

Dr. Alexandra Hall COVID-19 Oral History Interview

Interviewer: Kailey Dresel

June 8, 2020

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Kailey Dresel: Did you get an alert saying that it was recording on your end? Okay there it goes.

Alexandra Hall: Oh, I just did. There it goes.

KD: Okay, so kind of just an overview. I'm going to have about fifteen or so questions to ask you, just about COVID and things like that. If at any time, you want me to repeat a question or clarify more, just let me know and I can for sure do that.

AH: Okay.

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KD: So, when do you first remember hearing about COVID-19 and what did you think about how it might affect you?

AH: Gosh, that's a hard one. I don't remember exactly when I first started hearing about it, probably in February when all the news reports started coming out of China and certainly when we had that first case in Washington state. And at that time, we didn't know enough to really know how much it was going to affect us because we didn't know a lot about the virus at that point in time. But it quickly became evident over the course of just a couple of weeks that this was going to be a significant pandemic really. That this was a virus that was going to be able to spread rapidly as well as cause a lot of illness and death. And so, it didn't take very long for us to be able to see that it was going to be really significant and severe. I think one of the things that kind of gave us that clue early on was realizing that a lot of the people who get this virus either don't have any symptoms at all or get only very mild symptoms which makes it difficult to identify who has the virus and who doesn't. So, when we look at the first SARS [severe acute respiratory syndrome] virus, this is CoV-2, but SARS-1 – a couple of decades ago, people who got that infection, got really sick really quickly. So, it was really easy to do what we call case identification. It was really easy to be like “oh, that person has it” and isolate them. And they felt so sick that they weren't out going to funerals, and Bat [?] Mitzvahs, and weddings, parties, and bars and spreading it around. So that virus was much easier to contain than this one. So, pretty early on once we knew how widespread this virus was becoming, it was pretty ominous. It was like “oh no. This virus is the perfect combination of sometimes causing no or very mild symptoms, and yet still also unlike other Coronaviruses, like the cold virus, yet still also sometimes causing really significant disease and death. So, this virus is really kind of the perfect storm in a lot of ways. So, you know, pretty quickly we sort of [?] realize that this was going to be a problem and it was so interesting as were moving into March and kind of seeing that curve on the Johns Hopkins map of cases and seeing the exponential rise in the number of cases

worldwide and we started to have more and more cases here in the U.S. [United States]. You know, actually that week – the beginning of the week before Spring Break, I started talking with my students about flattening the curve and about – like in my classes, like you need to know this, you need to know the things that we need to start thinking about doing. And on the Wednesday morning, I was in my cadaver anatomy class and part of what we do in that class is they have to create three-dimensional clay models of whatever anatomic region we're studying that day, and I said to them that morning "you know, you might want to just go out and purchase some Play-Doh. Like just in case, you're going to have to be doing some of this from home, some point in time, it might be a good idea." And that was that Wednesday morning and then Wednesday afternoon we got the notice that we were going to be moving to alternative delivery for the rest of the semester. So, things moved pretty quickly, in terms of the campus response, which was a good thing. But yeah.

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KD: Yeah. Is there anything that you would like tell your previous self about like what – if you were to warn yourself or like anything you would say initially to – initial reaction if you could like go back?

AH: Like something I wish I had known or done differently?

KD: Yeah.

AH: I think, in Wisconsin actually, we did a really good job initially kind of responding to this very quickly and before things got out of hand in our state. So, I don't necessarily feel like we in Wisconsin or, in my – personally, or the university should have done anything differently than what we did. The one thing that would have been really important, you know, kind of on a national level, if I could go back in time is two things. One is to not rely on the federal government to produce tests for us. So, very early on they were saying "we are going to have tests for everybody, don't worry, it's going to be fine, we're going to make lots of tests." And so, the private labs then didn't get busy developing tests even though the sequence of the virus was available because they kept being reassured that the federal government was going to provide testing. And then when that failed to come through, the lack of available testing really crippled our response to the virus in this country. So, if I could like say something to the U.S. citizens and pharmaceutical and lab companies of, you know, February 2020, I would say don't believe it, make your own tests. The other piece that I wish we could go back and do differently would be the availability of masks as well as our messaging about the utility of masks in potentially preventing the spread of the virus. So, initially, when this first started the message from the CDC [Centers for Disease Control and Prevention] was "please don't wear a mask." And that was predicated on two principles that were not inaccurate. But one was that we had a massive shortage of masks as well as other types of PPE or Personal Protective Equipment. In large part because of federal stockpiles had been kind of decimated and allowed to languish. And also, in large part because we operate in this kind of neo-liberalism capitalistic society where everything is really lean [headphones fall]. Whoops. So, you don't want to, you know, have a bunch of stock of supplies that you're not using, right? So, everything is just in time. Everything is just enough, so that there's no fat, so to speak. So, so that was a problem. So that was one reason is there

wasn't enough availability of masks for the general population to wear them. And then the other thing about masks was we didn't really understand, yet how much asymptomatic transmission there was of this virus. And therefore, that wearing masks even if you don't have symptoms would be really important. So, the CDC initially said, "don't wear masks, it'll make you touch your face more, it actually won't help at all." And certainly, at that time, we didn't have any data that wearing a mask was particularly effective if it was just a cloth mask or a surgical mask, as opposed to an N-95 respirator. We didn't have a lot of evidence to show that it would be effective at protecting you, the mask wearer, there just wasn't a lot of data to support that it was effective at keeping you personally safe from getting the virus, but we've learned that it's actually really effective at protecting the people around you in case you are infected, right. So that initial guidance saying don't wear a mask and then now saying "oh no no no no, do wear face, cloth face coverings" really was difficult for people and really undermined people's faith in the CDC and in public health guidance and recommendations to begin with. So that was really unfortunate. If we could have a do-over on that, I would like that too.

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KD: [Laughter] Yeah, okay. So, you did mention some masks and things like that, so there's a question I'm just going to follow up. There's one that says are there any items or services that maybe you specifically have had a hard time purchasing or obtaining? Maybe, yeah.

AH: We've been lucky. So, you know, pretty soon after information about how to make your own masks started circulating, we sewed our own masks out of an old pillowcase. And then, as somebody who works in healthcare and also works in lab settings at Stout [University of Wisconsin-Stout], I have access to some of those disposable surgical masks. Certainly not to the point that I would use them just for my own personal use or give them out to family and friends because it's not my property but, you know, when I do have to go into work or something like that, I can access a mask there. So, at Student Health Services though, we initially started trying to buy more masks and it became really difficult. You know, and we could only get so many per week, right? And so, Lisa Raethke, who's our nurse and does a lot of our purchasing for those things, has been working really hard trying to get masks and anytime she can buy some, she buys them because we're just, we're going to need a lot. So, in terms of other things – well [laughter], so it's interesting, you know, the great toilet paper shortage of 2020, right?

KD: [laughter] Yeah.

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AH: That everybody jokes about it and it was a real thing, right. And it's interesting because – so I'm a physician, my wife is a physician, our friend whose neighbor is a physician actually – end of February when we started seeing what was happening, actually both of our families went to Walmart and did a huge buy [laughter]. So, we actually had already had stockpiled our toilet paper weeks before anybody else actually did, so were okay with the toilet paper. But I had even bought kind of anticipating that might be a problem, I had even bought like one of those little squirt – they're called Peri Bottles, just these little squirt water bottles [laughter].

KD: Oh yeah.

AH: That you can use if you don't have access to toilet paper, so just in case, we had, you know, a renewable or non-disposable, yeah.

KD: There was two weeks there where it was – yeah, I know it was like nowhere to be found. Yeah.

AH: Yeah [laughter]. So, and it's really –

KD: Which is just – that was one of my most shocking things for me, I think. Just because it's like I would never think toilet paper. My parents actually own a portable toilet company so obviously, we have toilet paper, but we never even thought that like toilet paper would be something that people would be just stockpiling.

AH: Right, well it's so interesting –

KD: Yeah.

AH: – When you think about when people are like “what are the things that if I ran out of here in my house, I would be really uncomfortable.” Right? And so, toilet paper is really at the top of the list. Because most of us have enough at least old ramen noodles or cans of Campbell's soup in the pantry that like we have something to eat, for a long period of time, even if we can't leave the house. But yeah, toilet paper is a big one. And it was interesting reading about that part of the issue with the toilet paper was actually the shift in the market. So again, we had this problem of everything being lean and just in time so there was no stockpiles of toilet paper anywhere. But the other thing was that people weren't at work anymore, right? Everybody was working from home, or they were furloughed or laid off. And so, if you think about it, at least for female bodied-people who use toilet paper every time they go to the bathroom, half of our bathroom trips happen at work [laughter].

KD: Yeah, yeah.

AH: And so, the commercial market for toilet paper, you know, if the industrial market buying for buildings and all that kind of stuff, they actually had a little bit of a glut.

KD: Yeah, yeah.

AH: [Unclear] since people weren't going to the bathroom at work, right? Whereas the domestic market, or the household, supplies of toilet paper, those were the ones that really kind of ran out, so the market had to kind of shift in that way.

KD: Yeah.

AH: The only other thing –

KD: One more final thought –

AH: – That we couldn't find was one time there was a limit on ice cream [laughter] at Walmart.

KD: For sure.

AH: I think everybody wanted comfort food. So, but no, we were pretty lucky.

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KD: Perfect. So, with all that, what would you say has been the biggest change or the biggest changes that you've had to kind of deal with?

AH: Well on a personal level, just being home all the time, right? And so, you know, as scientists and healthcare workers, we take this all pretty seriously, so we have definitely been safer at home, for the most part. And so, all this time at home, right? And all this time with my wife and fourteen-year-old son.

KD: [Laughter].

AH: Thankfully, we like each other a lot. But even just a couple weeks ago, especially where my son is concerned because he's, you know, an adolescent, he's trying to differentiate himself –

KD: Yeah, he's fourteen.

AH: – from us and I was like “okay, I think this might be enough togetherness” like [laughter]. He needs to get away. He had been riding his bike and doing mountain biking, which was great he got out and he was on his own and then he fell and broke his foot, so then he couldn't do that.

KD: Oh gosh.

AH: So [gah sound]. But, but so yeah, just being home a lot which has been good and bad, right. It's been very peaceful, in a way. It's also been kind of lonely and isolating, of course. I miss hugging people. I miss seeing people. We will still go and visit with a small circle of friends or just a few people that we will visit with, but it's only ever outside and we're like ten or more feet away. So, we still get to see some people but it's not the same. We used to love to go out to eat, we haven't done that at all. We've done some takeout. So, personally, it's a huge shift. In many ways, kind of a welcome calm but then also isolating and sad. Professionally, in terms of the classes I was teaching, it was awful [laughter]. It was just – so I've never taught online before.

KD: Oh yeah.

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AH: So, when we switched to all alternate delivery – I'm somebody who normally lectures with a PowerPoint, so I spent that Spring Break week – we were supposed to go to Florida to visit my elderly parents but we had to cancel that trip much to their chagrin and because they'd been looking forward to it, we'd been looking forward to it. I only see them twice a year, so that was really heartbreaking. But I spent that week trying to learn, you know, Camtasia, Kaltura Capture, and Blackboard Collaborate and all these different systems. All these different technology

systems that we had for delivery and in the end, what seemed to work best for me, and my students was to record the kind of the lecture and PowerPoint in small chunks, you know, like ten to fifteen minute segments. And I ended up posting them to YouTube because that ended up being the easiest way for the students to get them and making playlists. But it was interesting because fortunately the classes I was teaching this past semester were classes I had all taught several times before, so the material was pretty well, had been really well test-driven and developed and was pretty effective from making changes to it every semester to make it better and better. But now, without being able to be there physically present in the class, without being able to act out and do demonstrations, and write on the board and draw things on the board – I had to rework everything. So, you know, a lecture that normally if I was teaching face-to-face if it was an established lecture for an established class that I felt good about, I would maybe spend an hour before class going through it, making some updates, making some adjustments to the lecture, and trying to make some improvements. And then I would go give the class. So, it would be maybe about two hours' worth of work. But to chunk things into the segments and to then compensate for the fact that I couldn't draw on the board, and I couldn't act things out, and I couldn't use a lot of the other methodologies that I would use in an in-person class? I had to rework a lot of my lecture PowerPoints and then record them in those little snippets and upload – you know, then, you know, convert the files to an MP4, and upload to YouTube. So, it took maybe about four hours for every lecture, so my workload actually doubled in a lot of ways which was really hard actually. I worked ten-hour days pretty much seven days a week all the rest of the semester.

KD: Wow.

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AH: So, that was really tough. But, you know, thankfully I already had a relationship with my students, right. We'd already been in-person for the first half of the semester, which really, really helped. I'm nervous about what might happen, you know, next semester because having had those relationships really helped me to stay in tune with those students and made them feel comfortable reaching out to me and we would have video check-ins and class meetings, and most of them, not all of them, would come. So, yeah, we'll see. One thing that was really fun was for that anatomy class, you know, I'd mentioned that besides from working with the cadaver, the other thing we did was make – during the part of the class when they weren't working on the cadaver because they would go in groups – they would make three-dimensional clay models of the anatomic region we were studying. So, I thought about it “okay, they are going to have to do this at home, and I'm not going to be there to like poke my head in and say ‘ope, actually that vein is superficial to that artery, you need to change it.’” You know, I was like I'm not going to be there, so I was like “okay, I'm going to make little tutorial videos and so my dining room table kind of ended up being converted into a YouTube studio and I had like my iPhone up on a tripod, and I had these lamps, and then I had this Play-Doh, and I had an old Halloween skeleton that I would use to like build the things on. And so, I created all these little video demos of how to do clay models of the anatomy. And so that was fun, but definitely a learning curve for me.

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KD: For sure. Yeah, no, that's been the kind of general response from a lot of the educators and professors that I've talked to, which is hard but yeah.

AH: Yeah.

KD: Are you surprised by anything about like how people are responding or life has changed for you? And like are you kind of like worried about how others are responding or are you a little more hopeful, you know?

AH: The thing that I'm most worried about and have been the most concerned about and unhappy about it is kind of the politicization that's happened of public health [unclear]. So, for example, around wearing masks in public. And like I get it. First, we told you, "you don't," and then we told you "do." And people are like whatever. And then the president doesn't wear one and the vice-president doesn't wear one, even in places where they are required, right? So that sends a really strong signal and so it's really unfortunate because I think if we're ever going to get back to anything close to mask wearing in public is going to need to be a really big part of our strategy. And so, you know, it's hard when I see the people who, you know, as the Facebook meme says, you know, who got like a C or a D in high school biology are saying that their educated enough to know their own risks and so they don't have to wear a mask. And it's like, it's not for you, it's to protect the people around you.

KD: Yeah.

AH: And so, it's really strange now how there are some places in town where you can go where most people are wearing masks and then there's other places where almost nobody is wearing a mask. And so, people are starting to self-select where they go based on mask-wearing behavior and like when I do wear a mask and I go someplace where some people aren't I find myself having to behave in the most non-threatening manner as possible, right. I'm having to just be all smiley and innocent and happy. Like don't pick a fight with me [laughter], you know. That's just terrible. It's terrible but it also highlights what we've known but failed to really apply in society a lot is that humans don't make decisions based on logic and rationality, as much as we like to think we do. Like it's all based on kind of feelings and emotions and that's been a real struggle, you know. And that – this whole situation right, so when people were asked to stay home, there was no federal leadership, right. It was up to the individual states and the states don't have the financial tools to actually make that bearable and possible. Right, so when we look at other countries where their federal governments, their national governments were able to – you know, even like Canada were able to give people "okay, you're going to stay home and we're going to give you two thousand dollars a month so that you can still pay the rent and buy your groceries and pay your bills. Versus the United States where there was a one-time payment, that was not enough. You know, we didn't use all the economic tools at our disposal to help support the public health response. Right, so in terms of dealing with the threat of the virus, our only tools are social distancing and wearing masks and washing your hands. Like social distancing or physical distancing is our strongest tool, right. We don't have effective medicines, yet. We don't have a vaccine, yet. Really, all we have is mask wearing and hand washing. So, we have these economic tools that we didn't use and that's really frustrating because then it puts people in this horrible situation of needing to provide for themselves and their families and in order to do that, they have to risk the public health because they have to go back to work. That's been really disappointing.

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KD: So, you touched on, you know, information and kind of like politicizing things and everything like that so how does like news coverage maybe differ from what you've personally seen or experienced [unclear]?

AH: So, that's part of the issue, right? Is that everybody watches their own favorite news program or own favorite newspaper and depending on what sources you are looking at, the information is wildly different.

KD: Yes.

AH: And often times, inaccurate or really skewed and misrepresented. Actually, a large part of what I've been doing this whole time is reading as of the scientific literature as I can and as many of the articles that are out there in mainstream media and sharing on Facebook, things that I think are accurate or well-written or well represented. Or sometimes when there's an important scientific study that came out, I would post a link and then give a little explanation, right. And say "you know, for the people who aren't scientists, this is what the article says, and this is what it means and why it's important. And it's been interesting, actually, to have that avenue of communication and that platform because I'm Facebook friends with a lot of different kinds of people, including some people who read very different news sources than I do and – so it's been interesting that I have gotten a lot of feedback from people that they appreciate it because they know me personally and so they feel like they can trust what I say. So, it's been really interesting to me how the importance of relationship in terms of building trust and therefore, effective communication around public health. And I think our public health director in Dunn County, KT Gallagher, has been working hard to try to do that. She's been having little video clips – or little video Facebook Live things on Friday afternoons where she answers people's questions. Right, trying to build that relationship and explain why they're doing the things they are. But yeah, it's kind of crazy that that's necessary but it is. Because we've created an environment – and in many respects, some of our politicians have created an environment where there's mistrust of the experts, mistrust of the media, and so people really don't know who to believe. And that's been a big problem.

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KD: Yeah, so I know you talked a little bit about seeing some of your friends but what else are you doing to remain connected to friends and your loved ones? Kind of like, what kind of technologies have you had to use more or things like that?

AH: Yeah, so we've done some Microsoft Teams meetings or Facebook meetings, but it's hard. Right, because there's lag time, there's that delay, it's not as spontaneous. So, although it's great to have that technology and the ability to do that, it's just not as good as the real thing. So, I haven't done a ton of it. Right, so instead, it's more "okay, we're going to come over for a picnic lunch. Everybody bring your own everything, we're going to sit on two opposite sides of like your lawn, pretty much" and visit that way. Or we're going to sit on opposite sides of a campfire and so, it's something but it's not quite enough. You know? So, you still feel isolated and a little sad. And it's just too bad.



KD: Yeah.

AH: But it is what it is. Like what are we going to do?

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KD: Exactly. No one could have foreseen this coming. So, what kind of things have you done to stay healthy or to protect your mental health in a way too?

AH: Right. It's been interesting as soon as went to kind of remote learning for the semester, it opened – even though I was working more hours over all because I had more flexibility in my day, like my routine totally changed. I would get up, I would have my coffee, I would have a little bit of breakfast, then I would work for a couple of hours, and then I'd go exercise for an hour. And then I'd have second breakfast and [laughter], you know, then work some more until lunch. But it was interesting now how I had this ability to exercise – because, you know, I got all sweaty and whatever so it's not something I could ever do in the middle of the workday, so it's been interesting that I've been more active going for more walks because there's nothing else to do, right? And so physically – and then being at home and eating almost all our meals at home, you're able to eat a little bit healthier – so physically, it's been healthier, which is interesting to see how our normal societal – jobs, for the most part, employment situations – don't really make it easy to be physically healthy.

KD: Yeah, and although you –

AH: Mentally – no, go ahead.

KD: Pretty busy and working a lot, are there any hobbies or like things you've taken up during this time or maybe come back to now that since you are at home, even though you are working so much?

AH: Well, now I'm not, right? The semester is over.

KD: Yeah.

AH: Now I have time. Yeah, during the semester there was absolutely no time for any hobbies or anything. Since then – I love jigsaw puzzles, so I've been doing jigsaw puzzles. I've been doing a lot of reading news and reading scientific articles and trying to stay up on that stuff. So, that doesn't really count as a hobby [laughter]. But so, I've been kind of working but I'm not officially working. And then – there was something else I was going to say that I can't remember. Exercising, going outside, gardening. I've been doing a ton of gardening. And that's about it.

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KD: Nice, nice. Would you say that there are any silver linings for you in this, during this time?

AH: I think the silver lining for me has just been that peace. That kind of pause that everything is kind of quieter, in a way. You know, it's so funny. We have these dry erase calendars and we usually have – we have two of them. One is – each one is for a month. They're on the inside of our pantry door and, you know, all this stuff is going on and every place we have to go. We just stopped doing that. Right, so like you go from being a busy family to being – I mean I was busy but in a totally different way. Like we weren't going different places and we weren't having to drive here and there and all over the place. And so, there's [?] kind of nice to have that peace and that quiet time and some of that solitude and that slowing down. Even though workwise, it was not slow at all. That was kind of nice. That was a silver lining.

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KD: For sure. What kind of changes do you foresee will be put in place or will happen after the pandemic is over if you think anything will change, either personally or professionally.

AH: I think all of things might change. I think a lot will depend on what happens in the election this fall. I think, already – it's interesting to read some writers in the Atlantic and some of the other places talk about what's happening with the Black Lives Matter movement after the killing of George Floyd. And some people are thinking that the vulnerability that a lot of White people felt really for the first time due to the pandemic, may have increased people's empathy and understanding and helped to broaden that movement to become a more broad-based movement now. Like people are realizing like "oh my gosh, this is not okay. Like I get it now." And so, it's really exciting and I'm hopeful that we are going to see positive change. Right, already Minneapolis [Minneapolis, Minnesota] is looking at defunding and disbanding their police department because it is too corrupt and not serving its citizens. Lots of different places are looking at that. And police brutality has been a scourge on this country for years, right? And we're finally doing something about it. So that is exciting and hopeful. A lot of the scientists and medical professionals that have been doing research with COVID and caring for patients with COVID. The amount of cooperation and sharing that has actually happened despite the U.S. pulling out of the WHO [World Health Organization] and not – refusing to participate in the [?] international effort to make a vaccine, which is horrible, but individuals are talking to each other and sharing and there's this openness and that's really exciting, you know, that we're all working together. So that's good. So, I'm hopeful for those things, yeah. I can talk for a really long time about what I would hope but I think those are kind of the two big ones that I'm excited for. In terms of my teaching, I'm a little bit more experienced in terms of doing things online now, which is going to be interesting because in the fall – even though the classes I'm teaching are technically face-to-face, they're really going to kind of have to be more of a hybrid to accommodate physical distancing in the classroom.

KD: Yeah.

AH: Because the classrooms aren't big enough and to also accommodate what are probably going to be significant numbers of absences, right? Because if anybody has a sore throat or a cough or, you know, a fever, they are going to have to be out from class. And like, when you think about how many college students get a cold during a semester [laughter]? Like that's a lot of people.

KD: Yeah, especially at the beginning when everything happens, yeah.

AH: Yeah, so. So that's going to be very different. I'm very worried about what's going to happen to colleges and universities overall because we're anticipating the potential significant declines in enrollment. And our state system, like many other state systems, has been systematically defunded by the state to the point where state funding now only makes up – I think the last estimate was about thirteen percent of our operating budget and the rest has to come from student tuition.

KD: Yeah.

AH: So, I worry we're going to lose a lot of schools and universities, we're probably going to lose a lot of programs and that's too bad, right? So, I don't think schools and universities should operate on a capitalist model because they provide a service that better the entire community, so I feel like they should be supported by the community, rather than by the individual consumers. So, I'm worried about that.

00:35:28.000

KD: Yeah, no, for sure. Yeah. So, the last two are kind of, you know, longer questions like what are some things – or are the things the most about the Menomonie campus or the community? I know, obviously, you miss going out to eat and drinks [unclear] but maybe things you miss about campus at all?

AH: I so miss seeing my students [laughter]. It's just so hard, it's just – talking to a computer is no fun, right? When you're in a class and you're looking in people's eyes and you're seeing their reaction and their posture and you're getting their questions and their comments – that's a conversation and that's so much fun. Just talking to a computer is really not fun at all so I miss that. It was so fun. I dropped off some donations for a group that was collecting things to take to Minneapolis this weekend and one of my students from this last semester was one of the volunteers it was so good to see him. So, I really miss seeing the students. I really miss seeing my colleagues, not only for the camaraderie and the friendship, but also just those conversations. Like there are a whole bunch of us that used to have lunch together and we'd be like “hey, I'm not really sure how to approach this with my class.” And we would all kind of talk about it and “well, I tried this, and this worked really well” and “I tried this and it didn't work well. And I realize ‘oh I hadn't thought of this other thing.’” I miss those collegial relationships, both for friendship and for, you know, my own work performance. My own ability to do my job well. I miss those a lot. I have gone into campus to water my plants a couple times [laughter], wearing a mask. So, it's fun to be there physically and to check on the cadavers and to – so it's fun to, you know, actually be there. It's a place where I have lots of really good memories. So, so yeah. It's sad seeing – there's a big bulletin board outside the restroom in Jarvis Hall Science Wing on the third and second floors and it has all of the like student org [student organization] events and the Blue Devils Production events and it just, it just – oh my heart, every time I see all those posters for all those events, some of which were going to happen after Spring Break, right. And so then didn't end up happening and I'm really sad for that because it's going to be awhile before we can even think about doing those types of things again and they are such an important part of the experience for our students, so I miss that.

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KD: For sure. And if you were going [?] to wish for twenty-four hours, with no chance for infection, how would you spend it?

AH: I would go around and hug all of my friends [laughter]. I would just hug them and talk to them, and we would all go out together, and then maybe go see a show. But I would hug all my friends.

00:38:39.000

KD: Yeah, no. A lot of people have mentioned the physical touch. You know, especially with after [unclear], some people will be a little bit hesitant but physical touch, that is something people need, and people crave. So, for sure.

AH: Absolutely.

KD: Is there anything else you would like to share about your experience during this time or anything like that?

AH: I don't think so. I think the only other thing that I think has been interesting, and actually it might be a silver lining of this, but maybe not, I don't know, is that the general public has learned a lot about infectious disease in public health that they didn't know before. So that's kind of good. The other thing that I think is interesting and we maybe haven't done as good of a job of it – at explaining it as we could is that one of the things that we're seeing is science in real time. Right, so preliminary data gets released and they say "oh, it suggests this one thing." Everybody kind of like jumps on the band wagon and then a subsequent study comes out that goes "oh no, actually it isn't." And then everybody is like "[bawling sound] now we need to do another study and figure out what it is." I think it's really confusing for the general public because they don't – that normally happens behind a curtain. And it's happening now in full view of the public because we're trying to get as much information out as quickly as possible. So that appreciation that science is a process and things change. And I think – if we can kind of get people to understand two things. One is that – to quote Maya Angelou "you do the best you can and then when you know better, you do better." Right, so that idea that as new information becomes available, we need to be prepared to let go of our previous beliefs or assumptions.

KD: Yeah.

AH: We need to be able to change our mind due to new information or new realizations. And I think that's really important. The second thing that I would love is if there could be some appreciation for the fact that these things are really complicated and it's so hard. Sometimes something on the surface of it seems really simple, you know, like "oh, somebody is having trouble breathing, you put them on a ventilator. That's what we've done –

KD: Yeah.

AH: – For every other health problem and it’s worked great. Right, but for this one, it didn’t. Right, things are complicated and there’s a role for experts. Right, so people that have studied something for years and years and years and years, are probably better positioned to interpret the data and the information and communicate it, and understand it, than somebody who read an article on the internet or saw a segment on Fox News [laughter]. So, I would love it if there was more of an appreciation for what expert knowledge can bring because these things are super complicated.

00:42:11.000

KD: For sure, I understand that. Well, I just want to thank you for taking the time to interview with me. If you have an idea or have any suggestions of who to maybe interview or if you know anyone that wants to be, you can email me their name. But, no, for sure. This was – I’m very glad I got to talk to you because I think I learned a lot and I think I got – like as a student, I don’t really think about what the professors have had to do and like what the educators, I mean talking more to them like I guess I didn’t realize they’re putting in so much more work and I really appreciate it. Actually, I love attending Stout. Knock on wood, but I’m going into my senior year, but I have not had one professor or one educator that haven’t like –

AH: That’s great.

KD: – It’s so evident that everyone goes out of their way, and I think that that’s amazing. The students they definitely – I mean, even like all my friends, we talk, and everyone just has such an appreciation for educators. And I – even talking with people from other schools, sometimes they’re like “oh, we don’t like this one, that one.” And like all my friends and I are like “we have good people at Stout.”

AH: [Laughter].

KD: And I think that’s definitely something that – it’s good to let you guys know.

AH: Thank you. I feel very proud of my colleagues. One of the things I really like working at Stout is that the instructors really care about student learning and that’s not true everywhere.

KD: No.

AH: It’s one of the things I really like about working here.

00:43:43.000

KD: I think it definitely showed a lot during this time. I mean, I had so many of my education [?] just making sure that all their students, not only like education wise were fine, but like they said “we understand.” They’re just so nice and so understanding and willing to take the extra stuff [?], step, to help and that is something that I think needs to be recognized and pointed out a lot too because yeah, that is for sure great.

AH: Yeah, thank you. That’s good.

KD: Yeah, well thank you again.

AH: Yeah.

KD: And I hope you have a good rest of your week and things like that. But yeah, thank you so much.

AH: You too. All right, good luck Kailey.

KD: Thanks, bye.

AH: Bye.

00:44:29.000

END