

Interviewee: Cheryl

Interviewer: Cullen Stangel

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Abstract:

Cheryl is just one of my many Eau Claire County residents who have been experiencing the many issues of COVID in the nursing home environment. But what makes Cheryl's story unique is that throughout this pandemic she has seen three different outbreaks within her facility and just recently experienced Covid for the first time earlier this month. However, Cheryl claims that thanks to COVID nursing homes, especially her current facility, will never resort back to normal. Much like her potential to engage in therapy, COVID has halted many aspects of Health care's motivational tone and instead turned into an isolation facility. Through her limited experiences with staff and her few conversations with family and her roommates, Cheryl has hit rock bottom a few times. Yet through her love of the holidays and association with such a supportive family, Cheryl continues through, what she predicts, to be the next major virus that will never leave.

Cullen Stangel 0:00

So, this is the second interview. Today is December 12 2021 and the time is 3pm. My name is Cullen Stangel, and I'm here with my one of my current residents, Cheryl. But due to specific HIPAA regulations, I'm going to be referring to her as just "Cheryl" and her location and everything will be referred to as within Eau Claire County, nursing home. Cheryl, do you mind sharing just a little bit about yourself such as like, maybe where you're from?

Cheryl 0:43

I'm originally from St. Paul, Minnesota. When I was about 35, I moved we all moved to Texas, my husband was transferred. While we were there, I got divorced and remarried and we retired to Mountain Home, Arkansas. And from there, I came up here (Wisconsin), my son was transferred up here in my family kind of all followed him. So all my, almost all my grandchildren, whatever here. So that's why I'm in Wisconsin.

CS 1:24

Oh, and then following that up, how long have you been at this facility for?

Cheryl 1:29

Since May 2020.

CS 1:33

May 2020. So you've kind of been here since the beginning of COVID. Right? That's correct. Okay. And just for the record, right off the bat, how many times have you dealt with COVID here?

Cheryl 1:46

Personally, just once. I've been lucky.

CS 1:53

Well, that's good, because some people here do not get as lucky.

Cheryl 1:57

Yeah, I got it a few weeks ago. And I always thought I was kind of immune to it until then.

CS 2:11

Until then?

Cheryl 2:12

Yeah!

CS 2:13

Yeah. You never know when COVID will get you I hate to say it. So can you, um oh wait, let me go off this. So how has COVID kind of affected your day to day activities here and with your family?

Cheryl 2:30

Well, I was in the room with a bed, which I could not get out of. So I, before that I was doing physical therapy and occupational therapy to dress myself and stuff. I lost it all. And so that was very difficult for me not to be able to do the things I wanted to do. And the other thing I found is my memory is a little bit affected. And I kind of got to the point where I didn't care much about anything. As far as my family goes they all, they were fine. They didn't get it it for at least for me some of the already had it. But I guess that's it.

CS 3:34

And, again, if you if there's ever something that's a little too difficult to answer, you can always say pass.

Cheryl 3:39

Okay

CS 3:40

So you mentioned that you were doing physical therapy and stuff, like so you would say there was kind of a little bit of a halt once COVID hits,

Cheryl 3:51

Right, but it was that way all since I've been here is as soon as they were someone in the building, then

CS 4:02

COVID shut everything down?

Cheryl 4:04

Yeah, so this is actually now the third time I'm trying to get physical therapy and get places.

CS 4:15

kind of get that routine going once again.

Cheryl 4:17

Yeah, because I the first time, I was doing physical therapy and stuff. And of course they shut it down. So by the time they started back up, I was back to square one. And I had to start again. And now this time I went back to square zero. And I had to start again. So I haven't been able to accomplish much.

CS 4:44

Well, I will say after helping you out every once in a while you do you're relatively mentally strong for a lot of the people here so I can I can applaud you for that. Um, how has COVID-19, Or what has been your biggest challenge to you.. Since facing this pandemic? Through family friendships, relationships?

Cheryl 5:09

Well, I haven't been able to see my family as much as I'd like to. That's been difficult. Tell me again, what question what this?

CS 5:25

Oh, it's okay. Um, could you maybe elaborate on how? Maybe seeing your family has changed over the time of being here? Do you do phone calls? Or how do you....

Cheryl 5:39

That's about it. We've tried Skyping once in a while, but since I've been here, I came here so I could be with my family. And I never could through the whole thing. And this last time (past COVID outbreaks) before this stretch yet. I would have have lunch with my daughter and do things like that. They bring my great grandkids to see me and whatnot.

CS 6:08

And it's been just a lot more difficult...

Cheryl 6:10

It's been hard with the little ones because they grow so much. When you don't see them.

CS 6:15

It's and it's the most it's probably the best time as a grandma to see the little ones.

Cheryl 6:21

Yep.

CS 6:23

Um, have you? I know that for a short period, we started to have those closed, we would do window visits, and kind of that secluded room.

Cheryl 6:35

Yeah

CS 6:36

Can you would you mind elaborating on that?

Cheryl 6:39

We, we tried a couple times. My granddaughter actually came in, brought the kids and we talked on the phone, and I was able to talk to my oldest great grandson on the phone. And they came several times to the window to window. Yeah. And that was, that was nice. It isn't the same. The other thing is I find it very difficult to be stuck in this room for a length of time. And that really bothered me. I think I went a little nutsy,

CS 7:24

I could understand being cooped up in a room for two, four, six weeks.

Cheryl 7:30

Yep.

CS 7:30

Depending on how long it goes for. And I just want to make a clarification that when Cheryl refers to the previous outbreak, we had COVID outbreak maybe a week to two weeks ago (within the facility). So maybe starting the beginning of or towards the end of November, going into December.

Cheryl 7:51

Right. We went through the same thing on the first run of COVID. We had there was some bad in the building.

CS 7:58

Oh, yeah. The initial COVID-19?

Cheryl 8:01

Yes.

CS 8:02

Okay. Okay. Going off of that. Did you see any differences from that first outbreak to the one you just currently had? Or was it kind of the same?

Cheryl 8:14

I think it was the same. I think they were maybe a little more cautious than they were not that they weren't cautious with things, but I think they were afraid of the same outbreak level. Yeah, with what we had before happening this time,

CS 8:37

Kind of going off the you learn what you learn, and then you try to associate that to your next event.

Cheryl 8:44

Right.

CS 8:45

Okay. Um, so let me go to a different question. So how has your assisted living home changed in or adapted to address the impact of COVID-19?

Cheryl 9:04

This is living?

CS 9:05

Yeah.

Cheryl 9:06

This is assisted living? (said in disbelief)

CS 9:09

You would call this a nursing home?

Cheryl 9:11

Yeah. Calling nursing home.

CS 9:13

Okay, nursing home. So what kind of regulations did this nursing home put in place to kind of help you guys or...

Cheryl 9:20

I think it was more, for instance, now, when they eat in the dining room, or we play bingo, or whatever, we're addressing social distancing, which we didn't before. But it's kind of difficult,

because it limits the number of people who can participate in in whatever they're doing. I think they've addressed more of the shields and glasses and masks and precaution. Yep.

CS 9:54

Has that kind of taken away a little bit of the the social interactions you have with some of the staff here.

Cheryl 10:02

Yes. Yeah.

CS 10:03

It's kind of Oh, sorry.

Cheryl 10:05

It's well, it's the staff is uncomfortable. They can't see they can't, you know, it's hard for them to work under those conditions. So their time they tried to make the limited...

CS 10:25

to avoid COVID spread?

Cheryl 10:26

Right. Yeah. Or to avoid the Tarp (referring to the PPE Gown)?

CS 10:31

Oh, yeah. Is, um, are these are these interactions now becoming shorter and shorter? Kind of just?

Cheryl 10:40

They are. I think it's, A it's COVID, and B it's limited staff.

CS 10:51

Going off with COVID. Have you been vaccinated?

Cheryl 10:55

Yes. TWICE,

CS 10:57

TWICE. For both shots are the booster, you mean?

Cheryl 11:01

No, the two beginning shots? And I will have the booster next week.

CS 11:06

Okay. Um, was it relatively easy for you to get your COVID shots? Or?

Cheryl 11:12

Yes, they gave them to us here. I just gave my arm and they were able to shoot it. So I think that was done very well.

CS 11:24

Done very well. Were you opposed to it at all? Are we you

Cheryl 11:28

know, I wasn't I any precautions were fine. I also felt I had an extra edge. Because I am, O, negative (blood). And I read that that's less people are affected that have O negative than the other blood types?

CS 11:53

Oh, that's interesting. Do you know where you read that from? If I may ask?

Cheryl 11:57

It was I read on CNNs webpage? And it was an article, but I'm sure you could look at it.

CS 12:06

Alright. I like to see that you're still keeping yourself mentally active here? Um, did you notice or witness any kind of backlash towards the the first COVID shots?

Cheryl 12:20

I don't think so. I think the general population had them. The only objection to them that I saw was with some of the staff, not necessarily the residents.

CS 12:39

I definitely, as a health care worker, I understand the importance of trying to keep everything safe. Is there anything you'd want to say to somebody who you'd want to try to convince to get the vaccine, if any motives behind your decisions?

Cheryl 12:55

Well, I think when we got it, we had gone through a heavy outbreak or whatever. And I think that should scare a lot of people in take, getting it. I think there were quite a few deaths in the residence from it. Which is I'm not afraid of taking anything like that. I'm,

CS 13:27

you're more for your safety than anything.

Cheryl 13:29

Yep

CS 13:30

And I bet the just the reward of having a clear facility being able to see your family is probably my main intentions.

Cheryl 13:39

Right. Exactly.

CS 13:41

I'm going off of that, did any of your family kind of get a little indifferent when it came to the vaccine or were they all for it as well?

Cheryl 13:52

Um, well, my daughter had cancer surgery a year ago. So she she definitely and she's even hit the booster already. Doctor really keeps her up. My son in his family hadn't didn't think it was...

CS 14:10

Necessary?

Cheryl 14:11

Not necessary, but that important. And he ended up with COVID in his son ended up so they're all vaccinated now. But in my granddaughter and all of family, her husband, she carries the card with her.

CS 14:34

Loud and Proud.

Cheryl 14:35

Yep.

CS. 14:36

Love it. Um, so related to COVID-19 and the caregivers here, do you feel safe and supported? Now with some of these new regulations put in here? Do you think they're lacking in some areas?

Cheryl 14:52

No, I think I think they have a purpose. And I think it's a good purpose and I understand them wanting to not only protect us protect themselves.

CS 15:08

Okay. Um, so looking at this whole pandemic, since the time you got here till now, what's kind of one of those more stressful aspects of the pandemic that people probably don't experience outside of the building?

Cheryl 15:27

Well, I think, well, I had to be tested before he even came up here. I think with the first outbreak that was distressing, because of the amount of deaths that were incurred. And it was it was a learning experience. I think he was just what do we do? But the state seems to take care of the regulations. So

CS 16:04

I, sorry.

Cheryl 16:06

No, that's okay. Go ahead.

CS 16:08

I was I was just gonna ask if it's okay, if I touch on that topic a little bit about the deaths here. Are you okay to talk about that?

Cheryl 16:16

Yep.

CS 16:17

So when it came to that first outbreak and kind of seeing the true reality of COVID? Was there kind of that moment where of realization of how impactful this COVID-19? Could be?

Cheryl 16:32

Yeah, definitely how real it is, I can't think of the word that I want to use. But it was more than a newspaper article.

CS 16:46

Seeing it in reality. Yep. Was there any steps taken here to kind of mourn this more traumatic event? Or

Cheryl 16:58

I don't think so. You don't think so? At least not among the residents. foreheads perhaps his staff did something, but I don't know. But it was very we, the communication was very poor. At that time and it still is. But we didn't know what was going on.

CS 17:22

Do you mind elaborating on that. The poor communication aspect.

Cheryl 17:29

Well, we weren't told about the number of deaths. I found out from the CNA and whatever, or a nurse. It's definitely not knowing what was going on. was even more worrisome, than if I knew what was going on. I had to

CS 18:01

kind of Yeah, you kind of had to be kind of worried about everything. And everyone you came incontact with.

Cheryl 18:08

Right...Exactly.

CS 18:09

Um, during that time, were you in the current room? You were in now?

Cheryl 18:15

Yes. Yeah.

CS 18:16

So you've always had a co-roommate, right?

Cheryl 18:19

Yes.

CS 18:21

Has I'm not saying that. Not having a roommate would also be a troublesome situation. But was it, kind of, did you have to bond a lot with your roommate, just to kind of get through these harsh times?

Cheryl 18:39

Not really it was very limited relationship.

CS 18:47

It's kind of like talking to the wall and hearing a voice back.

Cheryl 18:51

Right.

CS 18:53

Wit, Oh, sorry.(I interrupted her)

Cheryl 18:55

I had one roommate that was very loud and obnoxious. Which made it difficult being shut up in the room.

CS 19:14

But from there on, I've had short periods of being alone, which I prefer. But one lady I had was dying of cancer. So it's not a wonderful situation.

CS 19:37

Oh, I'm sorry for touching on that topic for so long. That's okay. Thank you for saying strong Cheryl. Um, so within a few of these COVID outbreaks, where they're still like club groups, and you talked about how there was bingo every once in a while. Did these groups continue?

Cheryl 19:59

Nope they stopped that minute.

CS 20:02

The minute there was an outbreak?

Cheryl 20:03

Yeah

CS 20:05

When could you explain just the normal routine of an outbreak within the facility?

Cheryl 20:12

Well, all the activities are canceled. We were forced to stay in our rooms. Of course, the staff was much more guarded. Guarded up, then they usually are. And I think maybe I don't think here really decreased, but perhaps a little bit. Because of having to dress with this (Referring to PPE) before they came in here. They didn't want to come in for just...

CS 20:56

just to say hello or something?

Cheryl 20:58

Or just get do something simple.

CS 21:01

So it was really, if somebody came in here, it'd be to finish as many tasks that they could in a short period,

Cheryl 21:10

Yes that would be good.

CS 21:13

So did COVID are kind of already said that one. So through other communities and stuff, maybe people outside where their request to kind of stop people from coming during that?

Cheryl 21:34

Yes, yeah, there was no visitation.

CS 21:36

Do you know what allowed visitors to come back? Or what's the requirements now?

Cheryl 21:45

Well first of all, I think it finally at a point, we could have outside visits. And that was good.

CS 21:53

Yeah.

Cheryl 21:56

But I think it's maybe had to be cleared for so long. And there's definitely state rules as to what they can, but I'm not sure that was, but it was very conscious before they would allow visitors.

CS 22:19

I remember driving up every once in a while and seeing the big tarp outside. Okay, so that's kind of where that was. So I'm kind of hopping around a little bit. Sorry,

Cheryl 22:32

It's okay.

CS 22:33

So for meals and stuff here, I know that that was a big social interaction that used to occur prior to COVID. How did meals kind of go from there? Where your options limited or how?

Cheryl 22:49

First of all, I don't eat in the dining room i kept my own diet to keep my blood sugar under control. I think we use styrofoam and plastic silverware. And it's hard to eat every one of those Styrofoam things,

CS 23:15

More disposable stuff?

Cheryl 23:17

Yeah

CS 23:18

Easy to clean these I rid of. So continuing on. How, besides getting sick, has COVID-19 kind of affected your mental and physical health? I know you touched on the stolen physical therapy but

Cheryl 23:34

Right. This that's the one that probably has hit me the most. Mentally I think I slow down when I get stuck in the room and nothing. I don't know what I do if I didn't have my computer.

CS 23:55

Oh, yeah.

Cheryl 23:56

And I tried to read as much as I can and keep current things except for politics I gave up. But I read what I can and tried to get as much information as I can. And I think that helps me cope better.

CS 24:21

Because from what I've heard over this interview, you really like to be informed and kept up to date on rates. So that actually is a great segue into. So in according to how you kind of gave up on politics. Is there anything you would wish that government officials or local officials within your community would do to help with like current outbreaks?

Cheryl 24:48

Well, I think there's a there's a problem with the mandate shots. It's still a free country in People can make that choice not to and I don't think you could do much about that. About people not getting vaccinated. And as long as there are people not getting vaccinated it's going to continue, at least for quite some time. And outbreak after outbreak after outbreak. Wisconsin has a very high rate of COVID people in intensive care and in the hospital, they're out room in a lot of places. So it's why this state was hit so bad this last time.

CS 25:51

It's kind of a it kind of baffles you, I bet.

Cheryl 25:55

Yep.

CS 25:57

So you've stated clearly that you're for people making their own decisions when it comes to vaccines? Is that right?

Cheryl 26:04

That's right.

CS 26:04

Okay. So do you think they could have approached that differently?

Cheryl 26:12

Well, I think there's certain job lines that needed like, for instance, health care, definitely needs it. I'm not sure if policeman needed as much. There's a lack of personal contact unless you're really in trouble. And there's other industries that I think I can get by without it

CS 26:52

So you're for kind of those the jobs that essentially need it, where it would make the difference of right outbreak tonight. So do you think for some caregivers within other nursing homes and living buildings that are challenged by this? Did you experience that here?

Cheryl 27:18

Yes, there were. One for I know, one person who couldn't get she finally got a medical clearance to not get the vaccination. And she was able to keep working. There was I know, one of the CNAs, who's gone to casual, has a tendency towards clotting blood clots and whatever. And that's one of the side effects of and she didn't, she doesn't want to get it.

CS 28:00

She doesn't want to risk it.

Cheryl 28:01

Yeah right.

CS 28:04

It's interesting to see that even though stuff was FDA approved, that people are still having side effects. Yep. So I could I can understand why kind of leaving that decision up to whoever's receiving the shot, right, would be beneficial? Um, what, uh, is there anything you would want to talk about about within the government that could benefit COVID at all, or besides vaccines?

Cheryl 28:38

I think perhaps, instead of all the stimulus money that's going out that more money needs to go into health care, cut the cost of insurance, do whatever has to do so people can maintain their health status. Without it I think a lot of people give up or try to get by with things because they can't afford it.

CS 29:09

So by trading in the money that the state would give you, you'd rather get benefits within healthcare that would benefit everyone.

Cheryl 29:20

That's right and my son has a contracting business. And he had two guys working for him. He was paying him 20 bucks an hour. The one quite because he wouldn't pay him in cash, because he was afraid he loses food stamps and the other one wanted him to pay him in cash because he'd lose his unemployment benefits. And I don't understand that mental status of people not wanting to work now.

CS 29:57

Because they it's easier to get more money. being unemployed than it is to put in the hours.

Cheryl 30:02

Right Yep.

CS 30:03

Okay. Um, so going off of this, is this the first time that you've heard of a situation like that? Or do you think that's kind of becoming a norm?

Cheryl 30:11

No, I think that's becoming there. I've read a lot about restaurants who can only be open certain hours because it can't get out of staff. There's the bit about all this stuff sitting off the coast of California that they can't get anybody to unload the ships.

CS 30:33

I did not know that. But that is a very interesting that thing to hear about. So you think it's kind of becoming a trend within America? Where lazy is the new efficiency?

Cheryl 30:44

I think so.

CS 30:50

So you were mentioning, you get a lot of your information from the news? Do you mind explaining some of the new sources you read?

Cheryl 30:58

I usually, I watch CNN occasionally. I don't watch it now as much as I used to. Since the election. I read CNN's webpage, is they have a lot of different articles on there. And that's kind of where I get most of my information.

CS 31:20

You like seeing the variety and choosing what you read.

Cheryl 31:23

Yes.

CS 31:24

So, has these new sources kind of challenged your understanding of the pandemic over the past few years? Or?

Cheryl 31:32

No, I think it's clarified a lot of things. So it makes me more comfortable than uncomfortable.

CS 31:41

Do you find the comfort within knowing that other people experienced the same stuff? Or just reading how different groups that are kind of combating COVID?

Cheryl 31:51

I think it's how different people are addressing the situation.

CS 31:57

All right. Do you want to, do you mind elaborating a little bit or if not, it's okay.

Cheryl 32:03

I, I can't think of a good example.

CS 32:06

That's okay. That's okay. Um, so what do you think would be an important issue that the media is covering or hasn't covered yet?

Cheryl 32:23

I think elderly care is one thing. We're far more susceptible to COVID anyone else's. I think they need to push again, for free health care of some kind. So that they can take care of themselves. I know I'm a member of AARP community, and they once a week they have a meeting video or teleconference at one o'clock Thursdays to talk about the current status and that in now is affecting and what you can do

CS 33:17

For people with AARP?

Cheryl 33:19

Yep.

CS 33:20

I assumed because you know about these meetings, do attend a few of them?

Cheryl 33:26

I've, one or two. Not necessarily that much information. So I haven't followed up on the my guests, but at least they're doing them and letting people know they can conditions and how it's spreading and what they can do and

CS 33:53

kind of like extra support.

Cheryl 33:55

Yes.

CS 33:57

Okay. So, with all this, do you think there's anything related to caregiving that the media should cover more of just within like how staff are being treated and or how staff are helping out kind of people in a similar situation?

Cheryl 34:18

They have done a pretty good job, especially covering people who are medical people who are staying not leaving the field, but staying,

CS 34:31

oh, kind of taking a leave of absence or something?

Cheryl 34:34

Right. But they're staying there and fighting and helping people and with COVID. And I think, you know, that that's a good thing for them to talk about.

CS 34:49

Yeah, very rarely do we see nice things in the in the news these days.

Cheryl 34:54

Right.

CS 34:56

So I'm kind of getting to the to the wrap of this. So has your experience throughout COVID transformed how you view the importance of your family, friends and community?

Cheryl 35:14

I think they're more important than, if they could be, than they were before. I want to spend as much time as I can with them. You never know what's going to happen.

CS 35:30

And I yesterday because I work to you were explaining a little bit about your, how you haven't been able to see your family in a while.

Cheryl 35:38

Yeah and it's been about nine years that I have not spent Christmas with my family. And so I'm looking forward to this year, even bought instead of gifts if your kids got presents, their stack is over here.

CS 35:57

Just to let the record know, Cheryl has a stack of four, five boxes and some other packages on top of one another ready for Christmas. You know, she was very enthusiastic.

Cheryl 36:09

She's also very impressed with Amazon. I didn't get they said they ship something and I didn't get it. And I called them and they said oh, they can't send it's out of stock why symbol then I picked something else gave me a credit. No questions asked.

CS 36:29

Easy does it?

Cheryl 36:30

Easy does it.. and there was something else I didn't receive. I called them and they said we'll send one out it'll be there by the 20th. So it's okay for Christmas. I said Yep.

CS 36:43

Do you mind? Oh, sorry.

Cheryl 36:45

No questions asked.

CS 36:46

No questions asked. Gotta love current Amazon. Um, so you're going to spend Christmas with your family? Are you going to leave the facility and go see them?

Cheryl 36:57

Yes, Christmas Eve. We're going to get together from one to six. The transportation companies do some work back Christmas so....

CS 37:10

Yeah, you got to work around it. But I'm, I'm happy to hear that you'll be seeing your family. Yeah. So. So knowing what you know now and...

Cheryl 37:27

And my Granddaughter made a Grinch costume. Oh, really? She's going to surprise your son when he gets off the bus on Friday. But she's going to wear to the gathering. It's funny, I've got a video of it.

CS 37:41

As long as you're Cindy Lou.

Cheryl 37:43

Yeah.

CS 37:45

So going off of everything you know, now, what do you think individuals or the government or community should even keep in mind for the future when it comes to COVID?

Cheryl 37:57

One I think they need to keep in mind it's not going away. At least not for the near future. I think they need to do a better job of communicating to the public as to the status of the situation and what's going on. I forgot the question, or the answer.

CS 38:26

Anything you want individuals or the community slash government to keep in mind for the future.

Cheryl 38:33

I think that the fact that it's not going away, and I think we need to really learn from what has happened over the last couple of years. And I think the stim those stimulus payments were fine at first. But...

CS 38:52

The second, third one...

Cheryl 38:55

Yeah, it's created a I don't need to work.

CS 38:59

Mentality

Cheryl 39:00

Yeah. And we need to correct that and get people back working.

CS 39:07

So in some sense, COVID kind of caused people to be on that kind of vacation mode, right?

Cheryl 39:14

Yeah, I think so.

CS 39:16

You're not the first one to kind of point that out.

Cheryl 39:18

Yep.

CS 39:20

So has your experience transformed the way you view this, this living home? nursing home in a way?

Cheryl 39:32

Well, before I got COVID this time. I had started with a organization to find assisted living for me. And I haven't heard any more from them. I know what one time one of the gals had COVID. So hopefully maybe after that Holiday is it's really something I think I'd prefer.

CS 40:06

Finding a more of a, maybe not one on one, but something more, low numbers more contact.

Cheryl 40:15

Low, more allowing me to use more of my ability

CS 40:21

Instead of just kind of staying in your room.

Cheryl 40:23

Right.

CS 40:25

Totally understandable. Um, do you think this nursing home in general, do you think it will ever go back to being the way it once was?

Cheryl 40:35

No, no. There's, you know, the company, wherever they are...

CS 40:48

I think it's North Shore.

Cheryl 40:51

Won't let them pay more, the CNAs more. And there's places that are paying from two to \$5 an hour or more. And they're not going to be able to get additional staff as long as that's the situation. I don't know what the deal has been the kitchen. But thank God, I don't eat much. But I mean, they bring my breakfast in the styrofoam. And there's this huge glob of oatmeal, which makes me sick to my stomach. So I've just stopped eating. I have a bagel with peanut butter or something.

CS 41:37

Yeah, I'm gonna say for the record that most times Cheryl has her own. What are they Lean Cuisines?

Cheryl 41:45

And other, I get salads in that type of thing from Walmart.

CS 41:54

To just substitute the, from the food here.

Cheryl 41:56

Yep.

CS 41:57

And that's understandable because other people do it too. But, uh, more so Cheryl than anyone else. Don't worry, I'm a very picky eater as well.

Cheryl 42:06

I want I tried to keep my blood sugar under control. And according to my doctor, I should have 150 grams of carbs a day? Well, they're meeting you is 300 or more a day? And I can't, can't do that.

CS 42:29

So you're just looking out for yourself. That's very understandable. So has your experience throughout COVID kind of changed the way you view the roles of caregivers are care workers in general?

Cheryl 42:46

I think so i think they need to be more knowledgeable. And, again, put up with the repackaging, or whatever you want to call the suits and stuff.

CS 43:01

Yeah, the PPE.

Cheryl 43:02

Yep. And also they need to be, I was down on C Hall. And there's the CNA that works down there. And she's just horrible to people. And I just people with COVID end even without need that attention. And they need a kindness.

CS 43:35

So maybe not only a better training, but more of an understanding of the social deficiencies that come with somebody who's in lock down.

Cheryl 43:45

Yes

CS 43:46

Okay. You're not the first one who said that either. And I was actually going to ask you a question about how interaction should be improved. But do you would you want to add anything to that?

Cheryl 44:03

I think maybe more education about COVID how it affects people in what the different symptoms and in what ever so they can understand what those people are going through better and can address things may be ahead of time or whatever.

CS 44:28

Because you never really know until you walk a mile in somebody's shoes. And I can understand that because as a as a current CNA for much of our clinical training and stuff we had to not only practice everything we do within a nursing home, but we did it on ourselves and on others learning CNAs so it does put a good perspective in your mind kind of how the residents feel. So that is definitely a great point. Um, so knowing what you know now, what do you think the government, individual's, communities, this place, the nursing building in Eau Claire County, what do you think they could do for the future?

Cheryl 45:13

I think they need to improve communication is my believe.

CS 45:20

I know, I've hit that point hard.

Cheryl 45:22

But yep, it's necessary. We need to know the status of what's going on here, how many cases and that type of thing the community needs to know where there's areas that are not getting the right care, or whatever, or giving the right gear, the government just needs to spend the money in a different place.

CS 45:52

So you so it's more the fact that because this was such a big issue. I want to say this(COVID) was like making headlines every day. And like a year ago, people are trying to get to that point where it's not such a big deal anymore, but still needs to be addressed.

Cheryl 46:08

Right.

CS 46:09

Okay. And that that does make a lot of sense, especially with, before this interview, you discussed a little bit about the newer strains. How do you think that will play out within the future?

Cheryl 46:22

I think there may be a recurrence of a new strain every so often. These two last two were fairly close together. And as I said before, at least what I've read about the current one, it's far more contagious than the others have been. And I don't know, if vaccinations and booster shots are going to affect I don't know what the percentage is. Yeah. And like, they probably haven't gotten enough information to make a statement.

CS 47:00

And we kind of correlated this COVID-19 to the flu virus. But the one big difference with the fact that with the flu really changes every year, but COVID, it's every two months, three months or so.

Cheryl 47:18

And it's a little bit different. I think. I have a concern about older people that get it I don't think they really understand what they're going through and needs a little extra...

CS 47:39

Education?

Cheryl 47:39

Or care. Yep, or education either way.

CS 47:43

Do you think that, this is just a flashback question. But do you think that when COVID first kind of out had an outbreak here, do you think that we should have kind of educated people a little better just on what to be looking out for within one another?

Cheryl 47:58

I think so, I think they should should a bit better educated is what to what causes the transmission? What symptoms to look for, and even in themselves to know what they should say, to somebody or the nurses or whatever?

CS 48:27

Oh, if you think somebody might have COVID,

Cheryl 48:29

or you think you might have it yourself. Okay.

CS 48:33

And that definitely makes sense. Um, well, that definitely wraps up this interview again, thank you, Cheryl.

Cheryl 48:40

You're welcome. I hope I was some help.

CS 48:44

And then just end this. Do you have anything else you want to state about? COVID? Not about COVID. About the holidays.

Cheryl 48:58

It's hard to have the morning all the time not to get together with your family. I think that's a central thing that has to be done. Maybe some, I don't know what, what may be causing by not getting together with your family at the holidays and whatever. So I keep telling people not to do it. But I don't know if that's the best thing for people

CS 49:31

to not congregate if there were?

Cheryl 49:33

Yep.

CS 49:34

And definitely if it was unclear, Cheryl is definitely a family person. So family definitely comes for you.

Cheryl 49:43

Yep.

CS 49:43

Well, thank you again, Cheryl and I hope you have a great Christmas.

Cheryl 49:47

Thank you. And you too.