

Interview with
STEPHANIE YUNKER

October 19, 2020

**THE PANDEMIC YEARS: COVID-19
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Final editing was completed in 2021.
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STEPHANIE YUNKER

Stephanie Yunker, a RN [registered nurse] in Cornwall, Pennsylvania, was interviewed on October 19, 2020 by Maggie Yunker via Zoom. She related her experiences as a front-line medical worker during the COVID-19 pandemic.

MY: Alright, so for posterity, could you state your full name?

SY: Stephanie Ann Yunker.

MY: Thank you. The purpose of this recording is to discuss the coronavirus pandemic of 2020. So, Stephanie, what were you doing before the pandemic started?

SY: So, January, February, March, I was just actually recovering from [a] Lyme disease infection that paralyzed part of my face and I was making a pretty good recovery. And right before, that was I think January, February, it was starting to be on the news. And March, the first week in March, I had my daughter's baby shower in Utah. And when we left to come to Utah, I think we were on the shuttle to get to the airplane when we got the news that there was the first coronavirus patient in the United States. And then, by the time we left, I think we were at like seventeen deaths in a week or something, or maybe it was the first death. I'm not sure. I can't exactly; I'd have to, [inaudible] a journal in here, actually.

MY: That's good that you kept a journal of the process.

Where? Where are you located? You said you came to Utah from where?

SY: I'm in, well, right now I'm in Cornwall, Pennsylvania, which is near Hershey, and I work at Penn State Hershey Medical Center.

MY: Okay.

SY: And before the coronavirus pandemic, I spent the past few years on Penn State's special pathogens team, so we were mostly preparing for something like Ebola.

MY: Okay, has that, has being on that team helped you during this time?

SY: Yeah, I think for a lot of reasons. I think I had first-hand, a first-hand source of information where I got to see the patients, and sit next to the doctors and researchers that are, you know, trying the experimental drugs and treating these patients at, what I think is, one of the best hospitals in our country. So, initially it was scary, I think, for everyone. But, like, over time it was just a nice resource to have so that I didn't have to rely on a Facebook article or deciphering what is real or not that you see online, where I could just sit next to one of the physicians and be like, "So, what do you think about this?" And they would kind of explain Remdesivir or, you know, Hydroxychloroquine. Not quite sure I'm saying that one right, but yeah, yeah.

MY: 'Kay, so how has the pandemic affected you?

SY: I don't get to see my family as much this past year, so that has been, that's hard. I became a grandmother and as you know my whole family is in Utah. So, traveling has been much less than it would have been. On the flip side, I feel like it kind of makes you think of what's important. And everybody is healthy, you know, for the most part and happy and alive, so— Okay. Yeah.

MY: How about as a nurse? What has been the most difficult part?

SY: A lot of difficult parts as a nurse. Professionally, I think at work things are, we're still being heavily affected by this at work. The unit that I'm on, when I'm not on special pathogens, is a, like a step-down critical care unit for surgical patients and we, our old unit got moved to make a COVID unit. And now we're going back and just our unit's, it's chaos. It's not like, it's not like the normal chaos of nursing where you go into the same unit. You're not even in the same, you don't even have the same rooms or the same monitors, the same equipment, or the same people, and it's just, just that part's a little chaotic. And then the hardest part, I would think, would be at the beginning it was just scary 'cause we didn't know if you were, every little tickle in your throat or sneeze, you think that you have it. And now it's like, I don't want to say desensitized, but just kind of like it's okay. I'm gonna be okay.

MY: Did you have to self-isolate when it was first beginning?

SY: Yeah. We, the day after, so I went to my daughter Shelby's baby shower. I got back the twelfth or thirteenth, and whatever the next day is, they made it mandatory that if you traveled you had to quarantine. You couldn't come to work for two weeks, so I missed that by one day, thankfully. And then, because I was on that unit, there was three or four months where aside from being at home with Mike, I didn't leave the house. We had groceries delivered. I would stop to get gas and that was, that was it.

MY: Wow. So, since this broke out, other than not traveling and seeing family, how has your life changed?

SY: Well, I think that it's— Well, I had a lot of changes becoming a grandmother and we moved. But we don't do things the same with friends, like you can't just go to a restaurant or just go meet people. So I don't want to say we're not as social, but we don't go out and be around big groups of people ever really. Even with Mike's family, I'm trying to think aside from family. I think that one way it's changed is it's, it just feels quieter, I guess? Just not, not planning a lot for, like, social stuff until, I mean, we know more than we did, but until we know even a little more, it's just kind of like you sit tight.

MY: Yeah. What are, what is your day-to-day look like as a nurse during this?

SY: Well, as a nurse, I go into work, I have three roles at work. I'm either a bedside nurse, or a charge nurse, or I teach, and mostly I teach. The second most, I'm in charge, and the third most or, like, I'm at the bedside, probably the least, right now. So, the way I feel like it's impacted me the most is when I'm in charge, because we have to manage staffing for the whole hospital, like, and we get to meet with, twice a day, with all the other heads

of the unit to manage staffing. So, if people are short and it's going to impact patient care, we have to see where we can make a cut to help them or vice versa. But when the COVID numbers increase, which they are right now, here we're getting, like, a third wave, then our, all of our staffing resources go to that. So it's, it's every day. It's just a balancing act of, like, I feel like it's a game of go-fish, but very passionate. We go-fish with nurses twice a day. And so it's, it's very, it's [a] very interesting time to be a nurse with all the changes in healthcare.

And then, on top of that, so when I'm teaching, I'm getting a lot of new grads come in that have a lot of anxiety anyway, just about being a nurse, and then you add in COVID with it. And so, I feel like that's another dimension of being, like having to, not having to, but getting to be, like, just kind of an example of it's okay, just, we're going to be okay. We're protected. You have a mask. You can wash your hands. You're not going to get it, you know, unnecessarily unless you make a mistake, but—

I'm trying to think of— there's a lot of aspects of nursing. We've increased our research so there's a lot more communication with people we wouldn't communicate with. Like, our Remdesivir trial was very interesting because not only are we talking to doctors, and respiratory therapists, and care coordination, and family, but then we also are talking with, like, the researchers doing the trials and that kind of thing. So it's interesting.

The hardest part of being a nurse during this, is we have a lot of people, like, on our COVID unit; there's no visitors and so we, when people die, they die either alone or with us. And so, that's probably the hardest part, is having to set up a Facetime on an iPad and it's like, we know it's the last time their family is going to see them, but we can't really say that to their family. And I think it's been my experience that the patient always knows, also. So, it's just that part's, that part's hard.

MY: I imagine. So, you mentioned that family lives farther away. How have you been able to stay in communication with family and friends?

SY: Marco Polo! It's an app and I love that. Marco Polo, like technology, is a blessing and a curse and it's mostly been a blessing for me. But, just in Marco Polo, it's like where you get, like, video snippets and you can watch them when you're ready and send them when you're ready, and the other person does the same. So, it's the convenience of text messaging, but you get to see the person's face and hear their voice and see their facial expressions, so that's been awesome. Just texting and that kind of stuff, just more technology.

MY: More technology, [inaudible]. What kind of changes have you noticed most within your family, community?

SY: Unfortunately, I feel like there's a lot of tension because, it seems like in the community and in my family and just everywhere with social media, the way it is that people get a lot of misinformation. And whenever I try to, like, educate or say, "Well, this is what I've seen," because I do see it first-hand and it's not like I'm, I'm not even reading an article. Like, I got to talk to the doctors and the researchers, like people that are way smarter than

me. And that, a lot of times, just gets disregarded if somebody's into conspiracy theories or, or just is not taking it seriously 'cause it hasn't affected them. Which I understand, like, you wouldn't, it wouldn't seem as serious to you. But that's kind of a struggle I've heard from a lot of my friends that are also nurses as well.

MY: Do you feel like that has kind of built-up barriers between families?

SY: Some, for some people, yeah. I don't feel like so much in my family. But I feel like definitely, socially there's just that's definitely, there's been some, like, barriers or cut offs or whatever, it's just like, ugh.

MY: You can't deal with it anymore, right?

SY: Yeah, like, it's enough to deal with seeing people die and then, like, dealing with COVID first-hand and in the way that I have when it was at its worst here and scariest. So, at the end of the day, I'm like, "Ugh."

MY: With flu season coming upon us and, you know, viruses are getting a little bit more rampant as more people go back to school, go back to work, do you see a resurgence in the future?

SY: Absolutely. And just, I think it's natural when it's the same way cold and flu season increases because we're inside more. So, it's a, it's so that's at the end of the day, that's what it is. We're inside more. It's darker out. People move around less. Their immune systems aren't strong. Probably a few other things that I don't even know about. But for the most part, we're indoors more so I think, I think we'll see an resurgence. But I think, at least for where I'm at, I'm in a rural area of Pennsylvania, I'm not necessarily like what we saw in New York City, so I feel like we, our hospital has a good surge plan we have it under. I feel like it's going to be okay. Where it's not going to be like a crisis, but already we're seeing a little uptick.

MY: 'Kay. What kind of, with the political climate of today, with leaders, saying, you know, "It's not that bad," what would you say to that? How do you, how would you counter?

SY: I think that's a super dismissive thing, and I think that if you're not an expert about something, you shouldn't speak about it. I think we should listen to our experts. I think Dr. Fauci is an expert. And I'm not an expert in politics, so I wouldn't go to someone politically and tell them how to do their job. I would listen to someone that knows more about it than I do. And, I, the political, it's really a shame that this pandemic and this illness has been brought into politics the way it has, but I don't know if that's because of social media, or just the way the world is now, or I think there's a lot of things that factor into it. But it's, I would just listen to Dr. Fauci. You know, wear a mask, wash your hands. Like, it can be terrible. I think minimizing it and being dismissive about it is not helpful. Not to say that we should panic, 'cause I don't think that's even necessary, but I think it should be taken seriously. And it's a shame when it's not.

MY: In the beginning, did you have to wear full PPE [personal protective equipment]?

SY: Yeah, and we still do in certain circumstances. So, in the beginning, I worked with the special pathogens in the COVID tents. I would wear, like a hazmat suit with, like, a helmet cover, an N-95, and then like, and we had a whole protocol. Like, we basically did the Ebola protocol with airborne pathogens mixed together. We still do something similar. They recommend that we don't necessarily have to wear N-95 masks if we're going into a COVID-positive room, but I happen to believe that that's incorrect, personally, because if someone has COVID and they have pneumonia, they're coughing. They say, "Well, you don't need it unless it's aerosolized." Well, if somebody coughs they're aerosolizing that virus into the air; and it's a pneumonia and they're gonna cough. That's one of the main symptoms, so— I have been told a couple of times that wasn't necessary to wear my N-95 and I have politely declined and I'm COVID free so far, so—

MY: Alright, well is there anything else about your experience with the pandemic and that you would want future generations to know?

SY: If anything like this happens in the future, I don't think there's a reason to panic. I think there's a reason to be grateful for health and not take for granted the people that you love. But I absolutely think that if someone is a doctor or a nurse, or has studied a virus or viruses or pathology or health their whole life, and by studied, I mean has a bachelor's degree, I don't, or a doctor or someone along those lines — I don't mean somebody that has looked up articles on Facebook or Wikipedia — I would listen to those people. And I will listen to different points of view even if you don't necessarily agree with them, and don't just find things that confirm your own bias. Like, recognize what your own bias is. Recognize if you have a tendency towards conspiracy or if you have a tendency to be dismissive, and recognize that. And then try and find validity in the other side. That's the only way to critically think through these things, and that's the only way to kind of get through it, realistically, with your wits about ya.

MY: Alright, well that is all of our questions. So, thank you, Stephanie, for joining me this evening. And, yeah.

SY: Thank you.

[END OF RECORDING. END OF INTERVIEW.]