

Interview with
DR. TANNER SHAW

April 19, 2021

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

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INDEX

Black Lives Matter [movement]	9
Capitol [U.S.]	9
Chauvin, Derek	9
Floyd, George	9
graduation	5
hospital	4, 6, 7, 9, 10
Indian [Native American] reservations	8
Korea [South]	8
masks	6, 8
medical school	4, 5, 10
medical student	4
name change [Dixie State University]	9, 10
residency	4, 5
rotations	4
science	10
vaccinations	8

DR. TANNER SHAW

Dr. Tanner Shaw was interviewed by Sydnee Washburn on April 19, 2021 via FaceTime. Shaw was in Albuquerque, New Mexico and Washburn was in Farmington, Utah. He spoke mostly about the coronavirus and his experience practicing medicine during a pandemic.

SW: This is Sydnee Washburn. Today is the 19th of April, 2021 and I am in Farmington, Utah. I am interviewing Dr. Tanner Shaw for the [Utah Tech University] Pandemic Years Oral History project.

Would you mind stating and spelling your name for the record, and where you are from, and where you currently are at?

TS: My name is Tanner Shaw, spelled T-A-N-N-E-R, last name S-H-A-W. I am originally from Orem, Utah and currently reside in Albuquerque, New Mexico.

SW: Awesome. How did you first hear about the virus and what were your first thoughts, feelings, and reactions?

TS: I first heard about the virus while still in medical school. I was working at a rehab hospital and one of the doctors brought up the fact that this new virus had been seen in China. And we jokingly said, “Well, we’re going to shut down the hospital and not let people in anymore.” And that was the first time I really heard about the virus. But over the next couple, probably two or three weeks, things progressed pretty rapidly. And I was in a meeting at the hospital again, where we were actually putting in restrictions regarding visitors to the hospital. So, yeah, I was at a rehab hospital when it first, first started learnin’ about the pandemic.

SW: What were you doing before the pandemic started?

TS: I was a fourth-year medical student. I was traveling around the country doing rotations for possible residency sites and finishing out my required rotations prior to the pandemic. But as things progressed, our school changed and transitioned to an online school model, and we were actually not allowed to go in and help with the pandemic as medical students.

SW: How did online medical school differ from in-person medical school?

TS: It was a drastic change. Your clinical years of medical school, you typically do the majority of your learning in the actual hospital or clinic that you’re working in. But because the pandemic essentially shut down anyone who was not an active doctor or clinical staff, we ended up just doing lectures over Zoom and trying to finish out the required courses over Zoom, though. So it was quite different to not have that clinical experience like we had in our previous rotations.

SW: Did you graduate in person or on Zoom?

TS: It was on Zoom. We got a, we typically have a large party called “matchday” when we find out where all of the medical students are gonna go for their residency and it’s a big party; everyone’s together. We all open our letters at the same time. You’re with family and friends and it’s a big celebration to kind of indicate that you have put in the work necessary, and we couldn’t do that and ended up just doing it with our, with our own families. And then graduation was just a slideshow that they sent out to everyone. And they said if we wanted to, we could come back, it would be this year for graduation, and we could walk if we wanted to. But, our actual graduation was not allowed to be in person and was only a slideshow sent out to all of our classmates.

SW: How did that feel different than what you were expecting?

TS: We didn’t get a real sense of finality and of celebration that I think a lot of students were looking forward to. Medical school is a lot of work, and it’s really difficult, and you build a strong relationship with all the people that you’re going through classes with. And it’s something that everybody looks forward to. And so, everybody was really upset that we didn’t get to have the two big parties and celebrations to celebrate our hard work being finished with medical school. So it was, it was, it was sad. But luckily, I was surrounded by family and so it was an okay experience for me.

SW: What was that transition like between medical school and practicing medicine?

TS: It was very drastic. Medical school, they give you questions that are filled out with presentations and all the lab work that you need to know and then the patient gives you a multiple-choice answer and says, am I A, B, C or D? But when you get out into actual clinical practice, you no longer have an A, B, C, D, there is no— Your test taking skills don’t matter anymore when you’re a practicing doctor. So you end up really having to focus on the knowledge base that you built in medical school rather than your test taking ability, which is a little bit of a transition because they really teach you to be good at taking tests in medical school. But you start off and you’re very nervous, extremely nervous to put in any order for a patient because you want to make sure that it’s the right order. Even as I always joke with my colleagues now, but the first order that you put in is nerve-racking. I had a friend and the first order was Tylenol, and he was online on the medical databases and was researching how much Tylenol he was allowed to give this patient. And we laugh now, but at the time, it was very nerve-racking to feel that you are now responsible for making recommendations to people’s health, and so, you really want to make sure you’re making the right ones. So, I don’t look at how much Tylenol to give people anymore.

SW: [Laughter.] What were your feelings going into practicing medicine during a pandemic?

TS: It was twofold. I definitely had strong feelings that I wanted to get out there and help the medical field as much as possible. I, coming fresh out of medical school, I’m not able to

fully function by myself. I still have to be supervised, but I had a strong desire to get out there and to try and help as much, as many people as I could, whether it be other doctors, by taking less severe patients, or by being thrown right in a COVID unit and doing my best to help manage them. So that was one feeling I definitely had, but the other one was definitely fear. The pandemic really hit hard in New York and on some of the pages that we were, the Facebook pages that I am a part of, there were articles popping up about residents that were working in the New York hospitals that died as a result of COVID. And so, it was very scary to kind of be looking at the road ahead and saying, “You know, I am relatively young and relatively healthy, but so were these five other residents who just died from COVID.” And so, it was very scary to walk into a hospital and the check-in process is elaborate and the PPE, or personal protective equipment, we had to wear was extensive: multiple face masks, goggles, and equipment to wear over our regular scrubs. We weren’t allowed to wear scrubs out of the hospital. You had to come in clothes, change into hospital clothes at that time and then change when you got, when you left to come home. So it was very scary to go into medicine at a time when people were dying from something that we didn’t really quite have a handle on.

SW: Do you have any memorable moments, whether positive, negative, or both with patients that you would be willing to share?

TS: Yeah, absolutely. I think it really hit home for me when I was working in the ICU [intensive care unit], and this was a little after Thanksgiving, right when the pandemic was almost hitting its apex here in Albuquerque. And at that time, I was taking care of patients in the ICU, and of my patient load that I was responsible to carry, ninety percent of them were COVID-positive patients. And if you end up in the ICU with COVID, it’s because you are not doing very good. And I had one particular patient that I still think about, and he was a seventy-year-old gentleman and he had no past medical problems, not a single issue. He didn’t take any medicines or anything, but he came into the ICU after being on the hospital wards for a while, and he had increasing oxygen needs and took a turn for the worse, and ended up coming to our service on the ICU. And I managed him on a special type of ventilation called BiPAP, which is essentially a step below intubation. And we were able to maintain him on that and to keep an eye on him. But he continued to progress to take a turn for the worse every day. And I remember on the day that he ended up passing away, it was really hard to contact the family and to realize that I had to tell this family that their father and grandfather, who had no medical issues, was now gone. He was deceased. He passed away. And I was contacted by the nurse and I went into the room and I had to do an exam on him and pronounced him dead, and just listening to his heart, and to his lungs and checking his eyes and reflexes and showing that he had passed away. It really sunk into me the severity of the pandemic and it made me a little bit bitter towards people who denied that this was real, and that hospitals were faking numbers and people were dying from gunshot wounds and calling it COVID. Because I was on the front lines, I was seeing it every day. I had to pronounce probably twenty or thirty people in a month dead, and the majority of those were from COVID. And so it made me, [I] struggled on Facebook and Instagram when I would see people complaining about some of the precautions that they had to take, because I saw the effects of when people didn’t take it seriously. And so, that was definitely a memorable

patient. And every time I walk by, [emotional] I walk by his room where he was in the ICU, I still think about him. So yeah, it was a difficult time in the ICU, for sure.

SW: I'm sorry. I can't imagine having to do that.

TS: It's all right. It's part of the job.

SW: What coping mechanisms do you use to deal with situations like that?

TS: I mean, you try and use as many healthy coping mechanisms as you can. And so, like my wife got me an exercise bike so that I could have something physical that I could do to try and burn off some of the feelings and emotions that I'd be going through. But a lot of the residents and the other staff that you work with, you really bond together and can commiserate together, and you always just try and find some silver-linings each day, talking about things that are going well with patients, or just bring up humor that's going on about your lives, or other things. For me, I had a, it was a lot easier for me to handle than some of the other residents because I do have a family and a wife and kids. And so, coming home from the hospital, not only do I leave behind all of the personal protective equipment and the scrubs, I physically leave the hospital, but when I come home, I no longer have those things on. And so, I can transition easier out of hospital-mode or doctor-mode into husband and dad mode. And so, for me, it was really, really vital that my family be involved, that I still be involved with my family because they were the ones that really helped me cope with some of the difficulties that I was dealing with.

SW: How has the pandemic changed your family's lives?

TS: So, it's very difficult for my family. We moved to Albuquerque in the midst of a pandemic. My wife and I unpacked and organized our entire house by ourselves, just the two of us, because we didn't want to be—we didn't feel safe inviting people in to come help us move or having people volunteer to come help us. And so, it was really difficult to get here. And then school starts with our children and they are on Zoom, so they didn't get to meet any of their classmates in person. They didn't get to have recess with them, eat lunch with them. Our church congregation was not meeting at that time, and so they didn't get to meet any members of our church congregation. It was very isolating for my family. They had to stay at home and kind of hold down the fort while I was at the hospital each day. And so, it was really hard on my family to be able to move during a pandemic. It was really isolating.

SW: So, you moved from Utah to New Mexico.

TS: Yeah, yep.

SW: How has Utah responded to the pandemic versus New Mexico's response?

TS: So, we get daily emails from the chief of medicine in the hospital, and it not only shows the number of COVID-positive patients that we have in the hospital, but it shows how

many COVID-positive patients there are in New Mexico and each of the surrounding states. So, we see Colorado, Utah, Arizona, and Texas. So, we were able to watch and see as a wall of COVID, essentially, was mounting around us. New Mexico had a pretty, pretty good response early on and was able to keep our numbers low for quite a while. But we ended up running into issues because people would travel in from Arizona, in from Utah, in from Texas, and I mean, Texas, Arizona, and Utah, were some of the hardest hit with COVID and had super high numbers. And we saw a lot of that bleeding over into New Mexico.

But New Mexico has led the country in vaccinations, where we have over half of our current population in New Mexico has at least a single dose of the COVID vaccine right now. The Indian [Native American] reservations, which were hit super hard, have really rallied around each other. And they have almost a hundred percent vaccination on the Indian reservations. I had a patient that I was taking care of that her brother was one of the elders in their community and as I was taking care of him, taking care of her, he came in and talked to us and he said, “We, today we haven’t wasted a single dose of the COVID vaccine. We have vaccinated, like ninety-five percent of our current population right now.” So, they really rallied together to take care of some of the people that were hit hardest here in New Mexico. And I really think that shows that our concerns are focused on those who maybe are at a disadvantage and don’t have the best access to healthcare. And so, we really push hard to make sure that they have great opportunities to be vaccinated if they wanted to as well.

SW: That’s amazing, that made me cry a little bit.

TS: [Laughter.]

SW: Going forward, what changes would you like to see for future pandemic responses?

TS: I think normalizing general precautions are super important. I lived in Korea for two years and it is very normal in Korea during the winter to wear a face mask everywhere you go. When I first saw this, I was very nervous and thought that, you know, it was a cancer patient. Why is the cancer patient running around the park? And why is this cancer patient in the grocery store? But as I spent more time there, I realized that, no, that’s just a normal thing that people do to try and help stop the spread of the flu and other issues. Asia was hit pretty hard with the H1N1 swine flu as well, and they really normalized protecting not only yourself, but your community as well, just through washing hands and normalizing wearing masks. So, I think that’s definitely something that in the future, I think would be really nice. I know my family, we’ve even talked that after the pandemic, during the winter or during flu season, that we still, you know, will probably wear masks when we go to the grocery store because we’re exposed to a lot of people, and that’s a high-risk area for people to catch stuff. I think, also, early response by the government is super important. And hopefully we’ll have the memory of COVID to see that, “Hey, we need to respond fast and we need to take the proper precautions to make sure that we can stop it before it becomes a full-blown pandemic.”

- SW: I wholeheartedly agree. To switch gears just a little bit, what are your thoughts on the January 6th [U.S.] Capitol siege?
- TS: Yeah, bit of a switch. It was very concerning to watch people storm the Capitol, and to see armed gunmen in there, and people trashing and storming in and stealing stuff. It was very upsetting for me to watch. I definitely do not agree with the ideology behind the people who stormed the Capitol, but yeah, the storming of the Capitol was definitely something that will go down in the history books. I mean, there're still the marks from the last time the Capitol was breached from torches, and now we had people breaking in and stealing stuff, and I hope that we will remember the severity of this. I don't think that the response to the siege was appropriate. I think that if the demographics of the people storming the Capitol were any different, it would have been an extremely different response. So absolutely, that was upsetting and concerning that there was so little response and that people were trying to defend the actions of the people that did it, because it was absolutely an attempted coup.
- SW: Given the recent news coverage on the Derek Chauvin trial for the murder of George Floyd, what are your thoughts and feelings about the protests over the summer for Black Lives Matter [movement]? And what do you anticipate in the future from the Black Lives Matter protests and police brutality?
- TS: Again, I understand and agree with a lot of the concerns of Black Lives Matter. Our hospital actually has "White Coats for Black Lives" organization, and we have held different vigils and other things to show our solidarity with the desire to be treated equal, of the desire to recognize that there is inequality in the way that not only people are treated in healthcare, but the way that Black and Indigenous people are treated everywhere in daily life. And I definitely, I have hope for the George Floyd trial. This is the first time in my knowledge that the "blue wall" has been broken, where police officers will actually testify against other police officers. But I think that the egregiousness of the actions of Derek Chauvin, as well as the response of some of the law enforcement, has driven people to recognize that there are issues in the current policing system, and to the point that they, as police officers, will testify that, "Hey, what he did was wrong. And if we want change, then we need to be able to call out issues when we see them." So, I hope that the trial, that justice is served, and that this can be a point where there can be reform in the way that police departments operate. I don't think that police officers should do welfare checks. I don't think police officers, I mean, stop and frisk in New York is a giant issue. Profiling is a giant issue. So, I definitely have hope that there can be change in the future, and I'm hoping that it starts with this trial.
- SW: My school, Dixie State University, is currently undergoing a name change. Have you heard about this? Do you have any thoughts or feelings about the name change?
- TS: Yes, I have heard about this. And I wholeheartedly agree with the idea that we need to make sure that the mascots and the names that we call ourselves by, truly represent what not only a school believes in, but what we want the people attending the school to rally around, as well. So, I wholeheartedly agree with the idea of changing the name of the

school. And I eagerly await to see the results because I definitely think that change needs to start, even if it just starts with changing a name, that can help lead to other changes in culture, as well.

SW: I agree. I'm excited for news of the name change as well. We're about wrapping up now. Do you have anything else you want to share about the virus, pandemic, healthcare workers, anything that's going on, been going on the past year?

TS: I think a lot of the hospital staff and people that we've been working with have been very frustrated with politicizing science. I spent, like, seven years in scientific research, as well as now being, you know, finishing medical school and working in medicine, and people getting upset at how science works and how science is constantly reevaluating the different hypotheses. And so, people keep getting upset about the CDC [Centers for Disease Control and Prevention] making new changes, but that's literally how science works, is you try new things and as new evidence comes out, you adapt and you try again. So, I think that's the main thing that a lot of the hospital staff has been angry with, is that science is not a political issue. Science is the foundation for how medicine works; there's a way that medicines are tested, there's a way that vaccines are tested, and for people to come in and for politicians or different people to use political ideologies to try and twist science into different ways, it's been very frustrating for us because we have a method that has been proven time and again to provide the best results. And so, I definitely think for us at the hospital staff, I know that was a constant thing that we were complaining about, was the politicization of science for us.

SW: I can imagine how frustrating that could be. Well, thank you so much, Dr. Shaw. Thank you for sharing everything. And that will conclude the interview.

[END OF RECORDING. END OF INTERVIEW.]