

Access

Oral History Interview with Jenny Spink

Conducted by Hailey Briseno on August 17, 2021

**Hailey Briseno** [00:00:01] Today is August 17, 2021, and my name is Hailey Briseno. I am interviewing Jennifer Spink remotely via video conference. This interview is being conducted as a part of a national 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. Jenny, thank you so much for taking time out of your afternoon to sit down and talk with me. I thought, for starters, we would just start with – tell me a little bit about yourself and what you do professionally.

**Jenny Spink** [00:00:38] So, I'm a registered nurse. And so, at the beginning of the pandemic, I was actually at Harborview Medical Center in Seattle, in the outpatient clinics. But I started my nurse practitioner degree in the middle of the pandemic. So, I moved to Spokane just about a year ago and started working at a family practice clinic as an RN [Registered Nurse]. And, well, I'm going back to school. So, that's kind of the quick brief in the last year overview.

**Hailey Briseno** [00:01:03] Wow. And how long have you been a nurse?

**Jenny Spink** [00:01:07] I've been a nurse for seven years.

**Hailey Briseno** [00:01:12] Okay, wow. What was it like transitioning? I mean, I imagine that you moved – it sounds like you moved in the midst of all that, too. I mean, what was that like? Just this complete life transition, changing cities, changing jobs, starting school, all amidst this background of a pandemic?

**Jenny Spink** [00:01:27] Yeah, it was very weird. So, moving companies were all open the whole time because they were an essential business, but I ended up just renting a U-Haul and driving over, and it was very weird to pack up all my stuff and deal with moving out of an apartment and dealing with the landlord thing all distance and then driving across the state where there is no restaurants or anything open. Only the rest areas were open. You know, you could kind of drive through, but driving through places on a U-Haul is really weird. So, it was a really interesting experience and dynamic to move in the middle of the pandemic – which I think a lot of people experienced that in different ways. But yeah, definitely in some ways, I think it was more – it was actually easier to uproot your life in the middle of the pandemic, because we weren't seeing people and we weren't interacting on that face to face level that we had been before. So, it was a lot easier to uproot and move to the other side of the state because I wasn't necessarily seeing my friends in person anyways. So, in some ways, I definitely think it was a little bit easier to move in the middle of the pandemic. But there obviously were parts of it that were way more difficult because things weren't open and things weren't happening. And so, it was also really weird to say goodbye – I couldn't really say goodbye to a lot of my friends. So, in some ways, it was easier because I still get to see everybody on Zoom because you're doing so many zoom things. But it was very weird.

**Hailey Briseno** [00:03:03] And at what point had you decided to start the nurse practitioner program? And maybe how long ago did you apply? Did you apply in the spring, during the pandemic for fall admission? Or how did that play out?

Access

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**Jenny Spink** [00:03:19] I was applying in the fall and early winter for fall admission. So, I kind of started working on my applications and doing all that kind of stuff fall of 2019, because I'd always known after I was a nurse that I wanted to be a nurse practitioner. And in fall of 2018, I started doing the applications and it didn't feel right. So, I kind of knew it wasn't the right time to do it because I just wasn't in a place where I could do it at that point. And so, I was like, Okay, I'm going to table this until next year. And then if it feels right when I start doing all these applications and it's not feeling scary, then I know this is the right thing to do. So, I started my applications fall of 2019. I actually had all of my applications turned in at the very beginning of March, 2020. So, right as the world turned sideways, my applications were in. So, that was also really weird because then it was like, Well, what's going to happen with school? But I also knew that most nurse practitioner programs and all of the ones that I applied to were hybrid programs anyways. So, I knew they probably weren't going to have to do any drastic changes with their programming and with course delivery, because they were set up to be remote programs for the most part, where you travel in for – not quite clinicals, but – different portions of your classes are obviously on campus, but heavy portions of them are distance. So, we knew it probably wouldn't change school that much, but it was also still really – everything was still in flux because it was like, Well, do I stay in Seattle for a year? Do I move? What do I do? So, I did know I was going to be going to school, and so, I was either going to kind of uproot my life in 2020 or I would have uprooted it in 2021. And then it just kind of worked out that it was like, Well, all bets are off, just go.

**Hailey Briseno** [00:05:12] It's interesting, because I think there's been a lot of thought among health care workers, you know, about what the future looks like? And you know, what is health care – the landscape of health care look like moving forward? It's kind of interesting that you'd already committed to furthering your education before any of this happened. And then, kind of amidst the pandemic, you know, your applications were in the beginning of March, I believe it was March 11th, everything was declared. And it's kind of interesting, you know, just the timing of it all and kind of having that decision, you know, does this change things? Do I want to stay in Seattle or am I still on track to start school in the fall? What was it like – I'm not sure what time you moved exactly, but Seattle versus Spokane, you know, what you were seeing over at Harborview and outpatient clinics – if your clinic was really even open – and then starting over in Spokane and in the city, what was that like?

**Jenny Spink** [00:06:08] Yeah, so, definitely working – transitioning from Harborview to a clinic in Spokane – I also was lucky, I took about six weeks, actually, I guess it ended up being two months off, which was really great for my mental health. Obviously, I think a lot of health care providers could say having two months off in the middle of a pandemic would have been a huge deep breath. And really, it was a way to step back – I really was fortunate. But in other ways, it was very stressful, obviously, with moving across the state and starting school. And all of those things were very stressful with having that time off. But in a lot of ways, that was just so nice to not be going into the hospital every day. I was working in a specialty clinic in Harborview, so it was a combined rheumatology, dermatology, occupational medicine, geriatric primary care, memory and brain wellness center. And there was one more, and now I can't remember what it is, but there are six different specialty offices kind of sharing one wing of the clinics, and that's where I worked. And so,

Access

Oral History Interview with Jenny Spink

Conducted by Hailey Briseno on August 17, 2021

Harborview very quickly was kind of an epicenter for COVID. So, we adapted really fast and in a lot of – you know, how are we going to do this as a hospital and how are we going to do? This is really a health care system – all of UW [University of Washington] was really pretty quick on saying, Okay, we need to have a drive through testing center. We need to have all of these things. They did the mask mandate relatively quickly. We were also really lucky because we, in outpatient clinics, didn't have to use N95s all that often anyways. And then Harborview also made a COVID clinic. So, if you were COVID positive, there was a separate clinic that you could go to and you couldn't go to any other location if you were COVID positive in the outpatient world. The inpatient world was 100 percent different. But a lot of the visitor policies and all that kind of thing affected also the outpatient clinic as well as the inpatient side. So, only one visitor was allowed in. And so, that was really interesting with geriatric primary care because, you know, for our people – or even the memory and wellness center – are people who are demented. A lot of times you might have a child and then the husband or wife of that person who has some cognitive issues coming in with them. And all of a sudden it was like, We can't have two caregivers coming in with this person. We can only have one. And so, that proved to be kind of a big issue with some of our older adults because, you know, they have a spouse who lives with them and then they have a child who is really doing all the driving and maybe a lot of the grocery shopping and coming in and out, sometimes on a daily basis, sometimes not quite that frequently. But that was definitely really interesting for us to have to adjust to because we were so used to having many visits where there was a couple of people besides the patient in the room. So, that was kind of a big change during COVID. And then obviously transitioning from a huge system that had a lot of staffing, that had a lot of policies that were kind of bigger blanket statement policies because it's such, you know, UW is obviously a huge organization – to go to a small family practice clinic in Spokane, where we have eight providers and there's only two locations. That was a huge change for me. And the Organization for Yakima Valley Farm Workers Clinic is pretty big. But each individual clinic has a lot more autonomy to say, Well, this is kind of how we are going to function and this is what we're going to do. And I missed a lot of the really – so, I left Harborview in July of 2020, and then I started in Yakima in the Spokane Unified Community Health Clinic in September of 2020. So, I missed that chunk where it was kind of like, Okay, we don't necessarily have to do drive through testing and drive through visits and outdoor things. So, everything was kind of back indoors when I started at Unify, but it was definitely really different too, to just move from a more multi-specialty and mostly specialty, because geriatric was primary care, but to switch from that clinic, where it was very easy for people to say, No, we're going to do telehealth. Because most visits we were doing telehealth – dermatology as a whole at Harborview said, We're not doing in-person, we're only doing telehealth. Rheumatology had two half days a week of in-person visits and everything else was telehealth. And occupational medicine was doing mostly telehealth. So, Harborview really quick went almost 100 percent telehealth. Obviously with your geriatric patients, that doesn't always work very well. So, they were a department that didn't push telehealth that much, but they did a heavy amount of just regular phone visits, you know, call the family, put everybody on speakerphone and kind of talk about it that way. So, then, to transition to an office that wasn't doing a huge percentage of telehealth was a super different for me, but it

Access

Oral History Interview with Jenny Spink

Conducted by Hailey Briseno on August 17, 2021

was kind of exciting to feel like there was a little bit more normalcy in kind of flow and seeing patients in person and things like that.

**Hailey Briseno** [00:11:34] It sounds like in the beginning, just the changes were really fast paced, rapid fire, you know, we're going to do this, we're going to that and everything changed really fast. What was that like? In the beginning, there was a kind of, even among health care workers, there was a degree of uncertainty. You know, what is this virus actually like? What do we know and what do we don't know? And kind of adjusting, pivoting every week, every couple of weeks or every month based on what we learn and what we discover – what was that like being in an environment where everything was changing so rapidly?

**Jenny Spink** [00:12:07] It was terrifying at the beginning with not knowing what was going on. It was terrifying. And being at Harborview, one of the things, obviously, that they're very – they are the level one trauma center for such a large geographical area, that they were trying to figure out, Do we need to bring back nurses from retirement? Do we need to bring doctors back from retirement? How – what is our staffing need going to look like, depending on how this progresses and depending on what this looks like? And so, I think that level of uncertainty – I mean, obviously, it was really high, we all remember being there or we were like, What is going on, what's happening? You know, we didn't know if it was airborne, was it droplets? It was terrifying. And at the beginning, too, Harborview had said, We don't know what our staffing needs are going to look like. So, if you work in a clinic, we might have to pull you into the ICU [Intensive Care Unit]. We might have to pull you into a med-surg [Medical Surgery] unit. We might have to pull you, because our clinic needs – when they can go mostly telehealth, we don't necessarily need RNs in the clinic at the same rate that we did before. So, where can we pull you that's going to be more useful for the organization. And so, a lot of us have gotten told, If you don't have any ICU experience, you're going to be partnered with an ICU nurse and you're going to have a huge load. And essentially, as a nurse, you're going to be a knack, so that we can give a higher load of patients to each RN team. So, instead of, you know, being one-on-one, I'd be like four patients per nurse in the ICU because you essentially would have a backup nurse who was kind of helping you. But sometimes that nurse doesn't know. If you put me in the ICU, I would have no idea what's going on. I would be totally lost, because I've only really ever done clinical work, which is very, very different. So, I can phone triage you all day. But the second you have nine tubes coming out of you, I don't know what's going on. So, that was also really scary, because even some of our receptionists were being told, you're going to go up to the ICU and you're going to be nights on the ICU answering the phones. And you're going to do all of these different things. And so, everybody was just kind of in flux and waiting for that call that was going to say, here's your new position, and we don't know when that's going to be, you know how long it's going to last. We don't know what floor you're going to be on, we don't know where you're going to go. So, at the beginning, it was definitely really scary, because all of us were like, This – The job that we have had is not necessarily going to be our job for part of the pandemic. So, that was really scary. And a lot of our staff actually got floated out to the COVID testing site in the mobile COVID testing units and all that kind of stuff. So, we lost probably half of our clinic staff to those. And then they also set up a COVID E.R. [Emergency Room] at Harborview. So, we blocked off one of the roads and put a big

tent out there. And a lot of the clinic staff ended up stacking that, which was essentially the respiratory E.R. You could only go into that tent if you're having respiratory symptoms. So, Harborview did a very good job of quickly trying to figure out what we needed to do and how do we needed to do it. But it definitely caused a lot of stress in the staff, because you have no idea where you're going to go and when you're going to be there and how long you're going to be there and what the job duties are going to be. So, yeah, it was definitely really stressful at the beginning until things sort of settled down a little bit and we felt a little bit more even-keeled. But it was still kind of like, Okay, when is it going to not be even-keeled anymore? Which turns out is now.

**Hailey Briseno** [00:15:57] Yeah, I can only imagine what that would have been like. You know, in Seattle, you described it as an epicenter – being a part of the Harborview system, a huge system. You're in clinic and just having to be that flexible and being ready to kind of pivot and transition on a moment's notice and not really even knowing when or if that moment was going to come. Did they end up having you work in the ICU? Did you spend some time in the ICU?

**Jenny Spink** [00:16:24] I did not. I ended up getting really lucky, and I never got one of those calls and even our reception gal, who had gotten a phone call that said, you're going to be on nights in the ICU, they ended up actually calling her back a couple of days later and said, Never mind, we don't actually need you. So, what we – and also I think Seattle was just lucky because for some reason, Seattle also had the Seattle freeze. They kind of joke about people – when you move there, there's the Seattle freeze and people are sort of standoffish and don't really talk to you. So, social distancing worked really well in Seattle. So, I think the anticipation of the numbers going way up didn't happen. So, we didn't actually need the staff at that time in the ICU like they had thought we would. Which was really lucky. And so, I never ended up actually getting floated off my unit, which was nice. So, I got to keep doing all of the phone triage all day and some wound care and things like that for our geriatric patients.

**Hailey Briseno** [00:17:24] Were you involved in vaccine – not vaccine, sorry, COVID testing at all? You kind of mentioned the drive through clinics and things like that, but it sounds like your job was mostly pretty stable with where you stayed compared to your normal assignments within the clinic.

**Jenny Spink** [00:17:38] Yeah, I didn't ever get floated to the COVID testing site. I had volunteered to get out there, but I have a funny shaped face so I don't fit in N95 masks. I'm a PAPR [Powered Air Purifying Respirator]-only person, and so, I couldn't get floated to a lot of places that were, I guess, more risky because they didn't necessarily want to waste a PAPR mask on somebody who didn't really know what they were doing in the hospital side of things. And it wouldn't – it didn't really make sense.

**Hailey Briseno** [00:18:45] So, you kind of described Seattle as being an epicenter, and I know that it's probably hard to separate being a health care worker from just being a resident where you live. But what was it like living in Seattle? Maybe not

Access

Oral History Interview with Jenny Spink

Conducted by Hailey Briseno on August 17, 2021

even as a health care worker, but just being a part of the general public and going out or not going out? And what was the tone of the city in the beginning?

**Jenny Spink** [00:19:08] So, yeah, I mean, I guess the reason I'm calling it an epicenter is because we had – I think the first case of COVID in the United States was just outside of Seattle. And then, once that kind of came about, then we actually tested somebody who was in the morgue at Harborview who was positive. So, all of a sudden, you know, it was one of those things we were like, Well, maybe it's not here. And then it was like, Nope, it's already here. And so, it was definitely a really weird – I think even just being in the public because I remember my roommate, she had a friend who worked in the restaurant industry and they were like, Well, our restaurants having a huge just going out of business party, because we don't think we're going to survive this and we're already not doing great. So, we're just getting rid of everything we have in the restaurant. So, she went and had this great dinner early March, when, you know, I think that was probably right around March 11th or whatever that day was. And so, you know, she put on her mask, she went to this dinner and she just had all the food that the restaurant had and then the restaurant closed up and went out of business. So, that was definitely strange to watch all the restaurants kind of either say we're done or figure out what to do. So, as a resident of Seattle, that was definitely a little bit strange as well to be like, Okay, well, you know, what's going to happen with different restaurants? And then obviously, Seattle also had the CHOP [Capitol Hill Occupied Protest] district last summer, so there was a lot of protests and then riots and things like that, which also were really devastating to Chinatown and the International District. And so, we tried to help support that as a team at our floor. We – a lot of times – once a month – we'd all try and order lunch from a restaurant somewhere. So, we tried to do pretty much the international district through the beginning of COVID, so that we could support some of those businesses to make sure that they weren't going out of business. And I think for the most part, I think Seattle did a really good job of most people saying, I want to try and eat out at least once a week. And I think probably people around the country did that as well, because I think we all recognize that our favorite places are going to go out of business if we didn't make sure that they didn't go out of business. But yeah, it was definitely an interesting thing being in Seattle, and I took the bus to and from work like most people do in large cities. Public transit is how you get to work. And so, it was really, really weird when everybody went work from home, because Seattle obviously has a really high tech density for work, so, techies went work from home like that [snaps fingers]. And so, all of a sudden, I was riding the bus alone instead of, you know, the cattle car where there's – is there room for one more? And you try and squeeze in and the doors may or may not close behind you. And then it was like, No one's on the bus. So, that was super weird. And even driving through downtown after all of the riots had gone through downtown, you know, it was spooky. It was really eerie because there was plywood over all the windows. Macy's is all closed up. Nordstrom is all closed up. There's no open businesses. Downtown is – a whole retail core was just dead. And it really felt apocalyptic to ride the bus through downtown, because it was like, No one is here except for people who are sleeping on the sidewalks. And it was just – it was eerie because everything was boarded up. There wasn't, you know, it was just, I don't know if I can describe it very well, but it was very eerie and quiet and just – it didn't feel like the town that I had been living in. So, that was really, really bizarre and weird. And I think everybody kind of

Access

Oral History Interview with Jenny Spink

Conducted by Hailey Briseno on August 17, 2021

experienced that to some level. But, you know, all the people who are working from home didn't ever really have an excuse to go downtown because all of the retail was closed. They weren't working there anymore. So, I don't know if people really saw that in the same way as those of us who were in health care who had to get to work. So, that was a really weird feeling to continue going to work and being like, Well, this isn't the town that I'm used to it being.

**Hailey Briseno** [00:23:41] Did it kind of give you a different idea or picture in your mind, I guess, of what it means to be an essential worker when you're normally, you know, you're part of a really full bus and you're driving through town and there's hustle and bustle, it's a big city? And then all of a sudden, I can imagine how sudden that change must have felt. You know, you're one of the few, if not the only one. Did that just kind of give you a different sense for what it meant to be, you know, "essential"?

**Jenny Spink** [00:24:11] Yeah, it did. Because it was, you know, I mean, I think to some extent, maybe everybody who's in health care realizes that, you know, we can't necessarily leave our jobs in the same way that other people can be like, Oh yeah, I'm leaving early today. You know, it's not quite the same thing. And just what we see sometimes is so much more heavy than I think what a lot of people maybe deal with, right? You've got hospice nurses out there who are dealing with death every single day, and they're phenomenal. They're amazing, and that's what they do. And most people don't do that kind of stuff. And even if you're, you know, a hospital nurse, you have probably done, you know, the final bathing of somebody who was your patient that passed away. You've probably zipped somebody into a body bag. And those are people that – or those are things that "normal" people don't do, right? That's something that I think we as health care workers have always realized – that that's something that we might have to do. And that's, you know – we have to have hard conversations with people on a regular basis. You know, what does it mean to be alive? What is a good life? What does that constitute? What does that mean? If you are hooked up to life support, is it something you want to be? Is that – you know, what's your definition of having a good life? And those are things we have to do regularly with people and just have that conversation, you know, whether they're in the hospital or if they're walking and talking. And you say, Well, you could get hit by a car tomorrow and have a traumatic brain injury. What do you think about that? What are you going to do about that? How are you going to live your life? And you know, most people, I think, just don't think about that. And so, that's not necessarily – I don't know if that answered the question or not, but it definitely did give me a really different perspective, when all of a sudden everybody who had, you know, worked in business or retail was home. And it was health care, it was the only people really being able to go to work and restaurants, obviously, because we have to get fed. But to have the restaurant staff cut to less than 25 percent was atrocious. I mean, it was so hard for so many people, but it definitely was a really weird thing to be like, Okay, I am "essential". And what does that look like and mean, you know, because that's also hard too. Because everybody's jobs are essential in some way, because without everybody else, we don't function. Right? Without accountants in the hospital, you can't function. So, it doesn't matter. Somebody's got to do payroll for everybody, and, you know – so, everybody's jobs were essential. But to have that kind of discrepancy of: you're essential, but you can do it at home compared to you – you know, it was

Access

Oral History Interview with Jenny Spink

Conducted by Hailey Briseno on August 17, 2021

really weird, too, because it in some ways, I was like, Is this what it feels like to be a soldier? Is this what it feels like to be in the military? And it made me especially grateful, too, for people who are in the military, because it was like, Oh, maybe this is what that feels like. Which I don't actually know if it is, but that was the closest thing I could kind of think of, you know, when we talk about health care workers being on the frontline.

**Hailey Briseno** [00:27:38] You kind of mentioned the analogy of, you know, health care workers being soldiers and being on the frontline. How does that feel to be in that position? Did you feel like, When I signed up to do health care, I didn't really sign up for this? I didn't know it was going to be like this or were you like, They need me now more than ever, and I'm up for it. I mean, what was kind of your – I don't want to say understanding, but how did you feel about being in that position kind of voluntarily or involuntarily?

**Jenny Spink** [00:28:09] Yeah. I mean, it was definitely kind of a weird thing in thinking of, Okay, I'm on the front lines is, you know, – I'm a soldier on the front line kind of thing. And it was really bizarre, because it was like, Well, you know this is something we talked about in nursing school. If this kind of thing happens, that's your job. And for a lot of different things that had kind of already been something that's in the back of our minds, right? We take care of people who have all kinds of things that are contagious all the time, but never to this extent. And so, on any given day, you know, you don't know if you're going to bring something home to your family or, you know, even if it's just, you know, it's probably MRSA [Methicillin-resistant Staphylococcus aureus]. We all have MRSA everywhere. So, are you going to bring that home, are you going to bring home, – you know, are you going to get a needle stick and get hepatitis? What – there's all kinds of things, even bedbugs. But how many of us have taken care of a patient with bedbugs? A lot. So, it's just kind of a weird thing, because all of a sudden it went from very rare occurrences of like, Oh, I need to make sure that I really wipe everything down, you know, to – how extremely do I need to wipe stuff down, because I don't want to take this home? And so, that was kind of a weird thing, but I think my feelings about, you know, the being on the front lines thing or, yeah, this is what I signed up for. But I definitely didn't expect it. That was a – it was kind of a weird feeling, because it was like, I don't know if I want to do this, but I know that I need to. Because if it's not me, then who is it going to be? But also, you know, you have to do that while still saying, How can I maintain my safety while I take care of these people who need it? And so, finding that balancing act, I think is kind of tricky, because for a long time, I think health care has not necessarily taken the safety of its employees and the safety of its patients as seriously as they could. You know, you talk about nurse staffing ratios in the hospital and things like that, and it's only gotten worse in the last 10 years and it hasn't gotten better. And COVID really works into all of those things in a much quicker span of time than I think it would have otherwise. But that was another kind of, you know, for somebody who's not necessarily in the hospital, that was kind of a reinforcement of, Well, I need to definitely stay, so that I can help protect them by keeping people out of the hospital if I can do that in the outpatient side.

**Hailey Briseno** [00:30:49] Were there times when – you mentioned the N95 masks don't tend to fit you very well, that you can't really get a good fit with the



Access

Oral History Interview with Jenny Spink

Conducted by Hailey Briseno on August 17, 2021

typical types of masks? Were there times when you felt unsafe because of that? I mean, I feel that just adds a whole other layer. We already have a PPE [Personal Protective Equipment] shortage, you know, you kind of mentioned that you would have had to be in a PAPR gown or that whole PPE for testing or wherever they had assigned you differently. Were there moments where you didn't feel totally safe despite, you know, in spite of all those things?

**Jenny Spink** [00:31:26] Yeah. And I mean, I think all of us can probably say that, but especially in the family practice clinic, anybody can walk in and we do COVID screenings at the front door. But there was a lot of people who came in and were like, No, I'm fine. And then we bring them back into an exam room and they're like, No, actually, you're right. I have had a cough. I do have a fever. I have been feeling crappy. And so, you know, I'd be standing there in an exam room with a patient who has all these COVID symptoms and a surgical mask. And I'd be like, Oh, no, I have to go get, you know, somebody who can do this more safely than I can, because I can't do that, because also if I put myself at risk, then all of a sudden I'm not there to help out my teammates. So, you know, then it was really complicated. But I think all of us, at times, have felt super unsafe, because I think all of us have also had that patient who didn't necessarily tell you they were having any symptoms until it was too late. And then you were already not in a room with somebody in an N95 who was having COVID symptoms who may or may not end up testing positive. So, I think I can speak for everybody in our clinic to say that all of us have had that experience.

**Hailey Briseno** [00:33:01] I'm curious what your thoughts are on the health care heroes movement that we've kind of seen, you know, health care heroes work here and the signage that seems to be around. And some people that I've talked to have had mixed thoughts about that, or kind of mixed feelings about what that means. And I'm just curious what your thoughts are on that?

**Jenny Spink** [00:33:25] I think in some ways it was nice to see those and kind of hear those things. But [inaudible] diminished the things that other people were doing during the pandemic? So, I guess I'm kind of with some of those people who have a little bit of mixed feelings about it because, you know, there was a lot of other people who were still essential that weren't necessarily health care workers, but also, you know, we definitely did take really big risks working during the pandemic. So, in some ways, it was really nice, but it did also kind of make me sometimes feel, I'm not anything special, so why is this being said about me?

**Hailey Briseno** [00:34:19] Do you have any stories of moments you've shared with patients that have been especially meaningful or memorable during the pandemic?

**Jenny Spink** [00:34:29] Yeah, during – so, once the vaccine kind of went live, we really quickly opened up a big vaccine clinic at Unify. And so, in the – probably at the height – initially we were doing ~30 vaccines a day and then we kind of ramped up and figured out that we could do ~200 vaccines a day, and we turned our conference room into a vaccine station. And I was fortunate because, I mean, it turned out to be a time in my semester of school where I really could work full time instead of part time. And so, I was doing – I was picking up a lot of extra shifts working in the vaccine clinic. And so many people, especially the first doses, the

Access

Oral History Interview with Jenny Spink

Conducted by Hailey Briseno on August 17, 2021

vaccine really early on in probably February, March of 2021, people were crying when we would give them their vaccines. And they were like, I know this might be inappropriate, but can I give you a hug, because I'm so grateful and I'm so thankful. And I remember there was one husband and wife that we gave their vaccines and – now I'm going to start crying. But they burst into tears and gave each other this huge hug, and we're just standing in the middle of the conference room crying into each other's shoulders. And it was the first time that we were all kind of like, Whoa, we feel comfortable, you know, going to the store without a mask on. And that was such a huge deal. We feel comfortable, you know, hanging out with our coworkers outside of work because we weren't all going to give each other COVID. And it was such a relief, and to have all those people with that sigh of relief in one place in the one room was really, really powerful. So, that, I think my favorite part of this whole thing so far has been working in the vaccine clinic and having people just, you know, say thank you. And I think one guy was like, I'm going to buy you all Jimmy John's. So, he just brought in boxes of Jimmy John sandwiches because he was like, You are making it so that I can do the things that I want to do right now, because you're giving me the vaccine. And we had one lady who baked everybody in the clinic brownies, and she brought in brownies that were all in little individual snack size Ziploc bags. And I think a couple of people, you know, got a tray of cookies from Safeway and things like that, or it was just – everybody was so grateful to be getting their vaccines. And, you know, I can't even tell you how many grandparents were like, I finally get to see my grandbaby for the first time because I'm here and I'm getting a shot and how grateful and amazing that they felt. And it was really awesome to be the person to do that for them. So, it was really – the vaccine clinic was wonderful.

**Hailey Briseno** [00:37:17] It sounds really rewarding. And I can only imagine, you know, being in your shoes, seeing how devastating the effects are, and then being a part of the solution and being a part of something so big. I can only imagine what that would feel like – that contrast and that almost resolution. I know that we're not through the woods completely, but just to be a part of, you know, we're on the right track now with where we're headed.

**Jenny Spink** [00:37:45] Yeah, it was exciting. And it was, I mean, it was a really beautiful thing to be in the vaccine clinic and to be doing that stuff earlier on. And making, you know, everybody be a little bit happier and feel like we might get back to normal at some point was really wonderful, especially after – I think we all know how dark the winters can be. Seasonal depression is a real thing and it's going to be coming out into the spring too. And having all of that was really, really a cool kind of experience.

**Hailey Briseno** [00:38:22] Yeah, it's hard to imagine a patient experience with more emotion or more meaning than kind of some of the little vignettes that you just described as a grandparent with their child and how you are able to, you know, be a part of that in a way by getting vaccines. And gosh, just the emotion of bringing people to tears, it just speaks to the power of that. You know, that glimmer of hope, despite how challenging, how long the past year now has been. What do you think will be the biggest impact of the pandemic for you personally, when you think about

where you are now compared to a year and a half ago and maybe even like five or 10 years down the road?

**Jenny Spink** [00:39:08] That's a hard question. I think because of where I was in my life, the pandemic didn't have maybe the same impact that it had on somebody who wasn't already in the midst of going through some life changes. So, I think, because I uprooted myself in the middle of the pandemic and moved somewhere else, it's hard for me to answer the question about how did the pandemic impact you, because there were so many other things that were also changing for me in the middle of the pandemic that I don't think I have a good answer for that. Because I think had I stayed where I was, I would have felt a lot more acute changes, either with work or just with not seeing friends or with, you know, not having the social circles that were the same. But moving in the middle of that, I knew none of that stuff was going to necessarily stay, anyways. So, I don't think I can effectively answer that question. But I think as far as 10 years down the road, the changes, I think, you know – I'm almost 30, so I think the changes, you know, in 10 years are, Okay, everybody in their 20s and 30s, right? I essentially lost a year of trying to find a partner, potentially when am I going to have kids? All of that stuff got put on hold. And so, I think that's something that I can probably share that experience with a lot of people kind of in my demographic that, you know, dating in the pandemic was weird. I didn't do it. I knew a couple of people tried and they were like, This is weird. And so, having all of that kind of thing, you know, set to the side changes what maybe your plans were for ten years from now or five years from now because you lost that chunk of time to try and make those things happen?

**Hailey Briseno** [00:41:29] I'm curious – because you spent part of the pandemic in Seattle and another part in Spokane, I'm curious if there was any differences in how those two cities or the two communities reacted to the virus, the pandemic? I know it's probably hard to comment on the vaccines being that you were only in Spokane really for that. But I'm curious just if you're able to compare and contrast how those two cities or two sides of Washington State reacted similarly or differently to the news of the pandemic and testing and all of that.

**Jenny Spink** [00:42:06] Yeah, it was definitely really interesting moving across the state because, you know, as you mentioned, the west side of Washington tends to be more liberal and the eastern side tends to be much more conservative. And so, I – even though the state, you know, had a lot of mandates that were the same across the board, each local health district kind of had their own mandates and requirements and different things, and there were city ordinances that were different to different places. So, it was really interesting to go from Seattle to Spokane because also, as we know, Spokane is right next to Idaho and Idaho handled COVID drastically differently than Washington did. And so, being in a place that's right on the border was different for me, because in Seattle, everybody followed social distancing protocols, everybody was wearing a mask. It was very rare that you would see somebody who wasn't wearing a mask doing any other activity than running. And so, then to come to Spokane, it was like, Well, half the people are wearing masks. And if you were in the Spokane Valley, where you were a little bit close to the Idaho border, that percentage might have even been less. So, it was very different going from – which, you know, I definitely think there's a political aspect of that – going from a

Access

Oral History Interview with Jenny Spink

Conducted by Hailey Briseno on August 17, 2021

Blue County to a Red County – really changed kind of what you see because, you know, obviously there are certain things that might be – there's a difference in where you're getting your information from. And so, it was really different moving from an area that was a bit more careful about social distancing and really staying away from people, to an area that wasn't. But in the flip side of that, it was also really interesting to see the mental health of the people that I met in Spokane compared to the mental health of my friends in Seattle. Because so, as I mentioned, I'm single so, I have a lot of friends who are single, and those single friends in Seattle, the stay at home order hit and they got super depressed. They were super lonely. They couldn't find people to bubble with, because Seattle was taking some of those restrictions so very seriously that people were like, No, I can't even bubble with you. And so, for the people who live alone who, you know – for the friends of mine who were married and maybe had kids, it was a very different experience to say, You can't leave your house, than the people who were single who didn't have anybody to talk to all day unless it was over Zoom and couldn't necessarily do anything. And so, I think the mental health of my friends who were in Seattle was actually a little bit worse than the mental health of my friends who were in Spokane because of that same reason.

**Hailey Briseno** [00:45:11] When you kind of superimpose that with just the gravity of what's going on in the world, I mean, it's isolating for one, you know, social distancing, staying at home, all of that. But then you can superimpose that with just the gravity of what's going on and being a healthcare worker especially – just a very different time in our lives this last year, year and a half.

**Jenny Spink** [00:45:40] Yeah, it was. It was weird for me, too, because, since I worked at Harborview and Harborview had the first positive COVID case, I was living with a roommate in Seattle because Seattle is super expensive, the housing costs are ridiculous. And so, I had a roommate. But when the stay at home order hit, her mom called and said, Your roommate works at Harborview, you need to come home, because I don't want you to get COVID. So, then, I had the apartment to myself because she went and lived with her parents. So, it was a really weird experience and I know a lot of other health care workers kind of had that same thing, where they were sleeping in the backyard or sleeping in their car, because they didn't want to infect the people at home. And so, in some ways, I kind of got lucky that my roommate did have family nearby that she could go crash with, but it was definitely a really weird and isolating experience, you know, for people across the board.

**Hailey Briseno** [00:46:32] And that's what's really interesting, you talk about health care workers, you know, either camping outside in the backyard or taking other measures just to isolate even within, you know, their families or with roommates or whatever their situation may be. I'm just curious, when you think about that – especially about health care workers or other essential workers that are taking those measures, do you find an element of that to be kind of depressing, that they're kind of driven to these measures to keep everyone safe or do what they have to do? Or is there kind of an element of being inspired by that? And maybe it's a mix. I'm just curious what your thoughts are.

**Jenny Spink** [00:47:09] I think it's a mix of those two things, you know, because you think about the sacrifice that somebody is making when they are like, I don't want to

Access

Oral History Interview with Jenny Spink

Conducted by Hailey Briseno on August 17, 2021

infect my kids, so I'm going to sleep in the camper, in the driveway or I'm going to sleep in the back of my pickup or I'm going to sleep wherever or, you know, sending family members to somebody else's house to stay with them. And a lot of that, I think, is kind of depressing, because it is super lonely. It is super isolating. But in some ways it also is inspiring, right? Because you're picking other people over yourself in some way. So, there's definitely both there, because when you look at those actions and those things that people are doing, it's awful and it sucks. But they're doing it, because they think it's a better thing to do. And so, there is something kind of inspiring about that, about saying, you know, I care about these people, so, I don't want to potentially give them something that they can't come back from or that would kill them. And so, there is both some kind of that's depressing and that sucks. And also, in some ways, it is really inspiring, because they're recognizing that there's something out there that's a lot bigger than themselves and choosing to recognize that they aren't the bigger thing there.

**Hailey Briseno** [00:48:28] That's been kind of a recurring theme with a lot of health care workers that I've talked with – this kind of being a part of something bigger than yourself and really being mindful about how your actions impact other people. Just being, you know – hopefully something that we kind of carry with us into the future as we kind of figure out what comes next. And, you know, what do we take from this and what are we learning and doing differently because of having lived through COVID-19? Have you personally or any of your family members had COVID, and if so, what was that experience like?

**Jenny Spink** [00:49:03] I – No. So, I've actually been lucky. I had a few coworkers who tested positive, but I haven't had any family members test positive. I do have some family members who are refusing the vaccine, so, it will be definitely interesting to see if they continue to be okay. But yeah, it was – I was very lucky in that respect, because I haven't necessarily been as personally affected as other people have been.

**Hailey Briseno** [00:49:36] If you could go back in time and give yourself some advice for the year ahead, you know, if we could go back to March, 2020, is there anything that you would do differently or any advice that you would give yourself just knowing how much life would radically change?

**Jenny Spink** [00:49:54] I mean, invest in Zoom is the obvious answer. If I could go back to March in 2020 and change anything, I would have put a ton of money into Zoom stock and maybe invested in Pfizer and Moderna and Johnson & Johnson. But I don't think I would change anything big if I were to go back. I think I'd pretty much do everything the same way. When I moved across the state, I moved into an apartment by myself, so I don't necessarily have to worry about infecting anybody else. And I have a bubble in Spokane because I have a bunch of family here, which has been really nice, and that's definitely been something that's been really good for my mental health. But also at times when I was exposed, I got kicked out of the bubble and that was, you know, something that was very depressing, right? Because when you're totally alone and isolated for two weeks, that sucks. That is really, really shitty. That's not a fun experience. And so, I think probably every health care worker has experienced that where they've been like, I was exposed. I have to quarantine,

Access

Oral History Interview with Jenny Spink

Conducted by Hailey Briseno on August 17, 2021

because I don't want to give it to anybody. So, yeah, I mean, the easy answers for what I would do differently are invest my money wisely with 20-20 vision. But I mean, otherwise, I don't really think that there was anything big that I would change. I still would have moved, I still would have started school. The school definitely was a different thing for me, so, I might have changed – looking back now, I probably wouldn't have chosen my same nurse practitioner program. I would have gone to a different school, but I still would have liked to stick with the hybrid program. But that didn't have anything to do with COVID. So, yeah, nothing – I wouldn't really change anything big if I had to go back and do it over.

**Hailey Briseno** [00:51:58] Are there any themes or words that kind of describe the past year that you've had? If you had to describe the past year in so many words?

**Jenny Spink** [00:52:13] So, yeah, I think to describe the last year, the best word would be weird. It would also probably be not as many friends. Yeah, definitely lonely at times. Super bizarre. I think also inspiring at times, because, I think, like we talked about, a lot of those things go hand in hand where it's kind of depressing and lonely, but it is also sometimes inspiring the things that people will do for other people. Also, in some ways, disgusting would be a good way to describe this year. Horrifying. Yeah, but I think the best one is just weird with a few choice adjectives and whatnot.

**Hailey Briseno** [00:53:18] I'm curious – you kind of mentioned, you know, isolation and being a health worker, being exposed, having to quarantine. Were there things that brought you comfort, maybe even in unexpected ways throughout the past year? Things that you enjoyed, either in isolation and quarantine or just being at home more often that maybe were surprising to you? New hobbies or things that you kind of got to explore more with being home and having a little bit more time?

**Jenny Spink** [00:53:48] Not particularly. I was not a better person in quarantine, I think some people were and I was not. I definitely gained some COVID weight. I haven't been to the gym in over a year. I can definitely feel that my body is not as healthy as it should be, and I don't necessarily think my mind is either. And so, the nice things for me that were really wonderful were just friends of mine reaching out. One of my friends, when you know – early in COVID, it was like, You have to roll up your pants, because COVID could stick to the bottom of your pants. One of my friends sent me some really cool socks in the mail, and at one point when I was living in Seattle, I sent this mass text out to a bunch of people and said, Who wants to have a socially distanced dinner at Dick's Drive-In? And nobody came. But one of my friends is like, Here's – I'm going to Venmo you money for dinner, because you are working during this in a way that I'm not, and I want you to know that we care about you and we love you. So, little things like that that happened over the course of the pandemic, were I think things where I felt really loved and inspired, but I was not a better person in quarantine.

**Hailey Briseno** [00:55:03] Yeah, it's challenging. And yeah, those two weeks can be really long. I didn't realize how long two weeks was until quarantine. Do you feel of yourself kind of coming back into your own now? Now that things, you know – I know that we're kind of hitting another spike or are kind of on the on the uptick now, but in

Access

Oral History Interview with Jenny Spink

Conducted by Hailey Briseno on August 17, 2021

recent weeks or recent months, has it felt like things are kind of returning to normal to some extent for you?

**Jenny Spink** [00:55:29] Yeah, this summer has definitely felt a little bit normal. But again, right, I moved in the middle of a pandemic. So, I'm also trying to find what my new normal looks like. I think in some ways, I would have figured out some of these things a little bit quicker if I'd been in the same place where I could resume all my same routines. But I'm trying to figure out what my new routines are. And so, I couldn't make any new routines when I moved because everything was shut down, nothing was open and all those things. And so, now I've been here and it's like, Well, I don't know what my new routines are, because I haven't had time to figure any of them out. So, I'm trying to adjust to that and this summer I was kind of finally able to figure some of those things out, which was good. But I still definitely feel like I'm not – I haven't figured it out for certain things. I still don't have a gym. I need to figure out where I'm going to go to the gym. But you know, when you move here and gyms aren't allowed to be open, you're kind of like, Well, I'll figure it out when they finally get to open and then, you know, months go by and you're like, Oh, shoot, I guess I should have done that. So, that's kind of where I'm at right now with some of those things that I know I need to do, but I haven't done yet.

**Hailey Briseno** [00:56:46] Has being a health care worker in the pandemic kind of shaped what you envision your career as a nurse practitioner to be? What kind of practice you're interested in or what area of practice? Has influenced how you perceive yourself pursuing that career in the future?

**Jenny Spink** [00:57:04] I think a little bit. I definitely – even before the pandemic had kind of started, I wasn't really sure if I wanted to be in a family practice clinic or in a specialty offices as a nurse practitioner, because there's obviously pros and cons to doing both. And so, you know, I wasn't really sure what I wanted to do, but I knew there were definitely specialties that I had experience in as an R.N. [Registered Nurse] that I liked, and then there were ones that I was like, I don't think I want to do that as a provider. And so, this pandemic has influenced it a little bit because, you know, primary care is kind of getting the brunt, I think, of some of the COVID stuff. Same with pulmonology and cardiology. But the front line, you know, gatekeepers of all the specialty offices are primary care. And so, I think they're kind of getting a little bit more overloaded with some things. Now, granted, all of the specialties, I think, are flooded right now just because nobody has had a lot of their routine care in a year. So, it's getting really crazy. But I think I'm leaning a little bit more towards specialty. If I can't do that, then primary at this point. And I think COVID did have a little bit to do with that. But I think I was already kind of thinking about it a little bit before.

**Hailey Briseno** [00:58:33] Would you like to share any particular hopes or fears about the future as we go forward in dealing with COVID-19?

**Jenny Spink** [00:58:41] I hope more people get vaccinated. I hope Delta doesn't keep mutating. I'm afraid it will. I am afraid that COVID is the smartest virus that we've ever seen and that it will mutate faster than any virus we've ever seen, which I think we've kind of already seen it do, you know, because I remember learning in school that HIV [Human Immunodeficiency Virus] is a serious virus and that HIV is

Access

Oral History Interview with Jenny Spink

Conducted by Hailey Briseno on August 17, 2021

really cool. And from a biological standpoint, not necessarily from a health care standpoint, you know, because the virus is just smart and can do things that you're like, How did it figure out how to do that? And I feel that COVID is just blowing that out of the water. So, that's terrifying on some level, in the same way that also the science nerd part of me is like, That's really cool. How does that work? But then the nurse in me is like, Dear God, what's happening? Because it's super, super terrifying. So, my hopes are that we can kind of come together as a society before it continues to mutate even faster and further and gets even worse, because for some reason, this virus is seeming to mutate faster than things we've seen before. So, – and you know, we've never been able to eradicate a vaccine without – or eradicate a disease without vaccines. But this one has been so politicized and polarized in so many ways that I don't – my fear is that we're not going to be able to get everybody vaccinated to eradicate COVID. I hope that doesn't happen, but I'm afraid it will.

**Hailey Briseno** [01:00:32] There's been points to the pandemic where it's hard to even see so far in the distance, you know, I feel like we've been taking everything, you know, one hour, one day, one week, one month at a time. And now that we've started to see, you know, the vaccines come out and things have just ebbed and flowed throughout the pandemic, I feel like maybe we can start to kind of consider those things. And you know, what does it mean to have hope for the future? What are some fears that linger? And perhaps it's easier in some ways to think about the long term now that we've come so far already? Any other thoughts or reflections you'd like to share that we didn't necessarily cover so far?

**Jenny Spink** [01:01:11] I don't think so. No, I can't come up with an answer off the top of my head.

**Hailey Briseno** [01:01:17] Well, thank you so much for your time. I really appreciate it, and I just really loved everything you had to share and everything you had to say. And it was just really, really nice getting to talk with you and thank you for participating in the project.

**Jenny Spink** [01:01:33] You're welcome. Thank you for inviting me. It's been fun.

**Hailey Briseno** [01:01:36] Of course, great, well, you have a good rest of your day, and by all means, if you have any questions, just send me an email and I'm available for that. Well, thank you.

**Jenny Spink** [01:01:47] You're welcome. Thank you.