

Interview with
THERESA JESSOP

November 28, 2020

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

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THERESA JESSOP

Theresa Jessop was interviewed in her Hurricane, Utah home at her kitchen table on Saturday, November 28, 2020 by Jillian Campos. She related her thoughts on the COVID-19 pandemic outbreak.

JC: Saturday, November 28th. Jillian Campos for the COVID-19 oral history with Theresa Jessop. So, thank you for doing this interview.

TJ: You're welcome.

JC: What is your current occupation?

TJ: I am an LPN [Licensed Practical Nurse] for a home care and hospice company here in St. George [Utah] — Rocky Mountain Home Care. And also a part time employee for Red Cliffs Health and Rehab.

JC: Awesome. And when did you first hear about what COVID-19 was or the relative severity of the virus?

TJ: Well, I think we were in an office meeting about it when everything was going on lockdown for all of our facilities 'cause we do have people that are in our facilities. So, we realized that was happening. But I mean, you know, it's on in the background. We hear it on the TV when we're at work, you know it's a bunch of information, but what you wanna — you want your facts from the CDC [Centers for Disease Control and Prevention] and so—

JC: Yeah.

TJ: — you know. Once we finally got that information, what we were supposed to do, that was ever-changing though, like, quite often.

JC: Oh yeah. How has your understanding of the virus or the outbreak changed through time?

TJ: Wow. Yeah. Over time, I — I just don't understand why people aren't listening. I can't wrap my brain around that part. The first protection that you have against any kind of an infection is to mask up, gown up, glove up. Like, it puts a barrier there.

JC: Yeah.

TJ: So, but yeah, I don't understand why that would be such a big deal for a lot of people to be able to do. I think it, over time, has made me realize how much though we are fighting it and doing the best that we can—

JC: Yeah.

TJ: — you know, with what we got. So—

JC: How has your daily life and activities been impacted by it?

TJ: Oh, I don't go out in public as much as I used to. I try to avoid stores. Online shopping is a norm now [laughter]—

JC: Definitely [laughter].

TJ: I mean, it was always kind of there, but it's like, yeah well, we can get that at Amazon, you know? But definitely, you know, it's really hard because I come from a very big family and so that's really hard to understand.

Plus my kids, you know, it's changed their lives, also. They don't go to school — they do online school. One goes to school, but one goes to online school for the fact that he's at risk. He's in that age where he can bring it home and, you know, the littler ones are a little bit more eh, but they don't have a problem wearing the masks. They're just fine. Like, they're okay.

JC: Yeah.

TJ: You know? They adapted very quickly. I mean, Jax remembers his every morning, you know? It's like, "Okay." You know? It's become a norm for them, but yeah.

JC: Have you had any silver linings come through because of it?

TJ: Yes. Yes, definitely. You can see it's a strong — as a strong will that we have to make sure that our patients are safe. That our families are safe. That our loved ones are safe. You know, that's the concern for most of the healthcare workers, that everybody around us is safe. And so, if we do what we need to do, which is washing hands. People need to start cleaning their houses more. You know, there's just certain things that we need to step up and we can't just keep ignoring.

JC: Yeah.

TJ: That these have to happen. Work less, rest, you know, and stop worrying about everything and stressing about it, you know, is the silver lining in it because what's going to happen is gonna happen, you just have to do the best you can with it.

JC: I agree. How do you feel Utah has handled the masking up and putting out the precautions?

TJ: I think it's been good. I think it's been good. I think there's a lot of people that are not doing what they need to do because it feels like whatever political reasons they want to

use. I don't understand it. But I understand that, yeah, I feel like I don't want to wear these masks anymore either. I don't wanna walk around like that either, but I'm keeping everybody else safe and I'm keeping my family safe. So, if that's what I gotta do, then that's what I gotta do. If I have to be out in public, that's what I have to do, you know, to make sure they're safe. And it's hard, it's a hard toss-up for sure, to balance that.

JC: Oh, for sure. Why do you think it's become so politicized?

TJ: Hmm. Why does anything become politicized? To make money! You know, to, you know, profit off of misfortune most of the time. I mean, those are — war, anything, people are making money somewhere. So, you know, I feel like — that don't think they're making this to make money because they're, but they want the money to keep being made. And they need to stop for a minute and go, "We can't."

JC: Whew! Yeah! [Exclamation]

Well, let's see, have you experienced any psychological or emotional impacts?

TJ: Yeah. I have anxiety myself, just alone, you know? So yeah, there are times that I can't breathe under my mask but, you know, I just have to calm my mind and get into the zone and realize that this is just the norm and when I can take it off, I take it off. And, you know, and I just try to remember that this is for protection, this is for protection. You know, you have to remind yourself. You have to get yourself into a mental state to go out there. When you walk into a store, it's really hard for me to bite my tongue when somebody's not wearing a mask and sometimes I don't.

JC: Yeah [laughter].

TJ: And so, I just tell them there are pe — but they say, "You know, I'm not wearing a mask because I can't breathe in it." and I'm like, "There are people on ventilators that can't breathe right now. So please put a mask on."

JC: And with being a nurse, you definitely have seen that.

TJ: You know, I haven't seen anybody on a ventilator. I've been fortunate enough that, you know, but I see the aftermath. So what's going on, I see the way that the families are affected. They're not being able to see their loved ones, you know, because of this and it's — You know, virtually, that connection has been amazing for a lot of people, I think, that we can still video chat and see each other and hear each other, you know. But I think for a lot of them, and I know a lot of my patients say human touch and connection is what, you know, and then you put a bunch of people in a building for a long period of time and they're going to end up biting each other's heads off. As they're gonna get so sick of each other [laughter].

JC: So true [laughter]. Yeah, so not having a variety of people—

TJ: And they're tired. And we can't have those volunteers and those family members that come in and make all of the whole cognitivity of the whole situation. Everybody has a role to play.

JC: Yeah.

TJ: And now it's different. And so we're all trying to adjust to that. It takes time to adjust to that.

JC: Oh yeah!

TJ: You know, and a lot of people now are, like, instantly want their satisfaction and gratification and, "I need to see the results right now."

JC: And I think that's a generational thing as well.

TJ: Yeah.

JC: Has your relationships with families — with family, friends, and loved ones changed? And how have you adapted to maintain those relationships?

TJ: Yeah. I don't think they've changed so much as that we just have to do it differently. Like in the actual relationships, we still are very strong bonds, we just have different ways to — we, we definitely because we have such a big family [laughter] have to reduce that amount down. And they're very informative. They're like, "Hey we're not feeling good right now. We're not — we're sick. I don't know what we've got, but we've got this." You know, everybody's really good about saying, "Hey, I'm not feeling well." Or, you know, so-and-so's got COVID. You know?

JC: Yeah!

TJ: Like, they've tested positive, you know? And so, the communication, I think, is great. You know, as far as we can still keep in touch with each other by Snapchat, video chatting, that kind of stuff.

JC: Yeah.

TJ: Texting and phone calls, you know? We still do have get-togethers but, you know, it's wash your hands. We're definitely, you know, we can't not have human contact to a certain point, you know, but definitely are very much more aware of it and careful.

JC: That's great.

A hundred years from now, what would you tell someone who wanted to know what it was like to live through the COVID-19 outbreak in the U.S.?

TJ: Wow [laughter].

JC: A hundred years from now.

TJ: Pulling out the big questions.

JC: I know, right?

TJ: Hopefully, I will be telling them in spirit form. But [laughter],if I had — I don't know. It was just a lot of confusion at first. And then a lot of shakin' your head [laughter] and tryin' to wrap your brain around the way some people's brains actually function. But I think it taught us all a lesson about how much we do care about each other. I think, is what the lesson is, is that we need from this, is that we need to show compassion and understanding of science and how disease process works.

JC: Okay. Where do you think we all go from here?

TJ: Whew. Yeah. Whatever it takes to make it work.

JC: Like, being all in?

TJ: Yeah, being all in! Like, knowing whatever we gotta do to make sure that we can get there, that we gotta do it. And suck it up.

JC: Is there anything else you'd like to add that we haven't covered, or would you like to revisit any topics that we've discussed?

TJ: No, is there anything else that you wanna tell me or ask me? That you weren't sure of?

JC: Not really. I think you kinda — I think you've hit everything—

TJ: I'm sorry [whisper].

JC: Actually, how has Red Cliffs adapted?

TJ: They were pretty good. I think that everybody had a good response into the efforts. I feel like we all weren't quite sure what to do, but our natural instincts kicked in. And we know the disease process and we understand it, and putting masks on and washing our hands and gloving up; that's all part of our practice anyway. [It] just was a little more intensified. I was in a little bit of a different situation with the patient that I was taking care of at the time, because I was still only solely taking care of one person at the time that it all broke out.

JC: Mm-hmm.

TJ: But I definitely was more aware of what we were, like, I don't, I think I was in shock and awe of the amount of stuff that wasn't available to us readily—

JC: Yeah!

TJ: That should've been there. I don't know where it went to. I don't know why, you know? The biggest question ever is, "Why?" And nobody ever really gets an answer to that. So, but yeah, just that shock of not being prepared, but yet, still resilient in what we were doing. We just make it work.

JC: And with dealing with your hospice patients now, with them being at higher risk, are you encouraging their families to try and keep well? Or what are, what are the normal procedures?

TJ: Normal procedures are, you know, telehealth communications are very big. Don't take your loved one in if you don't have to, especially if they're in this age range. You know, practice, you know, good hygiene, wearing your mask. You know, yeah, you're in the same household, but one person is going out, wear your mask while you're out. You know, make sure that you're protecting yourself while you're out there so you're not bringin' it back home. You know, everybody just practicing those hygiene, the basic hygiene of washing hands and making sure that they're taking their shoes off. They're not bringing stuff in, you know, touching your face. I did not realize how much I touched my face until I put a mask on—

JC: No.

TJ: My hand and was like, I am constantly at my face. You know. And so, I'm very much more aware of that, you know [laughter], now. So I'm just like, "Oh." But there are times it's just, you have to, you know?

JC: Yeah.

TJ: And so, yes, it was definitely — I think the response for a lot of places was confusion, I think, on all parts but it was, "Let's get it together. Everybody take a deep breath, you know? The storm's not over yet. We're just in the middle of it." I'm pretty sure of it. Like, I feel like we're not close to the end just yet. And so I don't know when that's gonna be and I hope it's gonna be soon, but I think until we change that direction of the way they're going now, where they're like, "Push, push, push, push." We have to slow down. We have to give time 'cause, you know, the healthcare workers are exhausted. We have lack of, you know, shortage on every nurse, CNAs [Certified Nursing Assistants], janitors. I mean, everyone, office people. You know, that it takes a toll on them, also. You know?

JC: Definitely. Do you think that this has also hindered the people wanting to go into the healthcare?

TJ: No. I think you'll see a new surge of people that are ready, that are supposed to. You know? There's, you know, there's certain people that are— you know, you're just not cut from regular mold when you go into healthcare [laughter], you know?

JC: I agree.

TJ: And so, I don't know what that kind of mold the cut is. I don't have a word for it. But, you know, there are certain people that just want to do right. And so, there will be a surge of that. Again.

JC: I hope so.

TJ: Yeah.

JC: Have there been a lot of nurses and CNAs, and just other workers with you, that have taken early retirement? Or have possibly reassessed?

TJ: No. They've come out of retirement.

JC: Oh!

TJ: Yeah, a lot of them have. A lot of them have changed and gone, like that are RNs [Registered Nurses] that are doing home health and hospice, because LPNs can handle some of that stuff, the RNs are trying to get to the hospitals to help with their overload 'cause they're, they're just at capacities right now, with everything. And especially down here in southern Utah, you know, we got one gig in town.

JC: Yeah.

TJ: But we have a bunch of other gigs all around, you know? So we definitely are okay. I think the overflow would be fine 'cause I feel like it can overflow into the skilled nursing facilities. And then, from the skilled nursing facilities out to home health. That's, I think, is the transition that's kinda happening, but it's—

JC: It's a process.

TJ: It's a process, yeah, you know. And you've gotta — who do you send? And I don't wanna be the one to make that decision.

JC: That's definitely — no. Holy moley! [Exclamation] That needs to be someone higher up.

TJ: Yeah, that just needs to be somebody that knows what's going on—

JC: Yeah.

TJ: Exactly. You know, and can make those kind of decisions. Like, I'll take care of them [laughter].

JC: And have you seen an increase in your workload with that?

TJ: Yes. Yes and no. I mean, we're having moments 'cause of the transition periods, you know? And so, it fluctuates.

JC: Okay.

TJ: You know, it definitely has slowed down for the most part, as us being able to go into other facilities. Some facilities we can still go into. Some we can't. And some are very, you know, particular on what we do and how we do it, and we just try to accommodate whoever we can accommodate. You know, we still just wanna be able to take care of our patients ultimately. So, if it's phone communications, if it's telecommunications, we're still having visits with those people.

JC: Awesome. Making sure that they know you're there still.

TJ: Yeah. Yeah. Checking on family members because they haven't heard from a family member. You know, those— the go above 'n beyond and what you need to do as a human being, you know. Well, if they haven't heard from them and wonder what's going on, let's make sure to try and make some contact with them. You know?

JC: Yeah.

TJ: And so, it's just like looking out for your fellow neighbor.

JC: Awesome. Yeah, I think that's great. So overall, it's just showing our love, our resilience, and that as a human race, we—

TJ: Patience.

JC: Yes!

TJ: It's a hard one for people. It's a hard one for me. You know?

JC: Yeah.

TJ: I think it's a hard one for anyone.

JC: That, and then, like you said before with the instant gratification, a lot of patience in unlearning, to relearn it in a different way is definitely needed.

TJ: Yeah. Oh yeah.

JC: And warranted. It's a heavy thing.

TJ: It is, isn't it?

JC: It's been scary.

TJ: Yeah it has. It has. And there's fear and then you have to overcome that and go, "Okay, you know? It is what it is and—"

JC: Have you read up on or read any articles about the potential vaccines?

TJ: Yes. I will get one. No doubt. I don't want to put any of my patients at risk. Whether that's, you know, putting me at risk, I doubt it. I highly doubt it. I mean, I've had reactions to different foods and I, you know, like I mean, anything over time can make you have a reaction. But yes, definitely, if there's something out there that's coming out, I'll take it. You know? I don't know how most people feel about it. I really haven't broached that subject with a lot of my patients. But fellow nurses are all for it. That I know of.

JC: Oh, awesome. Yeah.

TJ: You know, they're all just like, "Yes! This is what we need!" This is how you stop the processes. Get people to not get it.

JC: Yeah. Do you think we're in another surge right now, coming into wintertime, with the flu season on top of it?

TJ: I think the increase of people letting their guard down and going, "I can't do this anymore," and wanting to come out more. And the encouragement of yes, we here in southern Utah are so blessed to be able to have what we have down here, and people want to enjoy that. And I'm glad that they do, you know, because that's, you know, we're a tourist town, you know, we rely on those revenues. But we also have such an influx of people coming in, too, that it's, we're used to it, but it's also way too much that I see that should be. You know? And so I, it's again, that infringement, fringe on their freedoms. Fringe on their, you know, their God-given right. Whatever it is that they want to say, you know? Which, I don't want to do that either, but I don't wanna— I don't wanna be doing this for very much longer. You know? [Laughter].

JC: Yeah.

TJ: Like, I'm kind of like, "Okay, if we sacrifice now and we do it now, then it will get better. But, if we don't, then it's gonna keep going." It's very highly contagious.

JC: It is.

TJ: Very highly contagious.

JC: I know that I've dealt with being positive.

TJ: Yeah.

JC: Have — and thankfully, you and your household has stayed negative.

TJ: We have. [Knocks hand on wooden table.] So far, so good.

JC: Yeah. But no, I think this has been enlightening and I really appreciate you taking the time to sit down with me. And unless there is anything else you'd like to add, I think we're good.

TJ: I'm good.

JC: Awesome. Well, thank you.

TJ: You're very welcome! Thank you.

[END OF RECORDING. END OF INTERVIEW.]