

## Interview with Daisy Hernandez

[00:00:11] **Kendra** Hello, I'm Kendra Winchester. And this is Reading Women, a podcast inviting you to reclaim bookshelf and read the world. Today, I'm talking to Daisy Hernández about her latest book, *THE KISSING BUG*, which is out now from Tin House. You can find a complete transcript of our conversation on our website, [readingwomenpodcast.com](http://readingwomenpodcast.com). And don't forget to subscribe so you don't miss a single episode.

[00:00:33] **Kendra** I remember I first read Daisy's work, *IN A CUP OF WATER UNDER MY BED*, and in that memoir, she talks about her aunt who has this chronic illness. And as someone with chronic illness, I was very much captivated by her aunt's story and how she painted this complete, beautiful portrait of her aunt in her memoir. But I still wanted to know more about the condition that her aunt had and some more background. So I was so thrilled when I heard that Daisy had a new book coming out called *THE KISSING BUG*, which looks at the condition that her aunt had and eventually did pass away from. This book dives deep into Chagas disease and how you get the disease from these bugs called kissing bugs, which is why the condition is often called the kissing bug disease. And she also talks to other folks who have the condition and what their experiences are like. I really appreciated the way that Daisy dives into ableism in this country and how she takes this intersectional look at how medical racism compounds these issues that are already existing. And I just really appreciated that intersectional look at all the different factors that some of the people who have this condition face here in America specifically.

[00:02:02] **Kendra** So a little bit about Daisy before we jump into the interview. So Daisy Hernández is the author of *THE KISSING BUG*, which we're talking about today. She also is the author of the award-winning memoir, *A CUP OF WATER UNDER MY BED*. And she's also the co-editor of *COLONIZE THIS! YOUNG WOMEN OF COLOR ON TODAY'S FEMINISM*. She's a former editor of *ColorLines* magazine. She has reported for *National Geographic*, *The Atlantic*, *The New York Times*, and *Slate*. And she has written for NPR's *All Things Considered* and *Code Switch*. Currently, Daisy is an associate professor in the creative writing program at Miami University in Ohio. So without further ado, here is my conversation with Daisy Hernández.

[00:02:49] **Kendra** Well, welcome to the podcast, Daisy. I'm so excited to have you on.

[00:02:59] **Daisy** I'm so thrilled to be with you. Thanks for asking me.

[00:03:02] **Kendra** So what has it been like releasing your second book during a time when most book events are online?

[00:03:12] **Daisy** That is a fantastic question. It's. . . . You know, I just had my first reading last night. So the book's launch was last night. And it's wonderful on one hand because so many people get to be in the virtual room who would not be in a physical room because of their locations. And so that part is wonderful. But I do have to say that I really missed being able to see people and sign actual books for them and to hug them and to just have that kind of in-person interaction. So, yeah, it's. . . . I think it's. . . . maybe "bittersweet" is the right word for a book publication during the pandemic or even during this time of the pandemic. Just the virtual component is wonderful. And it has its drawbacks too. So. But I do hope that even in the future with book tours that there will be some kind of hybrid model because I do think it's so vital to be able to have people come to events who wouldn't be able to either because of where they live or because of other commitments that they have with family or even with health conditions as well. I think about people who cannot easily

leave their homes and travel to go to an event. And so just how necessary and incredible it is for them to also be able to join in this kind of public conversation.

[00:04:39] **Kendra** Yeah, that's definitely something that I have been enjoying. Being, you know, I'm not really near a major city where there are a lot of like book tour stops. And also for health reasons, I'm not able to go as often as I would really like to. And so this is a lovely way to support indie bookstores because normally a ticket is the cost of the book, and then they mail it to you. And I think that's such a great model, like you mentioned. And it's been great to be able to participate in events I never would have been able to otherwise.

[00:05:10] **Daisy** Absolutely.

[00:05:10] **Kendra** So I have been very excited about your book. I read A CUP OF WATER UNDER MY BED for my queer book club's pick, I think, last year . . . the year before? I can't remember. But I really enjoyed it. And I was really captivated by your aunt's story. You now have written more about her condition and about folks who also have her condition. I wanted to start by asking you, how did you decide that researching this condition and, you know, discussing it within a book would be your next project?

[00:05:47] **Daisy** I actually feel like the book picked me as opposed to the other way around. So, you know, I can definitely give you the logical answers to that question. But the more sort of, I think, true answer is I really do think that books choose their writers. And that, you know, as a writer, I'm essentially a vehicle for the story that needs to come through, whether it's a memoir or the stories of other people. And I feel like that was true because I initially had no intention of writing a nonfiction book, let alone a book that brings together both memoir and journalism, a book that's about medicine and science. I have no background in medicine and science. So, you know, I absolutely did not have a grand plan to work on this book.

[00:06:39] **Daisy** I was actually writing a short story about this disease, which is called Chagas disease. Sometimes in English, it's also called the kissing bug disease. And I was writing a short story that was not actually even based on my experience with my auntie, but it was just a short story that came out of nowhere. And I realized that I needed to understand more about the disease, and so—just to write that kind of fiction—and so that's when I began to do some research and realized that even though I had grown up and spent my entire life knowing that this disease existed—my auntie was in and out of hospitals, and it's a parasitic disease that in the chronic stage does not have a cure—so I knew that kind of information, but I had no idea about how many millions of people in the Americas are infected with Chagas disease. I didn't know that there's 300,000 people in the United States that have this disease that, like my auntie, are Latinx immigrants. So there was just so much that I learned.

[00:07:49] **Daisy** And as I began to reach out to other families that were like mine and to hear their experiences, it really became clear pretty quickly that I could not contain all of that in one essay or one magazine article, that it really needed a much broader venue in which to live. Right? Or a much broader form in which to live. And so it became this book. Although for a long time, it was . . . as a writer, it was simply me taking a lot of notes, writing fragments, doing a lot of interviews, taking notes on the interviews, not knowing how it would look as an entire book because there were so many components to it that were very different from one another, not just the journalism in the memoir, but also historical research, finding out that Charles Darwin may have had this disease, learning

about just the military's involvement with this disease in the United States. So it was . . . it became such a whirlwind and kind of a . . . and very much a detective work that I had not expected to do.

[00:09:02] **Kendra** So one of the things I love about this book is your—for lack of a better term—your medical technical writing because it can be very daunting to try to describe a condition that most people have never heard of before here in the US. So for folks who may not be familiar with it, what is Chagas disease? And how do people get it?

[00:09:26] **Daisy** Yeah, that's a wonderful question. And I would say that the majority of people in the United States definitely do not know about the disease. So it's a parasitic disease that's transmitted by a triatomine insect that we now call a kissing bug. And usually we associate the transmission of disease and insects with a bug bite. But in this case, it works a little differently where this insect will bite you, and the parasite does not actually transfer or get transmitted to you through the bug bite. The parasite is actually in the insect's fecal material. And this insect basically bites you and then defecates. And when that material gets introduced into that bite wound or anywhere into your eyes or mouth—because you just are oftentimes sleeping actually when you get this kind of bug bite; this is an insect that will usually only come out at night to attack victims; it has an aversion to light, to strong daylight—so you might rub that kind of fecal material from the insect right into the wound or into your eyes. The bugs will be drawn to the exhalation of a person who is sleeping. So they will be drawn to the face as well.

[00:10:45] **Daisy** And it's predominantly . . . these insects are found all over South America, Central America, Mexico, and also the southern part of the United States and the Southwest in California as well. But the parasite does not transfer in the same way in the United States with these insects, mostly because of the kind of housing conditions that we have in the US keep us at arm's length from these insects. But in rural areas in South and Central America and Mexico, where people do not have access to the kind of housing that would keep these insects away, they end up having more exposure to these kissing bugs. And they end up being bitten, oftentimes while they're sleeping. And I think that's the whole process. I'm trying to think. Sometimes, you know too much, and you leave out a certain part of the information.

[00:11:40] **Daisy** But yeah, I think that's the bulk of it. I think what I would say, too, is that, you know, the acute stage, when you first when you first get this parasite—*Trypanosoma cruzi* is the name of the parasite—those first about two months, you're in what's called that acute phase of the infection. But your symptoms, if you have them, can often be very vague in the sense that they're a little bit like just having the flu. So there might be fatigueness. There might be fever. If the material got introduced into the eye area, you'll have like a swollen eyelid. You know, you'll have welts or kind of bumps where the insect bit you. But it's nothing very dramatic in that acute stage. And you're talking about people who live in rural areas, who don't have easy access to medical care or even any access sometimes to medical care. So the symptoms are not alarming. They can be easy to miss.

[00:12:40] **Daisy** And then . . . and so that's when . . . that's a challenge because in that acute stage, if you were to have access to medication, that's when you could actually prevent disease from progressing. But many people . . . most people do not get diagnosed in those first two months. And they don't get access to treatment, unfortunately. And then it goes into a chronic stage where there is not a cure at that point. And most people will live with the parasite without any complications, any symptoms the rest of their entire lives. But

about one in three people who are infected will go on to develop cardiac complications or gastrointestinal symptoms that can eventually kill that person.

[00:13:28] **Kendra** From my understanding, the parasite is carried by the bug. So it's not the bug itself, but the parasite that it's carrying that transfers into the person.

[00:13:36] **Daisy** Absolutely. Right.

[00:13:38] **Kendra** Is that sort of like how Lyme disease is carried by ticks and then can transfer that way?

[00:13:44] **Daisy** Very, very similar. I would say that. . . . Actually one of the patients that I was interviewing insisted on the comparison to Lyme disease. And I think it is a really good comparison in that, yes, you know, the way that you're not going to catch Chagas disease by being in a room with someone just the same way that we don't catch Lyme disease by having lunch with someone. We have exposure to the ticks in terms of Lyme disease. And in this case, we have exposure to the kissing bugs. And so very, very similar in that sense and also similar in that these kissing bugs will go after your dog as well. And this has been pretty well documented in Texas, but also other parts of the United States where dogs become infected with canine Chagas disease, similar to the way they can also have Lyme disease.

[00:14:35] **Kendra** I found it really fascinating to read about this condition, having read your previous book and learning it . . . kind of being introduced to it that way. And then in the first part of the book, you talk about your aunt's experience with the disease. And, you know, your relationship with your aunt is very complex. So there's a lot of memoir portions here of your relationship with her and how she lived with you. And you were very close. But after you'd written that book, which was deeply personal, about your experience—and part of that was your relationship with your aunt—was it difficult to kind of reopen that relationship and kind of mentally wrap your mind around that as you were revisiting that for this book?

[00:15:26] **Daisy** I was actually reflecting on that this morning because someone at my reading last night asked about what the process was like in terms of writing about a relationship that was very painful at times and quite toxic at times. And I was reflecting this morning that I don't think it would have been possible for me to write about my relationship with her without having written first my memoir *A CUP OF WATER UNDER MY BED*. In that memoir, I did a lot of delving into my relationships with all of the elders in my family, my parents and this auntie and other aunties as well. And I did a lot of work during the process of writing that memoir to make sense of my relationships with these different aunties and my parents as well. And a lot of healing work happened in the process of writing that memoir, which I think made it possible for me to now kind of excavate another layer of my relationship with this particular auntie.

[00:16:36] **Daisy** So I don't think it would have been possible for me to work on this book without first having done that, which I've heard other people talk about. I've heard other writers talk about that sometimes it's really necessary for us to write that coming-of-age memoir in order to kind of clean house, you know, in order to, like, work through the foundation of who we are and how we navigate the world for there to be other stories that come through. So, yeah, I absolutely think it was essential to first write about her in that context. And there was a lot of times that I was writing with tears in my eyes and just crying through certain memories and sifting through memories as well. And so I think that

was really foundational work to then be able to write about her in this context, in the context of this parasitic disease, and to write about her at times with a little bit more distance from our own relationship too.

[00:17:38] **Kendra** Your relationship with your aunt is incredibly moving in that there's so many complexities. There are so many seemingly contradictory things that are true at the same time. And I appreciated that your aunt is there in all of her flaws. And, you know, she is a chronically ill person, but she also has some issues that she's wasn't accepting of you and your sexuality and always wanted you to be more ladylike, as my mom would say. And, you know, I appreciated that she was there as a portrait. And it was not a romanticized version of a sick person, which is all too often what we read in books. But she was there as a fully human with all of those difficult things that you experienced as well.

[00:18:33] **Daisy** Absolutely. And that was really important to me because I agree with you. I feel that the dominant narrative that we have is of a person with a chronic illness or with a deadly illness who is this hero figure who is absolutely perfect, who is so one dimensional. And whenever I come across accounts like that, I think, who are these people? You know? They're not the people that I've known. They're definitely not my auntie. And part of the portrait that was also important for me was that sometimes I feel like the dominant narrative that we have of folks with chronic illness is one in which the illness is the only thing that is happening in their lives and that there is no joy. There is no laughter in their lives. And so it was really important for me to underscore that my auntie found love in her life, that she had a very sweet marriage with a very incredible man, that she did get to pursue the work that she wanted to do as a Spanish language teacher. And, you know, all of that was cut short. All of that was not just cut short by her own illness, but by the loss of her spouse very unexpectedly. Her illness, of course, interrupted . . . repeatedly, interrupted her work as a teacher. But I felt like it was so important to say, you know, yes, like we were in and out of hospitals over so many years. And we were also in and out of joy over so many years. It's such a human life, you know.

[00:20:14] **Kendra** I feel very similarly about stories about people with chronic illnesses. They're always saints and inspirational and like quietly accepting of their fate and all of this, that, and the next thing. And that is not a reality. In reality, a lot of us are quite cranky. And so I appreciated that part of your portrait of your aunt. And one of the other things I loved about the book is you also have portraits of other folks who have the condition. When did you decide or figure out during the writing of this book that you wanted to also give the stories of other people who experienced the condition?

[00:20:57] **Daisy** I knew that from the beginning. Actually, I expected that the entire book would really be focused on the stories of other patients, other families. I thought that the memoir element would be one short paragraph, maybe at the beginning of the book. And I really credit my editor at Tin House, Masie Cochran, with encouraging me to develop the memoir perspective and to really allow it to be the backbone or the spine for this entire book because I really . . . I had not conceived of it that way at the beginning at all. And I think it made a huge difference.

[00:21:34] **Daisy** And I noticed that, you know, when I approach patients to talk about their experiences, I think that it made a significant difference when I told them that I did have experience with this disease, that my auntie had lived with it for so many years and ultimately died from it. I think that opened a door of connection in some ways that maybe it would have just been a very different conversation if I did not have my own family experience with this disease. But yeah, the stories of other people were my priority from

the beginning because I knew that these stories were not being told or if they were being told it was just a few quotes in a newspaper article, but not fully developed. Right?

[00:22:22] **Daisy** In the sense of, for example, when I write in the book about this woman in California, Mida, you know, she's somebody who has become an incredible advocate for people with Chagas disease. But in the articles that are often written about her, there isn't the fullness of. . . . I feel there isn't the fullness of who she is, her experiences of having been a migrant child who came here from Central America when she was very young and also like the kind of, you know, just the way that she worked herself, worked her way up inside of this corporation to the status of an executive assistant, and sort of her humor and her sassiness and her just . . . kind of the way that she is so full of joy and life, I feel like doesn't get captured a newspaper article. And it was really important for me to tell their stories in that fuller picture.

[00:23:25] **Kendra** I feel like that's one of the things for unawareness for a condition, is for people to hear those stories and to see the different ways that the disease can affect you because obviously, you know, as you mentioned in the book, not everyone experiences the same thing. Some people experience no symptoms. The condition affects their heart. And even mention one man who has a heart transplant. And then also, there's a possibility that a person giving birth to a child could pass that on to the baby. Can you talk a little bit about that and why there seems to be very little understanding of how that works?

[00:24:03] **Daisy** Yeah, so this parasite is quite incredible in certain ways. This parasite is able to be transmitted from mother to child during pregnancy, which is actually a fact that I did not know about the disease when I was growing up. I actually didn't know about it until I began to do research for this book. And so one of the people that I write about is Janet, who—very similar to me—did not know about what's called congenital Chagas disease. And so she had no idea that during pregnancy, a woman who is infected is able to transfer that parasite to her child. And she came from a part of South America where the disease is very common, actually, just the way that Lyme disease is a bit more common in certain parts of the United States than other parts. But she really thought about it as an old person's disease. And that's because this parasite can actually live in your body for ten, twenty, even thirty years before you start to experience any symptoms. And so she knew that her father had it, and her sister had it. But they were diagnosed, you know, in their forties and fifties, so much . . . already as very much as adults. So it was a shock for her to find out about congenital Chagas.

[00:25:36] **Daisy** And the way that she found out was actually when her baby was born, and was born prematurely and was born with damage to the right ventricle of his heart. And this happened in the United States, in the Washington, D.C. area. And the doctors could not diagnose him at first because no one is thinking about Chagas disease. There's such little medical education in the United States and elsewhere about Chagas disease. And she herself had never been diagnosed with the disease either. And she was so healthy. As she told me, "I never get colds. I never get flus. You know, I'm just like the kind of person who's never sick." So it was very shocking for her to find this out. And they were very lucky because her child. . . . I mean, it sounds so strange to say that she was lucky and that her baby was lucky, but they were in that her child had symptoms that were severe and caught the attention of physicians and that required intervention because he was able to be treated with with the medication Benznidazole, which can really cure children who have Chagas disease.

[00:26:49] **Daisy** But this is a disease that has been neglected for so long. It was discovered in 1909. And we still have so many gaps in the sort of scientific and medical understanding of this disease. So doctors do not know why some women . . . for some women, the parasite is transmitted to their babies during pregnancy. And for other women, it's not. They cannot predict, you know, when and how that will happen. And in South and Central America and Mexico, every year, there's about 8,000 babies who are born with Chagas disease. Most of them do not get diagnosed. And the majority are born with vague symptoms. So it might be that they're born a little prematurely or even a lot. But they're otherwise healthy. They might have, you know, they might have jaundice. Or they might have other kind of vague symptoms—low birth weight—that wouldn't necessarily raise alarms around a particular disease. And so they really go undiagnosed. And in the United States, we have anywhere from 60 to 300 babies that are born every year with Chagas disease. And we we have no idea—doctors, researchers—no one has any idea who these babies are because we don't do any prenatal screening for Chagas disease in the United States. And so those babies are absolutely missed every year, year after year, which means that for one in three of them who will go on to develop cardiac complications, we're not going to know it until decades later because, as I said, the parasite can live dormant in the body for so long.

[00:28:38] **Kendra** And you talk a lot about in the book about the medical racism that is really rampant in addressing this condition and how that deeply affects the people who have the condition and the medical care that they're able to receive. Could you talk a little bit about that and how that specifically affects people with Chagas disease?

[00:29:06] **Daisy** Absolutely. So I think something that people don't know is that before the passage of the Affordable Care Act, the racial and ethnic group that was the least insured in the United States was Latinx, actually. So Latinos across the United States had the least access to health insurance and to healthcare. And so when I began to interview patients, access to health insurance was essentially the first issue that came up. And it came up because if you need to be tested for this disease, that lab work has to be paid. And if you don't have insurance, you immediately are facing a lot of barriers. And sometimes these are, as I said, you know, 300,000 people in the United States have this disease. They are all like my auntie, who are essentially immigrants from South and Central America and Mexico. And they are often disproportionately in low-wage jobs that do not come with health insurance. So it is quite a struggle just to be able to see a doctor, let alone an infectious disease specialist.

[00:30:21] **Daisy** And the other barrier related to that is also language access that . . . unless you're living in a part of the country where there are translation services. . . . And even when you are living in those places, it's still a struggle, that if you are Spanish dominant, to be able to communicate with your healthcare provider. And sometimes also because people are coming from very modest means in their own countries, from very poor communities sometimes. It's not always even a language access issue, but agency over that language, the being able to insist upon being tested for something, follow-up appointments, et cetera. And many people. . .

[00:31:08] **Daisy** When I interviewed doctors initially who did have patients with Chagas disease, the biggest challenge that they talked to me about was actually that these are patients who need to have multiple appointments. And that is not easy to do when you are in a low-wage job. You don't have sick days that are paid. If you need to take off. . . . First of all, if you need to take time off from work, you have to negotiate that with an employer who's not always necessarily kind about that. And then it also means you lose money, that

you lose those hours of income because you have a medical appointment that you need to go to. So it's quite difficult. And then there are those who are undocumented. So right away that means that they are largely relying on emergency rooms and safety-net hospitals in the places where they live or having to negotiate, you know, sort of sometimes different states have opened up healthcare access for undocumented immigrants in certain ways. But you need to, like, walk through the bureaucracy of that and have a healthcare provider who's also walking through that process with you.

[00:32:18] **Daisy** And then a fact that a lot of people don't know as well that—it was surprising to me that people didn't know this, so I try to make a point of sharing this—is that for people in this country who have legal residency—so they have that green card; they are in the early stages of walking towards citizenship—they have to wait five years before they can qualify for Medicaid. And so that is also an incredible barrier in terms of being able to get healthcare, you know, healthcare access and the care that you need. And then you add on top of all of these challenges the fact that most healthcare providers still don't know about this disease, don't know about the treatment options, don't know about how to manage it. It's really quite difficult. The good news is that this is beginning to change. I mean, just . . . I worked on this book for seven years. So even in the course of seven years, I have seen more . . . an increase in education of healthcare professionals, you know, just an increase in the knowledge about this disease. It's still . . . we still have a long way to go, but it has dramatically, I think, begun to change just even in these few years.

[00:33:45] **Kendra** There's an entire section or parts of a section, I guess, where you're talking about this more in depth in the book. And there's a phrase or a paragraph where you mention that the American medical community likes to say that it's begun to eradicate conditions when in reality they've only begun to eradicate it for people who can afford treatment. And you mention how . . . you give HIV/AIDS as an example about how Black men who sleep with other Black men are more likely to have AIDS than . . . I think it's any other demographic. Is that right?

[00:34:22] **Daisy** In the South. Yeah. So in the southern part of the United States, HIV is a horrible epidemic in this community. And yeah, that's what I absolutely talk about because it was such a shock to me to come to that understanding that we essentially have a public healthcare policy of containing diseases, not necessarily eradicating them. And they're generally being contained in very marginalized and vulnerable communities.

[00:34:51] **Kendra** Well, I guess the last question I have for you about the book is you've mentioned a little bit on some practices and some studies that are being done. What hope, I guess, is there for folks with Chagas disease in the US? What research is being done on this condition to try to educate folks, especially doctors, on how they can better treat their patients?

[00:35:19] **Daisy** Yes, I think there's hope in that the Food and Drug Administration approved one of the two Chagas drugs, Benznidazole, for use here in the United States. So I think that is a wonderful step forward and I think speaks to more knowledge about the disease. I think there's hope in the fact that the CDC has begun to do these grants that are supporting, basically, public awareness about the disease and also increased education for people in the medical community. So I think that's really hopeful. The American Heart Association, I think two years ago now, came out with a report on Chagas disease—which was, I thought, incredible that that happened. And so I think that is hopeful. However, there is definitely not a huge level of investment in terms of research for new drugs. It's



happening, but it's definitely not anywhere near the level that it should be. So so there is hope. And I think there's also a lot more work to be done.

[00:36:32] **Kendra** Well, before I let you go, I wanted to ask you, what are books that you would like to recommend to our listeners? Maybe it's something on similar topics or maybe something totally different that you are just very excited about. Whatever way you go, you can't go wrong.

[00:36:48] **Daisy** Oh, what a wonderful question. You know, this past year during the pandemic, I've been really recommending a book by Ross Gay called THE BOOK OF DELIGHTS. And it's a book of very short essays about the topic of delight. And I found it to be just an incredible antidote to this—"antidote" is maybe a strong word—but I found it to be a good antidote to everything else that I was reading in terms of the pandemic and in terms of disease. And it really began to shift how I was looking at my world, day to day. You know, purposefully began to think, to look for experiences and moments and things and people that I would perhaps write my own essay about in terms of taking delight. So I really recommend THE BOOK OF DELIGHTS. And I also wrote an essay for LitHub about books that bring together journalism and memoir because I struggled so much with how to balance these two really different kinds of nonfiction writing. And so just one book from that list that I recommend is a book by Stephanie Elizondo Griest, ALL THE AGENTS AND SAINTS. And it's a book about communities in the borderlands, on the border with Texas and the US and also on the border with Canada and the US. And it's just an incredible book about resiliency and spiritual practices and activism around the environment and around environmental racism. It's just a wonderful book. And it's a wonderful book that brings together that memoir voice with that hard-hitting kind of journalism work. So I really recommend that. And there's more books on the list if you go to LitHub and look for my name,

[00:38:39] **Kendra** I'll be sure to put the link in the show notes so folks can go check it out. So my last question for you is you have a virtual book tour for this book. But after that, what's next on the docket for you? Do you have any larger works or maybe other essays that are going to be going out into the world?

[00:38:58] **Daisy** I am working on a book of essays when I'm able to. It feels a little abandoned at the moment just because of the craziness of ending the school year and then jumping into a book tour. But yes, I'm working on a book of essays, which is as much as I can say about it at this point because it's very much in its early stages. But there was so much that I discovered while working on this book that I, you know, in some cases I could not include because it would have been too much of a detour in this book or it wasn't quite . . . wasn't quite the right fit in terms of the voice that I wanted to use. And so. So, yes. So I have been working on that. And that includes an essay about this pandemic that we've just are living in. But also, I became really fascinated with the origins of connecting health insurance to citizenship status. I became really fascinated with that and learned so much. You know, just as you can imagine, got a little lost in the archives in terms of just reading work of historians, of legal historians, who have been unpacking that relationship between healthcare and citizenship status. So that's an important essay in that book. And we'll see what else happens. I'm still writing new essays. I want to write an essay about the rapper Cardi B and other topics that are perhaps more lighthearted than what I've been writing about for seven years.

[00:40:40] **Kendra** Yeah, yeah. I can imagine that would be a lot. Well, thank you so much, Daisy, for coming on the podcast and chatting about your book. I hope folks go check it out

and that they enjoy it as much as I did or find it—maybe "enjoy" is not the right word—find it as insightful as I did.

[00:40:59] **Daisy** Yeah. And it's okay to enjoy the book too. I feel like I have to give people permission to do that because I know it's a difficult . . . it's a serious topic. But I say, you know, it's okay to enjoy it too because it also means that the story has touched you in some way.

[00:41:18] **Kendra** And that's our show. I would like to thank Daisy Hernández for coming on the show to talk with me about her book, *THE KISSING BUG*, which is out now from Tin House. You can find Daisy on her website, [daisyHernandez.com](http://daisyHernandez.com) and on Twitter (@daisyHernandez). Many thanks to our patrons, whose support makes this podcast possible. This episode was produced and edited by me, Kendra Winchester. Our music is by Miki Saito with Isaac Greene. You can find us on Instagram and Twitter (@thereadingwomen). Thank you so much for listening.