

Interview with
MIKE DELAHUNTY

April 11, 2021

**THE PANDEMIC YEARS: COVID-19
ORAL HISTORY COLLECTION**

**UTAH TECH UNIVERSITY LIBRARY
ST. GEORGE, UTAH**

#2021-009

Utah Tech University provides access to its collections as an unaltered, authentic historical record to aid in the research and understanding of history, while acknowledging their impact on various peoples and groups. Some collection materials are reflective of past cultures and prejudices, including images or words that are inherently offensive, insensitive and harmful. The University does not support, condone or endorse these harmful ideas, behaviors or attitudes, and they do not reflect the official opinion of the University. Rather, the University embraces a culture that prioritizes diversity and inclusion, as demonstrated in the University's Mission, Core Themes and Values.

Final editing was completed in 2021.
For permission to use any part of this transcript contact:

Special Collections and Archives
Utah Tech University Library
Holland Centennial Commons 330
Utah Tech University
St. George, UT 84770
(435) 634-2087
specialcollections@utahtech.edu

INDEX

China	4
herd immunity	8, 10
hospital	4, 5, 6, 10, 11
masks	4, 5
nurse	4, 5, 6, 11
pneumonia	7
rock hound	10
Trump [President Donald]	9
vaccine	8, 9

MICHAEL DELAHUNTY

Michael “Mike” DelahuntY was interviewed on April 11, 2021 at his home in Washington, Washington County, Utah by Madison Kellogg. He related his experiences with the COVID-19 pandemic.

MK: This is Madison Kellogg. Today’s date is April 11, 2021, and I’m interviewing Michael DelahuntY for the DSU [Dixie State University] Pandemic Years oral history project.

Mike, can you please tell me your full name, spell it, and where we are?

MD: Sure. My full name is Michael Cash DelahuntY. M-I-C-H-A-E-L C-A-S-H D-E-L-A-H-U-N-T-Y and we are at my home [REDACTED] in Washington, Utah.

MK: Thank you. How did you first hear about the pandemic? Do you remember what you were doing at the exact moment?

MD: I do remember what I was doing at the exact moment. I was at work. I’m a nurse, so I was working at the hospital and I was working in the med room, and one [of] our nurses, nurse educator for the unit, had ordered some boxes of what you call N95 respirator masks. And they were up on top of the fridge in the medication room, and I was looking at them, and I asked her, “What are these for?” And she said, “Haven’t you heard about COVID?” She said, “It’s in China right now, but it’s going to get here. It’s going [to] come and I want to be ready, so I ordered these masks because I want to make sure we have them.” So, that’s the first time I heard about COVID. And at that time it was something that was far away in China. It was just a China problem at the time, and I was like, “I hope, well, it doesn’t get here.” Obviously, it did. I appreciate her being prepared. So that’s the first time I’d heard of it.

MK: Did you think that COVID would blow up into a worldwide pandemic? In what ways do you think the world could have handled this outbreak better?

MD: I wasn’t sure it would break out into a worldwide pandemic. Like I mentioned earlier, I was aware that it was in China, and there was a lot of controversy about how it started. People were wondering if it came from animals, or if it came from a lab, or whatever, right? People were debating the origin of COVID. So, I really didn’t know how infectious it was at the time. So, when I first heard about it, I was not worried about a worldwide pandemic. I was thinking they’re going to get it under control over in China, and it’s not going to come over here. And I really didn’t think that it would become a worldwide pandemic. That’s kind of surprising to me. It’s not something that happens all the time. It’s kind of unusual. You probably haven’t seen this in your lifetime, right?

MK: Right.

MD: I think of other pandemics, like measles and that kind of stuff. It’s been a while since we’ve had a pandemic of this nature. I mean, we’ve had some other scares. They had SARS, which was another breathing—

MK: Ebola.

MD: And Ebola. So those are scary diseases, and they did get around and we were worried about it, but it didn't affect as many people as COVID. So this is probably the first time I've seen it in my lifetime, and I'm sixty-one. I'm almost sixty-one.

MK: Do you remember your first COVID patient, or the first COVID-related patient that came to the hospital?

MD: Well, I do. I do remember the first COVID patient that came to my floor. I work in rehab, right? I'm not a critical care nurse. So, I was hearing about the patients that were upstairs in the hospital, and I had to sometimes float to the ICU [Intensive Care Unit] or the overflow unit that used to be our orthopedic unit, and if our floor was not too busy or we had extra nurses, they would send us upstairs to help the nurses that were in the ICU get gowned up in their PAPR [Powered Air Purifying Respirator]. I don't know what it stands for, but it's a breathing thing. It's like the space suit that they wear. It's got a filter, a spacesuit kind of thing. They have to get in and out of the gown a certain way, and they have to follow a certain procedure of washing their hands and making sure they are very careful 'cause you can, at the time, we didn't know how it was necessarily transmitted. We thought we knew, right? That it was respiratory, but we didn't know if it was also going to be, like, from your hands or whatever, and we know a lot more about it today than we did back then. And if someone coughs on their hand, they shake your hand and you can get it, right? So, that's why we're washing our hands and washing the tables. Wearing hand sanitizer all the time, and masks all the time.

I do remember the first patient that came to my unit. So, like I said, I work in rehab. That's where people come to get better or stronger before they go home. So, at the beginning of the pandemic patients were dying a lot more frequently than they are today. They've learned a lot, and they know how to sort of take care of it better now. But back then, the people that did survive, a lot of them were in the hospital on a ventilator for months and they were very debilitated when they finally got off the ventilator. If they survived, they were weak and they probably had bedsores or whatever 'cause they'd been in bed for two months on drugs that make them unconscious, because they got a tube in their lungs, and so it's a big deal and any rate— The first patient came down to our floor who was very debilitated. We have a special room for airborne diseases, or whatever. So we put this patient in that room. It's a negative [air] pressure room, and I remember being very nervous about taking care of this patient. I really didn't want to take care of this patient and I wasn't really worried about me, say getting COVID, or whatever, I was worried about my wife who has asthma. If I bring COVID home to her and give it to her, that's what scared me more than anything.

MK: So, you wore those protection suits and everything, right?

MD: Yes. I avoided taking care of that patient for, like, a week. And then it was my turn, and I kinda had to do it because I couldn't expect my colleagues to do it without me doing it. So, I started taking care of the patient and I was wearing all of that stuff. Probably wasn't necessary, knowing what we know today, but we didn't know that back then. We were treating this patient upstairs for two months, and then they come to our floor and were

they really contagious? I don't know. Probably not, by what we know now. At any rate, it was nerve-racking to go, [a] little claustrophobic to wear this spacesuit and go into a room where you feel like everything is contaminated and you're [going to] get COVID, or could get COVID. So, that was kind of strange.

MK: Yeah. Speaking of COVID, you had a scare with being exposed to COVID, and then you actually got it. What were your thoughts and feelings when that happened?

MD: Well, that was an interesting time. And by that time, we had taken care of many COVID patients, kind of like I described already. They came and we had, like, three rooms that we generally put them in and wear the spacesuit and take care of them. So I'd probably seen a dozen COVID patients before this happened. I had been taking care of a non, supposedly non-COVID patient for a while. This was around the time that nurses were starting to get vaccinated, so I had received my first vaccination and I was just kind of doing my thing, working every day. I was taking care of a person who we didn't know had COVID.

MK: Did they not get tested, or it wasn't necessary because you didn't think they had COVID?

MD: They, at that time, I don't think they were testing everyone all the time. I mean, I think they get tested at a certain point and time early on when they come into the hospital. But they may test negative, or they may pick it up somewhere in the hospital, or there's lots of factors. So, basically on this particular patient, he was just like a normal patient I would work with, and I went in the morning and the night nurse gave me a report and said he had a good night and everything was fine. And then, when I went in the room he had a fever, he was sweaty, and he was coughing. And so, I'm like I don't think he's fine. I've been working with him for days. Now we would always wear a mask, but it wasn't always that N95 mask. When we work with people that don't have COVID, we just wear a mask like anyone else would wear. We call it a procedure mask. I always wore my mask when I took care of him, but turns out he had COVID. We tested him right that day, then and there, and he had COVID. So we moved him to, that special negative pressure room was empty at the time, so we moved him over there and then I was off work for a few days. The very next day, like, four more people on that side of the hall broke out with COVID.

MK: Just regular patients or nurses?

MD: Regular patients, and so we had now, like five patients that had COVID on day number two. So, we had an outbreak on our floor, and it started with that guy, and I'd been exposed to that guy and I'd already had my first vaccination, so we were required to start testing ourselves. Every day we went to work, we had to do a nasal swab, and, like, every third day, we had to do a spit test. The spit test is more specific. It's [a] more accurate test. So my first spit test was negative, and then I worked for a few more days. All of my nasal swabs were negative. On my second spit test, it was indeterminate. The results were indeterminate. So, I went in the next day to repeat the spit test, and it takes, like, twenty-four hours or so to get the results back from the spit test. I went back and did it again, and this time it came back positive. So, I went from negative to indeterminate to positive. That was scary because, I told you, I didn't want to bring it home.

MK: Right, and then we were with you that one dinner. So, we were potentially exposed.

MD: That's right. That's right, I forgot about that. But you were here before I knew that I had it and that was like a day before I knew I had it.

MK: Right.

MD: So yeah, COVID is very infectious and so it's scary for everyone when somebody breaks out with it, right?

MK: But it was probably just more scary for Diane, and then my dad who's also diabetic, and he doesn't know much about COVID.

MD: I'm sure it was scary for them, especially. It can kill more people with comorbidities and people with comorbidities have more complications. My wife and your dad both have comorbidities, and here I am, potentially exposed them unknowingly to COVID. That would have been bad if I gave COVID to those two people I'm close to and they had problems. That would be terrible.

MK: But as far as we know, they never got it.

MD: No, they never got it. So, I isolated myself on one side of the house. I was not able to work for, I think it was ten days. The rule to return to work after having COVID at the time was you have to be asymptomatic for ten days. You couldn't use any fever reducing medication, so—

MK: You couldn't take any medication?

MD: You could take medication while you were sick, but you couldn't, if you take aspirin it lowers your fever. If I were to take aspirin and then, because let's say I needed the money to go to work, I could take the aspirin and lower my temperature, and go to work and say I feel great and spread COVID all over the place. That's why they have the no medications that lower your temperature requirement for three days before. So, you had to go ten days, a minimum of ten days, and you had to have at least the last three without any fever reducing medications before they would allow you to come back to work. I had most of my symptoms were a sinus infection in my face. I couldn't breathe. I never lost my sense of smell or taste, but I had a very plugged up face, and I've had a history of having sinus infections that turned into pneumonia. I've had pneumonia twice and that was, I've never been so sick. I was worried that the COVID pneumonia might happen from same sinus infection, so that was, fortunately it didn't happen. It always stayed in my face. It never went to my lungs. I was very lucky, and after ten days I didn't need any fever reducing medications, and I think the first vaccination may have helped me a little bit. I think, even though I kind of got exposed to COVID and got the vaccination at the same time, I think the vaccination may have helped me recover more quickly from the COVID that I had.

MK: Great. Then you got your second vaccination after you went back to work?

MD: After thirty days, the second vaccination happened, and it was interesting because the CDC [Centers for Disease Control and Prevention] had different guidelines for when you've had COVID and you've had your first vaccination. When do you get your second one? They changed their mind about three or four times and the timing. When I got it, they said I should get it right after I got it, they said if you had COVID since you got the first shot, you need to wait ninety days, but I had already had it and you can't take it back. And then they switched the guidance again a few weeks later, back to get it early. I would have ended up getting it early anyway. I wouldn't have waited the ninety days.

MK: Do you think the vaccine will help society get back to normal?

MD: There's no doubt. It's already happening. I mean, look at the positive rate. It's gone way down, especially in elderly people and nursing homes. They were kind of the first priority and they're not dying from COVID at the same rate that they were. I think the vaccines are highly effective.

MK: Do you think all of them are, or do you have a certain vaccine that you prefer?

MD: All I can say is what the clinical trial data says, right? So the mRNA, the messenger RNA vaccines, which are Pfizer and Moderna, they're new. There's never been a vaccine built out on that platform before. I got Pfizer and the clinical trial data says that it's 95 percent or 96 percent effective against, preventing COVID, so they've also subsequently found that it's highly effective at reducing the transmission of COVID. The [inaudible] and Johnson & Johnson vaccines are less effective, but they're marketing them as though they're 100 percent effective at preventing you from serious COVID illness or dying COVID. But they're about 65 percent effective at keeping you from getting COVID. They are less effective. They are more traditional types of vaccines, like the flu vaccine.

MK: Do you think that there will be one shot, instead of Moderna, Johnson & Johnson? Do you think they will just make it into one shot and it will be a yearly shot like the flu shot?

MD: I think it will be a yearly shot like the flu shot. Right now, the clinical trial data suggests that [the] Pfizer vaccine is effective for at least six months. Hopefully longer, but they're saying for six months right now. I think we're going to probably get another booster shot for everybody, especially if they don't reach the herd immunity level. If they do reach the herd immunity level, they could squash it.

MK: So, herd immunity is what? People will be immune to COVID?

MD: Herd immunity is when about 76 percent, roughly, of the population has been vaccinated. That means they won't get it. They won't spread it. Then people, the 24 percent that are not vaccinated, have a hard time spreading it because the 24 percent don't get together. They're mixed in with the 76 percent. The virus has a harder time jumping from person to person when most of the people are immune.

MK: So, how many people, what's the percentage of people being vaccinated right now?

MD: Right now, I think we're at something 35 percent-40 percent of people, and they're gonna run into a wall pretty soon, because there's a bunch of people who don't want to get vaccinated. I don't know if they'll ever get to 76 percent, and they need to get there really quick before, there's new variants of COVID now. They're calling it this British version. I can't remember the number, but it's more infectious. In other words, it [inaudible] spreads easier.

MK: Is it more deadly?

MD: I don't think it's more deadly.

MK: More contagious?

MD: I think it's more contagious.

MK: Well, hopefully people will get vaccinated.

MD: Hopefully.

MK: And not turn it into some political agenda.

MD: That's the dumbest thing that's happened in this COVID pandemic. It became politicized and—

MK: And the media?

MD: I mean, not just the media, but our ex-president Trump, whether you are Republican or Democrat, whether you liked him or whether you didn't, you have to look at how he handled the pandemic. On one hand, he did really well because he, behind this scene he, got this Operation Warp Speed going, and that got the vaccines ready, right?

MK: And he got the vaccine?

MD: He did get the vaccine. On the other hand, he was trying to keep people calm by saying it's just like the flu. Don't worry about it. It's going to go away. Whatever. I don't think he really believed that, but on the other side that we didn't get to see, they were going full speed ahead making the vaccine. They really didn't know it was going to be effective. He did a good job of getting the vaccine production going, and it should've never been politicized. That was a mistake, because now there's a big group of people who don't want to be vaccinated. That's unfortunate because the vaccines are effective and I don't understand why people think of this as a political issue. It's not. It's a public health issue.

MK: I agree. So, how is going to work, now that COVID isn't as scary and unfamiliar? Would you say it's better?

MD: Yeah, I would say it's better. Even when we get COVID patients, we know a lot more about how to take care of them. They come in and come home a lot quicker now. It's only a very few that spend a long time there. Knowing at least six months, that I have immunity to COVID, makes it less scary for me to go work in their rooms. I still follow all of the precautions. I still wear all of the spacesuit. I still wash my hands. I still sanitize

all the time. I follow all the regulations because I don't want to transmit it from one person to another. I could still, if a patient coughed on me, that had it, and I walked into another room and that patient was susceptible, they could get it. So, I have to be very careful. It's less scary, because it's less scary and we kind of know more about how it's transmitted. We know more about the signs and symptoms, and I think we're a little bit quicker at treating people. Most of the people that come to my rehab unit have already been vaccinated now, or at least had one shot now.

MK: That's good. In what ways has this past year and a half been challenging to you?

MD: Well, it's been challenging because the hospital has been full or over full.

MK: So, that means you're working overtime?

MD: Yeah, there was a lot of overtime and it was stressful to work in, basically, hostile conditions, bad working conditions. You're afraid you're going to get sick and die, or kill your wife or your friends. That was emotionally stressful for sure, and that's probably been one of the hardest things. But now it's improved quite dramatically. I don't worry about it anymore. I follow the precautions. I don't foresee a big problem. It seems to be going away or diminishing quite a bit, although the new variants are very infectious and young people need to get vaccinated now or when they become eligible, because more kids are getting sick and kids have always been less susceptible to the serious side-effects to COVID. I think it's changing, and I think there's a chance that they'll be the ones in the ICU that are sick. I think kids, you know, they are doing studies quickly to see what age they can go down to, I think sixteen-year-olds can get vaccinated now, and I think they are trying to lower that. I think Pfizer was trying to go down to six-years-old, or something. So, that needs to happen or we'll never reach herd immunity. There's a lot of young people in the world

MK: That's true. Like me, right? Yeah, okay. A lot of the questions are similar to what we've talked about. Do you think that your life has changed for the better or the worse or both?

MD: I think, personally, it hasn't other than what we've already talked about with my wife and with your dad being exposed, or potentially exposed by me. I think my life has been pretty good. I haven't had a problem. By nature, I'm kind of an introvert, so I don't spend a lot of time hanging out with parties and stuff. I like to go out and rock hound in the desert and find rocks and stuff. That's my way of socially distancing on my day off, is to just go out in the desert and rock hound. It actually kind of was nice because there are people that go do that, obviously, but it's a whole other topic. Extroverted people probably had a really hard time during COVID because they are used to being in groups. I'm kind of an introvert and I have a small group of friends. I like to do things with that small group, but I don't really have a large group of friends, and I don't really like to be in large groups. It didn't really bother me. It actually probably enhanced my quality of life.

MK: Well, do you think moving here was better, instead of living in California, because of COVID? It would have been a lot worse for you because you wouldn't have been able to go out and go rock hunting.

MD: Living in St. George was a good thing, I think, during COVID, for sure. Los Angeles, where we lived before, they were overwhelmed and under-equipped to deal with it, and I think people down there had a much harder time than I had here.

MK: So, how do you feel about your work now as compared to before the pandemic? You said that it's a lot easier and you're not as stressed, but do you still like going to work? Do you still like your job as a nurse, or do you think COVID just kind of squashed your desire to be a nurse?

MD: No, I like my job. I like helping people and COVID hasn't changed that, right?

MK: Maybe it's only increased your desire to help?

MD: Yeah, I would say so. I mean, when someone is really sick with COVID and not feeling well and they feel contagious and nobody wants to help them, that's got to be kind of a bad feeling. So having the immunity to COVID and having the vaccines and having the proper equipment, I don't feel reluctant to take care of those people. One example is, a guy who had COVID, people would go in and out of his room as quick as they could because they didn't want to spend much time in there. He has been there for weeks. He was growing a beard and he didn't like the beard, but he wasn't strong enough to shave himself or go take care of that. I just asked him if he liked to be shaved. I spent a half hour shaving him. He really appreciated that. He felt better, so that was a good thing.

MK: That's great. Did he ever get out of the hospital?

MD: He did. He got better. Actually, that was the first patient I talked about. The one I didn't know had COVID. He was stuck in that room for a long time. I just spent the time with him. You could see it was emotionally impacting him. He felt contagious. He felt like nobody wants to be around me, and that was an emotional burden for him. So, the people that get COVID, it's not great for them emotionally.

MK: But you help them get through it?

MD: Yeah, and then I got it and I got through it.

MK: And you got through it, too.

MD: Yeah and didn't give it to my wife or your dad or anyone else, so that was a success.

MK: Great, and now you're vaccinated, so that will help a lot with COVID.

MD: Yeah. I don't think I'll get COVID again, but if I do, I think it'll be a minimal reaction. I guess there's always an exception, but I think people get COVID a second time are pretty rare right now.

MK: Well, we pretty much talked about everything, but do you have any last-minute thoughts you'd like to say about COVID? Do you? Anything?

MD: I'll just emphasize that COVID is not a political, Republican or Democrat issue. It's a human issue, and everyone should get vaccinated regardless of your political

affiliation. People need to put that behind them and take care of public health. Doesn't matter what you believe politically. COVID will get you whether you're a Republican or Democrat if you don't get vaccinated.

MK: Well, thank you.

MD: You're welcome.

MK: It's been very informative.

MD: I hope so. Anytime, I'm happy to help.

MK: I got you on speed dial.

MD: You got my number.

[END OF RECORDING. END OF INTERVIEW.]