

Creating Primary Sources:

Documenting Experiences of the 2020 COVID-19 Pandemic

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***Note** All interviewee's names have been changed for confidentiality*

Preface from a Student – James (interviewer)

My name is James, and I'm a 20-year-old college student who lived through the COVID-19 pandemic. I was a freshman in high school when it was officially declared a pandemic. I first heard about the outbreak in January 2020 during winter break. My mother, who was a psychiatric nurse at the time, reassured me it was "just the flu." At 15, I believed her. I spent my break without a second thought, but when I returned to school, there was a noticeable shift—I noticed fear creeping into hallway conversations. My girlfriend at the time was especially worried. I repeated what my mother had told me, "It's just the flu." She didn't buy it, not even for a second. She told me that people were starting to die from it in New York.

By March, everything unraveled. Confirmed cases and death tolls surged. Even my small central Minnesotan town wasn't spared from infection. On Friday the 13th of March 2020, I sat in my first-year Spanish class as my maestra warned us this might be our last in-person class for the month. We were teenagers—so of course we thought, *Sweet... an extra-long spring break.*

By March 20th, I was back at school—but only to drop off textbooks, pick up my oboe, and say goodbye to my teachers. My band instructor stood six feet away, both of us in N95 masks. He told me this might be the last time we saw each other that year. I remember the fear and the confusion he and I shared. High school as I had dreamed was gone. Friends didn't get their graduations. No one really knew what came next.

School shut down for three weeks as the administration scrambled. Classes were moved online—including the performance arts! Everyone struggled, so much so that failing a class became impossible, thanks to our administration. Still, grades suffered. My GPA tumbled from a 4.0 to barely a 3.0. I remember the feeling of isolation was suffocating. I was getting fed up with

my parents and the tenacity of this virus. No friends, no normal teenage life, no more loitering in the mall just for the sake of it!

The next school year, my sophomore year, brought hybrid learning. Half of us attended in-person Monday and Tuesday, the other half Thursday and Friday, with online classes in between. By then, I had started working as a cashier and stocker at a local grocery store. My job included the normal responsibilities *plus* reminding people to wear masks, which didn't always go over well. Some adults lashed out at 15-year-old me for enforcing our store policies. Every public space had glass shields, boxes of masks at the doors, and the worst-smelling hand sanitizer known to man. Speaking of sanitizer—there was a shortage, and alcohol distilleries stepped in to make alcohol-based hand sanitizers! Everything was disrupted and it kind of felt like the world was falling apart. Schools scrambled, healthcare buckled, construction stalled, and stores had shortages on many essentials. Everyone just had to “do their part” and wait it out.

By the middle of my sophomore year, COVID fatigue had set in. People were exhausted. The pandemic became political. Some claimed it was over, but it really wasn't. New variants kept emerging; alpha, beta, delta, omicron, et cetera. The mRNA vaccine brought relief to some, but extreme distrust to others. Up until 2024, experts still classified the COVID-19 outbreak as a pandemic.

I chose to present my, and others', experience through oral history because I believe personal narratives capture the emotional and social impacts of the pandemic in ways that statistics and news reports cannot. Oral histories preserve the raw feelings of fear, confusion, and resilience that defined this period. By sharing my story, I hope to provide future researchers and students with a firsthand account of how everyday life changed for young people navigating school, work, and social interactions in a world that felt utterly unrecognizable. These stories tell not just the

logistical disruptions—such as school closures and job changes—but also the emotional toll of prolonged isolation and uncertainty. The pandemic affected every aspect of life, from education to healthcare to the economy, forcing people to adapt in ways they never imagined. The exasperation I felt wasn't just mine—it was everywhere. The country, and the entire globe, was drained; stuck in a loop of fear, frustration, and division. This can be heavily connected to a poem entitled *An American Nurse Foresees Her Death*, which seems to capture the weight of the invisible threat that felt never ending:

“When the shift ends, if it ever ends / I ghost the perimeter of my own life / and set the alarm for four thirty in the morning / ...Nurses I know are nursing nurses / through the never-ending fevers / ending them” (*American Nurse*).

This feeling wasn't limited to nurses—it was everyone. It was students struggling to focus on online classes, grocery workers dealing with angry customers, families terrified to see their loved ones, and exhausted doctors running on empty. The virus didn't just infect bodies; it wore down minds. People feared each cough, every interaction. The world felt unsafe, and no one knew when it would end. Looking back, I realize how much we all struggled to make sense of an unprecedented situation, and I hope that by documenting these experiences, we can better prepare for similar crises in the future.

Custodian – Karen

James: Today is Friday, February 28th, 2025. I just want to thank you for allowing me to interview you to start off. Can you describe your role in daily responsibilities before the pandemic?

Karen: Custodian, I clean bathrooms, I wax floors, I shampooed carpet. I... metal, gold... I had to protect gold. I had to put it in a locked area, because it was stolen a couple times.

James: What were your biggest challenges in your work before COVID?

Karen: My biggest challenges... I don't know, just...getting along with everybody, I guess. Moving all that gold around that'd be the biggest challenge, because it was really heavy.

James: Okay, and how did you typically collaborate with other people in your field?

Karen: Oh, we worked together. I didn't work by myself all the time. We just we share jobs, or we help each other with each other's jobs.

James: Perfect. What were some of the major health concerns or priorities in your community or your workplace at the time?

Karen: Health concerns? Well, they made us when we came in, we had a scanner face to see if we had a fever of 100 or more, and if we did, we had to go home, couldn't work. We had to wear a mask all the time. Then you had to be six feet away from everybody.

James: How did that impact how you did your job?

Karen: Not too bad, because I came in at four in the morning, and I worked to like 2:30 so from like four until seven, I didn't see anybody. After that, I would see 'em, but, um, everybody kept their distance, you know, because I walked upstairs a lot, most of the people you know upstairs with the... what do you call them? With the big leagues? I guess you'd say, so I didn't see them a lot. They'd be in their offices.

James: Were there any existing protocol or emergency plans for pandemics or infectious disease outbreaks like the flu or something similar?

Karen: Just keep your distance and make sure you wore your mask and wash your hands. Make sure your hands are always washed and every time you went outside, like people that smoked, every time they went outside, when they came back in, they had to make sure they didn't have fever, they had to check themselves.

James: How did your job and workplace policies change during the pandemic? I know you mentioned social distancing and checking temperatures and stuff like that. Was there anything like COVID testing that was provided by your job?

Karen: No, we didn't have to test okay, unless we showed like signs of it. You know, then when they would make us go to the hospital and get tested Okay, and I did have COVID.

James: Was that during... what year was that?

Karen: That was during COVID. It was 2020, but the first time it came out, when you got COVID, you had stayed home for 10 days. I got it on the last one where I only had stay home for five days, and my husband had to stay home too, you know, because we lived in the same house.

James: And did you feel supported by your employer or government policies in relation to COVID? Did they give you, like, paid time off? Anything to help you—

Karen: When I was off for five days? Yes, I got my full pay.

James: What was the hardest part of working through the pandemic?

Karen: It was just a regular day. There's nothing hard about it. Everybody was there. So nothing different.

James: So, when you were working during COVID, did your place of employment shut down?

Karen: No at all.

James: No, you stayed open through a whole thing?

Karen: Yep. Well, it was a computer company, we made computer parts. And parts for cars, you know, the little computers for the cars.

James: And has your job... pretty much returned to normal, would you say? Or is there any, like, lasting changes you see?

Karen: It turned back to normal, yeah. The only thing different was, if you had COVID, you didn't even have to stay home anymore. You just had, they wanted you to wear a mask, at least, distance, and that's the only thing that was different.

James: So, if you were to contract COVID Now, would you still have to do the social distancing?

Karen: I don't know. I don't work there no more. I don't know what the protocol is here, you know.

James: Okay, and personally, how did COVID impact your mental health and your emotional wellbeing?

Karen: Um, well, I didn't get to see my kids or grandkids, which I guess I could have, they wouldn't have known, but, but we didn't. We mostly just went to work and home and grocery store, Doctor, you know, streets were empty. There was nobody anywhere. Was it was kind of weird. So it kept it felt lonely, and I drank a lot because I had nothing else too. You know?

James: Was there a point around, like, March or February of 2020, that you were like, okay, this pandemic thing is kind of starting to, like, frighten me, making me nervous.

Karen: No, never made me nervous. I was just tired of it. I wanted it over.

James: That's fair. I completely understand that.

Karen: I just thought it was silly that they did that. You know, on the busiest day of the year, say, what was it? St Patrick's Day?

James: That's right, I was in high school at the time. I was, I think, a freshman, and it was Friday the 13th, the day that all of our classes got canceled, so we were told to not come back in on Monday.

Karen: Yeah, see, and the kids, my grandkids, they all suffered from that, you know, because it was online and parents have got to work, or if they didn't, you know, a lot of them didn't even help the kids on this stuff, you know. But my grandkids... their schoolwork suffered a lot, but their parents did try to help them as much they could. You know?

James: Did you notice any interpersonal issues, like, was there any conflicts within your family, with your husband, with your kids?

Karen: Nope, no.

James: Were there any positive changes you noticed from COVID?

Karen: Nothing positive.

James: Were there any moments that shifted your perspective on healthcare, public health, interdisciplinary collaboration, anything like that? Was there frustration? Was there fear? Were you angry?

Karen: No. I just didn't want that shot pushed on me, you know? But I did take a shot. I did just two rounds. I wish I never did. Second time was like having COVID again. It was... it was pretty bad.

James: Was there a reason you didn't want to get the vaccine?

Karen: Because of everybody... what they were saying, plus it was experimental, you know? And they got the vaccine out so quick, so they, they didn't know what was going on, and lot of young kids, males were having heart attacks from the shot, and, um, there was, there was a lot of defects on it, so, but I did, because my husband's diabetic, and he kind of pushed me to it. So I did it, but I told him I wouldn't have any more. But did none of the, you know, boosters they called 'em.

James: Did the pandemic change the public's perception of your field? I guess, shifted how they see your work, or something similar.

Karen: No, just their attitude changed, you know, because they were shut up for so long, some people had a lot of mental problems.

James: Did you notice a change in demeanor post COVID with either your colleagues or people you work around?

Karen: When it first came out, yeah, there was people that was nervous about it, because people were dying in New York. That's what was really bad. But otherwise, no, just kind of panicked, you know, from some people that didn't understand what was going on, you know? They only heard one side of the story. You got to listen to all of it, you know, don't panic... stuff like that.

James: What do you think is still missing in terms of preparedness for, hopefully not, but future health crises. Like, I know we had an outbreak of norovirus recently. How do you think we could approach things better?

Karen: I don't know. They need to maybe talk to the public, put something in place so people actually know what to do and what to expect when they get it. I got that. My husband had it. He was down for a month. It was really bad on him. It didn't last. I had for about a week. But they need to talk to the public so they don't freak out so much, I think.

James: So, would you say like education is more important now? Do you think there should be any policies put in place?

Karen: No, no. General knowledge. Know what to expect. You know?

James: Do you have any advice for... future professionals in your in your work area?

Karen: Well, yeah, during the pandemic... I have asthma, and I had to go the doctor because I couldn't breathe. I didn't have an inhaler, and I didn't want to go to the hospital. That cost a lot. It wasn't that bad, but it was where I couldn't breathe. So I went to the doctor and they took me downstairs in this glass room, two people came in with hazmat suits on. They look like an alien.. was gonna attack. Scared the crap out of me. I'm like, What is this? Well, you said you have COVID. I said, No, I said, I'm having problems breathing me because of my asthma. I do not have COVID. And they felt bad about that, because they got it all mixed up so they should have not freaked out, you know, before they knew the facts. But that was scary.

James: I bet. When I got sick with COVID, I never got any of the respiratory symptoms. It was all just congestion.

Karen: Yeah, I had a real bad headache. Yeah, my head just felt like it was gonna explode. I felt like, felt like I had the flu.

James: It definitely was not fun. No, I remember the hesitancy to go to the doctor, especially with, you know, how much things cost now.

Karen: Well, I went home from work because I didn't feel good, and my work made me go to the doctor, and then they shove that thing up your nose.

James: Oh, yeah, things like that, I think, are more commonplace now. I think what COVID has, what COVID gave us, I guess, was—

Karen: —an awareness like other diseases and stuff.

James: Yeah, and you know, people are more aware of people around them, I think. And when people are sick, I think they now kind of keep more to themselves than they did in the past.

Karen: But I don't think they should have shut down the whole world. I think that made it worse.

James: In what ways do you think it made it worse?

Karen: Because you're stuck in a house, so all the stuffs' in the house, they didn't want you going anywhere. And usually when you get a virus, you know, it's got to run its course. So it would be better for people get immunity to it, because being stuck in the house like they had everybody you wasn't building up immunity to it.

James: Do you think that impacted long term immunity to other viruses?

Karen: I do.

James: Do you see any impact on future generations that this might have?

Karen: Yeah, might have some scared stuff, some paranoids, yep.

James: There was the Spanish Flu back in 1918, I believe. And they completely cut that out of academia, because it was, you know, scary. It was traumatic.

Karen: But COVID was the flu, just a different part of the flu.

James: Do you think that COVID should be, I guess, kind of pushed under the rug as just like another endemic, or do you think it should be kind of... publicized? I guess.

Karen: I think they should just forget about it. It was just the flu, and they I think they over I think they exaggerated about it. I think they made it worse than what it was.

James: Do you think there's a reason for that, or do you think it was just out of fear?

Karen: I think there was a reason for it. I don't trust the government. You know?

James: Is there a reason that you don't? Is there something that happened?

Karen: No, I think the reason they did it because they wanted these people to take all this, these shots that were experiments instead of, usually, they don't experiment on the public like that. They offer people to do it.

James: Do you think it was kind of for money at all or not so much more, just to experiment?

Karen: I think it was just to experiment.

James: Do you have any stories from your experience that you think are important for future generations to hear

Karen: From me getting it?

James: From you getting it, from the experience of COVID, the community—

Karen: Well, the community was like... there's this one bar I go to near when the bar got it. So they're telling everybody, stay away, stay away. And then people like, you know what? It's better if you get it. It was kind of like chicken pox. You know, when I was little, you know, your neighbors, they get chicken pox. So you've got your kids over there, because it's better for your kids to get it then when you're an adult, because your body can fight it off easier. So I think it was kind of like that, you know. And I know some people that got it where they lost their taste and their smell, and my friend did, and she still hasn't got that back. She still can't taste food, and she hates that. She goes, "I miss food!"

James: Oh my gosh, yeah, that was my least favorite part about getting COVID was.

Karen: You got that? I didn't.

James: Yeah, I got loss of taste, loss of smell. That was terrible. That was a bad like... week and a half.

Karen: Huh? I just had the headache and nauseous, but I could still eat.

James: Lucky.

Karen: That was weird.

James: It took the joy out of food for me. It sucked.

Karen: It did kind of, yeah.

James: Let me see... how many people in your community got COVID? How did that impact your community?

Karen: Everyone I know had it, yeah.

James: Was that during like, the height of COVID?

Karen: During the height of COVID, lot of people got it. Um, I lost my youngest son in '21, 2021 and when we had his wake, my oldest son got COVID so he couldn't come. So that... that was bad, you know?

James: I'm sorry to hear that was

Karen: He got killed at work.

James: I'm sorry to hear that. Did that impact how the wake was done. Was there a fear to like, have that many people in a room?

Karen: No, no, no. His wake was packed. He was packed. Yeah, it was really nice. Well, nobody was afraid at all at that point, because everybody was tired of it. You know?

James: That's fair. There's a certain point where, you know, you lose some faith.

Karen: Yeah, you go to stores... and they wanted to wear a mask on, like, I ain't wearing them.

James: Was it just a sense of, like, freedom you felt like you were losing

Karen: No, is, with my asthma, I had that mask on. It was hard to breathe, so that's why I didn't like it.

James: Were you treated for asthma at all? Like you said, you didn't have an inhaler.

Karen: I have an inhaler. I have a steroid inhaler, and I have a... what do they call emergency inhaler? So, yeah, I take my inhaler every day.

James: Are there any changes in policy or practice that remained in place post pandemic? Do you guys still wear masks when you're sick.

Karen: Nope.

James: Are you recommended a vaccine? Every so often? Does the university pay for any follow up vaccines or paid time off when you get sick?

Karen: Not that I know of. I don't know.

James: I think that's pretty much it from me. Are there... do you have any closing thoughts, any other tidbits you'd like to add as this... this is going on the Chippewa Valley archive. So, for anybody who might be studying COVID in the future, is there anything you want to add?

Karen: Just make sure you know what you're talking about and study it more. You know, don't jump to conclusions.

James: I get that. I agree. I think education is very important.

Karen: Education is very important. Yes, definitely.

James: I appreciate that. Thank you very much.

University Professor – Prof. Jake

James: All right, today is February 28th, 2025, thank you for taking your time to speak with me. To begin, I'd just like to ask if you could describe your role and daily responsibilities before the pandemic.

Jake: Yes, before the pandemic, I was still... first of all, my name is [Jake] visiting assistant Professor of English here at the University of Wisconsin, Eau Claire! Before the pandemic, I was still a PhD student, and so my daily responsibilities were both research for my own progress in my program, but also teaching, just like a couple of courses a semester. Some of it was also service oriented, so, I ran our—I'm a modernist, I studied the early 20th century literature and culture, and so I ran our modernist Studies Association at Penn State, which was like 60 members deep. It was a very small organization, but we brought people to campus, and we did a variety of other things. I also worked as a research assistant on the Hemingway Letters project. So, I did, like a smattering of different things that were largely... they were broadly academic, only a portion of which, maybe a third of which was teaching, a third of which was administrative and service oriented, and a third which was actual research. A good smattering of things, though.

James: How did that teaching and engagement look before COVID?

Jake: Yes, in terms of—I didn't even answer your first question, daily responsibilities, yeah, before COVID. I mean, okay, the truth is, it looks a lot like it looks now. You meet with students, you teach your courses, you do some prep behind the scenes and research stuff, you spend, like, office hours doing whatever tasks the PI, in that case, sort of assigned to us. We were annotating a little trio of books up there. That's a little side, not into the microphone. For that, so you're just like, you're doing a lot of reading. You're doing a lot of solitary work. PhD work it's... it's sort of like that. In terms of teaching again, like you met—I met with students pretty much every day. I have office hours, like every single day, at least an hour. Brief aside: Penn State was more stringent about, like, what was required than UW-Eau Claire. And then you had a certain amount of classroom hours where you were inside teaching, and several different times in the library where, you know—in part because of the research assistantship, but in part because of the service and administrative work I was doing for the graduate students in the department—you were meeting with librarians, and you were meeting with other researchers, and we were often in the stacks in the library looking for things together several times. I mean, you know, you bring guest speakers to campus, you pick them up from the airport. You do all the like labor, “real”—scare quote—professors at the time didn't want to do, and they're just like, you're a PhD student. You can do this go like, pick them up and wine them and dine them. So it was lots of social labor that was ultimately, in some ways, in person, one-on-one, plus—and required you not to think that there are, you know, that you're breathing the same air that has just exited somebody's lungs. I'm spoiling, but that was the that was really the day to

day. It's a lot. It's very similar, I think, to the life of a student or a graduate student now, in many ways.

James: Okay, so that professional collaboration, did that change or evolve past COVID?

Jake: Yes, yes, absolutely. So like, okay, one other thing I hadn't mentioned yet. As a researcher, you go to conferences. You do conferences: notoriously expensive, especially for graduate students, who don't get a ton of money, usually from their departments, and have to apply for grants and apply for travel funding and other things. And especially during COVID, those all shut down. So like, I had papers into conferences that were like, "We're just not we're not even gonna try to get this onto zoom or something. We're just like, fucking killing it. We'll reschedule it in a few years or something!" Some of that. And those are where you meet collaborators, and that's where you, you know, other people attend your talks and are like, "Hey, I'm working on something similar. Do you ever want to you know..." It's that sort of collegiality and cooperation that occurs when you get a bunch of people studying one tiny, minute area of human knowledge production in the same room, thinking about the same idea altogether. That really died briefly during COVID, and then since it's coming back, it's changed desperately. Conference attendance is much less. It's... there's a fraction. There was a big... like in 2022 my professional—one of my favorite—professional organizations, sent out this big email like, "We're doing some soul searching, because attendance is going to be down for years. Our projections basically indicate, and we're not sure if it makes sense to rent out two floors of a hotel and then rent out their whole convention center and do all of this stuff, which costs 10s of 1000s of dollars, when attendance is half of what it used to be." And I think those numbers have climbed up in some ways, but ultimately, the pandemic shifted people's priorities and traveling in person to things completely changed. Just the difficulties and the risks therein changed how people thought of how essential that kind of work was, if it couldn't be supplemented by their means, by email, by zoom, by Teams, whatever. I'll also say interviews for like faculty positions used to be at those conferences. They used to have, like the MLA, the Modern Languages Association, used to have a whole convention room, which is like as big as a gymnasium, usually just tables and people interviewing for positions in person. Since most people in English and the modern languages would attend that conference every year, COVID killed that practice, and it was kind of dying anyway, with the emergence of, probably Skype, circa 2008 or something! You know, but Zoom, the proliferation of Zoom and Teams, everyone's like, why are we paying for candidates to fly to the conference? Or why are we trying to find them at the conference? It just didn't make sense. So, like, in some ways, it like, revolutionized the social infrastructure of academic work and research, which I use, "revolutionized" kind of tongue in cheek, because it's worse in some ways. You don't have the, you know, the scare quote, "human connection" quite as much anymore. It's easier to treat somebody like a value object, when they are merely a blip on your screen, rather than when you have to confront them face to face in person. Anyway, I

think those are the biggest changes. The social, like, architecture of higher education in the academy completely shifted, like I remember talking to my advisor because I was a PhD student at the time, and it was just different. She was, like, immunocompromised, she had a bunch of heart problems, so, like, I didn't see her as much when I saw her, I was, like, worrying about her, you know? She's still doing great, but it was just, you know, I ended up moving to California, Southern California, just to do the first year of the pandemic, like by the beach kind of and that was awesome, but you're fundamentally separated from people in a way we weren't before. And it was really kind of haunting.

James: Yeah, totally! Yeah... and before COVID, what were the biggest challenges in your work or studies?

Jake: That is a great question! Some of some of the more fundamental challenges of like teaching, for example, are curriculum development, trying to keep up with what a department wants, what a college wants, what university wants, trying to fit new courses within, like a broader kind of strategic plan, trying to understand your relevance as really, like a kind of contingent, precarious worker within the confines of a much larger system that doesn't value your labor in the same way. This is from my perspective as again, then a student. There are one of the other challenges, in part, was just... well, the morass of people who, like, required your day to day attention in some way, and just the number of things, you know, I'm sort of spoiling, I think here James, because I'm thinking also of like, in within the context of the pandemic, and how this would change, a lot of the challenges I miss, you know? Like, and again, they've come back. Like, being able to do one-on-one with a student is like a delightful thing that was suddenly severed during the pandemic, when we were all on Zoom and you can't read people the same way. They're not—they're in their dorms. There's distractions. You're not tending to one another quite the same. And that produced some problems as like a pedagogue in part, because, like, I think student-teacher relationships are... they're kind of the bread and butter of why education functions at all. You trust somebody to teach you things that are important, that are right, that are true, that are whatever, that are relevant to you and your future or to your own professional ambitions or your intellectual goals, or whatever they are. And when you can't meet that person, you don't trust them as much. That's just the nature of human beings. We don't... once we don't see each other, we don't know each other. We don't, you know... one of the— one of the other challenges prior to the pandemic, I would say, was about funding for all of this infrastructural stuff. I've sort of been... circling. There was higher education was already, post, 2008 like—2008 is a big year, apparently, in our discussion! But yeah, post the crash, like education really took a hit in the humanities, particularly when there's like, a public shift into thinking of higher education, not as a public good or a social service, like as something that would literally enrich the fucking Commonwealth as instead something that was a means to an end, a means to money, a means to a professional future, a means, you know, and students began to look at it in a very utilitarian way, because that

was the rhetoric all around. It was like, well, we just lost 20% of our GDP, no time to fuck around. Like, now it's time to, like, get a job that's gonna pay well. It was especially hard on global majority students. And first gen-students, students who didn't have any other recourse, but to do something crucial like that would earn them a living in a way. And so, as an English person, like trying to convince people that, like, your education is broader than just the money you will make in the next five to 10 years, like in you have to think much longer term about yourself as a human being, what you value and what your ethics are, and what your ethic of living is if you want to live like a fulfilled, flourishing life. And that was a conversation that became harder and harder and harder and harder, even before the pandemic, and harder still, even though—okay, I'm sorry.

James: I imagine how frustrating and disheartening that must be as like, a humanities person.

Jake: Yes, yes, we want to be human centric, and lots of disciplines are not. They're not really interested in the human part of you, you know, which is shocking to me in a variety of ways. Don't even get me started! We'll save that for another interview.

James: When did you first realize, like in 2020 that COVID would have a significant impact on your work?

Jake: Oh, my God, I wanted to show... can I show you something?

James: Of course!

Jake: I looked this up and saw if I could—I can't remember if it was... is this it? Did you ever see a *New Girl*? The TV show? Okay... I was thinking about this the other day. This is March 12, 2020, this email, I remember sending this because I had told my, like, a literary studies course at the time, it was like an intro to literature, basically. So we did, like, short fiction. I remember telling them, like, “look, the pandemic thing is really serious. I think it's more or less going to be concentrated in some of our metropolitan coastal cities. Is it going to reach Central Pennsylvania? Yes, but there's no way it's gonna affect us in the same way.” Boy, was I wrong. Holy shit! And so I sent this like, apology email to my students. I was like, “Well, I was really confident with you all. I thought for sure we'd be back after spring break, and you're never coming back, as far as I can tell! So that's my fault. Here's our like, schedule, here's what we're gonna do instead.” And I just like, that was the moment was like, during spring break, 2020 when I'm like, reading the news and being like, you know that Oxford study had come out in late February, and it really didn't get a ton of, I don't know, it didn't get a ton of air time, frankly, because epidemiology, at the time, everyone's like, “Who gives a shit about that? Whatever!” And I was reading that, I pulled that from our library website, and I was just like, holy... you know, like, you kind of, like, suddenly, look at the numbers, and I'm like, “Oh my God. Like, we're so fucked. We are so fucked!” That was the moment I realized, like, shit was gonna change, and we still had no sense of how it would change. We just had no idea, like, it was basically, like,

even our department chair at the time was like, “Look, nobody's prepped for this. Nobody's trained for this. Some of you have, like, done online courses before in teaching. Most of you have not. Some of you are wizards with Canvas and what have you. Others of you have never even used it because you're old school. We are gonna figure it out. But for now, let's just get through the term. Let's use the summer to recalibrate and circle up, and we'll see what happens.” But spring break was a very...I don't know...a troubled to put it too mildly... Spring Break in 2020, but that's when I realized, like, and I distinctly remember looking for this GIF online, because I'm like, holy shit, I gotta entertain my inner Schmidt here, because I fucked up. That's my bad.

James: Oh, I remember Friday the 13th.

Jake: Yeah, yeah, yeah. When was this? Yeah, March 12th, yeah!

James: So, we talked a lot about—or we talked a little about it earlier. But what was that transition to online or hybrid like for you?

Jake: For me, it was not so bad. I one of my scholarly side hustles is called the digital humanities. So, like, I've been working with tech, and not only like web-based tech, but also, like, I do a little coding on the side... did... I don't really anymore. It made the transition to digital technologies and teaching tools pretty simple for me, in a technical sense. In the social sense, it was... I remember teaching this summer. I ended up just doing...we just doing—we just did everything asynchronously at first, because we're like, let's not even try. Like, we didn't. I'm not even sure the school had a Zoom contract yet, you know, like, I think nobody was expecting this thing to continue in the way that it did. And so I remember thinking like, okay, there were some alternatives that I used for, like, video calling my friends who were, like, overseas. And I was like, we could use one of these, but they're capped at like, 10 people in a room. And I'm like, I've got a class of 25 so what are we gonna do breakout rooms the whole time? And so I remember doing everything asynchronously. And then over the summer, they were like, “We want you to do a synchronous digital thing. Like, here's your new Zoom login, here's all of this,” and it was... I mean, there's there was no you began to learn as a student, and teachers began to teach you, like, a kind of social etiquette, of how to appropriately exist virtually together in the context of an educational environment that did not exist yet. So, like, I had a hell of a time trying to get people to turn cameras on. That was a problem that got worse, like overtime. I remember, okay, here's...here's a—here's a vile one sort of, I remember having office hours. I would have, like, Friday office hours instead of class. Basically, we had like, three 50 minute classes throughout the week, where the summer was like a six week course. And instead, in lieu of Friday class, I would just hold virtual office hours. I'm like, we're going through a lot. I don't get to see any of you if you just want to come chat. Let me know. And you know, just, here's my room password so I don't get bombed by, you know, I don't know, white supremacists or whatever. And one student showed up, like, in bed,

right? Classic! But he like, sat up at one point. The dude was, like, in only his boxers. And I was like... his name was Steven... I was like, Steven, turn off your camera! I cannot tell you how deeply inappropriate this is! But the whole idea that there was some kind of social code that completely just evaporated, because we didn't understand the digital as an extension of the physical in the same way. Fucking wild! Okay? That's what it was. That's what it was. Yes, did I... James, I forgot your question was that close?

James: Yeah, absolutely! And those job responsibilities we were talking about earlier, did those change and shift? I know we talked about it being online.

Jake: Yes, on the whole... no, you did the same stuff. Everything was just online. Suddenly that, of course—okay, so yes, it made everything harder. Everything was, instead of three emails and then a coffee to sort out the details, it was 12 emails and then two more after that, because you forgot one thing and then it was just... everything took longer. Time kind of changed as you recall I'm sure, during COVID. Everybody was cooped up. It was, it sucked the energy out of the room in a way that I like distinctly remember being in my little, my little beach hut, hovel, Skyping on horrible internet... Skyping, and I really millennial-ed myself there.. and—and then, just like having this, having this graduate... it was like a graduate student symposium where we were supposed to present our research. I was on a fellowship the first semester of 2020, so 2020-2021 year, and we're presenting our research. And it was just a fucking dead virtual room. Everybody, cameras off, mics off. The like, the main host of this like, Humanities Institute at Penn State, was there, but it looked like they hadn't seen the sun in months. And it was just like, it was weird. It was, for the first time, I was like, “Am I doing the right thing anymore?” Like I started to wonder whether or not the profession would ever be the same in some ways, and whether or not I needed to shift some of my priorities and decide what I wanted to do. I was married at the time, and so my spouse was also unemployed. And that kind of, I don't know, that kind of like balancing of the personal and professional in your work and life became impossible. Those lines were blurred in ways. For academics, they're always deeply blurred, frankly, but they become even more blurred when, like, you're working in the same room together and you're having conversations about it. Just... it did change a lot of how we thought about the future. In higher education, as you know, it was a very forward looking like it's about what's next in a lot of ways, I think when it's done right, it's about what's next, and it's... I have more thoughts on that, but we're gonna pause those! It became a thing that was like, almost like, there was this nostalgic impulse that was not healthy, where, like, I can't wait to get back in the classroom, rather than, like, how can we make this possible now? We were all sort of wondering the extents to which Zoom classes, asynchronous courses, online-offered-only classes were going to become the norm because they were less expensive. They were more work on the instructors to organize everything, to get everybody on the same page. They were less useful. A bunch of research we have now post-pandemic for students... students didn't learn nearly as much because, turns out, it's

much harder when there's no social pressure, of like the material world and a classroom where you can force everybody to get on the same page in some way, it's harder to keep everyone on task. There's more distractions. Not everybody had the same access, of course, to reliable internet. Not everybody had stable home lives, not everybody was housed. And so it's like we're expecting and demanding so much from students and so much from one another. And you could just feel it was like there wasn't a lot of optimism for a while. Yeah, yeah. Ugh, I'm remembering a lot of things I had not thought about in a while.

James: It's good to dig that stuff back up. You just talked a little bit about that, but could you tell me a bit more about COVID's impact on the students learning, their mental health, their participation?

Jake: Yes, yeah, yeah, you're right. I guess I did. Everything went down a little bit like, fractionally, like, I... Okay, I think it's maybe even more helpful... the very first time I taught in a classroom, again, was the, I think 2022, fall, I think we were back in the classroom officially, I was that at that point I did like a post-doc virtually at Penn State. And I've never... I've never quite... none of us knew what effect the pandemic would have had on incoming students. I teach lots of first years because I am younger than any of my colleagues, and I have, as you have surmised, a very cheerful and sunny disposition that... okay, the I had never had students so under prepared for college level, like writing college level reading, they just, they basically had lost two years of education in a fundamental way. They probably had half of what they normally have, just because of the circumstances. And they had also completely lost their social muscles. Like, I know this is like a refrain now, but we were shocked. I remember having a department meeting and being like, like, just talking about the way students were differently isolated, and it made it harder to create a classroom environment that was collaborative, that students talked to each other, listened to each other, had ideas with each other. They were more fearful and they didn't... nobody understood this this way yet, but like, the students were afraid, in a way. Not necessarily of like, contracting COVID-19, because, like, a lot of people at that point had had it, and the vaccines were long since out, but students just didn't... they were nervous about being around people again, and I was not expecting that. Again, like the faculty were, like, fucking hungry to get back in the classroom, and it was exhausting trying to do everything virtually. And so, like, it was... it was... it took half a semester, I think, to get students who normally would be on board with a classroom, with a vibe, with the environment, in the milieu we're trying to produce, a few weeks. It took them eight weeks, nine weeks to like, suddenly feel more comfortable in a classroom again, where they have to sit still, they have to be in one place where there are rules and there are like, you know, there's like, a kind of social etiquette and a code to like, how you can exist in the classroom, and how you raise your hand and how you, whatever. And people run those differently, of course, but I... Yeah, yeah. And this is, you know, to echo a lot of the hardships and difficulties students went through, who had family members die. Lots of them saw death up close for the first

time. And that is like, that is a traumatic experience. Many of them are also again, like, because it was so difficult, so many people lost jobs, so many people lost security, the extensions of precarity that the pandemic produced for student lives, they came... you know, again, like they came pessimistic about prospects, about future, whether or not college was right. I remember enrollment numbers like they declined some. Substantially. It was harder to sell the project of a higher education, of a better future when they couldn't see the future anymore. It was really... it's concerning. I don't know. It was very concerning. Yeah... does that... is that helpful?

James: Absolutely!

Jake: I have a lot of thoughts about student relationships, especially, but I think those are the main ones.

James: And, in 2025, do you still notice those changes that happened after COVID?

Jake: Yeah, for sure. Not quite to the same extent, of course, but you know, just like... for example, again, English person, so like, I teach a lot of writing, I teach a lot of reading. In my courses, we do a lot of reading. Texts that I used to assign and feel pretty good about students... Three quarters of students, I would assume, would do the reading. I think *maybe* a quarter of them now do it. Not because they... not because they feel like it's, you know, not because they're slackers or lazy, or they feel it's beneath them, or like that you don't have to or whatever. But there's a kind of... okay, I don't like this word, I'll preface this. There's a kind of learned helplessness, where, if there was no... there was no infrastructure for accountability in a way, because you were at home and your parents were working from home, and they fucking hated their lives too, probably, or your guardians, or whomever you lived with, and everybody was on top of each other for so long, that space became, I don't know it became, it's become harder to produce the same kind of hunger for literacy, in intellectual curiosity. I'm still, I don't know... those are lessons I'm still sorting out, in some ways, and trying to figure out how students are better engaged now, or can be engaged in the same manner. But there really is like, okay, and also, it's not just the pandemic, of course. It's the fucking political climate. It's the complete immersion of social media and the—the new algorithmic post-apocalypse we all fucking live in where we're just siloed in our own little miniature online communities and get suggested same shit over and over again. We literally forgot how to talk to each other. We forgot how to deal with difficult ideas. Our attention spans have shortened. There's a bunch of science that says that. The result of that, though, is that for the Humanities, especially students, their... their deep, critical thinking muscles atrophied, and given the world we live in, they have fewer and fewer opportunities to strengthen those muscles. And it's scary, and it's really hard to want to do that when you feel really bad at something in a classroom full of 20 other people in WRIT 116 or 118 or whatever it is, and when that's one of the first classes you have on campus, and you come back and you're like, holy shit, they assign me a 20 page article. I

haven't read 20 pages ever! Maybe I've never written an essay because we changed completely the curriculum for COVID, it is much harder not to lose those students, those students like, they feel like failures. They feel like they don't understand or it's gone over their head because nobody's taught them that that's part of learning, and that that kind of failure is a really crucial part of like... do you ever go to the gym, James?

James: I do.

Jake: Have you ever done like sets to failure with like a partner? There's a point at which you can't do anymore, and it's horrible, but then somebody near you says, "No problem—fingertips!—we're gonna, like, help you push that bar up. Like, much better." That was the role really early on, and that worked for a long time, but it's becoming less and less. You just have students drop a class, students stop showing up. Students have this kind of, like, helplessness about where they are, and it's harder to, I don't know. It's harder to help them conquer in some ways, where, again, like this, is something we talk about as faculty, where we like trying to figure out, how do you capture the attention of students whose attentions have themselves been fractured beyond any you know, I don't know any reasonable... yeah, I don't know, shape, design, whatever. It's hard. It's an interesting question. Not everybody is doing 1,000 extracurriculars and interviewing in their spare time! You know what I mean? So it's like, that's a real question that I think we're all still we've inherited from the pandemic, and we're still figuring out how to deal with.

James: So there's still a lot of repercussions—

Jake: There are, yes! And even the holdovers, like, even outside of the classroom, like, you know, I talked a little bit about how, like, conferences have never been the same. Like that kind of collaboration has changed in fundamental ways. University higher administration, like the... okay, much like the billionaire class became substantially richer while the working class got substantially poorer during the pandemic. So there was this, like, in any kind of recession, this is like, unfortunately, the model of capitalism—which there was a famous author in the 19th century that told us a lot about this! The administrations figured out that it was a way to, kind of like, that they could consolidate power differently and like, any kind of again, like there was a... there was kind of a loss of vision, and fewer people were in the room, and the powerful and the wealthy were making the decisions because they could, and everybody else was trying to survive, and that has since led to a variety of other problems that I think UW-Eau Claire has done a pretty good job of, like combating, in some ways, but they've led to, like... I don't know, again, I think the pandemic was a time when the university really became corporatized in, like, a neo-liberal way when they were headed that way post-2008 you know, like a bunch of—but like the University of, I don't know if you've heard about this. This was a couple years ago now, West Virginia basically just shuttered half of its programs. Half was just fired, half of its tenure line faculty because they weren't profitable. It's like you've completely fucking misunderstood

the project of education. If you think it's meant to turn a profit, you've been completely bamboozled by the people who are rich and wealthy and powerful and are suggesting like, yes, every single thing we do should grow constantly. Should always produce value to produce profit. It's like one of the great mythologies of capitalism that seeps into everything and touches and the pandemic accelerated that logic in the academy, because things became scarce, students didn't want to enroll things. You know, money was tight, and so we're like, how can we cut programs, how can we cut faculty, how can we cut staff, how can we cut EDI How can we cut things that are taking money, that are not as important to us right now? And we've... we've... those things continue to exist, and their continuations are, they're haunting. I don't know.

James: Yeah, did any of this is probably a pretty stupid question, but all of those—

Jake: Don't talk down to yourself that way, James!

James: Okay, all of those things you just mentioned... how did that impact your mental health, your emotional health, your family life...?

Jake: Yeah, Jesus Christ... Significantly! I think most of us are kind of coming out of it now, and the... the other problems are largely like political now, I think at least for academics, because especially the in the UW system, because we're publicly funded. So like, every vote matters to us in a way where it doesn't... it didn't matter to me so much at Penn State, which has like, a \$6 billion endowment, you know, like, it's like, they're doing fine over there, and they were weird because they were land grant institutions. So they're, like, one of those, like, I don't know how much you know about that, like, mid-19th century, like, “Hey, we need, like, agricultural schools. We need, we need, like, new universities for like, a new growing United States.” That was kind of the fucking... that is a bastardization of the whole program, but, like, that's... that's kind of the idea. So like every like, Ohio State, Michigan State, Penn State, all of those were land grant institutions that were more or less founded within the same time period. And so they're public-private in ways that are not, you know, they get some federal funding, but they get some state funding, but also they have a lot of donor funding, and local, like agricultural, Big Ag funding. So it's a different... different dynamic. But here... okay, let me give you a little tea through the grapevine, because I wasn't... I'm new here. I'm like, I've been here a year and a half, but I had, you know, I had heard essentially that our department, and I think this is true of lots of departments, it became really fractured after the pandemic, where, you know, prickly personalities normally just avoid each other, like, really began to butt heads. The solitary, you know, isolation of like, constant concern for people's physical well-being, for your own physical well-being, for touching other people. Like, it really removed human contact as part of the project of academia, which is what it is! About cooperation and collaboration and like... but it became much easier to forget about who your colleagues were, and to forget that they're people, they have different ideas, and that that's not a reason to be

alarmed. That's a reason to be excited. And those are things to cherish and to you know that should thrill us, not worry us in some ways. And again, that kind of like the siloed nature of life during the pandemic carried over, I think, here, especially in some ways, and it made it untenable for a lot of people, not only in their own professional lives, but as people as like feeling alone and feeling... again, feeling frightened for you and the people that you love. And you know, personally, I'll wrap this answer up, again I was, I'm married, so at the time, I lived with my spouse in this, like, basically what amounted to a one and a half car garage, kind of. But again, Southern California! We were, we were directly on the beach, so, like, it was, it was a compromise. We were like, "Let's do this. This would be fun." They... they were like, they lost their job. They got, oh, my god, I forgot the name. It's the thing that happens when you get unemployment. What is the... it's been so long I blocked this out with my mind as you can tell! You know, they got, they got a certain amount of pay, but they were basically like, yeah, we have to erase your position, because if you don't, we will be bankrupt. Basically... what the fuck! Do you know what I'm talking about? What does is word? I don't remember the name of that. It's like, a very common... anyway. Yes, they had, you know, they had their employment severed suddenly. And they were like, it was tough. Because it was tough on them too. And in part, they were running... they were the director of this nonprofit arts organization, and it folded. It folded during the pandemic. They got, like, a PVP loan, but, like, it wasn't enough to sustain the programming and the things. They were a community arts organization and, like, without the community being able to organize and gather, they were a fucking worthless...you know, so I think they've rebooted since. But it was that kind of thing where it affected all of us, and then we were all put in proximity without the vocabulary or the mental health support or any of the medical resources, reading newspaper to newspaper headline and hoping like, hey, when is the next vaccine out? When is... what are these new "Delta X," whatever numbers look like. And it was just... constant stress and anxiety and feeling all the while that like some of it's your fault, and it was like that cold, that... that constant, like self-gaslighting that's produced by a system that doesn't aide you or doesn't support you, that... that was really hard. That's how... James, how old were you when it for in 2020? Were you teenager?

James: I was... 15?

Jake: Okay, Jesus Christ. That's... yeah. Oh my god, freshman year of high school.

James: Yeah, I didn't get a freshman or sophomore year.

Jake: That's horrible. Oh my God. Look at you, though you turned out just fine. So who's— Maybe it wasn't so bad after all, I'm reading it wrong!

James: Did you notice any unexpected positive changes or any stunted innovations in your field?

Jake: I... uh... good question. We certainly became more equity minded in a lot of ways. One of the things the pandemic, I think this goes to one of your future questions, James, I

don't know where, but one of the things that people began to understand is that health and well-being, that we have taken those for granted in very ableist ways. We didn't realize we were at the time, and that, especially when it comes to like health crises and impending disability, that it wasn't a matter of if, it was a matter of when, and that understanding that shift in mindset, I think, made us, in the longer term, more hospitable to different ways of living. That has not been reflected in some of our public infrastructure and our funding and some of the initiatives and some of the political climate... but I think for us in our field, one of the things we had taken for granted is that largely everybody had space of their own to think and to feel and to do and to accomplish what they wanted and to find intellectual goals that energize them. But the pandemic was really a catalyst for understanding difference. And yeah, again, like just how... just how difficult it is to, for example, like work a full time job as a parent, as somebody with, like, a dependent in general, as somebody with a long term health issue, as somebody who is immunocompromised, you know. So like, I think more expansively, our understanding of health and wellness and well-being completely shifted in productive ways, and those have hung on, I think, at least in the academy. Like in a personal way, all of my syllabi policies completely changed because of the pandemic. Like, where I used to be—I was never old school, but I had, like, some old school tendencies—where I was like, okay, come to class, please, for fuck sake, whatever. Now I have this whole section on a different... I have a different model for participation engagement, where it's like, I understand that not all of you can come to this, not all of you have access in the same way, and that really it's a bunch of hidden curricula and limited opportunity and a bunch... the world that we exist in is not as conducive to the living of every kind of person and that that needs to be front and center of how we educate people equally. And so you have like, you know, CETL, the Center for Excellence in Teaching Learning, has done like, amazing work with digital accessibility, in part because of some federal guidelines, but in part because, like, that's something that we became aware of post-pandemic, and now that we're done with damage control, we can kind of like, okay, how can we make this not only part of like, our essential day-to-day, but part of our goal as a university? And how can we make everything more accessible to every kind of person? What does that look like? That's been good. That is the *only* thing I can think of. I think just about everything else fucking sucked about it! But I... yeah, but even so like, I think that awareness that, like, you have a responsibility to your neighbors, you have a responsibility to one another. Obviously, we have a fucking... what's his name? Fucking the Kennedy guy, you know, like, anti-fucking-vax guy in a position of power... whatever! But so, there's that. So I don't know how much of this is actually true in a grand scheme of things, at least in the American political ethos, but I think on the whole, we like more understand that, like the well-being of those whom we come into contact to is in part, dependent on us, if that is a good attitude shift in an increasingly isolationist world.

James: I fully agree, yeah. You touched on this a little bit earlier... but how did policies like public health, institutional... how did that affect your ability to do your job?

Jake: You know what? Not that—again, we did... we shifted online, basically. But as a researcher, I haven't talked much about, like, scholarship, for example, as a scholar, again, you're trying to, like, produce new knowledge. You're trying to produce ideas, show histories, do things that nobody's done before, that takes time and space and work. And when all of your time and space is inside with a mask on, not seeing other people, it becomes harder to like develop new ideas, because you're not encountering newness and difference anywhere. And that's where those things come from, those little contact points. The library: I'm finishing a dissertation, 2020, 2021... the library closed. That's where all the books are! That's like, where that's the totality of human knowledge! My access to it comes through the library and so like, it also reminded me of how important libraries are, like, to basically everything. Like, yeah, the... some of the limitations of not being able to be in space with other people or be close to other people... like, really affected... I mean, it affected every industry, of course, but like, it affected education, which is all about connection with other people, even with other people's ideas, like, fundamentally. Like... I don't remember... I had—this is just again, same thing but—I probably had 100 books out of... out from the library. And I remember we got an email, and they're like, “Hey, the library's closed, but you should... the books are still due when they're due.” I'm like, what the fuck?! So, like, I remember waiting in line six feet apart because everybody had to overdo books. And it was, you know, it was Penn State. So they didn't actually charge you in your student account. Just as long as you got them back, it was forgiven by the end of the semester, basically. And there was a line of graduate students in like, slippers, I remember when I went, and they were just six feet apart, you know, they had marked little chalk on the sidewalk, and everyone was just waiting with these bags of books, just trying to return them all, like, right before the semester ended. Even though, and you know, like, it's what we had so, like, it's not... you couldn't get access to anything else. This is also, you know, the digitization of things and open access, like, research, books, articles, whatever became, I think, more popular, and then he *immediately* became more privatized, and then the cost more money. So, like, shocker, corporations ruin everything! Yeah, it was... I don't know, is that helpful?

James: Absolutely, yeah!

Jake: I'm sure I have other thoughts. I remember the image of, just like... I drive up in front of the library and I'm like, Jesus Christ, and I... hey! I stood there in line for like 20 minutes waiting to just drop my books into a metal container. Because then they had to disinfect them all! Like they said... yeah, anyway, okay, like a whole thing!

James: Were there any moments that shifted your perspective on healthcare, public health and like, other interdisciplinary collaborations,

Jake: Like a particular moment? I mean, okay, I remember trying to get the Moderna vaccine. And my... our little place in southern California, didn't have it. They had the J&J

one... first of all, if we want to talk about interdisciplinarity, we all learned so much medical vocabulary, like, how many people knew what epidemiology was at all before the pandemic? But that number... fucking 10x immediately overnight. When it... yeah, okay, this is funny... Jake looks anxiously to the... where is this? I'm sure... here it is! I reviewed this book during the pandemic. It was a very timely book called *Viral Modernism* by Elizabeth Outka. I think it's a mediocre book, truth be told—don't tell Outka that, I didn't say that in my review—but I mean... we became so fascinated by the history of like this kind of public health trauma, in a way, and how we endured it, and how we talked about it. One of the like phenomena that she talks about in here is how, like in modernist literature and early 20th century literature, they don't fucking ever talk about the flu... ever! Because they were so traumatized and it's not like they could just go see a counselor about it, you know? The other thing I think maybe, in terms of, like... so, like, there's interdisciplinary questions that we didn't even know we had that were raised during the pandemic, that I think are really important for us to have a common vocabulary about, because they literally affect all of us. And so understanding that, like, hey, wearing a mask, okay, yes, you can't sit in a one-by-one cubicle with some other person and it's going to protect both of you forever! But it's about protecting your neighbors. It's not a... you know... okay, so change some of the like conversation around just public health ideas, I think, in general. But I also think the access to everyday medical care completely... I mean, everybody was inside. And everybody, you know, everybody... the people who had insurance, really wanted appointments for things, and so many more people were sick that it was impossible to get like... I remember seeing a dentist for the first time in like, two years, because they were like, yeah, we can get you in in nine months and like, you can't be serious? Nine—to see a dentist? And they're like, “We have protocols. We can only see so many patients a day.” Like, everybody's inside now, and everyone's like, “Well, might as well go get that appointment done while I fucking don't have to go to work!” And it was that kind of thing. But in every aspect of like, human health, that totally changed. My spouse, we moved cross country. They needed a new therapist because that... their's wasn't covered under insurance yet, virtual whatever. You know, trying to find a new therapist took like, six months just to, like, get in with, like a basic counselor, not even like a psychologist! Like, a *counselor*. It was a disaster. But again, I think, like one of the things it did is expanded our understanding of how crucial that is, and how important it is to, I don't know, to fund those things and to make sure everybody has access to the things they need when they need them, in a reasonable amount of time. Again, we live in the lovely capitalist world where that's not really... it's more about how much you make, and you know, that determines your access. Even so, I think those of us who were paying attention realized that that is not a sustainable model, and we realized it during the pandemic.

James: Do you think the pandemic changed public perceptions of your field?

Jake: Great... wow, probably! I'm in my own silo where everybody loves what we do. Everybody respects..! You know, I do think yes in a minor way, like as a professor in higher education, I think a lot of people have begun to wonder if college is actually a thing they want, because it was so hard to come by and again, in part because they received frankly mediocre PRN educations, because it's what was available and what, you know? Like, nobody was trained for those three full years of virtual learning, of teaching across, you know, outside of physical borders, in a fundamental way. And I think the result of that is a lot of people begin to wonder if they wanted to sit in a classroom for a long time to get a degree that they weren't sure they needed or wanted, or that as an 18 year old, trying to figure out if, like, you're... the first thing you want to do is the thing you want to do forever, and feeling like that's what college... that's the decision college makes you make. That's, of course, not the decision, you know, like... if I had my way, everybody would first take two years of all any classes they want and then decide what the fuck they want to do with their lives. That's, of course, not really how we have things structured. But there is, like, I think college became... people began to think of college as—not as a place of community, not as a place of socialization, not as a place to expand your ideas, to meet different kinds of people, to see new ideas, to like, think bigger and broader and deeper and more critically about everything that connects us as human beings. And instead as a degree earning certificate offering stepping stone to money, to some profession that I'll then do that forever, and that will be the thing that I do. And that shift in understanding the purpose of a higher education, I think has had a lot of echoes. And I'm not sure it's affected how people see us, but it certainly affected how we see ourselves, I think, in some way. And wondering if our, you know, like, the business as usual model, completely changed. And this is to say nothing, by the way, of the fucking like... one of the things I was thinking about when I showed you this [*Viral Modernism*] is she has this chapter on climate crisis in particular as a result of some of the—some of the medical waste that was produced during, you know, the 1917 flu pandemic. Especially, she looks at a Brooklyn hospital, in particular, and how difficult it was to find sterile things, and then how difficult was to deal with the amount of waste that was produced by, you know, a 20x influx of patients, and what that meant then as a different kind of public health crisis. This is to say nothing of what all of us staying inside, using a bunch more energy, streaming constantly, has done to the environment, you know? And that shift in wondering where resources should go, and how we're going to use them. I don't think higher education has been immune from it at all. Yeah, I don't know if that's helpful all of this.

James: Yeah! Do you have any advice for future professionals or future professors, teachers, educational providers?

Jake: Advice? I've got lots of advice, whether it's relevant to the conversation we're having, you know, yeah. I mean, okay, like part of... I came out of the pandemic much more self-aware, because I was suddenly forced to confront the fact that I wasn't always a healthy

person inside my head and outside my head, you know. And I was left alone under my own devices. I was given no excuses to bury myself in public work, and instead, had to live a very private, solitary life. And I had to confront, I think all of us had to confront, some demons during the pandemic. In some ways, we were introduced to new demons, also to extend whatever weird Christian metaphor I'm using right now. But I think the advice I would give people is that, like, *it's worth it*. I don't know, it's worth it to be brave. You know, it's worth it to stand up for what you think is right and what you think is good. And it's worth it, especially for those of us who have power and privilege, like use it to be brave for people who can't be brave, you know? Like it's worth whatever kind of risk we undertake as academics. We have a—and many of us are contingent and precarious, we do not have long term security, we don't have long term positions. But you can do so much more good than the bad that can happen to you as a singular person. I teach, I don't know, 200 students a year? And like, the amount that I can do for them, even if it's just like a letter, you know? I've written like, fucking 20 letters of recommendation over the last god knows how long! Yeah, like, the pandemic reminded me that like it's... it's good to have courage and to do new things. But it's also like, because now we remember a time where we couldn't, you know, in some ways. But it's also like... so much of so much of higher education in the academy, you will especially come to learn when you do your own graduate work, is full of imposter syndrome and full of jealousy and full of competitive spirits that don't always work nice or play nice together. But we get so much more done if we are just... if you're just fucking nice, if you're just cooperative, if you understand that people are people, and like that... it's exciting that you get to work with a bunch of people that think differently than you, that it's not... that people aren't innately opposed to your flourishing. That, in fact, your proximity to different kinds of people is the way that we grow, is the way that we progress. Not having that during the pandemic, that's kind of like, a life lesson that I learned as like, a young man during the pandemic! Yeah, that I would pass on to everybody. Do what you think you want to do. Write the thing you want to write. Try to teach the course you want to teach. Take the courses you want to take. Because, again, it's not all... it doesn't all have to have a reason. There's a lot of shit that doesn't have reasons. And it's like, it's important to pursue the things that are valuable, both to you and to... you know—I don't know... to a kind of greater good, whatever that is for you. That's really trite and sad, but like, I hope... yeah. I think people got scared and got... “cowardly” is too strong... but like, it was hard not to be afraid during the pandemic in a variety of ways and to wonder about the future. But like, it's time to be brave, I think. Because fucking look around, it's time to be brave. Time to be brave, people!

James: What do you think is still missing in terms of preparedness for future... hopefully not... future health crises?

Jake: Well... yeah—oh, this is... I don't... okay. I'm, like, probably not qualified to answer this question. My brief two cents are like public interest and public funding and a social

infrastructure, which is a word I've used several times in this conversation for understanding and thinking critically about information and misinformation, because... for example, I'm made to understand there's a fucking *measles* outbreak right now that moved from Texas to LA overnight! So like, a disease we all considered eradicated in like, the early 2000s or late 90s, even I don't remember when it was—again, not qualified to speak to this! That, as a result of varieties of misinformation, has now come back and will kill people. People will die because people didn't learn how to think for themselves, in a way. And like, think that being edgy and being whatever... but there's been this, like—this is an answer to, like, a question two questions ago—sort of like, “what has changed in the profession,” in some ways, there has been a kind of devaluation of expertise, where people's access to snippets of decontextualized, ahistorical information... they treat... because our brains, you know... conspiracy thinking hooks our brains like critical thinking, because we can't tell the difference unless somebody smart fucking shows us the difference. That makes it really scary, and something like a measles outbreak in 2025 can actually threaten public health. So I think, like, even aside from funding and accessibility and like that kind of US aid being well employed, okay, like, I think we also need some kind of like, I don't know, we need public architecture for understanding the constant flood of information that our little, tiny animal brains cannot deal with, and that people clearly are so ill equipped to deal with that they make really bad decisions for them and for others.

James: That's fair. Yeah. That's fair, yeah. So as we start to kind of wrap up this interview—

Jake: Six hours later, sorry everybody!

James: Are there any stories from your experience that I think, that you think are important for the future generations to hear?

Jake: Ooh, story time! Wait, let me think for a second. Any important... “important” is a really important keyword. Because, like, I have stories. Are they important? I don't know. Important... oh, man, yeah. Okay, future generation, can I ask a follow up, James?

James: Sure!

Jake: Future generations of students? Future generations like—like, what? You know, as a survivor of...as an adult survivor of pandemic, 2020! Like, what? What would you have in mind for this question?

James: I guess, sort of... it's kind of more I'm wondering... well, this is going on the Chippewa Valley Archive... so pretty much anyone in the public can really look back on this. People who were born during the pandemic, were pandemic babies! They don't... they've never experienced that. So years down the line, when you know, they have to do a book report on COVID-19!

Jake: On gram and grandpa!

James: What do you think would be... It can be like a funny experience...really anything!

Jake: Okay. Can I pitch... because we were talking—James and I were talking—about “Reality Incorporated,” my class in the fall of 2025 for the Honors College! I got into reality TV during the pandemic for a complete lack of other things to do. Like, I was so tired, I would like work all day trying to, like, apply to jobs that were all being frozen because nobody could hire. And so I was, like, exhausted and felt horrible. And so my spouse and I would get—legally in California!—inebriated and watched reality television, and I found a love for a different kind of like... a different kind of medium of storytelling. The very first thing I watched was the *Real Housewives of Beverly Hills*. It was magical! It was... my... my spouse was, like—I was one of those people who was very resistant to, like, trying to consume new things at first. And so, like, you know, it starts, like, every one of those, like, Insta Reels where it's like, somebody's boyfriend is like, why are you watching this? And then, like, the next shot is like them closer to the couch, and like, “Who's that again,” you know? And then the next shot is like them under a blanket and be like, “Oh, she's a bitch!” That was like a real-life experience over, like a one week period where I became so into the *Real Housewives of Beverly Hills*, and then it became *Below Deck* and the whole Bravo suite, and, like, literally, *Vanderpump Rules*, and we went down the rabbit hole. So, but I will say the amount of time and attention that I gave other kinds of stories and other kinds of lives. Again, I think made me a more empathetic person. And trying to... trying to learn to value different ways of being and becoming was like a really important lesson I wouldn't have learned if I wasn't shoved into a box. And it's also one we take for granted, I think a lot of the time! I'll also just say there is, there was something... yeah, I... actually, no—I'm not gonna talk about... let's talk about something more interesting. Yeah, okay, more reality TV! There is, I think there's, like, something completely understated about... okay, I had a friend in Southern California. He's a big country music fan, and we would meet during the pandemic. We called it “The Wall.” It's this place in Santa Barbara. It's actually... it's in Montecito, which is like, where, like, Oprah lives, Rob Lowe lives...okay. So it's like, fucking... you know what I mean? It's like, that... it's like, one percent wealth. But we would meet on their public beach. There's this wall that looks over so you can, like, kind of park, and then there's this, like, kind of, like, half waist high wall, and then it drops off onto the beach, like, 10 feet. So you can, like, if you want to, you could, like, literally, jump off and it's sand. It's like, that doesn't hurt so bad, and the water's right there. And so we would just, like, do sunsets on the beach. Friday... what did we call them? I don't know “something Fridays.” And they would bring beer, which was not *technically* legal, but like, who cares? You're like, it's the pandemic. Nobody cares anymore. And he would listen, on his little Bluetooth speaker, to like, whatever country music thing was in. And I was like, at one time, I was like, “Matt, I'm shocked... you like country music. You've never struck me as a country music person.” And he said... I'm gonna elevate what he said in the way I understood it... he said a version of, “Yeah, the pandemic is teaching me, like, a new vocabulary for loving things I didn't know I could love yet. Like, it's taught me how to quietly wonder what's valuable about

this or that or the other thing.” And I liked that idea of like, you can love anything, you just have to learn to... you just have to learn to value things. And I think that's one of the things that we've... that the pandemic helped some people do, and it hurt a lot of other people and harm their ability to do that. If there's a way we can mobilize that as a lesson can be really good for the fucking world, learning to love whatever it is. Yeah... I still don't like country music, though!

James: Putting that on the record, not a fan at all!

Jake: But still, maybe someday I'll learn to love it. It's a journey... James, thank you for this interview!

James: Yeah! That was phenomenal!

Physician Assistant – John

James: Today is March 6, 2025, I just wanted to thank you for taking the time to speak to me.

To begin, can you describe your roles and daily responsibilities before the pandemic?

John: Sure, I work as a physician assistant, so I assess all the students that come in, or any of those that come in on my schedule and assess, go through an exam... treat—or diagnose, and treat... and it's just kind of your typical day as a medical provider.

James: All right, what were the biggest challenges in your work before COVID?

John: I think just always keeping up with the schedule always seems to be a challenge because, you just—there's never enough time for messages to students while you're also trying to see a student, or patients showing up later to appointments then trying to work them in with an already busy day. Ultimately, though, I think the bigger challenge than just kind of the logistical piece, is really a lot of mental health concerns that students will come in for and just trying to help them. Make it a little bit easier to go through their day to day, obviously making sure they're safe first, but then making sure get through their day to day a little bit easier making it to class and getting closer to graduation and real world.

James: Oh yeah. What were the main health concerns in the clinic before the pandemic?

John: Guess I kind of answered your question already! Mental health was always a big one. We'll see a lot of acute illness, injuries, your good ol' streps, bronchitis, monos, STI concerns, definitely mental health. And it's still probably close to about 50% of our practice here on campus.

James: Okay, and how do you typically collaborate with the other professionals in your field? Has this changed since the pandemic... evolved?

John: In terms of how, at least, our clinic works, I mean... we're a small clinic, very close knit, very easy face to face conversations, you know, "hey, what do you think about this? Hey, what do you think about that?" In terms of family medicine, or kind of our equivalent, outside pediatrics-family medicine-hybrid, if you will, it can be a little bit more difficult with HIPAA or health privacy laws to truly communicate with, say, a student's or patient's primary provider at home, and we don't have a release of information. They're coming in with, you know, large list of meds and other diagnoses, and we just have no records of that.

James: And how did your day-to-day responsibilities change during the pandemic?

John: I was kind of little chaotic to say the least. I can recall very vividly that it was just, you know, essentially, campus shut down... mad scramble to find laptops for each provider. And then, you know, students are trying to get home, and you know... what's safe what's not, and we had a very rapid change over from, you know, fully inpatient or in-person-based appointments, to, oh, we're doing telemedicine from home and our living room. So,

you know, how do we go about this? And trying to figure out how, you know, calling in prescriptions versus handing written prescriptions to patients. It was just trying to get in contact with patients. And then that kind of meshed into more virtual appointments through Teams. So, you can actually have more of a visual appointment, but still kind of not quite what we would have liked with a face-to-face appointment, but it was the best we could do early on.

James: And how did... you kind of already answer this, but how did the patient interactions and attitudes shift towards healthcare in general?

John: Yeah. I mean, I think the biggest thing is really that students, along with faculty, along with everybody in clinic, just didn't know what the next month was going to bring, let alone the next six months or a year, or like, you know, when can we safely get back to campus? Is it safe to visit family and friends? Are you just, are you stuck off campus trying to do you know, homework, you know? Or online schooling, which is a little bit different than in person schooling. I mean, I think the... there was still the need, though, especially with mental health, and arguably *more* of a need with mental health based appointments of you know, patients aren't able to or students aren't able to come into clinic or come into their classes. They might be struggling more with online or almost like self-paced work. So, I think arguably, we probably had more of a need, especially for mental health, and a need just to be able to communicate with our patients, stay in contact with our patients, to provide the best care we can, essentially from afar.

James: Were there any existing protocol or emergency plans for pandemics or infectious disease outbreaks?

John: Yes and no, probably unofficial protocols and policies somewhere in the documents that we have for a clinic. More or less, there's typically been some type of outbreak... in the 10-11 years that I've been here... that we've had to kind of monitor for. Whether it's measles one year, or COVID most recently. We had Zika virus way back when, or Ebola for anybody traveling outside of the country. And what does that look like for international students and—but I think COVID was just such a whole other animal to say the least, that it was just, you know, from a local level to a state level, to a country level, to a world level, that it really was, you know, just this perfect storm of a lot of events that came together and made it really challenging.

James: Was there any aspect of fear that you personally felt during the pandemic?

John: Yes! This is like, well, you know, you can go to work and then are you coming home sick? Are you coming home sick and infecting family? You know, should you just rent a trailer? An apartment and stay there and just go to work and back? And not see your family for however long this goes? So, yeah, absolutely. I mean, there's fear of, you know, we can recall that we switched from, you know, just going in with gowns, gloves, N-95 masks, and

a face shield, if not eye protection, for those of us that didn't wear glasses. And just, you know, it was... it took a lot longer for appointments, and just having to put on PPE for each appointment. And then it's like, well, how do we do testing? Can we do, you know, testing in clinic, if people are sick or, you know, is everything, just COVID, until proven otherwise.

James: And, once again, this was sort of already answered, but what was the biggest challenge in providing care during that crisis?

John: Yeah, even kind of going back to what we talked about early on, it was just, you know, again, the chaos of, you know, what is this pandemic doing to the country? What is it doing to the world? And then, how do we provide similar care to what we're providing? And, you know, going from in-person appointments to telemedicine appointments to telemedicine, you know, including Teams now and then being able to get back the following fall to in person appointments. But then, how do we do testing safely? I can recall having starting a tent outside of the clinic and testing, you know, outdoors while the weather was still nice, and then switching to a couple other locations on campus to just provide testing. So it's not, well, we have an indoor and an outdoor in our clinic. It's like, well, you get tested in one or, like, which is the COVID door. So that was probably the biggest thing of just, how do we how do we do it safely, but again, still providing care for everybody.

James: Okay, and you kind of mentioned telemedicine. Were you using telemedicine before? Have any pandemic driven changes stayed in practice?

John: Yes to the availability for telemedicine appointments, so we still are able to utilize teams for appointments, of say, students out of at home or just can't make it in for an appointment. Weather, inclement weather. But as for switching quite rapidly to telemedicine, there wasn't a whole lot of training. It was a little bit of trial by fire that you... just like, how do we do this? You know, how is it going to work? How does this look like? So, you know, we can keep it—again, health privacy laws in mind—not have family bothering you when you're trying to have an appointment where someone is, you know, talking about being in mental health crises because, you know, they're out of a job, they aren't able to be in school, they're away from their friends, you know, stuck at home with family that they might not get along with or, you know... attitudes change as you get to college and coming home with adults so...

James: And, personally, how did COVID impact your mental health, your emotional well being?

John: I think there were some challenging years to say the least. And again, I think just as with anything in medicine, you have to be able to adapt and willing to change practice style. You know, whether it's just how you're delivering medicine, from telemedicine to in-person appointments to phone appointments. It just... it's one of those things that you have to get comfortable with it very quick, because your patients will tell or be able to tell, if

you're not comfortable at all with how you're doing this point. I mean, from a, you know, mental health standpoint, it's challenging. I think everybody's under a lot more stress in health care. And it's like, well, you know, some people that are anti-vaxxers and some people are pro-vaccines. And it's just like, well, how do we how do we have a healthy conversation with everybody on this and like, well, what's going to be the best overall? So we can get back to kind of business as usual, day to day for everyone. Because even if you didn't have mental health issues, it might start as some anxiety, some stress, like down, lonely, you name it, isolated, more or less. Physically and mentally!

James: Were there any unexpected positive changes in your field from COVID?

John: I think, from a college health standpoint, you... you start to really realize how good of a unit you have, and just, I mean, your colleagues, and just kind of relying on each other. And you get through tough days or long days, and it's just like, hey, you know, everybody's feeling it. We're doing the best we can. And you kind of bring each other up with that. And I think, you know, adding that telemedicine option, you know, availability at this point is super helpful for a lot of our students. And we do have the Mantra, you know, virtual counseling option for students that I don't know if that really would have kind of manifested itself had it not been COVID. And you know, telemedicine really taking off during the pandemic.

James: And how did policies, like government policies, public health policies, affect your ability to do your job.

John: It really just seemed like it was a moving target a lot of the time, like, okay, so what is, what's happening at the federal level now, what's happening at the state level, what's happening at the local level? Who's right, who's wrong? What are we doing? You know, which is the current recommendation that we're supposed to follow? And again, just seemed like you had to stay up to date on everything. And... can figure out, is it, you know, do we need to go with the county because we have, you know, a closer working relationship with them? Do we have to now look at the state? You know, what's legal, what's not? How do we go about, you know, providing this? Can we still provide telemedicine?

James: Was there an issue with providing care for out-of-state students

John: Yes and no. A lot of times it was like, well, how do we go about getting a student medication, or particularly, say, a controlled substance, you know, Adderall, for ADHD, or similar stimulant medications? How do we go about getting a patient that if they're living at home in Minnesota? And from how we were, the understanding was that you can provide care for these students as long as the expectation is they're going to be returning to campus or they're still going to be a student moving forward, it wasn't just a hey, I'm... I'm here. I need my meds. I'm gone, and I'm going to pick the school closer to home, or whatnot. So

that was another, again, a challenge just with the delivery of kind of the services we can provide.

James: Okay, were there any specific moments that shifted your perspective on healthcare, public health and interdisciplinary collaboration?

John: I think yes and no, and I think it's more just the kind of the public interpretation of things and how pieces are, or piece of healthcare really portrayed media or by the government. And it's like, well, then who can you trust? You know, which are the appropriate sources to go with. And you know, what's just, you know, fact, what's you know, science facts, science fiction, you know, how do you... how do you go about looking at that? It's just like, well, you know, at the end of the day, we're trying to care for people, and it's like, this should, it should be kind of a very easy baseline goal of like, hey, you know, treat people like you want to be treated. It's kind of your golden rule, more or less. But how do we do that in healthcare when, again, they're moving target with policies, difference of opinion. And then again, you have, you know, difference... differences where you know, would most students be, you know, willing to get, say, a COVID vaccine, but parents wouldn't be, or, you know, communities wouldn't be, or—it's difficult, yeah, and I don't have a great, simple scenario for you on that, but that's, it's kind of in a nutshell.

James: Was that pretty frustrating for you and your colleagues?

John: That can be, I mean, it's just, it's hard when you're, you know, you spend long, stressful days, and you're probably overly—you're warm for being in gowns and masks and everything all day, and then you hear that, well, you know, “just do this differently, do that differently,” and, yeah, just it's not always a good feel. Or and then you hear the numbers of, you know, patients dying, and you know, different portions of the country, or, you know, in local communities in the state. And then you know, the worldwide death toll going up. And it kind of feels a little morbid, but it's also like, Hey, we're still doing the best we can. You know, we're trying to treat evidence-based medicine. But then again, what is the evidence that we have? Is it state? Is it local? Is it federal?

James: Have there been any changes in policy or practice that remained in place post-COVID?

John: I think just the availability for telemedicine is the one that comes to mind. And obviously, you know, trying to stay up to date on vaccines, you know, just keeping yourself informed, but using reputable sources for your information. I think that probably goes today, you know more now than you know, even in the past.

James: For sure, for sure... do you think the pandemic changed public perceptions of medicine in your field?

John: Simply put... yes, one of those things of just again, if we kind of go back to vaccination, like we'll do people. You have the pro-vaccine individuals, the anti-vaxx

individuals. And it's like one, how do you... how do you find a happy medium, you know, between the two, or how do you get, how do you shift the mindset for, obviously, you know, bad information or false information that somebody pulled from Tiktok or from YouTube? And it's like, well, this isn't necessarily a reputable source. How do we go about and turn that to something positive so it doesn't turn into this big, big blowout argument, difficult conversation, and then people are just more at odds. And I mean, almost was polarizing. I kind of look at politics, which I won't delve into now, but it's very much can be polarizing, similar to how it is, you know, just day to day, and it's tough.

James: Are there... is there any advice that you would give to future professionals based on your experience throughout the pandemic?

John: I think, just be willing to adapt. You know, ask for help when you need it. Trust your team, but also kind of trust your gut sometimes too of like, yeah, this might be different, but is it different in terms of you're doing the right thing for your patient. And then just make sure you're, you know, you're kind of well versed in evidence based medicine, making sure you're taking care of patients appropriately. Do your homework, go to class, the usual stuff kind of getting into that point.

James: What do you think is still missing in terms of preparedness for, hopefully not, future health crises?

John: Yeah, I think just kind of, how do we look at it from really a global response again, if there is another pandemic that, you know, everything is kind of intertwined. And like, I think we saw very much during the COVID pandemic, of like, well, we don't have the national stockpiles that we thought we did with, say, respirators, masks, everything else. And you know, are we getting a lot of that internationally? You know, with trade and everything, it's like, well, how do we have enough for something that we don't know if or when it will become a reality. And I think it's just looking at what are the again, local, state, federal level and then global level preparedness, like, what are those steps that we can take? You know, is it having enough supplies? Is it making sure, you know, there are more options for nurses, medical providers, health professionals, just being taught, trained, and getting up to speed. Are we going to have a shortage at the least opportune time, a shortage of individuals, shortage of supplies when we really need it?

James: So do you think there needs to be more training?

John: I think more training, probably more communication, better communication. Again, it's tough with social media. Like, well, there's a lot of information out there, but it's just what, what information are you digesting? You know what's working, what's not, and then what you know, again, is it more confirmation bias, what fits your narrative? And again, is it good information? But again, how... how do you truly judge that in an individual basis? Because we all have our kind of specific leans or things that we are very passionate about

and direction, but ultimately better communication, again, institutionally, local, state, federal government, and then just internationally. But again, easier said than done when it's like, well, what can you do as an individual? Well, just make sure you're communicating. Keep yourself informed. Do the best you can with school and make sure you enjoy what you do.

James: Was there ever a time where you were like, maybe this isn't the right field for me.

John: I mean, there's always those days that, you know, you have a long day and it's just like, everything is not quite going as streamlined as you'd like. But you know, ultimately, I think if you there's typically more joy, or there should be more joy in the you know, your career, than there is rough days. Because every career is going to have difficult days, whether it's during a pandemic, post-pandemic, non-pandemic, just day-to-day operation—a snowstorm!—that could throw off a lot of people, if you're doing a lot of outdoor work, yeah, you might have kind of a long day versus nice, warm summer day. But yeah, I don't think there was any time that I really thought, yeah, maybe this isn't quite for me, because I still enjoyed it. I really do enjoy working with the students we have on campus. I mean, it's just we have a fantastic group. We've got a fantastic staff here. And even through the challenges, you find out that, yeah, you probably have a better working dynamic and even closer department or individuals in that department than I could have ever asked for when you started a career.

James: That's wonderful! Are there any stories from your experience that you think are important for the future generations to hear?

John: Yeah, I just, I think, kind of going back to doing COVID testing in a tent and then figuring out what the response looks like and just kind of how it needed to adapt on the fly for a lot of this, just to try to make sure we were keeping everybody safe. But ultimately, I think just the stories are, you know, really, most of the stories are going to be individual that you know, like everybody can probably remember what their COVID experiences will was like, and what we did not like as part of that and what we never want to go back to at this point. But as for any other specific stories, no, I just think it's... that's kind of a story in and of itself. Like this will be a moment in history of like, yeah, the great pandemic of 2019, 2020, onward.

James: Do you think you... did you know at the time that you were living through like, a major historic event? Like looking back to the 1918 pandemic—

John: Yeah. I mean, you hear all those stories are kind of harking into, yeah, we're almost at 100 years since 1918 or 100 plus years, like, yeah, we're due for one sooner or later. And you hear all that kind of behind the scenes, and it's like, yeah, maybe not at the time. But then you start to realize, okay, this is more than just a week, this is more than just a month, this is more than just six months. Yeah, things are going to change after this. So I... yes

and no, I think now when you kind of can look back on it's like, yeah, that was probably a big turning point, and it's going to be a point that will be taught about, hopefully in history of like, hey, you know, this is what we don't want to deal with. We may have had some of the best modern medicine at the time, but, you know, was it able to prepare us for being stuck at home with, you know, family and working from, you know, a couple computers at a, you know, a room somewhere that was quiet. I don't know, you know, it's so short version, no, not entirely.

James: Yeah, because I... I'm pretty sure we're coming up... next week will be the day that it was declared a pandemic. At what point did you realize, okay, this is not just, like, a week long thing, this is not just a month long thing, this is going to take a while to fix?

John: Well, I think the inkling was first, because I remember the... I was at a conference in the Twin Cities. And I think it was March of... it was March of 2020, and then, you know, there's a bunch of health professionals in the same room, and you're seeing people, you know, kind of sitting further away from each other, hearing then, yeah, okay, what... what's going on here in the world? And kind of getting bits of information over, I think was a three day conference, and then it was okay, you know, do we all feel safe sitting in this room? You know what... what is the direction? And then I can recall there being another side room for people that didn't want to be in the lecture hall. And then it's like, okay, now this is kind of morphing into something else. Then it was shortly after that we went into telemedicine. Campus was closed, businesses were closed, and it's like, yeah, this is going to be different than we're used to, yeah. It's just strep... Yeah, give it some penicillin, and you're good to go. Yeah. This is more of a... more of an endeavor we're going to be in for as a our challenge that we're going to be in for as a country.

James: This might be kind of an odd question, but how did COVID feel different from other outbreaks, like we recently had a norovirus outbreak, how did that feel different... other than just the size of it?

John: Yeah, I think more or less the duration, you know, you think norovirus, yeah, it might last a couple days for symptoms. It might be, you know, multiple weeks, you know, month, multiple months where you're dealing with that, but there was a pretty definitive end. And COVID is just like, we're having all these things change, like, well, you can't even go out to your favorite restaurant without getting takeout because it won't let you in the door! So it's like, okay, this is different than norovirus. Like, yeah, could it come from that restaurant? Could it come from, you know, wherever it might be. And I think just a lot of the uncertainty with COVID of like, well, where's it from? What happened? How is this virus different? It's like, we've seen norovirus before. We've seen streps before. We've seen influenza before. yeah, and we have obviously seen some coronaviruses, but it's like this one's different. There's something unique, and not in a good way, but very unique about this and how we're all going to respond. And I think the other piece of it too was that you

start to hear about a lot of those deaths, especially on the East Coast or New York or you have very, very close knit, or potentially close knit, living with a lot of millions of individuals. It's like, okay, this seems different. Is what you usually don't hear about this much death from a norovirus outbreak or flu. Obviously, yes there can be deaths. And obviously, typically are during a year... as morbid as... again, as morbid as this is sounding, but it's just very, very much different.

James: How did your home life change? Because I know you have a family at home. How did you deal with that?

John: Well, we were fortunate enough to have young kids, so they weren't in school yet. Otherwise, that probably would have been another headache, but it was just kind of trying to figure out who's watching kids, who needs to be, you know, on the computer here, either meeting with patients—me—or my wife, working with her colleagues, and how to handle everything. So it was just a lot of divide and conquer and then just, you know, kids kind of being completely unaware of it for a while. And it's probably a good thing in a way. Again, we're not going to do a whole lot here, so just enjoy yourself. Here's your toys. Go play for a bit. We both need to work.

James: And did all this result in any close... like you feel closer with your family?

John: Yeah, I think, I mean, you're very fortunate when you do feel closer with your family. And I mean, it's just really something that brought us together, and then you kind of, you more or less cherish family holidays of like, Okay, we're gonna travel. We're gonna see our family. This used to be, could be a burden at times, but now it's like, yes, it's kind of nice to actually see people, see people in person, converse in person. So, yeah, I think you, you hope that's the experience you get of living closer with your significant other, family, extended family, parents, you know, depending on where you're at.

James: Um, do you have any other like closing statements, any important things that you you'd like to share.

John: We've covered a lot of it. I mean, this was, you've done your homework. So nice work on all the questions there. And I think, I mean, it covered everything that we would really have expected, experienced, and kind of some of those takeaway points with the COVID-19 pandemic.

James: Perfect. Thank you.

John: Best of luck. Best of luck to you.