

Podcast Transcript

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Elgin: Hello and welcome to another episode of med student voices with the Center for health equity research. We are second year medical students at UNC School of Medicine my name is Elgin Yalin

Rebecca: I'm Rebecca shopper

Amaya: My name is Amaya Martinez Mesa

Khar: I'm Khar Dieng-diatta. For today's podcast we want to talk about the COVID-19 response in rural North Carolina more specifically Chatham County using Siler City as an example. The goal of the podcast is to explore how intersectionality affect health outcomes in rural communities and the importance of community resilience in first line responders. In rural North Carolina, rural communities are defined as communities that have a population density of 250 people per square mile or less. In North Carolina we have 100 counties 78 of those are classified as rural Caddo county itself is bordered by Wake, Orange, Alamance, Moore, Lee, Harnett, and Randolph County. In Siler City, we have a population of 7848 people and based on the 2021 census, 21.9% of the population live under poverty, 28.9% of people who are uninsured are under the age of 65. One of the entities of Siler City is the Mountaire chicken plant which is located in the center of the city.

Chatham County has one hospital which is under UNC healthcare. Chatham hospital is a 25-bed critical access hospital that's located in Siler City and critical access hospitals are hospitals that are at least an hour away from the nearest trauma center and they provide limited surgical interventions, limited medical pediatric and maternity care and some emergency services. Chatham County had the second confirmed COVID-19 case in North Carolina following Wake in early March of 2020. During the pandemic, some disparities were noted such as 50% of the confirmed COVID cases were within the Hispanic Latino community even though they make up 12% of the county's population. For today's podcast you're going to hear from 3 Chatham County resident and first line workers.

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Rebecca: So today we have with us Scotty weeks paramedic from Chatham. We also have Kaylee-Layne Graumann who was also a paramedic at Chatham County during the pandemic and Dr. Laura House a family medicine physician and we appreciate you guys joining us today thank you

Elgin: for our first question could you tell us a little bit about yourself and what your tie is to Chatham County

Scotty: Well I'm Scotty I was a paramedic for about two years before the pandemic came around um I was a field training officer I still work they're currently we've had a lot of protocol changes with the COVID I'm just still working there still a pandemic I guess right

Kaylee: my name is Kaylee-Lane I was the paramedic at Chatham County during the pandemic was a paramedic for about two years prior to the pandemic Kitty hi last chat and caring about a year ago

Dr. House: my name is Laura House and I'm a family medicine physician with UNC and i went to medical school at UNC graduated way back in 2005 join UNC family medicine in I started doing inpatient hospital work at Chatham hospital which is a critical access hospital in Chatham County I started that in 2011 so and I'm still there at the time that the pandemic came I was the director of hospital medicine and was leading a team of hospital physicians and caring for the hospitalized patients that came in including quite a few COVID patients

Rebecca: wonderful thank you guys for that was that. Were there any ties to Chatham County prior to your beginning and your roles in Chatham or any driving factors that kind of pushed you into rural medicine?

Dr. House: I grew up in western North Carolina a very rural place very small town Franklin NC so when I went to medical school or before I even went to medical school I knew that I wanted to do family medicine and I really wanted to return kind of back to my home and practice rural medicine but ended up getting married and staying in the area so our department family medicine has ties with Chatham hospital prior to us starting caring for hospitalized patients there we provided all the doctors for their emergency room and still do and so when the opportunity came up through the department to provide hospital medicine in this rural community because hospital medicines like absolutely the favorite thing that I do then I just really wanted to do it and have loved being there and loved working with the community

Rebecca: How did health disparities and differences in resource access affect your role in the COVID-19 response?

Scotty: first of all I don't think any pre hospital or hospital was ready for a pandemic like this our first health you know we needed 95 all of our in 90 fives I don't know how long they had had them but they were dry rotted the bands were so those were real scares we also had to reuse our 90 fives because we you couldn't get any everybody else was ordering them Umm the people of Chatham County weren't getting the kind of care that they needed on a regular basis for their medical problems because they were scared to go to hospital so their conditions would be exacerbated by the time that we would get to them let's see people didn't want to wear masks either like it was political so that was we would have to gear all the way up if you didn't want to wear a mask you know we would have to wear protect ourselves they want a code on a possible COVID patient you had to wear full PPE that's eyewear that's face mask that's a gown that's foot covers everything you had to do that and and work this code for 45 some minutes it was exhausting our jobs were the work overload some of our coworkers were no they were getting they were getting COVID and so they were staying out of work and so you know the trucks have to be run so a lot of us would just stay at work because we didn't want to go home anyways and possibly infect our families um and also I was pregnant so I that put me at a high risk yeah next

Kaylee: yeah i feel like in the beginning of covid at Chatham a lot of the times they had a yes like Scotty said reusing the n95s but initially they're telling us to not use the n95s gallons and all that unless it was a confirmed COVID patient which it was kind of hard to know that if that was like your initial contact with the patient and they hadn't been to the hospital yet not to gown up not to use the eye protected in 95 just to wear surgical mask to the patients hospitalized confirmed COVID or unless there is receiving a nebulizer treatment in the back of your ambulance or cpap or something like that and then also for a while they start I think for like two years they stopped dispatching fire to our emergency calls which was super I thought that was horrible because that I feel like helped or patient care like it helped us get the patients out of the house quicker.

Dr. House: this is Laura house so just in general Chatham County siler city is a pretty poor pretty rural area there's kind of a lack of access to healthcare in general before the pandemic there's you know kind of poor health literacy there's the lack of health insurance among people and so people just in general weren't prone to get good healthcare before the pandemic so when people would show up quite often they had a whole lot of uncontrolled underlying health conditions like diabetes and hypertension and kidney disease and so these patients tended to get really sick and were very hard to take care of there's a high rate of tobacco use in the area so we have a lot of patients with lung disease COPD these patients would get very sick and we have a high Latino population because it's a very rural area so there's farming there's kind of service work that's there that people don't tend to do unless they're not able to get other jobs and unfortunately Latinos would be taken advantage of by having them work in these service jobs where they don't get any insurance that some of them might be undocumented so they don't have any health insurance they don't have any access to health care and they would be forced to work in conditions that were not safe or healthy they would be you know packed into a workplace with no PPE side by side with other people these are people who don't have any type of sick time that they can take they have to feed their families and so they would be forced to come to work when they were sick and it spread like wildfire he air through the Latino community and siler city and so and there was a lot of misinformation as was mentioned before regarding people not wearing to wear masks I would say over 90% of our people that we admitted to the hospital were not vaccinated because there was a lot of political misinformation going around about vaccines and this misinformation was spread through fear and so we are like first waves of people coming in were just absolutely devastating we would see people that should have been otherwise healthy young Latinos coming in that were in respiratory failure and they literally filled our hospital every bed we had in our hospital we were boarding people in the Ed and we because of lack of you know access to kind of higher levels of care we were trying to get them transferred but nobody had beds to transfer these people to and it was it was just absolutely horrific you know watching people that should have never gotten the sick get to this sick and sometimes die and being unable to do anything about it and I honestly joke about this with my kids but it's really not a joke that you know that I'm older and I have grandkids that people come back and ask me oh you were on the front lines during the pandemic how was that that I will honestly you know have a very PTSD like reaction to that and say I really don't want to talk about it because just seeing what happened and watching even after weeks and months and months of the pandemic and people getting sick and dying and people still refusing to get vaccinated still refusing to wear masks was very hard it was very hard and we had to walk work nonstop because we had to have like 3 layers coverage to make sure that if one of us got sick that there was or if we got you know

like overwhelmed that somebody else could come in and cover if we were unable to work and so we were basically either on the schedule or on call all the time

Khar: hey doctor alright I would like to ask a follow-up question so I remember one night I was in you tell him I see and we had a 22 year old Latino that we were getting ready to transfer to Chapel Hill and I was I was like wondering like how did you get this sick so fast but my question was also like if he was a Chapel that was with this happen so from your counterpart of like people who are in the urban versus rural area did you think it was more like resources or it was more the lack of access

Dr. House: so I think yes patients got sick very fast and they got sick regardless of whether they were in a big Medical Center or not I think what we were dealing with though was you know certainly worsened by a lack of you know healthcare literacy and more poverty a lack of insurance and the lack of like general you know healthcare and being healthy underlying but certainly yes big medical centers also saw those people and I think in terms of lack of access at Chatham we did not have ICU doctors we didn't have you know initially access to the medications that you would need to treat people and actually of course the way that we treated people certainly changed throughout the pandemic as we learned you know what helped people help what helped keep people alive but being in a hospital where you have nursing shortages and medication shortages and respiratory therapy shortages and inability to care for a patient that was that sick and not being able to transfer them anywhere certainly resulted in some you know not ideal outcomes for some people

Elgin: I know you Kaylee and Scottie talked to a bit about like people not wanting to wear masks and kind of like misinformation in the community what were some of the things that people were saying or like didn't understand about the virus like could you talk a little bit about that when you were doing house visits to people that called in

Kaylee: I guess people didn't really understand that quarantine means that you really needed to stay home you know you can get it and pass it out of public you know by not washing your hands coughing talking to each other Umm whenever we did respond to houses though there were there are six different things that we didn't we would try to get you to stay home if you didn't have these six different things and that was if you were pregnant you had heart failure or diabetes if you were severely obese over 60 for those meeting high risk for COVID and if you had a fever and respiratory issues or fever really you know suspect for COVID so we would transport those people but other people we tried to get them to stay home we give them Tylenol you know we told them how to treat themselves really they gave him a piece of paper to call this COVID hotline to educate themselves because we didn't we didn't really know a whole lot about it either so we tried to educate people where we could well at least that's what I do they're not wearing the mask you know people say oh I can't breathe yeah well I I don't want your COVID either you know we were stuck in it in a in a confined box with these people and the ambulance you know geared all the way up we were we were extremely uncomfortable we're in the summertime it was horrendous I hated I hated a respiratory call during the summer of 2020 we were exhausted we were nasty Oh my God you'd sweat

Dr. House: it was terrifying and I can't imagine how terrifying it must have been being pregnant at the beginning of the pandemic when they had no idea how it would affect pregnant women or their baby I am coming home and like making sure before I came in the house I would come in through the garage I would take all of my clothes off and I would go to the utility sink and I would put all my clothes in like a plastic bag and leave them in the garage I've got a utility sink and I would basically soap and water scrub myself you know on the whole upper half of my body and then go in the house trying to stay 6 feet away from everybody go straight to the shower take a shower put on clean clothes because I didn't want to bring it home to my family

Kaylee: absolutely I did the same thing

Rebecca: you mention a lot of kind of unknowns throughout the pandemic do you feel like some of these unknowns kind of created mistrust in the rural community for like healthcare kind of understanding the next steps in the pandemic or how things would progress

Dr. House: so yeah I totally I totally think so because with the information coming down that would change it created a lot of mistrust and there was already a tendency for mistrust in a lot of these people to begin with you know the I would have people tell me that no I don't have COVID you're lying to me they thought that the you know it was all just like a conspiracy and they you know and even if they did believe COVID was real then it wasn't any more dangerous than a cold and that the vaccine would kill you and that they're trying to implant you with microchips and just all kinds of stuff that was spreading throughout the community and so anytime you know any announcement was made that change the way that things were done changed recommendations then people were like see I told you they don't you know they're just they're just lying to us and there was a lot of mistrust and it was very painful because we're used to being able to help people and provide them with information to try to you know benefit them and when that kind of trust is broken down and people don't believe that you're treating them for something that they actually have or believe that maybe you're trying to hurt them it really gets at the core of what you went into medicine to do that it's really a hard thing to deal with

Elgin: yeah that sounds really difficult you mentioned there is a large Spanish speaking population in the area I was kind of curious like how was that messaging tailored to the Spanish speaking community and like what was the interpreter staff like at the hospital

Dr. House: so in the beginning I know we had like in person and interpreters and we actually we and UNC both I think had you know several interpreters actually get sick with COVID and so they started recommending that they not go into the rooms with COVID patients because they just felt like the risk of you know getting interpreters sick was not worth it so we did end up having to trip try to provide care with them maybe standing at the outside of the room or with like a electronic you know like iPad interpreter or a phone line and I do feel like that that didn't provide certainly as good of communication as you would like to have with people I do also feel that you know the Latino population perhaps working in situations where there's supervisor provisors and overseers might be providing misinformation for them so that would be their only access to information you know so that I felt like that that was definitely happening in certain cases where some of the Latino population would talk about how they didn't want to get a vaccine because they heard this that the other about it you know being dangerous and I felt like

that that was kind of propagating maybe from their employers or you know other people in the community

Khar: sorry I keep losing my connection I had a question so did you feel like the rural community was represented within the people who are making the policies and stuff

Dr. House: so I definitely think that the policies that were coming down like stimulus checks you know did not benefit people who were undocumented right and a lot of these people were at super high risk of getting very sick and had no access to insurance or healthcare a do you know that being associated Chatham hospitals associated with UNC it's owned by your own C and so kind of the higher levels of folks at UNC did and they always have tried to provide care for everyone in the community so they have what's called charity care or patient assistance program so they provide care for people whether they're documented or not whether they have insert or not whether they're able to pay their bills or not so on that kind of local level you know we were trying to get assistance for people and help them but certainly at the federal level which is where you would hope a lot of help would come from I think these people really got left behind

Elgin: I think that kind of leads us nicely into the next question what would you want to see for the future in response to another pandemic whether it's like within the EMS team or the hospital or even like the federal you know kind of programs that we saw when we were in the pandemic which we still are but what sort of things would you want to see in a future response

Kaylee: I feel like more preparedness like have set policies in place and set like because they would come out with a policy at work and then they would change it two weeks later supplies like have better access to the supplies we need to protect ourselves and our patients um that's pretty much it when I think I feel like those two things alone would improve it a lot

Dr. House: it feels like there was such a reactive response to the pandemic right I think infectious disease experts have been saying for many years that we were overdue for a large pandemic and nobody was prepared when this came even though the likelihood of it happening was certainly there and so I you would like to see a more proactive response than reactive response right being prepared to begin with and then I feel like the response was not coordinated at a federal level so if everything from the get go was passed down to state authorities like testing and supplies and it became a competition between states to try to get enough supplies and try to figure out how to get people tested to see you know if they actually had COVID and it became really felt like The Hunger Games sometimes and that you know everybody was competing for resources and they really needed to have a more coordinated response and things that were set down from a federal level and then passed from the federal level down to help states organize and take care of their populations I would agree that we needed better support we needed a lot more information that went out that was not misinformation it felt like that people were trying to you know hide the severity of the pandemic a lot of times and that just propagated misinformation and made it harder for us to do our jobs and I would have liked to see them take care of the people that were actually working a lot better because a lot of us we're working nonstop and it was very much after the fact when there came the great resignation you know like people started quitting in droves because we had been doing this for so long and we or so burned out by the work so traumatized by that work that we couldn't do it anymore and then the pandemic still going on and the people that are left behind we're not getting anything and people were leaving their jobs and

moving to other hospitals or moving to locums companies in order to get paid a lot more money and whereas the people who stayed behind and tried to remain loyal to the places where they were working were getting you know no benefit from doing that and so it just really created this crisis in healthcare staffing and providing healthcare

Elgin: since we kind of talked about like PTSD and how difficult it was with burnout how did you take care of yourself during the time when you were working in the early on in the pandemic even now

Scotty: well for me my coworkers were literally like a family they go to a call for me if it was a respiratory call or a confirmed case call they tried to take care of me at the transfer from a hospital came out they took care of me you know so I didn't have to sit in the back they tried to reduce my risk which I you know I think them all the time Umm it was I was I was emotional we didn't really have any kind of management for our psychological problems that were coming out of this Umm so I'd like to see that maybe we needed to do some an angle on our psychological health and how it really did affect us I mean it was true fear that I've never Can you imagine going into somebody's house that are that sick and you have to take them if there's sick um and expose yourself and your family if you go home and not only that like what if it's stuck to your clothes and the next patient that you go to you know didn't have COVID and now might could get COVID because of you it was I felt dirty like I felt like I was a disease carrier and I hated wearing my uniform I hated being an EMS I love my job but I hated that it made me feel dirty like that I really did

Dr. House: that's a great perspective Scotty because I think a lot of us felt that way we felt dirty we felt contaminated all the time I didn't want to be around other people I was afraid to be around other people and the fear the guilt of thinking that I might have made anybody sick for me it was my family and my coworkers that were the best support that I had for sure you know I worked to make a schedule that provided like three layers so that if anybody got sick you know that they that we could cover for them and allow people to get rest in between the shifts that they were working I tried to you know sleep when I had the opportunity because sleep is so important and it was really hard to do what I typically do for my like Wellness like you could go outside get some exercise but like I like to go get massages or pedicures to kind of you know like help me relax and get my mind off of things and all of those things were shut down and it was it was really hard and in the beginning and still there's really not good access to mental healthcare to try to work through a lot of the trauma and the fear that we had to go through

Elgin: thank you for sharing all of that I know it was a very difficult

Amaya: To wrap up, here are a few points to retain from this episode:
Hispanic and Latinx individuals make up more than 50% of confirmed COVID-19 cases in Chatham County, even though they make up around 12% of the county's population. This disparity was propelled by the recent establishment of a poultry processing plant in Siler city which employs a high number of Hispanic and Latinx individuals. The close working conditions of such processing plants facilitated the spread of COVID-19 leading to the large disproportion between the county's population and those affected by the virus. It is important to recognize that this same group of people is largely under and uninsured.

In the future, we would like to interview public health figures from Chatham's Health Department to learn about the specifics of the response plan.

We would like to thank Dr. Harris for leading this course as part of SHS 3 at UNC School of Medicine.

Please see our episode description for mental health resources.

If you are hearing this message, you have listened to our new episode all the way to the end. And for that, we are very grateful! We hope you enjoyed this episode and if you did, we encourage you to share it with others who might be interested in this topic.