

Ariel Torres

2020-07-14

LIZ BRADBURY: -- now --

Ariel Torres: Wait, wait (laughter) one second.

LB: I'm not going to turn it off. I don't want to get in trouble. He'll be right back. (laughs) Oh, okay, bear with us, everyone. He'll be right back here.

AT: I'm sorry. Look at that.

LB: Oh, that's bling-y. That's good. It's beautiful. But you're so much more handsome. I don't want you to wear that one because I can't -- you know it's so hard to understand -- it's hard to hear what people are saying when they're wearing the mask because you can't see their mouths. It's really hard with Trish. You can't wear the mask --

AT: And it's just --

LB: -- you have to take the mask off. Okay, I --

AT: You asked, I -- promised it'd be at the beginning of the recording --

LB: Okay, okay. So, I want to be sure that we're pinned in here. I think you're pinned. Now you're [00:01:00] good. Okay, and so, this is the deal. With this project, Bradbury-Sullivan LGBT Community Center at the Trexler Library at the Muhlenberg -- at Muhlenberg College will collaborate on forty years of public health experiences in

the Lehigh Valley LGBT community, collecting and curating local LGBT health experiences from HIV/AIDS to COVID-19. My name is Liz Bradbury and I'm here with Ariel Torres to talk about his experiences in the Lehigh Valley LGBT community during this time of the COVID-19 pandemic as part of the Lehigh Valley Community Archive. We are meeting on Zoom on July 14<sup>th</sup>, 2020. Thank you so much for your willingness to speak with us today. To start, please state your full name and spell it for me.

AT: My full name is Ariel Torres [00:02:00] and it is spelled A-R-I-E-L T-O-R-R-E-S.

LB: Will you please share your birth date?

AT: I was born on May 2<sup>nd</sup> of 1985.

LB: Okay, and you are in -- what town are you in? You're in Bethlehem?

AT: I am in Bethlehem, Pennsylvania.

LB: Okay. This is the consent part. So, now, we say do you consent to this interview today?

AT: Yes.

LB: Do you consent to having this interview being transcribed, digitized, and made publicly available online in searchable formats?

AT: An enthusiastic yes!

LB: (laughs) Do you consent to the LGBT Archive using your

interview for educational purposes in other formats including films, articles, websites, presentations, and other things?

AT: Sí, which is yes in Spanish.

LB: (laughs) Do you understand that you will have thirty days after the electronic delivery of the transcript to review your interview [00:03:00], identifying any parts you'd like to delete or withdraw the whole interview from the project if you choose?

AT: Yes.

LB: Okay. So, this is what we're -- oh, so, now, here's a couple of things. These are some identity things. So, what's your zip code where you are?

AT: I am 18018.

LB: And what is your age?

AT: (laughs) Do I really have to tell it?

LB: You do not if you don't want to.

AT: Well, I'm thirty-five --

LB: I can (inaudible)

AT: -- thirty-five and proud. It's fine.

LB: Thirty-five, okay. And how do you identify within the LGBT community in terms of sexual orientation, gender identity, and stuff like that?

AT: I am a gay male.

LB: Okay. Here are some things to think about. And so, you identify as cisgender, is that correct?

AT: A cisgendered gay male, yeah --

LB: Okay.

AT: -- who also does drag on the sides, so call me whatever you want with pronouns, just not late to dinner.

LB: (laughs) All right. So, I had all the -- I have all these questions and [00:04:00] I think I'm just going to throw these at you and you can talk as long as you want. You can say whatever you want. This is all about how COVID is affecting your life. And it is affecting your life -- and sort of affecting your life within the LGBT community and then in general. So, I know the answers to some of these but let's start out, so -- and this is also going to go into the archives so that people 30 years from now can look at this and go "hat was this like during this time?" And then, they'll say --

AT: Yeah, they're going to say, rough, they had to do this on a computer. Ugh, who does that? (laughter) Technology will be light years ahead of us by then.

LB: No, I wonder how it will be. So, who is -- you're all -- you're by yourself. Who's in your home with you? Do you have anybody else living with you?

AT: Nope, I live alone.

LB: Okay. And so, have you been working? Has your employer closed or laid you off? And I know the answer to that. So, want to talk about where you work and what you do?

AT: Yeah, so I work at the [00:05:00] Bradbury-Sullivan LGBT Community Center and I'm the Pride programs manager, which basically is a very, very, very condensed way of saying I run the festival. But there are so many moving parts that go into running a festival when it comes to planning, organizing, you know, all of that good stuff. And due to COVID-19, unfortunately, we had to go virtual this year. So, it's like learning how to plan an entire festival in a virtual format. So, just when you think you have it down pat, COVID hits and it shakes up my life just as much as everybody else's but just in a different way, I'm sure.

LB: So, this festival's been going on for about, what, this is the 27<sup>th</sup> or 28<sup>th</sup> one?

AT: Ooh, Since 199-- I want to say four.

LB: Ninety-four. It's '94, it's '94.

AT: Ninety-four.

LB: Yeah.

AT: So, twenty years will be 2024 and we're in 2020. So, it's about sixteen years, yeah. No. My math is wrong.

LB: No, that is thirty [00:06:00] years.

AT: Thirty years, yeah.

LB: Yes.

AT: Sorry. (laughter)

LB: And --

AT: That's right. I run the festival but I don't do accounting, I'm sorry.

LB: (laughs) And so, but the center has only been doing this and our center has only been opening -- open for a while and you've done this, the festival since we took it over. And how long has that been?

AT: This would have been our third in person festival that we were in charge of. So, now this is our third festival but the only difference is it's virtual now instead of in person. (laughs) And so --

LB: And so, let's talk a little bit about -- you have other parts of your life that also include the stuff that you do that has been really -- had a significant impact because you have another job, too.

AT: Yeah.

LB: And that's really been -- have had a strong impact from COVID, so talk about that a little bit.

AT: Yeah, so, of course, by day, [00:07:00] I run the Lehigh Valley Pride festival and by night, on some nights, I am Elektra Fierce St. James. I perform as an entertainer here in the Lehigh Valley and I've been doing that for about 15

years now. So, it's been quite a while. And for everybody who's out there, in case you wanted to know what I look like, I'm turning on a virtual background for you. And there I am!

LB: Oh, okay, oh!

AT: Little bit of leg. Again, technology is not 20 years in the future but there is Elektra Fierce St. James. So, that's me on some nights, when there's a full moon. As you can see, I look like a wolf.

LB: You look great in --

AT: But, yeah, it's been -- it's been quite the experience. Drag is like a steady income for me. I perform really regularly, not only locally but I travel a lot, I go out of town. And with everything being shut down, it has given me a little bit of a financial strain. Thankfully, I do have my day job, which allows me to continue and, [00:08:00] you know, still live a good life. But, you know, that extra money is just, like, not there like it used to be. But also, just being around people -- I'm a people person, that's why I love my position at the Center. I'm in a position within my community to help others to -- if I don't know the answers to certain questions, though I run the Pride festival, I've been with the organization as an administrative manager before. So, I've been in certain

positions where it's very fulfilling. Pro-fo-homo is what some people call a professional homosexual person. So, it's just -- it's hard being at home, not being able to be at the bars, you know? I enjoy a good cocktail just like many other people, not that it's necessary to have a good time but I do enjoy them. So, just being around the atmosphere of my peers, locally, and just within the state of Pennsylvania and the tri-state area, it's been quite an adjustment to just not be around people who you're used to seeing, right? So, you start to realize who [00:09:00] you miss during pandemics. (laughs)

LB: Yeah.

AT: Definitely.

LB: You really do. And so, are you socializing with people in other ways? I mean, are you using online stuff or video chats or phone or --

AT: Yeah, yeah, definitely. We're using Facebook Messenger a lot. I have a group chat that goes on because we already did it kind of anyway, so I like to say I was a little bit trained for this before it kind of happened. But I have some really close friends. Some live in Florida that used to live here, so we have a group chat of about, like, I think eight or nine of us sometimes. I just jump on a call randomly throughout, like, any given day. So, that really



helps. Unfortunately, my grandfather passed away during this pandemic. Not from COVID but -- and, you know, that was even hard. We couldn't have -- my family's very Catholic, so there's always the viewing for about two days and then you drive to the church and then you go to the burial. We had to just go to the burial. Like, it was like leaving from home, you get to the burial site. Everybody was socially [00:10:00] distant and even that was a challenge. They didn't even -- they wanted to put a cap on how many people could be there, so it's definitely strange times. But it's just so many different moving parts that make it -- and things that you didn't think about before that you wouldn't even give a second thought have not become part of our day to day. So, it really has affected me in that way. But, you know, things like Facebook Messenger, like I said, and Zoom calls. Like, we had to rally behind Zoom calls with -- I say the younger generation, you know? The cousins. We did family Zoom calls for a few weeks, just to, like, have mental health check-ins and make sure that the family was doing okay in case we had to be there for each other. That way, we could be mentally prepared and tell ourselves, okay, I have to leave my house. I have to go help this person with this. They're not doing really well right now. I have to go make

-- do I have my mask? That's the worst thing. You drive halfway there and then you have to turn around and say, oh, my gosh I forgot --

LB: Yeah!

AT: -- my mask at home.

LB: No!

AT: Because [00:11:00] the last thing I want to do is really go try to help somebody and who knows? Nowadays you could be asymptomatic and you don't even know from just checking your mail. So, like, you have to be careful, you know? The little things before that we wouldn't worry about have just -- you know, starting to be second nature to us, so --

LB: And not only do you, are you -- you have a lot of friends but you have a big family, don't you?

AT: Yeah, my family is huge. My mother's one of fifteen and my dad is one of seven. So, that's twenty-two aunts and uncles. Not all of them are still living but -- and they each have plenty of children. So, I meet a new cousin every week. (laughter)

LB: And you haven't been able to see any of them in person for a while. Maybe they come over and wave from -- you for far away or --

AT: Well, I do have -- two of my cousins, especially, we have already given each other the rundown, we know how to be in

public spaces. They know where I work, especially because we were such advocates when it comes to health, especially health [00:12:00] disparities within the LGBT community. So, we follow Dr. Rachel Levine, like, very closely, the instructions. So, we feel comfortable enough to be around each other even though we don't live in the same home because we might as well live in the same home with as much as we see each other. So, that's been a little bit of a saving grace with visits here and there, socially distant on the porch, you know? I have my hand sanitizer always by the door. I just ran out of Lysol, so nobody's allowed to come over until I get some more. (laughter)

LB: I know!

AT: That's where I am now.

LB: Well, I was going to ask you about how you feel about seeing Rachel Levine, Dr. Rachel Levine, and how that is sort of a positive thing for all of us. Say a little bit more about that and our --

AT: Yeah.

LB: -- our own (inaudible)

AT: Definitely. It's very empowering to see someone who can just -- I want to say it's like breaking barriers, you know? It's, like, not really [00:13:00] caring what other people think. I've been in the comments section. She's been

treated so terribly and disrespected so much in the comments and it takes everything in me not to just, like, fall into the bait because it's a bait and those comment threads will just go on and on and on. But to just see somebody who is living their truth and is not worried about what anybody thinks and literally is put to the test of that every single day is just -- I think that she is an amazing person and I couldn't think of anybody better to lead us during a crisis like this. And I think she's doing the best job she can possibly do. So, if you see this, thank you. (laughter) Thank you, thank you, thank you. (laughs)

LB: Well, we are all really grateful for her. I mean, we -- there's so much misinformation that's going on and lack of leadership, I think, in other areas, so it's wonderful to see her and the leaders we do have. So, this question is on my list. I didn't write this but are you spending any time on queer dating or hook-up apps [00:14:00] and have you found queer community despite --- you know, additional queer community despite these restrictions?

AT: Yeah, I definitely am no stranger to, you know, Grindr or any of the other social apps that are targeted for, you know, the hi and bye is what I call it. (laughs) A lot of people use it for a hi and bye. (laughter) So, I think I --

like, yes, I am still on them. I do, I use them for conversation but I find it very scary, though, some of the messages that I do get because, I mean, there are a lot of people out there who just don't take this pandemic into consideration. And, yeah, let's just say their message starters aren't always just about conversation and I think they should be safer. So, I just -- I've become familiar with the block button because, you know, you have to take care of yourself in a time like this and sending messages that kind of will lead to a hi and bye situation right from the jump [00:15:00] just tells me how much you really do care about yourself. So, if you don't care that much about yourself, you're not really caring about what you're going to put me through, so I'd rather not meet. So, thank you and goodbye. You don't get the hi. You just get the goodbye. (laughter)

LB: That's a good one. I haven't heard that before and really looked into that now.

AT: Yeah. I just made it on the fly now because it's, like, how do I talk about this? (laughter)

LB: The hi and bye?

AT: Yeah.

LB: You just made that up?

AT: Hi -- yeah.

LB: You're brilliant!

AT: Yes, made it up right now, right off the top of my head.

LB: My gosh! (laughs) So, do you think, I mean, it's interesting that -- like, this is a question that I think people wrote before we were really in the thick of the pandemic. And really, in the grand scheme of things, we haven't been in it that long. But this is saying how has it affected your life? And, I mean, I can't think -- and for me and you, I don't think -- I think it's affected every moment of every day, [00:16:00] you know?

AT: So, yeah, I think -- for someone to say that it hasn't affected them, I feel like it's -- I hate to say it but it's somebody who's living in denial.

LB: Yeah.

AT: You know? You have to think about this. This is very serious. It's very -- it should impact your life in many, many ways and if you're going around and your life hasn't been impacted that much and you're not an essential worker who's just annoyed with having to put on extra protections -- I mean, those people still have to go to work every day. So, thank you to them for being on the front lines, you know, the first responders, all of that. But how can it not affect you in every single aspect? Like I said, it's -- I've seen videos of people -- this is really bringing out,

like, the worst nature in people, I feel, especially with social media being present and the videos that I see of anti-maskers and just people thinking that their civil liberties are being taken away. And this is [00:17:00] something that you can spread to someone else without even trying, without even thinking about it, just by doing your day-to-day activities. So, you know, this isn't just you protecting yourself. It's protecting those who are more susceptible to this. So, people who are more in danger of losing their lives. So, like, I look at it, like, you know, just because they have great immune systems and they think that this is all a hoax and that they'll pull through even if they get it, it's, like, what does that say about how do you care about your community and what, like -- and I don't even like to go to my mother's house. Like, she gets upset with me and I'm, like, "Mom, we're in a pandemic. No, I'm not visiting you every day. Like, that's not -- I'm not doing that."

LB: Yeah.

AT: Because my mom is the type that, in a week -- it's too much time for her. She says, you know, "I may die sometime soon" and she does the whole Hispanic woman guilt thing on me -- (laughter) and now that COVID's here, she can be, like, "It can take me at any moment. You never know." Because she's

diabetic, so she has a compromised immune system, as well, and I'm, like, "Mom, stop." (laughs) [00:18:00] "For all I know, like, I could inadvertently bring this to you and it's because I care that you haven't seen me." So, you have to make, like, the tough choices. And it's just it's -- I think it's brought out the ugly in a lot of people and for somebody to say that it hasn't affected them on some level is just asinine.

LB: Well, it's really impossible to not affect somebody because, after all, just the fact that you can't go to the grocery store without having -- noticing that there's a specific effect -- it's affecting, you know, whether we can get certain things, buy certain things. It's affected whether we can get into the grocery store without a mask. I mean, you can't go in without a mask. So, if you're -- and if you do wear the mask and you take it off or you're not wearing it, people will yell at you and they have a right to yell at you because you're really putting them at risk. So, how could you pretend that that didn't have an effect on you? It would be impossible to not do it.

AT: Yeah.

LB: I think, so, this is asking, like, are you [00:19:00] staying in and are you limiting going out? I mean, have you been going to the grocery store and have you been going out



to eat or what do you think?

AT: I think -- so, my aunt loves the diners. I grew up with -- I always say my one aunt, she gave me a childhood because my dad was a homebody and my mom didn't drive. But my aunt, she loved going to the diners, loved traveling out of town. So, I was, like, with, I'm very -- those are the two cousins that I'm very, very close with (inaudible) so I always say she gave me, like, a real fun childhood. And so, you know, I'm like that person that, like, will be sitting at a diner with my aunt at, like, nine p.m. at night, drinking coffee before bed. (laughter) Like, that's just, like -- yeah and it's not even just, like -- it's just the repetition of it, right, because we have that bond with each other and we've changed our -- we've changed that. So, her coming here sometimes for coffee. Like, we'll visit each other but we haven't really gone -- I think we've been to one diner since we've been in the green. And they were very good about, you know, having [00:20:00] your mask on when you came in, the server wore the mask at all times, and then when the food came, you could take your mask off, you can eat, and we made sure that we didn't make it a point to kind of hang out in there like we kind of do and have, like, five cups of coffee or four, you know? Like, we were in and out. But we kind of needed that just to get a

little bit of normalcy. But I will say, like, it's definitely -- we've been, again, to one since this all happened. But we're definitely not in a rush. We have found other ways to, like, have our coffee together --

LB: Good.

AT: -- in a safer way. And I think that's what more people should kind of pay attention to if -- you know, forget normalcy. Normalcy's gone, right?

LB: Yeah.

AT: What can you do to help others? And for your mental health, if you have to do things, what is the safest possible way that you can do them? So, that's -- I'm trying to lead by example, even, like I said, even when my mother wants me to come over. I'm going today but then she won't see me until, like, next week or maybe even [00:21:00] two weeks after that because you just don't know, you know?

LB: Yeah, yeah. Yeah, I was talking to somebody who sort of takes care of her eighty-eight-year-old -- you know, her parents who are in their eighties and they were, like, "You have to come over, you have to hug us." And she said, "Okay, you can't go out and I can never go out because I don't want to be the one that kills you."

AT: Right.

LB: Who wants to have that over their head for the rest of

their lives?

AT: I know I don't.

LB: No kidding. So, this says what other queer activities have you been doing? And it's funny that you and I do queer activities all day long every day, so --

AT: Right.

LB: -- it's hard to find something that isn't queer that we're doing, so --

AT: Right, well, I mean, I did -- since we are in the green, I did perform this past Sunday at a very limited seating kind of place. I did have, like, a face shield on, so that was -- it was fun to do but it was still a little scary.

LB: I bet.

AT: Just because -- you can't ignore this just because things [00:22:00] seem to have gotten better.

LB: Yeah.

AT: Just because something's a certain way doesn't necessarily -- it is that. Never take anything at face value, you know?

LB: No kidding.

AT: Take --

LB: Where were you, where --

AT: I was in York, Pennsylvania.

LB: Where?

AT: York, Pennsylvania.

LB: Oh, York. York, yeah.

AT: Yeah. There was, like, some sort of, like, hookah lounge kind of show thing where they kind of wanted to try an LGBT night there. They had just opened, which I thought -- which was kind of what helped me say, like, okay, like, I'll do it. Secretly, I thought it would be canceled because of COVID and, of course, they didn't cancel. And I'm, like, well, now I'm in a pickle --

LB: Amazing!

AT: -- now I have to go. But I will say that they just opened. I think they've been open one weekend and we were that Sunday and they made sure that they included an LGBT night from the start, which --

LB: That's cool.

AT: -- I thought -- really nice of them. So, I kind of -- you know, I took my risk, I took my chance. I went out there, I was just safe as possible. I performed and I just wanted to show up and kind of let them know, like, you know, we're worth [00:23:00] having. Like, we're not going to -- we understand you're running a business but we're worth having in your establishment, so thanks for thinking of us and thanks for giving us opportunities to perform and to work during this time, and in a safe place, because they were taking temperatures at the front door, as well, and people

did have their masks. I mean, they were doing, like, their hookahs and stuff but, like, you know, for the most part, everyone had, like, their masks on and temperatures were checked at the door, metal detector, all that good stuff. So, they were -- they were really impressive.

LB: Were there a lot of people there?

AT: I want to say there was probably about twenty to twenty-five people there, so not too many. It wasn't like a normal, like, nightclub gig where I can come into contact with maybe, like, two hundred people in one night, especially being an entertainer. They had Lysol spray ready for the money as we were, like, collecting because money's very dirty to begin with --

LB: True.

AT: -- you know? And, like, to tip you. So, you know, there was Lysol ready for, like, the money and stuff like that, hand sanitizer [00:24:00] for right when you came offstage. Like, it was fun and I think people were just happy to have that tiny bit of normalcy with a little bit of extra intertwined with it to keep them safe.

LB: And when was that? You did it yesterday or --

AT: Sunday.

LB: Sunday.

AT: Yeah. So, I drove after the show, late at night, and then I

was up bright and early, eight a.m. on Monday to help get -- or, well, now, I shouldn't say help to get to work.

LB: Yeah.

AT: So, I virtual arrive.

LB: Now, he does something that's drastically -- I think is very different from -- than you would normally do. But you're getting up a lot earlier than you normally do.

AT: Yes, I am because I don't --

LB: All the time. (laughter) And also, there's other reasons, too. Explain why that is. It's not just because you're home.

AT: Well, I mean, I feel like being home is a big part because, like, what could -- there's only so much you can do in your home. So, I hate to fall asleep on the couch. I like to ride the wave in my bed. So, I kind of lay down -- I think at nine or ten o'clock at night. So, watch [00:25:00] TV in bed. That way, if that sleepiness comes, I can ride it to the morning.

LB: Right.

AT: The center is usually open from ten to six but I really enjoy getting up earlier to -- having a little bit more of the day, just seeing -- I love the sun. I love -- I've been up to Rainbow Mountain a few times, socially distant, of course, to, like, sunbathe and, like, get in the pool and

stuff like that. So, I like to at least have a little bit left of my day of daytime, because I don't know if you're anything like me. When the winter comes, it's, like, so depressing because we leave and it's dark outside when we leave work.

LB: Yeah, know just what you mean.

AT: Yeah.

LB: I walk home and then I walk home in the dark.

AT: Yeah.

LB: We keep doing that, yeah.

AT: You do.

LB: And even if it's just five o'clock and I don't even -- I don't usually leave -- and if I leave at six o'clock, it's always dark. So, yeah, no question.

AT: So, I love, yeah, I love the sun and I love -- and, like, I just -- I don't know. I just feel like I get more accomplished getting up earlier in the morning. (laughs)

LB: Yeah.

AT: So, I mean, if I had it my way, I'd continue. [00:26:00]

LB: I think one of the things that we've done in the past, I mean, our center does that for a lot of reasons, I think, when -- and I was -- I have to admit, have to confess, I was the one that made that happen because Adrian wanted to be nine to five and I said, "I'm not coming in before ten."

AT: Yeah.

LB: And actually, I think that that's turned out to be better because we're there until six, which covers a lot of our evening programs. So, we don't have to -- a lot of people don't have to do extra stuff. We often have an evening program that's done by six o'clock. And also, I know that this is true for Adrian although he probably curses this at some level, but he often likes to have -- he has a lot of meetings before he comes into work. Doesn't do that -- now it's all different but I'm liking leav-- you know, coming, doing stuff earlier in the day, too, I think. But I don't tend to do that as much when I'm -- when I'm at the Center. I [00:27:00] actually want to have time before to do stuff.

AT: Right.

LB: So, you know, you can have a --

AT: Well, it did used to help sometimes, like, if I had to schedule, like, a checkup, like, a doctor's appointment or something --

LB: Sure.

AT: -- scheduled at eight thirty and then still be able to get to work on time. Like, yeah, that was definitely a perk -- to having that.

LB: And you can have -- like, I could have -- so, since I walk to work, it takes me a while to walk to work. Takes half an



hour. Can take up to half an hour. So, you know, otherwise, I'd be leaving at eight thirty and instead, I leave at nine thirty, you know? But it does -- like, I can get up and I can get things done before work. And sometimes, I don't have the energy to do it after work. That's what --

AT: Yeah.

LB: -- another thing, too.

AT: And I think running indoor evening programs are -- right? It's, like, a really good thing to have, too --

LB: Yeah.

AT: -- because it's, like, who wants to go home for two hours and then have to come back?

LB: Oh, gosh, yeah, that would be horrible.

AT: The show starts at seven or eight o'clock at night, so --

LB: Right, right, starting so early and then going all the way until [00:28:00] eight o'clock. Now that's you're doing a 12-hour day. So, it's tough. (laughter) Well, it's worked out. I think it's worked out okay but I can see why everybody's changed their hours now that we have these much more flexible hours. There's sort of that core time and then we have the flexible hours. Think that's working well for people.

AT: I think so.

LB: What's the hardest -- So, what's the biggest frustration or

fear you have or challenge that you've had during this time? I mean, are there things that are just so frustrating for you?

AT: Honestly, other people who don't take this seriously.

LB: Yeah.

AT: That's my big --

LB: Almost everyone has said that.

AT: -- especially when it's family. Yeah, that's a --

LB: Yeah.

AT: Yeah. I do have a brother who -- I have two brothers but they're both, you know, there's no logic behind their statements. You can just tell that they have a lot of friends who think this is a hoax. So, like, you know, they don't do their own research and they don't understand things. So, of course, they're, [00:29:00] like, "Yeah, no protesters get it but people at the beach do. This is all a conspiracy." And I'm, like, "Yeah, well, just God forbid one of, like, one of your daughters, one of my nieces or, like, my nephews, one of your kids gets sick with this or something and then you might be singing a different tune." And I don't wish that on anybody.

LB: Right, but --

AT: But it's, like, what is it going to take for certain people to, like, just take this serious? This isn't about you

anymore. It's not just about the economy. It's about someone's life. And you never know how you contracting this and you spreading this can affect someone else. So, just take it seriously.

LB: Yeah.

AT: You don't want to wear a mask? Stay at home.

LB: Yeah, (laughter) I've always -- I mean, I know I've told you before that in 1918, my grandmother died and she was thirty-two years old at the time. And my father was four and he, then, grew up without a mother and -- because she -- because in the flu epidemic of 1918, most people who got it were between the ages of twenty and forty [00:30:00] and she was right in the middle of that time. And people would say, well, you know, that's one hundred and two years ago. How does that affect you? And I said, "Well, you think it doesn't affect me to have had a father who didn't have a mother, you know?" And who grew up -- his father immediately left to -- went to South America. He was raised by his grandparents, who were quite old. You know, and it affected every minute of his life. He didn't have a mom. And that would affect me. It ultimately affected me, too. In fact, and like people -- most of my friends had two grandmothers. I didn't. I had one. And I coulda -- so, that would have certainly have been a possibility and gone

through that various different -- the circumstances that one has when you have two grandmothers and you have a father who has had parents -- he wasn't a bad dad but who knows? And I also think now, I'm really strongly believing that she was pregnant when she died because most pregnant [00:31:00] women who -- when they -- if pregnant women in 1918 got it, seventy-two percent of them died.

AT: Oh, wow.

LB: Really affected pregnant women. And other people in her family didn't have it, so I think it's likely. She was the age to have had a kid and I think she was pregnant. So, now, I'm thinking, like, okay, I didn't have, my father didn't have brothers and sisters, so I didn't have cousins, you know? How that affects -- like, I don't have very many cousins. I only have three cousins in the world. You have a million cousins in the world. Literally a million.

AT: I'm still meeting them. (laughter)

LB: At this very minute you may have a --

AT: There might be one being born right now, I don't even know.

LB: Could be happening right now. And that's another thing, too. I think people don't even think about what could be happening to children that were born if their mother or their father had had COVID, maybe asymptomatic. We don't have any idea how that will affect people, so, all these.

AT: And, you know, I think, [00:32:00] you know, I like to say I think God. But, you know, whoever's in charge up there but --

LB: Yeah.

AT: -- my friend who -- she works at St. Luke's. She just had a baby a few weeks ago but she works with COVID patients day in and day out and she did it during -- throughout her whole pregnancy. And thankfully, she's, you know, she's never contracted it. She was tested all the time and she's been good. So, that was a blessing. But, like, that's what your story reminds me of and it's, like, you know, regardless if it's 102 years ago or if it's, like, now, you know, family is family and, like, you know, stuff that happens to your grandparents can affect you, because shape or form is because, you know, what happens to them happens to their children and happens to their children's children, you know? Life is tough as it is.

LB: Right.

AT: Less people doesn't make that equation any easier, so I totally -- I understand what you're saying there.

LB: What -- So, like, [00:33:00] you always seem like such a normally even-keeled guy. (laughter) You think this is affecting your mental health?

AT: I feel like in the beginning it did because I was a little

more -- I was on the worried side. But the more, like I said, the more people I had -- were able to talk to -- like, as you know, we had our staff meetings, like, every day. So, I had human interaction at least once a day for at least an hour. I had, you know, my family time on, like, the Zoom calls. I had my -- after everything started getting a little clearer -- not in the beginning but as we started to move into, like, the yellow phase where we could be, you know, socially distant, twenty-five people or less, like, in a public space -- I wasn't going to public spaces but I made sure I had my Instacart deliver -- make sure I had my eggs and my bread, my coffee, and my aunt, you know, would come over every once in a while. We would have our coffee on my porch, you know? So, I think finding like-minded individuals who really do take this pandemic seriously, [00:34:00] who you can -- and it is a risk. And I hate to say it like that -- who you wouldn't mind risking maybe spending a little bit of time for --

LB: Yes.

AT: -- has really made a difference. I couldn't imagine me being somebody who has been -- I've been single for a very, very long time and I live alone. And, yes, I have family but had -- we not been taking those risks, I think if I would have been stuck in this house with just, like, work

and a PlayStation, I think I would've went a little crazy.

LB: Yeah.

AT: I would've been a little stir crazy. I don't like to walk anywhere. You probably would have seen me walking all around the blocks, (laughs) just taking walks with a mask on because, yeah, people -- it's important, especially for those who live alone, like, people like me -- and you have to be safe and if you're going to take a risk, just know your facts, take your precautions. And it's possible to still live in this world but not if you're going to walk around and act like this is a hoax because it's definitely not. [00:35:00]

LB: Yeah.

AT: And so, just something I want to draw home. If you want to take the risks, that's fine. But just make sure you do it responsibly. Make sure you take every precaution possible.

LB: Yeah, and it's -- the likelihood of people -- I mean, it's so easy to be frustrated at people who will say, "Well, I don't care if I get sick." And you're saying, "Yeah, but you're going to make other people sick."

AT: Yeah, and they don't get --

LB: Yeah.

AT: That's usually where the hoax line comes in. "Oh, well, I'll be fine if I get sick." Well, okay, what about people

you're passing in the grocery store?

LB: Right.

AT: You know? What about, you know, that elderly individual that, you know, had to stand next to you in line and you were playing with your phone and you didn't pay any attention and you're standing, like, really close to them? And, like, what if you, like, sneeze on them or something?

LB: Yeah.

AT: And now they're dead, you know? Like, I think, like, people don't understand, they don't grasp that concept. Like, they're dead. [00:36:00] Somebody can die. Like, this isn't just, like, a regular flu. Like, yes, I know there's flu shots and stuff like that but people are dying.

LB: Yeah.

AT: And just because it's happening in mass amounts, don't let the charts and the numbers desensitize you into -- caring for other human life, like, that should be your number one priority -- is not only protecting yourself but protecting those that you love and the people that are around you. And even those you don't know.

LB: I know.

AT: Sorry, I (inaudible)

LB: And including -- if you get sick, too, I mean, you're going to seek out healthcare. So, now you're putting all those



healthcare workers at risk.

AT: Yes, absolutely.

LB: And that's a terrible thing. You know, lots of healthcare workers have gotten sick. I know healthcare workers who have been sick. And horribly sick. Just horribly sick and devastatingly sick. It's terrible stuff.

AT: I had a cousin who actually contracted COVID and an uncle. [00:37:00] They're not in the same home but my aunt -- they worked at a retirement home and my cousin does home care. And she's one of the strongest people I know. Like, if there was anybody to, like -- that I would say could be in, like, a gunfight and take, like, two bullets and just probably, like, still, like, mess everybody up and then make it to the hospital and be okay, it'd be her, you know? And I hate to use that as an analogy but I just need you to understand, like, this --

LB: Yeah.

AT: -- my cousin is -- she is a woman of very strong resolve and she's just a tough one. And I got text messages from her and then she was just scared to death. She thought she was going to die because that's how sick she felt. And, yes, it affects everybody differently but her body was, like -- her joints, like, her body, everything hurt. She had a fever, you know? She could -- it was tough. It was

real tough.

LB: She had --

AT: And then for me to see somebody that tough feel that way, so defeated. I'm, like, oh, my God!

LB: Did she have somebody to take care of her?

AT: Yeah, she had -- oh, well, she lives -- [00:38:00] Her mom, like, her, her mom live in the same place and she has a 10-year-old son. So, mom took over the son and she stayed quarantined in her room and then she just -- she wasn't allowed out. Like, they might as well have put, like, caution tape up. Like, she was not coming out of that room until -- unless she had to bathe or -- and she even went for walks just a little bit because she said just laying there, even though everything hurt, she didn't want to get complicit in just laying there and taking it, because that's the kind of person she is. So, she would go for a little walk every day, which she said really, really helped her but -- and then, you know, as soon as she was cleared with the timeframe -- her symptoms went away. She couldn't taste or smell anything. And she loves her food, so she was really upset about that, too. (laughter) But as soon as she was all clear, they did a thorough, thorough cleaning of, like, the room and thankfully, knock on wood, [00:39:00] my aunt and her son never got it.

LB: Wow!

AT: They were tested and they came out clear. So, they did something right, you know? It's a shame that she had it but it could have just as easily turned into three people having it just because she does home care.

LB: No kidding.

AT: Yeah.

LB: Yeah, I know whole households of people that got it and I also know that -- people who got it who could not have walked. They couldn't have walked. They could barely walk to the bathroom. They had to crawl to the bathroom.

AT: Yeah, it hits everybody differently, you know?

LB: Yeah, it does. And a lot of people who have died who were by themselves, you know, they couldn't care for themselves. It's not like they could get up and take aspirin or, you know, get up and --

AT: And then, they're saying that there are certain aspirins that you just can't take because it makes it worse.

LB: Right, right.

AT: Because her headaches -- she suffered through -- her headaches, she said, were the worst at night. Her head just felt, like, huge. It was just, like, constantly pounding, yeah.

LB: Oh, that's awful, awful. So, are you scared about getting

it?

AT: Yes. [00:40:00]

LB: Yeah.

AT: Absolutely. Everyone should be.

LB: Yeah, yeah, yeah. So, what, of all the stuff that you've been doing, what's the best thing that's been happening? Is there anything -- like, some people will say, "I'm such an introvert, I really love this, I don't have to talk to anybody." (laughs)

AT: Well, okay, so I -- see, I do love going out but secretly, I do have a little bit of my father in me. I am a homebody. So, working from home, I think, has been great. So, that's a good distraction for eight hours of my day. I like video games. Some people don't. I enjoy them a lot. It's really easy to, like, get lost in a video game. You feel like you've been playing it for, like, an hour, an hour and a half, and then you look at the clock and it's, like, two in the morning and you have to be up at eight and you're, like, oh, my God!

LB: Yeah.

AT: And I started -- And then you're, like, I started at seven o'clock. How did it become two a.m. already? But, yeah, playing some games that I have, just making just normal stuff that I wouldn't have the time for now, like, for

myself to enjoy like I do, so --

LB: Ah! [00:41:00]

AT: -- rhinestoning costumes, you know? Like, masks. (laughs)  
Little (inaudible)

LB: You rhinestoned that yourself?

AT: No, but I could.

LB: Okay. (laughs)

AT: But I don't want to do this. I'd rather do a costume.

LB: Yeah.

AT: These are the hardest, because they're so small.

LB: Oh, yeah!

AT: They are very, very small.

LB: Cool.

AT: So, yeah, there's quite a few stones on there --

LB: So, I know --

AT: -- but just --

LB: -- this is great.

AT: But, yeah, you know, just working on costuming, learning  
new music for whenever we can open back up and not be --

LB: Right.

AT: -- as scared of COVID, when we know more, when there's, you  
know, hopefully a vaccine that we can take for this. I know  
some people are skeptical and they're anti-vaxxers. But I  
don't know (inaudible)

LB: It's probably hard -- it's hard to imagine how we can stop this -- I just read -- Trish just read a thing that said that if every person in the country wore a mask every single day for the next -- you know, three [00:42:00] months, it would be gone. It'd be over.

AT: Eradicated.

LB: But people won't do that. We can't have them do that. So, the only other way to do it is have almost all the people have vaccines and require the vaccines because, you know, we -- that's how we got rid of polio, that's how we got rid of smallpox, it's how we got rid of most measles. You never hear measles outbreaks anymore.

AT: "Well how dare you ask me to inconvenience myself for three months with a mask, it just" --

LB: I know!

AT: -- "it's civil liberties, for crying out loud!"

LB: Yeah, like -- and, you know, I have a friend who said --

AT: That was sarcasm, in case nobody caught that in the interview. But I'm just, you know, (laughter) disclaimer. (laughter)

LB: Good. One person said, like, "I can't wear a mask." He said, you know, "And that it's not fair that the government makes you wear masks." And she said, "You know, the government makes you wear clothes."

AT: (laughs) Yeah.

LB: It's, like, really, if you think about it.

AT: Oh, yeah!

LB: And, in fact, people probably wearing clothes in their house! (laughs) [00:43:00] We wouldn't even think about not wearing clothes, even if nobody was going to see us.

AT: Right.

LB: You get up in the morning and you put on clothes and nobody even thinks about it!

AT: And you know what? I thought of, you know, over in China, especially with -- like, you see -- like, I saw it a lot in movies and I had to kind of, like, look into it a little bit. But, you know, and I never realized that, like, in certain areas, the pollution is just so bad that people wear masks to begin with anyway over there.

LB: Yeah, yeah.

AT: You know what I mean? So, it's just you got to -- tough! Get used to it. You got to do it.

LB: Yeah, it's --

AT: You know?

LB: -- not that hard.

AT: It's not just about you anymore. It's about us.

LB: Not really hard. It is like one of the least not hard things you can do. I mean, it's not like saying to people,

okay, everybody has to lose twenty pounds, (laughs) you know, or everybody has to, you know, go to college and finish it and pay for it themselves, you know? Nobody's saying that, you know? So, it's [00:44:00] so amazing to me that people are so reticent about it. And part of it's political, too.

AT: Of course.

LB: You know?

AT: My favorite are the people who say, "Well, you know, I read online that if I wear the mask, the CO2 levels, that just -- they're really bad for me." And I'm, like, "Okay, so what do you say to the doctors and the nurses who have to wear this sometimes for ten, twelve hour shifts?"

LB: Yeah, yeah.

AT: "They do this daily, sometimes for weeks at a time without a day off, especially without a day off now because people like you won't wear the mask. How do you think they feel?"

LB: That's right, that's right.

AT: Oh, gosh, and then they always say -- same people usually post, like, "Oh, I went -- my friend went to the doctor. My friend, like, John went to the doctor and they put their mask on and they put the little thing on and then their CO2 levels, like, skyrocketed and then, like, their blood pressure went up." And it's funny because it's the same



exact story but the name always changes. [00:45:00] It was John, it was Mary, (laughter) Sue. But everything else is the same except for the name. And I'm, like, yeah, your friend, I'm sure.

LB: Yeah, I got to tell you that Trish -- Trish, we went to -- she had to have, like, a consultation with a specialist doctor today and she -- it was just a check thing and she'd had some tests and she had some lung stuff and they wanted to see how serious it was. And it turned out that it's pretty good. Everything is pretty good. But they wanted to check to be sure that she has enough oxygen in her blood because she's older and stuff like that. So, they make her -- you know, we're both wearing double masks because we're so paranoid. And the doctor was, too. He was wearing two masks. And we -- and they're very, very careful there, you know? They test you outside and you can't even get into the building. And then --

AT: The 10 minutes before, right?

LB: Yeah, and they -- and, like, I didn't touch the doorknob. I had, like, a Kleenex that I opened the doorknob -- and then, we -- and I threw it away on the way out. And then, they make you wash your -- you know, put stuff [00:46:00] on your hands and they take your temperature right away again. And then, they come in and they said -- we went into

the room and then they said to Trish she had to walk up and down the hall, this was a test, with one of those things on her finger. She's seventy-five years old, you know, and they were concerned that the number -- meaning that her oxygen level in her blood would go down. They didn't say anything about the mask. And they said, "If it goes below eighty-eight, then we have to try a different thing." And so, she started out at ninety-seven, she's wearing the mask, she walks up and down for six minutes as fast as she can go. And it's at ninety-seven when she starts and when she's done it's at ninety-seven. And she's wearing the mask! (laughter) So, hello?

AT: So, take it to John, Mary, Sue, David, whoever your friend's name was (laughter) who copy pasted that into.

LB: Yeah.

AT: Yeah.

LB: So it didn't have anything -- it didn't influence that at all. So, I actually saw this happen. It didn't make her CO2 levels go up [00:47:00] higher in her blood, it didn't do anything. And they were specifically testing for that, so --

AT: They're, like, "Oh, you're breathing it back in!" I'm, like, "Well, does your mask fill up like a balloon where the air stays in it? (laughter) Or does it actually escape

through the sides? I just -- I'm asking for a friend.

[That's why I'm here?]."

LB: Have you been wearing a plastic bag over your head?

(laughs) Stop wearing the -- you know, don't --

AT: It's like I'm --

LB: -- go to a cheap --

AT: -- I have a --

LB: -- plastic bag. (laughs)

AT: I think it sounds good initially in some people's minds but then, like, they never replay it back. And it's, like, do you hear yourself --

AUTOMATED VOICE: It's three o'clock.

AT: -- and hear what you're saying, like -- oh, it's three -- sorry, that was my computer.

LB: That's okay, that's okay.

AT: But --

LB: It's so funny because my sister even said some -- one of those things. Like, she said she thought that the -- and she never fussed up like this. And she said she thought the camera in her computer was watching her. And I said, "Well, is it on?" And she said, "No." I said, "Well, come on! I mean, unless you're downloading a bunch of really hacky programs and that are -- you know, have you downloaded [00:48:00] a lot of programs?" I said, "This is exactly the

kind" -- and I said, "Plus, if you have downloaded" -- she said, "So, I'm going to put a piece of tape over it." I said, "Well, you won't be able to do the Zoom then."

(laughs) Well --

AT: Yeah, well, I mean, I know some people, they take, like, a clip and they'll cover their camera and then --

LB: I know --

AT: -- when they're done, they'll take the clip out when they're ready to --

LB: I know that they'll do that but the only way that that can happen is that if you have a lot of mal-- like, hacked stuff in your computer. Well, you shouldn't be ignoring that because there's a lot of other stuff that they can get out of your computer that's more than just the picture of you.

AT: Yeah.

LB: Like, every one of -- you know, your -- all sorts of your accounts and stuff like that. And so, that -- it's kind of like saying, well, I'm going to lock the gate but I'm going to leave the front door open, you know? That kind of stuff, so --

AT: Well, mine turns green when it's on, so I --

LB: Yeah, mine's on, you know? I --

AT: -- can see when it's active.

LB: Right. And, yeah, but anyway -- and I'm sure that there are even possibilities of malware that can turn the light off, because apparently they can -- but you [00:49:00] have to be doing things that make that happen.

AT: Right.

LB: I think people who play a lot of games and they're downloading games and different stuff like that, there's a potential for that because you are often --

AT: I'm off the PlayStation. I'm not playing games on my --

LB: That's right. If they're doing it with their computer, it's different than -- what's your game that you've been playing that's your --

AT: It's very violent. I don't know if I want to tell you.

LB: Okay, then don't tell.

AT: It's *Mortal Kombat*.

LB: Okay, yeah.

AT: Yeah.

LB: It's not -- I don't know.

AT: It's a very violent game but I -- I don't know.

LB: (laughs) Well --

AT: Next question. (laughter)

LB: So, here's the next question. Here's the next question.

Let's see. And so, I've already asked you. You have people in your family that have had this.

AT: Yeah.

LB: And [inaudible] --

AT: And something I didn't -- well, if you -- actually, something I can add, since that question just came up, my aunt and uncle, the ones who got it, who are married, my aunt tested positive but she was asymptomatic. And her husband ended up in the hospital for [00:50:00] three days.

LB: Oh, my gosh, yeah.

AT: On a respirator.

LB: Yeah.

AT: And he's back home and he's okay now but it was touch and go there for a minute. And, like I said, they both work in retirement homes, so -- I think he worked in the kitchen and she worked in the -- on the floors, like, helping patients. And she was home, fine, and they were, like, "Well, you got to get tested." She's, like, "No, no, no, I feel fine." And they were, like, "No, honey, it doesn't work that way."

LB: No kidding!

AT: "You could have it." And then she was, like, "Oh, oh, okay." They did the test and, boom, positive.

LB: Especially if she's working in a care home. She could wipe out everybody there.

AT: Yep. So, she stayed at home, she quarantined, now she's

fine. They're both back to work and they're both a lot more careful. (laughs)

LB: Well, I wonder if they have antibodies, you know? Some people say that people asymptomatic don't build up a lot of antibodies. But he might have and that could actually make him --

AT: Might have --

LB: -- safer.

AT: My cousin, her doctor said that to her. But I hear, like, that's something that a lot of doctors [00:51:00] are iffy about. Some will say it without hesitation and the other ones will just say, "Well, we don't know enough about this for that to be true or not yet." Or, you know, so I think it's just, like, a matter of opinion. But I would think, like, with anything, once your body fights something off, it's no stranger to it the second time around, you know? My friend has -- rents out -- Florida, like, of his home. And one of the people who stayed there had COVID and he tested positive. He had to quarantine but then when he came for his follow-up test, he tested positive again.

LB: Oh, wow.

AT: And the doctor told him it's, like, "What do you wear, like, what are you doing?" He wears -- like, this guy has a fitted hat, so he -- even at home, while he was sick, this

guy had the fitted hat on and he's thinking, like, oh, this will help me sweat everything out. Well, he never washed the hat correctly afterwards so, like, all that, like, sweat and stuff, he was just re-infecting himself every day [00:52:00] with, like, the sweat from his cap. So, it was weird, yeah.

LB: Yeah.

AT: And, you know, of course, me, I don't wear hats so I'm, like, why'd you have a hat in the house? Like, (laughter) are you that into fashion that you were sick, nobody was going to see you, and you've been -- like, you're so used to having a hat that you had to put it on, like, while you were home? Like, I don't know, it's weird.

LB: Well, it sort of makes you wonder about the whole level of hygiene, too --

AT: Yeah, yeah.

LB: -- happening while he was there. You went on a trip. You went to California-- or to Florida.

AT: I did go to Florida, yes.

LB: And what was that like? What's it like in the airport?

AT: It was okay. I was a little nervous. I was under the assumption that the flights would be only flown at, like, certain capacity. The flight was entirely full.

LB: Whoa!



AT: The lady next to me was not wearing a mask and, at that time, it wasn't mandatory.

LB: Oh, gracious.

AT: So, the flight attendants could ask you to put your mask on but they weren't enforcers so they couldn't force you [00:53:00] to wear your mask at that time because it wasn't like it is now, even though it should have been.

LB: Yeah.

AT: There should have been -- I think we could all agree that this should've been handled in a better way back in January and February. But, you know, it was a hoax. But anyway, I digress. So, it was scary to me because not only was the plane full, the person next to me didn't have a mask on, and she insisted that she talk to me almost the entire flight.

LB: Oh, gosh, oh!

AT: And, you know, I'm a nice person so I'm just, oh, my God, this lady's going to get me sick, you know? And then, my nerves were wrecked, so I knew that the luggage wouldn't come out right away. It never comes -- like, there's no way you beat -- like, your luggage beats you to the carousel when you get off a plane. No matter how long it takes to get off that plane, like, your luggage just takes -- it feels like it takes forever. So, I went outside when I got

there, just to kind of, like, be away from everybody and to keep an eye on the train. [00:54:00] And these two women came out and they asked for a lighter because they wanted to have a cigarette. And so, they started talking and she, the one lady, goes, "Oh, I'm so happy to be here." And I said, "Oh, do you have family here?" And she says, "No, I -- these roots are terrible. I came down here because this is one of the only places that, like, they're doing hair." She went down there -- she took a whole flight, full of people, to get her hair done.

LB: Oh, my goodness.

AT: And then, the other lady, who she doesn't know, says, "Oh, my gosh, same! Only I came for a pedi."

LB: Oh, my gosh!

AT: And --

LB: Oh, my --

AT: -- there I stand. And I'm, like, just, good for you.

LB: Holy crap.

AT: Good for you, you know? Yeah, so I got my luggage and I got in my rental car and I left. (laughs)

LB: Oh my gosh.

AT: Yeah.

LB: (inaudible)

AT: It was -- down there, I feel like it was very willy-nilly.

People were acting [00:55:00] like it wasn't a thing.

LB: Yeah.

AT: They had, like, outdoor seating and stuff like that but it's just so hot in Florida that they weren't -- and they had the set-up. Let's say they were dressed for the part but not everybody was onstage.

LB: Okay, yeah.

AT: You know?

LB: Yeah.

AT: Stores were open, people were still shopping in stores. Like, Burlington was open and, you know, like, all that stuff.

LB: But they had fifteen thousand new cases yesterday in Florida.

AT: In one day?

LB: In one day. I saw the thing and I thought that was how many cases they had in the state now for everything, because they had had a pretty small number. Yeah, they had, like, four thousand, something like that. And I'm, like, wow, fifteen thousand. And then, it says for today.

AT: Yeah.

LB: Was one day! They have five hundred thousand cases. They have half a million cases in Florida and they're still acting like it's not -- you know, their governor and

everything is a --

AT: They opened the bars for, like, one weekend. I think the weekend after I left, they were reopening, like, bars and that lasted, like, one weekend [00:56:00] because they --

LB: Yeah.

AT: -- like, you know, cases --

LB: And it --

AT: -- just started running rampant and people are, like, "Oh, well it was only a week ago." And it's, like, yeah, well, these people had it two weeks ago.

LB: Right.

AT: Like, (inaudible)

LB: The hospitals are full there. And then, the governor is saying they're not and the people who are the heads of the hospitals saying, "Yes, they are! We don't have any more beds!" Come on, you know? People are going to die from this. It's crazy.

AT: How frustrating must it be to be a healthcare professional --

LB: Yeah.

AT: -- in this field right now. And you give the hardcore facts and you give the numbers and you give the data but somebody at the top just spins it, you know?

LB: Right.

AT: Like, you do everything, like, and you know what you're supposed to be doing. You're very well educated. You know what this is doing to people. You know how to get in front of it by being safe, at least, and they turn it into this, like, just political thing just so that people can not worry about it so that they continue to shop and so our economy stays intact. Like, I just don't get it.

LB: Well, it's not [00:57:00] a very attractive thing to see the kinds of cases they're having in Florida. And I think in the long run, it's going to destroy -- I mean, we can't -- Trish and I are talking about not being able to go back there for years.

AT: I know.

LB: And what are we going to do? We can't go there if -- and there's no end in sight. It's not going to end until there's, like, a mandatory vaccination.

AT: Right.

LB: Because -- or until we can be vaccinated. You know, if we're vaccinated, that means that then we don't have to worry if they really have a successful vaccine. But it takes a while to get a good vaccine. Course, the flip side of that -- that every single epidemiologist in the world is working on this. So, it's not quite like AIDS where nobody worked at it at all for the first three years that it was

even -- existed. So, we're coming to the end of this. So, let's -- let me ask you one more question, because we're talking about -- I'm asking everybody about all the things that are happening now and a lot of other things are happening at the same time as COVID and we can't really separate that. [00:58:00] So, I want to talk to you about Black Lives Matter and see -- you want to talk a little bit about that and what's happening in Allentown right now and what's happening in the United States right now and if you want to say anything about that.

AT: Yeah, I definitely -- I know, in Allentown, a friend of mine who I'm very, very proud of, Justin Parker, has been leading efforts and protests. I have been to -- I did go to one protest but because of social distancing, I've been trying to stay a little bit away. I feel like I've already taken, like, a lot of risks when it comes to seeing family and traveling and doing -- like, I just did that show. So, it's, like, I don't feel that it would be responsible of me to actually be there unless, like, I actually had to be there. But please make no mistake, I am in full support of this movement. I'm very, very proud of my friend. And I've had quite the entanglement with some friends' parents over this online, you know? Public battles [00:59:00] with them, just trying to explain to them the simplicity of why --

while, although you believe all life matters to be true,  
that you saying this at this moment in time is wrong.

LB: Yeah.

AT: So, that's been, like, arguing with a wall. But I don't  
like to troll people too much because I feel like change --  
to change someone's mind sometimes is not the easiest  
thing. So, it needs to come in the right form. So, random  
people, I don't entangle myself with too much. But when  
it's somebody I care about and somebody that, like, was an  
influence in my life and I see them kind of going in that  
direction, I kind of feel a little more inclined to, like,  
speak up about it.

LB: Yeah.

AT: People are hardheaded, you know? And I think the more of us  
who just band together and make ourselves known that we  
stand in solidarity and we support [01:00:00] the protests,  
even if we help behind the scenes with organizing and,  
like, even if you can't make the protest, dropping off some  
water, dropping off -- you know, donating to the right  
people to make sure that there are certain things -- I  
believe that one of them, they were able to raise some -- a  
little bit of money, enough to, like, even feed some of the  
kids with, like, pizza and stuff that was, like, there --  
safely, of course, everybody wearing, like, the proper

stuff. But --

LB: Sure.

AT: -- there are so many ways to support the movement and I, for one, am one of them. So, I hope that -- I hope everyone wakes up and they realize that this is just as dangerous as a global pandemic. If not a --

LB: Yeah, it's true.

AT: -- United States pandemic, especially -- as COVID is. It's just as dangerous, to me, because stupidity is contagious.

LB: Yeah.

AT: I'll just say it like that. I mean, it's the end of the interview at this point. Let's skip the pleasantries. But, yeah, to close, I am very, very proud of my friend [01:01:00] and I am a supporter of Black Lives Matter and I think we need to take it just as seriously as COVID-19. And the sooner people band together and people can start agreeing on what needs to be done and being comfortable with uncomfortable conversations -- is the only way that we're going to see any progress in either front.

LB: Yeah, yeah, okay.

AT: Because I could go on for hours but this is the end of the interview, so we're just going to leave it there.

LB: I'm thinking, yeah, you know, I would let you go on for hours but I know you have to do work. (laughs)



AT: I do! (laughs)

LB: Yeah, and I don't want to be the one who's making you not do that stuff. So, I'm going to turn this off. I want to just thank you very, very much for doing this. It's been terrific. You're so animated, you're fun, and I loved getting to spend an hour talking to you because I don't --

AT: Yeah.

LB: -- get as much time to talk to you now --

AT: I know!

LB: -- and not having meetings every day and stuff. So, it's so fun to see you.

AT: It's good to see you too.

LB: And I'm going to turn off the recording now. We'll talk --  
[01:01:57]

END OF AUDIO FILE