

Transcript of Interview with David Lee by Harper Lee

Interviewee: David D. Lee
Interviewer: Harper Lee
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Location (Interviewer): Covington, Kentucky
Transcriber: Harper Lee

Abstract: David Dale Lee was born in Cincinnati, Ohio. He has spent the majority of his career at Western Kentucky University in Bowling Green, Kentucky. David arrived at WKU in 1975. He then met his wife of now more than forty years, Laura Harper Lee, there; they married in July of 1978. Together, the couple had one child in 1982, Harper Katherine Lee. David's career as a historian, teacher, and higher education administrator spans 45 years. David became dean of WKU's Potter College of Arts and Letters in 1992 and then the institution's provost in 2015. Now semi-retired, David serves as the University Historian.

David spoke with his daughter Harper on March 28, 2020 regarding the impact of the outbreak of COVID-19 on his life. He touches on his concern for his wife Laura who has underlying health issues and how his personal habits have changed to better protect her from COVID-19. David reflects on his day-to-day personal interactions with people, and the frequency with which he checks the news in order to stay informed throughout a rapidly evolving, global crisis. David speculates about how COVID-19 could change society in the long term. And he reflects on another major crisis in his lifetime: the escalation of violence on college campuses in May of 1970 in response to the war in Vietnam.

HL: [difficulty connecting] (_____???) Okay, great. We're rolling. Alright, so let's start off with—can you state your full name?

DL: My full name is David Dale Lee.

HL: And how old...

DL: And I am 71 years old. And I am currently in Bowling Green, Kentucky, which is in Warren County. And as of this morning had 10 cases COVID-19.

HL: And you said this morning, what is today's date?

DL: This morning is March the 29th, 2020. [Note that David is incorrect; the date is March 28th]

HL: Okay, so, first question, what do you know about the coronavirus?

DL: I know that it's a respiratory infection that is highly contagious, is transmitted in a variety of ways, that it seems to have originated in Wuhan, China, has moved pretty rapidly across the

globe in the last, last several months, and several major countries, including this one, have almost totally shut down as part of its efforts to contain that virus.

HL: How are you preparing for the shutdown or how have you prepared for the shutdown?

DL: Well, in terms of preparation, I work for a university and I'm semi-retired and I was already doing some of my teaching through an alternative delivery system because while I had some students on campus, I also had a student in Grantham, England. So part of what I've done is to simply expand the kind of delivery system, quote unquote, that I was already using to be sure to incorporate this student who was in Great Britain.

What I mainly had to do was to change some assignments because these students don't have access to research materials or very limited access to research materials. So I had to flip the nature of the assignment a bit, and it's less about research and in fact, probably like a lot of faculty members, I've asked them to do more along the lines of preparing historic documents that future scholars might use to study this period. So a lot of the preparation I've done has been out of professional responsibility to make sure that my students still have good learning experience this, this semester.

Fortunately, we live very convenient to almost everything that's important to us in a significant way. Hospital is about a mile from here. Grocery is about a mile from here. Most of the things that we do on a regular basis, we certainly can drive to easily and could even walk to if, if we had to. So we've stocked up on a few items, in anticipation of some shortages, and we've tried to minimize our trips out in public and make those very targeted to know exactly what we're going to do when we do those. I've been interested in how some stores have responded to this. Grocery stores, certainly in a number of ways. I mean, you can order online, and it's there in the parking lot. You just drive by and pick it up.

But I had a bit of an unexpected experience the other day. I'm trying to work at home like we're admonished to do and my printer ran out of ink. So I wasn't at all sure that a place like Staples would be open, but I called them. And they said, "Sure, we're open." So I went online and ordered a package of ink, paid for it, drove out to the store, and they literally were out in front and they handed it to me as I drove by and I was on my way. So, so far we've not really had any shortages or any serious inconvenience.

Like a number of folks, we've probably developed some technical skills that we didn't use to have. I never really used Zoom before and now use it not only for professional reasons, but also for personal reasons. And the Zoom cocktail hour has become a popular thing for a lot of folks, probably particularly of my age, in my seventies. So, to the extent that we've prepared, we've tried to be thoughtful about what we need without hoarding or going overboard and overreacting. The shortages, so far, have been more perceived than real. And we've tried to adjust our daily lives to be sensible about contact with other folks. But we've not isolated ourselves either. We've just found other ways to, to be in touch and to take care of some of the things that we really needed to address.

HL: How many people would you say you're actually seeing on a daily basis?

DL: Well, to take that question literally how many am I seeing, I'm not sure I can give you a number, but it's a fair number of folks. I see the neighbors, pretty much every day. Something that has surprised me a bit—because I work at Western Kentucky University and the University has been closed since about March the 11th, something like that—students went on spring break and were essentially told not to come back, somewhat later. But I see lots of students walking in the neighborhood. I'm not totally sure where they came from or why they're here, but I see a lot of student-age folks. I, I see a lot of people out jogging. I'm not going to restaurants and seeing people. I'm by and large avoiding the grocery store, but not completely. But in terms of just sitting out on the front porch, being out in the yard, walking around the neighborhood, I still see a fair number of folks. Automobile traffic is down. Pedestrian traffic is certainly up.

HL: So, so let me ask that question again and in a kind of a more careful way. How many people are you interacting with in real life, would you say, on a daily basis? And then, how many people are you interacting with, like, through a screen on a daily basis, would you say? Doesn't—I mean—if you don't know exactly, that's probably fine, but kind of a ballpark.

DL: I'm not sure I can be very specific about that. In terms of reacting through a screen, I'm reacting, interacting with my students that way. And I'm interacting sometimes all at once, but usually piecemeal through a screen with maybe eight to 10 people. Ironically, some people I haven't seen in a long time because I don't live here anymore. But, [Laughs.] we're all together in the Zoom world. So in a sense, I've had some contact with people who have been friends in the past, but don't live here now, but I've seen them in the last week or so as a consequence of Zoom.

In terms of face-to-face encounters, I mean that really is tougher, there's the random folks in the neighborhood. I went to a donut store this morning, and I saw two women working at the counter and there was one other person in the store and that was it. The folks at the counter know me a little bit and a little conversation, no conversation with the other customer, but it's, it's that sort of, very fragmented, very fragmentary kind of contact face-to-face.

HL: Are you, like, wearing a mask or gloves or anything like that when you go out or are you continuing to kind of go about your day more or less the same way that you had kind of before the virus?

DL: I go about my day. Although I did decide that I needed some, some money from an ATM machine this morning, and I used a bag to operate it, I used to bag on my hand to operate ATM machine. And I try to be really thoughtful about what I've touched. I picked up a package the other day, and realized, ironically, that it had been mailed from Iran, which has had a tremendous outbreak of COVID-19. And I did kind of wonder in retrospect whether that was the best idea I'd ever [Interviewer laughs.] carried through on. But other than that—now that said, I'm married to someone who periodically has to go to the doctor. And, she, she went to get an allergy shot a couple of days ago, and she did wear a mask. She discovered in the basement two N95 masks that she had purchased a while ago when she was working with Roundup. And they were left over from the Roundup experience, so she pulled them out and when she goes to the doctor, she wears those masks.

HL: Interesting. Are you kind of—day-to-day—are you—do you feel more concerned that you will contract the virus or more concerned that you will unknowingly share it with others?

DL: I'm much more concerned about unknowingly sharing it. I, I realize I'm 71. I'm in the age group. And I'm in a community with a university, and we have a large refugee population here. So there's a lot of contact out with this community with, with a wider world. A, an acquaintance of mine was the first person who was diagnosed with COVID-19, here in Bowling Green and Warren County, and he's made a successful recovery, 73-years-old. But no, I don't particularly worry about getting it myself. I'm married to someone who is in her mid-seventies, has recently had surgery and is diabetic, all of which make her far more susceptible to this than I am.

HL: So what other precautions have you taken to kind of ensure that, you know, that you maybe don't track the virus into the house?

DL: Well, as I say I try to be really thoughtful about where I'm going, and I try to be really thought, thoughtful about what I do when I'm there and minimizing those experiences. I wash my hands and sanitize my hands, pretty much, pretty much constantly. I have also begun to clean the screens on my electronic devices, which I've never done, [Interviewer laughs.] ever before, but try to do that pretty, pretty systematically anymore.

HL: Okay. I'm kind of switching gears just a little bit. How do you think this pandemic will change society and how, how or what do you feel like will stay the same?

DL: I, I, do think a lot of ways that's the \$64,000 question. What, what comes away from this long, long term? And obviously, I have no idea, but a couple of things that are kind of in my mind. One is that I do kind of wonder if it's only going to accelerate our use of technology and particularly technology in personal lives and daily, daily lives because that's become the way in which we communicate with so many people. But that's a way in which increasingly we're able to buy things, we can't just walk into a store and pick up. I've had to learn some things in terms of technological skills that have been out there, I just have never really had any compelling need to use those, those skills, so I've never developed them. But I've become more so in, in that regard. So I do think it is going to accelerate a, a trend that's already very much out there.

A piece of it that I, I'm just not sure about is will there be any kind of long-term sense of, of public health issues that develops more widely in, in American society? Are we going to be more thoughtful about disinfecting surfaces, keeping our hands clean—to do the extreme thing, are we going to stop shaking hands and instead start greeting folks in some other way? I don't think that's going happen. But I, I am intrigued, given all the emphasis that we've heard over the last several weeks, about how to keep ourselves safe from this, will we take those lessons and apply those in some other, in some other areas, in some other aspects of our lives. Will that be a kind of ongoing thing? I suspect not, but at the same time, this has been a very hard lesson, and I just kind of think that some of that is going to, is going to stick.

My, my dread in some respects about this, is that it's really been, you know, 102 years since we've had a pandemic of quite this order of magnitude that shuts society down quite the same way. What's the (_____???) between this pandemic and the next one? You know, it's

another hundred years—okay. But what if it's two years, three years, four years? And we're confronted with a challenge where we think we need to shut society down again. The strategies we're using now, probably are not strategies we're going to be very comfortable using on a regular basis at short intervals. So that's, that's a piece of it that makes me a little apprehensive, coming out of this.

HL: What other crises have you experienced and how did you handle those?

DL: [Laughter.] Well, I've never experienced a crisis of this, of this magnitude by, by any means. I spent most of my professional career as a, as a dean and as a provost, and if I were still in those roles, I obviously would be spending a whole lot of time trying to figure out how to, to, to deal with this. I suppose the, the connection that came to me a bit belatedly that I got to thinking about—I was talking with my students yesterday and one of them is a graduating senior, this is his last semester. And he talked about how he felt like his last semester of his senior year had been ripped away from him. And it got me [audio cuts out] thinking about another somewhat similar time, but it's a same sense of very different time that happened on American colleges, college campuses, ironically, 50 years ago this spring. I was a senior at Miami University that spring, and that was the spring in which student protest against the war in Vietnam absolutely bubbled over. It was only accelerated by the tragic killings at Kent State and at Jackson State in, in May of 1970. And campuses all across the country just closed. We were basically told to leave campus that day. Miami University was closed as I recall for about 10 days now before it reopened. So the cause was, was very different than what we're looking at now. But the disruption to the academic experience was, was very similar. And campuses closed and students were sent away and questions about how you maintain a learning environment in such a disrupted situation—what's fair in terms of grades? What's fair in terms of course expectations? What's fair in terms of evaluation of faculty performances? So I found myself thinking a good bit about that spring from 50 years ago and the disruption that, that, that, that came out of that and even though that wasn't fostered by a pandemic, I think there's still some parallels with the situation that certainly students and faculty members find themselves in right now.

HL: In your mind, what are the lessons of that time for today?

DL: Hmm. Don't engage in unwise foreign wars. [Interviewee laughs.] I don't, I don't know that—I wouldn't really know what the lesson would, would, would be from that, but I do think that maybe the campuses that weathered that experience the best 50 years ago, were campuses where there was more open discussion among faculty, staff, and students, some effort to bring alumni, especially alumni from many years before, along with the experience of why students and faculty felt the way that they did that at that time. But I think an openness and a willingness to hear other folks talk about their worries and concerns, contributed to healing in that, in that time, over a long period of time, probably.

And I do think now that there is some emphasis of, we're in this together, we're taking actions that may or may not benefit us personally, but benefit those in the wider community, and that commitment to the wider community is a very important thing. Governor [Andy] Beshear here in Kentucky, I think, has attracted considerable national attention with his candid way of addressing issues, but also his insistence that, that we share this, that we share together the responsibility for

fixing this. And we share the loss that that comes from, from, folks who are dying and losing other experiences as a, as a consequence of this. So, I, I, I think maybe (_____???) from then that applies now is that, there were those who tried to heal and build community in that time. I think those would be better strategies this time as well.

HL: Well, this is sort of a kind of a related question. Would you have ever, I don't know, ever expected anything like this to happen in your lifetime? I asked this because, just a couple of days ago we were talking about my grandmother and how, I think you said she would have been like four during the...

DL: Yes.

HL: ...the flu pandemic of 1918. Is that correct?

DL: 1918, yeah.

HL: I mean, so could you ever have imagined that you had—that you would—that you would see something like this? Like not being able to go to a restaurant, having to stay six feet away from people, not being able to shake hands—like, could you ever have anticipated this in your life?

DL: No. Never. And that applies even up to just a few weeks ago. You know, over the years, we've had university life disrupted by weather, usually by snow, but, our university experienced a terrible hailstorm about 20 years ago that did an enormous amount of destruction, multi-million dollars-worth of destruction and was very disruptive. But, we've never had anything like this, and I've certainly never anticipated anything like this. What has intrigued me a bit about the pandemic of 1918 is that I've been working on an updated history of Western Kentucky University. And I got curious about the pandemic of 1918 and what it did here. Across Kentucky, 14 million [Note that in a follow-up conversation David shared he meant to say 14,000] Kentuckians died of the flu and approximately two thirds of Western Kentucky State Normal School, the students there, contracted, the, the flu...

HL: And that institution is the predecessor to Western Kentucky?

DL: Yes. That is a, that is a predecessor institution to what, what's now Western Kentucky University. The university was closed for a month or what was then Western Kentucky State Normal School was closed for a month. The public health department across Kentucky, closed churches, closed amusement centers. The, the society was shut down in ways very similar to what we've seen now. And yet in going back through the University's archives, I found virtually nothing, about any of this. We still have a connection?

[Connectivity problems briefly disrupt the interview.]

HL: I don't know. Pause just one second. [Pause.] Okay. I have you back.

DL: And, and looking back in the archives from, from 1918, I find virtually nothing. I found a few letters from the president [Western Kentucky State Normal School's president, Henry Hardin Cherry], which he talks about it. But just very briefly and essentially saying, "This is a terrible experience, lots of people including me are working day and night to take care of the sick. This is a very hard time for, for us." And of course, at the very same time, the Battle of the Argonne Forest was going on in World War I. So that October of 1918 was a truly terrible month in, in the history of our country. I don't know of any other time where Western, throughout its history back to 1906, was closed for a month.

But what I found this—I found very intriguing, I found very little about that. There is a very detailed history of the University that was published in the 1980s, and we have all the notecards that Professor [Lowell] Harrison used to put that together and they run to thousands of notecards on absolutely everything. There's not a single notecard in his collection about the Spanish flu. There was another very detailed history of the University. It was done in the late thirties, only 20 years after this. It also makes not a single reference to the Spanish flu.

So when you ask me if I ever anticipated anything like this, no, absolutely not. But I am intrigued that we have had this experience before and it has absolutely gone down the collective memory hole. So I, for example, I'm asking my students to prepare materials that [brief connectivity problem] students a hundred years from now, might be able to see this experience a bit through their eyes. We have not word one about what students said about their experience, even though most of them were sick. Probably several of them very seriously sick. Apparently, the school had no deaths. But, the Spanish flu hit Kentucky, Warren County, Bowling Green, Western Kentucky State Normal School, very hard. And we do not have nearly the kind of information about that experience that we'd like to have.

HL: Can you speculate on why that might have been? I mean, not, at the time, why do you think no records were really kept of that?

DL: Well, of course, partly it was, it was a different time and, probably—one speculation that we've had is that, at that time, the school had what was called chapel every day at 9:30. So as a consequence, there maybe was not the need to put out written documents the way there is now because people were literally all in the same room together every day and if there were announcements, they made those announcements, that that may be part of it. But, but even at that, it still looks to me like it's, it's, it's, it's very, very scarce. And as to why, why it's gone down the collective memory hole—I don't know but this is an off-the-top of my head thought that there is a tendency in this country to think science will triumph over diseases. And so while we see wars and we know wars are likely to repeat and so we tend to keep track of those, perhaps. Healthcare crises, we tend to think perhaps are aberrant or unusual or out-of-the-norm or not likely to recur like this ever again. So they don't stay with us in quite the same way because we expect that experience to be part of our experience going forward. That's a pretty half-baked theory. But, I am really intrigued that something that was so devastating, is not, is not really much a part of our collective story.

HL: That's fascinating. So, to kind of change gears again, as you have been kind of cooped up at home, are you taking on any new hobbies? Are you reading any great books? Have you seen any great movies—kind of anything like that while you've been in the house?

DL: Well, I do feel like that even though I have an enormous amount of time that's not structured [Interviewer laughs.], I don't feel like I'm as productive as I ought to be. I, I do feel some—I can't really explain, well, I can explain part of it. I have filled much of my time [beeping noise] as I suspect like a lot of folks have with social media. I am constantly looking at Twitter because that's the latest information I'm going to see about what's happening, particularly here locally, if other cases have been diagnosed, something's happened with, with the University, with the student body. I've always tended to kind of flip through, particularly Twitter and other social media sites, but I'm spending much more time on those. I'm not particularly posting anything. I have, I have posted some documents that I've found about the pandemic of 1918 and gotten some surprising response to at least, at least one of them. [Western Kentucky University] President [Tim] Caboni picked up for his own feed. But, but I've spent too much time with that. I have tracked down some books to read, you know, started with that. I have watched a movie or two. We have streaming services, so I'm streaming a few things. But, I, I do have some, some writing projects that I'm working on. So, I, I don't sit here and stare at a blank wall. But I'm sort of filling my time in several different ways.

HL: I saw the other day that the World Health Organization is now recommending that you really maybe only look at the news like a couple times a day. Would you say that that's true for you? Does looking at the news or Twitter make your anxiety spike or, or you're not really experiencing any of those kinds of feelings?

DL: I look at the news a couple of times every half hour. [Interviewer laughs.] I mean, I couldn't, I couldn't do that, couple of times a day or even three or four times a day. I don't think it feeds my anxiety. I'm just curious about this. And particularly right now, things are happening so fast. And, things that, you know a few weeks ago I'd accepted a couple of reservations, a couple of invitations to go have, have lunch. Well, two days later or when it was time to go to lunch, the guy who invited me and I both agree this is not a good idea, we're not going to do this. But that's—and then a couple of days after that, all the restaurants closed. So the things have just moved so quickly and changed so rapidly that I feel the need to pay a whole lot of attention just to keep up with news that's pertinent to me.

HL: So you mentioned earlier that you had, you had a close friend who had been diagnosed with the coronavirus, is that correct?

DL: Yes, I wouldn't describe him as a close friend, but he's certainly an acquaintance.

HL: Did he have very serious symptoms or mild symptoms? Was he—did he have access to an actual test? And do you know anything about that process?

DL: I don't know a whole lot about it. He's a local attorney and he is the pretty big personality kind of, kind of guy. And so he's given some interviews about this. He's made no secret about his name. He, he's 73 years old. He had been skiing in Colorado and had sustained a

concussion—God knows how he did that. [Interviewer laughs] But he thinks that he's picked up the coronavirus while he was in Colorado. But he was, he was diagnosed with it and was, was hospitalized with it for, for a few days and has since been released and, is, is pretty open about talking about his experiences. Something I'm not clear on, is how many folks have been exposed to, to, to (_____???) how many folks he was associated with. I do know that his, his daughter is in quarantine, practices law with him. And probably some other folks connected with his legal practice as well, but, but I don't, I don't know that.

HL: Interesting. Those are my questions, Dad, do you have anything else that you'd like to share or—wait, I have one more, now that I think about it. I know that you had, a vacation coming up, a big trip planned. Are you, how are you feeling with that on the horizon? And now you probably can't go?

DL: [Laughs.] Well that's true. We were planning a trip up the Danube through Eastern Europe, in late May so far that's still scheduled, but I'm pretty confident that that's not the, that's not going to come off and that probably would not be a good idea right now anyway. That said, I'm disappointed, but, as disappointments go in this crisis, that's a pretty small one. And, I hope to be able to do that again sometime down the road. But, I think it's important to be pretty sensible about, those kinds of things right now.

HL: Have you done, have you taken any steps to be, supportive in some way in your community? Have you given money to any institutions? Have you been trying to order take-out to support restaurants you care about? Anything like that?

DL: Well, we've tried to do some things specifically with that. We've, we've had take-out from a couple of restaurants, so far. One is a restaurant downtown that we go to a lot. It's owned by a Bosnian refugee, and we really enjoy it. There is another restaurant that's brand new in our neighborhood, just a block from our house. It's also owned and operated by a Greek immigrant. And so we're trying to make a point to support those two, those two restaurants in particular. We've ordered from both of them. The donut shop that I mentioned earlier is also operated by immigrants, and it's a very popular place. So we go there. There's a coffee shop downtown that I try to poke my head into it and buy a cup of coffee, a couple of times a week. You know, it's a kind of a mixed thing. In the—are these all crucial trips to take? No. At the same time, we're trying to do sensible things that are supportive. We are also active with, with the church in this community and I have made a point to send them money because they're not collecting offerings right now. So we are trying to—and we have season tickets to a fine arts series here, [Southern Kentucky Performing Arts Center] SKyPAC performing arts center, and I don't intend to ask for a refund for any of my tickets. And I sent them an email and said, I'm not going to ask for this back, use it however, would, would be a benefit to you.

HL: Come to find out, I actually had quite a few additional questions. [Both laugh.] Here's one more, sorry. Can you think back—I was trying to do this the other day and, I've, I'm finding that I can't really—can you kind of think back in your mind and kind of, kind of put your finger on the last day you remember being like, kind of a normal day that you were out and about? Do you remember what you did that day? Anything like that? And how long ago was that?

DL: Yeah, I would need to, probably need to pull a calendar out and look at that. I'm going to guess that maybe a last kind of normal day would have been sometime around the 17th or 18th or so, something like that. And probably what I did was go to the grocery store and buy a few things. I, I—we just did a few odds and ends, few chores, nothing, nothing special. And certainly at no point have we ever gone charging off some place and said, “Oh, we got to buy everything we can find of this, that, or the other.” We've never felt the need to do that. So, we've probably made a few provisional purchases, just to float us. But I don't have any particular memory off the top of my head, the last kind of typical day.

HL: Okay, well that, that really was my last question. [Laughs.] I don't have any others. Do you have anything else—for real this time—that you would like to share, thoughts you've had? Maybe something I didn't ask that you kind of wish that I had? Anything like that?

DL: No, I think we've covered pretty much—What I—anything that I have to say about it. Fortunately we've—my experience with this has been inconvenient, but no more than that. And as a consequence, I have a small window on what's happening here. But, I, I, I saw a picture the other day of a very popular local doctor who was dressed up to visit patients, and you could not have identified her in any way. And, certainly feel a lot of sympathy and a lot of respect for folks who are trying to deal with that.

HL: Yeah. Well, thanks Dad. That's, that's all that I have. I really appreciate it.

DL: Alright. My pleasure, Harper, and any time.

HL: [Laughs.] Okay. I'm going to stop the recording now.

DL: Okay.