

# **COMMUNITY ARCHIVE: COVID-19 EXPERIENCES ORAL HISTORIES**

## **Cissie Gregory Interview**

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Virtual Meeting, Nashville, Tennessee

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## Cissie Gregory Interview

**SARA LAW:** This interview is of Cissie Gregory, a friend of the interviewer, about the effects of COVID on their ability to work and their family life. The interview will go into detail about their job and personal life both before and after the shelter in place order was issued.

This interview will be housed at the Reuther Library which is part of Wayne State University. The object that will be housed will consist of a visual an audio recording and the transcripts of the interview. While most advantageous would be to have the interview with no restrictions, ultimately it is up to the interviewee. This interview will be available for the public, so restrictions are understandable. The anonymity of the interviewee will be preserved if so desired, understanding that there will be a time constraint on how long the institution will honor that. There is also an option to house the audio and transcript only.

Alright, so, Cissie, my first question for you today is, are you affiliated with Wayne State University? [00:00:58]

**CISSIE GREGORY:** No.

**SARA LAW:** Alright, and where are you from?

**CISSIE GREGORY:** Nashville, Tennessee.

**SARA LAW:** Okay, and what do you do in Nashville? What's your job?

**CISSIE GREGORY:** I'm a registered nurse.

**SARA LAW:** Okay, and as a registered nurse, have you ever had to deal with patients as far right now that have had COVID or anything like that?

**CISSIE GREGORY:** Yes.

**SARA LAW:** Okay, and what exactly do you do on a daily basis in your job?

## Cissie Gregory Interview

**CISSIE GREGORY:** I work right now in case management, which means that my job primarily is to help patients with discharge planning, and that is to find safe and effective places for them at the time that they're able to go home. Or, whatever they need at the time of discharge.

**SARA LAW:** What did that look like before COVID?

**CISSIE GREGORY:** Prior to COVID, there were a lot of resources available to patients. [00:02:00] So patients would be able to either go home successfully, or they would be able to go to skilled nursing facilities, or home health would be available. Lots of resources were out in the community for patients. So that there was a plethora of opportunities for patients and we would not have such restrictions that we have now.

**SARA LAW:** What kind of restrictions do you have now?

**CISSIE GREGORY:** A lot of places are not able to take COVID patients based on the fact that they have other patients who are COVID-free, and so the spread of COVID is a concern to a lot of institutions. There's a concern for their staff. There's a concern for the patients they care for. There's a restriction of visitors when they do take patients who are COVID-positive and so you have a lot of restrictions when you look at where is the patient going to be placed after COVID. Plus, you have the restriction of are they able to care for that patient. [00:02:58]

**SARA LAW:** How has COVID affected your job?

**CISSIE GREGORY:** Um, it has made it difficult for placement for the patient. It's made it difficult for us to even go in and have face-to-face interactions with the patients. Because in case management, they don't want us to utilize the PPE or the protective equipment that first-line responders have to use to take care of the patients every day. So, typically, we were able to go in and sit down with the patient and have a face to face conversation with the patient and the family. But now, they want us to have those kinds of conversations over the phone. The families aren't able to go in and see the patients so you're not able to have that full visit with the families and the patients to see what their resources were prior to being admitted. And you're

## Cissie Gregory Interview

very restricted on what you can and cannot do with the patient in the hospital because you have to do it either on the phone or by chart review. That sort of thing. [00:04:00]

**SARA LAW:** What other protocols has your job enforced regarding not only your job, but, as a nurse, but in general?

**CISSIE GREGORY:** They have actually limited visitation and a lot of the patients can't have visitors because we don't want those people to be exposed to COVID. And so, now, you see a lot of families not able to see the patients. If the patients are not infected with COVID, we have still limited visitation policies. We have limited access to the patients. They can come in and only visit for a short number of hours. Or, they can come in and after they leave, they cannot return. They obviously have to wear the protection to come in and visit their family. So there's that sort of thing. There's also the issues with if the patient is in a COVID unit, then you have also limitations about what you can do for the patient. [00:05:01] You know, the patients are having certain treatment plans. They have certain medications. That sort of thing. So you have to have a very specific treatment protocols and you have to know exactly what you're doing when you're doing it, so that you have limited staff in there—you have the right staff in there at the right time. So that's a big change for us. We're doing things now that we've never done before. We're seeing responses to patients differently than we've ever seen before. Patients do not respond typically to like we would in other respiratory conditions and so it's very difficult to think about, you know, what was the norm before is not the norm now.

**SARA LAW:** And I know that I'd asked you a second ago if you'd ever dealt with anyone with COVID. Have you? And could you explain that at all? [00:06:02]

**CISSIE GREGORY:** The situation for us is we deal with people with COVID, but I'm not a first, frontline person, so I'm not the person in the ICU [intensive care unit] or the person at the bedside every day. I deal with COVID in a different way. So I deal with folks who are coming into the hospital. Yes, they're positive for COVID, so when I'm seeing that patient, I'm not seeing them face to face, necessarily. I'm seeing them in a chart review or I'm seeing them on the

## Cissie Gregory Interview

phone. Trying to talk to them, trying to talk to their families and reassure them that, yes, indeed, the patient is infected with this virus, but there are still options for them to improve their course of health. You know, there are places that will take them if they need respiratory care after they're out of the hospital. Or they need physical therapy, they need home health, those sorts of things. [00:06:59] So I'm trying to help the family to see that, yes, there are options for them to be able to get home successfully. So those are the kind of issues that I'm dealing with as a case manager.

**SARA LAW:** What did you think of COVID when it first came to Nashville?

**CISSIE GREGORY:** When we first started dealing with this, we knew it was going to be something to handle and we feel like it was going to be an issue. A lot of people were like, It's only going to take a few weeks. But the healthcare community thought, No, it's going to take a lot longer than that. We did not foresee, I think, that it was going to take this entire year to handle. Because I felt like, personally, and I think that our community felt like if we really dealt with it—the issue at hand—we were going to be able to get it under control a little bit better. Now, that being said, people have done for the most part in the medical community what we could. [00:07:57] But the masking has been very, um, variable around the community, around the country. So, that being a problem, it's made things a little bit more of a challenge. You know, some people wear the mask, some people don't wear a mask. Some people wash their hands, some people social distance. So the inconsistency with that has made this virus—fighting it a lot worse.

And, also, some people have been not showing symptoms, and so you have people—carriers—who have not shown symptoms and they have brought the virus to other people and we've not known it. So that's another element that we just didn't have our hands around early on. People were showing symptoms that were COVID symptoms that we did not realize. The nausea and vomiting was one. So, you know, initially people would have nausea and vomiting. We never suspected for COVID initially. So, early on, those were things that were not known to us.

[00:08:58] The virus has also changed in its ability to spread, and it has mutated, so that's a

## Cissie Gregory Interview

difference. So there's just been some other things that just happened to us that we weren't prepared for, I don't think. And it's not any one person's fault, or any one person or group of persons, uh, blame. It's just the virus and the nature of the virus that happened to us.

**SARA LAW:** As a medical professional, do you agree with everything—the protocols—they've put it place, both with the medical realm as well as with just the populace in general?

**CISSIE GREGORY:** I think that we, as a medical profession, have done everything that we physically can do to help the community at large. I think that we're trying to use our PPE wisely. We're trying to use our resources wisely and I think, at large, the government has done what they can. [00:10:00] I wish that truly, the nation as a whole, would have been more cohesive to say everybody has to wear masks. Everybody has to follow the same protocol, instead of each individual state being allowed to do their own thing, because I think that that may have been a gap in the success of this fight. But, that being said, I don't necessarily know what each individual state had up against them, but I feel like that might have been a success story versus where we are now. Looking at other countries, they universally masked, they universally social distanced, and they had a better outcome than what we have had here. So I think that would have been a success versus where we are now.

**SARA LAW:** And you, personally, how has just dealing with COVID related things—how has that affected you? [00:11:02]

**CISSIE GREGORY:** I've worked a lot of long hours. So in case management, typically our hours were salaried and our hours were roughly eight-hour days. Prior to COVID, I would be working a little bit longer than that, but after COVID I have worked very, very long hours because it has been a challenge to find people what they needed and the resources are very slim. So I've done that and I've come home.

And I have gone in COVID units. I've just not gone in rooms with COVID patients, but I've been down COVID units. I feel like when I come home that I have the obligation to my family to rid myself of what I've been in. And so before I see my family, I get changed out of my work clothes

## Cissie Gregory Interview

and do what I can to make my family safe. And I have limited my contact with anybody as much as I can. [00:11:58] So I don't go out and I don't travel. I try to exemplify what I ask the community to do, so I try to be very aware of the things that I'm asking everybody else to do. I try to exemplify that, you know? I try to wear masks and use the hand sanitizers and social distance and, you know, just really say to people this is very, very important.

**SARA LAW:** And when the first shutdown order, or when the shutdown order came into effect, how did you see the effects as far as, say, everything was shut down, but you as an essential worker were still working. What was that like?

**CISSIE GREGORY:** I think the first week was very telling. Our office, actually, even allowed people to work from home if they had good reason. So if they had children who were out of school or they had elderly family members to care for, or if they themselves were immunocompromised, they were allowed to work from home. [00:13:02] And because I was not one of those groups, myself and one other gentleman came in everyday and worked at the hospital. So, out of about fifteen employees, we were two that stayed in and worked every day. But the roads were essentially airin [ed. note: barren]. People were not coming into work. People who didn't have work, didn't—you know, just unemployed. People who were essential workers were very few coming in, so it was very, very different. Like I said, it was very lonely and isolating, and it was just a different time. So it felt odd, very strangely isolating and different.

**SARA LAW:** And, do you remember when the stay at home orders were lifted somewhat? At least with phase one? [00:13:59]

**CISSIE GREGORY:** Mhm, yeah. When they were lifted a little bit, the traffic on the roads slowly started to resume and you saw a little bit more of an increase and you saw that people were trying to resume their lives, but it was still this very cautious—uh, I think, hesitance. And return to normal life was very hesitant, you know. There was a fear still. There was not this, Oh, let's get back normal. There were some people who were very excited about it, and you saw some people who were running around without their masks on and trying to just embrace that

## Cissie Gregory Interview

normal return. But I think those of us that really knew that this was very serious were trying to kind of hold that stance, you know, and say, Let's be cautious. [00:15:00]

**SARA LAW:** You still feel like you're holding that stance?

**CISSIE GREGORY:** I think we are. I think people are now a little bit more afraid. You're seeing the fear in people with going back to the grocery store and seeing people hoarding things again and that sort of thing. Our hospitals are filling up again and we're still telling people, Now's the time. You know, the holidays are upon us. Now is the time to be socially distanced. Our government has issued the—uh, people minimizing their gatherings to eight or less and that sort of thing. So we're trying very hard to make people aware. And we're trying to hold that stance because our, again, our hospitals are full. Here in Nashville, our availabilities are very, very slim. [00:16:01] So we're trying very hard to make people understand, if you don't do it now, we won't have resources later.

**SARA LAW:** How has COVID affected your holidays, personally?

**CISSIE GREGORY:** We actually for the first time did not have a family gathering as we normally would. We celebrated at home in a very small gathering. I had just my immediate family here and just a very small—and we had it buffet style. Everybody fixed their own plate and sat where they wanted to and it was just a very quiet, minimal type of gathering. We did not have the big celebrations like we normally would. We had family that we didn't see at all. And we called on the phone verses seeing people in face to face.

**SARA LAW:** And, as far as COVID goes, have you dealt, or has anyone in your family had it that you are aware of? [00:17:01]

**CISSIE GREGORY:** Nobody in my family personally has had COVID. I have had one of my sons, his roommate had it and, actually, his roommate did leave their home and stayed with a friend who had it. So he removed himself and self-quarantined that way. We've had some close calls



## Cissie Gregory Interview

where other people have been in contact with family—with distant family—who've had it. So, but, we have not had it ourselves, fortunately.

**SARA LAW:** And, as for you personally, what is one thing that you've noticed most during this time?

**CISSIE GREGORY:** I think there is a cautious, um, caution about this. People are either very concerned with it or they are not concerned at all. [00:18:00] There's not a middle ground. Either you're very on board with it or you're not at all. And I really wish that we could just all be very aware, but not overboard. If you just take the precautions that people have told you to take and be following the guidelines. You know, washing your hands, wearing your mask, social distance, and go about your daily lives in those ways and not be so afraid, but just be cautious. And then not go the other direction where you're not wearing a mask at all and not believing that this is real, then we would get through it. But some people are so unaware or don't care to believe it, then other people are so fearful that—it's there's just no middle ground at all. [00:19:02] And so I think if we just did the things we were supposed to do in moderation, then I think we would get through it, you know? Not the nitpickers and not the naysayers.

**SARA LAW:** Have you found anything positive in this COVID time?

**CISSIE GREGORY:** Yes! I really have. As a matter of fact, I think a lot of really good things have come of this. We have had an outpouring in our religious communities. A lot of people have done great things to try to reach out to the homebound people. They've been videotaping religious services, so people can see those. There have been a lot of opportunities to make sure people have received what they needed as far as better resources for delivery services. There have been better resources for—food banks have tried to receive a lot more of charitable donations. People have been more giving and more understanding of each other. [00:20:00] So there's been that. You know, we as a country usually do rise to the occasion when there's things like this that go on. And I think that we are doing a good job that way. Unfortunately, there's a large number of people who are unemployed this time of the year, but I think those of

## Cissie Gregory Interview

us who can provide for people are trying to do so. So I think that that's a good thing that's coming out of this.

In the medical world, we are learning things we never knew were out there. You know, we're learning more about the replication of a virus. We're learning different modalities to treat it. We have, as a country, looked at how we can further research and maybe breakdown some of the barriers that kept research and the promotion of new treatments in such a backlog.

[00:20:57] And maybe find ways to make sure those things and those treatments come about a little bit better and quicker. So those are good things. Those are actually good things where we can get treatments to patients faster.

**SARA LAW:** And, going toward pre-COVID now, is there anything you miss from that?

**CISSIE GREGORY:** I am very much a social person, so I'm very much a hugger and a person who likes to be with people and I definitely miss that. I miss being with my family. I have a large family and I miss that. I miss being with my patients in person. I miss being at church in the normal fashion that I used to be. I still get to go, but it's very, very different. So I have learned to be very grateful for the little bit that I can do, but definitely miss what I had before.

[00:21:57]

**SARA LAW:** And, we're getting close to the end of the interview now, but my last question for you today is: When COVID is over, what is one thing that you want to do?

**CISSIE GREGORY:** Um, I think the one thing I want to do is just remember. You know, history is the one thing that is our lifelong teacher and if we don't remember what we went through we will never grow and learn. And there's so much in our past that we are now growing out of and forgetting that if we don't remember what we had—we had pandemics in the past and we've gotten away from them, but there were lessons learned in those. And we just need to remember what this taught us. It taught us a lot of things that not just medicine needs to keep in the forefront, it taught us social lessons that we need to remember. So I think we just need to remember. [00:23:00]

## **Cissie Gregory Interview**

**SARA LAW:** Alright, well, thank you so much for doing this for me today.

**CISSIE GREGORY:** Thank you!

**SARA LAW:** And, again, I really appreciate this.

**CISSIE GREGORY:** Sure, sure, my pleasure.

*End of interview*