

Nitika Gupta [00:00:01] Okay. We are recording now. Today is August 5th, 2021 and my name is Nitika Gupta. I'm interviewing Dr. Chia Wang remotely via video conference. This interview is being conducted as part of a project organized by the National Humanities Center in conjunction with the University of Washington. Our goal is to collect, preserve and share the stories and experiences of health care workers during the COVID-19 pandemic. And just to begin, Dr. Wang, I would love it if you could just introduce yourself and your role.

Chia Wang [00:00:32] So, I'm Dr. Chia Wang. I am an infectious diseases doctor. I work at Virginia Mason Medical Center, which is located in the First Hill area of Seattle. And I also work part time at the International Community Health Services Clinic in the International District here in Seattle. I work sort of a 50% in-patient, 50% outpatient job. So, 50% of my time I spend seeing inpatient consults at the hospital, and the rest of the time, I'm seeing clinic patients.

Nitika Gupta [00:01:11] Thank you for that introduction. I'm curious what drew you to your profession in infectious disease?

Chia Wang [00:01:20] Well, so, I actually started off as a resident after medical school – I wanted to go into primary care, because I felt – well, at that time, you know, it was a time that they were trying to pass the first health care bill when Bill Clinton was president. And there was a lot of talk about how, you know, the quality of medicine in this country really rested on the shoulders of primary care. And so, I went into – I actually was in a primary care residency, which was supposed to train primary care providers, and that was in Portland, Oregon. And I found that after about a year of doing that, that I really didn't enjoy it very much. I had a lot of folks with chronic medical problems that I couldn't easily help. And so, at that time, I was lucky enough to do a six month volunteer stint in Kenya, where I worked in the very rural area, where – maybe three cars would come by in a week kind of place, and we would go out to get patients by camel. And so, it was very rural. And I saw a lot of malaria and typhoid fever and tuberculosis, and we'd have people coming in via camel at death's doorstep and we'd give them the right antibiotic, and they would walk out, you know, or run out, because there wasn't a lot of chronic disease in the population. That's such a tough life that, if you have a chronic disease like diabetes, you're really not going to survive. So, the people were very healthy at baseline, but they would get these terrible infectious diseases because of the environment in which they lived. But it was such a polar opposite experience to my experience in Portland, where I had all these folks with low-level chronic diseases, who never seemed to get better, as opposed to people who didn't have chronic diseases, who seemed to get better after just a couple of doses of antibiotics. And so, that really drew me to the field of infectious diseases. And so, that's how I got into the field originally.

Nitika Gupta [00:03:38] Wow. What a powerful story about your transition. Thank you for sharing that. And speaking of transitions, as you know, we're conducting this interview to capture and preserve stories of healthcare workers during the COVID-19 pandemic. And I'm curious, why did you volunteer to be interviewed?

Chia Wang [00:03:57] Well, you know, it looked like an interesting project. I felt like many people, that I have a story. And so, I just wanted to see if I could help.

Nitika Gupta [00:04:08] And I appreciate that. So, diving in further to the COVID pandemic – how did the pandemic begin for you in your work and your life?

Chia Wang [00:04:19] Well, it probably began for me with a text from my 19-year-old daughter, saying, Do I need to be worried about this? She was probably thinking more about her social life, because she's in college, because at that time we were just hearing, you know, news reports out of China. And then here in Washington state, of course, we had the first identified case of COVID. And – although that was not at the hospital where I work. But then, of course, I knew all the folks who were involved with that. And just like everybody, I was riveted to the news. And then within a couple of weeks after that, we had the first identified case at our hospital. I was actually the provider on call that day. So, I was the person who made that diagnosis. And I remember talking to the E.R. [Emergency Room] doctor on the phone, and the E.R. doc would say, I think this person might really have it. And it was goofy because, you know, we were just starting to realize that folks didn't have to have a travel history. So, at that time, our practice was that we would ask for travel history, Have you been to Asia or China? And if you hadn't, we would sort of think, Okay, this person doesn't have COVID. But it was becoming increasingly clear that those questions, even though we had them posted all around the hospital, were probably not relevant. And the fact that the patient in our E.R. did not have a travel history and was the wife of one of our doctors and had been to the E.R. a couple of times prior and had been turned away for a COVID test, because she didn't have a travel history. But we decided to do one that day, and she was positive. And then her husband, who was asymptomatic, was also positive. So, it was kind of a clue that this was going to turn out to be a much bigger deal. Because we've had prior Corona viruses, as you know, and it's, you know, we hear about them and then they would kind of stay in Asia and wouldn't really impact our daily lives so much. Not a lot of asymptomatic transmission that we knew of, and most folks had a travel history. So, this was clearly something different.

Nitika Gupta [00:06:30] Sure. And I can imagine that it was a pretty powerful moment making the first diagnosis at your hospital. Can you tell me about what you were feeling as you navigated that patient's care?

Chia Wang [00:06:41] Yes. Well, there's a part of you that is, you know, just the intellectual, so, the part of my brain that really loves infectious diseases that was like, Oh, this is sort of cool, you know, because I had read about the virus and, you know, just certain laboratory abnormalities that we were seeing in reports out of China, other things like the loss of smell and taste, which was sort of unique to this virus. So, as I was hearing the story from the E.R. doc, part of me was like, Oh, yeah, this is kind of cool. Part of me was like, Oh, crap. And then, you know what – I went there. It was kind of chaotic, you know, because, like I said, this was the first case that came to our hospital. So, we didn't quite have our PPE [Personal Protective Equipment] situation straight or really what the PPE protocol – we know what it's supposed to be, but we hadn't recently reviewed it. And in fact, as I said, I personally knew one of the family members of the patient. And so, that person came and spoke

to me in the hall before I even had my PPE on, because, of course, he was worried and really wanted to make sure that we did a test this time, because they had come to the E.R. a couple of times already without being tested. And so, then, you know, there was my own personal concern about, you know, did I contract this virus? Am I going to bring it home to my family? Because at that time, we didn't know how contagious it was. And we didn't know also how, you know, serious the disease could be. And so, I guess, it was part fascination, part fear, and then part this impending sense that this is going to be something unique. You know, we've never been through something like this before, both on a societal level and then on a medical level. So, a lot of mixed feelings.

Nitika Gupta [00:08:36] Sure. And you mentioned that, you know, the protocol for PPE and things like that hadn't necessarily been sorted when you first interacted with that first identified case. I'm curious if you can walk me through kind of a typical day for you in the first few weeks of the pandemic at your hospital?

Chia Wang [00:08:54] Yeah. So, you know, it really evolved. So, we, you know, had had prior experience, of course, with Ebola. We never got a case of Ebola, but we had gone through the whole exercise of, This is the PPE and this is the way you put it on and this is the way you take it off. And so, it was there, it just had recently been reviewed in my mind. And of course, we do see other diseases like measles and TB [Tuberculosis] where there is PPE involved. And so, we knew it, but we just weren't so well versed. And also, we didn't, I think, sort of understand what kind of supply chain issues we were going to have. And then, of course, initially there was concern whether the virus was airborne versus droplets, which require sort of different levels of PPE. So, the first few patients we saw, we kind of approached the way we would an Ebola patient, where we would go actually change clothes completely in a separate room, and then don some pretty intense PPE and see the patient and come out, doff it, you know, in a very, very protocolized manner, and then take a shower, put everything – everything we were wearing would be disposed of or taken to the laundry, and then we would put on our own clothes again. So, it was like a half hour process without counting seeing the patient. That was becoming impractical given the volume of the patients. And also it became clear that it was not necessary, the showering part and all that. We did make an effort to see patients through video initially, so that some health care workers, in particular a nurse, would be in the room, but the physicians would largely interact through iPads. So, it's fortunate that we had iPads that we were able to – because I don't know what we would have done 15 years ago, but we were able to do that. Although over time, that practice sort of phased out as well, especially after the vaccine, but it sort of phased out as we realized that the virus, while being transmissible, was not quite as transmissible as we were worried about.

Nitika Gupta [00:11:10] Sure. And you kind of talked about the sheer volume of patients. And I'm wondering how quickly the situation evolved for you or your hospital and whether you were interacting mainly with COVID patients pretty early on?

Chia Wang [00:11:23] It evolved over weeks. So, it wasn't an overnight thing. We had the first patient and then we had kind of a trickle and then, you know, it rapidly grew. But it was never, for us, the way it was what I saw on TV, like in New York

City, it was never at our hospital like that, and I don't think at other Seattle area hospitals it ever got quite that bad. The scenes on TV were, you know, shocking. So, we never got to a feeling – at least I didn't, and I don't think my infectious diseases colleagues ever got to a feeling of being overwhelmed. It was always manageable.

Nitika Gupta [00:12:07] And then, is there any particular moment or patient, of course, respecting their identifying information, that sticks out to you from your time working during the COVID pandemic?

Chia Wang [00:12:22] Well, definitely that first patient, because she'd been sick for weeks prior to having her diagnosis made. And I remember talking to her and – you know, she's a baseline, healthy person and she's just saying, You know, I was lying on the couch and, you know, I was looking at the kitchen, but I just couldn't muster up the energy to get there. Just this profound, profound fatigue. And just the mystery of where she could have gotten it, because she hadn't traveled at all or interacted with anyone who had traveled. So, that first patient. And then I had a number of kidney transplant patients who died from COVID, some of them I've known for a long time, because I had treated other infections that they had prior to them getting COVID. And so, that was hard, you know, because I remember with some of them, one in particular who I was very fond of, you know, we've gone a long way treating infections prior to her transplant. And sometimes, it didn't seem like she would actually even get her transplant. Then she got her transplant and then months later, she died of COVID and she actually was in the room next to her mother, who also died. So, that was a particularly tragic situation. And she kind of, I feel like, lost a will to fight after her mother died. She didn't – she sort of refused some of the care that we were trying to offer her and she'd been so excited to get her transplant. So, I think that was a particularly hard story. But, of course, there are just a lot of stories and stories of couples who got it where one survived and the other one didn't. So, yeah, it was – especially early on, when we didn't – we got better at treating it over time and then also more therapies became available. But early on, it was rough.

Nitika Gupta [00:14:34] Sure. And then kind of in the context of all of the loss that you experienced, did your commitment to or passion for infectious disease ever change or your passion for your job?

Chia Wang [00:14:47] Well, you know, after you've done a job for 30 years, I'm not sure passionate is the right word. But, you know, obviously, there are aspects of the job that can be tedious. And, you know, I'm not, a 28-year-old in rural Kenya looking at camels anymore. So, yeah, I would say that the passion has changed, but I do feel lucky and that I still like my job. Most days, I'm still excited to go. And most weeks, you know, I still come home at the end of the week thinking, Oh, that was pretty cool. You know, we still see some – we hear some great stories, because if you get an infectious disease, you've either had bad luck or you made a bad choice along the way. So, you know, that part of what human beings get up to can be interesting. And I enjoy that patient interaction. So, I would say that I feel that I'm more passionate about my job than I would be had I chosen something else. But that's not to say I don't think about retirement, too.

Access

Oral History Interview with Chia Wang

Conducted by Nitika Gupta on August 5, 2021

Nitika Gupta [00:15:54] Yeah, I appreciate you speaking to that and kind of explaining why passion might not be the exact perfect word. And I totally understand. I'm curious, shifting gears here a little bit, I've kind of heard varying opinions about the levels of support people felt from their work environment working in a pandemic. And I'm wondering if you could speak to whether or not you felt supported and maybe if there are specific moments?

Chia Wang [00:16:18] I would say that, yes, we felt incredibly supported. You know, the administration was very open about communicating about the PPE issues. We, like everybody else, were having supply chain problems. But we never felt – at least I never felt like things were being hidden from me, or that I wasn't being told the truth. So, I really appreciated that. And every effort was made for backup plans. We even had people sewing masks for us and we switched to cloth gowns, because we weren't able to get enough paper ones. So, just this real flexibility and able to kind of dodge and weave. I have to say that I have the utmost respect for our nurses, who – I did not interact with a single nurse who didn't seem entirely committed to his or her job, even though they were definitely putting themselves at risk. Because we doctors go into the room, we come out 10 minutes later, but the nurses stay in for hours sometimes, you know, wearing hot PPE and, you know, the mask and everything and trying to communicate with the patients. A lot of times, of course, the patients have watched news or heard all this horrible stuff and they're scared, right? And then, it's kind of weird, because everybody's coming in in all of this PPE and, you know, people don't go in unnecessarily. So, there aren't a lot of visits. A lot of times you're just there by yourself. And so – and my colleagues as well, because early on, we didn't know how deadly it was, you know, and we didn't know how transmissible it was either and whether we would be transmitting it to our families. And I think a lot of us made arrangements at home to have a separate entrance or, you know, move into the camper van or at least, you know, change all your clothes before you go in and take a shower. So, you were having that part at home and then you're realizing that the kids are going to be home indefinitely from school, and yet, you know, everybody stayed on the job and gave it their all. I would say the one part that was tricky – sort of one negative about this whole thing, was actually the confusion about the therapies and a lot of confusing messages from the federal government in terms of what therapies are useful, which ones we should be using. This would trickle down to the patients and it created tension between us and pharmacy, because – uniquely we had a lot of drugs that were available and what's called a EUA or Emergency Use Authorization. This is not something that we have a vast experience with. Usually we're prescribing drugs that are FDA [Food and Drug Administration] approved. So, it's very unusual – sometimes we use things off label, but it's very unusual for us to have a large number of drugs that are just on this emergency use authorization and try to sort through those that are helpful and those that are not, like the whole hydroxychloroquine thing early on. And so, there was a little bit of tension, I think, between the providers who had one point of view and, of course, were in the room, you know, with the patients and talking to the patient's families if they weren't doing well. And we have this desire to do something, you know, to offer something and so, as opposed to the pharmacy, where the concern is, you know, to have the best evidence based medicine – but you don't get – you don't really have a lot of evidence when you're early on with a novel pathogen and then also to contain costs. And then, supply – because hydroxychloroquine is also used for rheumatoid arthritis patients,

so, we wanted to be sure to not exhaust our supply. So, that was something I've never gone through before, sort of these multiple conflicts with pharmacy. I hope never to go through that again.

Nitika Gupta [00:20:28] And I'm curious, as the infectious disease specialist – did folks turn to you? Did you ever feel pressure to have answers for the rest of your team?

Chia Wang [00:20:38] Definitely, yes, definitely. Pressure, and, I'm not sure – I guess I felt more pressured by my family members sometimes or members of the community, because a lot of times there were no right answers, you know, and people wanted an answer. So, I think for those of us who are working in the hospital, we were sort of on the same page about that. But in the – sometimes with the family members, there might be an expectation, since you're an expert, that you know.

Nitika Gupta [00:21:12] Of course, yeah. And kind of along those lines, how did the pandemic impact your relationships, either at work or at home?

Chia Wang [00:21:22] Well, so, I was super lucky, because we had hired a nanny shortly before the pandemic, not knowing, of course, that there was going to be a pandemic. But she was willing to stay on with us even during the pandemic, since I was an "essential worker." My husband started working from home and his work actually got more intense in some ways, because – as anybody who works from home knows, in many ways it's less efficient and also there's less of a boundary. My kids who are at home are 12, so, they're in middle school. So, that was a whole lot easier than if they were three or something. That would have been so hard. I don't know how people did it. So, I would say there was some stress, but in other ways also more closeness, because you're spending more time together. And we live in Seattle. So, it's not that hard to find some green space – that isn't so crowded – that you could go to and get some fresh air, unlike some big cities, I think, where it's just very hard to get out. So, and then of course, we have a home which, you know, is not small, so, we were very lucky in that way, too. So, I would say that did yeah, there definitely was some stress. I don't want to say lucky, but I did sometimes feel lucky, because both my parents had died the year before. That was a tough year, because they both died at the same year. However, I was just thinking because they were both elderly, you know, had they been alive, that would have been so much more stress for them and for me, because, you know – you heard all you heard all these things about, you know, if you're over 80 and you get COVID, you're basically [inaudible]. That's not really the case. But there was a lot of that going on in the news media. You know, other people say, Oh, that's only for the elderly and so forth, but if you are elderly, then that's really scary. So, in some ways, I felt – I was kind of glad for them that they didn't have to go through it.

Nitika Gupta [00:23:32] Yeah. I'm so sorry for your loss.

Chia Wang [00:23:34] Oh, thank you.

Nitika Gupta [00:23:36] Yeah. Were you ever afraid to come home? Were you ever, you know, I'm sure there were concerns about your family's safety.

Chia Wang [00:23:44] Yeah, well, so, I'm lucky in that the people I lived with were healthy. Like I said, if my mother had been alive – she wasn't healthy, and so, that would have created a whole other layer. I was – I had actually set up a situation where I would come in through a different door that wasn't that far from a bathroom that we don't use that often. I'd go in there to wash up. And then, you know, if I got symptoms, I actually had a kind of a little kit with Tylenol and extra KIND bars and water, so that I could just hide in the basement and do that. But then my daughter came home from college and took all that space. So, that plan lasted only for two weeks. And fortunately, I never became symptomatic, and so, it wasn't an issue. And then, you know, my daughter came home. She's 20 and her boyfriend came with her. And so, at some point, we just had to make a decision, you know, how careful were we going to be? You had to really balance mental health with safety. So, yeah, that was an evolving concept for us, as it was for many people also.

Nitika Gupta [00:24:53] Sure. And kind of on the topic of mental health, I'm curious, how did you cope during the pandemic working with so many folks with COVID and experiencing so much loss?

Chia Wang [00:25:07] Well, I would say that the best thing that happened to me is that I started biking to work. This was possible, because the streets, especially in the beginning, were almost empty because people were staying at home. And so – and I didn't want to take public transportation. And so, the biking, you know, is incredibly – so that was in February. So, it can be a little damp, but we actually didn't have a very wet winter. And so, it was a lot of fresh air and green trees. And so, it really would kind of get me ready for work on the way in, and then on the way back, kind of cleansing. So, I guess I would say exercise – and I have to say, my partners, I work in a group of six. And every single one of them was just, you know, taking up the the reins. And they all had families and, you know, other parents and kids and other concerns. But there was a sense of, we're all in this together. So, there wasn't any shirking or dodging of work. And then, we spent a lot of time as the new therapies would come out, talking about those, trying to sort through the data, come up with the best practice approach that we could take. So, it was kind of, you know, I think, in the military, I guess, you're going to some sort of raid or – I don't know, I haven't been in the military. But, you know, where it's a team approach and you have to all work at your best in order to get through. It was kind of like that. So, while it was stressful, it was also kind of invigorating, because it was like, You're going to meet the challenge.

Nitika Gupta [00:26:46] Yeah. And along those lines, do you feel like the pandemic changed your relationship with your coworkers at all?

Chia Wang [00:26:53] You know, I hadn't thought about that, but I think it probably did. Yeah, I think we're closer. And it's not just the other physicians, but also our support staff, you know, everybody stayed on. People didn't quit. They could have, but they didn't. And so, you know – and for some of them, the resources, you know – they live in a smaller place, they don't maybe have a nanny. And so, they have maybe more challenges than I had to face and yet still rose to the challenge. And then like I said, although the nurses in the hospital are not part of my staff per se, it

gave me just a new respect for the nurses and the physical therapists. Our physical therapists who, I'm sure, never really thought that they would be dealing with a deadly infectious disease. But it was imperative that these patients who had been bedridden for so long get up and that we would make sure they were safe to go home before they could. So, they were in there, you know, working with the patients. Yeah, I think – you're proud to be a healthcare worker.

Nitika Gupta [00:27:56] Yeah. And I really appreciate your acknowledgment of other team members beyond physicians – the nurses, physical therapists, all those things, all those people. I'm curious, so, you know, COVID affects everyone and every place a little bit differently. Is there something that you faced that seemed to differ from what was being represented or portrayed on a global or national scale?

Chia Wang [00:28:19] Well, for sure we never had the rates that they had in cities like New York. And so, it was never like what they described, you know, where you had trucks outside with dead bodies and so forth. I mean, thank goodness we just never had that. And then, I feel – I can't compare this, but I would say that I feel like our vaccine effort, when it got off the ground, that we did really well as a region in terms of vaccinating folks quickly and just being able to vaccinate large numbers of people in a pretty organized fashion. I personally volunteered at the Amazon Super PAC [Political Action Committee] site a number of times, and I know that there were other sites – like one at the football field, CenturyLink, I think, which was run by public health. But our site was run by Virginia Mason and in partnership with Amazon. And I know that we can all criticize Amazon, but I will say this in particular – they were great to work with. They gave us their large – it was a gym and a meeting space. And they provided us with support staff and with food and with logistical help, parking, you know, all these things. And we were able to move more than 3000 people through on any given day. And this went on for weeks. So, I was proud to be part of that effort. I was just one person, a minor part. But the people who organized it were amazing. So, I would say that we were – again, I don't want to use the word lucky – but I think Seattle was a relatively good place to be as a health care worker working with COVID or as a person who was worried about COVID. It's a good place to be.

Nitika Gupta [00:30:06] And how did the vaccine change your life personally or the lives of your loved ones?

Chia Wang [00:30:12] Well, so, you know, I got the vaccine months before anybody. I actually got mine before Christmas, because the health care workers went first. And so, I was vaccinated. And the rest of my family members were not. So, definitely I felt much better about coming home and much less worried about getting COVID or transmitting COVID to them. But then it was also like, We need to do grocery shopping – I really don't like grocery shopping [laughs]. Should I go, since I'm the vaccinated one? Or should it be my husband who actually likes grocery shopping and is good at it, but not vaccinated? So, you know, it would be a little bit of that tension, not even tension, but just sort of feeling guilty that I'm not the one always doing the grocery shopping. But it definitely was freeing, no doubt about it. And then, as other folks started to get vaccinated, of course, much more free. And I remember my kids – the first time I told them, when their friends came over and they were all

fully vaccinated, I said, Oh, you don't need to wear masks. And they looked at me like, What? Are you kidding? And then hesitantly took their mask off. Now, unfortunately, you know, we may have to be moving back towards masks. I'm glad I didn't throw away my seasonal mask, because I have Halloween masks and Christmas masks. And I was always like, Should I throw these away? I was like, Nah, I'll just keep them. So, I may have to use them again.

Nitika Gupta [00:31:29] Yeah, and I was going to ask you about that. You know, COVID cases are obviously rising throughout the country. And I'm wondering how you are feeling as an infectious disease specialist about that?

Chia Wang [00:31:40] Well, definitely, you know, incredibly disappointed. Incredibly disappointed. You know, respect to the virus. Tricky thing. You know, it just mutates. We know this about viruses, but it's one thing to know it intellectually and another thing to see it in real time. So, you know, I guess some people say, Well, it should have been expected. I'm an optimist by nature, so, I think I'm a little bit more caught off guard than others. So, there's that. I will say that it doesn't look like people are getting as sick in terms of the hospitalizations. Where we are, you know, there are not as many people in the CCU [Cardiac Care Unit] as there were before. And I definitely have seen people who are older, who've been fully vaccinated, who've been hospitalized with this new variant – or what we think is this new variant – who've done much better than I otherwise would have expected. But I think it's such a bummer for folks who don't have normal immune systems, either because of underlying disease or because of medications that they take, because that is the group that I've – so far, my experience has been – they have not done so well. And also how scary, because a lot of those folks are middle aged or kids and they want to have a life and they just got out and now they have to go back in. So, that part is frustrating, but I'm hopeful that with the technology we have for these mRNA [Messenger Ribonucleic Acid] vaccines, it's not that difficult to switch out the antigen. I'm not a vaccine manufacturer, but intellectually, I think, conceptually it's not that difficult. So, I'm hopeful that we'll be able to catch up pretty quick.

Nitika Gupta [00:33:20] Okay. I appreciate you speaking to kind of the complexity of emotions around that with fear and disappointment, but also some hope and gratitude about how things are maybe a little bit better. Just being cognizant of time, I'm wondering – I do have a few other questions, but I wanted to give you the space to share any stories or reflections that you might have been sitting on or thinking about. Yeah, anything that comes to mind for you?

Chia Wang [00:33:47] I guess – it's not an unexpected emotion, but I just wanted to say that the first time I worked in a vaccine clinic, that was just euphoria. I mean, it was so great to finally, after months and months of dealing with this, you know, the vaccine clinics just sort of popped up. And again, we didn't have dedicated spaces, so it was an on-the-fly kind of thing. We went to a nursing facility and some of those residents had not been out of their rooms for almost a year and were coming down to the main room to get their vaccine. Some of the folks were more than 100 years old, had fought in some of our great wars, and there had been pilots and other amazing stories that had been stuck in their rooms for a year. It was just inconceivable to me, and it was a party atmosphere. They actually had balloons and

flowers and everything. They had music. People were dancing. So,, you know, that's – I think, it's – sometimes easy to feel like the world is ending – with the West Coast, with these wildfires. You don't know if you're wearing a mask because of COVID or because the pollution is so bad with the wildfires. But then there's this sort of other glimmer of joy and hope. And so, I'm still hopeful that the human species can survive.

Nitika Gupta [00:35:13] Well, I appreciate you painting such a beautiful picture of that euphoria that you were experiencing. And then just kind of my final question for you is, what will you carry into the future from this time?

Chia Wang [00:35:27] Oh, well, if we get past this COVID and we will! When we get past this COVID, I'm going to feel like, Oh, boy, you know, we kind of dodged a bullet. It could have been worse, in fact. And I think what I would carry is just the hope that we don't forget the lessons that we've learned. I talked to my kids – I'm trying to brainwash them into doing something that could help – not necessarily with infectious diseases, but just even understanding the environment that leads it to be easier for these infectious diseases to breed. You know, that sort of interplay between humans, nature, and animals and the crowding and pollution and all those things. So, I guess, you know, what I would walk away from it is feeling, even though it was horrible, sort of happy that it wasn't worse, and just hopeful that we're not going to forget the lessons and just get on with life as usual, but that we, as a human race, can make changes to the way we live, so that this kind of thing is less likely to happen.

Nitika Gupta [00:36:40] I think that is a beautiful note to end on, unless you have anything else that comes to mind?

Chia Wang [00:36:47] No, thank you for listening.

Nitika Gupta [00:36:49] Thank you for sharing!