Interviewee: Eric Schwerdt
Interviewer: Andrew Beine
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Abstract:
Eric Schwerdt, born and raised in Duluth, MN, is a non-traditional student and ICU nurse at the Mayo Clinic in Eau Claire, WI. Eric earned his BA from the University of Minnesota-Duluth in 2012. Later, he received his ADN from Lake Superior College, and finally his BSN from St. Scholastica. In this interview, Eric talks about the traumatic and demanding role of an ICU nurse during a pandemic - describing haunting images of sick patients resembling more machines than men, and the occasional peace nurses can provide for suffering families. He also delves into the science of COVID, the vaccines, and the complicated undertaking of educating a reluctant public about them. Throughout the interview, Eric also reveals how his personal struggles with mental health impact his experiences and inform his perspectives in the era of COVID-19.

Andrew Beine 0:04
Alright. So it is Wednesday, December 8, and the time is 10:14am. For the numbers today, current COVID numbers in the United States released by the CDC are sitting at 49,198,746 cases and deaths are at 787,064. In Wisconsin total cases, according to the Wisconsin Department of Health Services are 889,078 cases and total confirmed deaths. 9,128. And lastly, the current vaccination rate in the United States released by the CDC is 199.7 million are fully vaccinated with 47.9 million having received a booster. Alright, Eric. Hello!

Eric Schwerdt 1:06
Hey.

AB 1:07
Thank you so much for taking time to talk with us today.

ES 1:12
Happy to.

AB 1:13
To start out. Um, do you want to just give us some general background questions? Your name? race, ethnicity if you, if you don't mind? Age?

ES 1:23
Eric Schwerdt. White, German, 31 and a half.

AB 1:32
Gotcha. Thank you. And then, do you live here in Eau Claire?

ES 1:37
Yes.

AB 1:38
Okay. Have you always?

ES 1:40
I moved here about eight months ago to be closer to a fiance.

AB 1:46
Gotcha. Where did you live before? If you don't mind me asking.

ES 1:49
Duluth, and I worked at St. Luke's there.

AB 1:52
Gotcha. Kind of sticking in the same general [area] And then on our list, as well as an ICU nurse, you indicated you were a student?

ES 2:04
Yes. I finished on my bachelors in, at St. Scholastica as well as I was taking some prereqs for the next level of schooling I might do.

AB 2:15
Gotcha. Okay. And then, so you're, you're currently in school?

ES 2:20
Currently at UW Eau Claire and CVTC. Not taking much for classes. Just two or three.

AB 2:27
Okay, gotcha. So you're enrolled in both of those. Excellent. And you mentioned you’re 31. So you'd kind of fall into the non traditional student, I guess you would say.

ES 2:43
I would say in many, many ways, I probably do.

AB 2:46
Gotcha. Well, I am too. I'm also about to be 32. And -

ES 2:52
Congratulations!

AB 2:53
Well, thank you very much. Alright, so we'll dive in. Um, so a lot of this project is focusing on kind of caregiving, and, and kind of getting a perspective from people that work in those areas. And you responded to the call for our oral interviews for caregiving, mentioning you were an ICU nurse. I guess I'll just kind of let you talk. Do you want to give us a general rundown of when you started, why you started, and what your sort of roles are in that job?

ES 3:35
Yeah, as an ICU nurse, I started middle of last summer. And I wanted to start earlier on that. Part of it was like, you know, as a newer ICU nurse, you don't always get to do the most interesting things or the fun things. And, you know, it's nice to do cool stuff, as well as to, you know, have a good purpose or something to fight against. It's kind of feeling gently, like a war, but you're just trying to, you know, provide what you can for the families and the loved ones in that moment. I like all the different aspects of ICU care, and a lot of it is, -is kind of rough on the patient, unfortunately. But if you are going to survive this, it's, it's, it's a long, hard, slow marathon, where it's just rough. And so what you can [do] for the patients and families is a lot of what you think about because it's a little trickier to think about what you can offer but if you can say your loved one is stable. They are very sick, but comfortable without pain. That can mean a lot to them. And then yeah, I don't know. Yeah.

AB 4:58
Yeah, definitely. So you, you just mentioned - you likened it to a war.

ES 5:04
Yeah.

AB 5:05
That, that's something that I've heard quite a lot. [Pause] You also mentioned having a purpose, or, you know, that, that type of role giving you a sense of that. Have you always wanted to be in the medical field, whether a nurse or something else?

ES 5:23
I have not. I originally did political science expecting it to permit me to do a middle level management of some sort or who knows, of not really connected to a goal, at the end of it. Did some adult foster care, found that to be comfortable and enjoyable. Went to nursing, did some neuro, neuro nursing and some other things, and it just became apparent that critical care was a lot more interesting and fun. And then the purpose - you know, it's really nice to feel like you're doing things and you're active with your care, and you can...When somebody is only a little bit sick it's very slow, incremental. But if someone is like, you know, when, when they've "coded", they're literally dead. And you can sometimes get them back and it's like, "shit, we saved a life today". Perhaps he might, you know, die tomorrow, but you can, you can hold on to some of those little goals and say, you've accomplished something sometimes.

AB 6:31
Wow. That's, that sounds pretty harrowing.

ES 6:36
Yeah. And it's, you know, in the moment, you never think about it, you just do it. You know, it's like, seeing a baby crying or whatever, you just try to help them out. I will say, Yeah, occasionally, it's like, you get on to such an intimate connection with death, because you're seeing it at least every other day, something like that. It's just like, "Okay, well, I'm gonna go try and be normal now with my friends and shit".

AB 7:04
Sure, yeah, that's got to be a really hard balance. Um, so that's something that nurses and caregivers and medical professionals have to deal with all the time. What, could you talk a little bit about sort of the unique challenges that COVID specifically has kind of brought up, if any?

ES 7:30
Yeah, I will say it's, it's provided a new level of complication that's just sad. Occasionally, we'll get the older nursing home patients who, who didn't really have a severe course of illness from a COVID, but the way they got sick happened from neglect. And it's like, where I'm working, I can see how much these other facilities I'm connected to are struggling. And so it's just, it hurts to see how short staffed, and you see it by certain patient admissions and you're like, there was no reason why he needed to come here. There's no reason why his kidneys need to be dying right now. But, but ,they were just so they must have been just so short staffed and disconnected and that. [Pause] And then I think one of the biggest things in caregiving, in the ICU is just getting people to realize that we got it, we're going to do everything we can to take care of them. And we're going to be diligent about it. But, you know, they come in and they see their loved one in

and amongst like this cradle of machines around them. This one's doing his liver - or his kidneys work. This one's doing his lungs work. This one's feeding him, this one's making sure his blood pressure is going. This one, you know, it's just like, too much. So part of it is, is just calming them down, letting them know that they're sick, and then, you know, educating with... it'll be a while, and we don't know a lot of people end up dying when they're in this circumstance.

[Pause]

AB 9:22
So you mentioned

ES 9:25
Did I answer your question well enough? I'm sorry.

AB 9:27
Yeah, no, absolutely.

ES 9:28
Okay, sure, sure.

AB 9:29
It's just, it's so like...I can't, I can't even imagine what it's like. It just sounds so, so hard. You mentioned, I can't remember you mentioned on the recording yet - but you started in the summer of 2020. Is that correct?

ES 9:48
Correct. I wanted to start earlier, but at our ICU, they were feeling anxious about training people in because it was such an unknown moment. And, you know, they're running the estimations. And they're like, we might need to figure out how to fit twice as many people in this hospital with the same amount of beds.

AB 10:10
Sure.

ES 10:11
We don't do bunk beds here, you know.

AB 10:13
Right. Wow. [pause] So on that note, sort of your, on your supervisors, or the the level of, kind of those above you - did they give you kind of a, aside from bringing up those specific

considerations that now have to be made. Were there other sort of things they brought up to you to kind of...I guess, not prepare you, but just give you a heads up that this is not a normal situation?

ES 10:49
They didn't, but I feel like a lot of the nurses are tapped into what's going on in a way that the lay public isn't.

AB 10:58
Sure.

ES 10:59
You know, people are gently, you know, in a relative sense of ease, and, you know, I tried to be too, you know. But I think, you know, if you're in healthcare, you're just like, “okay, well, this shit could get pretty, pretty hot and crazy here. So they didn't really prep me on that any, in, as a hospital. Or in a hospital, like, where people die, they're usually dying on the way to the ED, or they're dying in the ICU, or hospice, I suppose. But that's more of a planned thing.

AB 11:35
Right, right. [Pause] Let's see, you mentioned it's hard to, to go back with, when you have that type of job, and then seeing all this suffering and pain and ultimately death, in some cases. It's so hard then to go back to your regular life. Kind of separating those - are you... You mentioned, it was difficult, but is it, have you found ways to kind of help you through that? Kind of separate what you have to encounter in your day to day work life, and kind of your more personal/family/ private life?

ES 12:23
No, I've definitely, I have found ways. I’ve tried to be more conscientious of care of myself. You know, considering myself to be a patient and thinking what I would be doing for me. I went on to antidepressant medications, I probably should have done that maybe a little bit earlier. But I feel like, as much as I try to bring things home in a positive light, [I] feel like it still kind of comes off a little negatively. So,

AB 12:57
That makes, yeah, that makes sense. Is that something that, if you don't mind me asking, that you've kind of experienced or struggled with for a while? Or is that something that kind of more recently came up?

ES 13:12

It, um, there's a touch of it in my family, but through my engagement that got a lot more positive and I was able to ease off on those depression meds so. Yeah.

[Pause]

AB 13:43
At your job, um, are you - so you're, you're working with people that obviously kind of understand the types of things that you have to deal with.

ES 13:59
Coworker-wise?

AB 14:01
Yes, coworker-wise.

ES 14:02
Sure.

AB 14:03
Do you, is there a sense that people feel, and yourself included, equipped to deal with, with sort of what you what you're dealing with? Whether it be the things you're supplied, or the sort of the support group within yourselves?

ES 14:32
Yeah. I would say from a raw material standpoint, Mayo Eau Claire is very well equipped in many different ways to deal with [the] raw materials side of it. I will say occasionally that staffing can feel a little thin, but where I came from, oh my God, these guys are dealing with, you know, heaven on earth in terms of staffing numbers. I would say emotionally, you know, I feel like the Wisconsin vibe is like maybe a “Don't Ask, Don't Tell” and drink a lot of alcohol.

[Laughing]

AB 15:07
That’s their answer for everything, I think.

ES 15:08
Yeah. And to be fair, like a lot of, you know, certain supplements, certain vitamin things they'll, you know, upregulate certain receptors and it kinda occupies a similar space sometimes. For numbing wise anyways. Yeah, but I would say emotionally, that the group hasn't intentionally done things that are to bring them together. But accidentally there's, you know, everybody gets

together after your street, your run of three shifts or so and grab some beer somewhere or something like that, and not really talk about things, but let off steam. Joke around.

AB 15:53
Sure.

ES 15:54
Yeah, I definitely know a few coworkers who started to go therapy and, you know, been griping about insurance compensation. And it's like, this job is giving me PTSD. And I'm having to go to therapy and the health care at this job isn't even covering the therapy. And they're just like -

AB 16:14
Wow.

ES 16:15
Yeah.

[Pause]

AB 16:18
Wow. Yeah, that's, I never, never even thought -

ES 16:21
Yeah, weirdly antagonistic. And PTSD in the ICU is not, it's not uncommon.

AB 16:30
Sure.

ES 16:31
With just how much serious illness is coming in here. You know, we were, we're used to seeing people die, but just not at this number.

AB 16:45
Yeah, that's, yeah, that's really interesting. Even going back to what we were talking about, about it being a war, it sounds like it's almost reminiscent of the treatment of veterans.

ES 16:56
Yeah.

AB 16:58
Where, you know, we like, we like to laud them as heroes or you guys as essential, essential workers and the backbone of this whole thing. But maybe the way that we go about supporting you afterwards, doesn't kind of match that.

ES 17:15
Yeah, I mean, and I don't expect it to ever do that. Because it's, it's a certain thing, unless you've been there and done that, you can't really do that, you know. So, a lot of times, you know, we don't really expect it, we don't really look for it. You know, it's like, oh, if you're in healthcare, we can kind of talk a little bit about it. It's kind of like, oh, you have a history in the service or anything? Okay. You know, and, yeah, I don't know. Yeah, I would, I would agree with that.

AB 17:46
Yeah.

[Pause]

AB 17:50
Let's see here. You talked about the, kind of sense you got of the larger community, how you said, Wisconsin's almost like a "Don't Ask, Don't Tell". It's there. but people don't, you know-

ES 18:06
Yeah.

AB 18:07
Acknowledge it in the way that they should. Do you have any other thoughts about, sort of going away from the job, kind of the community that you're in? We'll get into the specifically, the school community in a little bit, but just kind of a broader, citywide or statewide?

ES 18:25
Yeah. Yeah, I feel like in my specific role, there's a weird bit of like, teaching and talking about things and - this is a red state, at least outside of the microcosm of colleges and art centers. And so they're like, "oh, you're an ICU nurse". And it seems like people are getting into this, like, gentle baiting, where they're trying to lure you into something that will make you really angry, and it's just like, "dude, I will tell you everything you want to know, but I don't want to get into what you think". I'll educate you, right? If you have questions-

AB 19:07
Right.

ES 19:08
Or you don't understand something, but I have zero stake. And it's a weird way in which people are engaging in risky behavior. And it's nothing new in a society to engage in risky behavior. And, you know, there are people who are, you know, low key depressed, you know, mental illness wise. And they just need that connection. So they're going out to those communities and everybody's at risk of spreading when they're doing that. It's just like, you're darned if you do, darned if you don't, sort of situation.

AB 19:53
Sure. I think in, with some of the other interviews that I've conducted and ones that we've watched in this sort of project, there was a talk of, sort of, an almost politic-politicizing of this sort of, this pandemic that's going on. Do you see it as being a political - or having been made a political issue? And what are your thoughts on that?

ES 20:29
I would say it has absolutely. The vaccination status has become a political issue, I would say. The severity of, of COVID has been kind of made a political issue, but I feel like there's a whole temptation to simplify things into red or blue or black and white. And through that, you miss a lot of the nuance because, you know, fact of matter, 80% of the people will just have a really bad cold, 9, you know, 18 to 19% of these people will have, you know, be hospitalized. You know, that 2% is on the edge of death for quite a while, and that 1% dies, you know. And you know, that creates a skewed view of things, because it's just unless you're in that 20%, you think it's pretty chill, you know, you don't worry about it. And I'm happy that 80% of the people don't feel it, but it creates a Cavalier-ness. And then I would say the political, politicization is rolling with that Cavalier-ness. And wanting to say, it's not a big deal, we need to go back to business as usual. Yeah.

AB 21:53
Yeah, that's a, that's a really good point. So kind of sticking with the broader community, but on campus. Do you have any thoughts on how specifically, the UW Eau Claire has handled COVID?

ES 22:12
Yeah.

AB 22:13

And whether, whether you think it was effective or not, or what you would have done differently?

ES 22:18
I will say, I haven't been particularly tuned in to all the specific efforts. I will say like that there's a social normative that hey, everybody wears a mask here. And I feel like they carry it out into the community. You know, students are, you know, usually pretty darn healthy. So if there's somebody who's gonna die, they're not usually that person. And I like that. There's a strong encouragement of vaccination. You know, that always gets a little uncomfortable, when you talk to, you mandate something. I really wish they would have, you know, done a discount in price or something like that, to incentivize it without forcing a mandate. You know, as wise and smart as is, as it is to do a mandate for the health of it, I think the societal pressure/control aspect, there's a whole screw, skew of people there that have this rebellious side of themselves. And unless they feel respected, they tend to fight whatever happens. So, yeah, I mean, I'd say, you know, decent. You know, 3, 3.5 to 4 out of 5 or, you know, so. I don't know, I don't know what else I would look for.

AB 23:49
Sure. Sticking with the campus just for a little bit. Even as an ICU nurse, do you feel like there are, I guess, adequate resources, or do you feel equipped to be able to balance such an intensive job with also being a student?

ES 24:19
For the most part, yeah. I would say teachers have been understanding, not that I really asked them about any sort of accommodations. I - yeah. You know, I don't really like to make that a feature of my interaction with a school. I like to just do my homework and get in, get out, you know.

AB 24:49
Sure.

ES 24:51
So, yeah, I don't have a ton of experience doing with that - dealing with that specifically. Sorry.

AB 24:59
Gotcha. No, no. That's no problem. So going back a little bit to the, the politicizing COVID, and more so you personally. If you don't mind sharing, where in this whole, you know, almost two years now, have you kind of gotten you're...not necessarily just news, but you're kind of connection outside of your - your explanation and your your understanding of this, of this pandemic sort of outside of your job. Because obviously, you see it all the time and you have

been. Aside from that, where, kind of where, where do you kind of gauge where the needle is, in terms of the bigger pictures?

ES 25:58
Yeah, there are a few board certified pulmonologists positions, ICU critical medicine, people that I like to follow. There's been quite a few ED physicians. And so it's like podcasts, which, you know, a little bit of a anecdotal with "this is my personal experiences in this city seeing this". As well as occasionally, the pulmonology people have read up on the virology. And with that, you know, they provide a little nuance to the whole, like, it's mutated, okay, there's been 30 plus mutations on the spike protein. What does this mean for that? What does this mean for this? So, I feel like there's been resources out there if you work for them. But as a general medical person, watching the news makes me feel dumber? [laughs] So,

AB 27:00
Yeah, that, I think that was - that's also a sense I've been getting, too. From a lot of, yeah, people that get their news from social media accounts, or you know, those, those types of things that might not be the most sort of reliable. Have you, whether in your family or your friend, sort of circle, [pause] See yourself, like at odds with how you, how you get your information? Whether it be people that are following or listening to things that you don't necessarily, not agree with, but, but know from your standpoint, like you're talking about listening to professionals, and people that really know these things, um, do people in your friends and family kind of -

AB 27:52
I haven't really had that sort of strife personally. I have encountered the coworker, just like they got the shot, and then they got really sick feeling afterwards. And it's like, I'm sorry, that's kind of what it like, is designed to do. It stimulates an immune response, you feel shitty, that's called it working. I'm sorry.

AB 28:13
Right.

ES 28:15
If you didn't feel weird, that would make me a little concerned. Because it's like simulating everything you would get at the start of fev- or the start of a influenza or a cold or, you know.

AB 28:26
Sure.

ES 28:27

And your immune system, you know. And so it, every now and then you encounter some very simple thinking, and you just try to teach it. And, you know, people are ready to learn or they're not. You know, personally, I don't really care. I never get upset. You know, it's just like, they don't not want to understand it, but they kind of dig their feet down. And they resist learning. And I don't fight them too hard on that. When they're ready to learn, they'll learn.

AB 29:04
Do you think part of that is, is out of a fear of what it is? Or just kind of like an ignorance is bliss? Or more so, they just don't see it as something they need to, really.

ES 29:21
I would say what I feel I see is a stubbornness and maybe a gentle prior political school following. So you're in this school of fish here, if you're a Republican and a certain part of the Republican Party, and they hate the thought of big government solving problems, or even problems existing that we might need to do something about. And so they understate, or they ignore, or they, almost escapism-style research where they're like, "okay, they're going to do all the wrong things, because they want to make more money" - It's like, this is really the opposite of how anyone wants to be making money.

AB 30:13
Sure.

ES 30:15
[laughs] We, yeah. I don't know. It's, it's weird, for sure when you encounter it. And uncomfortable to let it go. But at the same time, it's like, you can't teach them if they don't want to learn about it. So, you know.

AB 30:37
Right.

ES 30:37
Wait until they want to learn. Readiness is important.

AB 30:42
Is that something that you find a lot in, in your job specifically with patients that you treat?

ES 30:49
I would say, usually, once they're sick, and looking at getting a ventilator, after, you know, 45 years of adult life living pretty normally, they said - they're pretty comfortable saying, "wow, this doesn't feel like a cold".

AB 31:07
Right.

ES 31:10
Yeah, and the coworkers in ICU, a lot of even the more resistant ones, you know, came around to it. But I'm just, finding myself dumbfounded by, you know, us - I forget when exactly polio was around, but, you know, decades ago, and there are lines to get the vaccine around the block.

AB 31:32
Right.

ES 31:33
Now, it's just like, “okay, we've got millions of extra doses here. What are we gonna do with them”? It’s like-

AB 31:39
Right.

ES 31:40
All right.

AB 31:42
Yeah, it seems we've, we've looked at in some of my history classes, looking back at the 1918, flu pandemic. And sort of the measures that were taken then were the same as now. Masks and social distancing. But, but yeah, it seems like, back then it was, I mean, you still have people that complained, and we're against it. But yeah, it just seems like there’s, there's a general sense nowadays, at least personally, that it's kind of a free for all. And it's not, you know, sort of a more selfless act than it, than it should be.

ES 32:25
Yeah. Well, I think back then, we were a little more simple as a nation where we identified the sources of news, we all agreed upon them. We might not like that newspaper, and not like their slant, but we generally accepted what they were saying as, as valid truths in the world. And here-

AB 32:44
Right.

ES 32:44

You know, there's a lot of weird tinfoil hat-ism, that is just like, okay, that's strange. I'm gonna go over here, sorry.

[Laughs]

AB 32:57
Yeah, I think that's, that's absolutely, that's absolutely right. And I think it's, it's frustrating in my personal experience so I can't even imagine, as a nurse how, how frustrating that that might be. To kind of-

ES 33:11
Yeah.

AB 33:13
Yeah, see these people not taking it seriously. And then seeing them in a bed needing, like you said before, all those machines, they're doing all these things to keep them alive. That, that maybe if they, if they took it more seriously, and the people around them, also, that maybe we wouldn't be sort of in that position.

[Pause]

AB 33:38
In terms of that, also, there, there's obviously been a lot of talk about these new variants that are spur-, that are starting to crop up. Have you - what's your kind of thoughts on those? Or have you, have you seen or heard stories about the variance? And what are they saying about kind of the state of COVID?

ES 34:06
Yeah, and proof is in the pudding. You know, everybody's speculating until it gets there. And yeah, it did seem like there were some waves. But usually the trend in large, well communicate-. communicable viruses, not like HIV or hepatitis, but things that everybody gets pretty easily. It's not in risked, I don't know. Usually that is, you have more and more mutations. You might lose the effectiveness of the vaccine. You know, last year's flu shot vaccine doesn't work for this year's flu because all those genetic tendencies in the viruses changed. But you know, if you follow the virologists and the critical care medicine team that are, are really tuned into it - the general flow is for viruses to get a little less virulent as in likely to kill you over time. And, you know, if you were to ask me a few weeks ago, I might have said, okay, yeah, I can see this lasting another two years at least. And like it sucks, but I'll be there at the bedside ready for it. But, you know, recently, the critical care team and stuff their more, more people are optimistic that this new Omicron variant is going to be less virulent as in less likely to kill you. So mutations in the

spike protein to make the vaccine slightly less effective. Obviously, there's still some effectiveness and the spike protein is what we're developing antibodies to to agglutinate or whatever. To immobilize the virus.

AB 36:05
Gotcha. Um, well, we're hitting 10:50, it looks like I don't want to keep you too long. Is there anything, kind of final thoughts that you'd like to kind of get out as, from your, from your unique, very unique perspective, as kind of a frontline person on this, in this?

ES 36:29
Yeah, there are many different angles here. And the facts exist, and you will bump into them with how you live your daily life. And the more objective of reality you live in as in, the more consistently you deal with facts that are in your hands, the more actualized your information is. So if you don't know about it, don't talk about it. [laughs] Because, you know, there's a lot of people out there who know shit, don't, don't get in the way of them. [laughs]

AB 37:05
Yeah, I think that's, I think that's a fantastic note to end on, [laughs] I completely agree. And I think, I think, yeah, we'd be a little better for it, if we just kind of let the, let the people that know what they're talking about, like you and like, you know-

ES 37:22
I'm like, decently smart, but shit, you know, there's some real smart guys that are actually sharing stuff, and, you know, coming up with new protocols and bundles to try and keep these people alive. But it is a long, slow marathon, and is kind of one of the most draining emotional patients that you have, because it is a slow, long marathon, and a good portion of them still die. And when they don't die, the state that they're left in is, is, [pause] is very uncomfortable for their loved ones to see. Because, you know, you can hold on. You - in a lot of different ways. But their lungs are gonna be shit. And so we need to put a trach in and still have them connected to a ventilator. And they're really weak, and they're really deconditioned, you know. Seeing every outline of their bones and their legs, and then seeing all the fluid kind of piling up in their belly, because they're just not shifting it right, because their body's still not working. And then they'll frequently put down a tube, from the outside of their skin, into their stomach, on their belly. And it's just a lot of the things you normally think of as a living breathing human being you don't get to appreciate anymore, you know, taking your own breaths, or like having any food or water. Obviously, this may be a temporary state for them, but this sort of temporary state is likely to be at least for a year or two. And usually people with the trachs, when their lungs are bad, still need the ventilator and we can save their life but it's at, you know, the cost of living sometimes. And, you know, these people, when they've been trached, they're living, breathing through a straw. And so it's just like, no matter how anxious you are, no matter how hard you want to puff, you're

still fighting to get your breath. And life is saved, but many times the quality of life is, is really rough.

[Pause]

AB 39:55
Wow.

ES 39:56
On that cheery note.

[Laughs]

AB 39:58
No. Yeah, this is about the time I thank you for participating in this interview. But I feel like I really need to thank you for, for that. For what you and those, you know, all people that work in that I can't even imagine what it's like.

ES 40:16
This is what we are trained to do. We can't even imagine - like, it is very tough to do and to hold on to. But at the same time, it's like we're fighting this war, we're very committed to the end. You know, I do have some school options I could have taken, but it feels wrong to leave it at this point in time.

AB 40:38
Sure.

ES 40:39
To leave the bedside nursing where you're taking care of these people.

AB 40:42
Of course, yeah, that makes sense. And maybe, maybe someday you can go for that political science and then fix that whole thing for us.

[Laughs]

AB 40:48
You're already saving our lives now, now... Has this, what's been going, on kind of reaffirmed your decision to move away from political science? Or do you still have an interest in it?

ES 41:03
I have a desire to try and find a way to have a certain level of legitimizing through more than just like some Facebook moderators, gently giving a red X on some articles or not. I feel like, including active listening from political pundits in writing the article is good. Just say, Okay, that is actually what I meant to say and you're you know, encapsulating my argument, right. So, go ahead and publish it. I know, some people are getting mad at it, but that's what I meant.

AB 41:44
Right.

ES 41:46
So, yeah.

AB 41:49
All right. Well, I don't think I have anything else for you. Eric, thank you so much.

ES 41:54
Yeah. Yeah, glad I could be of service.

AB 41:56
Yeah, this is, this was really eye opening and hard to hear. So I really appreciate you sharing. And yeah, I think I think it'll be really helpful, especially in the, in the future for people to look at stuff like this and kind of see what it was- hear from somebody that was living it. Like it's still going on -

ES 42:19
And if you have any desire to go deeper into any sort of follow up in, I don't know what you might be up to, but yeah, let me know.

AB 42:28
Sure. Absolutely. I will definitely do that. Okay. Thank you so much.

ES 42:34
Bye.

AB 42:35
Have a good day.

ES 42:36
You too.