

Interviewee: Raúl Fernando Molina

Interviewer: Breida Torres Berumen y Erin Fitzgerald

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Location of Interviewee: La ciudad de Gómez Palacio, Durango, México

Transcribers: Ally Burke, Olivia Kellogg, Ben Brown, y Emily Smith

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Abstract/Summary:

In this interview Raúl Fernando Molina talks about how COVID-19 has affected his experiences with family, work, mental health, and his thoughts in general. He is from Gómez Palace, Durango, Mexico and has an interesting perspective as a medical intern/student. He is being interviewed by students of the University of Wisconsin-Eau Claire that are studying Spanish for Health Care Professionals. Their names are Breida Torres Berumen and Erin Fitzgerald.

Breida Torres Berumen 0:01

Doctor Molina! How are you?

RM 0:02

Good! And you?

BTB 0:07

Good, [um] thank you for participating in our interview.

RM 0:13

You're welcome.

EF 0:16

And today is the 3rd of December, the year 2020, it is 6:30...in the afternoon and in Central Time.

BTB 0:33

And [um] today in the United States there are 14 million confirmed Covid-19 cases and 274,000 confirmed deaths in Mexico. There are 1.13 million confirmed cases 108,000 confirmed deaths. Now yes, we can begin with the interview.

EF 1:02

Thank you for your participation and welcome. And, to begin, [um], what is your name, age and place of birth?

RM 1:18

Ok, hello, before anything else, thank you for considering me for your interview. My name is Raúl Fernando Molina. I am from Torreón, Coahuila, Mexico and I am currently doing my medical residency in the hospital in Clinic 51 in Durago.

BTB 1:43

And where are you at the current moment?

RM 1:47

At the moment I am in the city of Gómez Palacio, Durango, Mexico.

EF 1:53

And what is the date and hour where you are located?

RM 1:58

Ok, today's date is the 3rd of December of 2020. It is 6:50 in the afternoon.

BTB 2:11

And where, I believe you said it already, do you live?

RM 2:16

I am currently living in the city of Gómez Palacio, Durango, where I currently work.

EF 2:25

And now to start with the [stutter] questions about Covid. [Um, ah] sorry. When you learned [stutter] for the first time of Covid-19, what were your thoughts with respect to the virus and how have your thoughts changed since then?

RM 2:53

Well, the first time that I heard about the Covid-19 virus was in December of the past year, exactly a year ago when the first case was reported in the city of Wuhan, China. That was when they chose to begin a health protocol to close the borders and airports in all of country of China. Then my first thought was they were going to quickly control these cases, that the transmission of cases would not be seen in other countries. But, well incredibly, it was not that way. There was a transmission of cases that sadly they were not able to control opportunely at a local level. After this local transmission it became a transmission to other countries. And I remember in the year, that year, at the start, in February, I remember that they reported the first case here in Mexico. I was doing my gynecology rotation in the hospital and we were attending to a birth when we heard that, well, that in the news the first case was reported in Mexico, in Sinaloa.

BTB 4:05

That must have been concerning, right, to learn of this situation? And [um] speaking of this, what problems worried you the most during the Covid-19 pandemic?

RM 4:21

Well, first of all, the problems that concerned me the most at the start of the pandemic were to contract the virus, not only to contract the virus myself, but to expose myself in the hospital, because there began to be many suspected cases at the start of the year, above all in February, that was when there began to be more cases here in Mexico. And my worry every day that I went work was [um] not taking adequate protection measures or carrying it [um] from the corresponding patients so that I did not become infected or bring it to my family or my home. This was the virus and I could expose them. In other words, it does not matter to me if I am exposed in the area I work in, but what worried me more was exposing the people that surrounded me, my friends, my family and sadly here the situation in Mexico, in the hospitals, over all other public services, is that we do not have enough necessary measures of protection for all of the staff. Then it has been like that until the present day, today, due to the precaution and worry that all of the staff has since we could become infected and bring the sickness home.

EF 5:39

Thanks for your response. [Um] I believe that [um] now I [um] begin with [um] some questions about [um] your job and then begin with what you are dedicated to.

RM 5:55

I finished medical school this past year in December and I am doing my residency in Clinic 51 of the Mexican Institute of Social Security. There is a year of rotation in each different service of oncology, pediatrics, surgery, and internal medicine. I am now set to finish my residency on the 31st of December and I will begin my clinical experiences in, in a community serving the

population.

BTB 6:31

Very Good. And you already, [um] you already began by talking about where the hospital was located, but could you describe a little the location and the type of hospital?

RM 6:47

Ok, well the city where I am located is in its municipality. Well, here in Mexico each region of each state are called municipalities. This is the municipality that is found towards the [stutter], northeast of the country, excuse me, of the state in the north of the country. And the city in which I live and work is a small city, compared to other cities in the country, metropolises or large cities, but this is a small city and the hospital where I work is a second level hospital, in other words it has the necessary resources, but no, it does not have a high level of specialty. We do not have an intensive care unit in one or other specialty areas such as urology, dialysis, hemodialysis, but we do have basic supplies for the gynecology department, pediatrics, internal medicine and general surgery and we do not have an intensive care unit, but the hospital was restructured and a special area was created to tend to patients who are Covid-19 positive.

EF 8:01

And to continue the conversation. The coronavirus has affected your job. I believe. In what way would you say?

RM 8:15

Well, it principally affected the number of patients, we were seeing a number of patients for all the diseases and sicknesses possible, we had 150 beds for adults and 25 for children. Then everything had to be changed. Diverse areas in the hospital had to be closed to create the Covid area and it was airtight, that no one could leave, well, to control the contagions in that area. Then it was affected because we went from having a number of patients with other sicknesses than Covid, and from 200 to 50 beds for patients with other sicknesses. This felt like a loss because it was not possible to attend to all of the population that we could beforehand which we could understand and where there was an opportunity for us to study a patient, studying different sicknesses. It was affected in that sense, and also emergency services were very limited. People before Covid came with many sicknesses, including the common flu, for a cold, for diarrhea, for intestinal pain. And now the visits to the emergency room are very limited because people are worried about getting infected, then [uh] this has also affected a lot.

BTB 9:44

Of course, then [uh] [click] what difficulties have you seen not only for the hospital, for the patients, but for the medical workers of the hospital during the pandemic?

RM 10:01

Well, there was a difficulty that we had most of the staff come out positive and have been infected and we do not have substitute staff, so if someone comes out as positive, and if someone is infected by this person, they go home to isolate themselves to be sure to not spread the disease. But unfortunately we do not have staff to replace the role of that person who is sick. So if we have struggled, (pauses to think) it has been difficult to find a replacement for the people who get sick and it's been a more strenuous job for the other people who stay working in the hospital because they have to do the work of both themselves and the person who went home. (Pauses to think) In addition, we don't have enough protective equipment, (mumbles) the supply is discounted that the government is providing us for all workers who do not have access (more mumbling) to have the protection.

EF 11:05

And which is the most difficult part or something ehm (pauses to think) that you dislike (thinks again) most about your job given that the pandemic affects your job a lot?

RM 11:20

Well, I love my job because it is an opportunity for me to learn from both patients and my colleagues about different diseases and how to study them, how to diagnose them and carry out timely treatment. But unfortunately what I dislike now with the pandemic situation is that you can't study patients like we used to. It is now very restricted. So if we wanted to do a direct study, for example, an auscultation with a stethoscope, it is more limited because if the patient has suspicious symptoms, out of fear we might move away from them a little bit, so it is not the same contact that we had being directly face to face with them. Same with the outpatient consultation. We must be patient in consultations. Right now, the consultations are cancelled, we are not seeing patients in consultation because of the risk of contagion, also so that there is not (pauses to think) an accumulation of people in small spaces. Before, consultations were an opportunity to learn and unfortunately right now due to the situation of infections we are not having consultations with patients. So it's something I dislike now, so a lot of opportunity to learn in the hospital has been lost.

BTB 12:42

This is not a question that we have written, but since you mentioned that they are not having consultations, (pauses to think) is there something occurring, that in part is being done in some different way or is it simply not being done at all?

RM 13:00

Well, you consult directly face to face, right? But for example, patients that are delicate or serious who say they have to keep up with continuous check ups with their treatment is being followed up via telephone. So it is being done in the social work department with social workers, we are agreeing to a follow up to their patients at home or with calling directly to ask how their disease has evolved, if symptoms have occurred, signs, (mumbles) and if complications have occurred and if they still have treatment available, but to fill the medicines you need or that have already run out they go directly to the pharmacy at the hospital by appointment so that they can go at a specific time where there is no risk of being near other people and can get their medicines.

EF 14:10

And our next question, has the pandemic affected the employment of people you know and in what way?

RM 14:24

Yes, the pandemic has affected not only us as health professionals, but all of the people who work in the food industry, for example, outside the hospital there are businesses and restaurants and now as the number of people coming in and out of the hospital has decreased, the restaurants and shops have closed. Also, not only small shops, but also public transportation has (pauses to think), has been totally affected. For example, taxi drivers, the trips they made before were from the hospital because of patients and they would be driven to other parts of the city but those trips have now decreased considerably. I have had the opportunity to talk to taxi drivers outside the hospital and they have told me that the profits they have made this year have been lower. Also, public buses (pauses to think) have been restricted so transport cannot make trips and has decreased economically. It has affected them and other businesses. I have heard from friends and family who have had to close businesses, for example, those who have food businesses have been affected because they are now stuck doing house work, and many people were unjustifiably fired because the employers or owners of the companies have not been able to pay their salary.

BTB 16:04

Of course, that is a very sad situation. Um (pauses to think) we covered this a bit [nervous laughter] in the question before [Fernando agrees]. Have you had to treat patients with Corona Virus? That is, [both smile] probably, given your employment. But [pauses to think], as part of your [thinks] your tasks in the hospital, has your function in some moment been to attend to patients with Corona Virus?

RM 16:40

Well, directly having it no, but indirectly yes because when the internal medicine rotates, the internist doctors are in charge of understanding the patients with Corona Virus. And I took care of them like that. They came in to give the diagnosis and I was in charge of everything else. For example, complementary studies, tomography, x-rays, labs, arterial gasometry, and to manage the patient's medical records with updates and summaries every day. I didn't see them directly, but you knew what happened, how the protocol was carried out, the treatment and studies that were being done because we had the clinical records in hand, but we as interns did not deal with Corona Virus directly. But hey, in the areas where we were working, like pediatrics, internal medicine, surgery, there were asymptomatic that came for other reasons, and for other symptoms that at the time tested positive. So indirectly, we did have contact with positive cases.

EF 18:02

And (pauses to think) what concerns do you have about the effects of Coronavirus? As for your employment as a doctor and the economic situation for your family?

RM 18:23

Well, being a doctor, I think it will have a long term impact because it's not carrying out the good performance as we had before as workers. And I have been tested, but have not come out positive yet. But maybe at some point I am going to get infected, and that it will affect the rest of my internship, and I am also worried about the situation with my family without me being able to protect them. Also, in terms of the economy, (pauses to think) I am worried financially because it has already affected my parents' work. They both have a business selling clothes and it has been affected because people do not leave home to shop at businesses, they don't go to stores and it has had a great impact on the economy of so many, including my parents, my friends, and my acquaintances.

BTB 19:22

Ehm (clears throat), well. Um changing the topic of questions to a little bit closer to the community, um how are the people around you reacting to the pandemic?

RM 19:40

Well, there is a difficult situation here in Mexico because at the beginning of the year, in February, when phase three of the pandemic was established, people were very frightened. They were being very careful, they were taking the necessary precautions and were quarantined inside the house to protect themselves and to not spread it. But unfortunately, as the months passed people got tired of the situation and lessened their worries and fears. Then, they began to leave home again. Perhaps because of boredom or because they were desperate. And that [pauses in thought] caused damage because now we have increased to almost double the cases that we had during that time of the year. And as for the current situation, it is also being affected. When I was in the hospital we had a number of open beds for patients with COVID, and now unfortunately that we have raised the amount of cases because people have just stopped caring, we have to order and find more beds for patients. Now the hospitals in all of the region, especially here in the city, are full because all of the beds are occupied by COVID patients. We have been affected a lot by this situation of increased cases because people are not taking the necessary precautions.

EF 21:16

Yes, yes. And [pauses in thought] as you already said, [pauses, chuckles] this topic of - of opinion of the people is our [pauses] next question [undistinguishable words] about this and is if you have seen changes in the - in the opinions or ideas of people of your community about the pandemic in general.

RM 21:50

[Undistinguishable words] well, at first people had ideas of fear, even I had a lot of fear. Currently there are people who have an uncertainty about the situation and there are people who do not believe in the pandemic. There are too many people of lower socio-economic status that think this pandemic is not logically sound, they think it was invented by the government for controlling the population or for keeping us locked in our house. In general, they have these ideas that it is all a lie or that it was invented by the government. They are out in the streets worrying, and then they are getting infected. There are even people that are naively believing that people are being killed in the hospital or that doctors are being paid to say that patients are dying from COVID. There are also a lot of people - well that is to say, there is a lot of misinformation about this subject, especially here in Mexico, so because of this, people don't believe in the pandemic. Well, most people don't believe in the situation. It is about 50 percent of the population who are taking proper care of themselves and who believe that the disease exists and that it is a [pauses] very important situation.

BTB 23:12

[Pauses] Okay, in the question before you mentioned that the hospitals are full. In the case that you are in the hospital, they are completely full and you receive another patient, or another five patients, and you just simply, you just do not have beds. What would you be doing in these cases?

RM 23:40

Well, in these cases, in the case that you mentioned, they would opt to create another area for COVID. We already have two in the hospital, we have two COVID areas that are urgent care, which is the first contact, and we have an area for respiratory triage which is where the patients go the first time that they present symptoms. Then, they would stay quarantined in this area of urgent care. When they are stable, they start a treatment and study protocol. They go to be cared for on the second floor of the hospital, this is where there is the other COVID area. That being said, they chose to create two COVID areas for keeping control and managing the large margin of patients that are taken in. And in the case that we are full, that all of the beds are taken, we would choose to use an area that we have designated for other patients with other illnesses. This would lessen beds for them, and already we are working only on urgent cases, for example, urgent surgeries, sicknesses that require immediate [loud background noise] treatment. We would be giving priority to them in an even smaller area and we would need those beds from them to designate for the new patients that had arrived with COVID.

BTB 25:03

[pause] Alright, so no, they have not gotten to [deep breath] the point where you simply have to say to the patient, "Go home, there is no room."

RM 25:18

[Both chuckle nervously] Very fortunately not, we have not yet reached that situation, but I think that in the future, I don't know, maybe in two months or one month, we could get to the point where there is no reason for admitting a patient, because there will be no beds to care for them. This includes patients who have arrived for a reason like scenario one, for example with a non-serious disease, that is not complicated by COVID, that presents only mild symptoms. They are being treated and asked to go back home and have treatment there. Because it is not a serious situation and they are able [ambient noise] to survive. Instead, priority is being given to patients who arrive in more serious conditions, with risk factors like hypertension, diabetes, old age, among other things. These patients are being given priority for admittance and healthy people are being given their treatment at home so as not to fill up the hospital.

EF 26:20

We are going to change the subject a little [small chuckle], or the subjects of questions again. [Pause] Did you [informal] - you [formal], or someone that you know ever get sick during the pandemic and how was your experience or the experience of the person?

RM 26:47

Yes, regarding people I know, my brother just got sick with COVID when he lived in Mexico City, the capital of the country. Unfortunately we were not able to see him because Mexico city is very far, it is very far from our city, but he stayed at home to receive treatment and quarantined for two weeks and he recovered from the illness, thank the Gods. And also I have coworkers that are also interns that are in my field of work that have] tested positive. They have been in contact and unfortunately they had to quarantine in their houses. I don't know any of my friends or anyone else that I know that has been gravely ill due to COVID. The only one, there is one [pauses in thought] the father of my aunt unfortunately passed away from COVID. But, fortunately this is the only loss from the illness for me.

BTB 27:51

The loss of people is very unfortunate, isn't it? [pauses] In what way do you think the Corona Virus is affecting mental or physical health of people?

RM 28:09

Before anything else, this [pauses in thought] is indirectly affecting the entire population because there is this large sensation of paranoia, of getting sick, or of having complications in the long term. If we are now talking about anxiety, there are people that haven't had anxiety and now we have seen a lot of cases of anxiety because of the pandemic. This is also able to affect the long term. People that have normal or strong mental health have presented with cases of anxiety and I have also seen patients that have recovered from COVID with short term effects relating to mental health, for example, headaches. There have been cases of headaches where, although the disease COVID-19 is gone, people are being treated for headaches or migraines. In people that have recovered from COVID, this even includes retrograde amnesia, or short term memory loss. These are the two things we are seeing in people that are recovering from COVID. This is not in everyone, we have not observed it in all of the cases, but in some patients we have observed these effects in the short term. We are hoping to have new studies in the next year that will analyze the surviving cases to discover some of the long term complications.

EF 29:37

Yes, that is a shame. For the next question, as an individual and as a doctor, how are you able to stay healthy? That is, to say, what concerns -- I'm sorry [smiles] -- what precautions are you taking outside of work for avoid -- avoiding illness?

RM 30:06

Well, the precautions that I am taking are good, this is taking the appropriate hygiene measures in the hospital, in my work area, to avoid contagion and when I return home, I do the same as if I have it [COVID-19]. I need my work clothes, I put them to wash and I bathe directly to avoid this that my body surface has been covered in viral particles and thus be able to get sick. I am avoiding going to crowded places or places with a lot of people to avoid contact of the spread of the virus. Even at home. I always try to stay clean and clean with water and disinfectant rinse, make [em] use of alcohol, hand sanitizer to protect my hands, protect surfaces and always wear my mask, my glasses, my protection whenever I go out of the house. [pause to think] And as other measures I choose my diet and maintain adequate weight, despite the long working hours, always eat at the right times to avoid an immunosuppressant, that is, a lowering of my immune system that can make me susceptible to getting sick. And I am taking vitamins daily to strengthen the immune system.

BTB 31:30

But very, very important [em]. Has COVID 19 changed your relationships with family, friends, and the community, and if so, how has it changed?

RM 31:46

Yes, well, it has greatly affected relationships with acquaintances, friends and especially with my family because we as health personnel are very susceptible to being infected. We are a source of contact with a very high risk because we are in direct contact with positive cases. So it is the cause that many people in my social circle, friends or family move away from me a little or keep their distance from me for fear that I will infect them. But, the risk of being infected is in the entire population. So there has been a kind of social distancing in the people I know and that has affected me emotionally as well. So if this [brief interruption of audio] this separation from the people who used to look for me a lot.

EF 32:45

Thanks for sharing this. To change the subject again [um] to the next question is how have you reacted - reacting, reacting - I am sorry - to government officials and leaders as - I'm sorry again - for this pandemic community.

RM 33:20

Well, this has been a conflict regarding the consequences of the actions that the government is taking, for example, here in the case of my city, the government chose to cancel the weekends, it is say, starting on Saturday and Sunday. Public transport like public road buses and taxis, so it is affecting many workers who do not have a car. It is a means of transportation to get to work. So there has been this situation in which workers have had to walk to the squares of their work areas and that has been difficult for the population, because there are people who work very far from home. And then these measures that the government is taking, the people disagree with them and they have generated many conflicts. But hey, other good adequate measures that the Government has taken is, for example, donating to hospitals, personal protective equipment, sanitation equipment, alcohol, hand sanitizer, masks. Now if they had known a good response from the government for the entire health team, for the health personnel and well, but among other things, at the level [pause to think] at the country level, at the central level, as there has been such an increase in hindrance is a growth in terms of the measures that are being taken. For example, at the beginning of this year they did not close the airports, they did not close our borders, they were allowing people from other countries to come to our country directly and return to their country of origin, or even people from the United States or other places in the world could reach Mexico directly. And that affected a lot. Because, well, I personally feel that more and more cases were transmitted, more cases were imported to our country. So those measures that increased cases could have been avoided if the government had taken the appropriate actions at the beginning of the year and had made the appropriate security protocols.

BTB 35:40

Well, you've more or less answered the question. But in case you have anything else to add. Do you have an opinion on how local, state, or federal leaders are responding to the crisis?

RM 35:58

Yes, in my opinion, personally it is that they are responding in an awkward way, in an inappropriate way compared to other countries. For example, I was reading a magazine report in which the best country globally, which is responding adequately to the pandemic is New Zealand and the worst country, sadly, that is responding to the pandemic is Mexico. So this puts us in a very bad place and makes us the joke of other countries because it makes us seem as ignorant people who are not adequately taking the appropriate measures to protect themselves or how to cope with the pandemic. So the government, if government leaders are lacking too much, the national president and the local presidents of each state will need to have better communication with each other to improve the situation, both at the state level and at the national level. Because the cases, despite the measures that have been taken, the cases continue to increase.

EF 37:16

So can you share with us how have your experiences with the pandemic transformed the way you think about your family, friends and or your community?

RM 37:39

Well, in this situation, this year has been very difficult for everyone worldwide. And well, I feel like families have come together a little more despite the bad times, we have all the bad situations of the pandemic. Is there something good in everything? The downside is that people have become more attached. They have been closer to protect each other in family and friends. So, despite the distance that we are keeping, yes there has been, well, that closer union in the distance or [em] from afar that union between all the people has been seen. So that's like seeing the good in everything is seeing everything bad.

BTB 38:28

[em] Well, we've already asked all the questions we had. I don't know if you have any other questions to add [directed at EF]. And I don't know now. I don't know, what else. So, do you have any questions for us Fernando Molina?

RM 38:50

Nothing more.. well, the reason for this interview, what class was it for?

BTB 38:57

It is Spanish for the health professions.

RM 39:02

Health professions very well. Can you establish in which semester you are currently in.

BTB 39:09

[Em] me [em] semester. Fifth semester starts this semester, right?

EF 39:24

I'm sorry, i [uh] - I don't understand the question again.

BTB 39:29

What - what grade? That I have left 3.

EF 39:33

Ah, ah, year 2 and in semester 2 of this year.

RM 39:44

Well then, thank you very much for showing me a lot of interest in the subject and for taking me into account for your interview. It is really a compliment for me and thank you very much for your questions and for wanting to be informed on the subject.

BTB 40:00

No, thank you doctor for allowing us to do this interview and for helping us a lot and we learn a lot thanks to you.

RM 40:09

I hope it helped you. Thanks a lot.

BTB 40:16

Well, see you later, have an excellent night.

RM 40:20

See you later, have a good night. Yes, bye, bye.

EF 40:25

Thank you.