

Philip Larsen Oral History, 05/06/2020

Narrator: Philip Larsen

Interviewer: Abigail Jurusik

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Location (Narrator): Rosemount, Minnesota

Location (Interviewer): unknown

Transcriber: J. Michael Bailey

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Abstract:

Abigail Jurusik of the University of Wisconsin-Eau Claire interviews Philip Larsen of Rosemount, Minnesota. Philip reveals he works for an in-house restaurant in a care center for the elderly. He reveals his fears as well as his concerns about COVID-19 and how the pandemic has been handled at the care center and by local and state officials. Philip is an online student at the University of Wisconsin-Eau Claire and discusses how COVID has affected his education and the education of his family, his family and their employment and his hopes for the future after COVID.

AJ: Hi, can you state your name for the

PL: video? Sure. I am Philip Larsen.

AJ: All right, and what is today's date and time?

PL: Today's date is 05/06/2020 and it is currently 12:23pm.

AJ: Right? And do you mind sharing demographic information about yourself for this study such as your race, ethnicity, ethnicity, age and gender?

PL: Sure, I do not mine. So, I am 22 years old. I am a Caucasian male and 5'7, 135 pounds. to be more exact.

AJ: All right. And where do you live and what's it like to live there?

PL: I live in suburban Minnesota, just south of St. Paul. It's called Rosemount. It it technically I guess would be considered a upper middle class. So I've lived a fairly comfortable life. It's remote so I can go to the cities if I want if I can go to rural areas if I want. So it's kind of like in a perfect little bubble of being relaxed. And if I want to live more lively life, I can go there too.

AJ: And so, when you first learned about COVID-19, what were your thoughts about it?

PL: When I first heard about it, I heard about it first happening in China. And then I thought, okay, it's probably just gonna hopefully stay there. But as I heard, it was like moving along, like to Europe and then now to us, I thought maybe we should start taking this seriously, because then I heard stats that like, the elderly are more susceptible to it. So, I'm like, okay, "___?" like even though like younger people aren't gonna like these too susceptible, what we should still be cautious for the elderly and take that

into consideration. And now since it's like starting to get to younger people, and not just the elderly, I think like the masks and six feet and social distancing is probably-- are required.

AJ: So, besides worrying for The elderly and the people who are more likely-- more susceptible to getting COVID, what other issues have most concerned you about COVID-19?

PL: I guess, like, people not taking it too seriously. So, like, I go out and people kind of like just going about their business or like I hear things on the news: like beaches are still open and people are going to beaches, people are still partying. So I my main concern is people aren't taking it seriously to the point where like this will last a lot longer, and people are still going to get more sick because they don't see it as a big problem.

AJ: All right, and what is your job?

PL: So, my job is a server in a restaurant in a assisted living. So, to make more sense about it, it is a in-dining in the assisted living department. So, it's,

AJ: yeah, and so how has COVID-19 affected your job, like through the different stages?

PL: Sorry, you cut off for a little bit.

AJ: Oh, how has COVID-19 affected your job?

PL: Frozen screen here? Yeah, you're

AJ: also froze. Oh, if you're moving again. You're good.

PL: There we go. . All right, we got back

AJ: Okay, back on it. Okay, so the question again: how has COVID-19 affected your job?

PL: Okay, so yeah, it's gone through a little bit of phases. So, it has first gone through-- we did-- So we have in house serving and that means anybody can sit anywhere that-- it's basically like a restaurant. So we first just did wash your hands. Employees have to wash their hands every hour. The residents don't have to do anything. And then we'd serve them, we would have to wear like masks, and then he would just be normal serving, and everything would go about their business. And as it got more progressive, we did the rule "two per table," because we wanted to do social distancing. So, in a room with 22 tables and over 100 residents: we did two per table, which means that was really rough on the residents. So we still did that, but that means we had to do use a lot more peroxide on chairs, tables, armchairs, stuff like that; and we had to wear gloves and masks, and we could only be within six feet. So, that means putting the food on the table and sliding it to the resident. And that went on for a little bit. And now since it's progressed even more, we're just doing room service. So that means the residents are confined to their individual rooms. And we prepare to-go boxes, and we put all the food in separate containers and we go literally room to room, delivering the food in boxes. And that started out as us going in two seconds, in-and-out and leaving, because we didn't want to be a problem. But now we're finding out that they're kind of getting a little depressed and lonely being quarantined by themselves. Now we're allowed to kind of conversate for a little bit, but then we still have to go in-and-out.

AJ: How has the residents views of COVID-19, from what you know, from what they said to you, been changing throughout all this? Like, were they worried right away? Or was it something that had more-- like a slower build?

PL: So, Well, when it finally reached this the states, we kind of like had a 50/50 split. Some people, some residents were very concerned. So they took it seriously right away. So they did mass, they did social distancing. They had their own hand sanitizer that they brought down; and they like respected people's wishes. But then the other 50% were just like, it is what it is; I'm old, if I get it, fine. If I don't, that's fine too. So I'm just gonna go about my business. And now that they're quarantines to the rooms, they're really aware of it, they're really cautious. And they want to go back to normal and they're trying their best just to not be a problem. So, you're trying to be part of the solution.

AJ: Right. So what precautions, if any, is the nursing home asking you to take before or when you're going to work?

PL: So, yeah, we got issued our own masks. So, we have to wash them daily at our own homes, we can't ask them to do it. Even though they have laundry rooms in the facility. We have to take them in-- we have to wear them at all times in the building. And as soon as we take them off we have to put them in a bag, take them home, wash them in a certain way, obviously, and then [__?] we have to bring them every time. Another thing is that we have to keep our name tag and a letter on us at all times, in our cars, just in case we get pulled over to prove that we are considered essential workers. Okay, So, that would be another thing that I guess we do. I'm trying to think of something else. I guess that's it. Yeah, just the masks and the name tag and letter that we have to keep on us at all times outside of work.

AJ: Yeah, so there's like anything-- like when you're--like entering the building, like anything you have to do special, or?

PL: Yeah, so we, we have to get our temperature taken at the front desk; every single time we have to record it. And then I heard that we actually might get like the COVID testing that like was suggested-- that they've got the swab that goes in your nose, because they might think that the temperature might not be effective enough. So, we might just go straight up to COVID testing where they stick the swab in your nose instead of just the temperature.

AJ: Okay, okay. So that's a possible change that you guys may be experiencing? Okay. So, what concerns do you have about the effects of COVID-19 on your employment?

PL: Um, so writing, it would concern me if we had a case-- so, right now we have zero cases in our facility, which is really rare, because our neighboring nursing homes do have cases, so it's really weird that we don't. So, if we get COVID in our building, then our procedures will have to change. I think that they're gonna have to send-- our staff is gonna become limited. Then they're going to start asking maybe for like volunteers to go home, to go on like a furlough. And then, we might get a bump in pay, but that's probably not going to happen since we're kind of privately owned and that's up to them. So, if I was going to predict anything, if we did get a case, our staff would go down; only a certain amount of workers would be able to show up, and a lot of people probably have to furlough. Full-time workers would definitely be able to stay because they're under contract. Part-time workers would definitely be cut, I think.

AJ: okay, and how often-- like, how many hours do you typically work at the nursing home? Every week...

PL: Around twenty a week.

AJ: Twenty a week?

PL: Yeah, twenty hours a week. So, I'm technically part time. So, my hours would definitely be cut. But since I'm a supervisor, I think I'd still get my supervisor day. But my other shifts I think would have to be cut.

AJ: Okay, so how has COVID-19 affected you and your family's day-to-day activities?

PL: So, my dad's a teacher, so he has to stay home and he's not liking that at all because he's more old fashioned. He likes a face to face in teraction. So him going on this computer stuff and grading things is kind of tough for him. My mom is also in the healthcare facility, so she's been forced to go on a furlough, then she went back to work another threatening and even longer for low so she does not like that. So it's tough on my parents right now, because they're out of work right now. [Mm hmm]. And even though my dad has worked, my mom's almost out of work. My brothers is construction. So, he's been able to go to work daily. He's gonna go into sites and working his normal nine to five and getting paychecks; so he hasn't been affected by too much.

AJ: Okay,

PL: Yeah...

AJ: So, are you-- like how are you managing like day-to-day activities in your household?

PL: So, we kind of, we have this, like, you know, a little, like, we have our own little areas that we have to go to, you know, like when we just need a break from each other. [Mm hmm] So, like, I have my own room, my brother has his own room; my dad goes in the common area, my mom, uses her room. So, when we want to do activities, we kind of just go in our little areas, try to get out of each other's hair because we see each other daily now for hours on end. And that can-- be seeing too much of one person can get a little much. So, I think our own little separate areas help a lot.

AJ: Right. So, Has the COVID-19 outbreak affected how you associate and communicate with friends? And in what ways?

PL: Definitely. So, prior to COVID, I would usually take weekend nights to go out: like Monday through Fridays school and work, so I can't really do much. But now, because of COVID. I'm stuck here at home, you know, just chatting online with my friends, doing things online, or just hanging by myself. I seldom see a friend besides going to work. I think like the last time I saw a friend was maybe a few weeks ago, just catch up. But other than that, we've been a little cautious about seeing each other in social areas. [Mm hmm]

AJ: Do you think that your job has played a role into not wanting to see people as much? Or is it more focused on keeping your own health?

PL: Okay-- yeah, I guess yes to both. Because the elderly, like elderly settings and assisted living homes are more susceptible to it. So I am a little concerned that I'm at a higher risk of getting it. And then if I get it, I'm at of extremely high risk of giving it to them. And I don't want to be personally

responsible of giving a large elderly community COVID and have it spread, then that's on me. So, then I feel terrible, but then going there's also scared because if they get it, I don't-- I can't double check all the procedures that we're following. So I also have a chance to get in. Same with all my fellow co workers. So, that's also scary. So, I guess social activities, very limited just so I don't spread it to them and they don't spread it to me.

AJ: Right, right. So you're kind of in a hard position. [yep] You're going between two things. Yeah.

PL: Between two things don't want to be-- rock and a hard place. That's where

AJ: rock and a hard place...

PL: Yeah.

AJ: So, how has the COVID-19 outbreak affected your community

PL: So, from my perspective-- like Rosemount is still, kind of like, going through their day to day; like I still see a lot of people using cars and going to their day to day-- but I see a lot of people more outside, because I think, like because of gyms are closed down. I see a lot more people jogging, walking their dogs, going to the park... stuff like that I've been noticing a lot more. I've been noticing a lot more people just hanging out outside their homes, not really going out. So, it's a little bit of a mix. I still see a lot of cars, I more than I would expect. But I'll still see a lot of people like trying to exercise and be active. [Right]

AJ: So, has this like changed, like how you're seeing, like smaller communities, like for schools or clubs or church or anything like that?

PL: Yeah, so like, one example was like around Easter and, you know, like going to online church was weird. Like having that, like was kind of weird. Seeing like empty parking lots what I usually see would be full is kind of weird thing. I'm like-- I live right next to an elementary school and seeing that empty is kind of weird. So, like it's just a little little things I'm noticing that they're striking me as something odd. Like more things that you think would be more-- like that used to be social now empty. So, I guess the-- my community is taken pretty seriously to a point, essentially. Yeah.

AJ: So, what's it been like for you to do, like your necessity shopping; like, is it you who's going out and shopping for your family? or is it someone else?

PL: We take turns so I-- my turn was last week and I had to go get the meat. So that-- because I, because there was news that meat shipments might go down. So, my dad gave me a list, he's like- "will you go get some meat?" And I had to go there um-- and i-- And the grocery store-- You know, people are wearing masks now, six feet apart. And, I guess the meat was in low supply, like they said, so I had to take what I had to get. So, I--and then, I know my parents, they got other essentials like toilet paper and paper towels and other foods. They seem to be okay with that. Since we are a smaller community, not many people are just rushing to the store to grab stuff. But I have noticed there's a low stock in our grocery stores.

AJ: Okay, so pretty, like spread out? [Yeah] Okay. All right. So have you or anybody, you know gotten sick during the covid 19 outbreak of COVID?

PL: I was told that my neighbor went to Florida, got it and came back. And so, there was a scare about that. Like me-- my immediate next door neighbor. So, that was scary. So, we avoided them for a while until they got checked off. That they're okay. They did get checked out there, okay, but for about two weeks, we were concerned that our immediate next door neighbor just got COVID. Because they showed all the signs and they got it in a place that has a lot of cases, and they brought it right back to our community.

AJ: Do you-- has anyone like, you know, personally gotten sick with anything besides COVID during this time?

PL: I'm not gonna I'm not I know, I know that my grandma had a scare, because I know she's got some digestive issues, and she was getting sick and like, not feeling well. So we thought that might have been COVID, but it's just her digestive issues. So, that was a scare that we had.

AJ: So what was your experience responding to that?

PL: Um, we were scared. So, we immediately tried to get her to see somebody. Because it was like over two days, she was showing symptoms of COVID and we're like, "oh boy, what's going on?" So, we immediately got her to some place and said-- they said, she is elderly, they got her quicker. They did, they did run the test, they put the swab in, and they got some testing done. And they immediately came back, said "no, it's not COVID. It's your digestive thing acting up" and she's like, "Okay." So, that's good.

AJ: So, during this pandemic, what have been your primary sources of news for it?

PL: So, I have, of course, CNN, Fox News, all the big so broadcasting channels, but I've also been hearing a lot from independent articles like online. So like, I've gotten-- for class, we had to read a New Yorker article, we had to read a Forbes article. I'm giving little updates on my phone here and there and then I'm also hearing it through the grapevine from my friends and family.

AJ: So, how often would you say that you check the news? Like for COVID updates, day to day?

PL: [Hmm] For sure, daily. I wouldn't say hourly, but at least- I would say three times a day.

AJ: Okay, have your news sources changed during the course of the pandemic?

PL: They've stayed fairly consistent. Like, I'm-- like, CNN is always on in my house. So, I get that a lot and then my school is business oriented, so we always go with business articles. I'm always reading, like small business owner articles and Forbes articles on stuff like that, how it's affecting like little businesses. So, that stayed fairly consistent. I guess I haven't gone over and seen other news broadcasting stations as much-- as I should at least.

AJ: So, what do you think are important issues that the media, like, may not be covering?

PI: That they may not be covering? I guess like-- it's what they are covering that concerning--it's like, they're kind of being vague, you know? using certain words like, "we'll eventually have some procedures to help it" or "we will get to the bottom of this as quickly as we can." So, I guess what they're not telling us is a timetable of when this is all going to go away. So like, "when is quarantine

going to end?" I would like to know, "when is a procedure, or vaccine gonna come out?" so, that'd be nice to know. But otherwise, they're giving us hard statistics that we can follow on a day-to-day basis.

AJ: How have you seen, like with public messages, maybe through advertising change during the pandemic?

PL: So, I-- like at the first beginning, it was caution you know, "be careful," but now I think they're using scare tactics, like, like, "ooh, you better be careful or you're gonna get it." So I was noticed that that it's gone from caution to now scary, to like drive up the-- I guess the scare tactic of COVID-19

AJ: So, how have your your municipal leaders and government officials in your community responded to the outbreak?

PL: Um, so we just got an extended quarantine by our governor. And I guess that's gone over not too well, because now there's protests about people going back. They've been people that want to go back to work. We, at least for Minnesota, we've been handling it, okay, because we shut down things fairly quickly. And then we've been getting our procedures up to date as quickly as we can, and getting tests as quickly as we can. I can't speak on other states, but I feel from Minnesota perspective, we've been doing just fine.

AJ: All right. And do you have any thoughts, besides that, on how your local, state or the federal leaders are responding to the crisis differently?

PL: I know we're being like a lot more, like spoken and not as transparent as like the federal government maybe appearing to be. So, that's-- I guess that's kudos for at least our local government and then my Rosemont government? I think they I think they're taking good precautions, because they shut down a lot of big, like social areas, but they're keeping the essentials as much as they can. So, like, I know, we just reopened barbershops and haircutting places, because I know those were probably going to be needed. But, no bars are open, no parks are open, stuff like that. Which, I guess is okay.

AJ: All right. So, for the future, like how-- like, How are your thoughts-- so, like on how things are going to be you know, like, let's say later this fall, like later this year-- like how are you like, seeing things right now?

PL: So, from a news in the grapevine I heard that the quarantine could still be going on into the fall. But if it doesn't, then I guess an economic concern would be have to be addressed because I know everybody's concerned about that when we do go back to work. Will we recover economically? So, I guess that's on my mind. I'm wondering what like, well, procedures continue to follow? Because I also heard from other medical officials, that even though COVID might go away, there probably be some smaller things like cold will probably be in a high percentage, because we're so used to hand sanitizer that maybe some of our immune system will be broken down that colds will be easier. So, that's a concern of mine. And then ,we'll be-- and then my last concern will be: will we-- how long will we be practicing COVID procedures, even after it's passed? So, that's gonna those are my three big concerns, at least coming to the fall.

AJ: And as a student, how was COVID 19 been affecting your schooling right now and how do you see it affecting you, once again, like later like this next fall semester?

PL: So, I got lucky, because all my classes online. Other than my friends who've had to transition online. So, I didn't see much of a change in my schooling because it's already online. But, I suspect that-- so I'm anticipated to graduate next year. So, when it comes to the fall, I'm suspect that graduation will be a little different. It'll just probably be "nice job! you graduated. Goodbye" no ceremony. Which some people I know looking very forward to. But I guess that's the necessary evil of the situation. Yes, yeah. Because that's my schooling situation.

AJ: All right. So, uh, how's your experiences transformed how you think about your family, friends and community at all?

PL: Yeah, I'm a little disappointed on how, like as a mass, we've handled it. Like, I thought, you know, like, we'd be taking this more seriously. And now I'm like, seeing people like poke holes in their mask so they can breathe. And like people refusing to wear masks saying like, "it's my choice not to wear a mask." And I thought-- like I thought in a pandemic of illness, we'd be, you know, a little more accommodating and be like, "Hey, this is more than just us, it's about everyone." So, I'm a little bit disappointed in that. Otherwise, I guess I'm, I'm fairly happy with how people are handling it, being cautious and trying their best not to be spreading the illness or causing an illness.

AJ: Right. And knowing what you know-- now know, what do you think that individuals communities or governments need to keep in mind for the future?

PL: I guess that the this, this is-- even though that even in the future, even though that might go away, we still be very cautious. And even if like we have another thing like this, we should be more prepared. Because a lot of statistics are showing that we weren't prepared. So, I guess would be nice like in the future that we are more prepared if we are given, like more up to date, advances on progressing illnesses. So, Yeah, more-- I wish-- I would like to be more up to date, I guess, on procedures.

AJ: Right? And how do you see the-- what you think like, what it's gonna be like after COVID? How do you see that affecting your job? And how nursing homes are being run?

PL: So, yeah, I don't think my nursing homes ever gonna be the same again after this. So, I suspect we're going to invest a lot more into peroxide and sanitizers. Like we had sanitizers before, but now we got like seven different proxies that we got like: floor peroxide, table peroxide, dish peroxide. So I'm-- I'm thinking we're going to be using that a lot more. I'm thinking that the masks that we have to wear throughout the whole entire shift are going to be used well after Covid is even is gone. I suspect that we might still need to be our temperatures taken even while after COVID is gone. So-- and then-- probably procedures will have to change, alot.

AJ: Now, I didn't ask earlier, but how long has it been since visitors were not allowed to visit with the residents?

PL: So, the phase, if you remember the phase where we had two people per table? People were still allowed to come at the beginning of that. So, once that started, that was probably when-- that, that hit like when the Amer-- when the states started getting more cases That's when we went to per table and about halfway going from room service to two per table, that's when we stopped. So, it's probably been about two or three months since we've had visitors being allowed in the building.

AJ: Okay, and how do you think after COVID visitors coming in to see residents is going to have changed?

PL: So, yeah, I suspect that they'll have to go through a lot of the same procedures as employees. They'll have to get their temperature taken. They'll have to wear a mask. They might have to wear gloves, and they'll definitely have to like sanitize their hands as they enter the building. And then-- I'm wondering if they'll have limited hours of visitation. So, they'll probably get a few hours maybe at the beginning. But as like, cases start to go down, they probably will get a longer stay period.

AJ: Right, right. All right. Well, thank you so much for your time. And thank you for all of your your perspective on what's been happening.

PL: Thank you. And thank you for having me.