

**Good day and welcome to our first ever online Intersections of Gender in conversation event.**

I'm **Susanne Luhmann**, I'm the director of Intersections of Gender, one of five signature areas of teaching and research at the University of Alberta here in Edmonton Canada. Before I introduce my guest today I would like to acknowledge that we are located on Treaty 6 territory, the ancestral lands and traditional gathering place for diverse Indigenous peoples, including the Cree, Blackfoot, Metis and Nakota Sioux, Iroquois, Dene Ojibwa, Salteaux, Anishinaabe and Inuit. Acknowledging territory means to my sense committing to learning about and understanding the responsibilities of treaty, and as well as recognizing nation to nation relationships. Acknowledging territory also means, in my mind, committing to learning about and respecting Indigenous knowledge as and traditions and engaging and research and teaching and governance that will contribute by the acknowledgement of ongoing colonial violence.

08:36 I'm really excited about the opportunity today to chat with Dr. Amy Kayler about the gendered implication of Covid-19. We're currently living in quite extraordinary times under the conditions of the globally unfolding pandemic. And the very much-repeated theme is that we're all in this together. which seems aspirational. That we are all impacted by this current health crisis and that we can only survive and live through this collectively

09:07 And at the same time, of course, we're not all in this in the same way. Indeed, it seems vitally important to bring a gendered and intersectional type of analysis and understanding to how Covid-19 affects us quite differently.

09:22 So to help us grapple with this specifically, a kind of gender analysis of the gendered implications of this, I'm really delighted to have the opportunity today to speak with Dr. Amy Kayler. Dr. Kayler is Professor in the Department of Sociology at the University of Alberta. She is primarily a qualitative researcher, and frequently works with interdisciplinary multinational teams of researchers. Her work has focused on sexual and reproductive health, specifically HIV and AIDS and fertility control in Sub Saharan Africa as well as public health interventions, international development and humanitarian assistance.

Dr. Kayler is specifically interested, as she writes, in the unintended consequences of social change. "What are the unexpected and unanticipated results of the things we do to improve our lives and the world around us?"

And that of course is a burning question, I think, as we are in this particular moment. What are the unintended consequences of what seems like a larger social change that might happen with this -that is not going to be 'over' just a couple of weeks? And how

do we manage? What do we do to kind of live and survive? So I'm really, really happy to talk to you, Amy and to hear what you think.

How are you doing today?

**Dr. Amy Kaler:** I'm doing fine, thanks, Susanne, I really appreciate the opportunity to talk about this and, you know, some of the thoughts that are going around inside my head. It's good to be able to get them outside of my head, and I appreciate that you and the Intersections of Gender group are putting these things together so that we can interact, we can share ideas, even though we're all sitting in a very our own little boxes or maybe we're in boxes with lots of other people depending.

**Susanne Luhmann 11:10:** Right, so, is there anything that has surprised you in your own ways of how we have responded to this? I think by now--we're about three weeks in isolation, I think, in Edmonton. Is there anything that has surprised you about your own ways, or responding to this? Would you be willing to share?

**Amy Kaler 11:36** Well, the urge to make things, as we were talking before the cameras had 'lights action camera', about the joys of figuring out new technologies like zoom. And I've also found that I have this urge to sew masks and scrub bags and make hand sanitizer out of random things and gels and forms of alcohol and so forth. I'm sure an evolutionary biologist would have some explanation for this. We probably don't need to get into at all. But there is this urge to make and to distribute and to do, which I think is a drive to not be passive. Yet we're in a situation where, for those of us that have the ability to just be passive and sit at home, that is in some ways the most useful thing one can do. But that's kind of at odds with this urge to go out and you know, 'do this and work on that and take this action and that action'. So that is kind of an interesting contradiction, I'm experiencing, for sure.

**Susanne Luhmann 12:52** Yeah, I've been feeling quite compelled to grow things. So it's about creating something right in the face of [covid-19] one one feels quite easily paralyzed by, you know, "I'm at home- I do at home". So yes, making things and distributing things like that. I can certainly relate to that.

Do you want to start, perhaps by giving us a bit of a quick overview over the quite uneven distribution of Covid-19 cases that you have been noting in your own, you know, studying the distribution of Covid-19. Can you talk to that a bit?

●

**Amy Kaler 13:28** Sure, sure, what I've observed -- and this is all provisional and could all change tomorrow -- ... what lot of people have observed is that it's hitting people

who are lower income, who were disenfranchised or marginalized in various ways, more than it is hitting those of us who are sort of closer to the center of power in any given society. Although, you know, the Boris Johnson example shows that we're all ... you know, physiologies don't vary all that much.

I know in the US there's a big disproportion in cases upon African American people and Latino Latina Latinex (I am not totally sure how I pronounce that right!), relative to whites. I know a lot of people who remarked on the gender skew with mortality that men seem to die a lot more than women do. My understanding is that -- I'm not entirely sure about this -- in terms of reported cases it's closer to parity. But for whatever reason, men appear to have generally worse outcomes than women do. And there are, you know, there may be biological reasons for this, because this is common with infectious disease that women experience them often less severely than men do.

15:10 There may be socio-cultural reasons and that women are, you know, we know are more likely to actually seek medical help and have lower rates of 'background stuff' like smoking or excessive consumption of alcohol, that really affects how will you know you're able to cope when you get sick with something. So that's interesting. I think because testing is so spotty, and because it has. It's not sort of uniformly rolled out. It'll be a while before we know exactly how skewed the distribution of Covid-19 cases and mortality is. But it's looking like most infectious diseases: if you don't have a lot of money and you're living in crowded conditions, you're much more vulnerable than if you have a big house that you can go into and shut the door.

**Susanne Luhmann** 16:05 I mean, it's interesting to me. You brought up the term vulnerable and sometimes people use the term vulnerable populations. I'd kind of like to push back against that a little bit, right? Because, you know, a friend of mine on Facebook (because of a lot of time on Facebook, some of us right now connect), was pointing out that she really took issue with the term "vulnerable" and "vulnerable populations", right, because it kind of ignores the kind of structural conditions. Rather than being vulnerable, kind of, you know, how people are made vulnerable. And I wonder, in some ways, how you think about that because you mentioned the kind of uneven distribution, particularly the US, as you see the kind of really high numbers of African Americans who seem to be facing the covid-19 infection. So I'm wondering a bit about if you want to talk a bit more about this notion of, of, you know, how to think about this distinct distribution. When you've kind of pointed out some characteristics. But do you want to talk a bit more about the kind of what you see as the structural conditions?

**Amy Kaler 17:15** Sure, yeah. And this is for me, this is really similar to the way we talked about HIV and AIDS a while ago, and the difference between... There's a conceptual difference between thinking in terms of vulnerable populations and thinking in terms of, you know, groups that are at high risk or what have you, and situations or circumstances that are risky or that contain vulnerability or contain danger. It's more accurate, I think, and less mystifying in some ways to talk about risky situations or circumstances or contexts where transmission of the infection is more likely because there's nothing sort of intrinsic to being African American, or to, you know, during HIV to being a gay man or a sex worker, what have you. That is, you know, located in the person that means you've got problems. It's all the circumstances in the settings that you're in.

So I think it's more accurate to talk about contexts, circumstances, situations, but the problem is we don't yet measure disease. Are you a unit of analysis as a people, you know, you made it a *person* that gets tested and it's a person that you know shows up in a doctor's office or an emergency room? So that's how it gets counted, and it does by talking about high risk or vulnerable populations. This does risk perpetuating the idea that there's something kind of inherent in being African American, in being low income, that makes you just sort of be in some essentialized way more vulnerable when that's not actually how it works. So that there's a mismatch between what I think is the best way to describe what's going on with infectious disease and Covid 19, and the ways that are used to count and to measure what's going on.

**Susanne Luhmann 19:29** Mm hmm. Well, that's an interesting research question. So because is the very language that that kind of dominates the field, actually reproducing the kind of inequalities, naturalizing the kind of inequalities that you know that we will be facing. I think that's a, you know, I mean, for me, is a really interesting question of researchers to change the language. We push back against the notion of a vulnerable population, rather than vulnerable circumstances or conditions. ...**20:07** So, I mean, I get your point that you know there's a measurement unit and there's an accepted language. So, but it also seems like as researchers, do we have a responsibility to use different language and push back against the languages of our fields?

●  
**Amy Kaler 20:22** One thing that I see people doing that I think is really good is and it's what I just did not do. For some measurements talking about this as “what is going on with the US” because I haven't seen comparable stuff from Canada. “This is what's going on with Native Americans.” “This is what's going on with African Americans.” This makes sense because that's what we can count. But I also see people talking about, “and this has happened,” tuberculosis and HIV as well. This is what's going on with

people whose housing situation is insecure. This is what's going on with people who are living in very dense households. This is what's going on with people who are spending, you know, an hour a day on public transit getting to and from work.

So being able to specify where the risk is coming from and where the risk isn't coming from occupying the sort of census category. It's coming from the fact that you may have five people living in a very small apartment or, you know, you may be breathing in a lot of like polluted air because you live in a neighborhood with a lot of polluting industries and so forth. So trying to be more precise and specific about where the risk is coming from. I think that is a good move.

The problem is it's often hard to figure out if someone shows up and they're sick. They're like a million different ways. They could have contracted the virus, and it's really hard to sort out how that happened. You can look at big patterns, [such as] neighborhood analysis. A lot of people who live in this neighborhood are showing up in this emergency room, whereas people who live in this neighborhood aren't seen in the context of Manhattan. That is allowing the sort of geospatial understanding of where the virus is really hitting hard and these are neighborhoods that again, the air is polluted the housing stock is not sufficient for the population and it takes a long time by public transit to get you know point A to point B. So that's one way to try to avoid naturalising or essentializing these things is by looking at, okay, where exactly did the risks come from.

**Susanne Luhmann 23:16** So one other question that I have -- and I don't know if you know the answer to that-- is: do we in Canada actually keep track according to demographics? As in, you know, I know in the US people track according to ethnicity and gender and probably other factors. But do we do that in Canada? Do we actually collect ... do you know that we're collecting [data around] ethnic and racial identities?

**Amy Kaler 23:41** I don't know. I honestly don't know. I know it is not very common in Canada, I would guess that this information is not being routinely collected. Right. I know CIHR has research projects up and running that will be trying to track this and so people who end up being part of it in the catchment for these projects may have that information collected. The one area where I know differentiating information will be collected would be Indigenous and non Indigenous populations, partly because who's responsible for what health care is different. I'm not aware of any findings coming out. My guess is that this is going to hit Indigenous communities pretty hard, compared to non-Indigenous ones, but that's just predicated on my assumption or my knowledge about the quality of housing and the way that other infectious diseases have affected

indigenous communities much more. Partly because they don't have the privileges of a whole lot of space and a whole lot of distance between you and somebody else, right?

**Susanne Luhmann 25:09** So, which is interesting because without the data we, of course, cannot really look at questions of whether racism and the structural kind of discrimination on the basis of race and ethnicity are a factor. So this missing data is a problem. Without the data, we actually can't really put or produce an analysis and an understanding of how, or what the implications are in Canada. Right?

**Amy Kaler 25:36** Yeah yeah that's true. I'm speculating, I'd be amazed if there weren't racial and ethnic and economic disparities and differentiation like that would just be astounding, if that were the case. But I don't know that we have the data right now to say "okay this is how it's falling out. This is how it's playing out right now"

**Susanne Luhmann 26:02** So, I mean, one way to do that would be really to go with narrative accounts in a research project. I mean, it was interesting. I don't know if you noticed that, but a while ago, a couple of weeks ago, the YMCA in Toronto did a town hall, where they were asking for from the ground up experiences of it. I think they were quite interested, not just in general experiences with the impact of covid-19 on people's lives, but also I think they were quite interested in soliciting narratives. First off, [accounts from], you know, different racial, ethnic, Indigenous groups, queer LGBT communities. But so that is really kind of bottom up research and that has to happen because it's not what is being tracked. Well, I mean, similar sex and gender identities beyond women and men will probably not be currently counted, but it seems like kind of important. You know, actually an important data set. In order to talk about what the kind of more intersectional implications of this this virus are, right. Yeah, I guess it's a wide field for research.

**Amy Kaler 27:09** Yeah, definitely. Definitely. And the eternal question. How do you break the neat categories in order to make statements about the effects of structural discriminations and imbalances? The categories themselves are a problem and they don't tell you a whole lot. So I think narrative analysis is a good way to go because then people can, you know, talk about what they do, what they experience, and that is where vulnerability and risk and so forth is located. Not, you know, whether I fit into this category or that category. Yeah, right.

**Susanne Luhmann 27:51** Yeah, that's so ... I know that you're really interested in kind of thinking about, and at this moment, probably speculating about. the kind of long term, medium and long term, gendered consequences of this pandemic. I'm wondering,

you know, putting it in kind of quotation marks, and this is speculative at this time, but you have done research on this, you know, related research. So what are you thinking about? What do you think the kind of medium and long term consequences might be in particular? Is it kind of gendered?

**Amy Kaler 28:22** Huge. I think I'm going to have to speak in terms of a gender binary -- it's again the same category problem. I don't know enough. Not enough is known about how these things play out for people who are non-binary. We're kind of extrapolating from past experience as to what's going on with covid-19 so just noting that that I'm using categories that aren't fantastic.

I'm going to guess a huge disproportion in terms of --not maybe so much being infected with covid19, we're never going to know how we know who was broadly infected-- but in terms of being *affected*. In particular, picking up the caregiving work that is mounting, it's going to fall to women relative to men. I'm I certain about that.

29:30Today is an interesting day to ask that question because it's, you know, seared into the minds of many people that this is one month since those schools were closed and all the kids were home. So for some people, that wouldn't have made a big difference. For people with children in school that would have been, you know, "Oh my God, what do you do now?" And I don't think I'm going very far out on a limb to speculate that it's women who will have shouldered the majority of their responsibility for looking after the kids, whether that's trying to figure out how they're going to learn online or go to school or, you know, continue with school without being physically there or keep them active, occupied, and not morosive ruminating while they're stuck indoors. As part of that, if you're in a household where there's a man and a woman as the adults that are the head of the family, or what have you, and there is limited access to the internet or there's limited work from home resources available, whose time is going to be understood as more flexible? [Who is going to] step back and let this parent continue to try working from home as best they can? And this other parent is going to be flexible and that means picking up the caregiving work? This idea of the women's time and work is infinitely flexible relative to non-women, is something that we see, you know, across all kinds of situations. I'm sure it's going to be happening here.

I scan-in, like everybody, I'm spending more time on the internet than I should these days, and there's no end to the amount of helpful advice for looking after your child's mental health during the pandemic, or like how family fun things to do at home. How to, you know, keep everybody happy during the pandemic and it's all directed towards women who--depending on a lot of other things-- may or may not have the ability to



actualize all this good advice. But certainly in terms of normative assumptions about who's taking on all this unpaid work it's, it's going to be women and it will continue.

I'm also seeing the measures, there's the economic knock-on effects of the pandemic as well. And that's going to hit women particularly hard. The layoffs that we've seen in Alberta and the public sector, teachers...I guess hasn't been so many teachers, but educational assistance, lots of other people who work in caring professions are being let go. Those are disproportionately women.

The work that our provincial government is doing to try to kind of, you know, get us economically stronger is focused so much on one particular sector, resource extraction --it's not like everybody who works in oil and gas is a man--but most of them are. And so the more attention gets focused on trying to kind of 'get that sector activated,' the more of a gendered impact that there's going to be on women who by and large are not in that sector. So, I think this is going to exacerbate economic differentiation between women as a group and men as a group with a lot of permutations and wrinkles, you know, depending on a whole host of other intersectional considerations. So that's bad news.

**Susanne Luhmann 33:42** Right. So that's the kind of immediate picture that we're seeing. The question is, you know, I think, I mean, now we're really kind of looking into a glass ball. I find myself really quite worried about the long-term consequences of this, right? So will the teacher aides be hired back? Will they be hired back at the same rate? I mean, what's the consequences of letting people go around contract negotiations, around getting your contract back? Are you going to get hired at the same rate, at the same step or whatever you have it. I mean, one of my fears is, is there going to be a downgrade? Particularly, I think, as you pointed out so well, off the kind of public sector jobs which was where women have been doing quite well. I mean, these are jobs that have regulated hours, you know, unless it's shift work. But that, particularly the kinds of government and education job have regulated hours and have good benefits. So it is there, you know, what's the kind of larger shift of that as a gendered dimension? This is also a kind of quality of work and work life balance that has allowed women particularly to participate in the labor force, because women continue to have to carry the primary load of carrying responsibilities, as you have pointed out. So, now I'm asking you to really, really speculate, but what's your sense of the kind of long term consequences? Particularly given the kind of terrifying global financial situation right now where governments are, rightly so, necessarily, spending budgets that they don't have right now to support and to take care of people. You know, there's actually a welfare state that is functioning right now, that we haven't seen. Which I



think is quite lovely. I mean, I have to say the kind of response that I see, at least the rhetoric of 'yes we're here, we're here for you, and we are, we will take care of all of us'. At least that is the rhetoric that I hear from Trudeau, for example.

35:52 You know, I think this is the role of the state. But, you know, given the financial situation, given the kind of difficulties of starting the economy again, do you have any kind of predictions beyond worries, including worries, about what the, what the long term consequences will be?

**Amy Kaler** 36:18 So many variables in there. A few things to stand out is that will be important in terms of what the long-term gendered consequences are. And one is: who's going to be the next prime minister? How long is a party, which is not the conservatives, going to be in power federally? I think they've done all the right things in their response and prioritizing, making sure, you know, care is available and keeping people in jobs and directing economic support to people working, rather than the form of, you know, tax breaks for corporations and things like that.

I think that is a path that can maybe minimize the gender gap, rather than exacerbate it. But if we get a government that does at the federal level, what we see at the provincial level and decide that the public sector needs to be cut, cut, and cut, that will make things a lot worse. So let's stick with, you know, stick with the welfare state as much as possible.

37:42 We also have unknown things. What happens with men's jobs also matters. I think in Alberta, you know, it is not a crazy thing to speculate that, you know, oil and gas \$200,000 a year jobs for men are kind of not there anymore. If men are having a gendered economic crisis, it's going to affect women as well because you're going to have not only reduced incomes and ability to spend money and so forth. But you're also going to have changes in what threatens to various conceptions of masculinity and supporting families and, you know, to being a success and so forth. And again, we can look at what's happened in the US and resource dependent communities when the jobs kind of go and don't come back. And it's not good for gender relations. It's not really good for women, and I suspect we'll see a lot of women in not very good situations vis a vis the men in their lives. If, as I expect, the economic recovery does not take the form of more high-paying resource extraction jobs, I don't know. Yeah, I don't. I mean, I also wonder what that's going to do.

Depending on how long we're all staying inside for kids who are being socialized, including socialized in terms of gender, onto screens and not through their peers. I'm in some ways, maybe I'm, you know, a bit optimistic because it's often for non-binary kids or gender non-conforming kids, it's often easier to not, you know, depending on where you are, to be dealing with your, your classmates, your age-mates in person and you

know, being able to be on screen or online is can be more, you know, emancipatory and better. So maybe there's something good there. At least this is what I hear from teenaged kids. You know that it's that you can explore more, you know, when you're not dealing with people pushing you into your locker and stuff like that. But I do wonder about young people's ability, if this will have an impact in their ability to kind of interact and work with each other in real time, you know, once this is all over and done with.

40:48 What I see as a professor, just sort of someone who knows some kids in their late teens and some young adults. I mean, I'm thoroughly impressed. I think they're great in so many ways, and they have so much potential. And they're doing it for organizing and for taking political issues really seriously, and working together and I am wondering if this sort of enforced period of isolation will slow that down, or will diffuse or derail some of the really good stuff I see in people that are much younger than me.

**Susanne Luhmann** 41:28 Mm Hmm. Interesting.

**Amy Kaler** 41:30 That was a bit of a digression

**Susanne Luhmann** 41:32 No, I think that's kind of interesting because I think it raises the question of, you know: does this period, help us to kind of rethink some of our priorities in ways that make us realize what matters to each other and to, you know, what's our relationship to the state and to the welfare of others? I mean, I, you know, I have to say I'm aspirationally impressed by this notion “we're all in it together.”

**Amy Kaler** 41:57 Yeah.

**Susanne Luhmann** 41:58 At the same time, you know, I really want to see some action on that. I don't just want it to be rhetoric and I don't just want it to be the kind of taking care of, you know, the nice middle class. But what does it actually mean to the most marginalized? Right. What does the care for the most marginalized look like? Is there a kind of rethinking of care relationships that happens in this moment at the grassroot? I mean, I see a lot of colleagues and friends you know, making things and are taking care of community in small and large ways.

**Amy Kaler** 42:29 Yeah.

**Susanne Luhmann** 42:30 I think it's really kind of aspirational and I'm also kind of wondering, you know, will we, is there a kind of re-evaluation of care work? I mean, part of what we know ... care workers in long term care facilities are really not well

paid, that's not a very respected job. And at the same time, it becomes very clear that if we don't take care of that situation, we're actually in a crisis because that's one of the, you know, kind of real moments of the pandemic that is playing out in long term care facilities, right where, you know, our elders live. I think, at least in our Western culture we don't have a great value of our elders. I think that's different than in other communities.

**43:19** But is there, you know, .... part of me has a hope that maybe we realize that we need a different care relationship to our elders, but also to, you know, to people who are most vulnerable, because in some ways, we are in it together, right! And the pandemic will not lift and we will continue to live under these conditions, if we are not taking care of the way that this virus spreads in communities that are most marginalized and live in economic deprived contexts right, and who have been marginalized ... So, you know, are we in some ways even self-interested in how we're in this together because we're not going to get out of this isolation until we have taken care of where the spreading of this virus is continuing to be rampant, because of the, the kind of economic and social conditions right?

**44:15** Yeah, so I'm talking about, think about prisons, I'm thinking about the homeless populations and thinking about long term care facilities, all places that in some ways have been marginalized economically and by the state. And so is that, you know, do we actually develop a quite selfish interest?... That these are places that we actually care about, because otherwise we're not going to leave our homes. I mean .. like you, I'm trying to hope. You know, kind of hopeful in the face of this, but I guess the long term consequences, we will watch and study as researchers.

**Amy Kaler 44:55** Wow. Yeah.

**Susanne Luhmann 44:55** And at the moment, hope for the best that this is, that this brings some kind of long-term change.

**Amy Kaler 45:02** I'm actually really liking a lot of the way this epidemic or pandemic now is being conceptualized and talked about. Like the whole notion of flatten the curve. You know, I think is great because it's not just about ... I mean, there's sort of individual directives, like, you know, wash your hands and stay out of crowded places and so forth. But flattening the curve is an aggregate thing. It's like, it's not just about make sure I don't get sick. But if we all do this, then we, you know, we bring down or we redistribute covid cases throughout the population and to see the take up for this notion of, you know, we need to flatten the curve. And we need to even those of us, who are individually not likely to get sick. We also need to, if we're able to, you know, stay home and keep washing our hands and so forth in order to .... because that that's going

to help people in general. I take hope of that I think is a good thing. And it's actually surprised me. I would have thought, you know, maybe I'm too cynical, I would have thought Canadians would have been more like “man looking after my family and hoarding toilet paper.” And that's there, but there

46:32 does seem to be an understanding that the individual things we do, it's not necessarily about whether I get sick or not. But it's to try to reduce the number of people everywhere that gets sick, I'm hopeful.

46:52 So to have “to flatten the curve” ethos, I think is a good one. I'm hopeful that, you know, you try to find little bits of possible bright light where you can see things like the situation of people who work in long term care homes and it comes out that they're, you know, many, many people are having to work in several different places. And so they're going from one place to the next.

47:19 That is such a clear example of how a set of circumstances and situations create risk or create the spread of the virus. And if you can identify that, and if there's the political will to pressure the owners of these homes to go to, like, you know, full time only staff and not 8 million part timers who were, you know, stuck in insecure jobs.

47:48 That, you know, is what makes sense in terms of public health and what makes sense, just like ethically and being on the right thing to do coincide. And I'm hoping that there will be changes there. I'm also, you know, I'm hoping..

48:06 It does sound like it's a bit in left field ... but public transit, you know, that it's free in Edmonton now. We seem to be doing fine with free public transit. It makes a big difference in terms of people's ability to seek help when they need it. And the more available public transit is, the less people are stuck in waiting two hours for a bus. Because that's only when the bus comes along. I'm hoping

48:38 where public health, things that are good in terms of public health, and things that are just good in terms of being socially, come together and are understood as “this is important.” The same with discussions around universal basic income, which is an idea, it's been floating around since forever.

49:00 But when we see, you know, people being buffeted by their incomes going down to zero because everybody's laid off and universal basic income, like the goodness of this idea becomes more and more clear. So I'm hoping maybe the pandemic will clarify some ways forward that not only are important when there's a, you know, a viral outbreak of something that's transmissible but that I think are just good ideas overall.

49:36 Yeah, so that you know aspirations to have a healthy society where we're not, you know, getting locked down every year or two, like this and aspirations to have a more just society where people have decent working and living conditions can kind of

converge. But that will take political work by political parties, by people who influence those parties people in office to make that happen.

**Susanne Luhmann 50:04** Yes, I think that's maybe a good point to kind of stop because I like, you know, I like us to end on a note, on a little note of hope, or at least a vision of what is possible if we have the collective goal. So

**50:17** I just want to thank you, Amy, for this conversation. I really enjoyed talking to you and I really appreciate you taking the time and offering us your, your kinds of thought and expertise to think about this. So thank you so much and stay well! You know, I think we're going to be in this for a little while longer.

**Amy Kaler 50:38** Yeah, yeah, it's, it's a journey it's, yeah. I mean, I don't know. One of my favorite- I'm not really big on kind of self-help inspirational sayings-- but one I do like is that you can either be miserable, you can be miserable or you can be learning something. Those are your choices. So I think you're trying to focus on: "okay, what are we learning? Now what am I learning?"

**Susanne Luhmann 50:59** I like it too. I like that's a great note to end on. Thank you so much, Amy.

**Amy Kaler 51:03** Thanks. Susanne.