

Trzebiatowski Jason_CV19OH transcript

Interviewee: Jason Trzebiatowski

Interviewer: Stuart Scamehorn

Date: December 10, 2021

Format: Video recording, Zoom

Location of interview: Eau Claire, Wisconsin

Transcriber: Stuart Scamehorn

Additional Transcription Equipment used: Otter.ai

Project in association with: University of Wisconsin-Eau Claire

Abstract:

In this interview, Jason Trzebiatowski, an EMT and Resident Assistant at the University of Wisconsin-Eau Claire, discusses some of the challenges and concerns facing first responders and other care workers during the COVID-19 pandemic. He highlights the changes within the medical industry as it pertains to first responders, challenges he has faced as an RA with concerns from his residents, and the impact that the media has played in altering people's perception of this virus and the institutions erected to fight it, including how much people's perceptions of institutions like the CDC and the government, in general, have shifted over the past few years.

Stuart Scamehorn 00:03

All right, so today's date is December 10 2021. It is 7pm. And as of today, the total case number four in the United States is 49. Point 6 million. Um, so, Jason, thank you for agreeing to have this interview. So if you would mind stating your name, including spelling, and then if you have any demographic information you'd like to share for the study such as race, ethnicity, age, or gender identity, please do so now.

Jason Trzebiatowski 00:49

My name is Jason Trzebiatowski, spelt J A S O N, T R Z E B I A T O W S K I, and I am 21 years old.

Stuart Scamehorn 01:05

Awesome. And then, where do you live? And what is it like to live there?

Jason Trzebiatowski 01:11

So, I currently live in the dormitories on campus here at Eau Claire. I'm a Resident Assistant. I've been a Resident Assistant coming up on one year. Dorms are pretty much what you'd expect. Chancellor's being a little bit different as it is apartment style. So it's not the traditional two roommates per one room, and you know, lofted bed. So I have three roommates, and we each have our own room, but we share a living room and kitchen.

Stuart Scamehorn 01:50

Awesome. Thank you very much. And then, obviously, you responded to the call for caregiving and COVID oral histories. So just kind of, how would you define a caregiver? And how do you like see yourself fitting into that role?

Jason Trzebiatowski 02:16

So that's a challenging question on multiple levels, because caregiver means since a variety of different things to different people. And not only that, but it means something different across the country and the world. You know, cultures define that differently, people define that differently. Professions define that differently. But for me, being a caregiver is really just anybody that who, who rises to, you know, the call to action from the needs of other people. And that could mean a lot of different things. That can mean you know, you're a nurse, you're a doctor, you're, you work in some sort of capacity in EMS, you're taking care of your elderly patients, you work in hospice. It doesn't even have to be a health care, you know, people that are teachers, daycare workers, etc. I mean, they're all taking care of people.

Stuart Scamehorn 03:20

Yeah, for sure. And then just kind of touching on that as well, how, how do you think you you kind of fit into that, that role of a caregiver?

Jason Trzebiatowski 03:34

Yeah, so, I'm currently a biology major, and a pre-med minor. So I want to work in healthcare, I have worked in health care. At the start of the pandemic, I was actually working as a phlebotomist. I did that for about 14 months, I worked in all units of the hospital, I spent quite a bit of time in the ICU and the ER. I've been an EMT now for, goodness, three or four years. And so that's, that's my current job that I'm working at. So, always been drawn to the needs of other people and acutely aware of those needs, especially within the community.

Stuart Scamehorn 04:27

Very good. And then, I guess you mentioned you're, you're an EMT, and then also an RA here at the university. How has, how has COVID kind of impacted both of those, both of those jobs for you?

Jason Trzebiatowski 04:49

So as far as being an RA, I'll start there. I can't so much has comments on how that's affected the position because I started as an RA, I mean well into the pandemic. So I don't really know what that looked like so much, especially because I was initially a non-traditional student. I don't know what that looked like before. And I'm fortunate enough that a lot of the bumps and struggles that RAs and Housing encountered initially were pretty solidly ironed out by the time I got came in. But essentially, the only thing I can comment on that I mean, things change all the time, we constantly are getting different updates, and procedures and policies from housing on how, you know, we need to advise our residents and how we need to take care of exposures and positive tests and all these things. And so I guess, from

that perspective, it's just a bit overwhelming some time, because you just don't know necessarily what, what you're supposed to do. But like I said, a lot, a lot of the big hurdles and struggles and unknowns were pretty solidly worked out, by the time I accepted this current position. As far as being an RA, or excuse me, an EMT and working in healthcare as a whole, I mean, that world turned completely upside down. It's how we practice now in the field is almost comically different than it was three years ago. You know, our vigilance on every single call has increased the level of PPE, how we document things, how we approach things, it's, it's vastly different. If somebody had told me how things were going to change, when I initially started, I don't, I don't know if I would have believed them. And I guess a really good example of that is it's something simple as wearing masks. So now on calls, we were N95 masks on every single call, it doesn't matter the level of exposure, we're wearing our N95 Mask, and we're wearing a surgical mask over that. And safety, safety glasses. And you know, that before pre pandemic was really reserved for, you know, confirmed cases of people that had some sort of communicable disease. And it was very rare and few and far between that we would actually have to do that. But now that's just the standard. And, you know, from a lot of my contacts in EMS, and talking to physicians, a lot of people are, have, are under the opinion and have the opinion that that is here to stay, that's gonna be standard operating guidelines, even after the pandemic is that people in health care will be masked for all their patients. And so that's a huge change. It might seem like a really, really small thing. But I mean, that changes how we interact with our patients. Because, you know, you really miss that face to face, even though you're right there, it's hard to describe to somebody especially, you know, people that are hard of hearing, or, you know, people that just don't necessarily process people's emotions. While it's it's much more difficult to get that communication. I don't think, you know, it's definitely not the end of the world, it makes things more difficult. I think that it'll, we'll also see a decrease in exposures for first responders and people in healthcare because of that. But I mean, fundamentally, a lot of things have changed. And that's, that's a really great example of that.

Stuart Scamehorn 08:47

Yeah, and, yeah, just kind of juggling all of the changes is probably been a pretty difficult part of, part of the pandemic. I would assume, at least. And, I guess, kind of, with that, you did mention that wearing masks with, with different patients can sometimes be a challenge, especially with like people that are, that might be hard of hearing. Do do you think that COVID-19, and all of the changes that you've had to implement has pretty significantly impacted people's mental health with, response to them, going to, going into hospitals or during EMT calls? Like, have you noticed that people, I guess are like, maybe in like a different, I'm kind of, I'm kind of rambling over this question, but do you think that the pandemic has had a noticeable impact on people's mental health?

Jason Trzebiatowski 10:10

So that's more of a complicated question to answer. And the reason being is especially, you know, from my experience of working as an EMT, we are called for a problem, we show up, we have a very limited amount of time to address that problem. We ask assessment based questions to figure out and identify specifically what that problem is. And then we do our best to treat that problem and make a transport

decision with that patient. So that being said, I don't think a lot of those questions always get asked unless it's pertinent to the situation. So if, for example, if I get called to a 911, for a cardiac emergency, I'm not necessarily going to be asking about that patient's mental health, unless it's relevant to the situation. And in that case, in that immediate situation, it probably wouldn't be. I guess, anecdotally, there's no statistical evidence that I have to support what I'm about to say is that I think, I can't comment on people's mental health, but I really feel like for a while there, it's it's decreased. It's not as severe as it was, but there was a part of the pandemic where people were scared to call and ask for help. People were scared to go to the hospital. Because nobody knew anything. I mean, at the beginning, we didn't, we didn't know anything, we barely knew anything about what the virus was, other than that it was a virus and that it was killing people. And people were essentially warned to don't go to the hospital unless you need to. And people I think, really took that to heart. And, you know, there was a significant period there where I think people felt isolated, they felt scared to reach out for help, because they didn't want to get sick or get somebody else sick. I mean, that's purely anecdotal. I, I can't give you any statistics as well, you know, X, Y, number of mental health calls rose, because I just don't have that information to do that. But I mean, as an RA, I see it, I think, not so much this semester, because, you know, we're more in person. And there's more activities on campus. But the previous semester, there was a significant portion of people that were feeling really, really frustrated at how isolated I think they felt. In that, but I don't think that's strictly limited to in a medical sense. I mean, everybody, I felt that way, you know, I pretty much exclusively went to work in school and home, I didn't do anything. And it was crazy. You know, my girlfriend and I went to a movie for the first time a few weeks ago. And it was almost nostalgic saying in the theater, because I haven't been here and God like a year and a half, almost two years. And so it was just, it was weird, or even over the summer, you know, starting to go back to these large in person events, before some of these other variants started coming out. And it was weird, and like, it almost made me feel anxious because you're just surrounded by all these people. Like, a lot of people just aren't used to that. And but a lot of people at the same time missed those things. I know, I missed it. So. So yeah, I'm sure people felt isolated. And that led to other things. But you know, statistically, I don't have that information.

Stuart Scamehorn 13:45

Yeah, and that, that is a, that is a fair point. I was just kind of generally curious if, if that was something that you kind of noticed. And then there at the end you had mentioned different very, the different variants starting to pop up. Obviously, Delta, the Delta variant has been kind of the big one that has been active, and then the, the Omicron variant more recently. Are you are you worried at all about how these variants are going to be impacting the calls that you get for being an EMT? Or just kind of in general, are you worried about either of these big variants, just impacting your day to day life?

Jason Trzebiatowski 14:43

The short answer, there's a short and a long answer to that question. The short answer is, is no, I'm not worried. And it's not that I'm not concerned about the severity of those variants. Because I am you know, I I honestly don't know how many people I've seen die from this virus, I don't know, I stopped keeping a

count, I saw keeping a count of the number of calls that I've ran with people that have had the virus. So I first had no, the risks associated. But as somebody that's in my position, like, I understand that there's risks associated to the jobs that I've chosen. And then that can be applied to anything, if I if I was worried about all the hazards associated with my job, I'd be worried about dying and fires, I'd be worried about dying from a chemical related hazmat call, getting hit on the roadway working a crash, you know, getting shot, going to an EMS call, and, you know, those things would keep me up at night all the time, I would never sleep. I ultimately fall back on my training, I fall back on the leadership within the positions that I hold, I trust that the procedures and operating guidelines that I received from my commands are scientifically based, not only in the best interest of my patients, but in the best interest of myself and my coworkers. So I mean, the job isn't risk free. But ultimately, I believe in, you know, the scientists that are working tirelessly to answer a lot of the questions that we still have. And as these new variants come out, things aren't in immediate, and you know, our protocols change, and we adapt to what we see. And I mean, I think that's another big takeaway is our ability to adapt and overcome, we've had to change a lot of things. And that's kind of what I was saying, some other previous questions as well. But that's an incredibly powerful and motivating tool is our ability to adapt. So at this point, no, I'm not concerned. I recognize the risks and that they're always present. But you can't fixate on that. You have to fixate on, you know, giving the best care to your patients, you know, giving being the best version of myself for my residents, and also encouraging other people to, you know, protect themselves, and not necessarily to be afraid, but just being aware and cautious of you know, the reality of the situation.

Stuart Scamehorn 17:44

Yeah, that, that is a, that's a very good, very good point that you made right at the end there. And then, I guess, tying a little bit into that, I know, you, you had mentioned that you'd stopped kind of counting all of the calls that you've had, relating to, to COVID and all of that stuff. Has, has anybody that you've known personally gotten sick? And if so, what, what has been, what was your kind of experience dealing with that?

Jason Trzebiatowski 18:26

So I personally have not not gotten COVID. Actually, kind of, surprisingly, with the number of close contacts I've had just working the positions that I've, I've had been very, very fortunate that I have not gotten sick. I, I have actually had a few people that are significantly close to me get the virus, most of them actually very recently, within the past few months. My brother-in-law was one. For him it was, he just had basically he was vaccinated, him and his mother, so my sister's mother in law, both contracted it, and they were pretty ill for a couple of days. They didn't have to go to the hospital or anything, but it was still nerve wracking, especially knowing what I know, and I've seen with a virus, but they didn't end up having to go to the hospital. So that was a relief, but it's still concerning, like you think about it in the back of your mind. I didn't allow myself to fix, fixate on it. But I have some very close family friends that, actually my one of my best friends in high school, still very close with his parents, and his dad contracted the virus and he was in the hospital for a significant amount of time. And his condition was, he didn't have to be intubated but very, very close to that point. And, I mean, I was scared. Because

that's, you know, somebody, I looked up to, somebody that was played a very significant role in my life. And just watching them go through all the really, really terrible parts of that process, it was hard because I couldn't do anything about it. And that's, that's normally my instinctual responses, you know, what can I do to help these people and there wasn't anything I could do, other than just kind of sit there and watch it play out. So it was hard. It was hard, it was scary. But, you know, ultimately grateful for the people that are treating those types of patients in the hospital, because they have not gotten a break in almost two years. And they're just getting the brunt end of it every single day. And they have to wake up and motivate themselves to go to work. And for them, it's not just a job. That's what people don't understand. It's not just a job to it couldn't be otherwise everybody would quit if everybody was like, at a job, nobody, nobody would last and that, you know, kind of meat grinder but system that it kind of is right now. I mean, these people see it as a calling, they see it as a lifestyle. So I'm just very, very grateful for for the people that are willing to do that currently.

Stuart Scamehorn 21:24

Yeah, absolutely. And I'm sorry to hear about your your friend's dad, I know that is always a very scary situation. And you kind of mentioned there with all of the, the frontline health care workers and them having to just kind of like push through, and not necessarily viewing it as just a job but more of a life calling. How do you motivate yourself to kind of keep going on as, as an EMT? You're kind of like, the very front line, I guess, for a variety of different things. Have you developed any, any strategies, I guess, that kind of keep you keep you motivated with continuing on in this position?

Jason Trzebiatowski 22:31

Interesting question. So maybe I'm young, and that that plays into it. But I guess a lot of times, I don't have a very high high level of self preservation, I guess you could say. It's not that I take needless risks. But I guess anybody that works in fire, and EMS, and that's kind of what I was saying earlier, is there's, there's risks associated with the job. And I actually used to be on the states, Wisconsin, Firefighters Honor Guard. And so we'd go to the funerals of, you know, people that had died from retirement, died from cancer, died in line of duty, all sorts of things. And the reason why I bring that up is because I do a lot of those funerals. There's a tradition for people that work in fire, and EMS, and you know, some of them, they'll just have the boots of that person, you know, sitting next to the casket, or the urn, or whatever it may be. And then, you know, there's a final bell ceremony and a final page ceremony where you're standing in a line in a salute, and they make a final page for that person. So everybody turns on their pages, the correct frequency, and it rings and constant or calls a person and that person, obviously doesn't respond to the call. But I mean, that that is a reality, that situation every time I go to work, it's not something I take lightly. But it's not something that I really, it's always in the back of my mind, but it's not something I put for front and center. So for me, working in the current capacity that I do in EMS, it's not something I really think about a whole lot. It's just another hazard associated with the job that I signed up to do. I mean, given the current working conditions and people in healthcare, I mean, my end goal, I would like to be a physician. I mean, yeah, sure. There's been times where I've thought like, oh, gosh, you know, is this something I really want to do? Like I could go into business and work in an

office and you know, a little bit more safer environment. And I thought about it and I'm kind of off and on. I was like, I just I just couldn't, I can't see myself doing anything else. At the end of the day, this is what I meant to do. And this is where I will, I will be. And so yeah, things get tough and challenging. But you know, I love my coworkers, my co workers right now are some of my best friends and some of the best people I've met, I've ever met. So we talk about things, and we voice our frustrations. And I mean, that's, that's a huge help. But I think, for us, it's a little bit easier sometimes just because, you know, we show up to a call with that patient for a limited amount of time. And then we kind of move on to something different. My sister, she is in a surgical ICU unit as a nurse. And I think sometimes it's a little bit harder for her sometimes, because she sees those patients for a longer, more extended period of time. When I was still working in the hospital, I think it was a little bit more challenging because you couldn't escape it, you're there every single day, sometimes with the same people for a really, really long period of time. And so now it's a little bit easier. But I mean, at the end of the day, if I don't, I don't, yeah, it's hard. But I think people that are doing it, they can't see themselves doing anything else, they love the care that they provide, they love what they do. And when you love something that much, even though it's really really hard, and sometimes scary, it's incredibly difficult to walk away from.

Stuart Scamehorn 26:50

Yeah, and I think that, that, that does make a lot of sense. I know, I, I have a couple of family members that were nurses for a very long time. And I, we've had similar situations where they've, they've kind of had to juggle, wanting to go back to work, and even though they've been retired for, like, 15 years. So, and then this is kind of calling back a little bit in the conversation. You had mentioned, with, I believe it was your brother in law, who had contracted COVID, who was also vaccinated. And that kind of that got me wondering, how much does, how many, do you deal with a lot of questions related to the vaccine within your, within your job? I guess either of them of being an RA or being an EMT, do you see a lot of your co-workers dealing with that in the healthcare industry?

Jason Trzebiatowski 28:05

Yeah, absolutely. I mean, the over the past two years, there's been a lot of things that have gotten just massively politicized. Sometimes, needlessly, so. You know, maybe I'm biased. But at the end of the day, I believe in science, I always have. I'm a biology major, I respect the scientific method. I respect the scientific community. Because it holds people accountable. There really isn't any other system like it that you know, the checks and balances, and I think a lot of people don't understand what goes in to, you know, a lot of those studies and reports. The vast amount of, you know, funding effort, time research, etc., that goes into just creating one study, just one. And so it's a system that I have, you know, at this point in my life, fully involved myself in and dedicated myself to and intend to continue to do so. But yeah, we deal with a lot of questions. You know, as an RA, I try to convince my residents to get vaccinated. And it's not a political thing. It's, it's a scientific thing. You know, I deal with people in my personal life on calls, so in a more professional, you know, capacity that ask questions like, Well, why should I get vaccinated because I know X and X had both of those vaccinations and X got still got COVID. That's, you know, that's a really typical one. Why should I wear a mask since I'm vaccinated?

Why should I get vaccinated since I've already had COVID? And my response, typically, to those situations is, internally, it's a little frustrating. Because it's hard to reconcile within myself that not everybody understands, and not everybody has the same respect that I do for the scientific method, and for the systems that are put in place. But I really do and try to encourage them to look at the research, excuse me one second, [coughs] I seem to have come down with some sort of seasonal cough. So yeah, just looking at the research, and, you know, the research currently shows that having your vaccination reduces the likelihood of you getting COVID. Not only that, but it reduces the likelihood that if you do contract the virus, that you'll be hospitalized, it reduces the likelihood that you'll be hospitalized in a severe capacity, it reduces the likelihood that you will spread the virus to other people. Now, the keyword being reduced. Is it 100%? No, science isn't 100%. And that's the beauty of the method is because as different research comes out, it's not that the previous research was bad, we just didn't know enough. And then the more that we dig into it, the more that we find out, you know, things change. And that's sometimes one of the most frustrating thing is for me, I, you know, I have, you know, personal and professional opinions on things, but a lot of that is evidence based. And so it's, it's, it's fluid, it changes. And that's how the system is meant to be. If it didn't, we'd still think that we revolved around the sun. But the scientific method proved that that's not the case. But there's a lot of people, you know, throughout the country that just dig in, and they're unwilling to accept that the information can change, and the opinions and public opinion can change as the information changes. And a lot of times, I think people take that as a, as an attack on themselves, and they get super, super defensive, and for me, it just doesn't make a lot of sense a lot of times because it's like, thing that things can change. And that's not necessarily a bad thing. So yeah, we get we get questions all the time. The important thing is to remain professional, and polite, because getting angry and you know, yelling at somebody saying you don't know anything like that doesn't solve anything, that just further entrenches them, for there's that divide, it just makes them feel more validated. And at the end of the day, people are going to make their own decisions. And that's perfectly fine. It's sometimes difficult to reconcile the fact that people might make decisions that I might not view to be necessarily the best decision not just for them, but for other people. And so sometimes they can feel like kind of a slap in the face to sacrifices that that frontline workers have made. Because it's, you know, you know, we have seen and dealt with a lot of this stuff day in and day out. And these people that necessarily haven't been doing the same things that we have, feel like they are more informed than us, and sometimes they can feel like kind of a slap in the face. I'm not gonna lie. But that is, you know, the beauty of this system as the United States on a whole is that people can make their own decisions. The only thing I typically try to encourage is that they look at it from, you know, a human perspective of what can you do to help everybody and not just yourself. But at the end of the day, I mean, you can't force people to do something that they don't want to do.

Stuart Scamehorn 34:38

Yeah, and that, that is a, that's a very fair point. And kind of tying into all that, do you think, the do you think the media and just how people have gotten information, because obviously, during, during the pandemic, the available information is changed a lot, different media sources have kind of portrayed information very differently. Do you think that has played a significant role in how, how you, you've

dealt with, people's opinions on vaccines, for example? Because I know here in Wisconsin, I believe the fully vaccinated rate is like 60%, which is reasonable, but it's, it's, it's obviously it's not the most ideal. Do you think that, do you think the, where people get their information from has impacted their, their opinions on, on all of this?

Jason Trzebiatowski 35:51

Yeah, absolutely. I did a report, oh, two semesters ago, I believe. And that was a really, really interesting statistic. I don't remember the exact percentage, but essentially, what researchers have found is that the more you are exposed to incorrect information, whether it was deliberately incorrect or accidentally incorrect, even if you do not agree with the motive, or the agenda of that information, you are a certain percentage, more likely to be susceptible to false information in the future. And that was really startling to me. And so yeah, 100%, you know, where people get their information from plays into that, especially, you know, if you digest the same information from the same source, every single day, and a great example is if, you know, if I wake up every day, and the first thing I do when I wake up is I go sit in a room with this really mean and nasty person, and I sit across the table from that mean, nasty person, and they continue to tell me all the mean and nasty things in the world for the next hour before I start my day, and then at the end of my day, I go and sit in that same room with that same person for another hour to have that conversation, I'm probably going to spend the rest of my day thinking about how mean and nasty the world is. And the same thing is true conversely for if I spend that time, in a room with somebody that's telling me how happy the world is. And a lot of times the information is somewhere in between, and a lot of times the information is dispelled by people, you know, second or third hand, and they have no idea what they're talking about. But people believe them, because they portray it in this professional and competent way, even though again, they have no idea what they're talking about. And you know, sometimes I was actually having a conversation with a close friend of mine. He has a PhD in oh, goodness, I forget microbiology or chemistry, I should really know that, but I don't. And we were talking about how a lot of the information has been put out regarding like, the scientific side of things with, with the pandemic. And we had a really honest conversation. And we feel to a certain extent that the scientific community has failed with dispelling information to the public, because a lot of people like I said, you know, they don't have the privilege to attend a four year university, even if they do attend a four year I mean, how many the business majors at Eau Claire probably don't have a really accurate understanding of how the scientific method works. And, you know, a really great example of that, and something, you know, my, my grandparents who, who don't have degrees, who are now retired, so, you know, there's that generational gap, don't understand, and this is one of their favorite examples is when the pandemic initially stated, sorry, not stated, started, excuse me, the White House said masks are not needed. That was the official statement. And then a few days later, a few weeks later, Dr. Fauci came out again is, you know, actually, you know, we're recommending that everybody wears masks. And for me, I was like, okay, that makes sense, the information has changed, we found out how this virus is spreading, you know, the, there's been a lot of people working, you know, day and night trying to figure out what was the best way to protect ourselves like, again, scientific method. My grandparents don't understand that. And so they, they took that as, oh, the government has no idea what they're doing, I don't need to

listen to it because they they're just, you know, essentially making stuff. The scientific community I think, has failed to break information down into understandable bits for everybody. And that has caused a lot of vulnerabilities in that system for people that have alternative agendas, and the media, I think sometimes feeds on those vulnerabilities. And it's led to a distrust in, in, in the system. I mean, people don't seem to respect research, or the scientific method, or the CDC, or the government, as much as they did even, you know, three, four years ago, it's, it's actually kind of astounding, you know, the number of posts I see on Facebook or Instagram, or, you know, on the few news channels that I do watch, I typically try to avoid, I guess, like big media, and I just tried to read articles, because for me, it's a lot easier to figure out, you know, what the agenda is, and what the specific information is, and the accuracy if it's in writing. And a lot of people are completely anti-CDC, and they, you know, they think that they can research something, research something on Google by taking the top 10 search things and have better information than an organization full of people that had literally dedicated their lives to highly specific subjects, with an annual funding of quite literally billions of dollars a year dedicated to statistically and biologically proving certain aspects of, you know, whatever we're talking about. And so, yeah, what you consume, and what you believe in, totally influences a lot of public opinion. And it's, it's frustrating sometimes for me. And, you know, that's not to say that science is, is foolproof, there's a lot of drugs and whatnot that are put to market that we later find out oh, you know, maybe that wasn't such, but that's, that's the beauty of it, we find out later based on evidence, you know, evidence, the truth doesn't care what your opinion is, ultimately, you know, that's, that's really how this question and I kind of went in a circle here, but that's essentially how I look at things is the truth doesn't care what your, you know, preconceived notions on a subject is the data is going to show what the data is going to show. And it really couldn't care less how you feel about it. And that, to me, is the beauty of the scientific method, because the numbers don't lie, right? It's really hard to fake something, if you do it in an honest way. Checks and balances in that system. It's really hard to fake something, if you do it correctly. But again, the scientific community on a certain level has failed to educate people on what that looks like. So kind of a long, long winded, long circle thing, but yeah, I think that kind of summarizes it mostly.

Stuart Scamehorn 43:48

Yeah, for sure. And, that that was a, even though it was it was it was a long answer, but it was a very well, well put together one. So, and looking at the clock, we are about at 45 minutes, and so I do have one kind of final question for you just kind of pulling everything together, obviously working in healthcare and like you mentioned, you do a lot of, a lot of your information is driven by science and everything. Do you have, what are just some things that you think that, individuals, communities, local governments, just kind of the, the world in general should keep in mind I'm like kind of going forward here with regards to COVID?

Jason Trzebiatowski 44:53

It is not, about you as the person. The pandemic is not about me, it is not about my politics, it is not about my neighbor's politics. At the end of the day, it comes down to people need help. And people needed help from the beginning. It didn't need to be politicized. It doesn't need to be politicized. It

comes down to people needing help. And just respecting, being human. And I think sometimes that's a big thing of what we lost is that just doing things for the greater good, not because they're convenient for us, not because it's easy for us, not because it's what we like to do, what we're comfortable doing, etc, so on and so forth, but because it is the right thing to do for everyone. And there's a lot of really great examples of people that have done those types of things, and there's a lot of really bad examples of people who haven't done those things. And so, overall, I would just encourage people to don't think about yourself. Obviously, take care of yourself and do what you need to do to stay healthy and feel healthy and be healthy, but understand that in a situation like this sacrifices have to be made for the overall greater good. And I think that as a country and as a world, or I guess, planet Earth, that's something that we need a lot of improvement on, but we're so close and I know there's a lot of really dark and scary things in the world, but really, we're not that far off. I mean, there's so many amazing examples of things that have happened that honestly quite just simply inspires me and that's part of the reason why I want to continue to go and help here but yeah, simply think about other people.

Stuart Scamehorn 47:15

Awesome, and I think that is, that is a perfect kind of notes to, to kind of end on. So yeah, thank you again for agreeing to, to sit down for this for this interview, and if later on you have any questions regarding anything feel, feel free to let me know.

Jason Trzebiatowski 47:39

Awesome, I will do that. Have a great rest of your night.

Stuart Scamehorn 47:41

You as well.