Access
Oral History Interview with Margie Molitor
Conducted by Cody Abbott on August 5, 2021

Cody Abbott [00:00:02] OK. All right.

Margie Molitor [00:00:09] Oh, I have to say, got it.

Cody Abbott [00:00:11] No, you're good. All right. So this project is the first phase of a national initiative developed by the National Humanities Center that will partner with universities and health care systems across the country to capture and preserve the stories and experiences of health care workers during the COVID-19 pandemic. The interviews will be organized and housed in a digital database administered by the National Humanities Center and may also be a part of university, state, or national archives exhibits and educational publications or events. Contents from the interviews may be included in the documentary film project in the future. We are extremely grateful and excited to have the chance to speak with you today as part of this initiative. We know that your time is valuable. We believe it is important to share the complex experiences of individuals during the COVID crisis in an inclusive and honest way. We hope that the insights collected during this project will help to enable future scholarly research, structure educational efforts, promote community healing, and help us assess how our health care delivery system functioned during the pandemic. If there are any questions, do not you do not feel comfortable answering during this interview, please let me know, and we'll move on to another topic. If you'd like me to rephrase your answer to any question, or if you would like to rephrase your answer to any question, you feel you're free to request that at any time. All right, and with that, we will go into the first question. All right. So can you just start by introducing yourself and what you do at the hospital you work at?

Margie Molitor [00:01:53] OK, I'm Margie Molitor and I'm the CEO at Hot Springs Health in Thermopolis, Wyoming.

Cody Abbott [00:02:00] Great. Awesome. So can you tell me a little bit about your job and what you do in your job on a day to day basis

Margie Molitor [00:02:13] Ok. We're a critical access hospital with at present three rural health clinics, two other outreach clinics, and a general surgery clinic. We service a county population of forty three hundred, but we have patient populations that we pull from surrounding counties as well, so our market area is probably closer to about 12000, let's say. But we're, you know, the town is three thousand and so we're very sparsely populated, very conservative part of Wyoming. So.

Cody Abbott [00:02:50] Fantastic. All right. So can you tell us how the pandemic began for you, how you first heard about it in your job?

Margie Molitor [00:03:03] Oh, you started hearing it on the national news, and I don't remember, was it March 17th somewhere in there? I think when all of the mandates came down saying and I think we stopped our visitation as soon as as soon as all those all other hospitals were having issues and New York was blowing up in Washington state was blowing up. And I think it was March 17th or 19th of 2020 when we did stop visitation completely for our inpatients and we actually had an early COVID patient. It was in March, very ill and nobody, nobody really knew anything. They just were afraid. And so we had to put her in our one negative

pressure room and we were under construction at the time. And so no, no family visitation, the family couldn't even go to the outside window because that was behind a construction fence. So it was extremely difficult for everybody, and she had comorbidities that we didn't allow for transfer. They thought that she should just be kept here and kept comfortable. She didn't. So we didn't ventilator, and I really thought we were going to have the first COVID death in Wyoming. And fortunately, she rallied with her high flow O2 and everything and rallied and was able to be discharged a few weeks later. So we had an early, early encounter with it. And then and then we didn't have anything for a long time. And so I guess that's how I know. I think it just came quickly just with that one patient and then went away for quite a while. So.

Cody Abbott [00:04:50] OK. Yeah, so you've really got your feet wet right at the beginning. Someone came in and you were like, Oh my goodness.

Margie Molitor [00:04:58] Yeah.

Cody Abbott [00:04:58] You just heard about this.

Margie Molitor [00:05:00] Exactly. Yeah. She traveled. She was immunocompromised and she traveled. And I think down to Florida or somewhere, anyway. And she came, I know, not Florida. I'm sorry. I don't want to give Florida a bad rap about that anyway. Traveled somewhere and came back with COVID. And yeah, I was in and I think we reacted so quickly because we could see everything blowing up in New York. And so we did a lot of things right off the bat. You know, the doctors, all of a sudden they went to a whole different call schedule, so they had a dirty doc and a clean doc. So they would. And we had, how are we going to? And this was all under while we were under construction. So that just complicated everything because the whole building was sort of, you know, chaos at the time. So we did a lot of those things that in hindsight, we we didn't need to do so early. We just never had the influx of patients and we didn't. So after about six weeks, they decided they didn't need to do that anymore and went back to their regular schedule. And we've been on the regular schedule ever since. So it hasn't impacted us as much as we thought it would, which is a good thing. But there's still that continual stress of constantly needing to be aware of and ready for anybody that might be infectious. So even though we haven't had a brunt of patients, it's still been taxing on the staff so.

Cody Abbott [00:06:28] Absolutely taxing for everybody, I'm sure, especially people who are who are working within that system, right? What so you kind of you were talking a little bit about schedule changes and dirty doc and clean doc. Could you talk about that and potentially some other adaptations that you did make right off the bat?

Margie Molitor [00:06:51] Let me think. So so the physician, the provider scheduling, was the probably the biggest change. And so that made them less available to clinics. And the other thing is, we closed our clinic lobbies down right away and and just because of the general fear, our clinic volume just bottomed out to nothing. Because if you weren't really ill, you didn't want to go to the clinic because

you might sit next to somebody or get COVID from the clinic. And so our clinic volume dropped off dramatically. And this is before telemedicine was approved for all health clinics. We were one of the last last places to get approved and, you know, our legislators fought hard to get that approved and pushed through. And so Representative Cheney did a good job of representing us to get rural health clinics to be able to do telemedicine visits and bill for them. But we were doing them without billing for them just because it was the right thing to do. We had to see these patients and take care. And so we were doing some telemedicine visits where we couldn't bill for them. So let's see what else dramatically changed. I mean, of course, then the shutdown nationally of all elective procedures, you know, that was huge for us. And it wasn't because we had COVID here. There just wasn't a lot of COVID here. We could have easily kept doing surgeries. But it was to preserve PPE. So I think in hindsight, it highlights how unprepared the country was to have adequate supplies. I mean, you know, we everybody had to go to the cloth masks and we had to go to these homemade. That was an interesting thing. Let me grab it if I've got a homemade plastic masks. So our high school. You're not going to go this way. Our high school students, you know, made these prefabricated masks and we thought we had, I can't get it would have to use these. And I will tell you putting these on, there's no way I could breathe through those for more than a few minutes. They're a killer. But it would have done the trick if we didn't have any masks. So getting getting supplies was a huge issue for everybody. And so, you know, we're trying to. That was a stress for materials. It still is actually still sourcing materials is a problem. They're finding all trying to find all kinds of sources and. And unfortunately, I think some people greatly profited from COVID-19. And that's that's an unfortunate truth. They just marked everything way up and make tons of money off of us, and I think that's unfortunate. So. I got way off topic. What else we changed schedule wise other than the providers I can't remember. I can't remember anything specific other than the provider's scheduling. Yeah.

Cody Abbott [00:09:43] OK. Well, it's awesome that it I mean, does seem like some of the community came together, especially in the high school, to kind of try to help out.

Margie Molitor [00:09:53] Yeah.

Cody Abbott [00:09:53] Was there anything else you noticed from the community?

Margie Molitor [00:09:56] Yeah, we had an outpouring. Oh my goodness. Cloth masks we had, I think we had probably over 300 cloth masks made by the community and donated to us so that we could pass them out into our patients in the clinic and to patients in the hospital and into our staff that were non-clinical that could wear them. And I've still got some of those as well. And so that was a great outpouring. We also had people dropping off like, we're in an oil and gas area, so we had people dropping off respirators that they had, you know, from the hardware store or from the well service and, what else respirators, what else I'm trying to think. We had different gowns. We had all kinds of PPE being donated by these organizations and a lot of community support for the hospital in those first few. Especially the first few weeks, but for the first few months, lots of community support. Yeah.

Cody Abbott [00:10:58] That's awesome to hear. And I think that's probably one of the one of the positives that came out of the pandemic nationally.

Margie Molitor [00:11:05] Absolutely, yes.

Cody Abbott [00:11:08] So I kind of wanted to talk about your job as CEO. How have you noticed that change over the course of the last year and a half or so or has it?

Margie Molitor [00:11:21] Well, for a while, we had our meetings and everything you know our Wyoming had a mandate, you couldn't have more than you couldn't have 10 people or more in a meeting room. So we did definitely start changing how we did meetings. Our board is relatively small, so we still did our board meetings in person. We just limited who else would be there. And we also provided Zoom if they didn't want to come in. So we did have a few people Zoom. Our other department head meetings, we're still doing Zoom meetings because it actually worked quite well. And then everybody can log in and everybody's there, and we don't have to worry about sharing germs. So definitely my job has changed because it's a lot more remote, a lot more Zoom with with things. A lot of I mean, now what I've been doing for the last since January is being a cheerleader for vaccinations. We're in a state that is not a highly vaccinated state, and unfortunately, I mean, that's a whole nother topic. It became such a political issue, and I think that's the real crime here, is it why did it have to become political? It's a health issue, but you know, so trying to encourage our staff to be vaccinated and our community to be vaccinated and wear masks and make wise choices? I mean, yeah, we quickly dropped off the mask radar. Most of our community got away from wearing masks, and they're not vaccinated. And how do you try and say that's not a healthy choice, so please make wise choices. That's that's I spend more time doing that than I usually would, trying to do more communication with the staff about just what's going on and not only here, but also what's going on in the state and nationally and worldwide with COVID, because I think they had to understand that it is a pandemic. And even though we might not be seeing it, it is a huge issue everywhere else. So I weekly update. I always have the world numbers, US numbers, state numbers and then our county numbers around us to kind of see where we're at. And throughout all of this Hot Springs County has been really pretty quiet. We've been very fortunate and I hope that holds true but with the Delta variant, I'm not sure that it will. Knock on wood. It still is pretty quiet here, but that could change.

Cody Abbott [00:13:47] So, yeah, there's definitely been a lot of news about the the Delta variant. Have you noticed in your county any more presence of that Delta variant yet?

Margie Molitor [00:14:00] Well, we had some cases, probably four weeks three or four weeks ago that came back last week, I think, is they were finally identified as Delta variant. So we do know it's in the county, but our cases haven't still haven't gone up that much now around us, the state of Wyoming now last week had over 13 hundred new cases, so that's up considerably from the three or four hundred it was at. So it is it is surging back again in Wyoming. Not as much as some other states, but I think it's just because we are like people say we're naturally socially distanced

already. We'll see. I mean, it's been amazing to me that through all this, our state parks, people are coming from all over the country to go swim in the hot pools. And, you know, and it and it seems we haven't been, I don't think, a cause of people to get infected. So maybe there's more to this wonderful hot, hot spring than we give it credit for? I don't know, but it's been interesting. I mean, we've seen, you know, we're kind of a tourist community and we haven't seen our business slow down at all. It's actually picked up here and in Yellowstone and the surrounding areas because we're, I guess, the place to go. So.

Cody Abbott [00:15:14] Does that does that bring any anxiety or fear to the table, or are you still?

Margie Molitor [00:15:20] Yeah, I certainly haven't been swimming in the hot springs since COVID started. I don't, you know, it's not chlorinated water, it's natural spring water that filters, you know, and recirculates every eight hours, but you've got all these people in there. And no, I have not been to the hot springs. And I think people that are actually conscious and socially conscious about COVID haven't been to the hot springs either. Yeah.

Cody Abbott [00:15:41] I liked what you said when when you said, basically, there's something in the water, maybe,

Margie Molitor [00:15:50] I am amazed

Cody Abbott [00:15:52] Either it's, you know, helping us or hurting us. We don't know.

Margie Molitor [00:15:56] Well, it must be. I don't know. Maybe maybe all those minerals kill off the virus. I don't know. But.

Cody Abbott [00:16:01] Yeah.

Margie Molitor [00:16:02] You would think if we were going to see something, we would because, you know, Fremont County, you know, had tons of cases and you'd see lots of Fremont cars over here in the hot springs, and we still didn't have a ton of cases here. So I don't know.

Cody Abbott [00:16:18] Maybe it's the fountain of youth

Margie Molitor [00:16:20] It might be, it might be. So everybody come to Thermopolis and test out the waters, I guess.

Cody Abbott [00:16:28] All right. I like that. But save, save room for for the locals too, you know?

Margie Molitor [00:16:35] Exactly. Yeah.

Cody Abbott [00:16:37] OK, so let's move on to our next question.

Margie Molitor [00:16:42] Okay.

[00:16:43] All right. So was there any specific moment of kind of intensity throughout this whole pandemic that you noticed, like any specific frantic moment where you were like, oh my goodness? Or was Hot Springs County pretty, pretty level and it's been pretty calm?

Margie Molitor [00:17:10] I don't know that we had any panic moments. I mean, from a financial perspective, it's a panic moment when you close down all your elective surgeries because we did see in that time frame, our revenue went down 60 percent. That's a huge drop in revenue. You know, your clinics were tanking and you had no elective surgeries. So that that was a. Yeah. April, you know, April and first part of May, where that was a a serious time we were we were nervous. We when we surged in the fall, I think we the most, we probably had five patients. That's probably the most patients we ever had at one time in the hospital, I think, you know, and we had barrier walls, so we purchased barriers. And so we would just move the barrier up the hallway farther, you know, and have those rooms because we only had, you know, we didn't have that many negative pressure rooms that we would move the barrier. So I think it was hard on those nurses that worked behind the wall because we have a limited number of nurses, so you have to keep a clean nurse for OB. And that leaves the other nurse to be the nurse that's, you know, the nurse that's for COVID. So. So I think there was there, it probably was stressful for the nurses right then, but I we never had a huge in-patient population.

Cody Abbott [00:18:34] OK, well, that's definitely good to hear and promising, especially when it is such a small hospital and you don't necessarily have the resources to care for critically ill patients that need special negative pressure rooms and stuff.

Margie Molitor [00:18:48] Yeah. That's true.

Cody Abbott [00:18:51] So I wanted to kind of dive into just the financial bit a little bit. So that was kind of striking to me what you said about how you know, you tanked 60 percent over that course. How do you make that back? How do you respond and react to such a financial difficulty?

Margie Molitor [00:19:10] Well, and here's where we're kind of in a. The CARES, the CARES Act funds allowed for you to use some of those funds to make up for lost revenue. But it really didn't help us in the long run. It helped many other places, but it had to be you had you had to show that you had a loss greater than what you had budgeted, you know, so we were we were on a gangbuster year through March. We were beating all of our all of our markers. We had more surgeries, we had much more business, much more revenue. So even though we had that six weeks where we had very, very poor revenue at the end of the 12 months and our our year ends June 30th. Even though we lost terrible, we lost a lot of money, we still did not miss our budget. And so we couldn't claim very many, very much money for lost revenue. And so that was one of the things that in the CARES Act, I mean, the CARES Act, that helped a ton of people. We couldn't use it for lost revenue because we hit our target. And so that was one of the things that wasn't really fair about how they said,

you can allocate the funds. That was another really frustrating thing is they they just would dump all this money. Just all of a sudden you had $4 million in your bank account. It just showed up overnight or, you know, large large amounts of money that would just show up and they didn't and no rules of how you were supposed to spend it. Just saying the rules are coming. Well. So we were extremely conservative because rules kept changing and getting more conservative, and so we were extremely conservative. And so we are probably potentially unless we extend it, we're going to return a lot of our provider relief funds in our CARES Act funds because we did not use them because it has to be for something that wasn't planned prior to COVID or budgeted for prior to COVID. Well, we were in a construction project, so we were already building negative pressure rooms and we were already doing all these things that other people could spend their money on that we were already doing. It had been budgeted and planned. So. And because we're critical access hospital, if you can claim it on your cost report and get reimbursed for it on the cost report, you can't use CARES Act funds for it, or not totally anyway. So there's there's we're going to end up returning a ton of money. And I'm good with that. If we didn't use it, that's fine. But a lot of other places spent all of theirs, and so I'm a little bit kind of like, did they really spend it on the right things? I mean, because we were conservative, because we don't want to get audited and then say, hey, you spent a million dollars that doesn't fit the fit the criteria, give us our money back. So we were trying to be good stewards of that money, and I'm not sure that everybody else was and are they going to have to pay for that? I don't know. And that's that's that's not really fair. So. I jumped around again, getting into CARES Act funds, but.

Cody Abbott [00:22:00] No, I mean, that is super interesting and it's something that you don't really see and we don't really hear about. So we hear about the CARES Act and it's like, oh, we have all this money, so why isn't there x y z? But you don't really recognize that on the flip side, there is this kind of hesitancy, because we don't you don't know how you should spend it.

Margie Molitor [00:22:25] Oh yeah, because if you if you spend it wrong and they audit it, then you have to give it back and it's like, well, we don't want to, we don't want to have to give it back. So let's just not spend it if we don't think it truly meets the criteria that was intended. So anyway, so, yeah.

Cody Abbott [00:22:43] So kind of just piggybacking, probably last question on the financial side. Yeah, yeah. So how did or how are you reacting and how are you trying to make up some of that lost funds from losing all the elective surgeries and from not utilizing the excess CARES Act money?

Margie Molitor [00:23:06] Well, and actually, we we were down for about six weeks, and then the state opened back up the surgeries again and we saw actually a surge. There was a pent up demand. So orthopedic cases and pain cases and those things that were waiting because they were technically elective, we saw more cases than in June. So June was an exceptionally busy month as surgeons tried to make up for what they couldn't do in in May, April and May. So our end of May and the end of May and early June, we saw a surge. The clinics are still struggling a bit. It's taken longer for patients to come back to the clinics for some reason, and we're trying to say we're safe. And in fact, I feel we're safer than, you know, we're safer than going

to the grocery store or the restaurants because we actually mask here. Everybody masks here and we screen people here. You know, you go down to the grocery store or anywhere else and you don't have masks on. And you know that most of those people aren't vaccinated and aren't careful about where they go and who they are around. So we're safer. But I still think it's, um, it's a challenge for people to feel to trust that they can come back and receive their health care here. So that's we're still working on that. But but overall, it's been OK. I think our our bottom line. We lost about a million dollars last year. And a good portion of that was because of COVID. We could see probably if we had yeah, it did affect us this last year, too. So.

Cody Abbott [00:24:48] OK. Yeah, I'm glad that people are finally becoming more comfortable and going back in because I know tons of people put off health problems because of that fear, and some of them were health problems that probably you shouldn't wait on. So I'm glad that people are finally going back in and receiving the care that they need. So I think that's important. As kind of the orchestrator, you know, behind the scenes, you know, you have a very interesting position and especially in that you kind of hear what's going on from all these different groups of employees. Which group or groups of employees do you think we're really most affected mentally, physically, x y z by the pandemic?

Margie Molitor [00:25:44] I think that the people that probably took a lot of the brunt of our pandemic was in the clinic. The clinic staff, because most of the testing was done, I mean, public health did some of the testing, but our clinic picked up a large portion of the testing and they just aren't staffed for that. I mean, it's it's a pain to have to get all your garb on and run out and test them. I mean, we're we test people outside because we don't have a safe room to test them, so they go outside and get tested outside. So the clinic, I think took on a lot of we didn't really hear from them, they didn't complain a lot. I will tell you they were real troopers. But they did they carried on a lot of the testing. I think that the I think the providers probably have handled it well. But if they actually sat back and looked at it, they would say this has been really hard, a hard year. And then the nurses, I think you just because they're the ones that are there twenty four, seven and are the ones that are first contact and and so I think it's been it's been hard on them. I. We're small enough that it affects almost everybody, so, you know, it affects our EDS crew, you know, because they're the ones that have to go in and get all carved up and do the COVID cleans, you know? You know, a patient comes into the E.R., but they also go to CT and they go here and here. I mean, there's several areas that need to be cleaned after a potential COVID patient is coming in. And it's EDS that's doing all that. So I don't I think it's been hard on several groups, but I would probably say from an engagement standpoint, it's probably the nurses. Yeah.

Cody Abbott [00:27:32] OK. Yeah, I think I think that's pretty consistent, too, with a lot of what we've seen in the media and social media, et cetera, with a lot of nurses feeling like, yeah, well, they're very front line and very exposed so. OK. Yeah. So now I just wanted to ask just a final question. I really appreciate you taking the time to talk with me and I have learned a ton. It's been awesome. But on a personal level, I just wanted to know what brought you comfort during the pandemic personally. How did you take your mind away from all of this or were you able to?

Margie Molitor [00:28:15] Yeah, I guess I've always been a person that can kind of go home and just I very rarely lose sleep at night. And that's a good thing. I don't want to lose sleep at night. I think there were many, many times that I would say to myself and my family and anybody around, I'm very glad that I live in Wyoming because I a lot of this was happening around us and it didn't really happen to us. And that's a huge that was a huge comfort that that there are pros and cons of living in Wyoming, but that was definitely a positive. We just didn't have a lot of people and we didn't have a lot to cope with and so that made me very thankful. I was also very relieved when they had the vaccination and we could get vaccinated, so that was that was that was a huge relief for me. I'm trying to think. You know, my daughter goes to college, so last year she spent a lot of her year at home, I mean, because most of her, she could stay in her apartment and go to college online, or she could stay at home and go to college online. So she was home a lot more last year, which was sort of an added plus most of the time. So I mean, I think there's yeah, I think there's you know, yeah, there's there's good things and bad things like, yeah. My parents are in assisted living and, you know, so you couldn't see them for a long period of time because they were on lockdown. And in fact, I'm skipping off your topic again. They're on lockdown again because a staff member tested positive and then two more residents tested positive and it's like, this has got to stop. I mean, people need to, I'm getting on my soapbox now. People have to get vaccinated. I'm just over it. So anyway, but I'll get back to joy. I'm glad I lived in Wyoming. I'm not so glad when I look at our vaccination rates, but I'm glad I live in Wyoming.

Cody Abbott [00:30:12] All right. Yeah, I agree. It is a blessing in disguise. I have my own blessings in disguise by, you know, being able to spend more time at home by being able to have a little bit more free time in certain ways. So I agree those little things really were necessary and just really improve life and everything. Definitely difficult with the not being able to see people who are in lockdown that's inconsistent with your status in lockdown and quarantine and all of that. But. I'm glad that we do live in Wyoming, A, and I'm glad we live in a modern society where we have Zoom.

Margie Molitor [00:30:56] Oh my goodness. Yes, yes. Yeah, yeah. I see the things that are going on in India, or wherever it's like. And yeah, like, I'm glad I'm here. Yeah, I'm here. Yeah, yeah.

Cody Abbott [00:31:10] And I think our community is going to do great.

Margie Molitor [00:31:14] Yeah.

Cody Abbott [00:31:15] We're going to make it through.

Margie Molitor [00:31:17] Oh, we'll make it through it just and I think we made it harder than it needed to be in many ways. That's the unfortunate thing. I think we made it harder than it needed to be.

Cody Abbott [00:31:25] Yeah. And I agree with you. Everyone go get vaccinated. Just just do it.

Margie Molitor [00:31:31] Yeah.

Cody Abbott [00:31:32] All right. So I'm going to end this record.