

Transcript of Interview with Toni Downs by Alisha Downs

Interviewee: Toni Downs

Interviewer: Alisha Downs

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Location (Interviewee): Augusta, KS

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Transcriber: This transcript has been provided by Alisha Downs.

Abstract: Toni Downs is in a director at a Hospital in Manhattan, Kansas. In this interview, she is asked about how the COVID-19 pandemic has affected her life. She talks about how the pandemic has caused changes in the hospital setting, causing even more precautionary rules to take hold. Toni talks about why she believes many of the restrictions put into place in the hospital due to COVID-19 will probably never be lifted, such as visitation. Toni also talks about some unintended consequences of the pandemic, such as people not coming into the emergency room for fear of COVID-19, or getting regular check-ups such mammograms. At the end of the interview Toni talks about the similarities and differences between the AIDS epidemic (note: interviewer, Alisha Downs, says pandemic instead of epidemic) and the COVID-19 pandemic.

AD: [light music in the background] Hello, I am here with Toni Downs. Is it OK if I record our interview this morning?

TD: Sure.

AD: Alright we're going to start with just some generalized questions. Where do you work and what do you do there?

TD: I work at Ascension Via Christi in Manhattan, Kansas, and I'm the director of perioperative services, which is all the operating room, the recovery room, sterile processing, Cath lab and so forth. Several departments.

AD: Okay, did you stop working at any point because of the pandemic?

TD: No. We, we needed all hands on deck at the hospital. So all of us continued to work unless they were in, in quarantine for some reason.

AD: Alright, how has yourself care changed if any during the pandemic?

TD: Well, I think it's just being a nurse, we are very accustomed to washing our hands frequently and those kind of things, but with the pandemic we did it even more so, like, when you're in the hospital setting with so many sick people, regardless of what their illnesses are, everyone was treating each patient as being a possible COVID patient and we were treating each other as possibly having COVID because there is so many asymptomatic people. So, we wore a lot of PPE, [personal protective equipment] we had masks on at all times. We stayed, as much as we could we tried to stay 6 feet apart, of course taking care of patients she can't, so you have to

gown up and have gloves on and an appropriate mask. So we, we were very much so even more so conscious of trying to keep them from spreading germs from people to people.

AD: That sounds like it. Have there been any changes to your health this past year mentally or physically?

TD: Both. Mentally, this is just been a really hard year, especially since I have grandchildren that I was worried about. One of which is just started middle school, so it was, that was a change for her anyway. And then with all the COVID going on they did a lot of home schooling and then they went back to school, and then back home schooling, so it was really difficult for her to keep up and she was just trying to adjust to a new school anyway, so it made it even doubly difficult. And then I have a grandson that has a handicap so it's very important for him to develop social skills with other children and people in general, and he was isolated for quite a while during the pandemic. So, I think that kept him from continuing to learn social skills. And so that was just really heavy mentally for me, and physically I did get COVID, so my husband and I both had it and that was very difficult we were sick for about 3 weeks. I got over it before my husband did he ended up with pneumonia with it so we had physical illnesses during this pandemic as well as just difficult mentally as well.

AD: Do you still notice any side effects from COVID?

TD: I think I do. I don't think I've totally recovered from it, I do feel like I am still, still get short of breath when I am doing things more than I did before and there are days when I just kind of have a cloudy mind [background noise] and so I do think I still have some after effects from COVID.

AD: That can't be easy. Was it difficult to get a COVID test?

TD: Not for me because I work at the hospital. So as soon as I started showing symptoms, we have an app that we have to go through every day before we go to work that asks you if you have any symptoms or if you've been exposed, and so, they pick it up immediately at the hospital and, and the day that I started having symptoms I filled out the app and, and they called me immediately and I was tested that late morning and I had the test results back the very next day. So I was lucky with that because I have the hospital setting that where you do have the advantage of getting COVID tested.

AD: That's good. Since you work at a hospital have you noticed any trends this past year that are new due to COVID, not necessarily just COVID related, at the hospital?

TD: Well, I think things are never gonna exactly be back to normal, especially in the hospital setting. I think we're, will probably always wear masks. I, I think with the immunizations going on now that that will lighten up a little bit but not until the community, each community has at least probably 80% of the community vaccinated, which I think is going to take some time. I think there's people that just will not get vaccinated and so it's never going to be 100%, but I do think there are lasting effects by it. I, I don't know that visitation is ever going to be the same. We used to allow people that were in the hospital they could have as many visitors as they

wanted, like in the OB [obstetrics] units you know grandparents came in and brothers and sisters and things to see the new babies. And I just don't think we're gonna ever have that really open again. I think we're always going to limit visitors now just to keep the chances of COVID or any, any illnesses being spread. I don't think that that's going to change. I think that we'll continue to limit visitors to maybe, one or two and specific visiting hours, and I think OB is going to continue to limit it to just the one partner that's allowed in, and I, I just think just for the safety of all of our patients and, and employees the visitation policy's will probably never be the same.

AD: Wow. Do you have any information or knowledge on people not going to the hospital for fear of catching COVID?

TD: Absolutely, our numbers in the emergency room have dropped significantly. There for a while, I mean pre-COVID, we were seeing about 100 people a day coming through our ER, then throughout the COVID there were days we had 20 people, maybe 30 would be a good day, and even now it's only in the 40s, so I do not think people are going to the hospital unless they absolutely have to. And in some respects that's probably good, because a lot of the patients that were coming in through the ED [emergency department] were not true emergencies they were more you know symptoms, people just having symptoms of something: a toothache, or you know ear aches, or cough or whatever, and they really should have been going to see in their family physicians or going to a minor emergency rooms, and so they were wasting resources by going to the hospital. So I think a lot of that will probably continue, but we've definitely seen people like especially people coming in for mammograms and just testing pre testing for precancerous things, we're just not seeing much of that. It's starting to bounce back a little bit but we lost a lot of those people through, through the pandemic and in some respects that's probably bad because I think people are holding off when they do have symptoms and things aren't being caught as early as they should, and then they're pretty bad by the time they do get caught and maybe their prognosis' will be more extreme.

AD: Alright, and then we're coming to the end of my questions. I want to touch on comparing it to the AIDS pandemic. Since you were a nurse during the AIDS pandemic started, are there any similarities that you see in this pandemic versus the start of the aids pandemic?

TD: Yeah, there was definitely a fear when AIDS came out just because we didn't really have any way to get over AIDS. Once you got aids it was your death sentence. So there was a real fear there, especially with me working in the operating room, we're around sharp objects all the time, we're taking care of patients on the operating table, so you could at any time get your, have a self-injury from a needle stick or a knife cut. It just that was a very, very scary time because we didn't know about really even hepatitis and things like that back then. It all kind of came to light about the same time, and me working in the operating room, we would touch bloody objects and things like that with just our hands. We didn't wear gloves as a circulating nurse, you'd go around and pick up the bloody sponges out of the kick buckets when you'd be doing your, your counts and we wouldn't even be wearing gloves because there, we didn't know of any harmful effects of blood, blood borne pathogens. And it was really scary because we didn't necessarily know who could possibly have hepatitis or AIDS. They weren't testing for it then. The only time they test for it is if you injured yourself, like if you got a needle stick, then they would test the patient. And there really weren't any cures or anything at the time so that was very fearful time

just like COVID is a very fearful time. But at least with COVID most people get over it unless you have some, some reason to not and if you if you got some, some (pre-existing conditions) bad lung disease and things like that that maybe you won't recover from COVID. But for the most part like 90% of people recover from COVID. Where as back in the AIDS, when AIDS presented itself it was a death sentence. So there are a lot of similarities and a lot of differences.

AD: Alright, well that was my last question. I really appreciate you answering my questions today is there anything else that you may want to add?

TD: No, I don't think so. I just do feel like we are taking a turn for the better and things are starting to improve and if people make smart choices and continue to do good hand washing and continue to not be in large groups, I think we'll continue to keep the COVID rates down and the flu rates and everything else if people just make smart choices.

AD: So, there are some good consequences of, of the, the pandemic.

TD: Yes, some good changes.

AD: Alright, well I hope you have a good day, and thank you very much.

TD: Mhmm.