

Caroline Moseley:

All right. Hello, Susan. So I'm just going to start with the little script. So my name is Caroline Moseley. Today is Friday, May the 29th. I'm in Georgetown, Maine, and I'm interviewing Susan Graham who is in Brunswick, Maine, and this is part of the Documenting Bowdoin and COVID-19 project. So, thank you for being willing to participate and tell your story. Just to get started, can you tell me what your job is at Bowdoin and how long you've been doing it?

Susan Graham:

Sure. I've been a housekeeper there for 14 years. And I have Academic Building and I have Coleman Hall, which has a lot of students in there. And so I've been cleaning my whole life. I've been cleaning my whole life. So do you want me to talk about what I'm doing?

Caroline Moseley:

Well, so yeah. So how has this changed for you, both at Bowdoin, and it sounds like you have another job as well, so if you could fill me in about that?

Susan Graham:

Yeah. So probably a week before we were let out of work, which was around March 18th, I think that was our first day off. So about a week before we were let off, a gentleman from Mid-coast hospital, I know his first name is Greg, I just forget his last name, he came to talk to all facilities about COVID. He is in the environmental service and he's the head of it. So after about two weeks of being off, I live by myself and Mid-coast hospital is right up the street, and I said, "Wow, I bet you they could use some help." So I reached out to the environmental group there and they were like, "Oh my God, absolutely." You know what I mean? And if I lived with somebody, I wouldn't. And as soon as I told my daughter potentially I'm going to be working there, she said, "Well you know, ma, I can't come and see you?" And I said, "Well, we'll have to FaceTime." So they were in such need that the day I reached out to them, which was in the morning, they actually had me fill out my application and they did everything, my background check and everything, in eight hours. And I was hired after eight hours.

Caroline Moseley:

Wow. That shows the need, doesn't it?

Susan Graham:

Yes. Yes. And basically, that was a Friday and I started work on a Monday. And so I ended up going into starting work right off in the emergency room department. And they usually have one person there, but they had three, and I got trained pretty quickly, but they were not taking the average cases. They were taking people who were sick from COVID. So right away, I was cleaning rooms that had lots of things like SARS and scabies and all that, but rooms that were COVID, people coming in with COVID. So some would be tested and they would go home and some would go upstairs. So it was really, I don't want to say exciting, but I'd never done something like that. Who would have thought I was going to be working cleaning COVID rooms?

Caroline Moseley:

Was it alarming? Were you protected? What kind of equipment did they give you?

Susan Graham:

Yeah. So I'm going to send you two pictures. One of me just ... everybody has to wear scrubs there because every day we don't want to go home with our uniform. So this is my badge that I wear, it's an environmental service badge, and then my other picture is with me before I go into a room like that, and I have to wear the cap and the full gown, double gloves, the mask and the goggles, and the feet things before we go in.

Caroline Moseley:

So is that like a shield, or different kind of goggles?

Susan Graham:

You can wear a shield, but since we wear a mask all the time, I was wearing goggles and my hair was in a hairnet, so my whole face in here was all covered. And then the gown and the double gloves. And when we stepped in the room, we can't forget anything because you can't step out. You know what I mean? Because if you're going to go out, you have to take everything off, but you have to make sure the room is clean. So every room there that we did, whether it had COVID or not, because the testing takes a while, but if people came in with the symptoms, then they just assumed that they had it. So we had to go from there. And if it was a room like that in one of my pictures, we have four different signs. One will say droplet contact, so this tells you what is happening in the room. And if it was a room that had COVID or something, literally, when they checked out of there and went some other place, upstairs or home because they weren't really, really sick, we had to let the room sit for one to two hours, depending on what was going on in there, before we'd go in.

Susan Graham:

So yeah, it was nerve wracking, but I figure they've got to know what they're doing, hopefully, as far as our personal protection gear and stuff like that. So I worked in the emergency room for about four and a half weeks, and now I'm working in the intensive care and the maternity and stuff like that. I don't know if you saw it on TV, but there was a gentleman who had been at our hospital for almost a month, and then he was released like a week ago. And I saw it on Facebook because I wasn't there that day, but I actually went in and cleaned his room, and it was just so bad because he had been there for 28 days in this one intensive care room. So I had to go in with another girl and it took us hours because there was so much stuff, and they actually threw away the bed, and then we had to clean it with bleach.

Caroline Moseley:

The room, the whole room?

Susan Graham:

Yeah. And when we were cleaning any room in the emergency room, we were cleaning the walls, top to bottom, every room, every day, everything, because you just can't chance anything. So yeah, that room that he was in was pretty bad, so they ended up throwing away the bed. And then the room had to be cleaned twice with blades because a lot of stuff went on there in 28 days.

Caroline Moseley:

So were you cleaning those rooms in intensive care while the patients were there, or not?

Susan Graham:

No. So for instance, that particular gentleman, he went from being on the ventilator, I saw him progress, and then, next thing you know, after three weeks eating a few bites. You can see in through the window. We wouldn't go in there at all. So there basically would be no cleaning in the room until he left. But he was our longest patient. And so the nurses and doctors would have to go in and gown up completely for even the littlest thing. And I got to know a lot of them, talking, not personally, but I'd talk to them and it was a different experience.

Caroline Moseley:

Yeah, it must've been both intense and interesting and scary.

Susan Graham:

Yes, yes, yes. It was. It was [inaudible 00:08:08]. And-

Caroline Moseley:

So how many days a week do you work there?

Susan Graham:

For the first two months, this is probably my ninth week, so I'd say I've worked almost two months. How long have we been off from ... so I would say close to two months. I was working four days instead of five, but now I went down to three last week because I know we're going back soon to Bowdoin.

Caroline Moseley:

So during this time, have you been not at Bowdoin at all?

Susan Graham:

No. So since March 18th, which was-

Caroline Moseley:

We're recording now. Hi, Susan.

Susan Graham:

How are you doing?

Caroline Moseley:

Welcome back. Sorry for the technical difficulties last time. I think we had left off where I was starting to ask you about returning to work at Bowdoin, because it sounds like ... well, I know that there's now this schedule for people to return. So how do you fit into that and what are you thinking about it?

Susan Graham:

So, yes, the last I heard was we're going to be returning, us housekeepers, in waves of 10 over the course of four or five weeks. And I haven't got the call yet, so I may not be in the first group. I thought they were starting mid June. I know it will probably take us a couple of months to clean the whole campus, but I guess I'm a little worried about my job if the students don't return. I guess in the next

week and a half the president said he would kind of make his decision. So if we don't, I don't know what's really going to happen. That worries me a little bit.

Caroline Moseley:

Yeah.

Susan Graham:

And I guess this-

Caroline Moseley:

Sorry, there was another little glitch. Can you hear me all right?

Susan Graham:

Yep, yep.

Caroline Moseley:

Hello?

Susan Graham:

Yep. I can hear you.

Caroline Moseley:

Okay, good.

Susan Graham:

Can you hear me?

Caroline Moseley:

I can hear you, keep talking. The video may go a little wonky, but we've got the audio, so.

Susan Graham:

Yeah. So I guess I'm just a little bit worried about our jobs.

Caroline Moseley:

Yeah. Have you been watching or listening to the town halls?

Susan Graham:

No. I have not been able to listen to any. I'm thinking that I could go online and read it, somebody told me, but I really haven't had a chance. Have you been listening to them?

Caroline Moseley:

I have been listening to them, and I think you can go and listen to them after the fact, I think they're saved recordings. So that might be interesting for you to do that.

Susan Graham:

Right. I don't know where to look.

Caroline Moseley:

I can send you some links afterwards.

Susan Graham:

That sounds wonderful. Thank you.

Caroline Moseley:

Okay. So are you still working at the hospital as well?

Susan Graham:

Yeah. And once I do go back to Bowdoin, they want to still keep me per diem. And so I will be working one day after I get out of Bowdoin for like four hours, and then to cover people's shifts on the weekends if they need be. But they definitely would like me to stay per diem, and I would like to, to help out, and if it comes down to it, I may just need to have another job set up.

Caroline Moseley:

Well, yeah, it's good to have a backup.

Susan Graham:

Yeah. But I really love Bowdoin and I don't want to go work for the hospital permanently, but like I said, I like Bowdoin and I like the community, I like the people. I've been there 14 years and I don't want to leave. So.

Caroline Moseley:

Yeah. Okay. That brings me to another one of my questions which has to do with Bowdoin. It's how did you feel when you first heard about Bowdoin moving to remote learning for the rest of the semester? I mean, what kind of impact did that have on you at the time?

Susan Graham:

When we first heard that that was all going to go down, I guess we didn't realize really to the extent, you know what I mean? Like what was going to happen, how this was going to go down. I think there's still a lot of questions that we don't know about, so I don't know. I think everybody was just like, "Oh, we get some time off," you know what I mean? And then it started going on and on. And of course I went to go work at the hospital, but I'm thinking most people are still home just hanging out. So then they had some time to think about it and it is a concern. And I just know that the students would much rather be on campus, and we all want to be back, and hopefully we will. I'm hoping we don't have to wait a whole nother year.

Caroline Moseley:

Yeah. Likewise. How about your relationship with the rest of the Bowdoin community? Have you been able to maintain connections through all of this?

Susan Graham:

I've talked to my boss, Kim Bibber, a couple of times, and I made a little video [inaudible 00:13:25]. I forget where she's from on campus. She asked anybody who has a dorm, because we didn't get to say goodbye to our students, to make a 10 second video, so I did make one. And there was a handful of housekeepers and other people that made some, so I got to see those. And I've talked to a couple of the housekeepers that I hang out with, and some that I just work with, but that was towards the beginning. And so I really haven't talked to many since then. So I would say lately, because I've been working four nights a week and then sleeping in and trying to get my stuff together, you don't have much of a life when you work second shift. It's the first time ever I've done that. Yeah.

Caroline Moseley:

Yeah. That's a good thing to know, I suppose. When you communicate with people, have you done it like this on FaceTime, or is it more by phone?

Susan Graham:

Yeah, just by phone. Yeah. Most people, because they're being at home, they're like, "Oh, I don't look good, I don't want to FaceTime." So no, I don't normally FaceTime my friends, I normally just talk to them on the phone. And like I said, because usually you're in the comfort of your own home, it's not like you're looking all pretty. And especially now, people are sleeping in and wearing their sweats and not washing their hair and stuff like that. But otherwise, it's going good.

Caroline Moseley:

So what do you miss about the way things were before, and what do you not miss?

Susan Graham:

In general, you mean?

Caroline Moseley:

Yeah. In general.

Susan Graham:

Not about Bowdoin? You know, I miss being able to go to Connecticut to see my son and his wife and my two grandkids. I went there March 14th, and then the next day, I think it was the 15th, that Friday, my daughter called me up from Maine to Connecticut and said we had had our first COVID case. And I'm like, "Oh wow." And I came back on a Monday, went to work ... no, I came back Sunday night, went to work Monday, Tuesday and Wednesday at the campus. And Wednesday, we got our 5:00 PM notice saying don't come back tomorrow. So it was kind of like bing bing bing.

Caroline Moseley:

Yes, happened very suddenly.

Susan Graham:

And I haven't gone out to lunch with my girlfriend or gone shopping with her or been able to touch anybody, hug my daughter and her boyfriend. And I'd like to go to Connecticut, but I am definitely one

that follows the rules. I wear the mask all over the place, I'm very good about social distancing, I wash my hands a lot and I carry wipes and all that good stuff. So that I just feel like I'm going to continue doing, even though a lot of people don't. So basically miss really being able to see my family and go out to dinner. Go out to dinner. I really like to go out to eat, and it's not the same as grabbing a pizza and coming home. Nope. So, yeah.

Susan Graham:

But that I miss. Anything better? Oh, I can't say anything's better about it. No, I can't see any positive things that come out of that. I don't really know.

Caroline Moseley:

Maybe washing hands more?

Susan Graham:

I guess just people helping out. People helping out other people.

Caroline Moseley:

What about the work at the hospital?

Susan Graham:

Probably the first month I was there, and because I was working up in the emergency department, I was around all the nurses and doctors and stuff, and every day we had free dinner. Every day church groups and other organizations were delivering meals to us, which was really, really nice. And at the hospital, at the cafe, even though we can't order food, they have a whole little store set up for us. We can buy flour and beans and sugar and eggs and toilet paper.

Caroline Moseley:

So you didn't have to go-

Susan Graham:

There's a limit of one per each, but that's been a really nice thing for the doctors and nurses because they don't want to have to think about going to the store for some little things sometimes. So that's been nice. People helping out, I guess that's a really good plus. I'm sure people are connecting with their children more, getting time, if you live with your kids, getting time to play with them and connect, because everybody lives a busy, busy life, and I think this is a really good time for younger families to connect with their kids and stuff, especially dads who are usually out there working. So I think that's a really nice thing.

Caroline Moseley:

Yeah, the return to the way it was, and not that it will be the same, but that's going to be a hard transition, I think probably, for some people.

Susan Graham:

Yes, it will.

Caroline Moseley:

Well, I think you answered the what are you most looking forward to, because that's another way into that question. So what do you think you will remember most about this period?

Susan Graham:

I probably will remember things differently, like some other people, because I was working at the hospital and I saw those people come in. And I still see people on ventilators and stuff like that. So I guess when you're on the hospital frontline, and so many people are on the frontline, but the hospital frontline, I watched somebody there for 30 days in intensive care, go from, "Is he going to die?" To getting better, to walking out of the hospital. And we have people every day come in with COVID and I'm working heavily in intensive care the past four weeks, so I'm seeing those people that are in our hospital on ventilators. And the nurses and doctors gowning up, and me gowning up, and just all the precautionary stuff.

Caroline Moseley:

Yeah, different world.

Susan Graham:

So I think the impact will be a little different for me because I've seen stuff, but yeah, thank God I haven't had family members [inaudible 00:19:50] get it. That's a plus.

Caroline Moseley:

Is it still very busy at the hospital? Are there still a lot of people coming in, or has that changed at all?

Susan Graham:

It's slowing down a little bit. Yep, it is. It is slowing down a little bit. I could see that because they were having three of us in the emergency room every night, and now they're down to two. So I know that it's slowing down. I mean, we do get some surge in cases, obviously, but yeah, I could see it slowing down. I could see it slowing down. Yes.

Caroline Moseley:

So do you find that to be a bit hopeful?

Susan Graham:

Yeah. I just wish I saw more people outside wearing a mask. I just feel like we're all uncomfortable wearing them, we're all having a hard time breathing with them, they're itchy, but you've just got to take that extra step until there's a vaccine or ... I don't know. I really can't answer that, but I get a little frustrated because some people just don't take it serious. But if they walked through a hospital or knew somebody in their family that died.

Caroline Moseley:

They would probably change their tune.

Susan Graham:

Yeah. My boss at work, my immediate boss, his sister gave it to his mother, and she's been out on the ventilator, but she's going to be okay. So you know how you'd feel if you give it to your own family member. And then another relative of his committed suicide, because he had COVID and his business was really failing. Yeah. So he had his fair share.

Caroline Moseley:

Yeah, that's a lot of impact.

Susan Graham:

Oh yeah. Oh yeah, absolutely.

Caroline Moseley:

Well thank you for doing what you've been doing. I mean, that's-

Susan Graham:

Oh, you're welcome. I'm glad I could help out, and I'd be sitting around getting fat if I didn't. So I'm really glad I did this, you know what I mean? Really. And I got to meet a lot of nice people and hear stories and good stuff, good stuff. And that's one thing, you see a lot of good in people that you wouldn't before.

Caroline Moseley:

Yeah. That's good. You need that. You need that right now.

Susan Graham:

Yes, absolutely. Yes. But definitely thank you for talking with me.

Caroline Moseley:

Well thank you for sharing your story. I think not many people are going through what you've been going through particularly. So it'll be an interesting story to keep.

Susan Graham:

Yeah. Yeah. That's good. I'm glad. I'm glad.

Caroline Moseley:

Okay, good. So I think that's all the questions I have. Do you have anything else you'd like to add?

Susan Graham:

No, I think that's all set. Hopefully I didn't babble too much.

Caroline Moseley:

No, I don't think you babbled at all. I probably babbled a bit, but this is new for everyone.

Susan Graham:

Absolutely.

This transcript was exported on Oct 21, 2020 - view latest version [here](#).

Caroline Moseley:

Being interviewed. So anyway, I really appreciate it. So I need to stop recording here. Can you just hold on one second, because I want to talk to you after. I may disconnect for a second. I'll be back in touch.