

Transcript – Samantha Kiernan, Class of 2019

Narrator: Samantha Kiernan

Interviewer: Mary Murphy, Nancy L. Buc '65 Pembroke Center Archivist

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Mary Murphy: Okay, so we're up and rolling now and I'll make my introductions. So my name is Mary Murphy and I am the Nancy L. Buc '65 Pembroke Center Archivist at Brown University. Today is April 16, 2020. I'm in my home on the west side of Providence and I'm conducting a Zoom oral history interview with a recent alumna from Brown University. Tonight our interviewee joins us to speak specifically about her experience during the COVID-19 pandemic. So I'm going ask our alum to introduce herself now.

Samantha Kiernan: Hi, I'm Samantha Kiernan. I usually go by Sam. I'm a recent graduate of Brown. I was class of 2019 so about as recent as you can get. I am currently as well on Skype from Connecticut. I'm with my parents but I am based usually out of [1:00] Washington DC, where I am currently a research associate at a foreign policy think tank, where I've actually been focusing on the Coronavirus since about January.

MM: Okay. So, these interviews, I want to make sure that these interviews will be understood in context when our listeners and our researchers use them 50 years, 100 years from now. So before we dive into COVID, I want you to take some time and just introduce us to, to, to you and your background and I want you to actually do say a little bit about how you came to be a Brown University student.

SK: Sure. So I am, as perhaps indicated by the fact of you know, working in a foreign policy think tank, very interested in international relations, particularly vis a vis the United States. So while at Brown, I studied IR with a focus on China [2:00] and North Korea. During my time at Brown, I tried to give myself the most sort of international education that I could access through Brown's resources. So I studied abroad in Ireland and in China. I also spent time working with

education programs in Haiti and worked with the US State Department in Switzerland at the US mission to the UN there. Since graduating I've kind of already I guess, had a little bit of an array of experiences. I, my first position was with the United Nations Relief and Works Agency for Palestine refugees in the Near East. I was doing outreach and consultancy work for them on a very short term contract before I moved to DC where now in focusing more on global health.

Prior to sort of coming to Brown, I knew I really wanted that international education. [3:00] I wanted a school that was going to bring people from not only all over the United States, but really all over the world. And I wanted a school with a particular focus on China and East Asian politics. I started taking Chinese in high school and sort of knew that that's where I wanted my college career to go. And, you know, when it came time to sort of deciding which schools that I wanted to go to, my Chinese teacher at high school actually recommended that I go to Brown because I'd have the flexibility not only to engage with, you know, really incredible professors in the Chinese language, but craft an overall education that allowed me to do a very deep dive on East Asian politics and really get a full view of, you know, Chinese society, not just from the political perspective, but from the social, economic, and all other aspects of life. So that's for me why I chose Brown over other schools [4:00] because I just loved that, you know, I could pick such a specific topic, but get such a wide ranging education in one area.

MM: And you also attended Brown in a very historic time. It's hitting me now that the students that are graduating this year came in in 2016, with the inauguration of a new president. And now are leaving with a pandemic. And so your, your time at Brown also kind of rides that same line. It's a very historic era. And so we're really grateful to hear from students who are graduating at this time or have just graduated. So let's talk about, let's talk about why you're here today. So we are, we are talking COVID-19. The purpose of this specific set of interviews is to capture this moment in time, which at the Pembroke Center Archives we see as a global crisis, and that affects different people in different ways and our interviews of course, are focusing on [5:00] women, transgender and non-binary people, alums, staff, and faculty. So my first question for you is to take me back just a little while ago. And please describe to me with as much detail as you can remember, your first encounter with the word COVID-19.

SK: Well, I think I'm going to actually go back a little bit further than that, because the first I heard even about, you know, just Coronavirus in general was for me, I track what goes on in China, just out of personal interest. There was a *New York Times* report that there was a mysterious illness spreading in, in Wuhan, China. And I'm fairly active on Chinese social media. So I started to see some of my friends posting about it and being concerned about it. And that's for me, really the first exposure. So that was early January, and that's when it you know, came on [6:00] my personal radar, something that I was interested in. And as the month of January sort of continued, not only was I sort of dealing with it in work, but I became, I'd say incredibly invested in following Chinese social media, reading both formal and informal reports that were, were put out either by individuals in Wuhan and their experience, or my friends who were living – I studied abroad in northern China, in a city called Harbin. So there's not, they, at the original onset of the outbreak over there, didn't have as much, you know, they weren't as personally affected. But sort of talking to them hearing about lockdowns that were in place already in their cities, restrictions on movement, as well as you know, speaking with a friend that I had in the Peace Corps over in China and sort of his experience, how it was impacting his ability to teach his students. You know, [7:00] from very, very early on, I was not personally affected, obviously, you know, in the original stages, but very personally invested in, in sort of just what individuals experiences were and frankly, quite emotionally affected myself not even you know, in all hours of the day, any free moment I had, trying to find out more information, check on people over there, see if everything was going, you know, okay, or differently than what we were hearing.

MM: Can I ask you a question about the language, or being used on, through Chinese social media? Could you, this is maybe a weird question and just uninformed because I don't focus on international relations specifically. But did you see that people were kind of couching language to be quiet about what they were talking about in any way, but to yet kind of be in the moment with their peers about what they may have been experiencing? [8:00] Just around control of information, basically.

SK: I'd say what I saw was different periods of it. At the beginning, there was not a lot of discussion, I think largely because at that point it wasn't as widespread throughout China as well.

You know, people just weren't, in the same way we weren't, aware of whether this was just sort of, you know, something like a cold or something more serious. What I, what I saw on, I'd say come mid-January to the, to the late of January, was a dramatic shift in people sort of really aggressively trying to, you know, encourage themselves and others to sort of accept what they were undergoing. Offer signs of support, a lot of sharing of videos actually similar to what we see in the United States of how people were just managing being stuck in quarantine. And I will stress I have no personal friends or contacts in Wuhan [9:00] or even Hubei province where the outbreak was. So everyone I was in contact, none of them were really directly affected. So it was very much like how we see, and I think here we have the vast majority of people are a little bit frustrated their lives have been shut down, but you know, they understand the importance. And I think increasingly there was just massive outpouring of support for those in Wuhan. That seemed to be like the, that which I saw trending the most. Until – and this was the only real shift that I saw – the death of Dr. Wenliang. When he died, I did notice friends that normally would not post anything controversial, or, you know, anything that could potentially tip off censors, just everybody was posting about his death and sharing a quote that he had given [10:00] which has now become politically sensitive and, you know, that the health of the society cannot just be determined by one individual, we really have to take a whole of society approach.

MM: And I'm going to stop you right there and ask that you just explain for our listeners who that doctor was. What his role was.

SK: Sure, so that doctor, he was a doctor in Wuhan. He was one of eight doctors that originally sounded the alarm of this mysterious pneumonia back in December. And he specifically, and I think why his case became such a poster case for, for the plight of these doctors, just messaged a group of his colleagues that he thought this specific virus was consistent with SARS, which was a disease that swept through China in 2003 and 2004. And it was just a warning. He wasn't, you know, encouraging people to protest the government. He just said, "We're having cases, we don't know it's linked [11:00] to, but signs are consistent." And he was then arrested by local police. Forced to sign a statement that he was a rumor monger and would not upset the peace anymore. And he was released. But then you know, obviously, once it came to light that this was a Coronavirus, he was very much hailed as, especially outside of China or by individuals as sort

of this, this voice of reason. And he ended up actually working on the front lines in Wuhan to treat Coronavirus patients. Ended up becoming infected and passed away from the disease.

MM: It's just a tragic story all around. If I could pull the conversation back to stateside and, and to you. So you are hearing this news or kind of reading along and kind of [12:00] looking in on what's happening, but you are in Washington DC at this time, correct?

SK: Yes.

MM: Okay. And so you're in the nation's capital, and so what is that like for you to have been in that kind of dual world, sort of virtually following China and then physically in DC. What was happening in DC at the time?

SK: I think, so in general, you know, DC went on, like there was, you know, nothing going on internationally. We were really focused on you know, impeachment and, and this is just sort of more my vibe of the city at large, you know, what was happening with impeachment trials, and then the, the Democratic Presidential race. And personally, I, you know, I understood that the public can only focus on so much at once, and so I never blamed any of my friends or got angry with them for not sort of being willing [13:00] to discuss or engage about what was going on in China. But I felt, you know, very, very isolated, because from my perspective, you know, seeing what was, what was happening, hearing from friends, it felt very much like, we were just ignoring a coming crisis. And that's obviously from a personal level, I won't, you know, I think that there were people, you know, even just seen on Twitter and things like that, that were shouting for, you know, since the beginning of January that we needed a whole of government, if not a whole of world response. But just in my personal relationships, I know I was, you know, posting all over social media on Facebook, Twitter, Instagram, anything, you know about different stories that I saw, about encouraging my friends and family to actually stock up on supplies early because it was likely to hit the US. And it felt very much that, you know, my concerns, I started to wonder if my [14:00] concerns were just blown up, and I wasn't, you know, I was too far into it, that I wasn't able to sort of see the forest from the trees.

MM: Do you, I'm going to ask a question that you don't have to answer. Do you feel that there was a racial component to people in your community in DC ignoring the pandemic? I ask that, I feel like in my own experience, I feel like folks in my community started paying closer attention as the virus hit Europe. And then suddenly it was like, whoops, what is this? Did you have a similar experience or not? Either way?

SK: I'd say my experience was mixed. I think a lot of my friends have similar interests that I do, especially with a focus on China. So those seemed to take it a little bit more seriously. People that were not I think, you know, my friends that were maybe not as internationally minded, [15:00] or sort of, you know, even when just posting on social media and people that knew me would respond or engage. There was I definitely saw elements of sort of either race based perspectives or just racist perspectives, you know, discussion, that early discussion that this virus could only infect individuals of Asian descent, that it just simply could not infect anyone who is not Asian. Or that, you know, this was a bio weapon and that, that one I think, was less racially charged, but some discussions I got into with, with people, there was some of that element. And for me, that was just, you know, incredibly disappointing to see. I think I was fortunate that at least in my, you know, immediate circle of friends and family, everyone was open discussion [16:00] and sort of talking about their perspectives, but I know that, you know, friends that I've had told me about sort of remarks that people made at them just because of the fact that they were of Asian descent. Those friends were not living in, in DC, but you know, they were elsewhere throughout the country. So it's, it's certainly things that at least in the early stages, I think, and even now are things where we're struggling with.

MM: We've also seen that through our oral histories, we're recording those instances. So yeah, history confirms that. So, so then you are, so you're in DC, and you're kind of having this sort of dual reality and, and so what happens next?

SK: I think for me, the there's one date that just really comes into mind as kind of like a turning point. [17:00] It was after you had major outbreaks in Italy and South Korea and Iran, it was clear that this had gone pretty global. But we had not really expanded testing in the United States. And personally, I was just feeling very overwhelmed, very scared. And I remember

calling up my parents one night and, you know, trying to stress upon them, the importance of this is going to hit us, this is going to be bad, you have to go out and get supplies, you need to start limiting your, you know, social interactions now. And I definitely was in that moment, you know, I'd spent a very long week working, I was just anxious and tired. And I started going off, "oh, this is, you know, we don't know what this is going to do. This could cause a global recession, maybe even a depression. We have, you know, no idea. But whatever it's going to be it's going to be bad." And for me, my parents, and I can't, again, I can't blame them. They were focused on what sort of they had in the media, [18:00] which was the Presidential election, and impeachment, essentially told me like, our situation is not bad in the United States, we're fine. We know this is serious and it's, you know, sad that people are dying, but we're okay. And you know, the world won't be heading into a recession. It's okay. And that call for me was very, you know they were, they were loving and supportive of me trying to make sure I was okay. And that I wasn't, you know, overextending myself and that they encouraged me to sort of, while not at work, step away from this because they thought it was, you know, consuming me which it really it was 100%.

MM: Yeah.

SK: But then a week later, that's when the US ramped up its testing and it became clear we had a very significant outbreak in the US. And then I think two weeks after that, that's when the stock market started to plunge. And so that for me, and I think after that conversation, my parents also started taking it more seriously and they encourage their family members [19:00] to take it more seriously. So that just in my mind is when I sort of see a shift in feeling very alone to starting feel like people at home are starting to get what's going on.

MM: Do you think, have you witnessed other friends in your age group who, who were like convincing up talking to their parents about it? I'm Generation X. And I feel we're seeing a lot of that, of Xers kind of trying to really urge their Boomer parents to like, take this seriously. Do you feel that in your age group?

SK: Absolutely. I mean, my friends and I, we have, we've been, I think, since we've all started social distancing, you know, having weekly phone calls or video calls and things like that. And one of the most frequent things we talked about for those of us that are now with our parents is how we're keeping them from, from going out, you know, limiting their supermarket trips. I know my mom, even if it's just [20:00] something minor she would go to the supermarket every day or every other day just because that had become such a routine for her that, you know, switching to once every two weeks has actually been the hardest thing. And many of my friends have echoed that as well, especially those that are living in more urban centers, like some of my friends live with their, their parents in DC, and sort of adjusting on how you know, yes, you can go for a walk but you have to be careful of where you walk. You can't just go out on the Mall, which has more people. You really need to time it so you're going out at certain times of the day, avoiding contact with people, wearing masks, and there's just I think all of us that have been at home are sort of encountering things with trying to get our parents to, I think that all of our parents, I won't say all, but the vast majority realize that this is serious, but there is a sort of element of it won't happen to us. [21:00]

MM: Definitely that's, that's actually, that's very interesting. So, tell me about what, and maybe I'm jumping ahead, so stop me and then go back. So you're in DC but what, what happened to trigger you going home?

SK: So my company went to remote work in about mid, mid-March. I thought it was a very good decision, I was very much in support of it. I lived alone in DC though, so I spent the first week just sort of living and working alone and it was fine, but certainly far more isolating than I had expected it to be. Meanwhile, my parents were insistent that they, that I come home. They were very afraid of states sort of imposing total travel bans similar to what we're seeing in sort of Italy or China where it's just you could not even go on the road. And I think for me, [22:00] I also, my boyfriend lived in Virginia, he was based out at Quantico and we had been seeing each other every weekend or so, and then found out that he was not going to be able to travel up anymore. And so from that perspective, I was like, well, if I stay in DC, I will not see another person for an indefinite amount of time. So we sort of made the decision that then was a good time to come up especially because things were getting worse in New York and Connecticut. So we weren't sure

if those states were going to impose travel bans and if they did, then there would be no ability for me to get home.

MM: The isolation I think is a really interesting point to make sure that we record about what that feels like and, and looks like if you can, if there's any way to kind of put color into your memories around that? Even like being in your apartment for like a, for even if it was like a week. Like what, what was that like? [23:00]

SK: Well, so I live in DC in, I'd say it's a good sized studio apartment, but it is a studio so it's all one space. And I have, I do have friends in DC, but some of them had gone home pretty immediately as soon as they switched to remote work, and others live in the suburbs, so either in Maryland or Virginia, and they're just not reachable if you're not taking public transportation. So essentially, 23 out of 24 hours a day I was in, you know, within four walls. I give myself one hour a day to go out and exercise, but it was, I lived actually right on the mall as well. So even that was a little bit anxiety inducing just because a lot of foot traffic, especially when we switched to remote work it was the Cherry Blossom Festival.

MM: Oh God,

SK: So a ton of people and it just became you know, for me, I felt like every time I exited the building [24:00] I was just bumping into crowds that I couldn't avoid. While I was in my apartment, I think the best way that I can describe it, it was, you know, I would get out of bed in the morning, walk two feet to my couch, open my computer and start working. And, you know, I, if I wanted to get food, I'd walk five, five or six feet to my table, and it's just the amount of space that I was physically in was just so small that it, I think it felt increasingly small as the days went on. And I think the bigger thing was just not even hearing anybody because the, the apartment building that I was in, it's on GW's campus down in DC and they, they suspended their semester before I started remote work and the vast majority of people in my building are GW students, [25:00] either undergrad or graduate students, and so my building was just itself very quiet. I mean, there could be days that even if I went out in the hallway I wouldn't hear or

see anybody. So it felt like I was living in some like a ghost town while I was in the building. And then if I went outside of it, it felt like I was, you know, encountering too many people.

MM: Was that affecting your sleep? Did you recall experiencing any kind of manifest around anxiety or because of that?

SK: I think while in DC, probably not largely because I was just so exhausted. I basically filled my time with working so that by the time I went to bed, I usually just fell right asleep. But the one thing that really did strike me, and this I think woke me up a couple of times in the night. Obviously being at home I noticed it throughout the day where I wouldn't if I was at work. [26:00] But the sound of sirens. And I think, you know, it was particularly acute because you didn't have other cars on the road. So the sound just traveled like, I don't know how far this noise of sirens traveled in DC at that time, but it felt like every 30 minutes or so you were hearing some ambulance or some, some police car rushing off somewhere. And that for me, I think was actually one of the most unsettling things about being alone because it just, it felt like something was coming and you didn't know what it was. And you knew that, obviously, they were responding to an emergency. And of course, your mind just immediately goes, oh, it's coronavirus somewhere.

MM: Yeah.

SK: Even if it wasn't.

MM: Very interesting. So you go home and I know another piece of the stories we discussed in email behind the scenes a little bit is that you yourself then became ill with something. Can you tell us about that?

SK: Yes. [27:00] So when I came home because I had seen my boyfriend right before coming up to being home, I basically told my parents I wanted to self-quarantine for 14 days to make sure I wasn't, you know, bringing anything into the house, especially because my uncle who has diabetes and is you know, higher risk is living with us. So for me, it was very, very important. I

do that full 14 days and have no real contact at all with my family, other than the drive up in which I wore actually a full mask and gloves and all of that to make sure I was, you know, not spreading it. And so I spent 14 days living in our basement,

MM: Woa!

SK: Sleeping on a blow up mattress. And I can't, I can't complain too much. I mean, this is the basement wall behind me.

MM: Oh yea, it's nice!

SK: It's very nice. And then on the 14th day, I woke up I was feeling fine. The only sign that I noticed [28:00] was in my upper left thigh. It felt like I had a very faint charley horse. But I get those a fair amount just because I run, you know, five to six miles every day. So I didn't think much of it. I thought I just slept on it wrong. And I went out for a run at about one o'clock and one mile into the run it just, aches broke out throughout my body. And I didn't turn back I actually continued and finished the route. But I ended up having to switch to walking very shortly and then it switched to walking and sitting down and then getting up and keeping going. And by the time I got home after it was only about three and a half miles, it took me about two hours.

MM: No!

SK: Yeah. And then I the only way I can describe it is it felt that I had a charley horse in every single muscle in my body. And I had a splitting migraine and pretty bad stomach pains. [29:00] And so I just was like I'm going to try and sleep through this you know hopefully it's food poisoning. And –

MM: But what is it like, this moment? Because this is actually my fear too, and controlling that anxiety when the symptoms begin. Like what was that moment where you're starting to feel symptoms and your mind – paint us a picture what that was like in your head.

SK: I, for me it was like a roller coaster. At first I was very convinced it was food poisoning largely because I had, we had ordered takeout the night before and so you know, I felt this anxiety and panic rising, but I was like you know, I've, I've done so much work on this I understand pretty clearly what the symptoms are. I have no pain in my chest, no cough. I just have stomach pains, a really bad headache, and body aches. So I immediately texted my parents and my doctor, and then my boyfriend [30:00] who was the only one I came into contact with in the days prior. I said, "Just so just you know, I'm experiencing these symptoms, I will continue to monitor and update." And then I think what started tipping things for me and when I started to slip into more of a panic is I started developing chills to the point where I was shaking so violently, I could not take my own temperature. My mom actually had to help me take it. And when she took it, it was 103 and I, I never run a fever. So for me to run a 103 fever, I was like, it started to slip away from being what I thought might be food poisoning to where I'm thinking more of this might be either a flu, hopefully, or potentially coronavirus. And so I immediately took some Advil, I didn't really wait for any more symptoms to develop, and then just tried to sleep it off.

The next morning, and this I think was what shocked me, is I woke up and felt [31:00] pretty fine. I still had body aches and a pretty bad headache, but I had no fever anymore and no other symptoms, no chills or sort of overheating. And for that day and the next day I was also feeling pretty okay, just sort of more like the aftermath of after you have a really bad illness. So at that point, I actually became less convinced I had coronavirus, but on I guess the third day after I developed symptoms, I started to develop a tightness in my chest that felt almost like the heel of someone's hand was pushing up against the center of my ribcage and a little bit of shortness of breath. And for me that's and I also, I think that Wednesday started to feel a little bit more intense body aches and continued headache and that, and my fever went back up. So all of those things I was like, alright, that sort of keeps coronavirus in the discussion and [32:00] when I relayed it to my doctor, he did indeed confirm that those are very much symptoms of coronavirus and just sort of given what we're dealing with nationally, you have to presume it's coronavirus unless you know for a fact it's not. And he actually did not encourage me to get tested. He wrote me a script in case I wanted to, but said that because of the high false negative rate among tests that are being administered in in the US, but particularly in Connecticut, I was going to have to, you know, operate under the presumption I had it no matter what.

MM: Yeah.

SK: My parents though, did want me to get tested. So I did go and get tested. My tests came back within 24 hours and they were negative, which sort of kind of left me in that in that gray space just continuing to monitor my symptoms. And for me, I think what was just interesting is that first week my symptoms fluctuated back and forth. Like Wednesday, they were worse Thursday, they were fine during the day, [33:00] but then got bad in the afternoon. And Friday, they were particularly bad where sort of the tightness in my chest was present for the entire day. And I just felt extreme fatigue. And then last weekend, I essentially slept the entire weekend. And when I was awake I was you know, so short of breath that even walking to the bathroom, I'd find myself, you know, being having to breathe a little bit more. Or if I was talking to someone, I kept having to pause to catch my breath.

MM: Wow.

SK: But then, on Monday, it was like I was fine again. On Tuesday it got worse. Yesterday I felt you know, like I had no symptoms at all. This morning I felt totally fine. And as the day has gone on, my fever has gone back up. It's now at about, right before we got on the call because I have to check it every hour, so it was about 100, 100.5.

MM: Wow.

SK: So it's just [34:00] been sort of that it, I think, more so than what I've heard speaking with others, but really does come in, in waves –

MM: The waves.

SK: That are quite unpredictable.

MM: So what day – So I have two questions, and I won't keep, I don't want to keep you too, too long. But I have a question about, what, what day are you on? Because now I know that's like the count. Right? What day are you on?

SK: So I would be on I think nine or 10 since I first developed symptoms on the fifth. Actually, that would make it the 11th if I developed symptoms on the on the fifth.

MM: Yeah. And I read that the days six through eight can be the rockiest.

SK: Which that's what it was for me.

MM: That's really interesting. And then it can go on for a very long time.

SK: Yeah. I've, so I've continued isolating from my parents. [35:00] And my plan is actually to, I think, take, extend the CDC guidelines, which are you have to be 72 hours without fever and your symptoms have to be either, you know, completely gone or quite minor. But just given the fact, you know, my dad is over the age of 60, my mom is over the age of 50 and was a smoker for much of her life, and then, you know, we're living with my uncle who has diabetes. For me, I'd rather you know, stay in isolation until I'm 100% sure I haven't experienced anything than, than you know, even risk exposing anyone.

MM: So I have a question about when your mom took your temperature. Was she, what happened in that scenario, and then now what is your thinking around is she quarantining?

SK: So she came down, we were actually really lucky. My uncle had a couple of spare [36:00] N95s that he had, he had gotten through his work. And when my parents drove down to get me in DC, he gave them three, one for each of my parents and then one for me. So she came down, wearing an N95 mask and wearing rubber gloves. And I actually told her not to and that I was going to handle taking my temperature, but she refused. She told me that –

MM: She's your mom!

SK: Yeah. Then she went, she threw out all the masks, she threw out the gloves, took off of the mask in a safe way and then immediately washed all of her clothes and washed her hands as well. So she has not experienced anything. I have told my parents, I don't know how much they're following it just because I don't I don't see them, but that they need to sort of monitor their symptoms for 14 days after the onset of my symptoms. So if come this Sunday, they haven't experienced [37:00] any symptoms and so far they haven't, then they're considered sort of out of the quarantine period.

MM: So fascinating. So, you know, I, as we wrap this up, I just like, what do you think? I mean, also, I guess I want to make sure I ask a question around, around gender because I want ,because the point is to get the experiences of women. And do you have any thoughts as a woman struggling with COVID that is maybe unique to you, or maybe some insights that you've heard from some of your women friends and like their perspectives. Have you, do you, do you feel? I mean, do you see any differences in the way that people kind of experiencing this time between your women friends, or you and your boyfriend, or like something that's kind of through a gendered lens?

SK: So the, the first thing that strikes me is just, and I think this you know, is both coming from what I've read, and just you know, [38:00] personally in my family, the vast majority of healthcare workers are female, at least in terms of nurses and those, you know, doing intake. And that, for me really scares me because that's a gendered aspect that we're absolutely going to, you know, see play out, especially, you know, and unfortunately, because we don't have adequate personal protective equipment, you know, for nurses, for other health care workers. And so hearing from, from my aunts, their experience, and a lot of them have gone to actually volunteer in COVID units, because they feel that, you know, if there's ever a time to sort of step up, they want to do so now. Just sort of hearing about them and hearing them talk about their colleagues, their colleagues you know, they're also all women. And for me, that's, that's something that, you know, we hear a lot about healthcare workers not actively being protected, protected enough in the United States. But sort of what that means because I know, you know, for some of them, they're not [39:00] able to stay with their families anymore. They're not able to, you know, engage with their kids, or their spouses. And that, for me is a very scary thing because that,

especially if it's, you know, women with younger children, you know, just being totally detached from your family is an experience that they're going to have that, you know, for me, who's not a healthcare professional and sort of only quarantining because I am actively sick, but not because of my job is something that, you know, really breaks my heart.

And I think the other and this is, you know, thank goodness, not something anything my friends have directly expressed to me that they're experiencing, nor is something I have experienced, which is sort of what lockdown means from both a domestic and international perspective for violence against women and other sort of vulnerable communities. [40:00] And that's something that, you know, is very important to me. So it's something that I've been trying to follow. And sort of seeing how different countries are approaching it, if at all. I know it's something that China certainly experienced, you know. And it's, I worry about, you know, here in the United States, as well. It's, you know, experiencing violence in the home is often one of the most difficult things to talk about. If there's just, you know, that's going to be happening, whether it's, you know, people I personally know, friends, family, if that, if that is, you know, something that they are confronting, but just because of the situation, and really the, the perceived lack of alternative, something that won't get discussed and an experience that women and other sort of vulnerable communities are sort of having to confront on their own. That for me is something that I see is very, very scary and very unsettling. [41:00]

MM: I think it's a real toxic brew with being stuck at home, use of alcohol and other chemicals, and relationship stress. It's just, you know, it's just the, all the ingredients. So, so, before I let you go, I just want to give you one last opportunity to share whatever it may be that you want to share. I just want to make sure that I didn't fail to ask you something that you really wanted to get out and share. So I'll ask you now to share your final thoughts, whatever that may be.

SK: I think for me, the only sort of other thing that I wanted to share was I am, I think, a little disappointed, I'd say perhaps with how politicized – not a little. Quite a bit disappointed with how politicized both in my personal life and then sort of more largely a international health crisis that we have not seen the like since [42:00] you know, the 1918 flu, has become. I feel whether I'm, you know, talking with friends or family or sort of just posting on social media, that any discussion I make, if it's a criticism about the government's response, if it's, if it's a point of

praise, it is seen as completely political, and there is just a lack of inability to discuss the steps that are scientifically needed to really allow the country to respond or even economically needed. And that, for me, is something that I think has, you know, certainly impacted me, I'm sure has impacted, you know, hundreds of thousands of other people. And I don't, you know, see a clear way out of it when, you know, you can't discuss politics in the United States anymore, without staking out a claim or having your claim be staked out [43:00] to one side or the other, and it's, it's something that is, you know, we think about upcoming elections, as we think about even just, you know, local decisions of when people can return to work that really scares me. And I think, you know, is going to, is going to determine so much of how our individual experiences not even, you know, looking more, more broadly, but our individual experiences are going to play out.

MM: That's a fascinating comment and a very important one, and I'm so glad that you made it during this interview tonight. So I'm going to thank you so much for participating in this interview. This interview becomes part of a collection of interviews we have over, just about 250 in total, in the Pembroke Center Oral History collection, and we have just a small handful so far of COVID interviews, but we will continue to grow them and they will be made available to researchers all across the world. [44:00] So your interview is now going to be captured in time, hopefully for 100 years to come. So I'm going to stop recording now but I thank you so much for participating.

SK: Thank you for speaking to me. I really enjoyed it.

MM: Okay.

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