

## ***Pandemic Perspectives: Jeffersonville Residents Recount Their Lives During the 2020 Covid-19 Pandemic. Interview with Lara Marrs Goebel***

### **SUMMARY KEYWORDS**

*pandemic, work, pharmacy, patients, drug shortages, people, hope, making, masks, compound, learned, kits, pharmacists, machine, felt, shortages, bags, vigilant, wear, fentanyl*

**Jen Weidner 00:01:** Today is July 27, 2022. I'm Jen Weidner with the Jeffersonville Township Public Library, conducting interviews for Pandemic Perspectives: Southern Indiana Residents Recount Their Lives During the 2020 COVID-19 Pandemic. This project was made possible with a grant from the Indiana Genealogical Society. I'm here today with Laura Marrs Goebel, lead pharmacy technician at Clark Memorial Hospital. And what are your preferred pronouns?

**Lara Marrs Goebel 00:27:** She, she and her.

**Jen Weidner 00:31:** What do you do as a lead pharmacy tech?

**Lara Marrs Goebel 00:33:** I make sure that the staff is trained. I handle problems day-to-day, issues that come up. Schedule people, supervise the technicians, answer the phones, direct people where they need to go. Solve any issues with our automated dispensing machines. Just like a whole big bunch of different things. As a leader does, so yeah.

**Jen Weidner 01:14:** So do you remember when you first heard about COVID?

**Lara Marrs Goebel 01:18:** I do. It was like December of 2019. And it was, I know the pharmacists, that some of the pharmacists I worked with were very, very concerned about it. And I was kind of in that, oh, let's just, I'll just worry about it when we get to it. There's no point in worrying about it now. So I had a very different type of attitude about it than I do now.

**Jen Weidner 01:48:** So how did your job change during the pandemic?

**Lara Marrs Goebel 01:54:** We have always dealt with shortages, drug shortages. And that's kind of prepared me for COVID-19 because we faced even more drug shortages and having to overcome, overcome different problems, different ways of solving. Making sure that patients got the right drugs. We had a different pharmacy team at that point. I'm sorry, I forgot what the question was, again?

**Jen Weidner 02:30:** How did your job change?

**Lara Marrs Goebel 02:32:** I ended up going from being, doing a lead tech position to a lot of staffing. And trying to even more focus on trying to keep the team together and try to keep things running smoothly, and that's always a focus, but it's even got more intense at that point.

**Jen Weidner 02:59:** So how did the protocol/protocols change when you're working in a hospital setting during the pandemic?

**Lara Marrs Goebel 03:05:** Well, we had to obviously, we had to wear masks. We came into work, we had to try to maintain distance, which was, it's kind of hard in that closed space. In our

pharmacies, a pretty big pharmacy compared to some of them I've worked at, and so, but you still have to maintain a distance. We couldn't, we didn't meet. We used to do gatherings, briefs in person. And we couldn't do that as easily because we had spread out. We went from, we had, we had these kits called RSI kits, it stands for rapid sequence intubation kits, and we used to have them in boxes. And we, we would load those in the accudose machines upstairs and come back and rotate them, and we got to a point where we started quarantining those, and we put them all in bags. So we'd put them all in bags, we'd have to wipe every single thing down, which we didn't do before. And I think the more we learned about COVID, we don't do it now, but at the time is really scary time. We got a code tray back. Every time we got one of those RSI kits back, we had to wipe everything down with alcohol or sani wipes, and it was just very labor intensive. That, I think, is one of the biggest changes we had. Of course, then we're all hypervigilant about alcoholing our hands. I was very, very vigilant about that. Making sure when I went from floor to floor to machine the machine. I was alcoholing before I touch the machine. I alcoholated after I touched the machine. I'd go up to the next machine and do the same procedure. So it's very, very vigilant handwashing procedures and because it was a scary, it was a scary thing.

**Jen Weidner 04:59:** So how concerned were you about catching COVID work at the hospital?

**Lara Marrs Goebel 05:02:** I was a little concerned about it. But I knew, like, what the handwashing procedures were I was doing the social distancing. I was not doing things with people after work. I was, you know, I was very focused on making sure I cut myself off from family. I didn't go to family events even though that, they'd have them, and they'd have masks. I've made sure I didn't go because I was afraid I would carry something home to them, which was, which is hard on my, my mother, who doesn't have any other social interaction. So I was a little nervous about catching it. But on the other hand, I knew I was being very diligent and making sure I was as safe as I possibly could be.

**Jen Weidner 05:52:** So what have you learned from the pandemic?

**Lara Marrs Goebel 05:54:** I think I've, some things I've learned, I've learned a lot about other people that I didn't really know before. You see all these Facebook posts of these people that don't really seem to care how their actions affect other people. That kind of gave me a negative viewpoint on humanity as a whole. I learned that I can, I can pull myself up and work really hard and do things that I didn't think I could do. Work the hours that I didn't think I could work, not that I want to work those. That was very, that was a huge struggle for me.

**Jen Weidner 06:51:** To have to work extra hours?

**Lara Marrs Goebel 06:53:** Yes. It helped us. It helped me personally learn how to choose a better team because we did have people that weren't good for our team and department. And since then we've, we've really gotten a much better pharmacy, probably the best pharmacy team I've worked with. We've, I've learned to be a little bit more discerning when we're interviewing people and being a little bit more upfront and forward with them about what my expectations are, what, what they need to do to be part of the team, so in that way, I've grown a lot. So that's, that's kind of what I've learned. I've learned that my family has been there to support me. My husband especially has been really supportive. He was supportive of the hours that I worked. He understood and the support my kids through the whole thing.

**Jen Weidner 07:56:** So what do you hope will continue after the pandemic is over?

**Lara Marrs Goebel 08:00:** I hope people will take things a little more seriously. I think, I hope people will be a little bit more compassionate. Yeah, again, one of the things that really frustrated me were the people that didn't want to wear masks or would complain about all of their rights being taken away. It gave me a lot of compassion for our nurses. Our nurses worked very, very hard in really bad conditions. Wearing, you know, wearing all those hazmat suits and being super hot and just, you know, doing that day in and day out and the stress from that. I hope, I hope people will appreciate the medical field and nurses a little bit more, maybe tend to listen to experts more. So, I mean, those are some of the things that I hope will happen from that.

**Jen Weidner 09:05:** So what do you want people in the future, I would say 50 or 100 years from now, to know about the pandemic?

**Lara Marrs Goebel 09:11:** I don't know. I think I want them to have a better understanding of how the medical field works, about how, how to make things better. Again, the drug shortages are very, they're still very distressing. It puts a lot more, it's a lot more labor-intensive for our department, especially, and it is for nursing as well. But our department, we're making, we were making a lot of things from scratch. I hope that they start looking at government controls on, on medications, and I would hope that they would learn from that what we've seen, manufacturing practices and, and that kind of thing.

**Jen Weidner 10:19:** So what kind of things were you making from scratch?

**Lara Marrs Goebel 10:22:** Um, well, we have, there's a system called mini bags, and they're these bags that they fit on top of a vial, and the nurse activates it up on the floor once you put it together. It's good for 30 days once a nurse, nurse activates, it's good for a number of hours. It makes our job a lot easier because all we have to do is stick though, those bags on the vial and we're done. We couldn't get the mini bags, and we had that problem with the hurricane in Puerto Rico several years ago that kind of prepared us to deal with that shortage, and we still are having problems getting mini bags. We get allocated so many mini bags so we're making a bunch of antibiotics from scratch. So we get bulk bottles, and we're having to compound those and with that kind of stuff when you're compounding. Of course, our IV room is very clean. We have, you know, they come in and check it. We're very diligent about stuff, but you still run the risk of higher risk of bacterial infections when you're compounding something as opposed to something that you just put together really quick or, you know, it's a little bit more sterile environment. You're, you're more open to mistakes. So we've had to compound a lot of antibiotics. I know that when we had the patients that were on ventilators, they use fentanyl and versed drips to keep them sedated, and we couldn't get the size vials of versed or fentanyl that we normally use. So we're having to do, there were times when I had to, instead of drawing up 20 ml out of two 10 ml bottles, I had to draw up 20 ml out of 20 versed 1 ml, which takes, something that would take me maybe 10 to 15 minutes to make five drips could take me an hour to make five drips. It's a whole different process. Then, the amount of Flolan, and we had shortages on Flolan, which would help keep the patient's oxygen stats up. And once we started them on it, we had to keep a continuous rate of that, otherwise then, they get in trouble with the oxygen. And, you know, we had our inventory coordinator. Stacy did a great job of keeping, keeping things going and making sure we had what she could get for us, and that was, that was a very difficult job. I would not want her job for, for the world. She does a very good job with that. She, she does everything she can. She tries to hit all the avenues to get what we need for the patients, but when you have, like, New York state had all these people that were ventilated, and, and they had all these issues, so to, so when you're getting the supply pulled to someplace it's worse off as it's very difficult.

**Jen Weidner 13:19:** Yeah. All these things that, behind the scenes, people have no idea...

**Lara Marrs Goebel 13:23:** Yes!

**Jen Weidner 13:24:** ...were happening, and they're complaining because they have to wear a mask.

**Lara Marrs Goebel 13:26:** Right! So that's a little frustrating. Yeah, and I have. I'm a little bit leery to have anything of course I see Facebook posts and I felt very in the very beginning when they had shut down and we didn't have surgeries. And then it was, it was like, okay, and it hadn't really hit us really hard yet, but they had shut down. And it was kind of like then we had all this support from the community and pharmacy got that support, too. I felt like nursing needed the support more because they were seeing these patients. A lot of them had, you know, ended up getting COVID, and we had some in our department that had gotten COVID. And, of course, and you have to go without somebody for a couple of weeks at that time before they could come back to work. And some of them got pretty sick. I mean nobody was hospitalized luckily, but um yeah, I'm sorry, I'm losing my train of thought.

**Jen Weidner 14:32:** Is there anything else you want us to know about your experience?

**Lara Marrs Goebel 14:39:** Just that it was really stressful. I think people, yeah, like you said, behind the scenes, I think people have no idea what a strain that had put on us. And, you know, how that's, that's affected how I look at people now. Like I've got a high school reunion coming up, in seeing some of their Facebook posts in regards to the pandemic in, in regards to what was being, you know, asked of them and then having that, that perspective of oh, they're asking me things and I even had really good friends that would say, "Oh, we don't really need to wear masks, and that's just stupid and infringing on our rights," and they'd send me videos and yeah, just have some compassion for the people that are really working hard to keep you well.

**Jen Weidner 15:30:** As a medical person, you were seeing, like, what was really happening with COVID, with patients, and things weren't as good as, you know, people wanted them to be, it was.

**Lara Marrs Goebel 15:41:** It was devastating to see the amount of people that you would work and work and work and work to save, and you lost all these patients. And even from down in our perspective, I know that was harder on nursing because they're dealing with family members and they're dealing with the patient themselves. And it was just heartbreaking. But even in pharmacy, we felt that, too, because we would work so hard to make sure the patient was comfortable, try to do everything we could. My pharmacists were reading up on COVID on their off time when they weren't there, that they were just living, everything revolving around COVID and it was just very, very stressful. And just to see the the amount of people that just didn't have compassion and even for service workers and, and people like that. I mean, I was very appreciative of when they had servers coming back, and I, you know, that was awful for them to be out of work and feeling bad for those people not being able to work and then feeling bad for the people that were working around the clock. So it was such a huge difference between the two things. And, and trying to figure out, and I was, I was making, you know, you're getting all this overtime money, and it's like, you feel bad because then there's these people that don't have things, and so, you know, you would donate I mean, I would donate some money to food pantries and stuff like that. Just because I felt like, you know, here I've got this opportunity. I'm working myself to death but I've got this opportunity to help somebody else out that's not working in the medical field, which I feel like that's, that's pretty good security for the most part.

That it is, it is, it is easy to get burned out on that. And so I would hope even like the medical people, I would hope that they could take a step back and take care of themselves. And anybody that's in those stressful situations because it's not just medical there. There was a lot of other places where you had that stress, that stress and just trying to figure out how to deal with that stress in how to handle that because that was really tough.

**Jen Weidner** 17:57: Well, thank you for being here today and sharing your experience.

**Lara Marrs Goebel** 17:59: Thanks.