

Sage Gustafson

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SPEAKERS

Hannah Soyer, Sage Gustafson

Hannah Soyer 00:00

Today is November 29 2020. My name is Hannah Soyer. I am going to be interviewing Sage Gustafson for the COVID Disability Archive. These oral histories are being recorded as a way to document the lived experiences of disabled, chronically ill, and neurodivergent individuals during the COVID 19 pandemic across the world. Okay, so hi, Sage. Thanks for joining me.

Sage Gustafson 00:31

Happy to be here.

Hannah Soyer 00:33

So if you want, yes, thank you if you want to just start by telling me your name, age, pronouns and where you live.

Sage Gustafson 00:42

Yeah, so my name is Sage Gustafson. I am 26 years old, I will be turning 27 In less than a month. My pronouns are she/her and I live in Durham, North Carolina.

Hannah Soyer 00:59

Thank you and now if you could just tell me how you identify. So that could be disabled, chronically ill, neurodivergent etc. And if you also have other any have any other identity identifier information that you want to include you can as well.

Sage Gustafson 01:20

Yeah. So I am, I'm a white woman, I identify as I identify with the disabled community, although I feel like my disability has mostly ended because I'm in remission. I have. I am self diagnosed with myalgic encephalomyelitis, which is a chronic fatigue syndrome. Another name for chronic fatigue syndrome, I was post-viral. And I am also a queer woman. I am bisexual and aromantic.

Hannah Soyer 01:58

Thank you. And so we'll just go ahead and get into the yeah, the meatier questions of the interview. So when did you first learn about the pandemic? And what was your experience with learning about it? So for example, if you have like a specific memory of where you were, what you were doing that sort of thing?

Sage Gustafson 02:23

Yeah. The first time I, the first time I remember hearing about the about the pandemic, I listen to a number of daily news podcasts, and BBC had been talking about the pandemic since kind of late December. And so I remember learning about it in late December and being like, Oh, this could be really an interesting thing to study because I was about to start my final semester of my master's program in bioethics and science policy at the time. So I really, it started out as a very academic interest to me. And I was like, Oh, I'll be able to do some projects on this probably because, you know, global, you know, I didn't think it was going to be a global pandemic at that point. But, you know, any sort of public health, novel public health, infectious disease thing that arises ethical concerns, and I was really interested in those sorts of things. And I actually sort of structured my course schedule around it for the next year, because I took a course on international intellectual property and access to medicine. And it was really interesting to to watch the pandemic evolve over the year through that course. And then I have a specific, so that was sort of the first introduction I had to it. And I was like, this will probably be kind of a big deal. But like, I didn't expect it to influence day to day life in the US because it felt very far away. And so, so when I I also do a lot of social dancing, it's a huge part of why I love living in Durham, North Carolina. And I remember, there were a number of times where I was at a social dance. And I was like, the pandemic is still getting bigger. There's more cases. And this was like in mid January, maybe. And I was like, I want to do as much dancing as I can right now. Because I think that there's going to be a period of several months where we won't be able to be dancing. And so I was, I remember specifically like maybe the very end of January or the beginning of February, I was like texting my friends and texting anyone who I knew who might want to, you know, you might want to stock up on things. I have a lot of family in the Pacific Northwest in Seattle. And so I was telling people, you know, maybe it's time to start stocking up on things and everyone felt like my concern was overblown and I was like, Okay, so I'm both studying this academically but also, you know, I've kind of a health concern, but it wasn't really something that I was really worried about for my own personal health at that point I was just like, this is a very academic policy concern for me at that point. So that was sort of how it how it started. Yeah, yeah. You want me to keep going along that along that thread? I can just keep going through the timeline.

Hannah Soyer 05:17

Yeah, that was really my next question is like, how has that changed? And specifically you said, you know, at that point, it wasn't really like a concern for your own personal health. Did that change at all? And how, how did that happen?

Sage Gustafson 05:35

Yeah. Um, so I, it was. So if we remember the timeline of the pandemic, the first couple cases that were confirmed in, and the first deaths that happened in Seattle, Washington, were in the, the end of February, and those deaths actually happened. So my spring break I had, I didn't have any coursework on Thursdays or Fridays. And so we flew out to Seattle, my partner and I flew out to Seattle, kind of the

day before the first death happened. And we were visiting his family in Seattle, and we were visiting my family and friends in Seattle. And then we drove down to my family in Oregon. And we were like, telling people like, you know, you probably want to be stocking up on things. And at that point, I was like, this is kind of concerning. And I'm not really sure if we should be flying, but we had already flown out there. And I was like, I at that point, didn't realize kind of the abdication of the federal government on testing. And so, we flew out, and everything was fine, but it was pretty quiet in Seattle. And we decided we were just going to only see family on that trip back, we weren't going to go out and see lots of other people. And then, the day that we were, or the, like three days before we were supposed to fly home, I'm sorry, I'm getting. I can't do that. Okay. Like three days before we were supposed to fly home, was when we started questioning whether or not we should fly. Because that was like when that was the day before, like, all the college basketball finals had been canceled and all of these other things. And then we were like, Okay, we're not going to fly home. And we were really glad we decided that because the day we were supposed to fly home was also the day that all of the international airports were scheduled to close or the day before that. And so everyone was packed in the airports during that time. And at that point, it definitely became a personal health concern. Although at that point, I still didn't really know my, at that point, I hadn't yet self diagnosed as having MECFS, I still thought that I had sort of a, amorphous, post viral chronic pain, chronic fatigue like syndrome. And so it's been it's, it was a really interesting journey of like, I don't know if I'm at risk, but I think I'm at risk. And I know that I get really bad pain and fatigue every time I get sick. So I just don't want to get sick for that reason.

Hannah Soyer 08:12

So I guess as the pandemic has continued to happen, and you know, sort of occur in waves, we think it is maybe getting better, and then it gets worse. How have you, like has your experience with that changed? And specifically, I guess what have been some of the emotions that you have had surrounding all of this.

Sage Gustafson 08:41

There's a lot so it's, um, you know, I'm trying to figure out the best way to kind of structure that. I think so, so when we decided, when my partner and I decided not to not to fly home, we knew that at some point then we were going to rent a car and drive home and we're extremely fortunate in that we can afford to do that. And so we what we actually ended up doing was I stayed in Oregon, did my masters defense virtually, and then immediately we took off the next day and drove for five days to drive across the country in a rented car and we just stayed in national parks and slept in friends driveways across the country, but we just had really no contact and then we quarantined for two weeks very strictly when we got back. And during that period and that was really in March and April where I felt like March and early April where I felt like people were, there was a lot of collective action happening. And it was really, it was like one of those feel good stories where it like, I know the phrase is inspiration porn, where where nobody should, you know, I really appreciated what people were doing. And people were making great sacrifices. And still, I felt kind of a sense of abandonment from from federal policy responses. But I wasn't really as keyed into the policy responses at that point, because I was finishing my degree and figuring out, you know, just like how to live in this weird new space and like applying for jobs. So it was, it was very strange. And then over the course of the summer, I actually, I got, I was extremely fortunate to get hired in a medical ethics department where I work on investigational drugs. And so I've become exceedingly more keyed into the specific ways in which the federal government is failing us, failing us

as people, and expecting people to do all sorts of collective action where they're unsupported, but also failing us as disabled communities, in particular. And I would say that, probably over the last six months, my primary emotional characterization of this experience has been just rage.

Hannah Soyer 11:10

So a question that I think is this is more, this is really just specific to interviewing you. And you touched upon this with your, your job, and how then since then you have been keyed into more of the policy and the governmental aspect of this. So in what ways did your studies and then now your job, how has that impacted how you have understood the pandemic?

Sage Gustafson 11:52

It has, in some ways it is the primary lens through which I look at the pandemic, because I spend so much of my day just trying to catch up with everything that's going on. In my, in my line of work, we don't have any projects that are looking specifically at the effect on on racial minorities. And so that's been something that has been my own my own project outside of this. I've been really, I mean, racial justice has always been a cause that's very important to me. And so I'm, I have spent a lot of time outside of work doing that kind of knowledge. But really, it is the, the lens through which I look at this is the fact that this is preventable. This is a policy choice. And I am, I think we are just asking people to do so much and giving them so little. And it's unsustainable. And it's really, in my mind, kind of unforgivable, but like there's no- the sacrifices that people are making and having to choose. In this situation where people don't have the expertise to choose, they don't have the financial stability to choose, they don't have any of the things that we talk about when we talk about protecting people's autonomy and choice in a medical ethics setting or in any setting. Like if you want to protect someone, you have to set up guardrails around, create a situation in which they can make a choice. And we are not making that possible. And so people that are getting fatigued, I don't think that I will be, I don't think that it is possible for people who have gone through this kind of institutionalized trauma to continue to sacrifice over and over for the promise of really not much. And that has been my my primary lens. And so when I do this work through, I will look at investigational medicines and basically how you can get access to drugs outside of clinical trials before they're approved by the FDA. So basically, the way most people outside of a clinical trial have gotten access to remdesivir, or the way that Donald Trump got access to the monoclonal antibodies, that's that is the regulatory pathway that I study. And it just encapsulates everything because we are doing away with societal good for individual benefit. And so that can be in the realm of, you know, small business protection; that can be in the realm of data collection in research; that can be in the realm of, you know, letting people, keeping schools open and closing closing bars; that can be in this concept of like, how we, how we prioritize like where money goes for, for research; that can be in the realm of cancer research, because, you know, cancer enrollment in trials has gone down. by like, 70% this year because people in cancer trials are immunocompromised, and they can't be in hospitals, and everyone in hospital is redeployed to deal with COVID. And it's and so that's kind of been the, the, the characterization of my experience has been kind of rage at that and then also my own frustration, because I do think that I am at risk of having a really, really bad relapse, if I do contract COVID.

Hannah Soyer 15:34

Yeah, so, um, do you I guess, what do you feel is the balance between, like, the responsibility of the government and policy towards, you know, preventing this, which they failed to do, and then dealing with it and responding to it in a healthy, not in a healthy way, in a successful way, versus the responsibility of individuals to like to pick up the slack. Right. Yeah, exactly.

Sage Gustafson 16:19

Um, this is something that I sort of struggle with, because I do think that people have individual moral agency. I think that's kind of a central tenant to, to understanding respect for people. But I think that, I mean, right now, the balances obviously put so much pressure on individuals because of this lack of federal coordinated federal and state response. But, but I do think that there is a balance, it's sort of the same way that I feel about climate change, where I think that people need to take some individual responsibilities and thinking about thinking about the ways they can make their own actions. The thing is the thing, I think the thing that's the most salient to this is giving people moral agency, still does not absolve the systems that create harm in the first place. And so, so the, you know, I think that it's important that people have moral agency, and that people feel like they're doing something for a cause, because that is a really meaningful part of a social human experience. But I don't think that on its own will ever solve the problem. And so it's the sort of moral sort of like the individual heroism that we find so sexy in this, like, we just find it to be a beautiful, wonderful part of, like, American life in particular. And I just think that we need to be viewing this in a much more pluralistic societal view.

Hannah Soyer 18:16

Absolutely. Absolutely. Okay, so how has your disability impacted how you have dealt with a pandemic? And I guess sort of related to that, what has your experience been as a disabled person throughout the pandemic?

Sage Gustafson 18:39

I'm actually going to go a little bit into a different question for that one, because, for me, it was really, the pandemic has helped me learn about my disability. So in I think, in May, maybe May or June, Ed Young, who's a science reporter at The Atlantic, started writing about Long COVID, COVID Long Haulers, people who had COVID for a long time, and I was reading that and I was like, that is really familiar. Like that is that is the experience that I had. So when I I'm gonna go back and just describe my experience a short bit. I had an Epstein Barr Virus, so like mononucleosis, and then had two years of debilitating fatigue and pain and it ended my professional music career. It, I went from being a very athletic, active person who played flute for six hours every day to someone who couldn't hold a toothbrush to brush my teeth. And it and the kind of cognitive effects of that were really devastating on my identity. It was just, it was just a really, really devastating experience. And I had never understood what had happened, because I just couldn't find any answer like nothing I read online of like chronic fatigue syndrome could tie to what I had felt like this, particularly the cognitive effects. And so when I started reading about COVID, Long Haulers, I was like, Oh, they kept coming back to this MECFS kind of diagnosis. And I started reading about that, and I have, I mean, it characterizes my experience, almost exactly, and it's helped me kind of identify the remaining symptoms that I have. And it's helped me manage my own symptoms significantly, because I've started to learn, like, you know, what, what my boundaries are, and how much I can extend myself to manage my fairly mild symptoms at this point. Which is why I hesitate to say like, I don't necessarily feel like I'm a disabled, I, I don't want to

falsely claim a disabled identity. Because at this point, I'm, I'm very, very mildly affected. But the, the interest, like reading about Long COVID made me both much more aware of the risk that I have, because of looking at the the numbers of people who have this long term effect. And also, it made me kind of it was just a revelation in terms of like, a part of my identity had really changed. So that was the, the intersection of those was really interesting and changed how I thought about it. But it also has been, it has made me more and more grateful, especially seeing the rampant ableism that I see kind of online all the time. It has made me grateful for my partner and my partner's brother who lives in the same apartment complex as we do. So we're in a small bubble of three of us and I am so grateful for their continued care during this time when it feels like everyone's getting fatigued now. It's I'm fortunate because Kyle's brother is a public health researcher and so he is very keyed in on what's going on and my partner's is very attentive to what I need and so that's been I feel really fortunate with that but it has been really just exhausting and frustrating and disheartening to watch people kind of disregard this experience of someone who looks and appears to be very healthy as someone who is at very, very high risk of huge harm if I catch if I get the disease.

Hannah Soyer 22:55

Yeah, that makes a lot of sense. Um, so um Okay, so what have your relationships with people been like throughout this and have your relationships with people changed?

Sage Gustafson 23:15

I mean, relationships always change, you know, relationships always go through kind of moving, you know, they're, they're always moving, they're always shifting. I feel just, again, I just feel so fortunate with with my my family who they are willing to not. I mean, like my family wanted to travel with come see us but then we decided like it wasn't in the best interest of everyone's health. And I feel really grateful that I don't have to be the one that says no, we can't do the thing. However, in other situations, like with friends, I have been that person. I have taken note of all of the people who I thought were my friends, in the in the dance community, who have been just been like, having, you know, small social dance parties. And I understand it because I miss I miss dance so much. But you just you just can't do it. And I am aware of those people just because I think that I'm less trusting of people. I know that the other thing is like, I've never really been super comfortable in crowds. I get sort of claustrophobic in crowds. But I now like I can't be out. I have stress dreams all the time of like being in a crowd of people and like I'm the only one wearing a mask and no one's wearing a mask. Or like being in a grocery store and realizing that I forgot my mask and there's people close to me. And so definitely like my my relationships with like society and people at large have has definitely changed because I like just thinking about being near other people just like makes me super tense and anxious. But I would say that for the most part, I think I think the only other one that comes to mind is my, my grandpa is a Trump voter and a Trump supporter. And he is also we have always been really close. And he is. It's really hard for me, because I can't decide if it is just like, like, he knows that I'm an expert in health policy, and particularly in the stuff that's relevant to COVID. And he and I talk about it a lot. And I, I it is really, really hard for me to maintain a close relationship with him when I feel like he is voting against ever really, he's voting against my self interest. He's in his 80s. So he's voting against his self interest. He's voting against what I think of as, like, human decency generally. And I, it's been weird, it's been very difficult because I have, I have convinced a number of conservative family members to, to vote not

for Trump. And he's one that I haven't been able to convince. And it is. It's really been a strain on my relationship with him. Just yeah, yeah. Yeah, it's, that's been hard.

Hannah Soyer 26:54

So, um, I guess, if you've had to distance yourself from people, which it sounds like you have, but I don't want to, you know, like put words in your mouth either. So if you've had to distance yourself from people. And I mean, that not in like, not like physically distance yourself, but like, emotionally, friendship wise, relationship wise. If you have to distance yourself from people because you haven't felt comfortable with, like their choices or how they're going about this, how has this gone? And I guess, if you could speak a bit towards the decision making that went into that.

Sage Gustafson 27:43

Yeah, well, that, so that reminds me of my, my dad got engaged this year to his now fiancé. And they were going to have they were going to get married in Arizona, like in the middle of like the beginning of October, which was like, when Arizona's cases were the first time Arizona was cases really peaked was in early October. And he offered to like, fly me out and stay in, you know, stay in a hotel. And that was really hard, because I was like, I'm not flying right now, I would like to be there with you. I would like to be a part of this event. He's a veterinarian, he is a scientist, he knows better. This is just him being blind to the reality of the harm to me, the harm to a lot of people and just the situation generally. And he did end up actually postponing the wedding. So that's, that was good. But it really felt like like there was a two week period where the wedding was going to happen. And I wasn't going to be there and my sister wasn't going to be there. That was a that that decision making process. Like he asked me if I wanted to go out and I just said, I can't I don't know. I don't know why you're asking me this. And so there wasn't really much of a decision, because it was just like, I'm not going. I and I don't really know what his decision was as to like, why to postpone it. I would imagine that has something to do with people couldn't be there. But really it was and that's that's not quite the same thing because it wasn't necessarily emotionally distancing. But it did feel like a betrayal for him to even say he was going to have an event with multiple people there flying from multiple different states. That's, you know, that was, that was also really, really hard and frustrating.

Hannah Soyer 30:15

Yeah, that that seems to be a very, sadly a common experience of individuals that I've been talking to. Or yeah, talking to, both casually as my friends in the disability community, and then also people I've been interviewing for this project. Yeah, yeah. So sort of related to that question about relationships with people. Do you feel like your relationships with different institutions, such as healthcare, the government, or the media has changed during this time, and if so, how?

Sage Gustafson 30:56

Um, I think that over the course of this year, so a number of different things have led to so I've always been, since I, since I first started experiencing my my chronic pain, I have had a fairly interesting relationship with health care. Because I, my parents, were both veterinarians, I grew up in a, you know, in a in a culture of medicine. And so people I knew lots of doctors I knew lots of and so I generally thought, well of medicine, and then I spent two years just going through the wringer and not getting a diagnosis and getting dismissed and getting ineffective pain management. And still, during that time,

recognizing like, I can advocate for myself, I know the language of medicine. So I know how to do these things, I am insured, I have all of these different benefits. And so my, my relationship with the healthcare system hasn't actually changed that much because I've been, and then I went on to get a master's degree in healthcare ethics, basically, to look at health care systems. So that hasn't really changed. I've just been reaffirmed in I think the the institutions of health care are failing health care providers. And also health care providers are, you know, it's complicated. Health care providers need more kind of institutional support on ethical guidelines, but then they also need to be. They, they, it's really important that they listen to their patients. And so that's been reaffirmed all the time when I see like the rampant racism in the way that healthcare providers are responding to black and brown patients with COVID versus white patients with COVID. But at the same time, like my heart breaks for all of the health care workers who are working within inadequate protection, and so my relationship with them hasn't really changed that much. I have become significantly more skeptical of government. This has been something that has been happening over the last four years. And that's not, you know, as I've been seeing, like, the response to Black Lives Matter over the last five or six years, and the the, the instability of our institutions in the face of someone who just doesn't follow norms. That's all been part of this process, but it has definitely accelerated. I think that I am generally angrier about government at this point, because I do, you know, just the more you know, the more you know about how things could be better, the more difficult it is to see government choices that just don't do anything like where we are right now is a policy choice. And it is really hard to see that and still have faith in a government institution. I still do think that kind of the, the best way for change to go forward is through a government institution. But I think that it's like, I'm going to need an apology. A bunch of people are going to need an apology and I'm not going to need that. You know, for me, like I've done pretty well. I've been okay. I'm going to need to see for people who have done well in this in in this time. Yeah.

Hannah Soyer 34:44

Yeah, absolutely. Um, okay, so. So, okay, where do you currently live slash who do you currently live with and then I guess basically how has your living situation being impacted by the pandemic,

Irina Yakubovskaya 35:05

I am just so exceedingly fortunate I live in a lovely apartment with my partner. And we haven't had really any financial duress because I've been able to get a job and he has a very stable job. So my living situation is just, I feel so fortunate for that, it hasn't really changed. But it is very strange to be, you know, like we would I get tired of being inside all the time. You know, I get tired of being isolated all the time. But again, of all of the things to be bothered by, like, that's just so far down.

Hannah Soyer 35:52

Okay, so what has been the hardest thing about living during this pandemic? There can be more than one answer.

Sage Gustafson 36:04

It's dealing, dealing with the constant rage about the betrayal of our government systems has been really hard. That's like the number one thing like I would like, and knowing what needs to be changed, and knowing that I can't really change it. And knowing that so many, so many disabled people know what needs to be changed. Because we live this all the time. And, you know, I'm sure that I'm not the

most expert person out there, but we just the betrayal of, of disabled people in particular black and brown, disabled people, during this time, has just been really, really difficult. I think the other, it's really hard for me not seeing my family, I haven't seen them, you know, in eight months. But like, I'm fortunate because I can see them on Zoom, and I can see them on phone calls. And like it sucks, but it's just the way it has to be. I think the other thing is just the the constant fear weighs on me, and especially when I have a disease that's mediated by, you know, general inflammation, and anxiety causes inflammation, like, it's really hard to be to trust my body, because I get anxious, and then I start to have a flare up of something. And then I'm like, am I getting sick, and then I want to immediately, you know, get tested, even though I know that I'm taking every single precaution that I can possibly take. And so I have already, I mean, since since I got sick, I have not really had a very good trusting relationship with my body, because it's been sending me all sorts of different signals all the time, some of which mean things and some of which don't. And so now it's even, that's heightened. I think the other thing that's been been really difficult is just the general uncertainty. I have a job. I'm working remotely right now, I don't know when I'll need to move. But eventually I will be moving to New York City. I don't really want to move in the middle of a pandemic. I don't think that there's any. I am worried about the vaccine because I always get a flare up after I get the flu shot, I always get the flu shot. But since I've been reading about this, like vaccines can cause an outsized immune response in people with MECFS. And this causes a pretty significant immune response this vaccine, as is what I've seen, but I don't want to not get the vaccine and then get sick. And it's just I am it's the uncertainty of not knowing what the next 2, 3, 6, 12 months will look like.

Hannah Soyer 39:12

So have there been any silver linings to any of this

Sage Gustafson 39:23

I well, so my partner moved in with me, like just like a month before we all like went into lockdown. He moved in at the beginning of February. And it's been really nice to like, we spend a lot of time together and it's been really nice to develop our relationship unintentionally in just locked isolation with each other. That was never part of the plan. But it's gone really well. I so that's that's been a silver lining. And again, it feels really difficult for, for me, like the, the fortune for me feels like it always is due to some privilege that I have, because I have all of these, you know, I'm in such a fortunate position. And so you know, working from home is kind of nice. But like the cost is just not even not even worth it in disabled communities and particularly in black and brown communities and indigenous communities.

Hannah Soyer 40:42

Yeah, absolutely. Um, and so, yeah, I mean, those are basically all the questions I have. But we can certainly return to anything that you want to expand on, or go in any direction you want.

Sage Gustafson 41:03

I think I, I think that it would be I think that the other thing that has been really hard that I didn't necessarily mention, and this is not necessarily related to identity as someone within the disabled community, but as my identity as a musician. It is really hard to watch this year go by, and I know, like, I've spent time in public music teacher music classrooms, I've been a private music educator, I've been a collegiate music educator, I've been a professional musician not in any sort of large capacity, but just

as like a classical musician. And I, I feel like it's going to be, I don't feel like I've really mourned and really reckoned with the mourning that will happen. But I think that this is going to be I think that classical music and not just not just classical music, but like the love of artistry, and collectivism in artistry, is going to really suffer because of this, because this is an entire, you know, probably going to end up being two years of students who just don't play their instrument, or don't have an instrument or don't learn to sing together or don't. And I think there's the kind of value that I see in collective music playing. It just that has been my community has been built entirely around music and dance. And that's such a valuable part of my life. And it I really haven't yet grieved for the people who would have found that community and then just won't.

Hannah Soyer 43:00

Yeah, it's almost like those sort of collective art spaces. There are such huge barriers to that right now. Yeah, yeah. And, yeah, I mean, I think that, you know, like, obviously, we know that those spaces are incredibly important and valuable and so, absolutely not. Yeah.

Sage Gustafson 43:24

And it's also I mean, it's also really, that you say that, like, it's really, it brings home the importance of making those spaces more accessible, because it's, it is such a foundational experience for so many people. And I think that it is a space that could be really accessible, like playing an instrument or singing. There are so many ways to make that accessible. And it's, it's, I think that we, as a musician, and as someone who really kind of identifies with the music education community, I feel like that's a really important thing to, to think about going forward is like, how do we make these spaces more resilient and more more accessible generally? Yeah. Yeah.

Hannah Soyer 44:14

Yeah, absolutely. I think that some people have spoken about, you know, sort of the silver lining of the pandemic of being things are forced to become more accessible in some ways. So yeah, that seems related to that, certainly. Yeah, yeah. Okay, well is there anything else you would like to add?

Sage Gustafson 44:42

I don't think so. I feel like I should have, like, looked at the questions and sort of composed my stories a little bit more.

Hannah Soyer 44:52

No that was really good. Yeah, I'm gonna go ahead and stop. Okay, sounds good. I'll go ahead and stop recording.