

Transcript of Interview with Charles Johnson by David Duncan

Interviewee: Charles Johnson

Interviewer: David Duncan

Date: 05/02/2020

Location (Interviewee):

Location (Interviewer):

Transcriber: This transcript has been provided by Otter.AI with a 2nd pass for accuracy provided by Bryan Paintiff, HST580 intern, at ASU.

Abstract: Charlie Johnson is an RN in Capitola, California and begins the interview talking about his experience working in a hospital during the pandemic and how initially when COVID was only overseas the medical community compared it to the flu initially and that COVID was getting a lot of attention but the flu was not and it was a hard flu season in the US, but as COVID became more prevalent in the US and the CDC passed more information to the hospitals this view changed and COVID was taken much more seriously. Charlie also discusses the nuances of being a RN working in the COVID unit and the constant change that went about day to day. Then Charlie talks about ways the community and the hospital management have worked to support the front line works by providing food, donating needed items, and assisting with locating childcare. Net he discusses how the government pushed the narrative that healthcare workers are heroes and therefore able to be put more at risk (unsafe working condition). Charlie suggests that the country should focus on keeping healthcare workers safe by changing guidelines and having stockpiles of PPE in an effort to be more prepared for these situations in the future and not go back to the way it was. Charlie ends the interview discussing the challenges working in the COVID unit and not just the physical aspects of COVID, but also the mental challenges for patients with the almost total isolation they go through when they are admitted to the hospital.

David Duncan 00:01

recording. Recording. All right, this is David Duncan conducting an oral history interview for the COVID-19 oral history research project. It is May 2 2020. And I'm interviewing Charlie Johnson who is an?

Charlie Johnson 00:19

RN.

David Duncan 00:20

RN in Capitola.

Charlie Johnson 00:22

Yes.

David Duncan 00:23

Okay. Gotcha. All right, Charlie, we'll just get started, would you mind telling me a little bit about your motivations to becoming an RN, and kind of the steps you took to get to that job?

Charlie Johnson 00:34

Sure, my motivations, I think are as cheesy as they sound, I had a my mom's a nurse and of course, she wanted me to do what, you know, she wanted to do so. And of course, I fought that and didn't want to be a nurse because I don't want to do it, my mom wanted to do so I went into public health got my Bachelor's, realized I didn't really like that. And then my mom's very big into doing lists of, you know, what you like, and don't like, and I did that. And everything I ended up liking turned out to be kind of fitting the idea of nurse, you know, helping people not working five days a week, things like that. So I took a chance and did nursing. And, you know, I was a CNA before that, and I really liked it. So I thought nursing was the next step in that area. And it also had a good career progression in terms of nurse practitioner or anything like that. So multiple fields. So went ahead and did that and love it so far, so.

David Duncan 01:38

nice. And this, how long have you been an RN?

Charlie Johnson 01:44

A little over a year now.

David Duncan 01:48

All right. And in the, in the course of your training as a CNA, or an RN, or and your public health education as well. Was there anything close to kind of describing the current situation we're in with COVID-19?

Charlie Johnson 02:05

I remember in public health, because I feel like COVID so far has been a very big public health kind of situation. And when I was becoming a public health, professional, they are always telling us, you know, public health is either they never think they need you until they really need you and it's too late. Or they're, they you're trying to always advocate for more resources and things like that and they'll say, why do we need this? Nothing's happening right now. And you're always trying to convince people like, well, what if it could happen, and that's always kind of a losing or up hill battle of trying to convince people of what ifs. So this has been a big kind of thing where all of a sudden, you know, we're having a lot of problems with PPE right now and everything like that, which has been big public health. And it's been tough, because there's been a lot of people saying, you know, these are steps that we need to do,

especially in the United States, since we have the funding to do it. We just don't necessarily have the people in power, want to put our, you know, funds and allocate it that way. So it's been interesting watching, we've been very reactive in the last few months to COVID. We've been now all of a sudden, we're doing kind of being more proactive and trying to do tests now and everything like that. But it's been getting the things in place to be able to kind of react to the more influx of people we've been seeing things like that. In terms of nursing, it's been good. I think our hospital has been very good and making sure they're keeping us safe, which has been good to hear because we've heard stories of the East Coast where it's maybe not happening as well. So that's good to hear on for us. I know my hospital in general is been good with PPE so far is that's what we've been hearing. We also have been able to, I think, the stay at home, which has been which personally, I was surprised that they mandated that which I think is awesome. Um, that has caused a low census for the last few months with our hospital because I think people are, you know, they're not drinking, driving, they're not, you know, going out and getting in accidents, things like that, because they're staying home we've been seeing low census so that has been doing the purpose of the stay at home to kind of offset the amount of people going the hospital at once. So we haven't been too overloaded yet. We do get COVID patients every day. So you know, we are getting that steady stream, but it has been manageable so far, which has been really good to hear and see. So it's cool to see kind of, you know, the state at place home like those kinds of things are working in our favor. But at the same time you have to like ask yourself like these are things that should have been talked about in advance and, you know, things like that. Because when our government came out and said, Oh, we want everyone to stay in place, it came kind of out of nowhere. I remember I was at work when we got a stay in place order. And we got the Amber Alerts on our phone that was saying, you know, the counties closed down. And everyone's like, what does this mean? No one had really heard of it before there hadn't. I mean, as far as I could have been out of the loop, but there hadn't been really any previous talk to it. It kind of was a sudden decision made. So a lot of people didn't take seriously at first. So I think in terms of we are reacting, we are trying to react, well do it. But we didn't have a lot of plans in the get go.

David Duncan 05:44

For sure. And that's I'm sort of curious to kind of the trajectory of COVID-19. Kind of in your own mind, of kind of what stands out when you think about when you first heard about it, if if you drew any connections with your own work, like thinking that it would affect you at all?

Charlie Johnson 06:02

Right. So definitely, and I don't know if this was kind of our way to try to normalize it for ourselves. But there was a lot of comparisons to the flu, when it first came out. and we're first hearing about it before there's ever any reported cases in the United States. And when it was mainly still in China, and Wuhan, and when it started going to Italy, people kept I think we kept seeing it blown up on the media a lot. And we kept seeing, you know, all the death counts, and all this other things that are good to report about. But I think a lot of people are having negative reactions to at least in my hospital, because they're thinking, Oh, the media is kind of secessionist sensationalizing the news, and they're kind of trying to

take and make it blow it out proportion when, you know, they don't give time of day to the flu, and all the flu cases that we've had this year, we had a really rough flu season. So I thought a lot of people were kind of angry that oh my God, all of a sudden, COVID is getting all this attention. And we were just slammed with the flu, and no one seemed to care about that. Of course, now looking back, it's not fair to compare the two, because COVID is a whole kind of different situation. But in the beginning, it was kind of like that, I think I saw a lot of doctors saying, well, you know, we're constantly comparing it to the flu. And a lot of nurses were saying, like, you know, why are the media making a big fuss about this, when no, we're having, you know, X amount of deaths of more of the flu every year, and blah, blah, blah, so a lot of comparisons and beginning now, you know, no one's saying that anymore. Everyone's taking it very seriously. No more comparisons, but that's how it first started for us. Um, of course, as it became bigger and bigger, and it started to reach the US. And we started, our hospitals started to gear towards more proactive kinds of cause, I know, they, we started going out to do community outreach. So I think that was a really cool thing, where they would go, and we have a large Spanish speaking population. So they would go and I know, the fear was, um, a lot of people might not want to come to the hospital, if they are undocumented, or they didn't feel safe. And the, I think they're at the time, I'm trying to remember everything, it's kind of a blur my memory of for history, but I think there's a lot of the ICE fear that, you know, there will be reported to ICE. So there's a lot of the beginning a lot of community outreach to say, like, please come if you're feeling sick, so you know, don't feel in danger. So that was cool to see for the beginning. Now, with the whole COVID, as of last week, at least for our work, we've been slammed with really, really sick patients that aren't COVID patients, but they're being affected by it, because we're seeing a lot of people not wanting to come to the ER, because they are afraid of getting COVID. And so they will wait until they're very sick. And then they'll come when they literally can't function at home anymore. And that's leading to this last week has been like a lot of code blues. And we're having just, you know, people coming in for things that aren't a big deal, but they've let it go for so long, that all of a sudden it's become a very big deal. So that is kind of how I currently see it going is a lot of people are waiting to kind of get a checkup on their health and they're letting issues that if they were normally on top of it, it wouldn't have been such a big deal or waiting for so long. And we're seeing a lot of sick people now not necessarily due to COVID. But because of the whole situation. They're afraid of that and I can't obviously blame them. Because you see CNN or anything like that all you see is the death toll and how, you know, people are being impacted. So that's definitely our next challenge. I know. Because of where I work, we have a big agricultural population. I heard, I don't know how true this is. But I heard it was one of the biggest in central California. So I know, from what I've been told, in our hospital, we're going to have a big every spring, we get a big mass of migrant workers to come. And to, you know, plant and, you know, pick vegetables, things like that in our farmlands. And it's been estimated that every year we get around 50,000, from the surrounding, Yeah, and because, of course, they're essential workers, and, you know, all these other economic problems, they're, we're preparing right now for a potential mass influx of COVID patients, because obviously, working out in the fields is close contact, working with a lot of different people. So that's our current, from what I understand our current kind of project right now is preparing. I know, we've been having a lot of spin they've made kind of like a team of Spanish speaking nurses that have been doing calls out to try to do

education. So people know, you know, signs look for when the social isolate, things like that. But of course, you know, we can give all the education we want to people, but depending on their, you know, certain economic situations and social situations, they might not be in a situation where they can necessarily follow that, or anything like that. So I don't know how it will go. But as of right now, we have we're having a pretty good handle on the situation. So hopefully, we'll continue to have, like a good handle on it.

David Duncan 12:12

it's good to hear. I mean, someone has it handled. Then kind of back to what you mentioned before, too. I'm curious if you could kind of pinpoint when that change occurred that you're talking about with hospital staff, kind of, I don't know, if you would call it not taking it seriously. But But yeah, when did that change occur, that they really started taking COVID seriously?

Charlie Johnson 12:38

I think, first you would begin to hear about it on the news a lot. And this was before any you know, state in place order was in place before our hospitals even would start sending out the daily emails, we now get about COVID statuses worldwide and within our own hospital. So this is before any, anyone was talking about it, we just see it on the news. I think we were comparing it a lot then. Um, and as we started to get cases, I know I think Washington that nursing home was kind of the first to [inaudible] California to really break out. And we were seeing how one unprepared they kind of had been for it and how fast it spread and everything like that. I think that started changed a lot of people's minds in terms of, of course, because this is all new. There's no necessarily, of course, the corona family of viruses we know about but the specific COVID We don't know a lot about because it's a new disease and the flu we know a lot about so in the beginning, it was easy to say like, oh, the flu is this deadly look at all this stuff. And you know about but the thing I think that we have to keep in mind too is we're learning things every day about this COVID-19 that we are currently finding out every day. So I think as more information about that has come out. And we're finding out about how the infectious rate of it is a lot different from the flu in terms it's been more infectious. It's obviously become a different beast of its own. And by the time I think the stay in place order came out, people in our hospital, the general consensus had changed to oh, this is kind of a serious thing. I remember I was on the unit that day when they decided to make it a COVID unit. So they were they had wanted us to discharge every patient to or transfer to a different floor. And that was the first day that our managers kind of came to us and said like hey, this is going to be a COVID unit from here on out. And this is our current way we're going to deal with it you know they want to nurses For every patient or one nurse for every three patients, and this was in the beginning, and then they had buddy systems, of course, every day, it seems we're getting new information from CDC and everything else. So it's changed quite a bit. But I remember that was back in March, early March, I think. And that was like, also another time of like, you know, this is very, this is a lot more serious than what, you know, the average take on say, the flu would be. So I'd say early March is kind of when we saw the shift , change, so.

David Duncan 15:42

yeah, and I'm, I'm curious too. You know, having worked in hospital before that, you know, every hospital kind of has its own like vibe, like culture to it, especially when you're spending so much time around the same people on a regular basis. I'm curious if you've noticed, noticed any changes in that regard?

Charlie Johnson 16:02

Yeah, definitely. Definitely. I know because, for example, they didn't really, as far as I was aware, they didn't notify anyone that they're like, Hey, we're changing this unit to the COVID unit. So all those nurses are all of a sudden, like, oh, you know, we're COVID nurses now, you know, there weren't any, and they didn't really tell us beforehand, it was literally mid shift, hey, we're going to start transferring these patients out, because this is now the COVID unit. So I think, at that time, there was a lot of fear, because that was, again, around the time, people were transitioning from, hey, this isn't like the average flu, this is, you know, some kind of beast. So it was also at a different time where there wasn't a lot known. I think, Italy was being really affected by then. So, you know, we're getting a lot of information of how scary it was, without a lot of information of how you know, there wasn't any cure yet, or any kind of, we were still figuring out how it was transmitted, how long can stay in the air for how long it could stay on materials for, things like that. So there's a lot of fear. And I personally know a few nurses that asked for transfers to different units, because, you know, they had families that they didn't want in which I'm not blaming them at all, they had you know families, they're like, I don't want to bring someone my kids things like that. So. And I think that it was smart for them to do, if that's what they wanted to do. But, um, since then, I think it's been a general, I feel like always kind of on our toes of acutely knowing like, well, will there be enough PPE for personal protective equipment? Or if I continue to go and work on the COVID floor, will I what if I get COVID? Will, you know, will they pay me not to come to work for two weeks? Or, you know, do I have to do, so there's all these questions that had never been asked before, that all of a sudden, we have to worry about. There was there's been a few cases where we get a patient who all of a sudden doesn't want to be there anymore. And it's not we can't hold them against their will, obviously. So what do we do? And like, how do we get them from our unit out of the hospital? Because obviously, you have to go through the walk or hallways things like that. Um, there's also been questions about, you know, what, if people pass away? While there, how do we get the morgue to technically get the body? Because in the beginning, no one wants, you know, to go through with that, because there wasn't any information really about, you know, how long can or you know, how long do we are allowed to keep them before you know, people come. So there's a lot of, again, reacting to it, there wasn't anything, which isn't necessarily anyone's fault, because at the same time, we were learning every every day about more about the COVID. But there also wasn't from my, to my understanding anything in place at the time. Um, so I think that all this kind of changing things daily, where in the beginning, everyone had an n95 Mask, and we were gowning down too. Now it's, we need to save our n95 so we can clean them. And if they don't have COVID positive, and maybe they're just a ruleout, you don't have to wear the same amount of PPE as you would for a positive patient. And obviously, a lot of people are, you know, saying that doesn't quite make sense to us and things like that.

So I think those kinds of policies In the rules constantly being changed, have caused kind of a lot of anxiety among the unit. Which is hard, you know, that blame doesn't fall on any one person. I know our hospitals just trying to do what they're receiving from the CDC. And you know, they're trying to follow the best guidelines while keeping everyone safe. But it's definitely been a everyday kind of situation, where every day we're trying to work through either a new problem or something comes up where even simple things like we had a clogged toilet. And every other day or any other unit, you just call our environmental services where they come in, they can unclog the toilet, and all of a sudden, when it happens in a COVID room where you have you know, a HEPA filter going in, you have a separate room, your gown down and just to go in, you have people watching you to make help you put on everything, it becomes an issue of, you know, can they go, can they go in, are we supposed to go in and they tell us what to do while we're doing it. If it obviously, it's not as simple as just putting a plunger in the toilet, it was like a pipe was actually busted down there. So there's like a lot of different situations arise, and then your contacting, you know, usually we just put in the request of like, oh, we have a situation, the bathroom, they come up and fix it all of a sudden, it's like, we don't know if we can come up because we don't know, we don't have clearance to go in those kinds of so it's a lot of different, well obviously hospital works by all these departments working together and all of a sudden you take away these departments access, and all questions arise, is it safe to go in or you know environmental services or like, you know, we don't necessarily want to go and things like that, which I can't blame them for. So a lot of questions arise. And every time these questions arrive, I think it just adds a little anxiety to it. So that's I definitely seen a shift like that. However, now that we're in the end of May now. So we've been a COVID unit for two months or two months. I think a lot of kinks are worked out and it's pretty well flowing. In terms of that. But definitely for the last two months, it has been a lot of questions arising and then kind of putting out fires as they go.

David Duncan 22:23

I mean, besides, besides that adding I mean, I imagine that's making your job even more exhausting having to navigate these kinds of different kind of situations and then what what would you say like the morale of, of the unit or the hospital is? How has that changed throughout this whole experience too?

Charlie Johnson 22:42

I have to say it's been pretty good, actually, it's been impressive. We have a lot of support from the community. Like a lot, you know, we get people have been delivering flowers to the units, they've been buying people lunches, like, we've had local businesses catering, which has been awesome to see, I know, our hospital does do a good job with sending out daily emails of like, you know, this is how many patients we currently have and this is what we have in the county and this is what we have and this is how we're kind of looking for like PPE wise. So I think they're trying a lot to be very open with the staff. They made a, like a meditation style room, from what I've heard. So you know, staff members can go in and it's supposed to be more relaxing and calming. They had I know another challenge has been a lot of my co workers have families. And they have kids who are in school and all the schools are now online. So all of a sudden, if you know you're a single mom or dad who's has two kids, or you know, and you

can't you can't stay at home with them if you have to come to work. So there's been I think there's been a few community or places opening up for free childcare, our work has a phone number, you can call that so you can say you know, like, oh, I need childcare, and they will work with you to find childcare, things like that. So in terms of being having like resources open, I don't think our I feel very much that our hospital hasn't, you know, abandoned us in any kind of term. They've stepped up and tried to help kind of navigate the situation. So I feel like that's been good. And of course, we're getting a lot of from what I can tell we're getting a lot of love from the community in terms of thank yous and everything like that, which is always nice to hear. So I would I want to say that it's been a positive response from both kind of our hospital management side of letting you know, letting them know they're not just abandoning us or anything like that, but them stepping up to help out as well as the community, letting them letting us know that they're thankful for everything, so.

David Duncan 25:07

for sure, for sure. Yeah, I'm really curious too, what you brought up about people that don't have COVID related symptoms or illnesses that are waiting to go to the hospital. And I think I think this is an issue with what's going on that we probably won't. Won't, it won't be talked about, I think, until this has been over for a while, and we can really see what happened. And it's, you know, I feel like the script has been flipped, because a lot of the times it's people, it used to be people going to the hospital, for reasons they didn't need to be there for and now now it's the opposite. And I'm curious, you know, what your just your take on, you know, lasting damage with that, or, or how that can be mitigated, I mean...

Charlie Johnson 25:53

right. So definitely, obviously, the idea of the hospital is to be that like center of attention to where if you don't feel good you go to, and the idea, especially with public health, the whole idea was to teach people to listen to their bodies. And you, if you know, you, if you feel off or anything like that, don't ignore it, and let it get worse, always, you know, call your doctor and get it checked out, you know, take preventive medication steps is all about prevention. And so, and obviously, our hospitals more for the reactive side, where you're already sick, and you come to us, and we try to, you know, go there. So I definitely think that, with this whole COVID thing happening, it has been difficult to maintain that kind of relationship with the communities to say, come to us when you're not feeling good, because one, it's kind of scary that I know, our ER, we have like tents outside. And, and that's to separate, you know, we have nurses outside that will meet you before you walk into the ER, and you'll say, this is why I'm coming. And if you you know, say oh, I have a fever, I have a cough or anything you will be sent to the tents outside where you're isolated, and then you can be we have rapid testing that they can do things like that now. And of course, if you're having complete opposite symptoms, you can go in the ER, but even that is kind of intimidating. So I can see why somebody wouldn't, especially because we have a lot of security guards in those areas for you know other potential problems for and for other people safety. So it is intimidating. So I can see why someone driving by would say, Oh, I'm not sick enough to go there or something like that. Um, hopefully, once this It's going to be hard, because you can't say once this ends, because obviously you can't just get rid of a disease. So I think the goal would be once we get

to back to what we call, you know, a semi normal way of society again, and where everything's open, we will be able to kind of reestablish as a place to go to if you're feeling sick or not. But in the meantime, I think it's important to have people or more, I guess, public awareness to continue to go to the hospital, if you aren't, you know, we're not I know, every every hospital is not just mixing you in with, you know, COVID patients. They're doing their best to separate the two. So you are going in and you're not exposing yourself, potentially to COVID and you're we're being as safe as possible to keep you with your kind of situation. But it's definitely hard because again, every time you I feel like kind of turn on the news or anything like that it's constant news about how bad the COVID is, which reinforces the idea of you don't want it which of course makes sense, which then makes you think, well, I don't want to go hospital where all these people are working to get it if you don't think you necessarily need to go. I hope though that you know people realize that it is a lot safer to the hospital, if you're not feeling good than to, you know, risk it on your own and just hope the problem goes away. So, I hope that in the coming months that as we continue to get a better hold on the disease and if you know if a vaccine is ever created for the disease, things like that, we will be able to have people feel safe again come for any problem they want because you know we'd rather be overloaded with patients and have to deal with that problem then be under loaded with patients because they're afraid to come and then have to deal with extremely sick patients that would have been a much more treatable problem if they had just come in originally.

David Duncan 30:02

Yeah, that I mean, that is interesting. I'm sure I'm sure that's changed, you know outlooks on, especially for ERs when you're, you're getting cer certain calls coming in with with, you know, a chief complaint, like shortness of breath or whatever. Yeah. You know, it's way worse than you think it is more often than not, would be would be definitely change, change of pace, is what you're saying. And also to its, you know, there's a lot of there's a lot of politicization around medicine and, and just, you know, being a nurse and being involved in it, and how have you navigated that? I mean, do you feel like an added an added focus on your profession? Are you being a source of information for people?

Charlie Johnson 30:52

Yeah, it's definitely been interesting, you know, getting calls from family members and everything like that. Asking about, you know, how's it going or even, like, suggestions of what to do. It's weird for me personally, to feel as a body of knowledge, just because when I'm still relatively anew nurse, though, it's only been about a year. So I still have trouble grasping with idea that I actually know what I'm doing. So it will, it's weird for me to have all sudden, a more kind of influx of calls to see of, you know, people asking questions, but I know also, not necessarily at our hospital, but it seems to be kind of in the community of healthcare, that I've been seeing a as our I feel like society, or as our government is really kind of putting the idea that, oh, healthcare, healthcare workers are the heroes of the situation, things like that. I've seen a lot of articles about kind of the idea of saying that, oh, your're calling health care workers heroes, meaning that it's okay for them to work in maybe unsafe working conditions. For example, this has been mainly around New York and things like that, where you're hearing stories of

people reusing n95s, for two weeks, they're having, you know, brown paper bags, that they're sticking masks in things like that, where normally, that wouldn't be an acceptable situation. However, all of a sudden, because of this mass shortage, people are bending the rules, because you know, they don't, it's either, you know, they can't just create more PPE out of nowhere, they have to, you know, adjust as they see accordingly. But at the same time, we're using things that weren't necessarily made to be reused more than once, is putting a lot of people at risk. And while I personally don't feel that at our hospital, I have heard complaints about that, and how the word you know, oh healthcare heroes and things like that is trying to make it more generally acceptable, that, oh, they're heroes, they're okay to, you know, kind of sacrifice their well being to help others because they're heroes. And a lot of people aren't liking that kind of comparison. Because obviously, you know, everywhere, everyone in the health care profession, as far as I know, gets in because they want to help people. But they also want to help people while they're working on their safe, you know, working conditions. And, you know, so it's been interesting hearing that. And I think our hospital has heard that as well. That's why they're being very good about telling us with their daily emails like, oh, we have enough PPE, so we don't have to do what's going on in these other places. But that's definitely been something interesting I've seen about the kind of current outbreak that we're having. But yeah, other than that is so nice to get a whole bunch of free food. That's for sure.

David Duncan 34:19

You know, I was gonna kind of ask you about that too, in that, I mean, it's hard to describe that. There's like there's like Nurses Week?

Charlie Johnson 34:30

Right.

David Duncan 34:31

Well, Nurses Week, right?

Charlie Johnson 34:32

Yeah, absolutely.

David Duncan 34:33

So because I I'm thinking back to like EMS Week and stuff. When you know you get you're getting, you're getting special attention in a positive way and when that eventually goes back to normal levels, you think it will, that will kind of change the relationship between the public and healthcare professionals? Does this seem like a temporary kind of like, Hey, we're just being nice kind of thing?

Charlie Johnson 35:02

Yeah, well, I think a lot of people or a lot of people in the health care profession are afraid that once it goes back, that everyone will just kind of not learn from the situation. And we'll go back into being kind

of in a reactive state, oh we'll just wait for the next, you know, outbreak to happen or anything like that. And we'll just kind of do this all over again, where we just kind of stumbled our way through the beginning. And hopefully everything works out. So I think that the biggest fear is that we don't take any, or we don't learn anything from this, and take any more proactive steps in terms of you know having more guidelines in place for what to do for, you know, when outbreaks occur, obviously, it's hard to make general guidelines for specific diseases, but I don't think there will be any problem in terms of nurses at least, feeling that they're not getting a special attention anymore. So I think people are more than happy for it to go back to the way it was, you know, last year, than the way it currently is. But yeah, I really hope that we do kind of learn from the way that what position we were in, in terms of the health care point that we don't, you know, just go back to the way it was, but that we put more emphasis on let's keep healthcare workers safe by making sure we have extra, you know, supplies and guidelines, things like that. So I hope if we learn anything from the situation it will be to be more prepared and to put more funding into healthcare but.

David Duncan 36:44

Do you think to that, having some background in public health having some background as a CNA, I think everyone that wants to work in medicine should be a CNA first

Charlie Johnson 36:55

Right, yeah.

David Duncan 36:56

Just, I mean, you that's kind of helped, you know, put things in perspective a little bit more for you and?

Charlie Johnson 37:03

yeah, I definitely think, well, I mean, obviously, I will be always of the aspect that more education is better. And more experiences, too, will always kind of, you know, open your eyes to different ways that things are done things like that. So I feel like that has helped me. I feel that in nursing school, there wasn't a lot of emphasis on kind of being proactive in terms of getting information out there. I think that has changed a lot in the recent years. And I know now, like, at my current job, we do have a lot of education in it. So when we get a lot of preventable diseases or not preventable, but manageable diseases like diabetes type two or you know, hypertension, CHF, things like that. We have books that we can sit down with our patients, we go over, and we have entire diet plans that we can give to them. So we do a lot of education. So they don't have to come back. You know. But that wasn't I feel like as touched on when in nursing school, that was more of a public health degree that I learned that through and that I see that, you know, theoretically, it would be awesome if we didn't need any kind of health care facilities like that, because everyone would be healthy on their own. And that was kind of the more idea behind Public Health from when I saw. So I feel like that kind of preventative stance I have carried with me personally, into the hospital of always trying to look at also I feel like public health has taught me to look at other factors besides just medical. So you know, social economic standing, where they're living

at the time, are they with family? Are they alone, depression, things like that, it takes a more kind of broader view than just focusing on the medical aspects. And while I think the hospital is currently catching up to that, public health was where I learned a lot of that. And I know there is a saying, I don't actually remember the exact saying, but something like, you know, education, where they will figure out kind of the correct way to do things 10 years before it's actually implemented in the hospitals, because there's so much kind of bureaucracy to go through to get that changes in. So, you know, there's a lot of things that we know now that we are teaching us also in schools that like, oh, this is the correct way to do things that aren't yet implemented, just because there's such kind of a big time gap between what we know in schools and what are being implemented so that it's interesting to see that at least, that you're learning one thing in school and you go to the hospital or you go out and wherever you're going to work and you don't see that being implemented. Just because there's not that kind of information that side of the world yet for the healthcare world at least Um, and of course, as you said, I think everyone should be a CNA because that, you know, you kind of get to do everything as a CNA, and then as you kind of move up the ladder in terms of the healthcare, profession wise that you get to always remember, kind of where that patient care at least always starts with actually caring for the patient, not just looking at documents or medical records and things like that labs.

David Duncan 40:30

Exactly, yeah, exactly. For sure. Yeah. I'm sure the, I'm sure the CNAs at your hospital appreciate, appreciate that, you know, you know, their worlds like,

Charlie Johnson 40:38

yeah, I definitely think too, it's been a nice eye opener, because for our COVID unit, they only allow nurses and a single doctor taking care of all the COVID patients right now. So we have sent away, you know, all of the CNAs, things like that. So we're doing total care on our patients. So it's been a cool. One, it's been kind of cool, because we get because we are limited with the amount of patients that we're allowed to get. Right now we're taking two patients per nurse that it does allow us to take that time to get to know the patient better. And there's just things you learned about someone you know, when you're giving them, you know, when you're cleaning them or giving them a bath or something like that, that you just wouldn't learn otherwise. So it has been kind of a nice, you know, reminder of the importance of everything.

David Duncan 41:34

Sure. Has it been difficult managing, I assume you're like the point of contact between patient family, family and patient?

Charlie Johnson 41:42

Yeah, so that's definitely been, you know, an interesting part is we don't allow any visitors anymore in the hospital at all. So it doesn't matter what unit you're on, the only time we're going to allow visitors I think is if your family member is actively dying, or if you are giving birth, those are the two exceptions.

Other than that we aren't allowing, so it has been difficult because one once you know someone finds out that their loved ones on a COVID floor, they want to know everything going on. And of course, many people have many loved ones. So you're getting calls all the time from no multiple people, a lot of it's repeating the same information. So I know that we've been having to try to, you know, designate one family member to be the point of contact between the nurse and the doctor and their family. We're just implementing a like FaceTime service now, which is we have like, iPads set up. So you know, loved ones can see their patient things like that, or see their family member. So that has been good. But it's definitely been a little bit hectic between everything going on with, you know, dealing with the patient in the medical side, as well as continuously fielding calls from you know loved ones trying to make sure and of course, you understand their situation would be hard to hear, you know, someone has COVID, and then you can't go see them. So it's definitely been hard, it's definitely, I think the person who gets the hardest is the patient themselves, because they're in total isolation. You know, and the only time they get to see us is when we are completely head to toe gowned down. And that is hard. Luckily, we're in a situation where we have like glass walls in the very front, so they can see us at all times. But they don't get to get up and they don't get to walk around the unit or you know, if they have to do anything they call us so we can go in and help them because if they were to get up and trip, then you know, we have to gown down and go in there. So it's always better to be in there beforehand. All of their, you know, food is brought into them on you know, disposable plates, things like that, because we can't keep anything. So I think it takes a very heavy mental toll, just to see that, you know, they're completely isolated. We do have a social service a clinical manager that goes in and they're able to provide, you know, more emotional support to them, which has been really great. But it's hard because we had a patient who you know, forgot his iPhone charger, and the iPhone, his iPhone was dead. And usually we have individual cables that we give out. But because at the time this was the first time it happened, they weren't willing to give out you know, the iPhone cable to him to charge the iPhone. So it was like this whole thing where all of a sudden now his only point of contact with the outside world is cut off and like how do we deal with that? So, you know, obviously we're likely to figure out the situation quickly but it was that kind of all of a sudden, his one point of contact is kind of cut off. And he really is kind of in that social isolation of he just can't really see anyone and, you know, we do our best we, we always have phones at bedside and we let him know that, for whatever reason, if they just want to talk and hang out to call us, and we'll, you know, talk to him, but I think as much as it's been dealing with the physical symptoms, or COVID, it's also been dealing with the mental symptoms of you know social isolation and being in total isolation in there.

David Duncan 45:32

For sure, for sure. Um, so someone that I was asked at the end of an interview, yeah, um, is there anything that you feel like that I should have asked you?

Charlie Johnson 45:49

Um, no, I think you did a pretty seem to ask all the right questions. I also have never conducted an interview before so I don't actually know what to ask so

David Duncan 46:00

now that's fine. That's fine. Your natural. Yeah, great. Well, I appreciate it. And yeah, I'll stop the recording.

Charlie Johnson 46:08

I was hope I was able to give you something.

David Duncan 46:10

You were you were