

## Transcript of Interview with Altagracia Perez-Bullard By Kit Heintzman

**Interviewee:** Altagracia Perez-Bullard

**Interviewer:** Kit Heintzman

**Date:** 09/26/2022

**Location (Interviewee):** Alexandria, Virginia

**Location (Interviewer):**

**Transcriber:** Angelica S Ramos

### **Some of the things we spoke about include:**

Being an Episcopal Priest and an assistant professor. Serving predominantly Brown and Black communities in church and in health related activism; health insurance and privilege. American health care failing vulnerable people; for-profit healthcare. Feeling sick in March 2020 and going to Urgent Care; unfamiliar safety precautions. Previous activist experience related to HIV/AIDS activism; comparisons between HIV/AIDS and COVID-19 public health policy; the importance of prevention. The racial reckoning of 2020, mental health. Having severe asthma and coming to think of the self as “high-risk”. Being unable to participate in civil actions/protests due to high risk status. Drawing boundaries around discussions of race/racism with white colleagues. Shifting from a busy schedule pre-lock down to having some calmer quiet in lockdown. How the quality of one’s home environment impacts the lockdown experience. Transitioning from being an empty nester to having adult children move home. Therapist shortages; the pandemic compounding prior traumas. Watching once in a decade hurricanes becoming annual hurricanes. Shifting ideas about vaccination; geography and access to vaccination. Newly entering large crowds. Observing an increased interest in spirituality as a part of well being.

**Kit Heintzman 00:02**

Hello, would you please state your name the date, the time and your location?

**Altagracia Perez-Bullard 00:08**

Sure. My name is Altagracia Perez-Bullard. And today's the 26th of September 2022. It's 4pm. And I am in Alexandria, Virginia.

**Kit Heintzman 00:24**

And do you consent to having this interview recorded, digitally uploaded and publicly released under a Creative Commons license attribution noncommercial sharealike?

**Altagracia Perez-Bullard 00:33**

Yes.

**Kit Heintzman 00:35**

Thank you so much for being here with me today. Would you just start by introducing yourself to anyone who might find themselves listening, what would you want them to know about you?

**Altagracia Perez-Bullard 00:45**

Oh, so let's see. So my name is Gracia, I. I'm born and raised in the United States. My mom is Puerto Rican and my dad is Dominican. I have been living my life as an Episcopal priest for the last 30 years. And well, Episcopal

Minister has become a 27 years of my priesthood or something 27/28. But I was a deacon before that. And now I'm an assistant professor of practical Theology at Virginia Theological Seminary in Alexandria. And I'm also the director of the contextual ministry program, which is basically field ed. So all my all my pieces have come together to bring me to this place.

**Kit Heintzman** 01:42

Tell me a story about your life during the pandemic.

**Altagracia Perez-Bullard** 01:45

It was interesting when I was thinking about being in conversation with you. I think I remember very clearly, like when we were all, like, shut down, and it was because there was a lot of conversation already about the COVID 19 virus. And and I, I had gotten sick. So I was teaching class that spring semester. And I was I just kept having these weird symptoms that would come and go. And I couldn't figure out what was triggering them. At first, I thought it was allergies. Turned out it was allergies, but I I just couldn't figure out all it was like some days it would be really bad. Some days it would be better, I would regain my energy, and then I would lose it again. So I finally went to like an urgent care. And I remember feeling a little frightened because I guess I was in a bubble like I was listening to the news about the virus, but I wasn't really registering it I guess, in any real way. And so when I went to the urgent care, and there was like this whole protocol, like I had to sanitize my hands, I had to put on a mask, I had to put on I think I had to put on gloves. I was frightened because I was like, Oh my gosh, I guess they think I have this virus. And then I realized in the waiting room, that it was the protocol for everybody coming into the urgent care. And, and I thought, wow, this is really serious, really serious meaning like widespread, not fully understanding how serious how seriously ill people could get with the virus at that point. And then and then I wondered like, what, that's what I've been having, because it's been such so odd. And it turned out that I had been warned that moving to the Mid Atlantic area i I'm from New York, but I lived in LA for 20 years and my allergies always I mean, I had pretty much gotten them under control after them not being under control. So I I was warned that my allergies would be worse moving to this area. But yeah, I don't know what that means. I mean, I guess Oh, I'll be more allergic. Well, it turned out at the doctor's appointment that I that my allergies were so bad that I had gotten bronchitis and that was the reason why some days was better than others because some days the pollen and everything was worse. And the reason I was getting so crappy was because they really had progressed. And I go home, you know, come back on campus. I went ahead and had a meeting with a student that like I guess it was maybe it's somebody to you know, to rest so maybe the next day we have to do and I had a meeting with a student, and the next morning the whole world shut down. So it was literally like This sense of my my awareness, my first real awareness that the virus coincided, like within 24 hours with a shutdown. And it felt very, we, I guess, I've never been through anything like that before, which I guess was true for most of us. And so it felt a little scary, a little apocalyptic the way everything just like it was a ghost towns everywhere. And a little scary, because then by then now I'm hearing the story differently. Right now, I'm suddenly hearing that it really is like a major epidemic, and that people are getting very, very ill and people are going to the hospital. And I realized that I guess the seriousness of it hadn't hit me until that point. Of course, we all thought that that was going to be for two weeks. And then it just went on and on. And I was still adjusting to being here at the seminary was my first year teaching here. And, and I had like, two classes to teach, and to see what it all meant to go online. I never really, I mean, I had had online meetings, but I've never taught online. And so just learning all of that. It was just, it was a serious learning curve, like I was already on a learning curve, having come here to serve as a professor, and then it was a added challenge to the whole process. But eventually, I mean, I did get into some kind of rhythm we're gonna get through the year, I'm gonna get through that semester. But I really did think that

in the summer, it was going to be better and it just kept going and going, and then that ramifications I, I took on that. That summer, I took on the director role for kids extra ministry, and then trying to navigate with students what it meant to do field education when you couldn't go into the field. And so changing learning goals and helping them work with their churches to it and you know, trying to stress for them that this was like a unique at the time, trying to stress for them that, you know, this was a unique learning opportunity, because it was a crisis that all the churches were going through, and that they would learn from how they're, you know, supervisors dealt with the crisis of a congregation. So with the crisis. But just feeling really bad for those who like, not only had family members that were getting very ill people who had family members that were tying people who themselves had health issues that I guess they would have had no matter what, but to get a diagnosis of cancer, when you are dealing with all the other just things like that. It just felt like a layering on and a layering on and a layering. And so it was it was pretty hard. And I can't remember my agenda, remember, similar thing and like the time is gonna come last two years, and I don't know where they went. So it was the following year was that we had that kind of that summer of racial reckoning. That was that the second year the pandemic or was that in the first year? In the first oh my gosh, I wonder. Yeah, it was crazy. That first that summer was really really hard. Because by then you know, the social isolation was beginning to get me some even though I had a lot more access to people than other people did. Because I was on somebody's log. But when Floyd side and, and they were all the responses. It was it took me to another level of of trauma. I think I mean, I feel like I was stressed and anxious and trying to manage and then the demonstrations and would felt like just and I know that it wasn't I know that it was I know enough to know that. That violence visits the black community in a particular way all the time, even at the hands Authorities but it felt like a, like a just piling on and piling on and piling on. So that I wanted to be in a fortress, like I felt a lot of, you know, I had a long history of activism. And so it felt very brief because of my own. You know, health concerns, pretty serious asthma, I couldn't participate in the demonstrations. And that felt pretty horrible. And then feeling of feeling trapped like that I was like, kind of way that kids used to trap bugs and jars like that I was in like that I could see clearly the world, whatever. But there was something a barrier separating me from it. That just added to I realized that I had very little capacity because, or that I was really feeling traumatized. Because at that point, that took me to another level of stress. Because as someone of the faculty here, we're having conversations about how to respond. In a season where Black Lives Matter, just been around for a while, it took on a whole nother layer of people's awareness, I realized I didn't have capacity to enter those conversations with my colleagues.

**Altagracia Perez-Bullard 11:38**

And especially my white colleagues, I just didn't have a capacity I it was too personal. It was not. It was not theoretical, it was not academic, it was not. It was not like a moral dilemma to be discussed and studied and decided about it felt intimately personal, I have young adult children. One of them is male. And so it just felt too. It was too close to home, too personal, too intimate for me to be having a conversation that by virtue of who the conversation partners were it was going to be two boards nifty and what can we say? What do we feel comfortable, I just was like, you know, like, at the end, I encouraged at the end I ended up signing, whatever they put together, but but it was, for me, the pandemic included that racial reckoning. And they're tied together in a way that can't really separate them because of the effect just because of the way I felt and what I was having to deal with.

**Kit Heintzman 13:05**

I'd love it if you could share more about those decisions around taking care of yourself in such a difficult moment. So wanting to be at the protest, recognizing that you're asthmatic. Wanting to have your colleagues talk about

something important, not being the person that they can talk to setting those kinds of boundaries. What's that been like for you?

**Altagracia Perez-Bullard** 13:28

I think it was funny because it took me a minute to realize that I was one of the people that they kept talking about being at risk, like I kept hearing about the people that were at higher risk and should be taking special care. And really, I just thought those were other people like that had very serious conditions. And then I guess some public service announcement finally, like spelled out with these categories were. And it was like, Oh, look diseases that oh, wait, and then they listed like, oh, wait a minute, that's, that's me, um, that was weird for me because I even though my asthma pretty serious, and I work at keeping it managed. Um, I don't think of myself as a person of ill health, like I'm otherwise I'm very healthy. I exercise I can do everything. My medicine manages it very well. So it was very odd to suddenly be in a special category of people that were of delicate health. I was like, it just was not it. It was not anything I ever identify with. So that was really weird. And, and then realizing that that I mean, I had already been being careful because, you know, I've been in the hospital because of a bad flu. So I really, I mean, I had a sense, I needed to be careful. But then as the impact that this was having on people's lungs, and like, it just was at work, I became obsessed with like, I'm gonna go to the hospital and there won't be enough respirator like this was my like, obsession became the number of respirators available. I that was just It was weird, it was weird to think of myself as vulnerable in that way. And it was not anything. I never thought of myself as a person with special needs around health. And so that was very odd. And then I do, you know, because of my own childhood, I have been diagnosed with anxiety and depression, I have struggled with PTSD in the past, I've done a lot of good work around healing and living with some level of mental illness, you know, I don't know, anxiety and depression feels a little bit like, Oh, you must, you must be a person that lives in an urban place and has lots of engagement with the world. So I never thought of myself as seriously struggling in that area, either. But suddenly, like what was going on with the pandemic, and what was going on with the, with the racial reckoning it meant, like all of these things, were certainly places where I was vulnerable, which I don't think of ourselves as delicate person. So it was it was an odd category for me, and then realizing that it really did mean that I had to put boundaries. And I, I don't think I think the boundaries around my physical health. It meant that all the precautions I was taking really did apply to me, like I really needed to stay in that box. And then that meant that I, that there were already people doing some things like gathering with people like outdoors or whatever. And but I really didn't feel comfortable doing that. And I had a little pod of friends that we another person in our pod had very compromised health was dealing with an autoimmune disorder. And so we were super careful. And I felt comfortable, because I knew that we were being super careful. And and they cut it, they, you know, thank God they carry me through, but I feel in terms of reckoning of isolation. But it was not having to make a decision, like to not be involved in something that I thought was really important. And that mattered to me. And that was something that I would have participated in the past and never thought about it. really messed with my mind, I think I think it kind of impacted the stress on my mental health, you know that. That feeling, stressful, that feeling that added feeling of stress, that that eventually I do feel like they were I really did get anxiety level raised, and my ability to then have these conversations with people. It wasn't even my reaction was so strong to receiving the email to invite me to the conversation. But I surprised myself and so it wasn't like it was my reaction to that email that made me realize how tender I was. I don't think I when I was while I was in my little bubble, I don't think I really realized how stretched I was. And tense. And then when I had the reaction, I realized, well, you know, you're not, that's not the kind of conversation you're gonna have with these people. You know, and I was grateful that I had enough sense to reach out to some other colleagues that other black colleagues and to because one of them did react by email in a way that kind of was like, Oh, I'm not the only one feeling this way. That helped me

to see like, Okay, I'm, I'm feeling some things I'm going through some things that are particular to me and to people in my community. I'm not gonna engage at a certain level and I don't know that I thought much about it in the sense that I was so angry, it was so clear that I could not participate in a productive way. Because what my colleagues would try to do with not bad. But I was mad about it cuz I was like, Are you just waking up to these facts, like we haven't talked about these issues before. This whole pandemic is affecting people in these communities more than another communities, black and brown communities, immigrant communities are being affected more severely. I just, it just made me mad in a way that wasn't going to be helpful at all, to our conversation. And it's interesting, because eventually, I did have like a cover that one of the people that was initiating this, this conversation eventually, you know, I explained to her how I felt, and why I didn't want to put the ball, you know, not a lot, but a little bit. And she was like, well, then we should meet and talk about it, I'd like to have a conversation with you later. And eventually, a few months later, we did have the conversation. And that was it made me realize that it was very wise of me to take care of myself and not have the conversation because I was in a much better place. And I still felt a little bit like, Yeah, I can't put myself out there like that I'm trying to survive. I'm trying to deal with all these things, and how they're affecting me. And some things I can do that I can call friends and family I can, I can be I can be there for students, I was helping students manage things, but there was just so much so much I could do, I did not have the capacity to do more. I think I think that came a little bit with wisdom, I think there would have been a time when I would have felt an obligation to do more, and then I would have put myself in a situation that would have been that would have ended. I mean, it would have been horrible because I'm a nice person, but it wouldn't have been pretty though wouldn't have been wouldn't have been pretty. So you know, I think some wisdom over the years of learning like that just because something needs to be done. And just because you can do it doesn't mean that you have to do it. Like that's taken me a long time to learn. So for me, it's weird, like talking, talking about it. Now I realized that there were ways that even the pandemic even before that summer began to affect my own identity and my own perception of myself. So that I come out of it to the other side, not really, but to this stage of endemic or whatever calling it now. I'm much more conscious of my of my limitations and my vulnerabilities. But I am an older person. I mean, I'm not old by any stretch. But I am in my 60s and I need to take care of myself and a different way. But that identity shift happened in part because of because of the COVID-19. Because I don't know that I had thought of myself that way before at all. I just was I was like everybody else I was still feeling on the inside even though the outsides were not matching. I was still feeling like a younger person more vibrant person.

**Kit Heintzman** 23:44

To the extent that you're comfortable sharing, would you say something about your experiences of health and healthcare infrastructure before the pandemic?

**Altagracia Perez-Bullard** 23:50

I have a lot I've always served at you know, before I came to to ETS, I've always served in communities, urban communities under resourced communities. predominantly minority communities my churches have been predominantly black and brown churches though they've been multicultural and mixed. And healthcare is a real sore point. As a person who has sought to I guess I think of my work in the church as being a resource for health and wholeness in the community. And watching when I served for example, in Inglewood, California, and watching the hospitals and emergency rooms in Southern California just closed down small community hospitals closed down You know, leaving only like one emergency room and the whole region and that, you know, area and, and that being easily half an hour away, or you know, I guess, traffic and everything and not even counting how long it would take for an ambulance to arrive I had I just, I was severely aware of the gaps in accessibility to

health care in those communities. And my church ran health programs, we we started the sites were testing service sites for doing health fairs for people to get mammograms and blood pressure, you know, just various things that were hard for people to access either because it was, we didn't have as many health centers as we needed, because they didn't have the kind of health insurance they needed, because of what it would cost them to access health care for some people because of their status in terms of documentation, their fear of going to hospitals and health clinics. So in a way, I was very aware that the United States has an incredible health care system, for those who can afford to access it, and that many, many people cannot afford to access it. I was grateful when healthcare became more available for people where people could purchase some level of universal health care system under what came to be under the Obama administration. But I also knew the people that were accessing those services. And I knew that for some of them, it was, I mean, for all of them, it was a gift because they didn't have health care. So to be able to have health care, insurance, but that, you know, for some of them, there was there were still some costs involved. And it was hard to get psyched up and all the difficulties of getting a program like that launched. So personally, I've always had really good health care insurance, because it was part of my compensation practice as a full time priest. But I was very conscious of the fact that the kind of health care I was getting, even when I was in managed care, like we ended up not being able to afford my initial, my initial insurance and the church moved to an HMO, where we got Kaiser in Southern California. And even how, you know, whatever feelings people had about health care, like, I had access to doctors to appointments to test all kinds of things. And it was good quality, at least for the maintenance, my health and the health of my family. Thank God none of us suffered from anything catastrophic, but might have made it difficult, but, but I was also really, conscious that a lot of the people that I serve didn't have that. So yeah, it's a mixed bag. It's like, like so many things. In the US, like, if you can afford it, we have the best of everything. But if you can't afford it, you really are falling between the cracks and even on the edge and making decisions about food and prescriptions or food and treatment. I remember a woman I knew, I mean, thank God for the county hospital system, but you know, she was fighting cancer, or, you know, she was like, which I don't know, maybe there's medicinal value to eating aloe vera. Like from the plant. You know, so we hope to have all kinds of things and in the end, she you know, she didn't get she was, you know, county hospital took care of her but like what that meant for her and for her son's to get her to the doctor to have her wait all day. It's not, it's not what, it's not what I don't know. I mean, I'm not sure what other people think it is. But I know that I don't think it's not what people talk about, when they talk about the US healthcare system. And then or they never talk about the system do they, it when they talk about health care, because we don't really have a very good organized system, but it took about the health care procedures, medications, treatments. Yeah, there's an amazing amount of things that are available. But if you can't afford them, they're really not available. They exist. They exist, but they're not available.

**Kit Heintzman** 30:34

Do you remember when you first heard about COVID-19?

**Altagracia Perez-Bullard** 30:44

I think it was conversation. At Christmas. I don't remember the very first time I did hear in it's part of a news story. So, I don't know, probably NPR given what I would, how I mostly get my news. And I knew that there were stories, my wife, my wife watches cable news. And so I knew that there were stories, you know, and so I think it was like a real like it, it hit my consciousness, like around Christmas, I think that it was out there. Right. But I mean, given the way [inaudible] works, there's so many things that are out there. So I feel like there was things you know, it could have been something happening in a country far away for the way I remember when it like, I

remember that there was patient zero, I remember was on the West Coast are the first cases and that they were on the West Coast. And that landed because I used to live in California. But no, I don't remember exactly when.

**Kit Heintzman** 32:06

Pre-locked down. What was your day to day looking like?

**Altagracia Perez-Bullard** 32:09

Like, I was like a crazy person that was trying to navigate like these classes were pretty overwhelming. So I would we have a very, like, what do you call it infrastructure life, we have a very routine of life here at both seminaries. So most days begins with chapel and then folks teach or they prepare to teach. And then we have lunch together as a community, faculties faculty and students and staff. And then afternoon, you know, you go back to prepping for whatever committee meetings, teaching, running around doing errands. I hosted students in my home, which is also part of our culture here on the campus. And so we have colloquy groups. I had a colloquy group, that met in my, in my home and so Wednesday was always cleaning because they came on Thursday morning. And you know, running around and shopping for the coffee and the things that we would need when they meet first thing in the morning on Thursdays it was a lot of conversations with a lot of people a very like we're very it's a small school, I guess relatively speaking and so everybody, most people, the vast majority of people are preparing for ministry. Some of them are prepared for academic studies of further studies, but most people are preparing for ministry and so we put a high value on community so there's a lot of engagement between students and faculty. So you're always talking to somebody about a paper or a project or something so busy and but mostly on campus. I was still I was I had moved in in July the July before the pandemic and so I was still getting my sea legs when I meant to be here and be a professor because I yeah cuz that only serve the church before so this was this was second career switch like not the smartest thing I've ever done. It's a good thing. It's a good thing but it's there was a lot of learning going on right before the pandemic.

**Kit Heintzman** 34:44

And how did that change when lockdown happened?

**Altagracia Perez-Bullard** 34:46

It was so dramatic. I guess it was so dramatic because we went from being this place that was structured around community to being this place that was not allowed to be together and community and, and then navigating the anxieties of the students too because students have small, you know, they had small children, some of them have small children. Different people engage the community with different levels of tolerance for risk. So we have people that, you know, we're we're here preparing for this work. But who in their previous work has done on public health work, people who had navigated other pandemics, so there was, like, just the different levels of like, it was no big deal. It's kind of like a bad flu, to people that were like, No, we really need like, seal ourselves off so that we're not becoming a site of contagion. And I think most of all, it was just what I remember is the sense of, like, just quiet. Like, it went from a place of a lot of voices and a lot of movement, to a place of stillness and quiet. And, and I, you know, I said it often during the shutdown, and I still say it, like, I'm just grateful. It was a real gift of privilege for me to have lived that here. Because I faculty housing is nice. And it was, I was in a comfortable place where I didn't have to worry about about my surroundings, like, you know, previously, living in drafty old rectory you know, it would have been much harder to survive that, that shutdown than it was it would have would have cost me more to because I did live in draft directory. You know, just what it would have been for utilities and all that to be at home all the time. And trying to be comfortable to do all the things I was grateful

to have a comfortable place to be, you have to be locked down being locked down in a nice places, you know, nice house is nice. And good. There were some things that became a habit during the shutdown, that I'm grateful for, because they've continued right. So I've always struggled with like, getting exercise every day. Close to it. And I if I didn't go for a walk every day, I was not well, like it was harder to function. It was hard to focus, it was hard energy wise, I just would start feeling stir crazy. So the daily walks and the being out amongst trees and nature things and it was funny because it almost seemed like, like my whole little neighborhood like not on campus because I also lived where I lived on campus was a little removed. So I don't know what was happening at the heart of the campus. Where I was, it was like somebody had rang a bell and everybody at four o'clock when it was like, I was going for a walk whole families were going for a walk, it was like everybody was out going for a walk in little units of you know, like people that had small children at home, everybody with their dogs. It was like, it was interesting. That was kind of funny. Because it was clear that all of us were having the same experience of like, if we don't get out of these houses, no matter how nice these houses if we dont get out of these housing. We're gonna go crazy. And I don't know the people with small, you know, young children's elementary age children, like it must have been a little crazy. You know, just because the energy level of children and their needs, like, move and be everywhere are so but yeah, mostly was that sense of a lot of activity and a lot of noise, too, a lot of quiet and a lot of stillness. Which, you know, there's it's nice moments, but it also can kind of make you crazy. A little bit.

**Kit Heintzman** 39:52

What are some of the things that you noticed about local government in responding?

**Altagracia Perez-Bullard** 40:03

We don't do help well. I just feel like it's just it was, it was, it was. It was infuriating to me. And I don't know if so callous and evil, it felt evil in its callousness around human need, and human care. I did a lot of work in the 80s and 90s, around HIV and AIDS. And so like, it was like, we learned nothing. Have we learned nothing? We've done this before, like we, we understand the difference between, we should understand what a public health emergency is. And we should deal with things like they are public health emergencies, not like they are some kind of morality of people's behavior or people's words, or, you know, people, whatever it felt like, you know, that level of dog eat dog and kinda like some kind of, I don't know, Darwinian math around like, well, you make it or you don't make it too bad. If you didn't make it, it's okay, well move on without you, it was just, I feel like we could have dealt with it so much better. If we, like the public health system. If it would be allowed to function as a medical scientific health system, like and that it makes, it makes announcements, and it prescribes behavior, and it it sets, standards and rules based on science and on what will promote the health of the community as a whole. We'd be so much better, but I was so just disgusted with the shenanigans, no other word for it. Well, there are many other words for public consumption, like just the shenanigans that was going on around people, you know. Like, these are people's lives, like, you can't just do this, you know, so it was very, it was hard, I don't think, given what we know, given our experience, given our capacity, like what what knowledge we have, what systems are in place, what power, you know, media and all the things that we have access to. We did not, we were not at our best, we just did not use it. For the health of the people. We were focused on political game. And just fueling tensions and differences in communities and, and not taking care of the people on the ground that were keeping us going the supermarket workers and the people in the production and transportation of food and the people that were cleaning hospitals, like we did a lot of and I'm glad. I mean, I know a lot of nurses, they've worked their tails off. And I know that doctors are working hard to and I know that what it meant for them as healthcare providers was crazy, horrible hard. But then there was all the people that made even the hospitals being able to stay open,

and they were just invisible. It was just if you measure a society by how it deals and cares for the most vulnerable, we fail on a regular and I just we really failed around this pandemic.

**Kit Heintzman** 44:30

I'd love to hear anything else you'd be willing to share about your experiences in HIV AIDS activism, and the resonances and maybe distances that you saw with what happened with COVID?

**Altagracia Perez-Bullard** 44:42

I mean, I feel like for me, the most obvious thing was just that there wasn't a centering on, on public health, like, I feel like if you center on public health, it assumes certain behaviors. So then sure you try to find, you know, the root causes, and you try to eradicate the cause and you try to ameliorate the effects and you try to find a cure, like there's the technical part of it, that technical process. But I think also just being able to give good public health education information. I feel like prevention doesn't ever get a lot of doesn't get enough. I mean, I think we're getting better at it. But it doesn't get enough. We don't focus on prevention enough, as a society. It's always about like, what did you get and how can we cure it? And I get it, like, you can't really measure prevention. I mean, I guess you can measure it by the numbers of people that are not getting sick or something. But, you know, how did you not get something, it's not the way we measure things. And so I feel like, like, with HIV and AIDS, and with this pandemic, you know, with COVID-19, it was the same thing. It was like, let's talk about let's, let's trust people to the degree that if we educate them with a clear, distinct message, that is focused on public health, and then we make available the tools that people will need to keep themselves healthy, that this will have a pat, this will have an effect on the pandemic that's happening. And so I think that the fact that with HIV and AIDS, the treatment of because the populations that were most visibly, or most notably, or initially most affected, were, you know, men who have sex with men, gay men, people who were using intravenous drugs, there was a sense of that these were, these were not people that we valued. And so it didn't matter. Always forgetting it, we are all connected, that it doesn't matter, that that whatever you may think of me, our lives depend on each other. And I feel like the same thing happened with this pandemic, and that people got so caught up in other messages, that they did not focus on good public health education messaging. Like even the thought that we didn't need the masks at first. It sounded to me anyway, from where I was sitting like that that decision was being made based on, people won't know how to use their masks properly. Like, we'll teach the people how to use their mask properly, don't, you know, don't don't act like prevention is not a real serious tool for health. And I just think that we, as a, as a health system, I mean, again, we've gotten much better over the last decades, and I think we're doing a much better job of recognizing that prevention is critical for maintenance of good health society. But I feel like that meant that piece, you know, public health prevention, and then, which I actually I wrote on this for a book on pastoral care I wrote a chapter. Inside it's second edition and I had written years and years ago, I had written a chapter on HIV and AIDS ministry, for the church in terms of pastoral care its implications and and I was rewriting that chapter catching it up like what has happened, but it was like and then you know, I couldn't help but sound the bell like, hello. Does this sound familiar, like, recognizing that that the most vulnerable people need to be cared for because those are not those people over there. Those people are connected to you in more ways than you think. So when with COVID-19, we were having these crazy outbreaks in the food production line, right like where poultry houses and I don't know if that's what they call it like as they call them factories, poultry factories, and other places where food production was happening. Those people were not being protected. They were not being given the the materials that they needed a mask. They were not being given, they were not working at a different rate. But like, I guess you could have put them on different ships so that there would have been less people all contained in a warehouse next to each other. And we thought that that could happen and that it would not affect us

that is what it's always shocking to me. And that I think was, was one of the things that we should have learned from HIV and AIDS because it went from, you know, quote, undesirables or people that we did not value because we did not, because we judge them morally, to keep you to kids and people with blood transfusions, and women who were minding their own business at home thinking they were monogamous relationships, and assuming that this was not happening to them. And the same thing happened with this pandemic, like I think we just kept thinking it was them, as opposed to recognizing that, you know, the things that happened in the nursing homes, and then those people that were working in those nursing homes, they go home to their families, then their families have children and those children go to school, and then those children go to school with other children, like the amount of just not learning that because of the human web, we cannot afford to act as if we'll let's just take care of the people that have the money to be taken care of, or have the flexibility to work from home or have the flexibility to get tutors to homeschool their children or like that we need to worry about everybody I would have hoped would have been something that we would have learned from the HIV AIDS pandemic that we clearly didn't because those lessons did not transfer, they did not transfer and in a world where viruses and bacteria are our ticket on a life of their own, for lack of a better word. I mean, I guess it's part of it. It's globalization. Part of it is overuse of, you know, penicillin and other medication. I just think it's like, that we don't think that this is gonna keep happening is foolishness on our part. It would help if we would learn something I don't know that we've learned and even yet, I don't know, the economy is more important than people's actual lives and families. And that's a problem.

**Kit Heintzman 52:33**

You spoke into some of this already, but I'll ask the question anyway. And you can say I covered that or expand, 2020 was such a massive year, beyond the pandemic, 2021 also had a lot going on, 2022 also feels like a lot is continuing to go on. I'm wondering other than COVID-19. What are some of the social and political issues that have been on your mind and heart?

**Altagracia Perez-Bullard 53:04**

I mean, affecting me most severely, with to the point I think of even feeling like a certain level of social anxiety that I've never felt were that coupling of, of the racial reckoning in the United States with the pandemic, the COVID 19 pandemic. I worry because I teach. I teach practical theology. So I teach pastoral care, I teach congregational life, I teach organizational issues, I worry about, about what it's going to mean to send, you know, how I've adjusted my teaching my syllabus, my curriculum, and how other people are being equipped to deal in a society that's traumatized, like there's no body. I mean, there's some people that suffered less trauma because they had more resources to, to buffer them. But but the amount of grief and the amount of like, grief just because of the loss, losses that happen. And then the exacerbation of issues around health care, poverty, work, security, and all those things that that we're still experiencing the repercussions of. So what does it mean, in my case, as I prepare ministers, in nursing schools, nurses and medical schools, doctors and public health schools, you know, like how do you, you know in psychology, mental health professionals like How to you, can do we have enough capacity to prepare all these people for the world that they're going to be serving? Right? Because it's not, it's not the same. And I was like really struck by the whole. You know, like people couldn't find that therapists like they were, we had such a shortage. So there's people that were already struggling with PTSD because they had been in theatres of war. And then there are people who are really suffering through PTSD because of violence of their own community, or their own traumas or their own lives. And then on top of it, all the people that have suffered this pandemic, and the isolation and all the things they did, or the losses and their families, it was like, it was, it was crazy that you couldn't find a therapist, like, every time you like referred people to someone, those places, we're

all full up and had waiting lists. And that's people who had health insurance, who could find a therapist, right, like who could even get a therapist. So I think I worry about that I worry about the mental health. And I don't think we're terribly meant to to get healthy per country anyway. And so I worry about that, in general, and then the [inaudible], some of the economic issues and how it's impacting families right now, in the US, I think, war, the war, I guess the one that we kind of pay the most attention to is the one in Ukraine, but all the other places where war is happening that destabilizes people that violence in their communities. That destabilizes those countries. And because we are in a global world. Globalization means that the things that are happening over there affect all of us. So I feel like the world is very interconnected. And because it's interconnected, it's complicated. And yet, we live in a society that wants simple answers for everything and simple solutions. And that has, that doesn't have a lot of tolerance for complexity. And that worries me because we need to be able to navigate, not just this thing, and this thing and this thing, but we need to look at as as a complex of things, in order to fully address it. And we just go from like, one crisis to another crisis to another until it reaches crisis level, we don't even pay attention. So that worries me about us. In general, but especially in the US. Because we are facing some serious things, and I just don't know, I don't know about our capacity. Like we have, I think what we need, I think we have good [inaudible], even if they don't philosophically, you know, they don't agree philosophically, they have different ideas of strategies. I mean, I'm, I'm okay with that I'm okay with the fact that different people think we should do different things, but that we would be talking with one another, and learning from one another. And, and, and working together to solve some of the things that we're dealing with, you know, most basic here or at some level, the most basic right is climate change, like how can we proceed to live when the very planet we live on is being so seriously affected by the way that we use natural resources and the way we organize our lives, and then our, our just total unwillingness to change the way we do that, so that we can at this point I guess, at this point, I guess we're just talking about amelioration, like so that we can begin to, to, to find strategies to help those island countries that are already underwater, and I have family in Puerto Rico you know sitting under, like hurricanes. And you still I mean, literally hurricanes, but in my own lifetime used to happen every 10 years are happening one year after another after another. So it's just a lot of stuff. I just wish we just wish we took it seriously. And I just think that as long as people of means have the capacity to buffer themselves from the worst of it. I just feel like there's not enough human caring and compassion and that'll It comes back to bite us because we're all connected, but it's gonna be nobody's going to be exempt when you're as the planet continues to struggle, and, and climate shift, nobody's gonna escape that. I don't know, we were slow to learn and slow to change.

**Kit Heintzman** 1:00:26

You've mentioned having two adult children, what's motherhood meant to you over the last couple of years?

**Altagracia Perez-Bullard** 1:00:32

So I have two children that I gave birth to, and then I have four step children from other relationships. And I think I think there's a lot of anxiety the, like the four adult children that I'm the closest to, my oldest step children. They're far away, and they have lives of their own. So I don't engage them as much. I get worried about like the level of anxiety that they are living with, and sense of insecurity, putting their lives together as young adults. It makes me sad to hear them say sometimes that you know, they're not. They're not interested in having children, why wouldn't you bring children into this world that makes me very sad. So trying to support them. One of the unintended benefits of COVID-19 is that we are children took turns living with us, while they relocated to other places and switch jobs and things we were the we were the safety net. And so all but one lives with us, you know, like, during the pandemic for a chunk of months. And that was good, that was a gift. But it didn't mean that, like, I know that it was frustrating for them. I think they were grateful for the safety net, but people really don't want to

move back. At least we raised our children American enough that they want to live in their own houses, and have their own apartments and deal with their own lives and live as they wish. So I think, you know, abrogating, you know, we thought we were empty. When we moved to Virginia, we were empty nesters. It didn't last long. So navigating that to you know, having adult children in the house for longer than they planned and longer than you expect. So yeah, mostly just being kind of like an anchor to say that. That to encourage hope, and support them while they navigated the hard parts to find themselves an apartment and find themselves a new job find themselves. Just mostly those are the two things they needed. So, you know, it's been in a way, it's been good. And in a way, it's been sad because they were really excited about having all of them launch successfully. And then I think they have that nervousness, like, Am I doing something wrong? Like, why how did I end up back in my mother's house. But um, but it's been nice. It's been nice to have people to go walking with.

**Altagracia Perez-Bullard** 1:03:55

And so, you know, some meals together and to reacquaint myself with the ones that had gone away to college for a while, and I hadn't seen for, you know, like, that hadn't been dealing with on a day to day for years. So that was it was that was good. I'm grateful that they're almost all gone. I'm down to one. And, and she's, you know, I guess in about a month and a half, she's moving too so. You know, it's been interesting. Everybody say, Well, you know, you're an empty nester, but you have lots of kids. So don't be surprised if they come back. And we were very cocky about our children not coming back and then children come back. And starting I guess 21 Right, because it was 1920. So starting in 20, the beginning of 21 we until now, I guess it's almost finished. So we, We had two children living with us all the time, like just different configurations but two adult children we enjoy our empty nest moments when they go traveling and stuff.

**Kit Heintzman** 1:05:20

I'm curious, what does the word health mean to you?

**Altagracia Perez-Bullard** 1:05:30

I think it means that, then you have a sense of well being, and that your mental and physical and spiritual self is being sustained and cared for so that you're not suffering serious pain or so that you so that there's a sense of well being and okayness, I guess, I don't think you have to be at 100% health to be a healthy person, but that you are able to live and live well, and feel grounded and able to care for yourself mentally, physically and spiritually. And sometimes, that means you have aid that sometimes that means you have equipment. And sometimes that means, you know, you have healthcare support, you know, like you have a therapist, and you have whatever you need, so that you can live a good grounded life, where you can, can can, where you are basically well, so that then you can thrive and and share your gifts and contribute to society and all those things. But I think yeah, I think it's multiple levels. And it looks different for different people. But it does mean that you are supported and sustain mentally, physically and spiritually so that you're able to, to live up for life, whatever that looks like for you.

**Kit Heintzman** 1:07:17

What do you think we would need to change as a culture to make that version of health accessible to everyone?

**Altagracia Perez-Bullard** 1:07:23

Think we need universal health care, I think we need universal health care that takes care not only of people getting medication, but people having access to programs that support them and preventing illness and, and promote that promotes health. And that includes care for mental illness and for mental disorders of all sorts of

severity that people can afford their medications. I think that I do believe that health care is a basic human right. And I'm always ashamed that we had not signed on to the United Nations, you know, bill of human rights, because, you know, because basic things we don't think basic human rights, I guess, you know, like housing and health care and, and other things, but I think for sure, we would need we would need it not to be we would need health care not to be a commodity or a source of capital, or, you know, open to the whims of economic interests in terms of making money like it can't be a for profit industry, because it's a basic need that everybody has and that they should have access to.

**Kit Heintzman** 1:08:58

I'd love to hear anything you could share about spirituality in the pandemic.

**Altagracia Perez-Bullard** 1:09:03

I think like many times, moments of deep crisis anxiety fear I guess brings it makes you go to the roots like it makes you go to the things that are most important, most valuable. So I experienced like there was a bit of a serious tick in people caring, caring for their spirituality, whatever that looks like for them over. I guess if people would talk about it as their well being they don't believe like in spirit because spirituality kind of presume spirit and some people don't ascribe to that, so but I think that sense of practices that promoted well being and If I would talk about a spiritual well being, I think there was a rise. I mean, I don't know, personally, there was definitely a rise. I think my prayer life, my prayer life greatly improved the pandemic. And those practices, I think some of it was that the world slowed down for a good chunk of time. And that meant that I could. Like, I didn't feel like I was competing for time for my basic spiritual practices my journaling, my prayer, my meditation, I find walking in nature, very spiritual. And I was able to do that. And I feel like I heard that from a lot of people. And I feel like the number of podcasts about health and spirituality and happiness and meditation. And I feel like that was also an indication of like people really recognizing how caught up, we were on a lot of things that in the end, were kind of superficial. And so the desire to to get to the things that were most important, like practices like having meals with friends and family, sharing time and deep conversation, all of which I think are things that nourish the soul might feel like that was a serious uptick. I feel like because of the pandemic, and I think it's because a lot of a lot of busyness, and a lot of superficial things like important things were brought to the center. Because of because we were in a crisis. I'm going to open this line a little bit.

**Kit Heintzman** 1:11:53

What does the word safety mean to you?

**Altagracia Perez-Bullard** 1:11:55

I guess to be kept from harm. It is to be kept from harm. I think that's what I would think of as being what safety means. It's a hard word for me, because I feel like safety is something that in our society, only some people have the privilege. So it's a little it's one of those words, like not even, you know, like, as a mother, I want to keep my children safe. And yeah, there's always accidents, you can't protect from accidents. But there's other harms that I feel were ever present in our neighborhoods and in the neighborhoods where I worked and served and lived that I couldn't protect them from that. And that they were especially prone to because of the color of the skin. So I think it's to be to prevent harm, and to keep safe, or I guess you don't want to use the word itself to to keep away from harm. But it's something that I know that it's not something that can be assumed to be as accessible to everybody as to everybody else.

**Kit Heintzman** 1:13:51

There was such a narrow biomedical focus on safety during the pandemic. I'm wondering under that teeny tiny framework, what are some of the things that you were doing to keep yourself feeling safer?

**Altagracia Perez-Bullard** 1:14:08

Um, yeah, like in that in that category, I think I did very, you know, I still wear a mask. So I was wearing a mask using hand sanitizer, keeping a distance from people because of my own health concerns, I continue to practice those safety measures I'm not as cautious but I still don't I still don't go I didn't go into crowds you know, it's a crowded spaces. So it's a practice that pretty much so yeah, I think it was mostly barrier methods, like distance and barrier methods or you know, mask somebody did give me a face shield. And because I had to teach I never had to use it. But yeah, so kind of like asking, I never use gloves. So masking, hand washing, keeping my hands out of my face. keeping my distance from people now I don't know why it's not as much distance but to still keep the distance from people. And, you know, got the vaccine as soon as I can. I got all the posters got a booster on Friday to get the latest booster on Friday along with the flu shot, you know. So vaccination for prevention and safety, safety from ending up in a hospital primarily, I guess what I'm doing these days. So yeah, that's what it looks like, and insisting on everybody around me doing the same thing.

**Kit Heintzman** 1:15:56

Has your relationship to touch changed?

**Altagracia Perez-Bullard** 1:15:58

It it has, it's weird. I I wasn't I don't know what I was thinking. Honestly, I'm still trying to unpack that. But I hugged to people last week. And it was it was extemporaneous. That one I was surprised to see. And one I, she had gone through something really hard. And I just felt really exuberant upon seeing her too many people. Um, so I find that I'm very, not only because it's not even touch, it's proximity. So I feel a lot of anxiety at the proximity of people. And which then means that I was never a big hugger. But it does mean that I'm very conscious and very aware, when I have spoken to a student, the day we were outside, walking was fine. And I reached out and touch him. And I'm just super aware whenever I touch anybody.

**Altagracia Perez-Bullard** 1:17:15

Which is, which is scary, though. Because I feel like it's an important thing for people like for their wellness, for their well being to be touched and as appropriate embrace and but I Yeah, it's even getting close to people, I get kind of a little claustrophobic when people get too close to me. I mean, I remember the first time I think I think we were getting, we're getting tested here. It was big like first. Like first every like at the beginning of the semester, everybody was getting tested, not the [inaudible] because they're 21, fall of 20 Fall of 20. And I didn't know how to act. Like I like I could feel that I was awkward with my body. I didn't know how to be with people. I didn't know how to talk to people. And I realized, oh my gosh, it's gonna take me a while to figure out how to act in social settings. Because I mean, there's always some awkwardness. But I was really awkward. I felt really weird because my boss was talking to me. And I was like, it took me a while to respond. When I finally responded and was a little bit it was like, Oh, my God. And I figured at the end of October because I thought he must know that everybody's just been a little awkward. But I felt really bad because I just did not respond appropriately. So it's important I don't know when were gonna get to touch again, you know, general terms.

**Kit Heintzman** 1:19:08

You've mentioned getting vaccinated, how did you come to that decision? And then when you did, how accessible was it to you?

**Altagracia Perez-Bullard** 1:19:17

I had when we first talked about vaccines, I had assumed that I was not going to get vaccinated not right away that I was going to wait a little bit how it went. But by the time and I think I had concerns about the process or the development of the vaccine and things but then by the time vaccines were made available. I felt like I knew enough about its formulation to feel confident and it was so it was really easy in Alexandria was really easy. I mean in our house you just kind of called and made an appointment and just showed up, and they had them in, in big spaces. So they were doing like, really for lots of people. And I don't know if it was just the days I went or whatever, but like, it wasn't like my first vaccine and my wife's perspective thing was kind of like, there weren't a lot of people there. By the second one, there was more of a lot in and stuff. So I don't know, maybe a particular day we got it or whatever. So it was pretty accessible. I mean, I felt like it was easy to get, I mean, it was where I was, it was easy to get. And I think it's in part because Alexandria is a more manageable city. You know, it's not my kids were in New York City, they were struggling to get their vaccine and actually one, two, three, four of the because we have a child that's not really ours, but we call her ours, one of our child's best friends. So three of the five came to here it to get it, they came, they got it in Virginia, even though one I mean, they were kind of in process of moving, but two of them got it during the like holiday. When they came to the holiday, we signed them up and got it because they were living in New York, and it was really hard for them to get in like they were calling a calling and couldn't get an appointment. So when they came for the holiday, they got it in Virginia, they ended up living in Virginia, so worked out. Yeah.

**Kit Heintzman** 1:21:43

How are you feeling about the immediate future?

**Altagracia Perez-Bullard** 1:21:50

I'm hopeful. I know it's like it's a mixed bag. So I'm kind of hopeful that we especially around COVID-19, that we are kind of making our way to a better place slowly. I still have a lot of anxiety about getting infected. Because I all the people with me with the we're not going to get infected. A lot of them have gotten infected. One of a small group of people that has never gotten infected. [inaudible] It's funny, because like very immediately child concerns and I'm doing I'm part of a wedding. I'm marrying some people this weekend, I'm worried about the wedding. I'm going for the first time in three years in American Academy of Religion. I'm a little worried. So because everybody I hear that goes to big things come back. Positive. So, so I you know, like in a very immediate future, I have a lot of concern. But my hope of like, I don't know, this time next year, I'm hoping that things will be in a better place than they are now. Some hope, guarded hope, I guess is what you would call this.

**Kit Heintzman** 1:23:29

What are some of your hopes for a longer term future?

**Altagracia Perez-Bullard** 1:23:35

Oh, I'm hoping that a lot of the awareness that has grown and the activism that has been front and center in a particular way will mean that people will be dealing with some of these inequalities, a lot better, that will do something and when I feel like there's been small steps to making healthcare more accessible, making medication more accessible. And at this point, we just got to take every tiny step that we can and celebrate it. I'm hoping that

some of you know that, that seeing how many holes that were in our healthcare system that some of that will get shored up and that and that. I'm hopeful that like in the church, there's been an incredible amount of conversation around issues of race and oppression and injustice and inequality. And hopeful it's a whole nother level and it has been in the past. And I'm hopeful that that will lead to some some real engagement with the street archers that perpetuate the injustice and oppression in a new way for people, there's always the people that are very aware and concerned and working on those issues. But I feel like now there's a whole set of people that were kind of middle of the road, you know, it's not that bad, you know, kind of people that have now a new awareness of how structural this is. Systemic, and therefore, just automatically perpetuated it is that have joined the ranks of like, working to dismantle those structures that are dealing in our society. And I'm hopeful, I'm hopeful about that continuing. A long time to build, it'll take a long time to dismantle but I'm excited and hopeful about a lot of my students and how serious they're taking in and you know, there's always the few students that are like, if we just go back to the way things should have been, which, of course, would not bode well for me. But like most students, even students that identify themselves as very moderate, have a new understanding, a new level of understanding of like, what we're up against, that we want to just society, what it is that we're up against. And I think that's only got to be good, right? Because some of these, some of them are from more places of affluence and have access to people or decision makers. And hopefully, we'll invite people to be thoughtful and reflective about the ways that they're participating in systems and structures and ways of organizing our lives, you know, the body politic, like how you need to change that in order for it to serve. Everyone. I'm hopeful, I'm more hopeful than I am with this guarded hopeful thing I got going on for the next couple of months.

**Kit Heintzman** 1:27:11

When you've needed support, who's been supportive of you?

**Altagracia Perez-Bullard** 1:27:17

I feel like my family has been very supportive, I feel like friends have been very supportive, reconnecting with friends in a very intentional way. It's been important and that's mattered a lot. I think it's, I feel like in some ways, my, my institution where I work has been supportive. Didn't know I think they they felt decently what the whole process and we're mindful of where different people were at. And it been patient as people come back and readjust a new reality. I've had a lot of support. I think personally.

**Kit Heintzman** 1:28:04

What are some of the things that you do to take care of yourself?

**Altagracia Perez-Bullard** 1:28:07

Well, I've been keeping up those walks. I, I'm, you know, I'm continuing to do kind of over the COVID precautions, I still wear a mask in most places. Especially when I'm going to bump into people that I don't anticipate. So once everybody's sitting down and settled, and we're all at a certain distance I'll take off. And I did, I did start seeing a therapist again, which I had been thinking about doing for a while because I've had a lot of transitions. But you know, like, during my most stretched out times, during covid, I really probably should have somebody I can talk to you about these things. And that's, that's been an important part of my take care of myself, trying to be mindful of my diet, you know, which is something I've been working on kind of long term, given all the options we have out here available, readily available for ongoing and ongoing projects. Yeah, I think continuing my spiritual practices and recognizing how circuits in my advocacy support group and we connected with your own moved and come apart and we reconnected during COVID. You know, we were just talking today

about that I need it's not optional, like my, my exercise activities, and my prayer meditation activities are not like the days that I give them short shrift, because I'm worrying about a lot of other things that work. Are days that don't go as well. So they really kind of went, they gone to a higher level of priority. So, I've been able to maintain like two to three days of exercise, always to two to three days of exercise per week, for a while, and most weeks, it's 5-5-6 days of exercise. So I don't like in terms of, at the very least going for a walk in addition to whatever else I might do. Try to stay hydrated. So, you know, I think all the things that are recommended eating more vegetables, eating less processed.

**Kit Heintzman** 1:30:44

And coming to the end of my questions, and I'm wondering, do you think of COVID-19 in this pandemic as a historic event?

**Altagracia Perez-Bullard** 1:30:51

Oh, my gosh, yes. It's a watershed for us, I think, I think too often help pandemics, we experience them, it's being somewhere else. Or we think of them as things that happen to people in less developed countries, and because they don't have the kind of health care we have and everything. So I feel like this has been a serious wake up call. And for us a historic moment. In a way that's even, I mean, I think it affected the world over. So I think that makes it historic. But I think especially for us who I think we're living with a sense of a certain kind of immunity that we obviously did not have, I'm sure, yeah.

**Kit Heintzman** 1:31:38

What do you think scholars in the social sciences and humanities should be doing right now so that we can better understand the human side of COVID-19?

**Altagracia Perez-Bullard** 1:31:48

I think we should be collecting people's story. I think we should pay attention to like, what does this pandemic teach us about the way that we live? As societies, human societies? And what does it mean? Like how then does our particular field, what new questions does it raise? Or what old questions does it put back front and center? So as somebody who teaches about pastoral care and teaches about community, right? What are the questions that got put back front and center for me in my field? What are the and I think that that's the same question for everybody. Like, for the public health system for hospital system, for pharmaceutical companies, I'm not sure that they're interested in so many question. Folks in the social sciences, you know, because so much of it was, I think we tend to, we're kind of individualistic in our focus. And so, this has given us more than enough material to research study as questions explore on an individual and a communal level. I think that there's a lot of communal questions we don't always ask. I guess the sociologists do. Some psychologists do. some apologists do but I feel like there's there's a way that often like in psychology, there's an emphasis too much on the individual. And I feel like one of the things that we've learned is that there are things that we're experiencing as communities, as communities, as neighborhoods as societies that have a serious impact, not just in terms of global economics, but in terms of health and wellness, and, and policy, politics and policy. And that exploring those questions, and what are the most, like, what are the practices that are necessary in each of those areas to promote human wellbeing? And I don't know that that's always the question we're asking.

**Kit Heintzman** 1:34:22

I'd like you to imagine speaking to a historian in the future someone far enough away that they have no lived experience of this moment. What would you tell them cannot be forgotten about right now?

**Altagracia Perez-Bullard** 1:34:41

That we live through an unintentional social experiment that highlighted how interconnected we are, and that that human web is essential to, to care for the value to study. And that in order for us to do that, well, we have to be willing to look at questions and situations from multiple perspectives. And in an interdisciplinary way, I feel like that really how we did or did not do that became very clear in the ways that we have lived with this pandemic, and I feel like that's a lesson that we should not forget.

**Kit Heintzman** 1:35:57

Want to thank you so, so much for the generosity of your time, and the kindness and thoughtfulness in your answers. Those are all of the questions I know how to ask at this moment, but I'm wondering if there's anything you'd like to share that my questions haven't made room fo. Please take some space and share it.

**Altagracia Perez-Bullard** 1:36:21

Well, thank you, I guess I want to thank you for including me in the conversation. I think the project is a great idea. I'm glad it's happening. I don't think so. I think you were pretty thorough. And God bless you. I put it somewhere where you can turn it off.

**Kit Heintzman** 1:36:43

I'm gonna keep it I'm gonna keep it.

**Altagracia Perez-Bullard** 1:36:47

Yeah, no, thank you. I think it was good. It was pretty thorough.