

Megan Owens: So I believe we're now recording. Does that look good for everybody? Perfect. Alright. So it is currently April 15th, 2020, 03:02 PM Eastern time. My name is Megan Owens and I'm a Public History and Library Science student at IUPUI. Helen, do you wanna introduce yourself quickly?

Helen Jesse: Yeah, my name is Helen Jesse, I'm a Public History student at IUPUI as well.

Megan Owens: Alright. And we are conducting an interview with Christine De Ocampo for the COVID-19 oral history project, which is a rapid response collecting project with the aim of archiving the lived experience of COVID-19. So Christine, would you mind telling us what time it is where you are, and then just giving us a little bit of information about yourself?

Christine De Ocampo: Ok. It's currently 02:00 PM here in Austin, Texas on April 15th. A little bit about myself; I graduated from college in 2017 from Texas Women's and then moved on here to Austin to become a nurse and work on a med surge floor, it's about a 40 bed unit and we take care of people going into surgery, out of surgery, but then also lots of dementia patients, but then also infectious disease.

Megan Owens: Alright. And what are some of the primary things that you do on a day-to-day basis?

Christine De Ocampo: On a day-to-day basis, at my job?

Megan Owens: Mm hmm. And in- and in regular life.

Christine De Ocampo: Ok, well, I only work part-time as a nurse and on the days that I do work, I work night shift, so I'll kind of stay up the night before and then I'll sleep until 3pm and then I'll wake up for work. But with the new COVID-19 crisis, like it's, it's, it's gotten to the point where, you know, you get scared going into work. Our acuity, meaning like the, the type of patients that we see are pretty high usually. And they're trying to keep the COVID-19 patients down in the intermediary like ICU for the most part, but they do end up- there are some that do end up on our floor. And then one, on my days off, I'm taking care of my new foster cat. And I watch lot of anime. But yeah.

Megan Owens: So you do work with some COVID-19 patients now?

Christine De Ocampo: I do. But it's not on a very regular basis. There- there's not that many- there's not as many cases in Travis County, but I would say it's still nerve-wracking when you get one, because they're still putting into order like saving masks. And that's never been something that we've, we've done. We've always been told like, every single time you go into the room, use a different mask. And it's kind of jarring that we have to utilize our protective equipment in a different way now.

Megan Owens: When you first learned about COVID-19, what were your thoughts on it?

Christine De Ocampo: I actually remember texting my mom who's also a nurse, that it's okay, it's fine. They say it's like the flu. And if I get it, I'm young. And I'll be okay if I get it. But as the cases started to rise, it started to get scary and people who were younger than me, my age, started dying. And my fiancé and I both work in the healthcare industry because he is finishing up pharmacy school. So that involves time in public pharmacies like Walgreens, and he gives counseling to people in the public. So both don't have really the opportunity to stay at home for prolonged, prolonged periods of time. So yeah, now, at this point it's scary, but at first I was kind of undermining what it could do.

Megan Owens: And have your thoughts changed any further since then? I know you've just mentioned a little bit with how your perspective has shifted, but with new information coming out, does that change anything for you?

Christine De Ocampo: Well, it makes me more scared. I actually, I thought, you know, oh, this will blow over in about two months. I gave it two months, three months, but it's been since December. It's just slowly crept on us. And, at first the quarantine and it's like that's great, we get to stay in all the time. I'm naturally an introvert, so it's fun for me to stay in this much. But as the days wore on, you're like, all right, the same routine gets kind of old and I'm starting to feel as if like where's the end to this? We're still trying to find the peak. And I'm trying to see like, when am I going to see my parents, cause I- they all have preexisting conditions back at my house in Dallas. And the closest I got was waving to my mom through the storm door. And now I'm thinking like, am I going to be able to see them in the next two months, next three months? And it's a little disheartening.

Megan Owens: Yeah, absolutely. What issues have concerned you the most about the COVID-19 pandemic?

Christine De Ocampo: You know, like nurses are fine being put into a situation, but we just want to be protected while we're doing it. And there's so many regulations put on nurses during like non-pandemic times, like, oh, wash your hands. Like we have the Joint Commission coming to hospitals, making sure that that nurses are scrubbing in and out of patient rooms, making sure there's no drinks at stations. And now like quite the opposite. Like we're asking to be protected and we're asking to have like we're just- we're just wanting someone to like, respect what we're doing. But in the meantime, we just, we can't get that help. And we're trying to find someone to, you know, to ask. But we, like people even in the federal government are not taking the blame for it. And now when they try to withhold federal funding from the World Health Organization. So it's like, we'll look- like where does the buck stop at this point? And we're trying to find resources.

Megan Owens: Yeah. Continuing with that, do you have any thoughts on like how people have reacted to the fact that health care workers are essentially on the front lines here?

Christine De Ocampo: It's been encouraging for sure. People- we did take advantage of the every Monday, Krispy Kreme gives a free dozen to each health worker. That was really nice. And she asked, do you want one box or two? And I was like, it's fine, I just need one. I don't, I mean, I don't even need the one, but this is really nice, it's nice to be recognized for sure. But I wish they were given more credit on days that weren't a pandemic. So overall, during the pandemic scene I, I've been really encouraged by how people have stepped up.

Megan Owens: And do you have any suggestions for the kinds of things you'd like to see to make sure that health care workers and nurses are being protected?

Christine De Ocampo: First and foremost, like on the job, of course, more protective equipment. And then outside of the job, I still go out on occasion, just to get out of the house, take a walk cuz it's allowed, and I wear a mask, of course. But then I don't see people wearing masks. And I feel like that's almost like a denial of the situation and denial of the deaths. And I can't be in denial of that. I've seen people die, like in the hospital, and you go home with so much, so much grief, like you just lost someone that you were talking to ten minutes ago. So going forward, I would just want more people to take it seriously because people are dying from it. And an alarming rate, like people's grandmothers, people's kids have died from this, and grandpas. Like yeah. So in the public, more protective equipment if you can, stay at home if you can. And then in the hospital, I just want to see nurses protected. And I mean, you've seen it in Italy, like, even with protection there, they're still getting hit. Like health care workers who have spent years upon years studying to save people are dying from a virus that could be prevented.

Megan Owens: So then in then you've already touched on this a little bit, but in what ways has COVID-19 affected your job specifically?

Christine De Ocampo: My job specifically? We usually see a lot of surgery cases on the floor, we're a highly elective surgery like spinal hospital and those are completely gone because we need to make sure if there is a surge of patients that we have the room for them, but then also we're not getting those people sick. So it's those type of different considerations nowadays that we're taking to make sure that people are staying safe. Otherwise, there's just like a- nurses are already like naturally trained to be- how do you say this nicely? I guess sarcastic, and we just kind of let- let the things that happened at work roll off your shoulder as much as possible with humor. And I've seen that continue, like you gotta joke about it, in a way it's like, haha, that thing is getting [unintelligible] like real soggy, but it's all right. It's just- it's like the fifth time. And I'm talking about face masks in general. But yeah, I've seen the humor stay, but you can feel the tension in the way that the nurses go about their day. It's like, well, what are we going to see today? Am I going to get sick from this? Am I going to bring it back to my family? So it's such a weird, like it's so hard to compartmentalize what's happening at work versus what's happening at home. Because usually you can, and usually you have the equipment to do it. And now we're facing the truth that it might not be possible to protect us in the best way possible anymore.

Megan Owens: So you have noticed then like an increase in stress or tension amongst like your coworkers or the general healthcare field?

Christine De Ocampo: I would say so. And you can even see it on social media. I follow a good amount of patients. Not patients, I follow a lot of nurses on like Instagram. And the meme pages just joking about what nurses have to go through before this and what nurses are going through now. And everyone is just mad, everyone's disappointed in like what we're having to go through. Yeah, I mean, one of our- I don't- I actually haven't asked too far into this, but one of our managers up and left, like we during such a time at this point, I didn't- and I don't know the reason behind it, but I'm sure it had something to do with like, with the stress of it all, because whenever like a manager is trying to vouch for their floor nurses, they can only go so far because they don't own the hospital. They don't own the hospital system, even. I'm sure that would be very stressful at this point, to feel helpless. I feel like that's just the general consensus. Helplessness more so than tension in the nurses.

Megan Owens: Okay. And then what kind of concerns do you have about the effects of COVID-19 on your employment as well as like the economy more broadly?

Christine De Ocampo: It's quite scary. At first, like when I said I- I thought this would be at least peaking, you know, month and a half in, 2 months in, and we're still not there. And it's strange to think of all the people that are employed by restaurants, just service workers in general. People who are like, quote, unquote nonessential are just having to file for unemployment at this point. And that scares me. For my personal employment, it's still hard because of the elective surgeries are still part of the patient load that we take on. And we're only taking maybe like five nurses at a time. And usually we have like eight on the floor. So the amount of nurses that are needed on the floor are decreasing because of the lack of other elective surgeries that we're getting. So if you are getting a patient, it's usually infectious disease at this point. For my employment that I have, it's been hard because I've actually been trying to like, move out of my floor into a postpartum unit. And there is a program at UT southwestern in Dallas that I was trying to move to before I decided to stay in Austin for the time being. And it was a fellowship program to cross you over from one specialty to another. And they- they had to halt that process at this point. Like the hiring process has even been affected for nurses. It's just slower. You're working with less people, just people aren't going into the physical hospital that are working in HR. So everything is slowed.

Megan Owens: Is the hiring still going for nurses, though? Like, has the hiring slowed down or is it more just that the process itself has slowed down?

Christine De Ocampo: I would say the process is slowed down. There is an Instagram, I actually follow a nurse that has created a remote career for herself. So there's a lot of like remote triage nursing for COVID-19. Like those are common jobs that I'm seeing now, and it's almost like- it has slowed, I don't want to say it's stopped, but it's morphed into something new at this point. That- it's just like meeting the needs of the current situation. And healthcare systems are noticing that. So I don't want to say it's stopped, yeah, stopped, but evolved. Lots of remote-

remote work for nurses nowadays. I've still been able to get hired as an immunization nurse, but that's gonna start in July, so I don't know like how that's going to affect it, but I'm sure that the uncertainty of it all and like when that peak is going to be has also like prompted HR across the board to try and figure out like what they're going to do with hiring in the future.

Megan Owens: Can you say a little bit more about remote work? What- what kinds of work would remote nurses do?

Christine De Ocampo: A lot of the remote work that nurses do handles either triaging or- so they'll actually have people call into that hotline and they'll tell them their symptoms and they'll tell them like per CDC requirements, like what are they supposed to do? Should they stay at home, or should they go on to the ER depending on their symptoms. And like who all- who like, pre-existing conditions, because they take that into account too. So that's one. A lot of the other ones that I've been seeing have been case managers. So they have the full like medical history of the patient and they see what the needs are at this point because I'm sure like with COVID-19 not only affecting those that are getting sick, it's affecting the people that are taking care of them too at home. So as a case manager, you would have to think, okay, what are the patient's needs? But then also like who is going to help them take care of those needs at home? When someone is also a nurse, like out of a job, like how are they going to afford these medications, that type of stuff? Because people still have preexisting conditions alongside like getting sick with a COVID-19. So you have to think about those and like are certain things in stock? There's a whole slew of things, even medical equipment. So that's most of the stuff that I'm seeing right now for remote work.

Megan Owens: Okay, that's- that's really interesting. How has the pandemic affected the employment of people that you know or people that are close to you?

Christine De Ocampo: Well, my dad, he's been a waiter for years at a country club and he actually preemptively like, quit his job because of the working requirements of the club changed, like they were remodeling a certain part and then he had to stay outside. But from what I hear from my mom, the people have that remained at the country club that he's worked with for years, like ten years, 15 years, 20 years, are starting to get laid off. And you know, like- like I said, they've been there for a decade or two and that's like the only work that they have ever known. So at this point they're in their fifties, sixties, and trying to find a job as a waiter in the only service industry that they know. And now like the pandemic has completely shot that opportunity. So I don't know what's happening to them at this point. The immediate people that I am surrounded by, I work with a lot of health care workers, so of course we are still essential and we still have a job. Another opportunity that I've seen spring up though is the delivery service industry for sure. And like people working at grocery stores, I even tried to find that a hot part time job as like a personal shopper at our local HEB, and those are completely gone. So it looks like people are starting to shift their attention into like what is secure at this point, given the circumstances.

Megan Owens: Yeah, that makes sense. So then how has COVID-19 affected you and your family's day-to-day activities?

Christine De Ocampo: Day to dayâ€¦ Really, it's first-world stuff, like, ooh, we live still in like a pretty rich society. So I would say the most inconvenient thing is trying to order food from a restaurant, at this point. You have to call, and I know that sounds so- that sounds so first-world. But you have to call in even at the storefront and tell them that you're there and then they bring it out to you on a- like a little table and then you take it away. And instead of eating out, the social aspect for sure has changed. Day-to-dayâ€¦ My momâ€™s still going to work, my dadâ€™s still quasi-retired. My sisterâ€¦ She actually had a really big influence from the COVID-19, because she was putting together this bigâ€¦ it's almost like a showcase. So she is the president of her Texas A&M like Filipino Student Association. And they have a showcase every year that highlights sports and then also dancing in traditional and then also modern senses. And it was their turn as Texas A&M to host the showcase in College Station. And that completely got shut down. So you have to think of all the students that put in all that hard work and they weren't able to show it off. But then also that's like a loss of money for the university and the organization because they couldn't host the event. I don't know too many people going to South- like that were going to go to South by Southwest. But I know that had a huge impact on the local businesses here. Day-to-dayâ€¦ We, we just see less people. And it makes us sadder because it just goes to show that you are really a social animal. And regardless of like how introverted you are, you still wanna feel close to people. So it's taken more of a concerted effort to reach out to people versus just like meeting them up easily, going to a restaurant and conversing over a meal. So it goes to show, like who's willing to reach out to you too? Like no matter what, you can still get through a certain friendship even during a pandemic.

Megan Owens: And tied in with that, too, has the outbreak affected like how you communicate with people, how you associate with people, with your friends and family, especially?

Christine De Ocampo: It's sending a lot of videos. Thank goodness there's video calling because I don't know what would happen without it. My, my parents and I have always been kind of distant. So it's always, like our relationship has always worked out more whenever I lived a little farther away, like not inside the house. So that hasn't technically changed. But my fianc  and I are very close to his parents and whenever we go home, like we like to see them, we like to get involved in whatever they're doing as a family. And it's changed that dynamic because Michael is still going out to do coursework out in the field. So he's unable to go home and see his family at this point just in case like he gets exposed and that keeps getting pushed back because heâ€™s basically quarantining himself just in case after every single time he goes. Today's his last day, so maybe another like three weeks we'll be able to go home. But it's been hard. It's been hard reaching out to people, communication. Itâ€™s nice to be in someone's presence. So the digital formats, thank goodness, are there, but they're just not the same. Like we tried to have a game night, like a few weeks back on Discord. And that was rough because of technical issues. And you of course, want to like blame it on technical issues. But sometimes it's also like how much people are willing to put forth the effort to find another route of communication.

Megan Owens: Yeah, definitely. And so then what- what have been the biggest challenges that you've faced during this pandemic?

Christine De Ocampo: I think the biggest challenges, it's more like a psychological challenge at this point because I still have my health, I still have a house. So I'm not one to like talk about overt financial struggles at this point. But I would like to speak about like more so like the psychological changes. I've read that, like through NPR that this could be like a form of grief, like you having the loss of your former life and grieving that process and trying to transition into something else. I've read that like sleep is important during this time, but everyone's completely off schedule, so how is that supposed to work. Yeah, at this point, it's almost like I feel worse, not for myself, but for other people. And I don't know how to say that. [pause] My life isn't as challenging as it could be. And I feel for those that have been more so affected by this. And I wish I knew how to help more, aside from like ordering takeout from my local restaurant. You know, I just, I want to be helpful and like yes, being a nurse is helpful. But it doesn't- it doesn't crack on the- like the social aspect of the entirety of it all.

Megan Owens: Yeah, definitely. As you were saying that, the phrase like "compassion fatigue" popped into my head. Have you heard, like in the stuff that you've read, have you heard anything about that as an aspect, a psychological aspect of this pandemic?

Christine De Ocampo: You'd have to think that people who are- especially like in the intensive care unit where they are taking care of patients on, on drips because they're trying to keep up their blood pressure. Also making sure that the vent is working properly and the settings are correct on that, so that they're reading as effectively as they can. Compassion fatigue happens on a regular basis with nurses and I can't imagine working in such a- like our cases here aren't as bad. But I can't imagine working in a place like Italy where they're taking care of dying COVID-19 patients like every single day. And you know, you know if they're at an advanced age that they're more than likely going to die from it. Compassion fatigue is hard. It makes you really jaded, from my personal experience with it. It's hard to leave what happened at work at work. You bring it home with you. And it affects the way that you interact with your own environment, for sure.

Megan Owens: So then to take kind of a slightly different tack, you mentioned earlier that you had tried to have like a game night. What are some different kinds of ways that you and your family and friends have tried to participate in recreational activities and stuff like that during the course of this whole thing?

Christine De Ocampo: I think my fiancÃ©'s personally going through like a momentary depression because of the gym, like not being open. Because that's how he bonded with his friends, actually, and that's how I would feel like going to the gym with him, like a sense of camaraderie. So we've had to find different ways. I've started like utilizing the paths here in Austin a lot more often. Our parks just started opening opening up again, and using a lot more outdoor recreational activities while still practicing social distancing- a little hard, because

everyone kind of wants to do it. So then you're like caught between a rock and hard place. So I, I thought about like how, how, how are there ways to decrease my exposure? And that was like going really early in the morning because I would come across maybe like two people, like one on a bike, one actually running. Electronically, like we said, like doing like the zoom- like for other people, zoom calls, for me it would be like FaceTime and for like Discord chat game nights is hard, like I said, the technical issues make it hard and like not being physically there and not being able to read people. Video chatting, other recreational activities, more board games, a lot more video games, a lot more video games. A lot more reliance on like the technology that we have at home. Let's see, I have loved like asking my sister what she's making and like meal planning with her, and that's been really rewarding. Asking my mom like, how to do certain things. Like sewing, I've been meaning to ask her, like how to sew- I've always asked her like how she cooks certain recipes, yeah.

Megan Owens: And you've touched a little bit on like how your work community has changed a little bit with the pandemic, but what about like your local community? How has the, the COVID-19 situation affected that?

Christine De Ocampo: My work community versus my community, locally! Local community, we do live in like a very College Station- or, college area. So of course, there's like no more parties. You don't hear the sorority houses and the fraternity houses like bumping music 2am at night. Like this would be the perfect time for that. Other than that, I know Austinites are trying really hard to stay, to stay active, but they're still having a hard time like using precautions while still being active. And I feel like that could prolong us during this point. And maybe people will start to realize that like maybe I should start taking this more seriously. There are some people that like, a still- a good amount of senior citizens are using the- the trails here in Austin regardless of like their, their, their risk. I remember whenever I was still heavily using the trails like a few weeks ago, they- they'd be there without a mask, like just walking their cat. They've come to terms, I guess, with like the off chance that they get it? And they're like, well, I'm not going to stop my life because then what if I get it? And I've been inside this entire time, so. People are hunkering down a lot. I mentioned like my foster cat turned into an adoptee, but we're unable to meet another cat that we're trying to adopt. So, through the fostering program, I've seen that people are willing to step up for their community because they'll send us a list of fosters that need to be homed. Because AP- or like the Austin Pets Alive, doesn't have the resources to take care of all of them. And the adoption rates have gone down because people are switching to like virtual meet and greets, and like some people don't trust that, and it's completely understandable, so going to the virtual format, like it- it helps me see that people are willing to step up for their community. People are more kind for the most part. Like whenever you're whenever you are getting something like take out, people are always saying, like stay safe. Like that's the new greeting. It's like, have a good day and it's like no, stay safe. Stay safe, like flatten the curve, go home, and take care of yourself. So I hope that that's how it's been like where you guys are. But yeah.

Megan Owens: Yeah. Helen's sort of [gestures] head motion there, I agree with it definitely. Sorta kinda!



Christine De Ocampo: [laughing] Are people being more mean?

Helen Jesse: What?

Christine De Ocampo: Are people being more mean?

Megan Owens: Not necessarily. Just, you know-

Christine De Ocampo: Are they being more, like at least more like forthcoming? Like, I understand, like, thank you for like- thank you for existing, but like take care of yourself and go away.

Megan Owens: I don't say that's more accurate.

Helen Jesse: Yeah. I've been hearing "stay safe" more often too. I was going to ask, so you mentioned that, you know, people walking outside without masks and some older folks walking the trails all the time. Do you think that Austinites are typically following social distancing advice or are they not doing that as much?

Christine De Ocampo: Well you guys did hear, I hope, about the plane of students that were from UT that like took a trip to Mexico. They like charted a plan and came back. So that created- that made like this enviro- like the neighborhood that I'm in a hotspot, just because like they did go to Mexico and a good amount of those people did end up becoming positive. But I want to say that the general consensus is people are trying, for the most part. There are still people that aren't wearing masks. So now we've actually been mandated, like you will- you will be solicited like if you don't- you'll be told to wear a mask in public. Like it's- it's a mandate now in Austin. They have to do it. Generally, yeah. I think we're trying our best, because we still live in like a very beautiful greenbelt and people are still trying to take advantage of it. But I do wish some of the older folks took it a little bit more seriously by like wearing a mask.

Megan Owens: And then have you seen the people around you change their opinions or their day-to-day activities or personal relationships as a result of everything that's going on with COVID-19?

Christine De Ocampo: Say that question one more time.

Megan Owens: So have you seen people around you change their opinions, their day-to-day activities, or their personal relationships in response?

Christine De Ocampo: Michael, I wish I could say that someone that is very far right leaning in our family would change their mind given all of the circumstances and like the statistical evidence. But it depends on how- he is- he is very right leaning, so I would want to say that his convictions have stayed steadfast. He's also a veteran, and that puts him in

a certain category of support. He still thinks that the COVID-19 thing is a Democratic hoax. But on the other side, like we do have family members that are a little bit more moderate and they see that the way that the federal government has been handling the situation has been less than ideal. And it's created a little bit more distrust in the institution. Before, they were worried about like, you know, immigration, "build the wall," and it was like, guys, I don't know if that's gonna do anything. But now they're starting to see that like during a pandemic, like how are they actually reacting to a crisis? And it's been disappointing to them because they're also healthcare workers, so they're getting to face the brunt of it. And you talked about attitudes, day-to-day. I think it's just more precautionary. Whenever we like order something, people- like Amazon workers, FedEx workers, I've literally had someone drop my package on the floor, knock, and then I like opened the door, pretty like- straight away, because I see them on the porch, and they are like running down the stairs. Some people are a lot more steadfast about social distancing. There are still, there are some that are like using just doorsteps and they'll say like, hey, I've dropped off your package. And then they'll leave without seeing you. Generally, it's a give-and-take. Some people are going to stay like- stay true to like what they believe in and some people will be more so affected depending on what they've seen, I think.

Megan Owens: And you kind of touched on this a little bit already, but we've heard a lot of stuff about self isolation and about flattening the curve, so far. And how have you seen people in your community, as well as in like your family, responding to these requests to self isolate to try and flatten the curve?

Christine De Ocampo: Self isolate and flatten the curve. For us, it's just stay home. I personally have taken, like- have tried to take the risk down by like running early in the morning. My parents have basically stayed inside unless completely necessary, because my dad's asthmatic, my mom's diabetic, and my grandma is on dialysis, so unless my mom is having to go to work, she'll come to work and I'm sure she- she cleans off right away before she even like touches my grandma, because she wouldn't even let me like hug her even before this like in her scrubs still, so. It's more like a extra precautionary steps to make sure they are clean and self isolating. We do still have some friends that went out to like New Orleans for Mardi Gras, and they came back. None of them became positive, thank goodness. But self isolation, it's a back and forth. It depends on like how scared you are and also like, yeah, like I think it's all about like, how vulnerable do you really think you are as a human being, at this point? It's like, do you, are you in denial that it could happen to you if you are being, if you are rejecting the mandates and people staying- people staying outside with no mask, or do you realize that like you are just as at risk for this to, like- to die, because children have died like with no pre-existing conditions at this point. Yeah, yeah.

Megan Owens: And you've talked a little bit about like your own- the psychological impacts that you're experiencing. But what ways do you think that COVID-19 is affecting people's just mental and physical health in general?

Christine De Ocampo: I'd like to hope for the best. And through social media, I've seen people get really creative with the way that they're interacting with each other. I don't know if you guys have seen, like the guy that flew a drone with a note that said, that like had his phone number in New York, and they're like- it's like a roof culture. He was, yeah, he shot a bunch of pictures for the New York Times and I think it was in The New Yorker about like the roof culture in New York. But I'd like to say that- sorry, repeat the question one more time, I got off track.

Megan Owens: You're fine! What ways essentially, do you think that COVID-19 is affecting people's overall mental and physical health?

Christine De Ocampo: Okay. Well, people who are, it's almost like a spectrum. It's like, people who are believing that they're super vulnerable and like also have preexisting conditions. I'm sure that they're scared out of their minds. And folk who are a little bit more resilient, either resilient or ignorant, are getting more creative with the way that they're communicating with people. Generally speaking, like I said, like I have read that some people are taking this as like a time of grieving and like everyone grieves in different ways. So maybe like the entire thing is just a spectrum of grieving at this point, about the situation and people are just taking it a lot in a different direction versus other people. Mental states! Yeah, I think it either makes you more resilient, I'd hoped to, I'd hope to think that with the amount of social movement that people have been putting on social media for people to stick together, and like we're in this together, like support your local businesses, like all that. I would like to think that people are becoming more resilient during this time and realizing that there are different things that you can do with your yourself like, like be more comfortable with your, your own thoughts versus always relying on other people to feed off of. That's like, that's me, like being super optimistic and the thinking that people are being more comfortable. But you also have to think about like the domestic abuse cases are going up because people are trapped at home with their abuser. There's always like, there's always that like datapoint that's somewhere! and you don't really want to think about it. But generally speaking, I'd like to think people are becoming more resilient. But some people who truly rely on social networking in-person and already have preexisting conditions like depression and anxiety, I'm sure this is putting a pretty big toll on them because they already have a malfunction in the way that they process, fear, their environment, and thinking about like self-reflection and like their self-worth. I'm sure that has pushed this further into the dark side.

Megan Owens: So then what have been your primary sources of news during this whole situation?

Christine De Ocampo: I am subscribed to The New York Times, so I'll just get like a brief news report in my email every morning, sometimes. I've been listening to a lot of NPR, just because it, it's willing to do the investigative journalism that is appropriate for the situation. And like trying to find out like what is the source of everything versus like making assumptions about it. And I'm sure that like, they are left-leaning, so it would! it wouldn't serve someone to completely think this is like the tried and true, this is all that there is. Because you still have to like get people to be interested in the story. And sometimes, you know, I would think that like to make a headline

more seductive, they would have to lead out- leave out like certain details like, yeah. NPR, The New York Times, social media, then of course I go back to the source. Yeah, there's been a lot of cool news outlets. There's also that thing called- it's like an email subscription service called The Donut. And it links certain news articles from like The Post, yeah, BBC. I'm trying to listen to a lot of podcasts that are actually international at this point. So I listen to a little bit of like new- like Good Morning Scotland, but it's also by NPR, so I guess like the head parent NPR is kind of like where I'm at right now. A lot of TED Talks.

Megan Owens: Have your new sources changed at all since the beginning of the pandemic?

Christine De Ocampo: I feel like the ferocity of like me going after like what is right? And like what is true has increase- increased and sky- skyrocketed. Goodness. I'm not used to talking this much anymore. I don't think it's- I guess you could say that that's a change in the amount that I'm taking in. But I know at this point, like it's not healthy to completely just stay on the news all the time, because it makes you more anxious about what's happening out there versus you like stepping away from it and focusing like what's in front of you and what you can control. So I've been trying to moderate how much I'm listening.

Megan Owens: And are there any issues that you think that the media is doing- is not covering to a satisfactory degree?

Christine De Ocampo: Maybe I haven't read enough about it, but I would like to get to the bottom of like who really is at fault for- not at fault, but who is responsible, who's like- where? What is the chain of command? Because nurses are always taught to like, know your chain of command, talk to your charge nurse, blah blah blah. Like, what is the chain of command here? Who is the person that is supposed to be like stockpiling and issuing to like- issuing to the country how much we should be having in stock. Like were we just not prepared on a- like on a federal level, or was it a state issue that we should have been like- been more prepared for with the previous pandemics that we've had, you know, because like I'm, I know there is a big issue with the way people are reacting to like apps that are tracking your information, because they're thinking it's like, it's an invasion of privacy to see where these devices are congregating and like meeting with people that have been affected by the coronavirus. But I think to a certain extent, I think you like, you can't get away from that completely. And it would be, it would be shocking for us to get out of this without some sort of like tracking, on who has been affected versus who hasn't. Yeah. I just want to know who's who is it that like started all this? Who, like what were the things that were in place to take care of this specific situation and like, where were the gaps in that?

Megan Owens: And then do you have any thoughts on like how your local government has been handling the outbreak?

Christine De Ocampo: I've always thought some of the like- with the stay at home mandate, the masks in public mandate. I think those are all reactionary at this point. I hate to say it, but I think us as a country as a whole, even both local and state and federal, have been very reactionary to

like what's happening. It's because like, we're put in position that we feel as if we're closed off from the rest of the world somehow, even though we have planes coming in and out of the country all the time. It's like a weird, false sense of safety that I think the general public of Americans have. And because of that, I want to say people have died because of that. Like reactionary versus proactive sense that we've had during the pandemic. I know they're trying their best with the information that they're given, because like in, in regards to like the masks in public, the CDC told us not to wear them unless you're sick. Now, was that to make sure that people in the healthcare field still had supplies? Is that what we're coming from, or was that because you truly believe that like these droplets that were supposedly big enough to, to fall down before it reached another person, like it would really not affect as many people as you thought, you know? Like where, where was the information, like what was the study done? And I know, it's frustrating.

Megan Owens: And then do you have any thoughts on how the federal government's been handling the situation? Specifically.

Christine De Ocampo: [laughs] I wish they believed science. I wish they [laughs] I wish they leaned on people that went to school to take care of things like this. I wish they believed them so more like, well-heartedly, like, yeah. I, I wish they believed in science a little bit better, and they had a little bit more trust in healthcare officials and faith that like, the economy is out- is like nothing without the people supporting it. Because they've had such a, such a push to open markets, and like people freaking out about the stock market. And the stock market is nothing without people. And if you have, if you don't have enough people to run a country properly, even in like things that don't have stocks, you're not ever going to recover the way that you think that you will, regardless of like you opening up the markets at a certain time. I think it's ridiculous. [sighs] Don't get [unintelligible] heat. I just wish- I wish they believed people and they loved investigative journalism, instead of calling people names. And- I understand they're trying the best in the realm that they were raised in. But god! there's just so much information out there. I wish they would utilize it better. Sorry. Woo!

Megan Owens: No, you're fine! Thank you! That was a really good response. And have your experiences changed at all how you think about your family and your friends and your community?

Christine De Ocampo: It's made me realize that there's a lot more out there than just me. It's made me feel a lot smaller than I really thought I was, you know? Like, you think that- you go through life and you have this background music you are the star of- the protagonist of your own story. But like everyone thinks that, you know? Like you are one person. You have to think that there is more to life than what you are going through. And you have to be sympathetic to what people are going through. And empathetic and compassionate like. Yeah, it's just- it's made me realize that life is short. Go do what you want to do within your means. And life can always be worse than it currently is for the most part.

Megan Owens: And then knowing what you know now, what do you think that individuals, communities, or governments should try to keep in mind for the future, for potential other situations like this?

Christine De Ocampo: I think our country should actually talk to people or to talk to countries that have this under control and ask them like, what are you doing? Is there a way to do it that doesn't completely infringe on people's privacy? Like, I think the way that other countries have handled this, especially in Asia, I'm not saying that like you should go into a autocratic government, like try that. Like Singapore. Singapore has done really well with mitigating the effects of this, Hong Kong. I wish people were just more scared. I wish the government would instill a little bit more fear into the right things. Instead of immigration. I wish they would think infectious disease, first and foremost. How can you take care of the most vulnerable people? I wish there was more of our attention on that. I feel like those people are just forgotten. And during this time, you would think that they could, they would be serving as like primary vectors of this disease because they don't have access to, to clinics and going to the ER is a stopgap. But I don't know, people- I wish the government- it's just so multifaceted, but I wish governments would pay attention to the people that need it the most, versus the people that are just bolstering their power. Having said that! Because at the end of the day you will be better as a country if you take care of those that need it the most, and get other people to- and get people who like have the ability to become philanthropists to help the government. Like, I know there is an issue of like, are billionaires actually in the right of all this? Like should billionaires exist? But a lot of them still do a lot of philanthropy out there that the government just can't keep up with. Like everything in the government is slow because there's so many hoops to travel through. And going through a private sector, like a philanthropist like Bill Gates, is one. I'm sure he's helped a lot more people that would have been left in the dust if he didn't get involved.

Megan Owens: So then that's pretty much all the questions I have. Do you have anything to add, Helen, or any other questions?

Helen Jesse: No, I don't. Is there anything that we haven't asked you that you'd like to talk about?

Christine De Ocampo: We covered local, state, federal! [unintelligible] I think we've covered a fair amount of bases, ladies, it's been good! Yeah!

Megan Owens: Yeah!

Christine De Ocampo: Did you guys like formulate all these questions based on! like where did these questions come from?

Megan Owens: They were collected as like, our- our professor who's running the project!

Christine De Ocampo: Yeah.

Megan Owens: Collected them into different like topics and stuff like that.

Christine De Ocampo: Yeah.

Megan Owens: So. And then a few sprinkled in to, you know, customize the experience.

Christine De Ocampo: Cool. This was so fun!

Megan Owens: But thank you, you did a really great job!

Christine De Ocampo: I'm sorry if I blabble, but that's just my stream of consciousness right there.

Megan Owens: No, not at all! Yeah, this is- this is great. I'm gonna go ahead and stop the recording now, I think, because we've got pretty much all the questions. So thank you again!

Helen Jesse: Thank you!

Christine De Ocampo: Is there anything that like [recording stops]