, you know, more like if they're on an opti flow machine, but then we're need to see them putting them on a non rebreather at 15 liters. So over oxygenating them so that they can do an activity, even if it's going to take 20 to 30 minutes to recover their numbers. You know, that's definitely different. Usually, when we see people dipping that low, we don't do therapy, but pretty much as one of our doctors in the hospital said, any activity is better than no activity. And, you know, proning people laying on their belly, they don't want to do it. But he said, if they don't do it, I'll come in there. I'll show them every et tube I can put in their throat and hook them up to a vent, that's a lot more uncomfortable than laying on your stomach. So lay on your stomach, otherwise you're probably going to have a tube down your



throat, and you may never get off of them. It's an unfortunate thing that we have to say to people, but you know, it's reality.

**SM:** I feel like that kind of speaks on the stubbornness of people, though, too, is they just don't, they don't want to help themselves necessarily, or-

**JW:** They know better.

**SM:** -Yeah, or they think they know better. We don't need to, it's completely up to you. But you don't need to get into too many specifics, if it's something you want to avoid. But what are your thoughts on how the local, state, and federal leaders and governments have been responding to the crisis?

**JW:** I personally, I don't think our governor is getting enough credit. I think he has really, really tried, and the legislation, you know the Republican Party, because they don't like him for x y&z political reasons have really made it detrimental for our hospital and other hospital systems. To not get overwhelmed. You know, and I think that we need to come, we need to be above it. You know, like, you cannot like someone and not necessarily agree with them. But if that's the card you're dealt, you need to figure out a way to keep people safe. And just because you don't believe in it, this COVID-19 thing, or you don't want it to cut down, you know, businesses. You're, you're going to pretty much like you're going to kill people in the healthcare field, who are trained to take care of these people, like so you're pretty much biting the hand that feeds you. I just, I'm really disappointed in how different counties and even like, different, groups have

decided, you know, they're going to kind of have their own understanding of the law. Like we're not going to enforce mask wearing, or we're not going to enforce the 25% capacity or whatever it is at restaurants. You know, because you know we're, we're either liberal, or we're either republican or I don't believe this, or I believe this. It's just, it's not okay. It's not okay. And we're boarding patients in the ED. So we're thinking about possibly going to two patients per room. It's serious, and people need to take it seriously. Because, you know, a good thing that they say about healthcare workers as it's, you know, your frontline. It's like, we're not your frontline we're your last line. Like, you're like one step away from the morgue when you end up here. Like, not not to be like, not everyone's like that. I shouldn't say that. But like, it could be.

**SM:** Yeah, I think. I think, that was kind of interesting that you brought that up the front line, the last line thing, I'd never thought about that. I mean, it's a small thing, but it is funny that now that you referenced it that way that a lot of healthcare workers are considered frontline workers. And the last line, that's kind of an interesting way to think about it. Kind of as like a final wrap up question, knowing what you know now, what do you think individuals, communities, or governments need to keep in mind for the future?

**JW:** I think as a community, we need to work together. We need to realize that we're, you know, it, it's like a cell it won't work if all the parts aren't working. So you have to figure out a way that everyone maybe isn't happy but can agree upon something. I think we need to continue, you know, that I think it's crazy how far we've come with, you know, research with vaccines with testing in less than 12 months. And this is that this is what we need, you know, this is not going, just because this pandemic is here, and you may have a vaccine doesn't mean that there isn't

something around the corner that could cause another big outbreak. Like, that's the world we live in, when everyone's giving antibiotics for nothing, and then everyone becomes, immuno-resistant to things, you know, that's like a, you know, conspiracy theory. So like, don't, don't take that too seriously. But, um, you know, bugs or viruses are getting smarter, and we need to be smarter because of it. So really, where we're gonna see things is in research, as is also an implement implementation. I don't think we ever thought that laying someone on their stomach would be better than maybe a drug, but look at. You know, and being thinking outside of the box, and being very open to just like, hey, let's try it. And if it doesn't hurt the patient, look, you know, see if it'll benefit them. And I think we've come a long way from the very beginning, where we put everyone on the vents. And now it's like, we do not want to put you on a vent because we probably can't get you off. So I think individuals, if you love your family, if you love your friends, you need to be honest with them and having open conversations. If you don't think they're doing something safe, or if you feel like they're neglecting what's being said, I definitely made, you know, maybe some short period enemies with some of my friends, because I was like, it says, stay at home doesn't mean stay at home and go over to your friend's house, and hang out with them and then go, you know, it means stay at home, do not go anywhere. And try and a lot of times educating people well, it's outside so I didn't need to have a mask on. No, that's not a thing. Like outside is preferred, because there's more room for the air to go in the virus to go. But you need a mask. Social distancing is huge, like even like grocery stores. And it's like, you know, making sure that you're, you're being respectful of everyone else, because you don't know if that person is, you know, on chemo and has no immune system. And so maybe you shouldn't be all like, up in their grill, you can wait the two seconds before you get your peanut butter, Susan. Just, I don't know, just being respectful and being kind to each other. Because that's how

we're gonna get through everything is being compassionate. And knowing that we're all going through it together so we can all benefit or we can all suffer.

**SM:** I definitely agree with that. I feel like it's better to have everyone on the same side than everyone on different sides. That's for sure. Thank you so much for doing this interview with me today. Thank you for all of your perspectives. They are all very valuable and I appreciate your time.

**JW:** Ever if I bring up conspiracy theories.

**SM:** We don't mind conspiracy theories, it's okay. It's okay.

**JW:** Just kidding.

**SM:** It's all, it's all for everyone to see later. So we'll know what's conspiracy theory and what's not when we rewatch it.

**JW:** Right. Well, stay safe. And I really appreciate you listen, listening to me ramble for like an hour.

**SM:** No problem at all. The more time the better, more information. So that's it's very valuable. Insight is very valuable. So thank you again.

**JW:** Yeah, of course.