

Access

Oral History Interview with Bethany Hughes

Conducted by Hailey Briseno on July 27, 2021

**Hailey Briseno** [00:00:02] Today is July 27th, 2021, and my name is Hailey Briseno. I am interviewing Bethany Hughes remotely via videoconference. This interview is being conducted as part of a project organized by the National Humanities Center in conjunction with the University of Washington. Our goal is to collect, preserve and share the stories and experiences of health care workers during the COVID-19 pandemic. Bethany, thank you so much for joining me this morning. I just thought I would start off by asking you to tell me a little bit about yourself and what you do professionally.

**Bethany Hughes** [00:00:35] Sure. Yeah, so, I'm an RN [Registered Nurse] for, oh gosh, 24 years now. I mostly – most of my career spent working with babies in the NICU [Neonatal Intensive Care Unit] and transitioned into my current job about two and a half years ago. My official title is Public Health Nurse and Community Health Services site supervisor. So, I supervise two other staff members here in Spokane in our program, and we are a public health program that reaches out to low income, underserved pregnant women and their babies through the end of their 12th month of life. We work with a program through the state of Washington called First Steps, and the goal of First Steps is to increase prenatal care, attendance at prenatal visits, reduce preterm deliveries and improve – I think one of their goals, one of our goals for sure, is to improve well-child visits during the first year – make sure kids are getting vaccinated. And then also to try and make sure that our new moms are getting on birth control, so we can kind of help them space out their pregnancies a little bit more, too. So, I have another nurse that I work with in the program and then a social worker, as well. So, it's the three of us working here between the two Unify clinics.

**Hailey Briseno** [00:02:14] Wonderful. That's very, very valuable work. We're so thankful to have you. What was a typical day at work like for you before COVID-19? How has that changed over all of this?

**Bethany Hughes** [00:02:29] So, a typical day of work prior to the pandemic for me, as well as for my staff, would involve both seeing pregnant patients and infants in the clinic when they come in for their appointments, as well as doing home visits. So, one of the main parts of our program is actually getting out into the community and into patient's homes, so we can kind of see where they're living, make sure they're in safe environments and just kind of meet them where they're at, as opposed to them always having to come to us. So, currently, we are not doing home visits yet, although we're hoping to start that back up soon. So, what we're doing right now is a lot of phone calls. We received approval from the state to get funding to make phone calls in place of home and office visits. So, it's a mix of phone visits and in-clinic visits. Most of what I do is seeing patients in the clinic. Most of what my staff are doing currently is making outreach phone calls. So, [inaudible, connection breaks up] is administrative supervisor stuff, I'd say my job is about 50 percent supervisor and then 50 percent actual clinic work, doing the same thing that my staff are doing.

**Hailey Briseno** [00:04:01] And how has that transition been? It sounds like between your administrative position and seeing patients in the clinic, maybe a lot of that has remained the same, but the home visits and the phone calls, I mean, how does that impact the nature of the very important work that you do?

**Bethany Hughes** [00:04:18] So, it's kind of funny. I thought it would be really hard when the pandemic first hit. We were actually the first staff within Unify to be sent home. And so, we were actually working remotely and there were no in-clinic visits. It was all by phone. And so, we were all afraid that we were just going to lose half of our patients and have a really hard time getting in touch. But I think that the patients received it really well and were really happy to have medical health care providers reaching out to them, because – I'm sure you remember back when the pandemic was first hitting, no one really knew what was going on or happening or what COVID-19 really was going to look like. And so, I think they were – patients were very happy to have us calling and checking in on them and making sure that they were doing okay and that they had all the current information. So, we, I think within the first month, were able to reach probably about 90 percent of our caseload, which was awesome. And then we did a pretty good job keeping up with most of our patients through the pandemic. I really missed the in-person in the clinic and felt like you kind of missed that, you know, that personal touch, that relationship building that's kind of hard to get by phone. And for me, it was hard, because I've always had a bit of phone phobia. So, that was a huge hurdle for me to get over. But just knowing that the patients appreciated it – and they were receiving it really well was kind of cool. So, we were working from home for – from March through – I think it was about June or July, and then I started transitioning about 50 percent time back in the clinic. My staff have stayed working remotely until, excuse me, until this past March, when we were required to all return to the clinic. Once everyone had the opportunity to get vaccinated, it was kind of like, Get vaccinated or don't, but you're coming back to the clinic.

**Hailey Briseno** [00:06:53] Have some of your experiences, you know, doing the phone calls in place of the home visits or kind of working with patients in that way – has that shaped how you're moving forward with your program, just in general? Does it – have you found – does it make it easier for patients to receive the phone call rather than make it to a clinic? Or has some of that kind of carried over?

**Bethany Hughes** [00:07:14] Yeah, absolutely. That's a great question. So, in being allowed to transition to phone calls, so, in other words, the state approving funding our visits by phone call at the same reimbursement rate as a home visit or a clinic visit. We – our whole program, not just us here in Spokane – feel that we've done a much better job at reaching all of our patients and reaching them on a more regular basis. Home visiting – some people love it, and some patients are just like, No, I don't want anyone in my home. That's my private space. Or I think there is perhaps a little shame or embarrassment of people's homes might not be a space where they want people they don't know, because maybe they're embarrassed about their living situation. So, being approved to make phone calls, I think, has allowed us to keep better track of our patients. And then, the other thing that's really cool is, we tend to have a lot of patients that no-show for OB [Obstetrics] appointments, clinic appointments in general, and so, being allowed to make phone calls allows us to be able to get reimbursed for our time when we're calling them and kind of trying to chase people down and get them rescheduled. And then when we call them and we get a hold of them to reschedule their appointment, we're able to address other issues, you know, that might be happening in their life, if they're in a housing crisis or

a food crisis. So, we can kind of tackle multiple things at once. So, it's been so wonderful. And I think that across the state, the feedback from all of the staff in the First Steps program has been the same thing, like, Wow, this has been so cool and so helpful, not just to staff, but to patients and families. Wouldn't it be wonderful if we could keep up the ability to make phone calls and have that be part of our billable encounters? So, at this point in time, the state has no plans to take away our ability to make the phone calls. I think at some point they might limit the number of phone calls because again, it is supposed to be a home visiting based program and they do want us to get out in the community. But yeah, I definitely think that being able to make the phone calls has been so valuable for the program overall. So, that's a really cool thing to have come out of the pandemic that we, you know, you kind of discover new tools along the way. And so, at this point, we're hopeful that we'll be able to continue. Yeah.

**Hailey Briseno** [00:10:03] Good. I think COVID was kind of a time for a spark of innovation in a lot of different areas and I think in health care especially.

**Bethany Hughes** [00:10:12] Yeah, yeah. Video visits for physicians in the clinic. Absolutely.

**Hailey Briseno** [00:10:22] So, I understand that pregnant moms are kind of hooked up with you guys when they are on Medicaid and they start to come in for prenatal visits. Is that how you become connected with your patient caseload?

**Bethany Hughes** [00:10:33] Yeah. So, in Yakima Valley Farm Workers, the Community Health Service nurses, which would be me – we do that initial RN OB appointment. So, when the patient learns they're pregnant and they want to establish care with the clinic, they set up an appointment with me and I do what we call an OB consult. So, I come in – they come in and meet with me, usually for about an hour. And then I ask all of their medical health history, their OB history. We get their whole chart updated, ready to go, get their lab work done. And then towards the end of the appointment is when we talk about patient education and we talk about all the programs that are available to them, including WIC [Special Supplemental Nutrition Program for Women, Infants and Children]. And that's when I talk to them about First Steps. And so, I offer the program to them. Then, if they're eligible, like you said, if they do qualify – they have to be Medicaid eligible. And then, so, I offer it to them then – our acceptance rate is probably 90 percent – I would say, or more – patients accept First Steps. If they don't accept, I usually check in with them a couple of times during the pregnancy anyways, just to see how they're doing and make sure they don't need help with food or housing or any other issues. But yeah, yeah. So, that initial OB visit, that's where we meet up, and then I schedule them for their first OB appointment with the doctors like Dr. Cox and we get their lab work done and get them going.

**Hailey Briseno** [00:12:11] Great. Have you seen an uptick in eligible patients or the number of patients that you're seeing with unemployment in Spokane? Kind of the financial instability that people have experienced?

**Bethany Hughes** [00:12:26] I think that our numbers have been pretty steady. I think most of the patients that we see coming to the clinic, who were working full time, qualified for Medicaid, even with their employment. I have seen a number of patients go through unemployment and so that's one of the things that we do help with, is getting – helping them fill out the unemployment paperwork or the Washington state paid leave. So, yeah, pretty much overall, I mean, I think across the organization, within the First Steps Program, so our Medicaid patients, those numbers have stayed pretty steady. Actually in one of the clinics, their numbers have gone down significantly. But for us here in Spokane, pretty, pretty stable.

**Hailey Briseno** [00:13:19] So, Unify Clinic serves a lot of low income population refugees, minorities. How would you describe the demographic that you serve? Obviously, you know, Medicaid-based. Have you noticed kind of patterns within certain demographics or pockets of Spokane that you tend to serve more?

**Bethany Hughes** [00:13:40] Yeah, definitely. Like you said, we have a lot of refugees, and I've actually seen an uptick in the last few months of new refugee patients, patients just coming to the country who are already pregnant. But I'd say that refugees are probably at least 50 percent, and that's a guess I'm pulling out of my head, but that would be about what I would guess. And then another significant number of our patients are Pacific Islanders. Specifically, we have a pretty good Marshallese population in Spokane. So, we have a lot of Pacific Islanders, Marshallese patients, refugees, lots of refugees from different parts of Africa, the Middle East. And then we just have – I would say the other subset of the population would be mostly just low-income, long-term Spokane residents. Yeah, but that's the really cool part about Spokane is we have such an awesome refugee population with world relief, and I'm hoping those numbers will go up over the next couple of years.

**Hailey Briseno** [00:14:56] It's been really fascinating working in the clinic and interacting with all the members of the team, and I've noticed how much translation or translators have become so integral to that care. How has that – I mean, is that an added challenge that you've noticed with phone call visits and things related to COVID? I can imagine that would be another challenge as well.

**Bethany Hughes** [00:15:21] Well, we use the phone interpreter service, which is awesome. When the pandemic first hit, you know, I think across the state there was a huge increase in need for the phone interpreters because everyone was doing phone and video visits. And so, initially, there were times when we would be online waiting for 20 minutes, 25 minutes to get an interpreter on the phone. So, that was a huge time drain. But I think the interpreter services have – either they've caught up and hired more people or the need is decreased, because we haven't really had long wait times. But yeah, I feel like the phone interpreter service that we use is awesome and communication is good. I think – and you may see this too, the video translation in the clinic, I think, is lacking. It kind of comes and goes. But yeah, I think we have great communication with the patients and they appreciate having the translation service and we can get just about any language on the phone.

**Hailey Briseno** [00:16:27] It really is amazing.

**Bethany Hughes** [00:16:29] Yeah, right. And once you use it a couple of times, it's a piece – you know, it's easy to use.

**Hailey Briseno** [00:16:38] So, your program seems to be longitudinal care – from when the mother first presents to that initial OB visit, up to 12 months of life for the child. Do you visit your patients in the hospital and if so, what was that like this past year?

**Bethany Hughes** [00:16:57] No, we don't do hospital visits. I think part of the program – technically we could do a billable visit if we wanted to go visit our patients when they were in the hospital. But generally here in Spokane, we have not done that. And during COVID, they were so, you know, I mean, patients were only allowed to have one visitor. So, I don't think we would have been allowed in anyways. But yeah, so hospital visits have not really been a part of our program.

**Hailey Briseno** [00:17:32] Have any of your expectant mothers suffered from COVID, and if so, how did that impact the nature of your work?

**Bethany Hughes** [00:17:41] We've had a couple who did test positive, and the two that I'm thinking of, I think they kind of felt crummy for a couple of weeks, didn't get too sick, recovered. Generally, I'm trying to remember, I think we tried reaching out to them when they were sick and didn't get an answer. And then on follow up it was, I was just feeling so miserable, I didn't want to talk to anyone. But recovery was good. And those two patients it – as far as I know, did not affect their pregnancy. We did have one patient who came into our program towards the very end of her pregnancy and she got COVID. I think she was thirty six weeks and she ended up in ICU [Intensive Care Unit] on a ventilator. Baby was delivered C-section and she fully recovered. Baby did fine, but that was pretty scary. As far as I know, you know, maybe there are more, but I can only think of those three. Yeah, but I share with my patients who are kind of hesitant about getting the vaccine – I do share with them, while preserving HIPAA [Health Insurance Portability and Accountability Act], that I have seen a pregnant patient get super sick and come close to dying and have to have her baby delivered early, you know, to kind of share with them the reality of how sick you can get when you're pregnant with COVID.

**Hailey Briseno** [00:19:19] That's really scary. I can only imagine it adds a whole other level, you know, when you have a little one on the way and you're hit with that kind of illness.

**Bethany Hughes** [00:19:30] For sure.

**Hailey Briseno** [00:19:32] What advice would you give to new and expectant mothers kind of in this era of COVID-19 with all that changes going on in the world? What advice – maybe it's advice that you find yourself giving your patients on a daily, weekly basis?

**Bethany Hughes** [00:19:47] Yeah, that's a great question. So, the advice that I give my patients is, You are your strongest advocate and you are your child's strongest advocate. So, it's your job to make sure that you protect yourself and that you protect

your kids. So, it's okay to say no to large family gatherings or gathering with people who, you know, aren't taking precautions or aren't vaccinated. It's important for you to wear your mask when you're out in the community. It's important for you to stay away from people who are sick, and if you don't take those precautions for yourself and speak up for yourself, really, no one else is going to. So, I just encourage them again, you know, be your strongest advocate. And then you've got to protect your kids, too. Yeah, so, wash your hands, wear your mask. Delta is still out there.

**Hailey Briseno** [00:20:52] Do you have any stories of moments you've shared with patients that have been meaningful during the pandemic? You know, while respecting patient privacy – just moments that kind of stand out to you as you kind of reflect back on the last year and half?

**Bethany Hughes** [00:21:07] I just remember when we first transitioned to home and we were reaching out to all our patients, I just remember the fear that was out there, the fear of the unknown. And I don't know – that's a tough question. I just remember patients just being really scared and just trying to be a lifeline to them, you know, and reassuring, you know, Do what you need to do, protect yourself, stay home, wear your mask, wash your hands, only go out when you need to. And you know, that's the best thing that we as a community can do. But yeah, I just remember families being really scared, which was, you know, you don't want to see people scared, but it was good to know that people were taking it seriously.

**Hailey Briseno** [00:22:05] You know, it seems like COVID affects everyone in every place a little bit differently. We talked a little bit about a particular community and population of patients that you see at Unify. Are there any specific challenges you faced that seem to differ from what was being represented on a national or global scale?

**Bethany Hughes** [00:22:26] So, challenges that I face that might be different from things – would you mean vaccine hesitancy, that sort of thing?

**Hailey Briseno** [00:22:36] That could be one.

**Bethany Hughes** [00:22:38] Yeah, I have definitely seen vaccine hesitancy recently. I was expecting a lot. I was actually expecting a lot more of our patients to say, No, I don't want the vaccine, but thankfully a good number has. But my last two OB consults, so, newly pregnant patients, I asked them if they were vaccinated. They said, No. I said, Would you consider it? And it was a very strong, emphatic, No, I don't want that. I don't want government tracking me. I don't want it messing with my DNA. And so, that has been the hardest part for me and trying to hear that misinformation and ask questions to try and understand their thought process and where this information is coming from. And then, trying to find a fine line between trying to refute some of those claims without coming across as condescending or you know, Oh, that's dumb. That's false. So, a lot of what I do is I try and feel out why they're saying no and where that information that they're getting is coming from and then saying, Well, you know, I'm sure when you go in for your appointment, Dr. Cox or Dr. de la Garza, will talk to you about the COVID vaccine. That's a great time to ask any questions that you have. And then I do share the story of the pregnant

patient that got very sick and how as a pregnant person, you're more vulnerable. Just – if they're not going to get the vaccine, at least instill in them the knowledge of how serious it is, so that at least if they're not going to get vaccinated, that they'll take the precautions that they really need to protect themselves and their family.

**Hailey Briseno** [00:24:42] Yeah, it's a real challenge. There's several elements to the challenge of the vaccine hesitancy in the education. It's not easy.

**Bethany Hughes** [00:24:53] Yeah, right? I feel like if you say the wrong thing when you're trying to talk to them about their, you know, reasons for not getting it, you might just make them even more determined not to. So, I would love to sit in on Dr. Cox in particular on her talking to some of these patients who don't want it. I'd love to hear her spiel.

**Hailey Briseno** [00:25:16] Have you personally or any of your family members had COVID, and if so, what was that experience like?

**Bethany Hughes** [00:25:26] No, thank goodness. I got sick at the very beginning of the pandemic and I had some pretty high fevers that kind of came and went, and so I was in isolation for a couple of weeks, but I got tested multiple times and was negative. So, I'm not sure what that was about, but no. But man, we sure got vaccinated as soon as we could. Thankfully – I'm very thankful we all stayed healthy

**Hailey Briseno** [00:26:00] Throughout your work – maybe, you know, transitioning to using the phone more instead of the in-home visits or maybe being sick, or maybe not even with COVID yourself. Were there moments where you felt isolated or kind of experienced some of the loneliness or the challenges that kind of came with staying at home and social distancing and all of that?

**Bethany Hughes** [00:26:22] Oh, absolutely, for sure. I think that's one of the joys of working in the clinic is you're interacting with your patients on a daily basis and talking on the phone is just not the same. And I think on top of not seeing the patients, it was isolation from coworkers, as well. You know, a huge part of a full time workers social life is interacting with your coworkers. So, that was probably, I'd say, the biggest challenge for me this last year – is that feeling of isolation. And even when I did transition back into work, it was kind of like, I'm in my office with my door shut. Still mostly making phone calls. So, for sure. But the – and I think I'm not alone in this. The cool part about transitioning home is my husband was working from home, my kids were working from home, so, it was really kind of a cool time to family bond. But yeah, for sure, that was definitely the largest challenge of the last year, and I still feel that. I still feel that with my coworkers. Mostly, making phone calls we're not kind of interacting as much in the clinic as we were. And everyone's still behind their masks and their glasses, so you still kind of feel a little bit of a separation and distance. But yeah, absolutely.

**Hailey Briseno** [00:27:52] What has it been transitioning to this new normal? It sounds like you were working from home. Your husband was working from home. Kids are doing school online. How was it transitioning to all of that in the beginning?

It seems like things got pretty fast and furious all at once. We definitely set the stage for a new normal over those first few months.

**Bethany Hughes** [00:28:15] Yeah, well, it was scary. I mean, even as a health care worker who –and I felt like I was pretty up to date on all the latest info. I mean, we still really had no idea what was coming. I remember in January when word was just first coming out, we were all kind of freaking out and – Is it going to come here, is it going to hit us, what's going to happen? It was a scary time. Lots of unknowns and unknowns are always scary. And then I think when the kids transitioned to – they transitioned to home school just about the same time I transitioned to work from home. And we were all kind of in that not knowing what to expect. But again, it was kind of cool that we were all there together and just kind of getting through it, cheering each other on. Yeah, it's just so weird. And I said to my kids every day I was like, You guys are living through history, you will look back on this 20 years from now and you will remember little details about everything. This is history. It's like 9/11. I mean, you will remember where you were that first day when they told you you were going to be doing school from home. And yeah, so I don't know. I feel like I just kind of rambled there. I didn't know if I really answered your question. I'm sorry.

**Hailey Briseno** [00:29:55] No, it's all good. Yeah, there's been a lot of unexpected little moments, you know, as you think back on living through something like this and it sounds like there were some moments at home where you kind of, you know, just embraced the new normal despite all the uncertainty that was happening in the outside world. How was it living through COVID as a health care worker, you know, being like, Okay, this is my training, this my vocation. Did you feel like you had a different perspective on things for better or for worse?

**Bethany Hughes** [00:30:32] You know, it's kind of funny, I actually felt pretty helpless as a health care worker through the pandemic because most of my career has been working in the hospital, in ICU and go, go, go, and I almost felt a little guilty that I was working from home in my little safe environment. And I'm an RN, I kind of felt like I should be out there in the hospital doing "real nursing stuff" with the sick patients. I almost felt like I was cheating by being home. So, I felt safe and privileged and thankful that I was safe and home with my family. But yeah – and then there was also a little part of me that felt like I missed out on the excitement of things too. Maybe that sounds a little twisted, but there was a part of me that kind of mourned the fact that I wasn't in the hospital and part of the craziness. So, for me, one of the coolest things that I got to do was when the vaccine came out, I got to help in the vaccine clinics to administer the vaccines, which allowed me to feel like I was making a difference. I was actually out there getting shots in arms. And so, that was my redemption for not being able to do more on the front line during the hardest times of the pandemic.

**Hailey Briseno** [00:32:03] You kind of described this internal conflict of, you know, I'm thankful that I'm safe and I'm privileged to be home, you know, my family's safe. But feeling like, Should I be in the hospital or, you know, missing out on those experiences there. A lot of people have kind of described health care professionals as being health care heroes. You see the Heroes Work Here signs. I'm curious what

your take is on that because, in talking with health care professionals, there's been some mixed feelings about what that really means.

**Bethany Hughes** [00:32:37] Yeah, so, I definitely think those frontline workers – all you guys in the hospital, I would absolutely say health care heroes, not necessarily by choice, though. I mean, you're – we all chose our careers, but who could foresee a pandemic and that you guys would be out there really putting your lives on the line and not really having much choice about that? But, you know, that's one of the things that – we all choose our careers, and so I think that's just kind of one of the – I don't know. I have so much respect for all the people, all the frontline health care workers in the hospitals, EMTs [Emergency Medical Technician], all the people who are out there, and it just makes me sad to think that they're not always getting the respect that that they deserve. But the burnout I fear for doctors, nurses, respiratory therapists, oh my goodness. One of my best friends is a respiratory therapist, and she's just ready to move on. She's done. I don't know, does that answer your question?

**Hailey Briseno** [00:33:56] Absolutely, yeah, it's just interesting to hear everyone's take on it.

**Bethany Hughes** [00:34:03] Yeah, a little bit of – I was just going to say, there were times when I was home towards the beginning and, you know, I feel like we had the news on all the time and – just again, this internal conflict of I'm home, I'm safe, but oh my gosh, I just – I want to be in there. I want to be a part of that excitement and making a difference, not just the excitement, but actually being in there, hands on helping, making a difference. And I missed that. But anyways, here we are.

**Hailey Briseno** [00:34:47] Well, you definitely play a really valuable role in maternity care and the first year of life. It sounds like a really specialized program and a program that's really needed in Spokane.

**Bethany Hughes** [00:35:02] Yeah, for sure. Yeah, you know, I mean, we all have our roles and all of our roles are important and necessary. So, I try and hold on to that. You know, I may not be the frontline worker out there, but we're all – all of us, the grocery store clerks, you know, we're all doing our part to keep the world going.

**Hailey Briseno** [00:35:24] So, transitioning a little bit, what do you think will be the biggest impact on the pandemic for you personally in the long term sense, you know, the next five or ten years following everything that's happened in the last year and a half?

**Bethany Hughes** [00:35:45] Well, gosh. So, there are definitely some long term thoughts on career track. But I have to be careful what I say, because I'm at work right now, but you know, it's made me think about where I am and what do I want to be doing long term for the rest of my career? So, maybe some changes there in the future. But just, you know, one of the biggest realizations for me is that we really are responsible for not just our own health, but what we do affects those around us. So, for me, I think it affected me more as a parent than I think as a nurse – trying to instill in my kids the idea that the choices that you make don't just affect you, the choices

you're going to make affect your family, your friends, everyone who you interact with. It was really hard for them to stay home and not go hang out with their friends. But my husband's a Type 1 diabetic, and so, just instilling in them the idea that, I know it's hard to stay home and not go to the party that your friend is having at their house, but you need to make wise choices, not just for you, but for your family and how – we're a community, we're not just individuals. And I just want to instill that in my kids and in the way that they live their lives.

**Hailey Briseno** [00:37:34] Yeah, that's so important, and I feel like it's been a big part of, you know, looking at what we've learned and moving forward from here. Where do we go from here, you know, with everything that has happened? I think taking – looking at those lessons and learning and growing from that is just so powerful.

**Bethany Hughes** [00:37:51] Absolutely, right? Yeah.

**Hailey Briseno** [00:37:55] So, on that note, this is a little related. Would you like to share any particular hopes or fears about the future as we go forward and in dealing with COVID-19?

**Bethany Hughes** [00:38:06] Yeah, I'm just feel fearful for our nation with vaccine hesitancy. And I just – I don't think you can talk about COVID-19 and where we are without pulling in partisan politics and how sad it is that it was made a political issue. And that scares me on so many levels. But I just – it makes me very sad that it was made into the political issue that it was, because I think if it wasn't, we would be in a completely different place. And I see that. I see that in people who don't want to get the vaccine. You hear that in the answers that they give. And then also the false information that's being put out there and spread on social media. And so, my fear for our country isn't specific to COVID-19, but just what COVID-19 has shown us about where we're going as a divided nation. And that just breaks my heart and scares me for my kids' generation. I don't know. Obviously, there's no simple answer to where to go from there, but yeah, that's my biggest fear for the future, is that any big problem that arises is going to kind of become a left and a right, a red and a blue issue as opposed to, what are the facts and what is the best thing to do for the nation going forward.

**Hailey Briseno** [00:39:57] Have there been any stories in the news, either locally or globally where you've seen those moments of unity or kind of those things with people crossing those party lines to come together during the pandemic? I know there might be some silver linings amidst everything – of the heaviness that we had in the last year.

**Bethany Hughes** [00:40:20] Yeah. Well, I definitely think that, you know, in our clinic, probably like most workplaces, you have a diversity of staff. And I definitely think that there are people from mixed political perspectives. But we all came together. We all follow the rules and we've all been on the same team as far as getting the vaccine, getting the vaccine out there into the community and then trying to refute disinformation in the community, too. So, I think it's kind of cool to see people that I work with who I know are of, you know, a different political persuasion

than I am and who might have been persuaded otherwise about masks and vaccines to come to the table and realize that, yes, this is, you know, this is the science. This is what we need to do. And then taking what they see here in the clinic and they learn here in the clinic and bringing it to their community and their friends and family. So, that unity that we have here, no matter who you voted for or what party you affiliate with, I feel like we've had a great team here, so it gives me a little bit of hope that it's possible. We can get there. I'm just not sure what the path is. Yeah. I can't say the same for my family, my extended family. There haven't been that many inroads there.

**Hailey Briseno** [00:42:03] Well, it sounds like you have a really strong work family, and you relied on each other quite a bit over the last year and a half despite, you know, being at home and working from home and all the different elements surrounding that. It sounds like – and you're doing fantastic work for the community. It's just wonderful to see on a day to day basis.

**Bethany Hughes** [00:42:22] Thanks! Yeah, I have a very cool job and I am for sure thankful for that. And I think you're right, I think we do good and important work.

**Hailey Briseno** [00:42:32] Are there any other thoughts or reflections you'd like to share before we wrap up this morning?

**Bethany Hughes** [00:42:40] I would just love to hear a little bit more about what you are – is this a – you're doing something for school? It sounds like a national project?

**Hailey Briseno** [00:42:51] It is. Yes, so it's the National Humanities Center in North Carolina. And they've kind of reached out to different medical schools throughout the country to, you know, invite interviews of health care workers that worked during the pandemic. And they're kind of creating this archive of stories. And it's just kind of collecting history as we know and as we experience it. So, it's a very cool project to be a part of.

**Bethany Hughes** [00:43:22] That's awesome, I love it. That's great. Well, good, I'm glad that you're a part of that, that's awesome.

**Hailey Briseno** [00:43:45] Well, thank you so much for your time. It was so lovely to chat with you. It's so refreshing to see the work you're doing every day in our clinic and our community. It's – you're fighting the good fight.

**Bethany Hughes** [00:43:58] Yeah, thanks! Well, thanks for having me and good luck with school. I'm sure I'll see you around the clinic.

**Hailey Briseno** [00:44:04] Yes. Wonderful. Thank you.

**Bethany Hughes** [00:44:07] Yeah. Take care, bye-bye.