

Access

Oral History Interview with [REDACTED]
Conducted by Brenda Fleshman on July 14, 2021

Brenda Fleshman [00:00:01] Okay, great. So, today is July 14th, and my name is Brenda Fleshman, and I am interviewing [REDACTED]-remotely via video conference. So, 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 of and experiences of healthcare workers during the COVID-19 pandemic. So, for starters, [REDACTED]-if you could tell me a little bit about yourself and what you do professionally?

[REDACTED] [00:00:34] Okay, so I'm a registered dietitian. I graduated from the University of Washington in 1980. I practiced for a few years in Seattle, worked at Fred Hutchinson Cancer Research Center and Northwest Kidney Center. And then we moved to eastern Washington and it was kind of like having an amputation. I had a really good job and then I became more of a at-home mom and I started getting back into my profession; little piece by little piece. I worked one day every two weeks and then once a week and then kind of gradually increased. Working at a bunch of different places all at once was like a patchwork quilt. And then finally, about 15 years ago, I started working full time just at Columbia Valley Community Health. And so, I work two days in the Wenatchee clinic as a clinical dietitian, I work one day in the Chelan clinic as a dietitian clinically. And then one day I work for WIC [Special Supplemental Nutrition Program for Women, Infants, and Children]. So, that's what I do.

Brenda Fleshman [00:01:48] Great. Thanks for sharing. So, maybe if we could start by you telling me a little bit about what your day-to-day looked like, maybe before the pandemic?

[REDACTED] [00:01:59] Okay, so on the clinic day, I would come in at 7:30 and look through my clients for the day or do it the day before I'd be prepared. And my initial appointment with the client would be for one hour and I'd get to know what their nutritional goals were, why they were seeing me, you know, what they hope to have happen in their life because of changes in their diet. And then we would sit down a lot of options of changes that they might want to make, and they would come back at- it was client-centered motivational interviewing- and they would go back and pick two or three things that they work on for the next four-to-six weeks. Then we come back together, find out what worked, find out what didn't work and build from there. And usually, when I was seeing them in house, I would send them home with some handouts that we would go over. And I have a lot of Spanish-speaking clients, so a lot of the things they use frequently are bilingual, colorful, kind of geared towards people who might not be as proficient at reading. And then if I have clients who want to really dig deeper and want more information, I usually print off handouts for those people from the Academy of Nutrition and Dietetics. They're not very visually appealing, but they're the current kind of state-of-the-art information on cholesterol or IBS [Irritable Bowel Syndrome] or whatever it is I'm working on. So, I see I worked nine-hour days. I have a half an hour lunch. My follow up clients were for half an hour and I have no shows. I think maybe more than maybe doctors would because I'm not asking a person to get a test or take a pill; I'm asking them to change their habits. So, you know, sometimes there's last minute jitters and they'll be some no shows for a new appointment, they'll just decide they're not ready for thinking about this, or if it's a follow up and they haven't, maybe, been as well as they'd hoped to.

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Sometimes people will back out. I encourage them to come because usually they've done a lot better than they think they have. And even if they only did well for a week and a half, that was good practice. And now they have that skill set beginning to be developed and they can continue to work on it and refine it in the future. So, sometimes I will do phone calls to remind people about their appointments: develop new writing materials or education materials. I also have interns twice a year- dietetic interns that I work with. I think that's pretty much it.

Brenda Fleshman [00:04:45] Okay. Thanks- thanks for sharing, that sounds like a busy schedule. But I heard of a lot of people who go to you who have really benefited so.

[REDACTED] [00:04:56] Oh good that's nice to hear.

Brenda Fleshman [00:04:57] Yeah. So, I- I guess the next question would be how has that changed? How has your day-to-day changed since the pandemic- since COVID-19 started?

[REDACTED] [00:05:09] Okay, Oh my gosh, so, I am more techy than some people in my generation, really because of WIC. WIC was online before the clinic was online, so I learned a lot about my computer skills through WIC, and then we got Athena [athenaHealth], which is actually the second of the electric charting techniques that I learned. So, I had some basic computer skills, but I had never done Zoom. I'd never done a telehealth appointments. I- I rarely, I mean, I can talk to people in Spanish over the phone, but it's not nearly as effective as face-to-face where I can gesture and point to my handouts and all that type of thing. So, it was a big change when I- November 19th, I think was the last day I worked in the clinic and started doing everything remotely. I got a laptop from the clinic, set it all up and, and I also got one from the state. So, the state was a different program for the WIC. And the first and most glaring obstacle is I was really dependent on my handouts. You know, I kind of shown to clients that- well like- I guess let's just see. So, they're very visual and it's easy for people to follow along. This is probably one of the ones that I use the most often. So, you know, this is what I had to do. At first, I had to hold it up and try to talk about it and peek around the corners with people. And then I got- I started developing a file where I could email clients, these same handouts. If possible, I'd email them ahead of time and so they would have a chance to look them over beforehand or maybe even print them out and we could go them in person. But that took a long time for me to develop that, and I did have a few things. I went to the office and brought to my home so that I could pretty much do this. If I wanted to mail something, then I'd have to go into the clinic and do that, you know, print it off and snail mail it to people. And so it was not as ideal, but we did the same process. We go over the handouts, we look at how they were eating. We make a list of ideas for improvements and they pick a couple of things. So,- and when I would email them, I would also email them what their goals were, what they what two or three things they chose that they could reflect back on that. So- yeah, I think that was the biggest change, just learning to make that adjustment. I could never, ever have done it without our I.T. [information technology] department. CVCH has a really great I.T. department, and so they were able to help me. I had some problems with my internet at home at first before I figured out that I had two different kinds, I had a fast and a

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slow so, once I got on the fast, it was better. Not all of my clients had good internet, though, so that was probably one of the biggest handicaps. They couldn't hear me or we get dropped or they- especially my Spanish-speaking clients, they got up to snuff. The reason they got up to snuff a lot of them is because the kids were giving up for school, so they were set up after a few months into it. They had much better access and much better understanding of how to do a Zoom visit. I think my clients and my clients, the parents too, like me, learned a lot about Zoom that we never would have learned before. And I think for a lot of my low-income, especially bilingual clients, what a nice thing for them to begin. You know, we had to be forced into it, but they learn this new skill set, and I'm sure their confidence in a lot of other things has improved because of that. But that was the bit of a problem. It got better as we went along. And some people, because they didn't really trust their internet, wanted to do the phone instead of the Zoom meetings. And that was really hard in Spanish because you just can't. Yeah, there's so much body language that goes along with trying to communicate, even if it's in the same language, it's really hard in a different language. The nice thing about Athena is- not sure how many months into it we were then able to, to do telehealth where the Athena had a picture, and then with that there was something called Propio, so we could have an interpreter. And oftentimes I would go ahead and speak my Spanish anyway because I have I'm pretty fluent in foods and blood sugar and breast-feeding. Don't ask me directions I would be not very helpful, but so a lot of times I would speak in Spanish and the interpreter would be there to answer any questions as somebody didn't understand me. Or more often than not, I might not understand their questions or their stories because they have a lot bigger vocabulary than I do, so they can use words that I'm not real clear. I often know kind of the context of what they're saying, but not perfectly confident about all the intention. So, that answer your question? I forgot to repeat the question, I'm not doing good on that, sorry.

Brenda Fleshman [00:10:42] No, you're doing great -

[REDACTED] [00:10:43] -on my own answers.

Brenda Fleshman [00:10:45] Thank you that- that was really helpful. I do have a follow-up question. You mentioned that before the pandemic, you were you had, like, some no-shows and then you also mentioned that with, with this transaction, you were able to email out handouts and their goals. Do you think that like how has patient care changed as far as like adherence to like your their goals and then also like coming to visit and everything like that?

[REDACTED] [00:11:23] So, in terms of coming to visits, I actually think there were fewer no-shows when it was telehealth because I could find them usually. You know, they might, you know, you might not come into the clinic, but when we call them, they answer the phone. It's like, okay, you don't so you don't want to do it with the video; do you want to do the appointment on the telephone then? Especially, if it was a follow-up, it was very useful. I think it was just as productive. And for a lot of my moms with kids, like I've had a couple of clients who are being worked up for bariatric surgery and they might have three kids who come in twice a month is a really a difficulty. So, for those people was really nice to be able to do it on the phone or on telehealth. And I usually ask them to come in every second or third visit so we

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could see what was going on with their weight. In terms of their outcomes, that's a really good question. I think- I thought at the time that people were opening their attachments a lot more to see the handouts than I think in reality they were. I think some of my clients didn't really understand the attachment thing and how to do that. If it was a younger client, no problem. But they did read the goal was usually. In terms- I don't know. It's really hard for me to say how people actually did with habit changes. I think, you know, you can talk to any provider and find out there's so many people to gain so much weight because of the stress, the change in their social structure of their life; decreased activity because they're not getting out of the house, they can't go to the gym. So, it would be really hard to kind of untangle all of that and to say, was it telehealth or was it COVID? I don't know. Some people did just fine amazingly well. And kids in general did really poorly. Really, really poorly. Lots of kids gained 20, 30, 40 pounds and these are kids under the age of twelve that, you know, that's just drastic. You- you look at their graphs and it's just a straight shot up. It's, it makes you want to cry. You know, you realize how they're being set up for really a lot of health problems and how hard it is to undo that kind of weight gain. You can't just get back on track and get back to where you were with your BMI [Body Mass Index] at 90, when it's now like 200% if you're eight-years-old. Does that answer your question?

Brenda Fleshman [00:14:07] Yeah, thank you. I can see where that would be a difficult balance between COVID interacting with the telehealth and everything. So, thank you for sharing that. I'd like to ask if you have any stories or moments you shared with patients that have been meaningful during the pandemic?

[REDACTED] [00:14:33] Boy oh boy, I'm not very good about just bringing these up just at the drop of a hat. I can't think of any specific stories. I do think I got- there were lots of clients that appreciated having an appointment. I think they felt really, really isolated and it was nice to touch base with somebody who cared about their health and wanted to listen to how they were doing and what goals they wanted to set, and what changes they could make in the current situation. But I'm sorry, I can't think of any really specific things.

Brenda Fleshman [00:15:18] That's okay. I appreciate- I can see how, yeah, the isolation would make such a difference and then having at least the interaction with someone can make a big difference so thanks for sharing.

[REDACTED] [00:15:32] For me, you know, I'm kind of an introvert, so I don't have- well, I did have a lot more going on socially, but I saw my patients during the day and I really didn't feel isolated. I mean, I'm a homebody and I kind of enjoyed [inaudible]. For me as a professional, it was I didn't really feel very isolated at all. I live in a small community anyway, so didn't changed things much.

Brenda Fleshman [00:16:00] I see, that makes sense, could you talk a little bit about safety measures and resources that you you mentioned that you got a lot of support from I.T.. When you were trying to do your transition to virtual visit. So, if you could talk a little bit more about that.

[REDACTED] [00:16:20] So, you're looking- you're looking at safety measures like HIPA [Health Insurance Portability and Accountability Act]? Is that what you're thinking of?

Brenda Fleshman [00:16:26] I'm thinking like safety measures specifically for you- the fact that you were doing a lot of things on like virtually that kept you safe? Right or wrong?

[REDACTED] [00:16:41] Oh, okay. You mean safe from COVID?

Brenda Fleshman [00:16:43] Yes, yeah.

[REDACTED] [00:16:45] Oh, okay. It gave me a lot- a great deal of peace of mind. I can remember my last day here in Wenatchee or my last week here in Wenatchee, finding out after the fact that a client that I've been in in my little room with had been exposed to COVID. And so, it's like that next week. It's like, Oh, you know, I hadn't had my vaccine yet this is way before that. And just like, Oh my gosh, you know what is going on here? And so being able to work from home, I was very grateful because I did feel very safe from any COVID-type issues. Every once in a while, I would have to go into the clinic, and like I said, especially if I had to mail something I would use to go really early before a bunch of clients were there knowing that had been cleaned over the night. Yeah.

Brenda Fleshman [00:17:42] Okay.

[REDACTED] [00:17:43] And I think, you know, you get more casual and you let down your guard as time goes by too. At first it was like really kind of like, Oh my gosh, I'm in the high risk age group and this is dangerous, dangerous, dangerous. And then you get, oh whatever. So, wash my hands a lot. Bought a lot of hand cream; gave a lot of hand cream to people. That was my thank you to people.

Brenda Fleshman [00:18:07] Thank you for sharing, that. I could see how that would be really impactful to be able to be like work from home and to have that safety that, you know, feel a little more safe, I guess. I- my next question is what kinds of new routines or behaviors that you would not have done before the pandemic have now become normal or automatic to you?

[REDACTED] [00:18:40] Well, one of the things that I learned through the pandemic in doing virtual appointments is when I first came back into the clinic, if I had a no-show, I called them and said, Hey, you are switched to telephone visit and so, that was a new thing to do. And so, when I have the time to do that, if somebody is a no-show, I'm still doing that. Other habit changes- I, you know, I think I just slipped back into the same way I'm doing things, they have discouraged us doing telehealth as much as possible. They'd much rather have us have our clients come in. I think it's, you know just better revenue that way. And I do think a lot of clients prefer it, especially if they're if it's in Spanish, it's just so much easier for our clients. So, things went back to normal other than that piece of, you know, tracking down for some people a little bit more. I can't really think of any other habit changes other than that, really.

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Brenda Fleshman [00:19:54] Great. I could see where that would be a good habit to acquire as far as being able to switch over to phone visits and being a little more flexible. My next question is what do you think the biggest impact of the pandemic will be for you on a- on a professional level in a long-term sense?

[REDACTED] [00:20:32] Well-that's hard, it's hard to answer what do I think the impact of this will be on the long-term sense professionally? It's a little too soon to tell, but I think, you know, the clinics suffered financially and I feel a lot more pressure than I did before. I mean, it's always- it's always been an issue if I have no shows, you know, your encounters and all, that's important. I think there's a little bit more scrutiny about that because they're just eager to get back to where they were financially. And one of the things they're considering for me is to change my appointment late. So, my- my initial appointments been 60 minutes and they were talking about me doing it 30 minutes. And I just don't think it's possible because I do client centered motivational interviewing. So, it's more like maybe a behavioral health intake, which can take one to two hours. So, for me to be able to do that in a half-an-hour, I just don't know that that can happen. Then they were talking about maybe 40 minutes and I'm still, you know, doing my initials for an hour right now and thinking, how could I change this? What could I cut out and not have a patient feel like they weren't listened to? And they weren't given the space to think about their goals and to set their own goals, whether that is so much quicker for me, just to say you do this, this and this, you know what I'm saying? So, that is the potential outcome that could really change the way I feel about my job. I mean, I guess maybe a little- another thing that's changed a little bit is my emphasis on how nutrition impacts our immune system and the benefits of looking at all the food groups and including all of the, you know, the major nutrients that you need because they're building blocks for enzymes and hormones and our immune system and all of that. So I think there's, you know, vitamin D was always important, but now we know that people who are low probably have more of a chance of getting COVID. So, just maybe strengthens the platform for good nutrition a bit. Other than that, I really can't think I'm kind of curious what other people said in terms of how they might see some changes. Maybe there's something I'm missing that I'm not thinking of.

Brenda Fleshman [00:23:19] To be honest. This is the first interview I've conducted.

[REDACTED] [00:23:25] Oh, well, you get back to me then.

Brenda Fleshman [00:23:27] Yeah, I can get back to you.

[REDACTED] [00:23:33] Yeah, I think, you know, to maybe people are a little bit more motivated to- to get back to taking good care of their bodies so that their comorbidities are lessened, so they're not as high of a risk if they do get COVID, and who knows what what's going to happen with these new hybrids of the COVID and Delta in the future? So, taking- and for me personally, it's all the more reason to keep eating healthy and exercising. It's really been hard for me. I'm going to tell you this is a person who is really good about exercising. I can so sympathize with my clients because I exercise routines that was in Zumba classes. I did certain things at certain times and that got disrupted. It's super hard to- to rebuild healthy habits, I think.

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Brenda Fleshman [00:24:26] Yeah, that's-that's very true. So, jumping off of that, I guess, my next question would be how have you cared for yourself during the pandemic?

[REDACTED] [00:24:42] Okay-okay interesting. I just bought a paddle board like I really am trying to figure out new ways to get more exercise. I've learned to do virtual yoga, so I had a yoga teacher that I absolutely love and for a while we didn't get to do it at all. And then I got to do it in my home, and it's really nice. I don't have to drive anywhere or really people can see me, but they're too busy worrying about me seeing them. I don't think it really matters, so you don't have to care as much about how you look. I belong to a support group for other reasons, and they're virtual. And so, I've been able to go to a lot more of my support groups because it's so much easier as opposed to maybe once, maybe like three times a month, it's more like two or three times a week. So, in terms, I don't feel isolated because of that, but I also feel like I'm on a personal pathway to self-improvement and growth because of that. So, it's made it way more accessible for me. Other- what else? My diet really hasn't changed. I eat pretty healthy anyway. Oh, this is an interesting artifact about diet, so since I'm a nutritionist so early on, I started doing the grocery pick-up. Even though I live in a small town, we have a big Walmart and you can do curbside pick-up. And you know what? Impulse buying is definitely decreased when you do it that way. So, I think it's kind of a caveat that I think- and you plan ahead more. I think for my clients, I really encourage that kind of shopping. But you know, you go into a store and you find all sorts of things in your cart that weren't on your list. And when you do the curbside pick-up, that's not the case. So, self-care, what else? I haven't had to buy so many clothes or as much makeup, so I don't know that that's self-care, but I, you know, now that I'm back to work, I choose to have to wear less makeup. That's kind of interesting, although I- I'm sixty-five, you have to- this is- but you know what? Some people get facelifts. If you wear a mask, people can't tell you have wrinkles, right? So, it's an alternative to a facelift. Yeah, I guess that's about it. I can't really think of anything else, but I definitely have been involved with my support groups way more and learned a lot from that and learned how to think outside the box. I guess I'm pretty proud of learning to be more techie. It was sort of like a forced march to it, but I'm glad I learned how to do some of the skills that I've learned so.

Brenda Fleshman [00:27:51] Right, yeah. So, your support group is that like based out of a community like organization?

[REDACTED] [00:28:02] Well, I belong to Al-Anon are familiar with Al-Anon? You're not familiar with Al-Anon, no. So, I don't know how much I want to share, who all is going to listen to this?

Brenda Fleshman [00:28:18] It'll be like- you also don't have to go like share as much. I'm just curious about whether it's like a community group or-

[REDACTED] [00:28:26] No, no. Okay, so I'll be really open. You can maybe decide to delete some of this, depending on who you so share it with. So, I am from an alcoholic home, and Al-Anon is a group for adult children of alcoholics or people who are married to alcoholics. So, it's- it's a 12-Step program. It's a wonderful program. I

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feel bad for people who don't have a reason to go, but I'm also a recovering alcoholic. So, I go to AA [Alcoholics Anonymous] meetings, virtual AA meetings, and it's actually based in a town on the other side of the state. And there's lovely people and I learned so, so much. And so, yeah, so my doctors at CVCH, she knows this about me and I share it with people and with clients as I feel it's appropriate because it's a fabulous group and you can learn so many really great skills that I never got to learn growing up, you know, communication skills and self-care skills and setting boundary kind of skills. So, that's the that's what the self-help support groups in.

Brenda Fleshman [00:29:37] Great.

[REDACTED] [00:29:37] Super more accessible. In fact, today we had a business meeting, like, are they going to go back to virtual or keep doing it Zoom and pretty much was decided to keep doing it Zoom because they did do some virtual and of course, where this group is based out of been, hardly any of those people who weren't going to Zoom didn't go to the in present face meetings. So, virtual, I think for support groups or that self-help in general could be a really great- a plus the positive outcome of COVID because it's so much more accessible. You go any time. The same with Zumba so I'm a real Zumba fan. I can go on to the Zumba site any time of the night or day all around the world. I can like what a plethora of wonderful teachers and different kinds of music and different kind of dance styles that I would never have access to in my little teeny tiny town of Chelan, Washington. So, that is your question?

Brenda Fleshman [00:30:48] Yeah, that does.

[REDACTED] [00:30:49] It's lovely, but, you know, in a lot of ways.

Brenda Fleshman [00:30:53] Great. Yeah. Thank you for sharing and for being willing to share. I guess my next question is I asked you about the impact you think the pandemic will have on you- on you professionally. My next question is what do you think the biggest impact of the pandemic will be for, for your community in a long-term sense?

[REDACTED] [00:31:21] For my community of Chelan in a long-term sense? That's a really, really complicated question to answer what is the long-term impact on my community? So, I live in a resort community, and one of the immediate impacts is very surprising is there is more tourism this year than before COVID. I think it's because people are like ready to get out of the gates. They haven't been able to travel and they're really hot to- to have more of this recreational time. And they've maybe save some money or got tired of self home improvements and are really ready to go out. You know, like me, I got a paddleboard there. They're ready to invest in more kind of fun things so that part of my community has changed, at least for the short term. The other part that's really changed my community is it- it is a rural community. Homes are spread out. The- it's a lot easier to isolate, but still go outside. Like, I live in a neighborhood where there's a ton of people walking and there has been all throughout COVID and you can be on the other side street and visit with people. And I think because of that ability to be more mobile and get outside, a lot of people who've had who have nice summer homes in Chelan have

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decided to make that their permanent residence. And a lot of people are working more from home because they have the kind of job where they can do that. So, I know that some of the businesses have really prospered because there's more people living in or visiting my small community. And that's because it is, you know, it's great, beautiful, beautiful place to be. So, that wouldn't be the case for all communities. Other than that I don't really work in the hospital side of things, so I would imagine COVID has impacted that a lot, and I've got little bits and pieces from the doctors who've come down from especially early on, like a day up at the hospital where they were dealing with that. And so, they'd be better people to answer that question. I'm pretty sure curbside pick-up is here to stay at my grocery stores that I use. A long-term impact is maybe it's more because I live in a rural area too, but it is. It's been very political and divisive. Unfortunately, it's in my own home. My husband and I are politically polar opposites, and so we have- and one of my kids, one of my kids, actually lives in China. She can't come home right now. She's just had a baby that I haven't got to see because if they leave, they can't go back to their job. They have great jobs, they have nannies and maids and things like that. So, you know, they they're fully vaccinated, they're super cautious because their life has been super duper disrupted. But one of my other children live in Chelan, and she and her husband have chosen not to be vaccinated. It's really hard for me because I really believe in vaccines, and I kind of state my- my case and asked why they've chosen not to. And then I just have to let it be and I think that's happening all over our community. And it should- a disease like COVID should not be political. I can't believe it is. There's a lot of stupid people in the United States. That's what I think, I don't get it. I don't get it at all. But that's all I have, I think on, I mean, I don't have a crystal ball, I don't know how else it will impact the future.

Brenda Fleshman [00:35:27] Yeah, I think there is something to be said about it being such a divisive, I guess, course of events that have gone on over the past year.

[REDACTED] [00:35:40] And it was even really pre-COVID, there was a lot of divisiveness politically between Democrats and Republicans. And my husband and I are, like, I said, different political base. We just choose not to talk about it or I choose not to talk about it. He tries sometimes- it's divisive, but I think it's stemmed from what was happening before COVID.

Brenda Fleshman [00:36:05] Yeah, I think you're very right about that. I- my next question you mentioned that you're very for vaccines. I'm curious about whether you've you've gotten your vaccine-

[REDACTED] [00:36:20] I was one of the very first ones at the clinic. I got mine December 28th. And the only- I'm a little concerned now because you're hearing like, maybe you need a booster and I'm so early on that they're probably not going to definitely figure that out by the time you know what they decide, people need boosters. I'll be past that probably time frame where they were. I recommended them, I think. But yeah, I got one early on. I was born shortly after the polio vaccine came out and my mom had lived in fear of her kids getting polio. My aunt had polio and and so I guess I grew up really believing in vaccines so, the new concerns about, you know, the anti-vaxxers and stuff as like, I just I don't have a context for

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that. I just know that people didn't get these horrible diseases before vaccines. So, and my husband who is like, I said, different for me. He is vaccinated, too. Part of it is we got to do things that we couldn't have done without it, and we could feel comfortable being around our grandkids whose parents are vaccinated.

Brenda Fleshman [00:37:32] Yeah, that I've heard from a lot of people, that is kind of their reasoning. So, thanks for sharing. I wonder if you could talk just a little bit more about the- within, within Chelan, the attitudes around the vaccine, if you've like heard anything.

[REDACTED] [00:37:55] Okay, so this is I forgot to mention this, so I'm going to book club with. I started a book club 11 years ago in October, and we met every month without fail for all this time. And then COVID came and we quickly all of a sudden little old ladies. I'm the youngest one in the group. We switched to Zoom meetings, and now once we all got vaccinated, we got back together. Yesterday was the first time that we actually all got together and had dinner together. We would always read a book and have a dinner potluck based on kind of what the book was. So, last night we had an Asian. It was about Korea. It was a really fascinating book. But- so one person in that group was not vaccinated. Her husband's a chiropractor, and they kind of don't believe in vaccines so that- I don't know that their kids were even vaccinated growing up, which I find kind of surprising. She had her undergraduate degree in biology, and then she went on to get it elementary teaching degree, but it'd be interminable. It's sort of, I guess, because it's so politically charged, you don't really ask people too many questions about why they chose to or not. I don't think this person would mind me asking, but I only see her in my group and so it'd be like, really awkward to ask her I think in that group.

Brenda Fleshman [00:39:27] Yeah, I, I think - it is kind of a sensitive topic for some people. So, I think, yeah, at this point, I think we're getting close to the end here. I would like to ask a couple more questions. So, what would you like to share any particular hopes or fears about the future as we go forward dealing with COVID-19?

[REDACTED] [00:39:58] Oh, I do have a lot of fears about the different mutations. You know, are we going to- as people aren't getting vaccinated and are getting it and it's mutating more and is that going to get stronger and harder to control? And is my vaccine going to be covered by the, you know, the next or the next generation of COVID vaccines? I think that's a real fear. A hope, I mean, I would just I wish people would change their minds about not getting vaccinated. I don't- I don't think that's a realistic hope. I think it's- it is what it is. So, yeah, I guess I can't think beyond that what their answers to give you, but I think the fears are real, especially, you know, I- I got to a place where I felt like I really let my guard down and it wasn't worried about it anymore. And now there's more of the Delta variant happening, and I'm just more concerned there.

Brenda Fleshman [00:41:16] Yeah, I can understand that. Thanks- thanks for sharing that. My- my final question is, are there any other thoughts or reflections you'd like to discuss that we didn't cover in the interview?

Access

Oral History Interview with [REDACTED]
Conducted by Brenda Fleshman on July 14, 2021

[REDACTED] [00:41:35] Well. I can't think of anything really important. An interesting little caveat is my uncle died from the flu. Of the 18, 18, was it 1918 flu? You see, that's the previous flu pandemic. Yeah, so it's kind of interesting to see that it's, you know, about 100 years later, here we are again. And you just wonder what's going to happen, I guess, in the future and if the cycles are going to get smaller where this is all going to head to, especially with global warming, I think it's really easy to maybe feel like- I'm mean I love my grandkids. I love having great kids. It's the best thing that's ever happened. But it's like, what kind of world are they going to have when they are my age? That's kind of a scary thought. As a person who works in the medical field. I'll just say this, I'm really, really proud about the way Columbia Valley handled it. I think especially in a rural area of Washington state. I think we did a fabulous job. And I think that there's, you know, as we see people react and respond like that, there's a lot of hope and encouragement I find in seeing that happen. Yeah, I think we're in a fortunate state, too, I think Washington state is a real progressive state for a lot of different things. I think we had good leadership and governmental. We have the UW [University of Washington], which is world recognized medical institution that's been giving forecasts and prognostications through the COVID, and I think we're lucky to have that here. I guess that's all.

Brenda Fleshman [00:43:37] Great, well, thank you so much for taking the time. I'm going to go ahead and stop recording.

[REDACTED] [00:43:43] Okay.