Transcript – Johanna Fernandez, Class of 1993 – Second Interview

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Interviewer: Mary Murphy, Nancy L. Buc '65 Pembroke Center Archivist
Interview Date: May 27, 2020
Interview Time:
Location: Zoom
Length: 1:11:44

Mary Murphy: Okay, so good morning to everyone out there who may be dialing in to listen to this interview. My name is Mary Murphy and I'm the Nancy L. Buc Pembroke Center Archivist at Brown University. Today is May 27, 2020, and I am interviewing a Brown alumna, particularly today about her experience during the COVID-19 global pandemic. So at this time, I'd like my interviewee to introduce herself. Welcome.

Johanna Fernandez: Thank you so very much for having me on this important project. And thank you for, for doing this incredibly important historical work. Archivists and historians, many, many, many years from now are going to thank you profusely for documenting this experience as systematically as you are, so thank you. And of course, the Brown community is, [1:00] it's just a privilege to have you doing this work.

So my name is Johanna Fernandez and I'm part of the class of 1993. I am from New York City, from the Bronx. I was hugely involved in the struggle to bring need-blind admission to Brown University. I was one of the leading members of the Students for Aid in Minority Admissions struggle, during which we occupied University Hall in 1992, after more than two or three years of systematically studying the problem of need aware admissions at Brown, and meeting with administrators to try to bring the campus to, to accept and adopt this more egalitarian admissions process. [2:00] And the occupation was the culmination really, of that struggle. 200 and some odd students were arrested, including myself and others who were leading the struggle. And it was one of those traumatic chapters in the history of Brown University. I understand that the campus is now need-blind. Its admission policy is need-blind, but it, it took quite a bit, but I'm proud to have been part of the cohort of students who fought for, for justice in admissions policy at Brown.

MM: I would direct our listeners to the first oral history that you donated to this collection where

you speak more in depth about that experience on campus. I was really struck looking back doing research for this interview today just the size and scope of that protest on campus. [3:00] It really hit me that 200 students were arrested. That's an incredible number of people.

JF: Yeah, it was like 265 or something like that. Over 1000 students took over University Hall and there was a massive demonstration outside. It was a dramatic moment. It was also a moment of struggle across the country. This happened right before or during the Rodney King riots of that year in Los Angeles, which were known as the Bread Riots of that decade. And this is a moment when those issues of white supremacy and Jim Crow in the 21st century continue to, to traumatize the country really, but maybe we can get into that a little later.

MM: Yeah. I think we should. [4:00] So I would like to ask you please explain, I mean, you heard about us putting out the call for women to contribute their experiences during COVID-19. But why did that call strike you and why did you want to donate this interview today?

JF: Yeah, so many different reasons. First, this moment is incredibly important because it's shining a light on the systemic problems of capitalism in American society, and the world. I'm a professor of history at Baruch College of the City University of New York, so I was one of the many professors who was hurled into this project of putting our classes online overnight, and I'm in the epicenter of the coronavirus crisis in New York [5:00] City. And interestingly enough, last November, I was invited to host the morning show on WBAI, which is New York City's progressive radio station. And I declined immediately and said, "Absolutely not. I'm a professor. This is not my job. I know nothing about radio." And they kept on coming back to me. It was a very critical moment in the history and life of the station. The station was illegally shut down by its parent station Pacifica and by court order it was it was ordered to be re, relaunched. So at the time of the relaunch, I was asked to host the morning show. And after a series of conversations with the management, folks at the station, I threw in the towel and said, "Okay, I'm doing this [6:00] because it's my responsibility as a historian, and as someone on the left to amplify the footprint and ideas and perspectives of the left on radio." On like mainstream radio, we were at the top of the dial in New York City at 99.5 FM. And, and I knew it was going to be hard. I'm talking about waking up at four o'clock in the morning, traveling to the station, Monday through

Thursday, to do a show for an hour. And I live in Manhattan and I would be traveling to Brooklyn. In any case, I said, "Okay, fine. All right. I'll do it for three months, but go find someone else." And I loved it. And then the COVID-19 pandemic took a hold of New York City and, and I feel blessed. I mean, it's an incredible, incredible amount of work. Like more than I've ever [7:00] imagined. An hour of radio takes an enormous amount of production and labor. But it gave me the opportunity to serve the city that I love, in a moment of crisis, of terror, of trauma. At a moment when people were wanting to, to hear sobriety, to hear compassion and empathy. And we have open calls, and I was able to like sense and feel the sadness, depression, anxiety of New Yorkers and their, and their desperate need for, for connection. So, we think of, so radio is this incredible medium that we don't often think about. [8:00] Our generation, like my generation doesn't, but a lot of people listen to radio of all different age groups. And what's fascinating about radio is that you get to connect with the people who are talking to you, because you can call in and share your ideas, ask questions. And it's given me hope about humanity. Because people call in who, who have incredible hearts, and who are incredibly knowledgeable. And these are working people in New York City of all races, of course, disproportionately people of color because of the city, but white people, you know, Italians, Irish Americans, foreigners, immigrants from Haiti call in, [9:00] Latinos, and you really get a sense of the richness of, of experience and the goodness of humanity that you don't often hear. When the television is talking to you, when mainstream TV is talking to you.

MM: Can I ask you a question just to kind of set up the context of what you're hearing from your community and what you're discussing with your community via radio? Can you compare that a little? Do you remember your first show, the first morning that you went ahead and, and launched yourself into this, and maybe what was that topic, if you can remember? And then can you tell us about the first maybe calls or first discussions you started having about COVID on the radio?

JF: So this is hilarious that you should ask this question. I sued the NYPD for the surveillance records of the Young Lords [10:00] who where the Puerto Rican counterpart to the Black Panther Party. And that's the subject of my book titled *The Young Lords: Radical History*. I sued the NYPD in 2014. And as a result of my suit, over a million records of police surveillance were

recovered – the largest repository of police surveillance records in the country, including those of the police surveillance of Malcolm X.

MM: That is fascinating.

JF: So there's a reason why I'm telling the story. And I, it's fascinating that I'm talking about this now, randomly, because last week was Malcolm X's birthday. And it's a moment of celebration and public dialogue, and I participated in a, in a conversation about the meaning of Malcolm X for American society and for today. In any case, [11:00] the cops are vindictive. And this story was covered everywhere, in the *New York Times*. The suit happened over the course of two years. And we might talk about this at some other time. I was in a battle with the cops in the courts. And my, my car has been towed in New York City at least 100 times for craziness and like I don't know what the hell to do! It's the cops. Like my, my car is the only car that will be towed if I mean for nothing.

MM: Yeah.

JF: So the morning that I started on the show, my car was towed.

MM: Yep, there you go. [12:00]

JF: My car was towed, and I had to pay a $100 cab to the station after I like compose myself because it's, it's shocking and dramatic and just torture to go to where you know you left your car and to find it disappeared. And to know –

MM: First thing in the morning.

JF: Yes, yeah at like five o'clock in the morning. And to know that, that it was the cops and that they're watching me. Okay, so I'm like whatever. I'm keeping it moving. I call the cab and I got there on time. So I told the story of having, of having had my car towed. And we got all of these calls from New Yorkers who've experienced the terror of having your car towed by the City of

New York and it's a very expensive and labyrinthine [13:00] process to get your car back. But it's shock and awe.

MM: Yeah.

JF: So that was my first day on WBAI's morning show.

MM: Unreal.

JF: And you know we were kind of literally shooting the shit on radio. In the beginning I didn't know what I was doing I was just talking and trying to feel my way and find my voice but I, I, I was, I talk for a living, but I was very, very reserved because it's a little you know, it's a different medium and it's, it's, it's scary to be on air and know that all these people are listening in and – In any case, that's the only thing I remember about the first, the first show. I remember however, the responses. The humane and human responses [14:00] of the listening audience. And I understood that ultimately radio is about telling stories that connect in a very genuine way with the listening audience and that appeals to their humanity.

MM: What about the intimacy of it? I feel like when, and I feel that way when I'm recording oral histories with people, is that it's very quiet. Maybe you can speak to the intimacy, but then it's like the world, you know, the world is going to hear it and that's very, it's an interesting dynamic.

JF: So, so what's scary is that it's very quiet. It's you and a microphone and maybe your co-host. And you hope that people are listening in. You don't know who's listening in. And it's unclear how to have a conversation with someone that you're not seeing. Mm hmm. But the, one of [15:00] the folks at WBAI who has been there for a long time, and this is progressive radio, so no one's really getting paid. This is what we do, because we love. There are some bills that are getting paid. But, but we do this because of its importance and because you love radio. So Linda Perry told me, and told me over and over again, when you're doing radio, you're talking to one person. So it has to be a very intimate connection and conversation that you're having. You're

not giving a lecture to 100 students at Baruch as I do. You're really try to connect with one person because people listen to the radio alone. Which is fascinating because you never even thought of that. I've never I had never even thought of that. But yeah, when you turn on the radio, you're not listening to the radio with your entire family or with your partner. [16:00] But you're just doing it alone.

MM: Right, right.

JF: So you need to connect on a very human level with your listener. And you know what, the listener connects with you and I've gotten so many emails from people who thanked me for bringing them life in this moment of terror and panic for the city of New York. But you know what, I remember that when I got my first teaching job at Trinity College, that was my first teaching job in Hartford, Connecticut, predominantly white, very conservative school. One of the most expensive schools at the time in the United States where by the way the Republican Party organizes. It was a very difficult moment in my life. I was depressed [17:00] in part because it was so much work, I was getting up at five o'clock in the morning, preparing lectures and literally going to bed at nine and getting back up again at five and going to bed at 9pm. And I was still finishing my dissertation. So by the end of the semester, I was like, do I really even want to do this? And I started watching Ellen. And I remember that, like that was the only respite and joy I had. And I remember that Ellen, just because she has such a large heart and she's so human and genuine and funny, it just, it kept me going.

MM: Yeah.

JF: It kept me going. I was like, okay, I used to cry with Ellen and she did nothing she'd like dance on studio and said and – but I remember [18:00] that in times of crisis we need, we need to hear the strength and the humanity of other people.

MM: Yeah.

JF: To keep going. And unbeknownst to me, a million years later, I started teaching when I was

pretty young, I'm helping to do this for people who feel, who feel like their lives are falling apart and that they're depressed or in crisis. And I'm just honored to be able to give back in this way.

MM: So tell us about those first calls, maybe when they first started coming in about, about COVID. What was happening in the city? Tell us that story?

JF: So first of all, we decided that we were going to do for the COVID crisis, what WBAI did for the Vietnam War. So [19:00] WBAI is this long standing radio station, variety in New York City that became the voice of resistance in the '60s. Like, WBAI was ahead of the curve in terms of amplifying the vanguard of the movement. So just to give you a sense, it was WBAI that first amplified the first conversations around issues of transgender. A million years ago when it was crazy weird wild to talk about any of this. The women's movement and the consciousness raising circles were amplified on WBAI. Women talking to each other [20:00] about what oppression means in their personal lives and how power is manifested in their interpersonal relationships. Among the things that WBAI started to do, which was then mainstreamed, was that they started documenting and counting the number of soldiers who had died in Vietnam every morning. And that practice of just identifying the number of dead but also saying their names, was then amplified domestically, and that was one of the very important routines that helped build the anti-war movement.

So, so we decided, because I knew this as a historian, I knew this about the station, and I teach the Vietnam War and I, it's one of my favorite subjects. I was like, this is what we're going to do [21:00] for COVID-19. We're going to document the dead in New York, we're going to count them, and we're going to give what we now call the, I can't remember how I start because I it's scripted, I say something like, "And here's your report on the apocalypse." And then I start talking about the, the stats both for New York City, around the country and the world. The number of people infected, the number of people who died domestically in New York and around the world, and something insane and apocalyptic that is happening, especially around our health care system or the lack of PPE and masks for doctors and nurses and respiratory technicians. So that's how, that's how I start. And [22:00] we've been doing that since March.

One of the first calls I got was from an elderly woman who was desperate. Who had pinkeye. And this is before we'd heard enough, enough information about what the symptoms

are. And she just wanted to know if this, she had heard that that pinkeye is associated with, with COVID, but she couldn't get ahold of a doctor, she couldn't go to the hospital, and she just wanted to know if she had COVID, if this was a symptom. And I remember that I interviewed my sister in law who's a surgeon. And she did say that that pinkeye, what looks like pinkeye, [23:00] is associated with COVID-19, but that if there are no other symptoms connected to the pinkeye, it's likely not COVID. So these were the kinds of calls that we were getting of people who were, who were a little desperate. I mean people who were isolated, elderly people, and scared. But we also got calls from other folks who were angry at the response of the American government, the absence of a systemic health care – a compassionate healthcare response to the crisis. And there are lots of working class radicals who listen to, who are not necessarily connected to any organization, who would call in and just rail at [24:00] our death care system and, and the, the systemic crisis around healthcare that had preceded COVID that now was tearing our country apart. Yeah, all kinds of different calls.

I got a call from one of the survivors of the Attica rebellion. A prisoner in the Attica prison in 1971, when prisoners rebelled against slave labor in that prison. This was one of the largest, it led to one of the largest massacres in American history. The governor of New York at the time, Governor Rockefeller, ordered bombing essentially. Not bombing, but [25:00] a siege of the prison that led to the deaths of prisoners and guards that were being held hostage by the prisoners, but who had been treated humanely by the prisoners. So one of the survivors called into the show who's blind, to talk about his experience. I mean, I'm glad that we're talking about this because I promised him that I would call him back and that we would formally interview him. I, in fact, have his number on my text messages and so I need to follow up with that. A cross section of New Yorkers, nurses called. Oh my god, a nurse called and said she was in desperation, and she said, I couldn't understand exactly what she was saying because she had a thick accent, she was clearly from the Caribbean, [26:00] but at the end of her comments, I understood that what she was trying to say was that people were dying, and that New York needed psychological, mental health attention, and that nurses needed that too. So this was a cry for help on the part of a nurse who was like, our people need help, but we need help, too. And it's not just medical help, but we need mental health resources in this moment.

MM: Are you, I mean, that's just it's so fascinating to me that what does it say that this is where

people found themselves? The woman with pinkeye. So she's called every other number presumably, and now it's like, let's, let's try the radio station. And, you know, [27:00] I think that, what does – did you feel that way? Were you like what is going on? Like what?

JF: Yeah, I felt like oh my god, what is going on? I felt like this is what happens when a country deploys war and terror abroad, as the United States has over the last, I don't know, 50, 60, 70 years since the Cold War. This is what happens when the country imprisons so many of its people. It launches covert operations abroad and that is going to boomerang back in some way, shape, or form. And here it is.

MM: Here it is.

JF: This is a moment in which a country that has deployed terror abroad is deploying terror domestically against its people [28:00] by not addressing some fundamental problems that we can address and meet because we are the wealthiest society humanity has ever seen. So yeah, I was, I was overwhelmed.

So I got COVID-19 by the way. I am certain that I got COVID-19 during this period, but I felt so beholden and committed to the work and to New Yorkers, that I kept it moving. I, I mean, that's another nine yards and we'll talk about that later. But it was overwhelming because I felt like yeah, this is, this is a service that I can't not engage in. I can't, I can't abandon. So I kept on doing the show and I kept on traveling to the station until literally in April. [29:00] In April the station decided that we should stop going to the station and that we should figure out how to do this remotely.

MM: Okay.

JF: So I was the only person who was going to the station, the morning show people, for a long time.

MM: What was the city like at that point? You must have, it must have been a very –

JF: It was a ghost town.

MM: Oh, yeah.

JF: Yeah, it was a ghost town. And I felt like I had my papers with me because I felt that maybe I was going to be stopped by the cops. And I needed to tell them that I was going to go to report the news on COVID-19 and therefore I was an essential worker. But I was never stopped, thankfully. It was a ghost town. But still, we didn't understand exactly this was all new. And I was just being a soldier, you know, in the war against COVID-19 and our government. Yeah. [30:00] So it was, it was insane. It was insane. And you really got a sense of how unhinged our society was and had gotten.

MM: You know, I, I interviewed a physician yesterday. And she basically made the point that, you know, there's this pressure for this, for physicians to fill their oath. But the government didn't actually follow up to provide them with protective measures to protect themselves, but the message was do it anyways.

JF: Oh, absolutely.

MM: And I think it really did, as you bring up kind of war on terror or whatnot, or, you know, it's kind of like what our government did during the Iraq Afghanistan wars. They basically sacrificed a generation of soldiers, put them right into the buzzsaw for no reason.

JF: For no reason.

MM: With no protection. And so I'm wondering, I'm wondering if people are kind of sensing this or if doctors are sensing it.

JF: This, [31:00] this is what I've been thinking like, oh my god, this is it. This is this is a case of the chickens coming home to roost. Truly. Yeah.

MM: And then I have a question about, so I do want to ask about the mental toll it takes on you to hear it, to be listening, you know, because you're on, sort of around trauma, and it's like it's, it's all going into your brain. How has that toll been? And then also your physical experience getting sick? What was that like?

JF: So, so I have a high tolerance for trauma, I think because of my childhood experiences. To tell you the truth, I think that the show saved me because I was like, okay, I'm going to do it. We're going to do it. We're doing this. We're, we're being of service. We need it. I need it. This is important. It kind of kept me [32:00] focused and anchored, and it probably has a lot to do with my age. Like I've worked through a lot of issues in my life, I've got more than 25 years of therapy under my belt. And, and so I, I finished my book, like literally my book came out in February, February 17. And within less than a month, I, we were in the middle of this pandemic. So I felt calm. I had done my duty.

I buried my father. I buried my father a year ago on Monday under horrific circumstances. I literally took him to a Bronx hospital, Einstein hospital, which at one point was the jewel of medical care in the [33:00] Bronx, but it was bought out by a health empire. And it went to hell in a handbasket, it's, the care there. And so my father was killed by malpractice at a Bronx hospital that was overcrowded, where essentially I later learned that he was not prioritized because he was 87 and that at some point, you have to triage you have to decide when there are so many people that you have to care for who you're going to give medical care to.

MM: This is not during the pandemic.

JF: This is not during the pandemic! No, this is a year ago in the Bronx.

MM: Yeah.

JF: And then when they finally got to him, they botched that situation, [34:00] anyway. So my father went in for a GI bleed. Whenever I tell this to a doctor, they're like, "What? All of that happened to your father because he had a GI bleed? This is insane." So I cared, we cared for him. My brothers were incredible. We cared for him for about a year and a half and he died on the

25th of last year. And so I had buried my father, who was my heart and my life. And it had been a year. And so I was calm. I was okay. And I was prepared for, for being on the front lines. Um, and honestly, it anchored me and it gave me purpose. What was more difficult was putting my classes online.

MM: Yes. Yes. That's interesting.

JF: I don't know why, [35:00] but when we were told that we had to put the classes online, I had a meltdown. Well, I guess I wasn't all that great. I guess that's how it was manifesting. And the trauma. I, I remember the, it was, we were given like a week, which is not a lot of time, I had never taught a class online. We were given about a week, I was angry, because, and I remember having a conversation with my department chair, I said, "You know what, Fordham has shut down its campus. So has Columbia, and all the other public schools and we still are holding classes. I'm not excited about teaching online. But this is only happening because these are the working class kids, predominantly black and Latino of the city. All the ruling class kids are being you know, protected. And I heard that Columbia students were getting their meals delivered to their dorms. [36:00] Meanwhile, our students were taking the train –

MM: Oh yeah.

JF: To school. So finally this, classes were, were canceled and we were given a week to put them online. On Friday, before the Monday, I had a breakdown. I don't know why. I mean, I was, I was angry in part because it seemed like we were pretending that nothing was happening.

MM: Right.

JF: The University was like, oh, we're now moving on to online teaching. Meanwhile, I'm in the front. I'm like listening to all of this and I'm interviewing people and I'm interviewing doctors. And, and I know that our students' families are infected and that there is a crisis of epic proportion [37:00] going on in the city and we're pretending like nothing's going on. We're just going to keep on teaching.

MM: Asking those students to produce homework.

JF: Produce homework, yeah. And do busy work and show up on Zoom.

MM: Yeah

JF: I, maybe change? This represented change for me. I felt like oh my god I don't know what, I don't know how to do this. I don't know what to do. Mind you like I've been on Zoom. I had been on Zoom a million times before doing other things like taking little personal growth classes on the divine feminine, which is hilarious. Like two years ago I took a course on divine, on the divine feminine that included, that what, happened on Zoom.

This is my brother who's calling me because our cat is dying. Can I just take this really quickly? Giovani. I'm, I'm on a Zoom call. [38:00] Can I call you back? Or can you just – are you in the building? Gio just come upstairs. No, we'll, just give me a minute. Just come, come in. You can come in and just set the cat down. Okiedoke. Okay, great. Okay, bye. Sorry that's my brother.

MM: We can edit that little segment out.

JF: Yeah. So that's another situation about how – I just interviewed someone who lost their pet. And, you know, pets are dying during these, this period, and they need veterinarians and in New York City, pet care is completely transformed. So I waited two hours in Long Island at the, at the pet hospital, for my kitty to get seen, and they're not – they're doing exactly what hospitals are [39:00] doing. They're not letting us into the hospital. So they come out, it's like a drive-in situation.

MM: Yes, yes, yes.

JF: They come in to your car, they come to your car, they grab the pet, they take the pet inside and then bring them back. Oh my God.

MM: If your pet's cool with that, too. That's a tall order.

JF: I know. And the pet is like flipping out. Other pets were flipping out. My cat is so sick that he was like, whatever, just give me some medicine, please because I'm dying. In any case, I interviewed someone who, who, who told an incredible touching story about her dog dying in this period and how it helped her grieve the deaths of others during the pandemic that she knew, including her uncle, that she was unable to grieve. And I yeah, I feel the same about the cat. The cat is actually helping me to, to, [40:00] to really come to terms with death and dying. That's, that's my brother. Just one second. Okay. Yeah, you can let him in. Great, thanks.

So we're taking turns with the cat. This is a cat that he got with my father, like 17 years ago, which is why we can't let go of the cat and put him to sleep because it's such a reminder of my father. So we, he got, he got the, the cat with my father 17 years ago because we had mice in our house in the Bronx. And so he, he took care of the cat and now I'm it's my turn to take care of the cat. But the cat is on its [41:00] last leg. Like he's got cancer.

Okay, so I was telling you so that my classes. So I think what was difficult for me was that I was fully aware of the crisis of capitalism and the consequences of healthcare for profit. And by that time, I knew that the United States had sent billions like, something like a billion, some, some crazy number of tons of PPE [personal protective equipment] and masks abroad. Like, sold PPE and masks to China in February. I knew that already. And [42:00] I couldn't like well, I knew that I was not going to be able to hold my tongue on the first day of class, that I was going to let it rip. And, you know, as a professor, you're trained to, you know, to be contained and to present information –

MM: To prompt.

JF: And history and perspective and multiple perspectives. And I knew that I couldn't do that anymore. So maybe I was flipping out because of that, too. I don't know, change. But I pulled myself together, and I did it. And it was incredible. And I did not record those sessions, unfortunately. But they were incredible. And my students thanked me. I offered a critique of capitalism. I, yeah. I ripped [43:00] into our political system, both parties and, and offered an assessment and analysis of, of the crisis that I had already been doing on the radio show.

MM: That gives me uplift that online, we've had a moment of online learning that actually worked, you know.

JF: Oh my god, it so worked and my students thank, like, they were very, very, very grateful because they were panicked.

MM: Yes.

JF: And absolutely no perspective. And felt isolated and alone and, but angry. Right. So, so, so yeah. So what's also important to know is that some of my students and I teach [44:00] a large lecture class of over 100 students and then a smaller seminar of about 35 or 37 students. The students in both classes, some of them asked me to hold synchronous sessions. And they asked me with desperation. Like, we don't know what to do, we don't have an anchor. School has been our anchor. And now this crazy situation is going on. And we don't want to, we don't want to be hurled into the abyss alone. So I remember hearing the desperation in some students' voices who were like, "Please hold class. Like, we hope that you're not going to [45:00] not hold class in this period," because you know that there's synchronous and asynchronous teaching. So, during, many professors teach asynchronously which means that they record lectures.

MM: Yes.

JF: And then offer them and make them available to – my cat. And make them available to the students. Let me just pet the cat to let them know that like he's in secure territory.

So and in fact, you know, professors are right [46:00] to teach asynchronously, apparently that's the best way to, to teach online access. Yeah, wide access, broad access. But in this moment, it was clear to me that I needed to do both. So I recorded lectures, but I still held class during our regular meeting times. In any case, I was just, I was just feeling the anxiety of students. And even though all of them didn't show up to class, many of them did, and, and they thank, they were very thankful. But I just wanted to let you know that even though students didn't like this Zoom experience, they, they, they felt like they needed it as anchor in this period [47:00] of crisis. So, you know, it was it, so after I taught that first class, I was like, whoa, great,

wonderful. This is not going to be as bad as imagined. And it wasn't easy with the large class. 100 students, 110 students. Some students couldn't be there for all kinds of different reasons. Some students were sick, had multiple family members with the virus, some students' relatives and parents died. I mean, the stories are epic. I wanted students to participate in class, in the large class, as I try to get them to participate in person, and so I started calling on [48:00] students and unmuting their, their, the, what do you call?

MM: Their audio.

JF: Their audio. My cat is like, "Where am I?" He's never been here. And there was insanity in the background.

MM: Yes.

JF: Like, I mean, how stupid of me? Had I had to do this in my household when I was in college it would have been a nightmare in the Fernandez household in the Bronx. No, there was no there's going to be no peace and quiet and isolation. So that was revealing for me. I mean, I could, and then of course the student was panicked. So I felt terribly. Yeah. So, you know, [49:00] for working class students, and I imagine for students of all kinds and of all classes, being at home and having to, to, to, to learn through Zoom at home was just must be a nightmare on wheels. I'm unclear where I was going with this.

MM: So I will add that I think one of the very fascinating things I think I mentioned during our meeting recently as we did a very fascinating interview with a woman whose children screamed the entire, I could barely hear what she was saying and it was, but it was so amazing. Like this puts clarity on this idea of women trying to juggle motherhood, suddenly being a teacher, their careers, and the kids were it was just wild. But now you actually hear the sound like 50 years from now people are going to hear those kids screaming again. [50:00] So it was great anyway.

So I don't want to take too much of your time as we move up on the hour. But I do want to make sure that you have space. If there's a specific piece of the story that you want to make sure to share that maybe you haven't had an opportunity to share.

JF: I guess I could share some highlights of my, of my time on the radio. One of the people I interviewed – First of all, I interview two people that I just randomly found, which is amazing because I just found them on Facebook. So the *Wall Street Journal* [51:00] covered the story of one of the first people infected with COVID-19, who was hospitalized. I just happened upon this on Apple news. And his photograph was on there. And I literally just, just looked him up and found him and was able to recognize him. Because I knew, because I had seen his picture on Facebook. And he was a musician, white, middle class, upper middle class man, who told the harrowing story of what happened to him and not being able to breathe and the fact that he lost some crazy, like 30 pounds over the course of this period. How difficult it was for him to get tested. How the test was botched when he finally got it. How he, he finally went but he was sent back and his wife said, [52:00] "You've got to go to the hospital," because he was no longer understanding her. He was like babbling. He was just, there was clearly no oxygen going to his brain and he, he was incoherent. So he told the story of his, of his illness and how harrowing it was and what the hospital, the inside of the hospital looked like and how it had been transformed. And we got a lot of calls of people just wanting to know details, right? Just the details of what –

MM: What is it like?

JF: What is it like? What should I be looking for? What do you wish you had done sooner? When do you go to the hospital? The hospital is turning people away. [53:00] Basic stuff that we never really got, you know, a clear understanding of. There was no clear message from anyone saying, "This is what you should look for. This is when it's time for you to go to the hospital." And so the moment to go to the hospital is if you if you're walking around and you're having difficulty breathing, it doesn't matter what degree of, you know, problem you have with breathing, you need to go to the hospital. But he waited until the 11th hour.

MM: Yeowza.

JF: So, so that was, that was the first people's one of the first people to, to – and his story was

crazy. Like he was tearing up New York like a Tasmanian devil, literally going to bars and clubs and music. He was everywhere. [54:00] He, in fact, went to a party in, in the outskirts of the Bronx where the epicenter in Westchester, near Westchester where the epicenter of the crisis detonated in New York. So he actually wrote about this on Facebook. He like itemized. He did a day by day accounting of what happened to him and he said, "I must have been affected at least 100 people."

MM: Oh my god.

JF: And his wife had it and his children, but his wife, you know, just had a bad – Did you find the cat? The cat he's walking around, I'm going to be, I'm going to be, he's going to be okay. I'm going to be done soon. But no, no rush. So he said, "Oh my god, I must have infected 100 people. And I took the [55:00] train while I was sick." His, what I was saying is that his wife just had flu like symptoms and was in bed for like two days. What's fascinating about this is that men –

MM: Yes.

JF: Are disproportionately, you know –

MM: Hit by this.

JF: Hit by this in a terrible way. And this was a white male, middle class, upper middle class with access to the best health care and he had problems. You can imagine everyone else.

I also interviewed Chris, Christian Smalls, the Amazon worker who organized a massive protest at the Staten Island facility and was fired by Amazon. And then Amazon launched [56:00] a demonization campaign against him and suggested that he was just an inarticulate black man. And then he came to my show and told the fullest, it's a long, so I do longer interviews. I hate short interviews so I do longer interviews and he told for the first time, the most incredible story of how he organized the workers. I was like, oh my God, because we hadn't heard it. We had heard you know, he had been interviewed by everyone and their mother, but it was a short

interview.

MM: Sound bites.

JF: Sound bites. So this man, this was one of the most incredible interviews. Giovanni. So this man. First of all, he was not just a worker, he was a manager, a low level manager, who wasn't called a manager because this was, Amazon [57:00] doesn't call workers managers because they have to pay them more. But he was a manager. He was a low level manager who took note of the fact that Amazon staff, the higher ups, had traveled to Washington State and as you know, the epicenter of the coronavirus infections was in Washington State. So they had some kind of a national conference, Amazon. And when people started coming back and interacting with workers, workers started getting infected. So Chris, was, you know, taking note of this, and he noted that quite a number of people got sick. And so he started writing letters to management and [58:00] management ignored him and he was shocked. Like, how is this possible that they're ignoring? This is going to sink our operations. They, when he started making too much noise, they, they took him ask him to take a leave of absence for a couple days, you know, take sick leave for two weeks. But then he was like, "Oh, no, no, no, there's a problem and I can see it and people are sick around me." So he held a meeting while he was on sick leave. He held a meeting in the lunchroom of the, of the place, the stage, of the work, I don't know what they call it, they call it something. He had people sign a petition. He took the petition to the administrators, the administrators ignored him and then he came back again and said, "We tried all of [59:00] the avenues and we got absolutely nowhere. We followed the rules but they're not paying attention. So now we've got to get out into the streets." And it reminded me of what we did at Brown during the occupation, in the in the run up to the occupation of students for aid and minority admission. We went through all the channels, we had all the meetings. We for two years, we created a, like 112 page study of the problem of need aware admissions, and, and we got absolutely nowhere.

MM: Yep.

JF: And it was after frustration with the administration and a clear sense that they didn't care

about need blind admissions that we finally took militant action and we, when we took [1:00:00] militant action, then the school was forced to publicly address the problem and eventually –

MM: Do something.

JF: Establish need blind admissions. Yeah, so this is the process of radicalization. He essentially articulated over the course of a 40 minute interview, the process of his radicalization and the ways in which he even said, "I had been a believer, like I thought that if you present a problem to the company, the company is going to want, is going to address it." And he said, "I was naive. I mean, I knew that Bezos is the, you know, wealthiest man in the world and that his interests were not mine. But still, I believed that there [1:01:00] was a goodness that could be appealed to, especially in this moment." In any case, that's just one of the most incredible interviews I, I conducted. There have been a million of them really. Well, not exactly a million because I've not been online for a million, or not been on the radio for a million days, but, but, doctors. Like I've, I've interviewed doctors with an incredibly large heart. I interviewed respiratory therapists, by the way, this is important.

MM: Yeah.

JF: They begged me to interview them and they are not interviewed by the media. I don't know if you know this, but respiratory therapists are not paid. They're paid like plantation slaves. And their visits to homes are not paid for buy health insurance and they're kind of [1:02:00] erased. They've been erased. They're the most important people in this period. They are the people who bring in the ventilator.

MM: Yeah.

JF: Who know how to work it mechanically. And they are the people who stay with the patient and help the patient reached some level of comfort after they've been intubated.

MM: That is grim.

JF: And those people are erased from the dialogue, because the health insurance companies don't want them in the conversation because they don't want to be, they don't want to have to pay for their labor. So they, I asked the friend about, my father was intubated, by the way during the craziness at the Bronx Hospital so I know the nightmare and, and you know, the, the suffering that the patient goes through, [1:03:00] but also members of the family, but the medical team. And I knew about the physical, the respiratory therapists because I talked to her or him. So I talked to someone who said that her cousin was a respiratory, respiratory therapist and was in a panic and having a difficult time and I was like, "Well, can I interview her?" And she was like, "No, I can't interview with you because I'm being muzzled by the hospital." By the way!

MM: Oh, yeah.

JF: Being muzzled by the hospitals here. Were not allowed to speak. So she put me in touch with her professor, her teacher, who's also a respiratory therapist at Long Island University. And, and that's where I learned the story of how in 1970 something the union signed a contract [1:04:00] that excluded respiratory therapists from, or that gave them a raw deal. And she told the story.

MM: Are respiratory therapists. Can I ask a question that's really uninformed? Are they lower wage workers?

JF: They're technicians. They're technicians. They're technicians, but they're I mean, they have medical training.

MM: Yeah.

JF: But, but they're not doctors or nurses, they're their technicians This is - my friend I'm in an interview. Can I call you back? Yes I know. Yes, okay. Bye. This is my, this is my demanding friends. Mind you I was trying to call her all last night and all morning long. I'm, we're going to Long Island [1:05:00] to pick up something. Any, in any case, yes, I mean, there's an entire history there. These are disproportionately Black and Latino technicians in the health profession, at least here in New York. There are many white look, you know, respiratory technicians. The

woman who was, who, whom I interviewed is a white woman who just told me this incredible story. And these jobs in healthcare were opened up in the 1960s and 70s, in fact, to counter the crisis of deindustrialization, that had gripped American cities in the aftermath of World War Two. So as you might know, healthcare is the largest growing part, [1:06:00] one of the largest growing parts of the American economy in the post-World War Two period at a moment when health care becomes a big money making industry in the United States. So there was legislation passed during the war on poverty. That opened up employment for young people who left high school but didn't go to college in the city, and they were pulled into this kind of industrial technical training that required some school, not a lot of school. In this case, it only requires an associate's degree. So those people have a raw deal. I don't, I don't remember the particulars, but, [1:07:00] but they're not discussed in the in, in, in public discourse when they are at the center of the crisis. A doctor cannot intubate, without a respit-, respiratory therapist in the house. And they are the ones who know the machine, by the way.

MM: I want to ask, as we wrap up, it sounds like all of these stories are really, you're having an impact on you and your intellectual –

JF: Growth. Oh my god,

MM: So, you know, I guess I want to ask a question to the scholar like, do you, is this going to change your research?

JF: Well, you know, fascinatingly enough, my book on the Young Lords, the Puerto Rican counterpart to the Black Panther Party, is hugely organized around all [1:08:00] of the health campaigns of the organization. So the Young Lords are known, in part because their activism led to the passage of lead poisoning legislation in New York City. But also they drafted the first Patient Bill of Rights, which they called the Patient Bill of Rights, which is now –

MM: What it's called.

JF: What it's called. It's exactly what it's called. And, and they were among that cohort of young

people who got technical jobs in health care. They formed the health revolutionary unity movement in the late 1960s. a cohort of you know, very young working class technicians and workers in the health care [1:09:00] industry, who started organizing in hospitals and arguing that they were best positioned to argue for the rights of workers but also for the rights of the community. Because they were betwixt and between. They were working in hospitals, but they also lived in these dilapidated communities with very, very poor access to medical care. They were inspired by the Cuban Revolution, and among many other things, they developed a program in the Bronx that used acupuncture in the treatment of drug addiction. It was the first of its kind and that is a practice that is now mainstream across the country. So, so in many ways, I've come home, I've come back home to the work that I started doing [1:10:00] many, many moons ago when I identified this as a topic. They talked, they did a lot of work around discrimination in medical care and in hospitals. So if anything, I think that this moment has deepened my commitment and interest in, in issues of health because that moment when you're ill and dying and need medical care is the moment when you're most human. And when our common humanity is laid bare, for all to see. And it's, it's, it's one of the places of the gravest, where there is the gravest inequality and injustice in the [1:11:00] United States. You know the statistics. Black people, but also immigrants and other Latinos are disproportionate among the dead in the United States

MM: Well, I think that we, I'm going to stop I think the recording here. I want to thank you for sharing your heart and your thoughts in this time and for helping us create a record that will be researched for many years to come. So I'm going to, I'll we can chat right after I stop the recording, but I want to thank you for, officially, for participating.

JF: Thank you so very much.

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