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Riggenbach: Today is Monday, November 29, 2021. My name is Amanda Riggenbach, and I am the project manager for the oral history project, Tumultuous 2020, at the Abraham Lincoln Presidential Library and Museum. I'm currently at the library in Springfield, Illinois with Nicole Florence, medical doctor, director and bariatrician at Memorial Wellness Center.

[0:00:26] We're going to be talking about her experiences as a doctor and later director during the Covid-19 pandemic for the Tumultuous 2020 project. Thank you so much for coming back, Dr. Florence.

Florence: You're welcome.

Riggenbach: So we left off our first session, which detailed your history growing up in Springfield and journey into the medical field talking about that transition to Memorial Wellness Center. And so I guess I would like to ask, to start, when did you really start working at Memorial Wellness Center?

[0:00:57]

Florence: So I started working about 2018. I was still in my primary care practice, of course, and 2018 was when I was approached about kind of starting what we call a nonsurgical weight loss program centered just around overall health and wellness. At that time, Memorial had just a bariatric surgical program. So I was approached and agreed and started working there kind of on my "day off."

[0:01:33] And became certified, and the program really took off. And then as the program expanded, we had more numbers, more need, and there was a little bit more demand for needing a director not only for kind of that administrative role but also seeing patients.

[0:01:57] I ended up working there two days a week, and then I did my primary care practice three days a week. So I kind of had two jobs, probably, ever since... Well, no, actually I take that back. In my mind, it's eight years, so it was 2013. So I'd been there since 2013.

Riggenbach: So for the past seven or eight years, you were working two jobs?

Florence: Two jobs, yeah. Yeah, I was.

[0:02:29]

Riggenbach: What was the toll like? Was there any type of toll on you?

Florence: Oh, absolutely. Being a primary care physician, there was already that toll. Not only just taking care of a large patient panel, not only the patients you're

seeing in the office, but answering the phone calls, doing a lot of the refills, administrative things for that patient population, but then I added on another patient population on top of that.

[0:03:00] As well as just programming and things that we had to do, policies and procedures to kind of make sure we were meeting the needs of our patients. So for me, physically, not really having time off per se, but also having to constantly change gears was very stressful. And then just that emotional stress of always being torn that maybe I'm not giving each of them all of my attention.

[0:03:35] And in doing so, am I less of a physician? Because I'm always split, every single day. So I think it took a toll on me, but at the same time, I wanted to do both, and I really couldn't have one without the other, so I just tried to make it work.

Riggenbach: So what would a typical day at the wellness center look like for you, in that beginning part?

[0:04:00]

Florence: Yeah, so we might start out with rounds of the patients who had just received bariatric surgery. And so we rounded as a team, with the surgeon. We have support staff, dietician, pharmacist, and helping patients navigate where they are right after surgery. Some we get them off all their medications or there's new things that they have to do.

[0:04:26] Then you would typically be in clinic. My clinic at the wellness center, completely different. You know, primary care, you're basically seeing patients every 10 to 15 minutes. You don't necessarily have a lot of time, even though you want it. And the wellness center, because we were a little more specialized, for a new patient, I got a full hour. For a follow up, I've got 30 minutes. And so you would have clinic, but it wasn't that high demand, bang, bang, bang.

[0:04:58] You know, seeing people right after another. And we may have team meetings, we may have brainstorming sessions. It kind of varied, but it was definitely a nice pace, as opposed to my primary care days. You know, you were seeing 25 plus patients in a day. And I think what was different was in primary care, you have to almost compartmentalize.

[0:05:27] You know, if you're seeing a patient and giving them a bad diagnosis or talking about very deep things, whether it's depression or telling a new person that they have diabetes, but then you have to switch gears and see a newborn baby. You can't carry that patient that you saw before to that next room. You almost have to take a deep breath and, no matter how heavy that

appointment was, move on to the next one and make sure you're giving them everything that they need.

[0:06:00] So those days of primary care can take a toll on you as well. Because I had both of those things all together, yeah, it was a lot. It was a lot.

Riggenbach: And what would you say is your greatest accomplishment within your first year with the wellness center? I know now talking about, it was a bit ago, but...

[0:06:27]

Florence: Yeah, so I think one of the biggest accomplishments, I think, was this safe space that we created for patients who really were dealing with obesity disease management. And they're not quite in that space where they're ready for surgery, and some didn't need surgery. But that kind of safe space within the community. And I believe when we first opened, we've got so many referrals within the first year, we had to kind of shut off referrals.

[0:07:00] Because we could not meet the demand that was out there from the community. So that was definitely a good thing. Like, okay, we found something that is needed, but then it turned into, wow, we can't serve all the people that we need to. So we kind of had to step back and readjust.

Riggenbach: And you're a board certified bariatrician, right?

Florence: Yes.

Riggenbach: I think that's how it is on your signature on your email.

[0:07:27] Did that happen before or after you started working with the wellness center?

Florence: So it happened about the same time. For me, if we were going to have this presence within the wellness center, first off, I wanted to make sure I knew what I was doing, right? It is a little different medicine than primary care. The other is, I wanted to be able to give our center that trustworthiness, that accreditation that it deserved, that hey, we are the real deal.

[0:08:02] And so the first year, when I decided to work there, I got my obesity medicine boards, bariatrician. So I got those in December 2014.

Riggenbach: And it now offers – I was looking at the website. There's surgical weight loss, nonsurgical weight loss, a diabetes program, nutritional counseling, patient optimization, and "healthy you."

[0:08:34] Did you guys start with all of these options?

Florence: So that kind of grew. We first started with just kind of this medical nonsurgical. The surgical program had been there since 2001 or so, 2002. So

that had already been established. But yes, we started adding on these pieces based on not only the demand in the community but, you know, obviously for our patients, we wanted to give them the most well rounded care.

[0:09:05] So when you have patients that come to you that say, hey, I need to lose weight because I've got to get knee replacement, how do we meet their needs? Or I need a kidney transplant, and I need to lose weight for that. Or my diabetes is out of control, and that's what's contributing to my weight problem. Hey, we've got an accredited diabetes education program.

[0:09:27] Within our community, we have a lot of prediabetes, so I don't have diabetes, but I'm definitely high risk. And so that's where that healthy you program really started to kind of come into fruition of, okay, how do we meet those folks? You know, we want to decrease that risk of diabetes. So a lot of it had to do with, as we started the program, just always taking that step back and reassessing what are the needs of the patients in the community, and then executing what is needed.

[0:10:02] So yeah, a lot of those things started and then kind of have grown over the last eight years.

Riggenbach: And one of my questions is, what makes the wellness center important? But it sounds like that word is important because of the need that is in the community.

Florence: I think the need within the community, you know, there's two things. In primary care, I really started to realize I didn't have the time and the focus to really help my patients not only manage their disease state but really start gaining healthier routines and lifestyles.

[0:10:38] You know, you have 12 minutes, and if I'm focused on your diabetes, your hypertension, or back pain, I don't have a lot of time to maybe talk about how do we get more active, how do we do some healthy eating and self-care? And so the wellness center I think provides that support team to medical providers in the community that we have the time and the expertise to have those conversations and to do that.

[0:11:06] So I think that was something that was unique but also, no one has the same plan, right? If you have two individuals that have different medical issues, different social issues, I can't give them the same weight loss plan or healthy lifestyle plan.

[0:11:27] And the team that we have is very good at meeting people where they're at and individualizing their plan. And you don't get that a lot. I think there's different weight loss programs for everyone, right? You've got keto and intermittent fasting and Weight Watchers, but there's a subset of people that

those things just don't work for them. And so I think that's where we provide kind of a unique niche within our community.

[0:11:58]

Riggenbach: And at this point of the interview, I'd like to start becoming more specific to 2020 and the uncertainty brought on by the Covid-19 pandemic. But I usually like to start with the early part of 2020 by asking, did you have any New Year's resolutions for 2020 or any big goals or plans?

Florence: You know, at that point, I had already made the decision that I was going to change from primary care to wellness full time.

[0:12:32] So a lot of my focus was, how do I wind down my practice, how do I say goodbye to generations that I'd taken care of for 20 years and deal with that, not only just administratively but emotionally, right? I mean, it was very difficult. So my focus was how do I make this transition?

[0:12:57] And of course, everyone says, is this the right thing to do, what am I doing? But that was my main focus, I believe, at that time of year.

Riggenbach: What is the typical amount of years that a primary care physician works before retirement?

Florence: That's a great question. I think nowadays, we're seeing more retire earlier. You know, in the old days, you had Doc So and So that retired at 70-plus and they were still practicing medicine.

[0:13:30] But I think more and more, people are probably getting out a little earlier. Maybe their early 60s, late 50s? And I think that has to do with a lot of stress and just ready to kind of take care of themselves instead of others. So I knew I wasn't quite ready for retirement, but at the same time, I understood that the last 24 years in primary care, I could not continue at that pace.

[0:13:57] I mean, there's no way. I just couldn't do it.

Riggenbach: And we discussed in our previous session that you had the biggest number of patients in your system.

Florence: Yeah, yeah.

Riggenbach: Is that 5,000? 6,000?

Florence: Yeah, it's estimated 5,000, although I think there was some thought it might have been a little bit more. And it's a lot to manage. It's definitely a lot to manage. I think most average practices are 2,500.

[0:14:27] So I was definitely at a space where I knew I needed to make some changes, because just physically and mentally, there was no way I could keep that up for another 10, 15 years.

Riggenbach: And is there a lot that's done typically in the beginning of the year to prepare for the rest of the year in the medical field?

Florence: Yes, so we start to look at process and policy, right?

[0:14:57] When we are managing our patients, is this the most efficient way? Is this best practice? So a lot of those things are being done to look at how we are practicing medicine. So those are things that we talk about, as well as start looking at what new visions and goals we have for the next year.

Riggenbach: Do you recall what those visions or those goals might have been for 2020?

[0:15:27]

Florence: I do know we were talking a lot about diabetes care and management. That was one of the initiatives that we were kind of finishing up at that time, and we were starting to talk a little bit about prediabetes management. But, you know, we got a little sidetracked, of course.

Riggenbach: Well, diabetes is a very interesting topic, especially because I believe I read somewhere that a good amount of people who have diabetes don't know they have it.

[0:16:01]

Florence: That is correct. That is correct. And it's one of those where you really have to have that education of what are some things I need to look for, to be properly tested, or to go to my doctor and say, hey, something's not right. But a lot of that education and prevention should hopefully be done by your primary care that you're established with.

[0:16:28] But there are a lot of people that are first diagnosed when unfortunately their sugars are way too high, where they've already established a lot of patterns that we need to break down that probably contributed to them having diabetes in the first place. So yeah, it can be a difficult diagnosis for most.

Riggenbach: And in the beginning of 2020, January, did you know much about the virus or what might be coming?

[0:17:02]

Florence: You know, we stay up to date. We get kind of alerts. I keep up with Medscape and different avenues, and I do recall – I believe it was like late January early

February of some releases about a virus that was concerning. Obviously, in different parts of the world than where we were.

[0:17:28] And we were starting to see kind of these what we call febrile illnesses. Like, people having fevers for like seven days that it wasn't the flu, we couldn't figure it out. And they were kind of sporadic, but you could tell there was just something different about that winter sick season than before.

Riggenbach: And I think you're exactly right, because January 30 was when the World Health Organization declared Covid a public health emergency.

[0:18:00] And before I kind of ask my next question, a lot of people that I've just spoken with, whether on the interviews or in general, have talked about, oh, you know, in the beginning of 2020 or end of 2019, I had a really bad respiratory sickness and a lot of people are questioning whether maybe they had Covid before it became really in the awareness of the public.

[0:18:28] Is that something medically that would be possible?

Florence: You know, we think so, because we did. We had a lot of people that just had this strange febrile illness that we could not explain. It just kind of went away. In fact, my son, he was in college, and I remember he was sick, I had to go down and pick him up. We thought he had the flu. He tested negative. But I literally had to carry him to the bathroom. He had fevers for like seven days.

[0:18:58] I mean, it was just awful. And it was just so odd to me that his flu test was negative. But of course in my mind, I was like, well, maybe they didn't swab him deep enough, or, you know, you start coming up with those things. But yeah, we saw a lot of unusual illnesses that we just couldn't explain.

[0:19:25]

Riggenbach: So it was in that early part. You as a doctor were aware of it. Were you worried at all, or were you kind of thinking, oh, it will be under control?

Florence: I think I began getting worried when the first case was noted in the State of Washington. And when there was note of, this is our first case, and there was spread even within a nursing home.

[0:19:57] I think that's when I realized this is going to be bad. And I remember even talking to my boyfriend, and he was like, what do you mean? We're nowhere near that. But just having an understanding of how a viral illness can really just invade spaces and places and it being winter, and how our flu had been so bad several years ago.

[0:20:27] I think that's when I got concerned was, like, probably about mid to late February.

Riggenbach: And you mentioned it being in Washington, and then you mentioned it being in a nursing home?

Florence: Yeah, I remember the pictures of the nursing home cases, and they were taking a few of those patients out. And that's when it really rang to me that the most vulnerable are really going to get hit hard.

[0:20:59] And they were the ones probably that got the sickest, so that we paid attention to them first off, so it just really gave me an understanding that it's already in the community. A lot of people don't visit nursing homes, and so when you understand that there's a lot of contact or spread just in that small environment, it makes you think on a larger scale, I guess, so to speak.

[0:21:29] So schools and colleges and airports and all those types of things. So I really was concerned then.

Riggenbach: And so I imagine you were starting to get worried for your patients?

Florence: Absolutely. Absolutely. One thing I will say for our health system is we had an incident command system that was set up.

[0:21:53] So even though we did not have cases yet, there was a system in place that if we started to see cases, we actually had procedurally a way to kind of deal with it at that point. And so when our incident command structure was set up, that's when I also knew this was going to be bad. Because, you know, a lot of hospitals didn't prepare, which was unfortunate. But Memorial I think did – the hospital, health system that I worked for.

[0:22:27] They definitely got prepared very quickly.

Riggenbach: What would that entail, the incident command center?

Florence: So what they did was, is they set up a structure within the hospital system of kind of mainstreaming how things were going to happen for looking at okay, if we have this first case, how do we manage it? How do we keep areas clean?

[0:23:00] You know, infection control, how do we screen our workers, how do we bulk up our system, because if there are people who can't work, we still need somebody to fill their space. So you know, we had kind of a colleague redeployment center. So they started to kind of mantle that structure very early. I want to say it was early March maybe? I don't really the specific date.

[0:23:29] But that's when I also knew, okay, this is business. And you have an understanding that there's probably information that is being disseminated that maybe I'm not privy to on a different level through county health. So that was a big sign too.

Riggenbach: So it was March 9 when Governor Pritzker declared a disaster proclamation for the State of Illinois.

[0:23:59] Then on March 13, then President Trump declared a nationwide emergency and same day, Governor Pritzker closed the schools, which was initially supposed to last from March 17 to March 30. And then that's also the same time when gatherings of 1,000 people or more were banned. And so for a lot of people, that's really when things started to become real.

[0:24:26] And then so shortly after, on the 16th of March, gatherings of 50 people or more were banned. Did you kind of feel vindicated with your partner, like, see, I told you something was happening?

Florence: Well, you don't want to take it that far, but I think you have intuition, but you also have your medical experience, that you do feel validated that, okay, I am thinking and feeling the right thing.

[0:24:55] I actually – you know, when you brought up those dates, there was – SIU had a yearly symposium that they give. The wound symposium. And I remember myself and Dr. Newmeister spoke at the symposium. I think it was on a Thursday. And we spoke in front of 200 people maybe or more. Which, you know, then, that wasn't that big of a deal. And I remember, that was probably the last time I spoke in front of a crowd, and myself and Dr. Newmeister and a friend of mine, we had lunch together at a table, no masks.

[0:25:34] And I remember, that was probably the last time I did that for at least a year and a half, because it was shortly, the day after that, that everything kind of shut down.

Riggenbach: What was it like after things shut down? Did you think, oh, maybe I shouldn't have done that? Or were you gentle on yourself? What was that like?

[0:26:00]

Florence: I think I did have a little concern like, wow, we were in that room with so many people. And so I was definitely vigilant of making sure I didn't have a fever, I did not feel funny. You know, checking on people who I know I hugged and talked to. So there was that part, but there was also the part that even though things were shut down, our clinics were still open.

[0:26:28] So we were still seeing patients in the clinic. So my focus at that time was, should I still be seeing patients in my clinic for routine things, right? You know, you're here for a physical, I don't know what your exposure is, you don't know what my exposure is. We still didn't know a lot of information about its infectivity. So I remember my focus was – and even talking to my doctor partners and our administration – why are we still seeing patients?

[0:27:02] If there's a lot that we don't know. So that was a big concern for me.

Riggenbach: Were you given an answer? What was Memorial's response to that?

Florence: So the conversations that were being had initially were, we just need more information, we need to kind of figure out what's going on.

[0:27:27] Because there were others in the community that were still seeing patients, still doing the same thing. But they eventually did shut down our clinics, and so nonessential visits were removed from our schedules. And a lot of it wasn't about me. You know, I wasn't concerned that I was going to get sick, my concern was, if I'm bringing in these vulnerable people – you know, I mean, the last thing we would want is to get them exposed.

[0:28:00] And at that point, I really didn't even know how I was exposing them or not, because there wasn't a lot of information. But eventually, within about a week or so, we did shut down.

Riggenbach: What was that like?

Florence: It was odd. It was so odd to go to work and not really see a lot of patients. It was odd to have this hesitancy around your staff and coworkers.

[0:28:31] Because we had to start isolating even ourselves from each other until we had more information. So that was a very odd time, just doing mainly phone medicine. Our telehealth had not really taken off at that point, because they were just now changing some of the laws that would allow telehealth. And we were also trying to figure out which platform of telehealth we were going to use.

[0:28:58] So there was a lot of unknowns, for sure.

Riggenbach: That's sounds very – after a 24 year career, I imagine that would have been very, very weird.

Florence: It was definitely odd. And I think for me, because I knew I was leaving my primary practice, I didn't want to go out like that, right? It was really hard for me to be like, no, this is not how it's going to end for me. I want to see my patients. I want to hug them.

[0:29:26] I want to have these last conversations and moments. So there was a point where I thought, okay, maybe now is not a good time for me to leave my primary care practice. Everybody was on this high alert and stressed and with so many unknowns, the last thing I felt like my patients needed was for me to leave.

Riggenbach: At that point in March, did you have a date set?

Florence: Yes, I did. July 1.

Riggenbach: So I imagine that would have been quite the hiccup in your plans, the shutdown and everything.

[0:30:01]

Florence: It would have been a huge hiccup, and administratively, it's kind of a nightmare. Because there's so many things that have to be set up and scrubbed down in terms of leaving your practice. So reversing that decision would have been a project, yeah.

Riggenbach: And did your patients know that you were leaving at that point?

Florence: Yes, most of them had received notice.

[0:30:29] And so most of them were making appointments saying, we were going to have our kind of final appointment, wrap everything up, kind of hand them off to their new physician. So many of them had been waiting for that, but those appointments unfortunately got lost, yeah.

Riggenbach: So I imagine that would have been difficult for you without that closure.

Florence: Oh, absolutely, yeah. It was heart wrenching to not have those last moments, especially with some of these patients that were so special to me.

[0:30:58] So a lot of those patients, yes, I was unable to have those moments with.

Riggenbach: And you mentioned treating generations of people.

Florence: Yeah, I think at one point, I had a five generation family. So I had a great, great, great... So 20 years was a long time.

[0:31:29] So I really wanted to have those final moments, and I also – my concern was, what if my patients get sick, or what if there's nuances about my patients that I know that nobody else knows that might be helpful? So there's that aspect too. But yeah, we shut down our clinics – I can't recall, maybe four to five weeks or so before we started adding some of those appointments back up.

[0:32:02]

Riggenbach: And in our pre-interview, we talked about, it was shortly around the beginning of the shutdown, then going into April, that Sangamon County had their first cases of Covid, and one of those first cases was a patient of yours.

Florence: Mm-hm. Yeah, and that was a tough one, because she was also my former nurse.

[0:32:28] And so I've known her and her kids for a long time. She had left our clinic years prior and had taken on a different direction. And she travels the state, and she's at events and does different things. And she had called and talked about, something's not right, I have fever, I don't feel right, it's not the flu.

[0:32:57] And she said, I'm really concerned that I might have Covid. And in those earlier times, you know, we didn't have a lot of tests. I want to say at that time, public health had like ten tests that you had to call and kind of ask permission for and was this person really at risk? Did they have international travel, blah blah blah. And she of course didn't have any of that. She had just been in Chicago. And it was one where it kind of tested our testing system.

[0:33:31] Because not only was it difficult to get a test, but then it's like, okay, how are we doing this test? Do we bring her in? Do we do it in the car? That was a time where we had really just started figuring out what's the safe practice. And we literally had to fight for her to get a test. And lo and behold, she was positive. So then you come to the fact that we had so many days of her symptoms, and we knew that she had been at some events prior to that.

[0:34:05] And, you know, we still didn't understand a lot about infectivity and things like that. So there had to be a process to let folks know that they may have been exposed. So there was that aspect, but then there's the other aspect of, wow, she's got Covid, and how do we manage this if she becomes more severely ill?

[0:34:30]

Riggenbach: And so I was reading up on that experience, and I remember you mentioning that she got – that system you were mentioning, of alerting people, was not well in place.

Florence: No, it was not.

Riggenbach: At the same time, it sounds like some of her own medical information was being leaked.

Florence: So the concern was, contact tracing at that time was not really set up the way it was or is.

[0:35:00] And so when it came down to notifying people that they may have been exposed, of course, you still have to protect the privacy of that person's medical issues. And that was not done correctly, and several people from my understanding were told directly who their contact was.

[0:35:28] So it became also something where she became a pariah. I mean, obviously, we all know nobody gets Covid on purpose. Well, I say that – you know,

that's a whole different topic. So she was seen almost as a pariah, where somehow people thought she purposely exposed others, which she did not.

[0:35:56] She was seen as somebody who brought this disease and scourge into our community, when the truth is there were probably others that were before her. But they probably did not have the wherewithal to say something's not right, and I need to get tested. She was just the first one we identified. But she took a huge hit emotionally. Huge hit emotionally, and that was really hard to see.

[0:36:29]

Riggenbach: What was that like? You're her doctor, but you also had this relationship with her. I mean, how do you navigate that and try to be professional but also helping her every way you can?

Florence: I don't know, I probably don't navigate that as well as I should. Because, you know, it's hard to be just a professional all the time.

[0:36:57] Part of what we do is, we take care of people, especially the ones that you know and care about. So for me, it was important to make sure she had all the things she needed. You know, Instacart was not huge at that point, so she did not have the ability maybe to get groceries and different things. She didn't have a way to check her oxygen, just to make sure that her breathing was okay. If she wanted to get a chest x-ray, because she did have fever for quite some time and cough, we had to work out a process.

[0:37:33] We know you're positive, how do we bring you into a clinic and not have you expose? So all these different things. So it really helped us navigate, how do we handle those patients now? So there was a lot of trial and error. But the other part of how do we treat people who are isolated? So yes, we went to the store and all of us kind of banded together and dropped groceries off on her porch.

[0:38:00] And I remember her at one point saying, oh, Nicki, I don't want anybody to see your car in front of my house. I'm like, well, I'm your friend, and you need groceries, you know? But she's like, oh, my neighbor's already called the cops on me because I was sitting out on my porch. So there was all these kind of things that were happening to her otherwise that just made her navigate this physical illness even worse because of the stressors that were on her that I think obviously we don't see now.

[0:38:36] You know, it's a little bit more commonplace. But it was a lot. And you know, I didn't want her to get sick, you know? Somebody who has fevers for three or four weeks and cough and shortness of breath? I didn't want her to end up in the hospital. So it was a lot.

Riggenbach: In that situation with the police being called, was that something that she got in trouble for?

Florence: No.

[0:39:02] I think it was just – it speaks to how much we didn't know about the disease but also this – I don't know of a better word, but I can only say ignorance of how we are with people who we are afraid of and who we are scared of. But, yeah, she endured a lot. I mean, she even got I think like death threats and emails.

[0:39:33] How dare you expose me and my child? Mm-hm.

Riggenbach: That sounds absolutely awful.

Florence: I don't know how she did it. And what's interesting is a lot of the people who did this to her, which she and I both knew or whatever in the community, you know, a lot of them ended up getting Covid. Different tune when you're on the other side.

[0:39:58] But yeah, she endured a lot. But you know, at the same time, if anybody could have handled being the first case in Sangamon County, it's her. Yeah.

Riggenbach: Were you concerned about your own safety?

Florence: You know, we began to work at the respiratory clinic, so we had set up these respiratory clinics where people could be seen safely.

[0:40:30] You know, health workers could be protected appropriately. So it was at the express care, urgent care, so thankfully, I did not have to be in the hospital. But when I did work there briefly – to me, I felt safer there, because I had all the protective equipment. Because I knew who was sick and coming in and concerned. To me, that was the safest place to be, psychologically, as opposed to going to the store, where there might be people wearing masks, they might not.

[0:40:59] You know, there might be people who have a febrile illness or know that they have Covid and should be isolated, and they're out and about. So to me, that setting was predictable and safe, so I really was not nervous working in that environment at all.

Riggenbach: Did you experience the shortage of – I'm looking at PPE, protective...

Florence: No, you're good. So the equipment – we always had enough protective equipment.

[0:41:33] Within our health system, we're in a collaborative with Barnes Jewish in St. Louis, and so we always had enough protective equipment. There was no

concern that we would run out, as you may have seen in other areas. So there was no concern from us.

[0:42:00]

Riggenbach: And was there any concern because of your asthma?

Florence: So that was the one thing for me was, okay, the one risk factor – well, I'm a black woman too. We know that black Americans tend to do worse. But my asthma, I knew was going to be an issue. So that was definitely a concern for me, that if I got Covid, it would not go well, to say the least.

[0:42:30] But it was not enough to put fear in me, to not do the things I needed to do as a physician. You know, if they needed me to work respiratory clinic, I worked it. If I needed to still see patients, I was going to see patients. It was not enough to keep me from doing the things that I needed to do.

Riggenbach: And another thing that we talked about in our pre-interview was the fact that the symptoms of Covid are so normal and so varied.

[0:43:05]

Florence: Mm-hm, and what makes it worse, they're varied, they're normal, they're mild, or you don't have any. And that's even part of the scariest part. You know, when you get the influenza virus, you're sick. You feel it, and within a couple days, I have the flu. And I think what was scarier about this virus is, many people were walking around with the virus, spreading it to others, without illness.

[0:43:31] Or they might have felt like they had allergies, or they might have had a little bit of headache and sore throat. I mean, very mild, where you really didn't feel like you had to stay in your house or isolate.

Riggenbach: What do you think accounts for the way that some people experienced such varied symptoms?

[0:43:55]

Florence: I think we're still trying to figure that out, because there's the aspect of, some people saying, I really didn't get that sick, I don't have my taste or whatever, but then six to eight weeks later, they still may have had something happen because of Covid, whether it's a blood clot, a stroke, high blood pressure, pneumonia. So we are still trying to understand that variability between mild symptoms, no symptoms.

[0:44:28] But we do know there is that subset that if they have severe infection, they typically will not have an immune system – diabetes, obesity, some other type of underlying disease – that they tend to have it worst.

Riggenbach: And the final thing that we also mentioned in the pre-interview was this lack of structure in the beginning of the pandemic to really help people. What was that like?

[0:44:59]

Florence: It was really hard, because, you know, if you knew somebody needed a test, you couldn't get them a test. And so we'd talk about how many numbers we had, like, early on. I would argue we had higher, because when we're doing phone triage, and it was clear that they probably had Covid and had an exposure, we weren't able to get them a test, so we said, hey, you just need to stay home.

[0:45:24] And I think had we had some earlier testing in place, we might have been able to contain things a little bit better, get more data. So that was very hard. And still, we were trying to figure out how do we even manage Covid when people have it? What are the steps that will diminish the disease or the severity of the disease. So there were so many unknowns. It was really hard to just look at people and say, I don't know. I wish I did, but I don't know.

[0:45:59] We just have to take this day by day.

Riggenbach: And your work at the respiratory clinic, was that as a private practitioner, or was it...?

Florence: That was part of the work, just for my health system. So for me, if my primary care clinic was kind of shut down, or I didn't have many patients, then I would work or cover a shift at the respiratory clinic, or I'd supervise the nurse practitioners there, or I would do phone triage.

[0:46:28] You know, anything to kind of help support that system. Because there were so many overwhelming calls and patients that needed to be seen that we all kind of redeployed to that space. And it kept a lot of people out of the emergency room. So what was nice about our system is that instead of people running to the emergency room and then flooding that high acuity system, we took the brunt of that at the express care.

[0:46:58] And it really saved our hospital system tremendously from exposures, from management triage, all those different things. So it really was helpful to our medical community.

Riggenbach: It sounds like Memorial had a pretty good handle on the pandemic.

Florence: Yeah, they did. They actually did. And I know there was a collaborative between Memorial, Saint John's, SIU School of Medicine, Springfield Clinic, and Public Health, where they kind of kept everybody abreast of what was happening.

[0:47:34] Some of the process that we were doing. But I will say Memorial initially was the main clinic that was seeing patients and doing testing, both, yeah.

Riggenbach: And so then by summer of 2020, testing had increased.

Florence: Yes.

Riggenbach: And so Illinois moved into phase two sometime in May or June.

[0:48:01] I should have written it down. From a medical front, what did that look like?

Florence: So that allowed us to do a couple of things. So we could get our patients back into our clinic safely that needed to be seen. So that was a good thing. From a hospital standpoint, we restarted elective procedures. So a lot of the things that had been kind of shut down within the hospital system could be restarted.

[0:48:33] You know, we were concerned about staff and exposures. So we were able from that standpoint to kind of get up and running again. So it was really helpful, and access to testing made a huge difference. Huge difference. And access to what we call asymptomatic testing, right? So I not only want to test the people who I think have it, but I do want to have a lot of testing of the people who don't know they have it.

[0:49:03] Because that's how you're going to contain the virus. So I think having better access to all of that made a huge difference.

Riggenbach: And personally, how were you feeling? Exhausted?

Florence: I felt relieved. I felt relieved that I was like, oh, thank God, I'm not going to have to go to the hospital. Because that was kind of in the back of my mind, if they ran out of doctors and they needed people to go to the hospital.

[0:49:30] Because I hadn't been there for several years doing hospital medicine. And I felt like maybe this was going to slowly come to an end and that we were going to be able to get back to kind of business as usual. So I felt pretty good about it.

Riggenbach: And that summer of 2020 was really tumultuous, just like the start of the year, but instead of the pandemic really taking center stage, it was the protests for racial justice that really occurred internationally.

[0:50:10] Did this affect you in Springfield?

Florence: Oh, absolutely. I remember when the videos of George Floyd surfaced.

[0:50:26] And just as a black woman, just seeing that, you can't help but not visualize, this could be my father, this could be my son, my uncle. You know, that kind of dehumanization that occurred in that video was just horrific. And I think the

way I kind of think about it was, you know, you remember the Matrix where he chooses one pill or the other, and you can't go back?

[0:51:01] I felt like I had taken that pill, and there was no way to go back. Just how you looked at almost every aspect of your community. And it really was just eye opening as you would hear people say things or different viewpoints or perceptions, and you got to a point you're like, wow, I never would have thought I would hear that from a person's mouth.

[0:51:36] Or I never would have imagined this is something you would think about. I thought we were cool, you know, kind of, that kind of sentiment. So I really felt like I had taken that pill from the Matrix, and my whole viewpoint of this community became more enhanced and became more exaggerated, I think.

[0:52:01]

Riggenbach: Did you experience it from the medical standpoint as well?

Florence: For me, what was really difficult – and we've talked, kind of being the only black physician within my health system for such a long time – it was my hope that there was going to be a level of voice or acknowledgement that this event was not acceptable.

[0:52:32] This level of dehumanization and marginalization was not acceptable. And I didn't hear anything. And it was very difficult for me personally knowing that I had put decades into my system.

[0:52:59] That I felt like I really needed that validation as, we see you, we hear you, and we're here to protect you. And there was actually no mention of that event from my health system. In light of others mentioning it, right? So you had other – you know, SIU, I believe, had a nice statement.

[0:53:27] Just different entities. So I felt like I kept waiting for, okay, okay, today, here it comes, here it comes. And heard nothing. And that was really difficult for me. Very difficult.

Riggenbach: I think in our pre-interview you mentioned even speaking with the CEO of your health system.

Florence: I did, yeah.

[0:53:52] You know, as we talked about, there's this line that you have to walk of being who you are, authentically, and what you believe in, and still this level of professionalism, right? And fortunately for me, he and I do have a relationship where I could say, hey, this really upset me, and let me tell you why.

[0:54:26] So I am very fortunate that I had that ability to do that, but at the same time, I had to acknowledge it was upsetting to me that I had to do that. This was

something that I felt should have automatically been, hey, we need to speak out, this is not right. So yes, I did approach him, and he definitely acknowledged my concerns and my feelings.

[0:54:56] And I can never speak for another person, but I think what had happened is they didn't know what to say. They maybe didn't know how to say it. I think you sometimes have to walk the line of, I want to acknowledge this event, but I also don't want to alienate maybe a certain – and I'm not speaking for him.

[0:55:27] I'm just kind of going through my thought process of what I think they went through, of why nothing was said. But it was kind of a turning point for me of, wow, something's got to happen here. This should be a no brainer to speak out on injustice. So it was a difficult conversation to have, and I'm glad I'm still employed with the health system.

[0:56:01] Because it's hard. You know, people sometimes don't want to hear things that they don't want to hear.

Riggenbach: Was it from that conversation that the DEI – diversity, equity, and inclusion – committee was formed?

Florence: So thankfully, I think the conversation that I had as well as several others within our health system at that time, I think brought into light the need for that type of division.

[0:56:32] You know, equity, diversity, inclusion, it's needed in every system, but we did not have one. And I think that really brought to light the fact that we need to have better education amongst our peers, our staff, our colleagues. We need to improve the diversity and equity and inclusion just within our health system.

[0:56:59] Or else how are we going to promote that within our community, if we can't do it ourselves? So from those conversations, we were able to support that new division within the health system.

Riggenbach: I imagine that – I would say that should be a point of pride for you, to be able to have established that.

[0:57:29]

Florence: Boy, that's a good question. You know, pride's a hard word, I think, to use for that. Am I hopeful that using my voice will establish a division that will help others within our health system and our community? Yes, I'm hopeful. Am I proud of how it came about? No.

[0:57:57] And I think there's still so much work to be done, I'm not really sure my health system understands how much work is to be done. So I think this will be a very slow process, but I guess slow is better than no. We'll get there

somehow. But yeah, I don't know if I'd necessarily use pride to describe that. Ambivalence. No, I know. I know. I'm trying to think of a word.

[0:58:30] But yeah, just with how it occurred. But I'm hoping that I can be proud of that in the work that they can do, that I'm hoping they will be allowed to do. And an EDI division, the creation of that is completely different from an EDI division that is given the ability to make change in process.

[0:59:02] Change in thought process, policies, procedures, hiring, education, all those types of things. Two different things. So yes, I am hopeful that the EDI division has been established, but I think I will have more pride in that division if they are actually given that level of ability to make change.

[0:59:33]

Riggenbach: That makes a lot of sense. Did that summer, in simply your experience, did it bring to light the types of inequities that existed within medicine?

Florence: Absolutely. You know, it's hard because I'm one of those people that I'm like, hey, there's a problem, let's go fix it. And that doesn't always transfer within any type of system.

[1:00:01] But it became very clear early on there was no testing on the east side. It became clear that the only testing was, you had to have a car to drive somewhere, right? You know, if I don't have a car, I can't get to the public health building, I can't get to Memorial express care. So how am I going to get tested? It became clear that social distancing is a privilege.

[1:00:32] You know, many of us can say yeah, I'm going to go hang out in my bedroom, and I have my own bathroom, and somebody's bringing me food to the door. But for a lot of families, that's a privilege. That's not something that we all have. And as we looked at closing down the schools, you know, internet access for these kids, it just really exploded for me of how much inequality there is.

[1:01:07] And so I would really try to make phone calls and emails and say, hey, what do you think about this? Are we doing something about this? How can I help with this? And I'm sure people kind of like, oh, gosh, here goes a Dr. Florence email again. But it started to improve for sure, but for me, it was not quick enough. It was not quick enough.

[1:01:32]

Riggenbach: If you had total control or power over everything, what would you have changed right away?

Florence: Oh, man, wow. I would have had my little van, I would have had my PPE, and I would have gone to different schools and different churches and done testing, done education, handed out resources.

[1:01:56] Now, we did eventually get to the point where we were doing those things, but to me, it just wasn't done fast enough. And I know we rely on public health and we rely on SIU as an academic system, but I felt like we as a health system had the resources to do it as well. So I would have been perfectly happy with me and two other people and a van, and I would have driven everywhere and anywhere to get people tested, to get them respiratory packs, to really explain to them what this looks like, and if you get sick, this is when you call.

[1:02:31] That would have been to me the way to do it. You have to meet people where they're at, and to build that trusting relationship.

Riggenbach: Was that committee of the department of public health, SIU Medicine, Springfield Clinic, Saint John's, Memorial, did that also work to address some of those inequities?

[1:02:57]

Florence: I believe it did. I was not in that collaborative process. And I know SIU ended up doing a lot for – you know, Erica Austin, for instance, she did a lot for testing on the east side and getting information. And they eventually set up centers, like at Abundant Faith, different churches, on certain days. So they did a lot of good work.

[1:03:27] But to me, I feel like, man, I look at all these smart people, where we live, and all the resources, I just felt like we could have done more.

Riggenbach: We are back after a momentary pause, and we were just discussing the inequities and just the speed at which some of these resources were being made available to the different people throughout Springfield and the east side in particular.

[1:04:00] I know that – the reason that I found you in particular was because you were doing a State Journal Register forum about the Delta variant. And we can talk more about that later, but it sounds like you've been very much involved in this effort to be more equitable.

Florence: You know, for me, those types of forums were great ways to get a lot of information and education out.

[1:04:29] So we did forums like with the SJR, with Natalie Pierre, Delta Sigma Theta, a black sorority in town did many forums on Covid, on vaccine, on just overall wellness. Because representation matters. And there are times you need that

information from people who understand your community but also understand you.

[1:05:00] And sometimes it's better coming from a black female physician. So for me, that was a lot of the work that I really became passionate about, and getting that information out to people.

Riggenbach: When did that start for you?

[1:05:28]

Florence: Probably I'd say around the time that we got the vaccine. That's when we really saw this vaccine hesitancy, so we did a lot of things – I think I actually did one for public health, the state public health, because we really wanted to educate people on where the vaccine hesitancy came from.

[1:05:59] And this mistrust of the medical community. So we wanted to have good representation of this is trustworthy information that you hopefully will obtain maybe a little bit better coming from someone who kind of looks like you.

Riggenbach: What do you think is at the root of that mistrust within the African-American community in Springfield?

[1:06:27]

Florence: In Springfield, it's very deep rooted. I think we know that there's this great divide between the haves and the have nots, the west and the east side. And a lot of it has to do with we have never felt a part of the community. We have never felt like anyone cared. It's easy to kind of just drive through the neighborhood and keep going.

[1:06:56] And when you look at so many opportunities to improve the quality of life on the east side and the north side as well, those opportunities just have not been as equally supported. They've always failed in one way that I think a lot of people feel that they've kind of given up on them, so to speak. And then you have these medical health systems with a lot of people that don't look like us that are telling us what we need to do, who have not really spent time establishing a relationship.

[1:07:37] So I think it really blinded a light on how wide that chasm is as well.

Riggenbach: And given your background, where you grew up closer to the west side but spent a lot of time on the east side with your grandmother and grandfather, it sounds like you are the right person to kind of bridge that gap.

[1:08:03]

Florence: You know, I really hope so. I tried to be, but you have to remember too, the way that this community is set up is, I trust my pastor. I trust Miss Hazel, who cuts my hair. I trust all these other people. So a lot of it was me convincing the pastor and Miss Hazel more so than the person who is seeking that information.

[1:08:32] So there's two ways to come at that. And so my hope was to build a bridge to those who are going to be our ambassadors within that community as well.

Riggenbach: And so that was July. By that point in July, that's when you started transitioning to your role as director of the wellness center. What a time to transition, given everything we've just talked about.

[1:09:03] July is right in the middle of everything. What was that like?

Florence: You know, I remember the first week, I was like, what am I doing? Because everything was always very go-go-go. You're kind of torn in a lot of different directions. And then at the wellness center, there's a different pace. You know, you're still working, you're still making a difference with your patients, but there's a definite different pace.

[1:09:33] So I remember the first week or two, it took a while to kind of get adjusted. I missed my patients, I kind of had it in my head, well, if I'm not there, then maybe something's going to get missed and something bad's going to happen. So I kind of got myself worked up that way. But I slowly started to understand that there is different ways to do the work.

[1:10:00] And now I had time to do forums for the SJR or public health or Delta Sigma Theta when they needed me. I had time to sit down with patients and really talk to them about changing their life and making themselves less desirable for the virus. Almost everyone at the wellness clinic has obesity.

[1:10:29] And the majority of them have diabetes. A large majority are black. And so we had to have these conversations of, okay, let's make you less desirable to this virus. Let's figure out how do we do that. So it really allowed me to take a pause, reset and reframe the work that I was used to doing but just in a little different process and way.

[1:10:57]

Riggenbach: Was it nice to be able to have a, for lack of a better word, deeper interaction with each patient?

Florence: I always had very deep interactions with my patients. I definitely had more time, that's for sure. But for me, I think it was nice to see the change that you could really inspire.

[1:11:28] So where at my other clinic, I feel like, okay, let's talk about your atrial fibrillation, let's talk about your high blood pressure, let's talk about this, this this. Where now I could say, look, if you can make these changes, I bet you can get off some of your medicines. If you can do this, you're going to sleep better and feel better. And so there was a different level of satisfaction that I could actually see those results and felt a little bit better about the care I was providing, instead of sometimes feeling like I was a broken record in primary care.

[1:12:05]

Riggenbach: It was a little funny that during our pre-interview at Café Moxo here in Springfield, a woman came to pick up some food and she recognized you and was like, you left me. She almost bombarded you for, you know... But I thought it was very notable that she said that she finally found a doctor that she liked.

[1:12:28] And then, you know, you went – and I thought it told me a couple things about you, about your style of being a doctor, primary care physician, and also that hardship you described about leaving your patients.

Florence: Yeah, it's still difficult when I see them. It's hard, because they become your family. You see them through so many aspects of their lives.

[1:12:56] You know, births, bad diagnoses, some are widowed, all these different aspects of life that I think is something we are very privileged to witness in healthcare, very privileged to witness. But at the same time, it feels like this really bad divorce when you switch. And now I don't get to see those things and see my kiddos grow up or different things. So it's hard.

[1:13:27]

Riggenbach: She also said that you looked well, which I think is also indicative of perhaps the lifestyle change being the director has helped you gain.

Florence: Absolutely. I've had a lot of people say, wow, you look younger. I'm like, really, I'm not coloring my hair anymore. And I think part of it was, the stress really took a toll on me. I wasn't sleeping. I wasn't taking care of myself the way that I should.

[1:13:56] It has been a huge difference being able to provide care in this manner, a different space and pace, that I know for me physically and emotionally has been better. I don't think I would have survived practicing in the mode that I did for another few hours. I would have literally made myself sick. I know that. I mean, the difference that I feel now, yeah, for sure.

[1:14:29]

Riggenbach: And then I guess is there anything else of note during that summer of 2020 that with the protests, there was your transition to the role. Would you say that by the end of that summer, you were feeling good about the decision?

Florence: I was. I was feeling really good that – in a way, I felt like God had put me in a position where, look, you have had a voice in your clinic room for 20 years, but now I want you to be out in the community.

[1:15:05] I want you to use your voice in a different way. So I was starting to kind of grow and ease into that a little bit better. So for me, I felt like, yeah, I was in a good space for sure.

Riggenbach: Where is the wellness center located?

Florence: We are currently downtown. We are in the Centrum building on Madison.

[1:15:26] But we are actually renovating a new space, a new building, that will be across the street from the new downtown Y. So we will have not only all of our services, but a teaching kitchen, a multipurpose space for yoga, stress management. Hopefully we'll be able to speak to people in a multipurpose room of 50 or more. I know, I know, that's my dream.

[1:15:56] So a great space and hub for the community that, no matter who you are, where at, if you're wanting to improve your health and wellness, we will have something for you, yeah.

Riggenbach: And that's also downtown, this new space?

Florence: Mm-hm. Yep. And I like that it's right across the street from the downtown Y. We are in the medical district, so I think it's very fluent with all the services that are provided there. But really important for me, you know, we look at our hospital system as a place to go when you're sick.

[1:16:28] A place of illness. That it's time that we start looking at the health system as a place of health and wellness. So I feel like that's kind of a nice kind of transition for that, being in the medical district.

Riggenbach: Very exciting. Not so exciting, easing into winter and autumn and then winter of 2020, I believe you said that it was sometime in October that you and your partner got Covid?

[1:16:59]

Florence: Yes, yes. So we had – you know, for the most part, we had been pretty good. We would wear our masks, we followed the rules, I'd say 85%, 90% of the time. Nobody's perfect. And God love him, he did golf league, and they would be outside. But I remember there was one Wednesday where it was cold, and I believe most of them stepped inside for part of the time.

- [1:17:28] And probably weren't necessarily good with their masks. And so we're not really sure who did what, started what. At that point, it didn't matter. There was a little bit of kind of what we call a cluster. And so he got sick for two or three days and I thought, ah, maybe he's just got a cold. But then it became apparent, I was like, oh no, Greg, I think you have Covid. So we had to get him tested.
- [1:17:54] I stayed in quarantine, so I didn't have to stay in one room. He stayed in one room. I could move about the house, but I just couldn't go to work. So I worked from home, and then about two or three days, I started getting high fevers, and that's when I knew, oh no, I think I have it. So I got tested, and probably about six or seven days into the illness, my asthma just got out of control, and my need for nebulizers and coughing and shortness of breath and my oxygen level was borderline.
- [1:18:35] It didn't get too low, but I got really sick. And at one point, I remember having a really high fever, and I was just so tired, and I was like, okay, I'm going to go to sleep. And I was like, Greg, you gotta wake me up in two hours. Because I was afraid I was going to wake up and find myself in the emergency room or something, right?
- [1:18:55] And I remember being on the phone, he goes, what are you doing, and I'm like, I'm prepaying all of our bills. Because I was afraid that I was going to get sick and end up like one of these people in the hospital for three weeks, and who knows what was going on. It was awful. And I've had the flu before, but this was the most awful I have ever felt. And thankfully, with our respiratory clinic, I was able to get evaluated, get a chest x-ray. I was put on steroids at that time.
- [1:19:30] I did not have to go to the hospital. My actual illness was about 10 to 14 days, but it took me about two to three months to recover. Yeah, it was awful. And I'd been exercising every day and doing different things. It took me – probably about the two month mark I was able to walk slowly without my heartrate getting too fast.
- [1:19:55] And then at three months, I was able to actually get back on the elliptical and restart conditioning. I had to have a lot of blood work and a heart echo. Because my heartrate was just so high. We just couldn't get it figured out. But it was just from Covid. I mean, it was awful. Absolutely awful. My partner, my boyfriend, his blood pressure has been horrible to control since getting Covid. So there's all these weird kind of things.
- [1:20:27] So, you know, now – I could speak as a physician, but now I could also speak as, hey, I've had it, and it sucks. You know, all those people, oh, it's just the flu, or I don't care if I get it, I'm like, no. You do not want this. So I had a whole different perspective, for sure.

Riggenbach: And, I mean, I remember from my own personal experience at the very beginning, everyone was saying, well, just make sure if you have asthma, be extra safe.

[1:20:59] I mean, asthma is such a scary – I don't know, is disease the right word?

Florence: Mm-hm.

Riggenbach: Okay. That, you know, just combined with Covid, that respiratory component, it's just...

Florence: Being unable to breathe is an awful feeling. It is very scary. I don't care who you are, doctor, grandma, teenager, not being able to breathe is very scary.

[1:21:28] So it definitely put a different perspective for me on what people were going through when they have Covid. And here I'm a clinical professional, and I knew, okay, I don't have to go to the ER yet, this isn't this, this, or that. So I can't imagine being scared without that level of education that you think you're going to die.

[1:21:58]

Riggenbach: And so with your work at the wellness center, I imagine that – I know we discussed it a little bit – that you're surrounded by those who are at a higher risk for Covid.

Florence: Mm-hm.

Riggenbach: Does that cause you more stress than perhaps being a primary care physician? What's that like?

Florence: You, I didn't have more stress. I think I had more concern for my patients, for sure.

[1:22:29] Because I wanted them to understand their risk factors and the true risk that they had. So as we started being able to talk about vaccinations, it was really important to have those discussions with almost every patient. And having them understand, look, you are high risk, we need to really consider it. I even signed people up for it when I was in my clinic.

[1:22:58] You know, we had access to the public health department, and if they said they wanted it, I would sign them up and give them an appointment at that day.

Riggenbach: Were there then a lot of cases of Covid among your patients?

Florence: So thankfully, the ones that I knew of were few and far between, but because we're a specialty clinic, I didn't get a lot of that information of maybe who had it and who didn't.

- [1:23:27] The ones I would hear about were the ones who maybe had to cancel bariatric surgery because they had it, or when they would follow up with me, we would talk about it. There was maybe one that I know of that was hospitalized out of our patient clientele. But I think most people were very good about getting vaccinated too.
- [1:23:57] So I think that was good.
- Riggenbach: And you talked about earlier that elective surgeries were canceled for a while.
- Florence: Yes.
- Riggenbach: I imagine this also – did that include bariatric surgeries?
- Florence: Yes, it was huge. So you have patients that have worked for almost three to six months to be able to receive this elective procedure, and when we had to put a hold on procedures – and it was – I don't remember the timeframe – maybe a couple months – along with other ones like total knees and hips and things like that.
- [1:24:29] So now you have all these people that were supposed to get surgery that can't, and you almost start to funnel – you know, you kind of have this gap here or this – it's almost this block system where, okay, now we're going to restart scheduling surgeries but we now have 40 to 50 people on our waitlist that have been waiting because they didn't get scheduled before.
- [1:24:58] And I want to say that list got up to 70 at one point. So now we can restart having surgeries. We need to get these people scheduled. But we still have people that are being added to the list. So there was kind of this crescendo effect on patients who were waiting that had to continue to wait or even patients now that hey, I'm ready. Well, I know you're ready, but we still have 30 or 40 on the list that we're trying to schedule. So there was a lot of downstream effect on that.
- [1:25:32] On our system.
- Riggenbach: Did that type of postponement affect motivation?
- Florence: Oh, absolutely. You know, we still have patients that are like, I've been waiting four to six months. So a lot of it is, you have to help them understand, your surgery is just the beginning, it's not the end, right? You need to do all these things that we're educating you about. You need to do that before the surgery and after the surgery.
- [1:26:02] The surgery is just the beginning of when you're going to see a lot better result. So we had to kind of revamp how we did things and reframe. But very important to not skim down your system for safety, right? We were able to do

some patients outpatient. They didn't have to spend the night. But, you know, those were the patients that didn't have diabetes, medical issues.

[1:26:29] They were young. Their recovery was going to be different. So you don't have a lot of those on your waitlist, but it's taken a toll. A lot of people have dropped out and said, hey, I can't wait any longer, you know? So there was that effect. There's, you know, the financial impact on our program. The bariatric surgery does help sustain the program to a certain extent.

[1:26:59] So there was a lot of different aspects of that, yeah.

Riggenbach: And do you perform the surgeries?

Florence: I do not, thank God. Yeah, so we've got our surgeon extraordinaire with SIU, Dr. [unintelligible [1:27:17], who's amazing. We have another surgeon, Dr. Kaza. They are the ones that perform the bariatric surgeries, and then we do support them with a physician assistant that's in the operating room.

[1:27:33] But then what we do is, we do all the preparatory education, prepare them for what life is going to be like after surgery, and then after they have the surgery. We do a lot of their follow up really for the rest of their lives. So surgery is very important for them to get that tool, but really it's probably the team that has that long-lasting effect on those patients.

[1:28:00]

Riggenbach: And then continuing on that track of the chronological order, going into December, then, a couple weeks in December became particularly bad with positive cases throughout Illinois, hitting the thousands. I mean, on the medical front, what was that like to watch that happen?

Florence: I think part of it – I think we were all very frustrated. I was exhausted for my colleagues that were in the hospital and in express care.

[1:28:30] And it was hard because, you know, when things started, it was like, oh, hearts for healthcare, and we love you, and thank you for everything you do, here's a free donut kind of thing, to, you know what, we're not going to wear a mask, and we really don't care. You know, that's what you signed up for, that's the job that you do. So my hearts went out to those people who still showed up to work every day and knew that they were not as valued and appreciated as they maybe had been previously.

[1:29:07] It was very frustrating because for me, there were just some simple things we needed to do, you know? Just wash your hands, wear a mask, follow the rules just a little bit longer, and we should be okay. But there were a lot of people that just, you know, they just couldn't do it. And I think they didn't understand the impact of that on their community.

[1:29:32]

Riggenbach: There are some people who would argue that the different mask mandates, this or that, were politically motivated. Is that something that – from the medical background, would you feel confident to say that's not the case?

Florence: Yeah, I don't think they were politically motivated.

[1:29:56]

And part of it is, it's just not that hard to wear a mask. I think about a lot of the things that we could ask people to do in terms of improving our community health, and to me, wearing a mask was just not a huge ask. So I don't believe it was politically motivated, and I feel like what was done as a state really put us in such a great position come spring of 2021.

[1:30:35]

That we were actually able to safely open up and get back to business and have events and have our fair and all these different things that I think would not have happened if we had not done some of those things. So I really supported a lot of the mandates that came down.

[1:31:00]

Riggenbach: And personally, with the kind of uptick of cases in December, did you guys have holiday plans? At that point, some people canceled their holidays. What was that like for your family?

Florence: Yeah, so we typically do host Thanksgiving every year, so we had to say no. We typically would do something over Christmas.

[1:31:31]

It was hard. It was hard decisions. But, again, you know, we try to tell people, this is so temporary. And we've got phones and Facetime and all these wonderful things that I think if this had happened like 20 years ago, I think there would be a lot different pandemic fatigue or stress. To me, it was doable. There was no question.

[1:31:58]

If this is what I have to do to keep families safe, this is what I'm going to do.

Riggenbach: Were you worried about your children?

Florence: So I was worried in the respect that they were far from home. My daughter in particular. So if she got sick, I was not as familiar with her medical community. I could not navigate things for her. So she was working from home, so that made me feel a little bit better.

[1:32:32]

My son, you know, I was convinced he had already had it in February. So for me, I was not concerned, but he was a lot closer. You know, an hour away, so if something happened, I could get to him. So there was that part. I think I was more concerned about my parents. They're older, they each have kind of

a high risk condition that I think they were my biggest concern more than anything.

[1:32:57]

Riggenbach: Were they included in your proverbial Covid bubble?

Florence: So with them, I always wore a mask, because I felt that again, it was not that big of a thing to do to wear a mask in my parents' home. I maybe would take it off if my mom was way across the kitchen. So I never wanted to risk it. So until we got vaccinated, I always wore a mask.

[1:33:29] I did not want to be the one that brought that to my parents. There was no way.

Riggenbach: Did your partner take it as serious as you did?

Florence: He did. I think for him, it was a little bit more difficult when he was around his family and friends. He would maybe be a little bit more lax than maybe I would like to be.

[1:33:57] But I think after we had Covid and things like that, and he understood, okay, we've got to get vaccinated, we've got to do all these things. Because he didn't want that to happen to his family. His brother got Covid and actually got a blood clot in his lung afterwards. So I think he was starting to understand, okay, this is real, this can be huge, this can be life threatening. So as more of those things happened, he was getting a lot better at not being so lax, so to speak, yeah.

[1:34:33]

Riggenbach: And then December 15 of 2020, that's when the first vaccines became available to healthcare workers, long term care facility staff and residents. And I think you're my first healthcare worker, so were you able to get the vaccine right away?

Florence: I did. I got mine December 28. I'll tell you, I have no words.

[1:34:59] When I found out that there was a vaccine and it was going to be offered, without question, I was like, sign me up. It was very important for me to be still part of that education and promote folks getting the vaccine. When I got my first vaccine, I drew a sharpie tattoo on my left arm that said, hope goes here.

[1:35:28] And it was really important for me to even, through social media – I think the governor actually ended up posting my picture of my hope goes here – to really spread it to people, this is safe, this is something we need to do. I was

absolutely ecstatic. And it was about that time we started talking about vaccines within the community.

[1:35:54] And I wanted to educate a lot of our black community on the vaccine, because there was so much hesitancy. So every talk I gave, I talked about Dr. Kizzmekia Corbett. I felt when we started talking about the vaccine nationally, there was a small blurb on Dr. Corbett, who was really kind of the matriarch of the vaccine, so to speak.

[1:36:26] You know, been working on this type of vaccine with her work through Ebola and SARS. And they knew a pandemic was coming. They'd been working on mRNA vaccines since like 2010. And all she needed was the genetic code to put this vaccine together. And when that was identified, like in February, they were able to put the vaccine together, get it mass made, get it into testing.

[1:36:58] And to me, she should have been the face of the vaccine. And I thought that really would have helped our black community be more accepting of the vaccine. But I'm sure there was this, we can't have a black woman be the face of the vaccine, because then our majority white probably would not value it. So I'm sure there was that kind of rhetoric or struggle. But every talk I gave, I had a slide of her at the end of my talk.

[1:37:28] And I would say, do you know who this is? This is Dr. Corbett, and she is why we have a vaccine right now. And I think that education is really important, and is still lost in the history of Covid 2020, I really do.

Riggenbach: You know, one of my questions was, did the vaccine bring you hope?

Florence: Yes! Hope goes here. And then no fear, I think, was my next tattoo for my second one.

[1:38:05] And then for my booster, I put boost me up. So I have all three pictures of me getting my vaccine.

Riggenbach: That's wonderful. So did you think right away that there would be a lot of vaccine hesitancy?

Florence: Oh, absolutely.

[1:38:28] I had started to see this divide within our country just on racial inequality, on whether or not coronavirus is true or not. We were also going through the election and everything that happened with the election. I knew that there was going to be this subset of people that are just like, I'm not going to do it, I'm not going to get it. And unfortunately, they are such a large group, we will probably not reach that herd immunity that we need, probably ever, to a certain extent.

[1:39:04] So you can see that coming. Yeah, absolutely.

Riggenbach: And speaking of the election, one of the concerns that some people had was with mail in voting, some people were proponents, people are against it. Was that something that you felt comfortable doing? Because I know some people weren't comfortable going to the polls.

[1:39:29]

Florence: Yeah, so I had Covid during the election. I did not get to go. And I found out that I probably could have called somebody and they could have brought it to my door – they were doing that for people who were quarantined or isolated. So I was really upset I did not get to vote because I had Covid. I think for me, I was really upset because, understanding what a privilege it is to vote, especially as a minoritized group.

[1:40:05] You can really see clearly that this was a movement to disenfranchise voters, and that broke my heart. It was really hard to watch, and still is, because I know we're still kind of talking about some different policies and procedures.

[1:40:26] Again, that's why you guys call it the tumultuous 2020. I mean, there's been so many aspects of our society that have just been blazingly brought to light, that that was definitely – the voting disenfranchisement of voters was huge.

Riggenbach: And then getting to that new year, January 6 was an eventful day at the Capitol.

[1:41:00]

Florence: Yeah, wow, that was something. I was in my office, and I sometimes listen to music in my office. I can't remember what I was doing, but I had some music on, and Greg sent me a text, and he said, hey, are you listening to what's going on? And I was like, no, what's going on? So I put on – like, I have XM radio on my – and I brought up a newscast.

[1:41:26] And I was listening to it, and I was like, this is just crazy. This cannot be real. And I remember coming home, and I see him, and he was almost in tears. And I was looking at the TV, and I was just aghast. And I said, honey, are you okay? And he said – he goes, you know, I get it. And I said, what do you mean? What do you get? He said, I'm looking at these people and there's this aspect of, I don't want people to look at me and think I am one of them, because I am a white male.

[1:42:01] Because I am a laborer, because I drive an old truck, you know, all these things. He goes, and so I get how you as we traverse our community or when we travel, you have that, I don't want them to think this of me mentality, of what they think about black people or what they think about black women. And I think it was really interesting for him to come to that perspective of, I don't want to be seen as one of them.

- [1:42:35] Yeah, it was very hard to watch, because I had a flashback of the riots. I say peace, the peaceful protestors, and then the rioters. And my sinking feeling was, wow, if this was the other way around, there would have been people shot already. This would have been a whole different situation.
- [1:43:03] That again, it was one of those, you cannot look at your society the same way after watching something like that and how with kid's glove they were all handled, so to speak. And how they were defended. This was their right to do that, but a peaceful protest, that was not somebody's right.
- [1:43:28] It was really hard to watch. I would have conversations with my daughter, and it was hard for me to hear say, you know, mom, I don't know if I want to bring kids into this climate, into this society. I don't know what I would tell my child about what this world is right now. And so that was heartbreaking, you know? But I get where she's coming from. So yeah, January sixth was – you get to the point where you're like, man, I'm exhausted.
- [1:44:01] You know? The stressors, the emotional toll, the racial trauma, it's a lot. It's a lot to go through.
- Riggenbach: And I thank you for being willing to go through it again by talking through it all in this interview.
- Florence: Absolutely.
- Riggenbach: At the beginning of 2021, I think for a lot of people, and talking about the vaccine bringing home, it was that hopeful moment, and then there was January sixth.
- [1:44:33] And it was a very rough start to what I think a lot of people hoped would be a new year, a new start. Did you think that we would get our feet underneath us?
- Florence: I guess yes and no. Part of it for me was, I think I can breathe, because I felt like I had held my breath that whole year.
- [1:44:59] So I remember thinking, oh my gosh, I think I can actually breathe. But at the same time, there was something that was different and I don't want to say good as a word, but now I could easily identify the people who I felt had spoken or behaved in a way that I needed to know who they were, right?
- [1:45:29] Whether they were openly bigoted or antiracist or anti-science or constantly disqualifying people in general, I can more easily identify those folks now, which to me, it's better to know who they are than the ones who act like they're not.

[1:45:57] So I felt like I could better navigate things now knowing who those people were, openly, and I felt like I could breathe. Beyond that, I don't know if I felt more hopeful, per se.

Riggenbach: Talking about – going back to that vaccine hesitancy, I have a question about the panels you were doing. You said you started doing those more in January once the vaccine was out.

Florence: Yeah.

[1:46:27]

Riggenbach: The panel that I saw you on was with Dr. Christopher [unintelligible 1:46:32] as well.

Florence: Yes, yes, he's awesome.

Riggenbach: And it sounds like you've done a couple events with him as well, haven't you?

Florence: Yeah, we did. We've done a couple of similar forums, and then we also did a men's health fair that was put on by the community. And I got to hear him speak there as well. And he's just a wonderful physician, but just a great guy. Just very personable, intuitive.

[1:47:00] And it's really nice to see this kind of younger generation kind of start to blossom and be out there. So yeah, I really enjoyed listening to him speak and seeing him kind of do his work and spread his word.

Riggenbach: Had you had much – I don't know if success is the right word, but have you had relative success in getting the community vaccinated, or at least getting the pastors or you mentioned Aunt Hazel?

[1:47:33]

Florence: Yeah, I hope so. You know, you never know until – you know, you have those people that will send you a message or an email and say hey, thank you, I did get my vaccine or, my mom did get this vaccine, I appreciate the education you gave. So you will get those. So I can only hope that maybe it did sway those or at least validate those in giving them a little bit more support in having those conversations with their loved ones.

[1:48:07]

Riggenbach: And by May 13, the CDC recommended that masking wasn't necessarily needed for those who were vaccinated. Did you think that was a good idea at that time?

Florence: So my hesitancy was, if we do that, we will not be able to identify who's vaccinated and who's not vaccinated.

[1:48:31] Because I think it was very clear that you were going to have those that would walk around without a mask that were not vaccinated. So I did not think that would last very long. But I did embrace it. I went to the store a couple times and I was like, yes, I don't have a mask. But it was very clear, and it's still clear, people who felt that their rights were being infringed upon were still going to do what they were going to do.

[1:49:00] And so I knew it wasn't going to last long.

Riggenbach: Yeah, that summer, it was on June 11 that Illinois moved into phase five. And I think during our pre-interview, we talked about how for you, life was a little more normal, for a little bit.

Florence: Oh, it was great. We love to go to concerts, and to music, and 2020, we had kind of a tour, so to speak.

[1:49:31] We were going to several concerts, and of course that all got canceled. So we were ready to go at it again, and so we were able to go to outdoor events and go to concerts and be in outdoor areas listening to music. And so there was this normalcy about that that was really nice.

Riggenbach: And then as you had mentioned previously, July 27, the progress made by vaccinations was stunted by the rise of Delta.

[1:50:05] And the CDC recommended masks for the vaccinated again. You saw this coming, it sounds like.

Florence: Yeah, you could see it coming. And just when you would walk around the grocery store and see people and hear conversations, and you still kind of see it.

[1:50:29] I wish we could rely on our society to think about the other and make decisions in that respect. So I think we all knew that with the rhetoric that was put out months before that that was likely going to be what happened.

[1:50:58]

Riggenbach: And then it was on August 3 that Governor Pritzker mandated masks again, and did you think that a mandated was appropriate to allow people to say, you must wear it? What were your thoughts on that?

Florence: I think he had already set the precedent that he had already done that before, and it had worked. So I supported that.

[1:51:25] I think what was difficult for me was, wow, I'm in a space with people who I know are all vaccinated, we're having a private party, I think we should be able to not have our masks. You know, so those types of things, I think, were hard for me to navigate, because I'm like, it's okay, it's safe, I think we can do

this. But you don't want to be a rule breaker, so to speak. But I felt like that mandate could have been put in place. If your people are vaccinated and accounted for, you don't necessarily have to wear a mask.

[1:52:04] But I get where he was coming from.

Riggenbach: And then on August 23 is when FDA announced full approval for Pfizer's Covid-19 vaccine, now called Comirnaty.

Florence: Yeah.

Riggenbach: Was that something you think would help people overcome vaccine hesitancy?

[1:52:26]

Florence: I think it helped, but the problem was people still felt like all these approvals happened too quickly. They still felt like the vaccine was not safe. So I think that while it helped a small, marginal amount of people say, okay, it's FDA approved, I think I'm going to do it, I think it helped future mandates say, this is an FDA approved vaccine. But I don't think you really changed a lot of people's minds, because they still felt like this vaccine came out too quickly.

[1:52:57] So I was glad that it happened, but do I feel like it changed a lot of minds, no.

Riggenbach: And then only a couple days later is when Illinois mandated vaccines for those in high risk settings, which meant healthcare workers and teachers. And then it was only a couple weeks later when President Biden mandated vaccines or weekly testing for companies with more than 100 workers.

[1:53:30] What are your thoughts on vaccine mandates?

Florence: I think we have to do it. And you know, this is not new. When I applied for medical school, when I got my job, I had to show proof of immunity with measles, mumps, rubella. I had to show proof of immunity to pertussis. I have to get a flu vaccine every year.

[1:53:59] This is not new for educators and for healthcare workers. And to me, if my credo is, I want to take care of another person, if I want my students to be safe, if I want coworkers to be safe. To me, that is an alignment of that statement. So I support it. I do think it needs to be done. Otherwise, we are going to not have safe spaces for people that need it.

[1:54:28] In the educational system, in healthcare, and places of business, they can't function. They're not going to be able to function unless they have the majority of their workers vaccinated.

Riggenbach: What do you think makes the Covid vaccine different for some people, where they might be okay with getting the flu shot or the flu vaccine, but the Covid vaccine is different for them?

[1:55:04]

Florence: So I think when you start using words like mRNA, like foreign words that sound like you are incorporated some sort of new genetic material, I think that scares people. So you have to definitely kind of explain it differently, which I try to break it down to folks. The other thing is, you cannot call your vaccination process Warp Speed.

[1:55:34] I think that gave the wrong sense of, we're going to do this as fast as we can, but not safely. So I really wish they would have chosen a different name. So I think those two things on top of, we already have this vaccine hesitant community, you know, I'm still trying to explain the need for vaccines for kids. Vaccines that we've had for five years, ten years.

[1:56:04] People in our area, we have not seen endemics. We have not seen huge measles outbreaks. I think the last time I remember some type of outbreak, I was a young kid, and it was a mumps outbreak, and we all had to get vaccinated at school. That's just the way it was. So I think we're a little spoiled in that respect.

[1:56:27] But I do think talking about mRNA, calling it Warp Speed, I think that really – I would have used other terminology, I think, initially, to kind of get people to buy in.

Riggenbach: Some people would argue now – like, I was reading an article in the Times that the pandemic is becoming endemic, and that seems to be the word people are trying to use.

[1:56:56] Do you think it's anywhere near that, or do you think that you will always have Covid?

Florence: I think we will always have Covid, and I think until we can get that immunity up and make this a milder, more easily treatable disease. Like for influenza, if I get sick, I stay at home and I take my Tamiflu, right? I think that's going to be at least another year or so, is just my personal feeling.

[1:57:28] I feel like we will be wearing masks in areas of high crowds, like transportation and in hospitals, and I think that's probably going to be a new way of life for us. So I think if we can all get on the same page globally, we can make this an endemic, but until we're able to do that globally, this will always be a pandemic.

[1:57:56]

Riggenbach: And then before I get to really my concluding questions, we just had Thanksgiving. Were you able to celebrate with your family?

Florence: Yes, we did. We had almost 30 at our house. And most everyone vaccinated. We have one who I think has an allergic kind of reaction weird thing. But everybody was there, and we had a great time. It was interesting because I know had less pressure on myself to, okay, I have to make this and the house has to be perfect.

[1:58:30] I was like, you know what, it doesn't really matter, we're just glad to all be in the same space, and that's what it's going to be about. So that was really nice. My sister was able to travel from Connecticut. So for her to fly in, and with her kids, so that was good. So it was nice, and I think we valued our face time more, for sure.

[1:59:00]

Riggenbach: And starting to get into these concluding questions, I guess one last one before that would be, do you guys have Christmas plans?

Florence: So we probably will spend Christmas as a family. Now, yearly, we usually go to Mexico for a vacation, and it's music, and we were unable to go 2021, obviously, because it was canceled.

[1:59:27] So we're hoping that we will still be able to get there. With this new variant and different travel bans, my concern is there will be a travel ban that might prevent us from going. So we will see. Yeah, I'd like to travel. I haven't really traveled much in the last year and a half.

Riggenbach: I don't think you're alone in that.

Florence: No, right.

Riggenbach: Are there any things that you've started doing differently because of Covid that you think you'll continue to do after?

[2:00:03]

Florence: I know just within the medical field, telehealth has been amazing. You know, we were kind of in these early stages and trying to get legalities and figure out what platform. That was really taking a long time, and Covid really sped that up. And I love the ability to have greater access to my patients, especially the ones that have to travel. It's easier for them.

[2:00:27] And I love sometimes being able to see them in their own home, which can make a huge difference, even in your care plan. Like, oh, so now I get it – you know, why you're maybe not as successful depending on some things that we talk about or I see in the visit. So I think telehealth has been huge, and I'm

hoping we can continue with that just with work. In terms of personally, I feel like I have really been able to do better in just taking pauses and slowing down.

[2:01:06] And definitely being a little bit more thoughtful and intentional, I think, in my words, in my actions. But also, taking a better stance. There are some people who I used to maybe frequent their business that I've heard some things come out of their mouth and I'm like, no, I don't think I'm going to give you my money anymore.

[2:01:30] And they will ask me, and I will tell them why, and I stand by it. I think I'm a lot better about identifying those types of boundaries as well.

Riggenbach: Do you have anything that you look back on over this past pandemic year and wish that you could have done it differently?

[2:02:00]

Florence: Yeah, I think, like I said, I really wish I could have been able to get out into the community more than what I did. But it's given me more goals for the next year. So as we are kind of rewriting our strategic mission and goals, my hope is to be able to create that access for anyone, not just me, to do so from our health system on a different level.

[2:02:31] But I would have loved to have gotten out more in the community, for sure.

Riggenbach: Did your views on the pandemic change over time?

Florence: My views on the pandemic or the people within the pandemic.

Riggenbach: I guess that's not either or.

Florence: Yeah, I mean, you know, with the pandemic, science is science, and I follow the science and those recommendations.

[2:02:59] So that didn't really change, but I think we definitely found out that as a society, we are selfish. We are individualistic. We are privileged. Some privileged in many ways, without realizing it or understanding it.

[2:03:29] And while I always knew it was there, the pandemic definitely accentuated a lot of that. And that was I think disheartening as we talk about our country and we talk about America. I really would have hoped given everything that went down with the pandemic, we would have strengthened that sense of community and that sense of making sure we value each other.

[2:04:06] And to me, it just appeared to be more broken, which, yeah, that was disheartening.

Riggenbach: Over the course of the pandemic, has your experience shaped your – I'm trying to think about the right word – your definition of why wellness and your work is important? Does that make sense?

[2:04:34]

Florence: Yeah, I think for me, I think health and wellness, you know, like I said, how do we make ourselves less desirable to the virus? You know, if we had people that were healthier, that could lessen their desirability of the virus, I think that would help.

[2:04:58]

If we had people that were emotionally more resilient and had a process to support that, which we are trying to incorporate more of that within our wellness, because mental health is huge. So it's helped me understand that, but also, not just the wellness of the people that are our patients within our center, but just everyone within my community.

[2:05:33]

So if there is someone who's like, I don't really want to be a patient, but I need to learn this, let's figure that out. Or I need you to educate me on this. Let's do that. So we've been able to kind of expand to podcasts and can we start small video cooking classes, essential cooking classes? How do we – you know, people who are maybe getting those food pickups from Boys & Girls Club in different areas, let's teach you how to cook it.

[2:06:03]

Because a lot of people have figured out that they really maybe have difficulty with that. You know, how do we educate our kiddos on healthy living so they become adults who are already with established, healthy behaviors. So I think we've definitely started to have an understanding of the different levels that this wellness center can provide overall to everyone.

[2:06:34]

Riggenbach: After a year and a half of new normal, what is your vision for normalcy?

Florence: Respect, kindness, consideration. I would really hope that would be our new normalcy.

[2:06:59]

I think we have a ways to get there, but I think that would be my vision of new normal.

Riggenbach: And is there anything that you wish you had known at the start of the pandemic that you know now?

Florence: I think definitely for me – we're talking about just like racial trauma and everything that the George Floyd and the protests and all these different things have kind of bubbled up, so to speak, you know, within me personally.

[2:07:41] And just professionally, I wish I'd had that before. I wish that we had that DEI before the pandemic. I wish we had been more aggressively addressing racial inequalities before the pandemic.

[2:08:09] So all of those things I wish I had that foresight maybe before the pandemic more so.

Riggenbach: And if you could say anything to yourself pre-pandemic, what would it be?

Florence: Breathe. For sure, I would say breathe.

Riggenbach: Well, those conclude my questions. Do you have anything that you would like to add before we conclude the interview?

[2:08:39]

Florence: I think there always has to be this traumatic or this upheaval, I think of any society or community, to kind of get ourselves back to not where we were, but maybe get us to where we should be.

[2:09:09] And I think that's how I view the pandemic. I don't really feel like it's a setback, I feel like it's a push forward, so to speak. A push forward to where we need to be. And I feel like the pandemic just accelerated that process.

[2:09:31]

Riggenbach: Well, thank you so much, Dr. Florence, for being willing to come and talk twice now.

Florence: Yeah, you're welcome.

Riggenbach: We really do appreciate it, thank you.

Florence: You're welcome.