

Transcript of Interview with Michael Levesque by Matthew Williams

Interviewee: Michael Levesque

Interviewer: Matthew Williams

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Location (Interviewee): Taunton, Massachusetts

Location (Interviewer):

Transcriber Name: Matthew Williams

Abstract: Michael Levesque was a paramedic working on an ambulance at the start of the pandemic. He had a pregnant wife at home and was in the process of switching his career into nursing. He recalls the memories of working on the ambulance and taking care of Covid patients, as well as how Covid impacted the EMS services overall. He also discusses how it felt to be starting his career as an Emergency Room nurse during a global pandemic. In both cases, his job put him directly on the front lines of medicine. He discusses the early problems of lack of knowledge and equipment to properly handle this pandemic. He also explains the mindset of an expecting father, working in a high risk environment, and then coming home to his pregnant wife. Michael's unique life circumstances and career path gives his interview a perspective that few people experienced.

Matthew Williams 0:03

Okay, so it is March 14, 2021 at 2:25pm. This is Matthew Williams. I'm here with Michael Levesque. We are doing an oral interview for the COVID-19 Journal of the Plague Year Archive. Mike, how's it going today?

Michael Levesque 0:24

Good, how are you?

Matthew Williams 0:26

I'm very well. So, I just want to start off by just making sure that I have your consent to record this oral interview and submit it to the Journal of the Plague Year Archive.

Michael Levesque 0:38

You do.

Matthew Williams 0:40

Thank you very much. Alright, so I just want to start off with a question, first starting a little bit just background information. Where do you live, and what is your occupation?

Michael Levesque 0:50

I live in Massachusetts, about 20 minutes south of Boston, and I'm currently a ER[Emergency Room] nurse.

Matthew Williams 0:57

Alright, and you know before we get into your job as an ER nurse or life during COVID, I just want to start by getting a couple of background questions about your life before COVID-19. So, could you talk about some of the things that you did in your day to day life before the pandemic began?

Michael Levesque 1:16

I did a lot of hiking, a lot of cycling, went to the gym quite frequently -lot of days- going to coffee shops and just spending as much time outside and the community.

Matthew Williams 1:36

What was a normal day like at work before the pandemic in the emergency room?

Michael Levesque 1:45

Well, I was actually not working in the emergency room prior to the pandemic, so I started in an emergency room at the start of the pandemic so prior to that, I was working on an ambulance as a paramedic. And those days were pretty normal, I mean, I know that it's kind of a weird thing to say, but there was-, we got a various array of calls from, you know, car accidents, to cardiac arrest, but just normal, normal days, you know, caring for people in the community.

Matthew Williams 2:31

Do you remember when you first learned about COVID-19, what your initial thoughts were when it started to come across into America?

Michael Levesque 2:40

So, I actually heard about it in January of last year on a YouTube channel that I follow. It's a, like a news source that's not a, not one of the regular news sources, but it is a gentleman that I follow, and he was showing various videos of everything that was happening in China and just saying that this is something that we're going to need to watch out for. But the real first time that I realized that it was here, my wife and I were on the way back from Hawaii, and we were on the plane and there was, I mean, the plane was full, and there might have been probably 10 or 15 people that had masks on, on the plane. And that was the first week of March that we were coming back, I think, like March 7th. So, it was right around that point that we noticed or really realized that something was actually happening.

Matthew Williams 3:42

Before you had left for that trip, was there any knowledge about it and did it influence your decision to go on the trip or any conversations about not going?

Michael Levesque 3:52

The only knowledge that I had of it was from that YouTube news source that I watch here and there. The news source is a bit of a fringe news source, I would call it, so definitely, I knew about it, and I knew it was something that was gonna be potentially a problem here. But, I try to take everything with a grain of salt, and we weren't hearing anything of it in our workplaces, and my

wife and I are both in healthcare. So I try to, try not to read too much into the news and just try to you know live with the information that is provided to me in real time, I guess, for lack of a better term, so no, it didn't change anything for our trip whatsoever.

Matthew Williams 4:45

And you said the flight was packed, was there any indicating factors that there was about to be a pandemic that?

Michael Levesque 4:53

No. Not at that point. The only thing there was, like I said, it was a handful of people wearing masks on the flight home. We were there for 10 days, and so we left like the last week of February, and there was nobody wearing a mask, and then we were coming back on like, I believe it was March 7th, and there was you know, out of 150 people, I think that might have been like, 10 people were.

Matthew Williams 5:19

Interesting. Now I want to kind of transition into the working, you know, especially, again in healthcare during the pandemic. So you said you had been working as a paramedic and then you had worked as a paramedic for a bit during the pandemic, can you describe the difference that you had seen between those two, you know pre and then during the pandemic?

Michael Levesque 5:42

Yeah absolutely. Every call that we went on quickly became COVID related in one way or another, unless there was a car accident. Nobody was calling 911 for anything but respiratory conditions, pretty severe too is in the beginning when we were seeing it, but the, the patients that we were seeing were pretty ill. Requiring, know a lot of like high flow O2, and it was definitely a big change from, you know, doing what I would, you know, what I said before, like a normal day of you know, car accidents and abdominal pains, and, you know, that type of stuff. That quickly went to people were very sick when they finally did call the ambulance, and I think that was in, you know, respected, they were on the news that we're telling people not to call or go to the hospital unless you are very ill, so by the time we were getting to these people, they were pretty sick. They were requiring a lot of interventions on our part, but things were changing every day when we would go into work. The protocols on how we treat different things, and what to do in a different situation would change. Every time that we had a Covid suspected patient, we needed to call ahead to the hospital and, like, specifically tell them that and there was very, like I said, ever changing guidelines on what we were in weren't supposed to do for these patients.

Matthew Williams 7:34

In terms of starting, or I should say, did COVID affect your hours or schedule as a paramedic at all?

Michael Levesque 7:46

Yes, a little bit. Because, until probably about a month in, maybe six weeks in, we started to have the first wave, lack of, for lack of a better term, of employees catching it and employees being, having unprotected exposures or having some type of symptoms, so that then took them off the

road and put more, you know, more hours open for the other people to pick up. So the people that weren't sick or the people that weren't exposed, you know, an unprotected exposure were definitely working more hours. Absolutely, yeah. There was less people to do more work.

Matthew Williams 8:36

That sounds very hard. In terms of your feelings about working in healthcare at that early juncture when you were as a paramedic in March, when this came over. What were some of your feelings about working in healthcare at that time, do you remember, do you recall?

Michael Levesque 8:52

Oh yeah I did not want to be involved whatsoever. My wife was newly pregnant. And, you know not, not knowing the extent of COVID-19 and, and, you know, just hearing things, I guess, not just hearing but seeing patients so ill and believing that it was so contagious, it definitely, going to work every day was a challenge and nerve wracking and there was definitely days that I would, you know, be up in the middle of the night just looking at my wife and being like: what if I bring it home to her and just you know all these different things of, quietly questioning if you're doing the right thing, questioning if you are, if there's anything else you could do to protect yourself or to get out of the situation. So it's definitely, definitely very, very nerve wracking in the first, first few months there. Yeah it was challenging, definitely did not want to be involved, but didn't have much of a choice.

Matthew Williams 10:03

Fair enough. Now, when you transitioned into nursing and started working in an emergency room, that was during this unprecedented, you know, pandemic that we're living in now. How was that experience like starting off ER nurse during the pandemic?

Michael Levesque 10:20

Yeah. So, I think the big thing about medicine in general is it's a very people oriented job, and the pandemic stripped away our ability to be people person, you know be people persons, saying that is kind of weird, but if you no longer did you feel comfortable you know laying a hand on somebody's shoulder or, you know, helping them up at you know the same way, you would have been in the past. Every interaction, especially with people that were suspected to have COVID-19, it felt very sterile and very dry and just like it took away the compassion of our job, I believe, and not, not so much it wasn't our intention, it was, we were, you know, everybody was trying to keep themselves safe and, and you know the protocols are always changing on what was allowed and what wasn't. But, you wou-, a lot of the times you, you will, we'd end up relying more on the monitoring systems to watch the patient than our actual eyes and ears which is a huge part of medicine especially, emergency medicine, you know, being able to see, touch, feel, you know smell people, is, is it's all an important part of what we're trying to accomplish, and when you rip that away, it definitely, it makes just the basic things that much more challenging. So the transition from the ambulance to the hospital was definitely challenging. You know, working eight or 12 hour shifts straight with N95s on, sometimes gowns and gloves for the whole shift. So that was definitely nerve racking, you know, and not think a lot of people get satisfaction from the, the interpersonal aspect of it, and when that's completely ripped away, you're just left with the procedural aspect of medicine and that's, especially in nursing, that's not really what people get into it, for, so it was definitely challenging.

Matthew Williams 12:49

Yeah that makes a lot of sense, the one-on-one component to nursing care is absolutely critical and that human nature touch to it, so that definitely makes a lot of sense. And since you had started doing nursing a little bit, you know, not at the very beginning of the pandemic, a little bit after the beginning. And things, information, started changing a little bit about it, what was the experience like working, you know, in healthcare later on in the pandemic when, you know, it wasn't March and you had those initial feeling, was there any changes or just?

Michael Levesque 13:23

Yeah, the biggest change truthfully in the beginning, is we didn't know how to care for these patients properly. So people were perishing very quickly, and we didn't exactly know what steps to take in order to stop that and the steps that we were taking weren't working properly. You know there was countless times that we would see people's oxygen saturation, you know, in the high 60s low 70s and like, prior to COVID, if we have ever seen that, you know, those people are pretty much intubated right away, and just it's a very hard thing to see. You know, you want to do as much as you can for the people, but what we were doing wasn't actually helping them, you know the interventions we had, we found weren't actually doing what we wanted them to do so that was hard. Especially not knowing at the time, we didn't know what we were doing wasn't particularly right, but it was all the, you can only do what you can with the information that you have.

Matthew Williams 14:43

Yeah for sure, absolutely. So, I just want to transition finally to a couple of points that you made about your, your home life, your family life. And you had brought up, obviously, quite a significant change in your personal life that your wife being pregnant at the sort of beginning of this pandemic and working obviously in healthcare and continuing to work on the pandemic. I'm just curious about your thoughts regarding working on the pandemic and how that affected your home life.

Michael Levesque 15:14

It was definitely stressful it was, like I said in the beginning, the thought of like me being the one that would bring something into my environment at home, was very stressful knowing that what I do to provide for the family also could provide a real problem for the family at the same time. And prior to, you know, knowing I was going to become a parent and prior to becoming a parent, I was always a one to want to be involved and want to be in the situations that needed, you know, the extra people or, you know, various different, I was on the strike team for the ambulance in terms of like infectious diseases and whatnot. But, knowing that I had an infant now, to come home to and like, not feeling properly protected was incredibly challenging, so there was definitely some sleepless nights and, you know, anytime the baby would get even the littlest bit of a snuffle it was, you know, I mean even now, still is the same thing-, it's just, you your mind automatically goes to the worst, and then you, yeah so it's definitely been challenging.

Matthew Williams 16:37

And, you know, was there any posts shift routines that you had done, you know, that, you know, either you or your wife, who also works in healthcare as you had mentioned, did you have any posts shift routines that kept you safe?

Michael Levesque 16:52

I mean I, I wear N95s throughout the day, all day at work, pretty much all day, no matter what, so I felt that was something that I just implemented for myself that I found helpful to make myself feel a little bit safer, but also like as soon as I get home, I essentially stripped down in the, in the mud room and don't talk to anybody or touch anybody prior to taking a shower and just trying to, you know, make yourself feel as protective as you can. Maybe a false sense of security, but, pretty much all you have so.

Matthew Williams 17:36

Yeah, I mean, we gotta hold on to what we can. I've got just two more, I have two more questions for you, so the first one would be you know, what advice would you give your pre-pandemic self, knowing what you know today, what, what advice would you give your pre-pandemic self to, you know, to, how to handle and approach this this pandemic?

Michael Levesque 17:57

Take it day by day, don't get frustrated with the nuances of policies changing and just try to take as good of self-care, as you can for yourself and don't, don't allow it to become more than it has to be. I guess would be the best thing to say.

Matthew Williams 18:24

And then the final question I have for you is there anything else that you'd like to share that I haven't asked you today?

Michael Levesque 18:33

I think it's gonna take a long time for healthcare as we knew it prior to the pandemic to come back. I think people are still very hesitant to seek medical care, even when they need it, so I, I really think that in these next few years, there's going to be a lot of things that have gone unchecked or unseen, and I think we're going to be feeling the fallout of this for a lot longer than we'd like to believe. You know, people's health so definitely taken a backseat during all this, and you know, cancer still grows and plaque still builds, so it's, I think there's going to be a lot of people that need us going forward that won't necessarily reach out and that's definitely going to make our workload that much more challenging as the days continue.

Matthew Williams 19:34

Yeah, I very much agree. Well, thank you very much for speaking with us today, and hope you have a good rest of your day.

Michael Levesque 19:42

Awesome. Thanks so much.