Interviewee: Aidan McNaughton
Interviewer: Kelly Lindemann
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List of acronyms: AM = Aidan McNaughton, IN = interviewer

Background: Washington county in Oregon has established several COVID-19 quarantine centers in an attempt to limit the spread of the virus among the community. A number of local motels have been converted to such facilities. Aidan is an EMT at one such motel, and agreed to be interviewed about his experience.

IN: For how long have you worked at the shelter?

AM: I have worked at the shelter since about July, so for about 6 months.

IN: What is your position there?

AM: I am an EMT that is here on staff. There are two of us at all times, and I am medical personnel on site for supervision, intervention, and monitoring. We're here to do medical intervention if necessary, and also to keep tabs on vitals and making sure that everyone is doing okay, as well as deciding when we need to call medical transport to a hospital or not.

IN: That makes sense. So as far as your actual job, what does a normal day at the quarantine shelter look like? Does it vary, or is it fairly constant?

AM: It varies, and there's busier days and quieter days. My shift starts at 5 AM, and I relieve the prior EMT when my partner and I get there. There's about an hour of overlap between our shifts to make sure that, in case someone is late, we don't have to adjust the scheduling. We have to make sure that there are always two EMTs here. An then we don up in PPE. We have a very well-stocked PPE room with lots of gowns and gloves, masks, glasses and face shields, also boot and hair covers.

Then, we'll get caught up with the other EMTs on whether or not there's anyone [patients] new, what medical problems anyone who's here is having, what social problems they're having, etc. The non-medical shelter staff who actually run the shelter bring breakfast [to patients] at around 7 AM, and around that time we go to do our first morning checks. We knock on the doors, in full PPE, of all the patients, ask them a few basic questions, you know, take their temperatures, ask if they have any symptoms, pain, trouble sleeping or things like that, and if we have suspicion that there's something serious going on we can take a more complete vital set and work from there.

IN: As far as your patients go, does their condition usually vary? Have you seen a spectrum of people's symptoms?

AM: There's a huge spectrum. We have people anywhere form completely healthy with no symptoms, pain or anything and feel completely normal, and we have people who are [O2] satting in the high 80's, high fevers, too weak to get out of bed, and we will often end up sending those people to the hospital depending… and there's everything in between as well, people with coughs, sore throats,loss of taste and smell of course, difficulty breathing etc., but there's a vary steep gradient.

IN: And I imagine that your patient's conditions change, so it's important to be continually monitoring.

AM: Yes, so if we see someone who's more sick then we'll probably increase monitoring. So rather than just checking twice a day, which is what's normally done with breakfast and dinner, if someone actually seems quite sick then we check on them as often as we feel is needed.

IN: So overall it seems like a pretty effective system for providing care to people who don't necessarily need to be in the hospital, but wouldn't be safe at home with the potential for transmission or their need for medical care. Do you think that as a facility, you are effective at helping to stop the spread of the virus? What things work well, and what could be improved?

AM: As a concept, and even the way our facility runs, it is quite helpful. It seems like a very reasonable way to do it. You have a designated quarantine site for people - not even all of them are homeless- even, like, roommates or people who don't have somewhere else to quarantine without infecting people, they can come here. A lot of them are homeless, but not all of them. It seems obvious - you need somewhere for people who have a contagious disease to go that isn't public. They get hot meals and medical supervision, but rather than, say, a hospital bed and all the costs that are associated with that, here it just costs a few EMTs and shelter staff.

IN: And as far as the cost to patients, I know you mentioned that you have houseless people staying in the facility, is it free to them or is there a cost involved?

AM: I am almost certain that there is no cost for anyone here, I'm not actually positive on that -I could ask- but I'm pretty sure that we don't charge anything. I think- I know we're funded by the county.

IN: That makes sense, its sort of a self-serving altruism that the county can provide this service to prevent the spread of COVID to the community.

AM: We're designated as a public respite shelter, we essentially keep people with COVID off the streets.

IN: I'd like to go back to the topic of housing insecurity and your experience with houseless people during the pandemic. I don't know how much direct contact you have with your patients as far as getting to know them on a personal level, but in what ways have you noticed the houseless community coping with the pandemic? Where do they go once they're discharged?

AM: Yeah, we are encouraged to limit contact, so I don't have that much contact with them, but I do chat with them when we're taking them out on breaks for fresh air, or if I'll chat with them in the morning or evening or when I'm discharging them. I don't know, it's extremely rough to be homeless, and sometimes because we are a COVID respite shelter, we've had patients that we've had to kick out, basically, because turns out they *only* have pneumonia, not COVID. I've been yelled at by a homeless person -justifiably so, I feel - for kicking him out because he has pneumonia- is that not good enough? I think that should probably be good enough, we should probably be able to take care of everybody who is ill, but the state has certain priorities. I think it should take a much broader view of people's medical needs.

We have a whole wing [of the facility] that opened up during the fires when other shelters had to be evacuated. I know that as of COVID in general there's been both more homeless people and reduced shelter capacity due to social distancing requirements, so there's been a need for more shelter space. We devoted half of our shelter building, which is separated off, but there's no transmission, it even has separate staff and we don't go over there, and it's now a non-COVID homeless shelter -I think specifically for women and children and families- and I think that's great because for a long time we had this hundred room motel and we were only filling about 25%, but now we can fill half of it with houseless people.

Some of the shelter staff here did a good job of noticing that, and we talked for awhile about what we should do with all the empty rooms, and they coordinated with a different shelter in the area that didn't have enough space and accepted a bunch of people. We also even now have some RVs that we allow in the parking lot - not with me, but with the other shelter building, I'm not entirely sure how it works- but people can live in the parking lot under supervision.

IN: So the shelter is providing a safe space for people to either isolate or just live without the potential to be harassed by law enforcement or forced to constantly relocate. Overall it sounds like the county is doing a decent job responding to COVID, but as is true across most of the country there's a huge shortcoming in providing medical care to houseless people, but that's a whole other issue entirely.

As far as your personal experience working so closely with a virus that's caused so much turmoil in the world, is the risk of transmission something that causes you stress on the job, or is it something that you've become used to?

AM: I'm definitely become more used to it than I was when I started, but still, like, if I'm trying to take a blood pressure reading - we use manual blood pressure cuffs- of someone who is confirmed positive with COVID, and is coughing and coughing, I get a little nervous. Actually, some of the shelter staff did get COVID and we had a bit of a problem where the shelter staff were severely understaffed for awhile. They handled it and made sure they had enough staff, but one of the people I work with ended up working two 80 hour weeks in a row because everyone else was quarantining. It is serious, and it definitely does happen here, but I feel like we're probably all gonna get it eventually anyway and I have all this PPE on - I'm feel like I'm as

safe as I'll ever be, so … c'est la vie. I would rather not get it, but all I can do is take precautions against it.

IN: I also hope you don't get it! Thank you so much for your time and willingness to share your experience and contribute to this ongoing archival process. Stay safe out there!