# VULNERABILTY DURING COVID-19: AN ORAL HISTORY PROJECT

by

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I dedicate this research to my son, Salem Powell. You have always inspired me to be a better version of myself.

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# ABSTRACT

This thesis project was based on thirty-five focused interviews with narrators between March and June 2020 about the effects of the COVID-19 pandemic and the associated shutdowns. Analysis of these interviews revealed that the story of the early pandemic is not just about a physical illness, but it is also about a pre-existing societal illness. Magnified by the pandemic are underlying failures to meet basic human needs in America. Vulnerable groups such as women, students, individuals experiencing incarceration, victims of domestic violence, and rural populations have borne an unequitable share of the negative impacts of the virus, in large part because our society does not support or protect these, and many other groups appropriately. In these interviews, narrators spoke about their own vulnerability by sharing personal details about their health, their family, and their beliefs, but they also spoke about the larger issues of social justice.

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# CHAPTER I: INTRODUCTION AND METHODOLOGY

Last spring, as with many of my fellow students, my initial thesis project was derailed by the COVID-19/Coronavirus pandemic. In response to unfolding events, I embarked on a COVID-19-centered oral history project designed to capture real-time data on the lived experience of the global pandemic during the first ninety days after the "safer-at-home" orders began to be issued around the nation. Between March 23, 2020 and June 18, 2020, I co-created thirty-five focused oral history interviews with residents of Middle Tennessee and elsewhere in the United States. These interviews were with narrators of varying socioeconomic status, gender identity, and disability status, but primarily came from my own peers which were mostly white, college-educated women. My questions covered topics such as pandemic-related impacts on daily life, working and schooling from home, reactions to news coverage, health, finances, and family and friends.

During my study, I found that one theme was pervasive in the interviews: the narrator's perception of vulnerability. Not only did nearly every narrator say that they felt vulnerable, but many also spoke about the ways in which they felt vulnerable. This took the form of concerns about access to medical care for non-coronavirus illness such as cancer, balancing the need to care for older parents with the need to protect them, the challenges of parenting and homeschooling during COVID-19, worries about the government's ability to keep people safe, and many other topics.

## HISTORICAL CONTEXT AND HISTORIOGRAPHY

The Influenza Pandemic of 1918 and the social responses to it serves as an historic parallel. By examining at the similarities and differences between that event and the current pandemic, we can contextualize the experiences shared by modern narrators. Our technological society has been able to adapt in ways that those living in the early twentieth century could not have imagined, such as being able to work from home, have Zoom meetings with friends, and watch minute-to-minute updates on the virus from online media. Despite these adaptations, narrators still felt vulnerable in particular ways.

In describing the 1918 Influenza, author Sandra Opdycke stated that, "It touched almost every corner of the world, so fast-moving that it circled the globe three times in a single year, and so destructive that it killed an estimated 50 million people."[1] With infection rates as high as 60% in some places, the Spanish Flu was not a typical influenza virus.[2] In an average year, deaths caused by the flu target the very old and the very young. The Spanish Flu, by contrast, strongly affected young adults between twenty and forty years of age such that, "as many as 8 to 10 percent of all young adults then living may have been killed by the virus."[3] Furthermore, the speed at which the virus spread was remarkable. "Perhaps two-thirds of the deaths occurred in a period of twenty-four

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[1] S. Opdycke, *The Flu Epidemic of 1918: America's Experience in the Global Health Crisis*, Critical Moments in American History (Taylor & Francis, 2014).

[2] Opdycke, 4.

[3] John M. Barry, The Great Influenza : The Epic Story of the Deadliest Plague in History. (Viking, 2004), 4.

weeks."[4] As with the COVID-19 pandemic, the Spanish Flu affected every aspect of society, causing long-term, lasting changes, but it did so much faster, thus causing catastrophic damage.

On March 11, 2020, at a press conference of the World Health Organization (WHO), the Director-General Dr. Tedros Adhanom declared, "that COVID-19 can be characterized as a pandemic." He went on to state that as of that date there were, "more than 118,000 cases in 114 countries" of the novel coronavirus (2019-nCoV).[5] The first cases of what would become known as the Coronavirus, or COVID-19, had appeared weeks earlier in Wuhan, People's Republic of China, who notified the WHO on December 31, 2019, of the infections.[6] By the end of June 2020, an article in *The Guardian* stated that, "The United States has by far the highest number of confirmed cases globally, with more than 2.5 million, and 125,803 deaths."[7] The timing of this project, March through June 2020, recorded narrators' first reactions to this unfolding historic event through oral history interviews.

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[4] Barry, 5.

[5] World Health Organization, "Statement on the Second Meeting of the International Health Regulations (2005) Emergency Committee Regarding the Outbreak of Novel Coronavirus (2019-NCoV)," World Health Organization, accessed February 14, 2021, https://www.who.int/news/item/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov).

[6] World Health Organization, "Coronavirus Disease (COVID-19)," World Health Organization, accessed February 14, 2021, https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19.

[7] "Global Report: Deaths from Covid-19 Pass Half a Million | World News | The Guardian," accessed February 14, 2021, https://web.archive.org/web/20200629051202/https://www.theguardian.com/world/2020/jun/29/global-report-deaths-from-covid-19-pass-500000.

In March of 2020, the United States began to experience the social and economic effects of the Coronavirus pandemic. The local governments in Middle Tennessee issued Safer-at-Home Orders which resulted in a general shutdown of most schools, restaurant dining areas, and bars. Many local businesses reduced their hours and/or restricted the number of customers allowed in a store at one time. Companies were encouraged to find ways for their employees to work from home and most non-essential businesses complied. At the beginning of the second year of the pandemic, daily life, the economy, education, work, social networks, and peoples' mental health continue to be affected by the pandemic and its associated shutdowns.

Efforts undertaken in 2020 to combat the COVID-19 pandemic mirror those taken in 1918 in many ways. For example, according to Sandra Opdycke in *The Flu Epidemic of 1918*, with the federal government thoroughly occupied by World War I, responsibility for the official response to the Spanish Flu fell primarily to state and local levels of government.[8] In 2020, governmental responses were also conducted primarily by these local entities. For example, in Nashville, Tennessee, the Metro COVID-19 Taskforce was responsible for establishing the statistical metrics used to determine when businesses and schools were to shut down or could reopen.[9] Because the federal response during the Spanish Flu was limited, local health boards stepped in to manage the pandemic. Health departments were given wide-sweeping powers in the decades before the Spanish Flu,

[8] Opdycke, The Flu Epidemic of 1918: America's Experience in the Global Health Crisis, 31.

[9] "Reopening Key Metrics « Nashville COVID-19 Response," accessed February 15, 2021, https://www.asafenashville.org/reopening-key-metrics/.

primarily to combat the spread of tuberculosis, which was still commonplace in the early twentieth century.[10] While tuberculosis and the Spanish Flu were very different diseases, the way in which they passed from person to person was similar enough that many of the same infection-control methods were implemented, "including quarantine, isolation, disinfection, ventilation, and person hygiene designed to limit droplet infection."[11] In 2020, these same methods were suggested by the Centers for Disease Control (CDC) to combat the coronavirus pandemic.[12] Local health boards, such as the Metro Nashville COVID-19 Taskforce, were responsible for controlling the spread of the Coronavirus and issued public health orders, beginning in March 2020, including closing restaurant dining areas, bars, and schools in Nashville.[13]

Some counties in Tennessee implemented mask mandates in March 2020.[14] Mask-wearing had also been mandated in 1918, however, "The masks worn by millions were useless as designed and could not prevent influenza."[15] This was because they were made from gauze, which is woven too loosely to stop virus transmission. Modern masks,

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[10] Nancy Tomes, "'Destroyer and Teacher': Managing the Masses During the 1918—1919 Influenza Pandemic," *Public Health Reports (1974-)* 125 (April 1, 2010): 125.

[11] Tomes, 125.

[12] CDC, "COVID-19 and Your Health," Centers for Disease Control and Prevention, February 11, 2020, https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/index.html.

[13] "PUBLIC HEALTH ORDERS « Nashville COVID-19 Response," accessed February 16, 2021, https://www.asafenashville.org/public-health-orders/.

[14] Kaylin Jorge, "Here Are the Tennessee Counties Where Masks Are Mandated Right Now," WZTV, December 22, 2020, https://fox17.com/news/local/here-are-the-tennessee-counties-where-masks-are-mandated-right-now-christmas-2020-new-year-holiday-gov-bill-lee-holiday-nashville-williamson-davidson-wilson-rutherford-sumner-montgomery-henry-robertson-wayne-warren-covid-19.

[15] Barry, The Great Influenza : The Epic Story of the Deadliest Plague in History., 358.

especially if worn with the appropriate filter, are far more effective and can reduce the transmission of droplets, which carry the virus between people, by 80% or more.[16] While conflict over where, when, and how to wear a mask was commonplace in both pandemics, there were specific differences. Although the health mandates in 1918 were also met by public opposition, during COVID-19 that opposition, "has become a national partisan battle, led by President Trump."[17] The war effort in 1918 ensured that mask-wearing was soundly associated with patriotic behavior.[18] According to Opdycke, "American life in the early twentieth century was enlivened by an unusual number of reformers and activists who were convinced that the whole country could and should be made better."[19] These groups felt that, "the demands of private individuals and businesses had to be tempered by a concern for the public interest."[20] In 2020, by contrast, once public health orders began to be issued it seemed that, "Those on the political right believe that pandemic control measures restrict private conduct, infringe on individual freedoms, and suppress the economy."[21] Feelings about mask wearing and taking other basic precautions were a recurring topic in my research. Narrators described their frustration over those who would not wear masks, those who attended anti-shutdown

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[16] "Masks," accessed February 16, 2021, https://www.tn.gov/health/cedep/ncov/masks.html.

[17] J. Alexander Navarro and Howard Markel, "Politics, Pushback, and Pandemics: Challenges to Public Health Orders in the 1918 Influenza Pandemic.," *American Journal of Public Health* 111, no. 3 (March 2021): 421, https://doi.org/10.2105/AJPH.2020.305958.

[18] Navarro and Markel, 417.

[19] Opdycke, The Flu Epidemic of 1918: America's Experience in the Global Health Crisis, 25.

[20] Opdycke, 25.

[21] Navarro and Markel, 421.

protests, and family members or friends who were not taking the pandemic seriously. Differences in political views were also mentioned, as were media sources which narrators felt were politically driven to spread misinformation to their viewers.

In 1918, the United States was fighting World War I in Europe. The media was tightly controlled by the government, with President Woodrow Wilson's Administration passing the Sedition Act, which, "Made it punishable by twenty years in jail to 'utter, print, write or publish any disloyal, profane, scurrilous, or abusive language about the government of the United States.'"[22] This strictly limited what newspapers could print about the pandemic.

Comparatively, during 2020, a study by the Cornell Alliance for Science found that President Trump's Administration spread misinformation about the pandemic. "Trump mentions comprised 37.9% of the overall misinformation conversation" about the Coronavirus.[23] In discussing media coverage, many of my narrators specifically stated that they were unhappy with the government's response, especially that of the Trump Administration. They also expressed distrust of Fox News as a source for valid information about the virus, adding that conflicts were ongoing between family members who watched Fox News and those who did not.

During the Great Depression, oral history interviews were created all over the United States by members of the Federal Writers Project. A few of them mention the

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[22] Barry, The Great Influenza : The Epic Story of the Deadliest Plague in History., 124.

[23] Sarah Evanega et al., "Coronavirus Misinformation: Quantifying Sources and Themes in the COVID-19 'Infodemic'" (Cornell University, Ithaca, NY: The Cornell Alliance for Science, Department of Global Development, July 23, 2020), 1.

1918 Pandemic. Other personal narratives from the Veterans History Project, housed in the American Folklife Center of the Library of Congress, also mention influenza. These veteran's interviews were largely collected in the early 2000s and the pandemic was not the main topic of the interview. Another source of first-hand accounts is a website titled, "I Survived" published by the CDC online.[24] Commonalities between these narratives and the ones in my study included feelings of vulnerability, taking precautions such as mask wearing, and experiencing both economic impact and societal change.

The spring of 2020 marked the beginning of the COVID-19 pandemic for most Americans. Stories from China in late winter 2019 failed to cause much of a response in the general public, but by mid-March most people began to take precautions, and local shutdowns began. The timing of my first interviews in March 2020 coincided with these shutdowns. Modern technology allowed for these interviews to take place remotely without risk of contagion. Museums and oral historians all over the United States started projects to co-create oral histories and collect artifacts that resulting in a multitude of projects taking place contemporaneous with the Coronavirus pandemic.

The Coronavirus pandemic erupted in a society that is highly self-reporting, recording its daily life through social media. As a result, this may be the best documented pandemic ever. Websites like Facebook, Twitter, and Instagram are social media platforms that people use to chronicle daily activities and feelings. Oral history remains another important source as it "is a unique, active event, reflective of a specific culture

[24] "I Survived | Pandemic Influenza Storybook | CDC," September 20, 2018, https://www.cdc.gov/publications/panflu/stories/survived.html.

and of a particular time and space."[25] By co-creating contemporary interviews, oral historians can ask questions that are specifically designed to address the effects of the pandemic. They can also ask follow-up questions which identify the ways in which these effects changed over time. This differs from the historiography of the Influenza 1918 pandemic, which was mainly conducted years after the event took place and was largely based on memoirs, primary source government documents, and sometimes interviews which took place fifty years after the event. Other pandemics of the twentieth century warrant consideration for my study, but they differ dramatically from the current pandemic in ways which limit their applicability. For example, although the impacts of HIV/AIDS on society have been dramatic, it is not casually infectious through droplets in the way COVID-19 and influenza are. Management of the AIDS epidemic has focused on mitigation of personal behaviors, not public ones, to different effect. Although Severe Acute Respiratory Syndrome (SARS) is spread through droplet transmission like the Coronavirus, to date it has affected fewer people and precautionary measures have proven effective in limiting infections.[26]

Early in the twentieth century, between 1918 and 1920, a pandemic caused by the H1N1 influenza virus, "killed more than 50 million people and caused more than 500

[25] Vrzgulová Monika, "The Oral History Interview – A Relationship and Space of Trust," *Slovenský Národopis* 67, no. 4 (December 1, 2019): 430, https://doi.org/10.2478/se-2019-0025.

[26] "Severe Acute Respiratory Syndrome (SARS)," accessed April 13, 2021, https://www.who.int/westernpacific/health-topics/severe-acute-respiratory-syndrome.

million infections worldwide."[27] More people died in less than a year from this pandemic than from, "any other disease in a period of similar duration in world history."[28] In fact, the majority of people died within a three-month period. The scale of loss is stunning and hard to grasp. In the years following the end of the 1918 flu epidemic, it was medical professionals and statisticians who endeavored to understand what had happened and what lessons could be gleaned. Historical and literary works were slow to emerge. Largely missing from the history books, most of which were written after 1974, were contemporaneous first-hand accounts of the effects of the pandemic on daily life. Pushback against closures and mask wearing by officials not only caused more infections but added to the atmosphere of fear that pervaded society.[29] The rapidity of the onset and spread of the 1918 flu also contributed to this gap in the historical record. Families struggled to survive. Individuals who seemed healthy in the morning were dead by that evening. The dead were buried in mass graves without funeral rites of mourning. There was little public conversation about the pandemic or its social impacts in the following decades. Possible reasons for this may have included the onset of the Roaring '20s, the Great Depression, or World War II.

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[27] M. Martini et al., "The Spanish Influenza Pandemic: A Lesson from History 100 Years after 1918," *Journal of Preventative Medicine and Hygiene* 60, no. 1 (2019): 66, https://doi.org/10.15167/2421-4248/jpmh2019.60.1.1205.

[28] Guy Beiner, "Out in the Cold and Back: New-Found Interest in the Great Flu.," *Cultural & Social History* 3, no. 4 (December 2006): 496.

[29] Barry, The Great Influenza : The Epic Story of the Deadliest Plague in History., 336.

One early novel, *Pale Horse, Pale Rider* by Katherine Anne Porter was set in 1918, during the height of the pandemic. It was published in 1939, at a time when the memory of the pandemic seemed to have waned. With the new social history in the 1970s came Richard Collier's 1974 book, *Plague of the Spanish Lady*. The first major historical work on the pandemic was followed by a series of publications that explored the historic pandemic. Collier's book, "set out to recount the pandemic's story through the lens of ordinary human experience."[30] This work was based, "on the personal memories of over 1700 flu survivors."[31] Critiques of *Plague of the Spanish Lady* focused on its lack of cohesiveness and an insufficient analysis of the interviews, yet it prompted other historians to begin to examine the pandemic.

Another important book, *Stacking the Coffins: Influenza, War, and Revolution in Ireland, 1918-1919*, by Ida Milne incorporated twenty-five oral histories recorded in 2006 and 2007. Some of these survivors were over one hundred years of age at the time of the interviews. Milne attempts to answer the question of why the 1918 Influenza seemed to have disappeared from public and academic conversation in Ireland. By looking at local cemeteries and burial records, she found that child mortality from common diseases like diarrhea and measles was so common in Dublin at that time that the influenza may have seemed almost commonplace by comparison. Using primary

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[30] H. Philips, "The Re-Appearing Shadow of 1918: Trends in the Historiography of the 1918-19 Influenza Pandemic.," *Canadian Bulletin of Medical History = Bulletin Canadien d'histoire de La Médecine* 21, no. 1 (01 2004): 126, https://doi.org/10.3138/cbmh.21.1.121.

[31] Howard Phillips, "Second Opinion The Recent Wave of 'Spanish' Flu Historiography," *SOCIAL HISTORY OF MEDICINE* 27, no. 4 (November 1, 2014): 126, https://doi.org/10.1093/shm/hku066.

sources, like letters and diaries, Milne's main interest is in looking at the ways the pandemic affected the war and early efforts at Irish independence.[32]

In contrast with the historians of 1918, those in 2020 began co-creating oral histories immediately following the global realization that the Coronavirus pandemic had begun. Narrators spoke about shutdowns of schools and workplaces, grocery shortages, panic buying, social distancing, debates about mask wearing, and feelings of financial and health vulnerability. Many other projects are also focused on collecting interviews about the Coronavirus. Some of these are major projects funded by well-known and respected oral history centers and associations. The Oral History Association (OHA) website lists fifty-eight oral history centers and collections. A large number of these centers either have a COVID-19 project underway or have interviews in their collection which reference the virus. For example, the Columbia Center for Oral History Research is conducting a project titled, *NYC Covid-19 Oral History, Narrative and Memory Archive*.[33] New York City was an epicenter early in the pandemic and they describe their motivations for doing this research:

> This crisis is highlighting structural fault-lines in our society as well as the strength and resilience of our communities, even as our society transforms in

[32] Ida Milne, *Stacking the Coffins : Influenza, War and Revolution in Ireland, 1918–19*, Manchester History of Medicine (Manchester: Manchester University Press, 2018), https://ezproxy.mtsu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=1838721&site=eds-live&scope=site.

[33] "NYC Covid-19 Oral History, Narrative and Memory Archive.," Columbia Center for Oral History Research, accessed March 20, 2021, https://www.ccohr.incite.columbia.edu/covid19-oral-history-project.

> ways we do not yet understand. It will be important for those navigating the post-COVID future to hear the voices of those who lived through this period.[34]

The principal investigator for this project, which began in March 2020, is Peter Bearman with researchers Nyssa Chow, Mary Marshall Clark, Ryan Hagen, Denise Milstein, and Amy Starecheski co-directing. Focused on the experience of New York City's diverse populations, they describe their narrators as being, "two hundred New Yorkers, including doctors, nurses, home health aides, funerary workers, doulas, parents, homeless people, organizers, artists, immigrants, teachers, other essential workers, public officials, and everyday New Yorkers of all kinds."[35] My project also focused on collecting interviews with a wide variety of narrators early in the pandemic.

Another major project is *The Covid-19 Oral History Project* taking place at the Arts & Humanities Institute at Indiana University – Purdue University Indianapolis (IUPUI).[36] IUPUI is using what they call 'Rapid Response Collecting' similar to methods used by Mary Marshall Clark in the *September 11, 2001 Oral History Project.* Rapid response oral history, also known as crisis oral history, has been used, "Primarily as a way to collect the stories, material culture, digital creations, and ephemera of historic

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[34] "NYC Covid-19 Oral History, Narrative and Memory Archive."

[35] "NYC Covid-19 Oral History, Narrative and Memory Archive."

[36] "The Covid-19 Oral History Project – IUPUI Arts and Humanities Institute," accessed March 20, 2021, https://iahi.sitehost.iu.edu/2020/03/27/the-covid-19-oral-history-project/.

events."[37] Instead of conducting long form, life-story-based interviews, crisis oral history shortens the focal length of the lens to provide specific information about particular topics, such as a historic event, in a contemporaneous timeframe.

According to Howard Phillips in an article published in the journal Social History of Medicine in 2014, the previous fifteen years had seen a spike in historical writing on the pandemic of Spanish Flu.[38] Phillips suggests that this uptick in interest in an earlier pandemic was, in part, caused by the emergence of the N5N1 Influenza virus in 1999 and again in 2003. Primarily an avian flu, this virus infected humans but did not cause a worldwide pandemic. However, fears that it would were widespread and preventative vaccines were eventually developed in response.[39] One outcome of this pandemic scare was that academics became more interested in writing about the Spanish Flu pandemic resulting in a resurgence of publications. "For some of the recent historians of the 'Spanish' flu it was clearly the avian flu epidemic of the late 1990s/early 2000s which steered them directly to its 1918 predecessor as a topic for historical research."[40] The emergence of COVID-19 has had a similar effect on historians, with many choosing to revisit historic pandemics.

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[37] Jason M. Kelly, "The COVID-19 Oral History Project: Some Preliminary Notes from the Field," *The Oral History* Review 47, no. 2 (July 2, 2020): 240, https://doi.org/10.1080/00940798.2020.1798257.

[38] Phillips, "Second Opinion The Recent Wave of 'Spanish' Flu Historiography," 790.

[39] "Influenza (Avian and Other Zoonotic)," accessed March 20, 2021, https://www.who.int/news-room/fact-sheets/detail/influenza-(avian-and-other-zoonotic).

[40] Phillips, "Second Opinion The Recent Wave of 'Spanish' Flu Historiography," 792.

A search on Google Scholar or EBSCO using the keyword "pandemic" returns dozens of articles written since the beginning of the Coronavirus pandemic, many drawing comparisons to historic disease events. One publication, *Influenza and Public Health: Learning from Past Pandemics* was published in 2010 and asserted that future epidemic events "can be better understood in their social, epidemiological, ecological, and political entirety by careful examination of past influenza epidemics."[41] Phillips stated that, "For millions of people who had lost loved ones…it was clearly a (if not "the") watershed event in their lives."[42] Yet scholars still debate why the pandemic of 1918 seems to have disappeared from the historical accounts for fifty years.

Between 1974 and the turn of the century, many monographs were published about the pandemic. One of these, *The Flu Epidemic of 1918: America's Experience in the Global Health Crisis*, by Sandra Opdycke paid particular attention to the government's response to the Spanish Flu pandemic from the perspective of healthcare at that time. Opdycke states that, "the nation's leaders failed in their obligation to communicate honestly with the public about what was happening."[43] This perceived failure echoes sentiments present in my interviews regarding COVID-19. Many of my narrators felt that Trump's administration and local leaders failed to protect the population by delaying closures and sending unclear messages regarding social

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[41] S. Craddock, J.L. Gunn, and T. Giles-Vernick, *Influenza and Public Health: Learning from Past Pandemics*, Science in Society Series (Earthscan, 2010), 2.

[42] Phillips, "Second Opinion The Recent Wave of 'Spanish' Flu Historiography," 128.

[43] Opdycke, The Flu Epidemic of 1918: America's Experience in the Global Health Crisis, 155.

distancing and mask wearing. The 1918 flu literature is silent on public critiques of the government response during the pandemic because of both censorship and there having been no way in which to conduct interviews safely during the event. My research adds this element to current pandemic literature.

Another important event in the historiography of the Spanish Flu pandemic was the 1998 University of Cape Town Conference which resulted in the proceedings, *Spanish 'Flu 1918-1998: Reflections on the Influenza Pandemic of 1918 after 80 Years*. This multi-disciplinary, global event attracted a total of thirty-six contributors, including Alfred W. Crosby. "Scholars have come to recognize how many-sided an episode of pandemic is and that to make full sense of its complex, interconnected and transnational character, it must be viewed through numerous lenses at the same time."[44] The motivation behind my research was to provide just such a perspective to future historians by co-creating contemporaneous first personal accounts of COVID-19 and then by re-interviewing five narrators after some weeks had passed.

## STUDY METHODOLOGY

The thirty-five interviews in my project included narrators of varying socioeconomic status, gender identity, disability status, backgrounds, locations, and professions. These narrators were primarily recruited directly via email, Facebook, and telephone calls. Because of the sudden onset of the pandemic and shutdown, I chose to

[44] Howard Phillips, The Recent Wave of 'Spanish' Flu Historiography. (November 2014).

interview people I knew personally who were generally my colleagues, friends, and acquaintances. This enabled me to contact a large number of people easily and begin my interviews quickly but limited the amount of diversity represented in my sample.

*Table 1: Narrator Occupation and Location*

| **Narrator #** | **Occupation** | **City** | **State** |
|---|---|---|---|
| 1 | Student | Murfreesboro | Tennessee |
| 2 | Artist/Comedian | Nashville | Tennessee |
| 3 | Retired Professor | Murfreesboro | Tennessee |
| 4 | Public Policy Maker | Murfreesboro | Tennessee |
| 5 | GIS | Redlands | California |
| 6 | GIS Tech/Archaeologist | Nashville | Tennessee |
| 7 | Archaeologist | Nashville | Tennessee |
| 8 | Pharmacist | Marietta | Georgia |
| 9 | Physician | Nashville | Tennessee |
| 10 | Music Educator | Westminster | Maryland |
| 11 | RN/Professor | Nashville | Tennessee |
| 12 | Homemaker | Coppell | Texas |
| 13 | Archaeologist | Reno | Nevada |
| 14 | Activist | Memphis | Tennessee |
| 15 | Professor | Brentwood | Tennessee |
| 16 | Professor | Lebanon | Tennessee |
| 17 | Student | Murfreesboro | Tennessee |
| 18 | Graduate Student | Murfreesboro | Tennessee |
| 19 | Secondary Teacher | Yellville | Arkansas |
| 20 | Professor/Artist | Marietta | Georgia |
| 21 | Professor | Murfreesboro | Tennessee |
| 22 | Director Bookmobile | Charlottesville | Virginia |
| 23 | Massage Therapist | Nashville | Tennessee |
| 24 | Professor | Murfreesboro | Tennessee |
| 25 | Administrative Assistant | Mt. Juliet | Tennessee |
| 26 | Pet Care Manager/Food Blogger | Murfreesboro | Tennessee |
| 27 | Wedding Planner | Murfreesboro | Tennessee |
| 28 | Archaeologist | Statesboro | Georgia |
| 29 | Public Defender | Memphis | Tennessee |
| 30 | Professor | Lafayette | Louisiana |

## INTERVIEWS

The average interview was between twenty and forty minutes, although a few ran longer. I developed the initial questions with the assistance of Dr. Martha Norkunas, who was my Oral History Professor at Middle Tennessee State University, and Dr. Hanna Griff-Sleven, who was an Adjunct Associate Professor at Eugene Lang College at the New School for Liberal Arts. Dr. Griff-Sleven had been my mentor for a Public History Internship. I used twelve initial questions for the first few interviews but found that the pace of current events dictated that I update the interview questions after a couple of weeks. I developed the second round of questions in early April 2020. The final version of the interview questions was refined as I began to conduct follow-up sessions with some of the narrators. After April 22, 2020, I used this final version of the questions for all remaining interviews. As I was trained in co-creating semi-structures qualitative interviews, I also asked questions based on whatever topics the narrator raised. For example, if the narrator discussed prior health issues, I asked them how the pandemic impacted their health issues, about their access to healthcare, and what other concerns that raised for them. Each narrator was informed that these interviews were being conducted as part of my M.A. thesis project. During the interview they were each asked, "Do I have your permission to release this interview and transcript to the public for educational purposes." While all of the narrators did agree to this, there were three who requested that their names be changed so that they could speak frankly.

*Table 2: Set 1 Interview Questions*

| | |
|---|---|
| 1 | Tell me about your reaction to the news about the coronavirus. |
| 2 | What are you thinking about the coronavirus news? Are you reading the news? What are you reading? |
| 3 | Are you preparing for staying inside or for other changes due to the coronavirus? How are you preparing? |
| 4 | When you talk to your friends about it, what are you all saying? |
| 5 | What is the dark humor about it? Are there jokes or memes or parodies about the virus or the hand washing or quarantine? |
| 6 | Are you washing your hands more? Are doing the 20 seconds? Do you sing or do anything to count to 20 seconds? |
| 7 | Have you changed your daily life in any way? How? How is this affecting you? Has your family been affected by it? |
| 8 | Are you doing anything different in public? |
| 9 | How do you imagine a quarantine? What would that look like for you? How would you spend your time? What would your town look like? What would the U.S. be like? |
| 10 | Do you feel vulnerable? Does feel anyone you know feel vulnerable? What does that mean? |
| 11 | Are you buying any supplies? What supplies? |
| 12 | How is it affecting people in your life? Are you hugging or shaking hands? |

*Table 3: Set 2 Interview Questions*

| | |
|---|---|
| 1 | How has the Coronavirus affected your daily life? |
| 2 | Are you able to self-isolate? What is that like for you? How do you spend your time? |
| 3 | When do you go in public? Where? Are you doing anything different? |
| 4 | Are you working? How has that changed? Are you concerned about income? Have you applied for the Coronavirus unemployment benefit? |
| 5 | Are you expecting to receive a Coronavirus stimulus check? If yes, what are you planning to do with that money? |
| 6 | What role is technology playing in your life now? How has that changed? |
| 7 | Have you been able to socialize? How? If so, what kind of technology are you using to do that? |
| 8 | Do you know anyone with the Coronavirus? How does that affect your reaction to the virus? Do you feel vulnerable? |
| 9 | Are you reading or watching the news? What are your sources? What do you think of the coverage? |
| 10 | What do you think about the protests taking place calling for opening up the economy? |

*Table 4: Set 3 Interview Questions*

| | |
|---|---|
| 1 | How has the Coronavirus affected your daily life? |
| 2 | What city do you live in? |
| 3 | What is your profession? |
| 4 | Are you working? How has that changed? Did you lose work because of the shutdown? Has that changed? |
| 5 | Are you able to self-isolate? What is that like for you? How do you spend your time? |
| 6 | When do you go in public? Where? Are you doing anything differently than you did during shutdown? |
| 7 | Have you been able to attend church or events? What has that been like? |
| 8 | Have you been able to socialize in the last month? How? If so, what kind of technology are you using to do that? |
| 9 | How is your mood? Has it improved since things started opening up? |
| 10 | Do you know anyone with the Coronavirus? How does that affect your reaction to the virus? Do you feel vulnerable? |
| 11 | Are you reading or watching the news? What are your sources? What do you think of the coverage? |
| 12 | Are you a parent? What has that been like since March? How have you explained the pandemic to your kid(s)? |
| 13 | Are you able to exercise as much as you're used to? What other kinds of self-care are you employing? |
| 14 | What do you think will happen now? |

## TECHNOLOGY

Initially, these interviews were created using my Samsung Galaxy S10 Smartphone and the ACR Cube recording application, obtained from the Google Play Store. This application recorded both sides of the interview during a phone call. Following each interview, I exported the resulting MP4 uncompressed audio file to my laptop and an external back-up drive. This system worked until April 21, 2020 when an update to my Galaxy S10 Smartphone broke the application. As a result, three interviews conducted on the 21st of April and one interview conducted on the 22nd of April were lost.

I conducted research into the change and discovered that the Samsung operating system had been altered to no longer allow third party recording applications to function on their telephones.

I then began to use an H5 Zoom Recorder with my Samsung Galaxy S10 Smartphone set to the speaker phone setting. I placed the recorder next to the telephone and recorded both sides of the conversation. The audio files were not as clear as they had been with the ACR Cube recording application and tended to pick up external noise from outside of the building but it was a cost-effective method available to me. I used this method for the remainder of the remote interviews. I co-created two interviews in person, at the request of the narrators. We used careful social distancing practices for those recordings.

## POST-INTERVIEW PROCESSING

I transcribed each recorded interview file using the Express Scribe software to create an unedited verbatim transcript in a Microsoft Word document. In some cases, the interviews were transcribed by a professional service. I audited all transcripts to ensure that they matched the recorded interview exactly. I then reread each of the transcripts, highlighting passages which I felt were significant or which addressed common themes found across the interviews. Some of these themes were prompted by specific questions asked during the interviews, but other common themes found across narrators emerged more organically. The highlighted passages were then inserted into an Excel spreadsheet.

Each excerpt was then categorized according to the salient themes that emerged from the interviews and sorted by theme in order to

find commonality across the narrators. These themes were as follows:

*Table 5: Interview Themes*

| **Themes** |
|---|
| Work/School |
| Precautions |
| Hoarding/Shopping |
| Health |
| Economy |
| Technology |
| Politics |
| News |
| Protests |
| Coping |
| Parenting |

## NARRATOR DEMOGRAPHICS

Narrators were requested to participate in an online survey regarding their demographic information. I received twenty-three responses to the survey for a total of 77% participation. Not every narrator answered every question on the survey, as it was voluntary and they were allowed to skip questions which they preferred not to answer.

*Table 6: Narrator Demographic Survey*

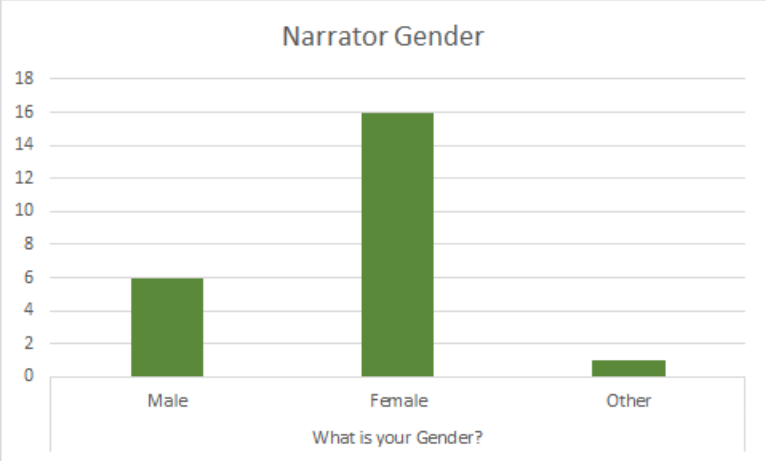
| **What is your Gender?** |
|---|
| Male |
| Female |
| Other (specify) |
| |
| **Which category below includes your age?** |
| 17 or younger |
| 18-20 |
| 21-29 |
| 30-39 |
| 40-49 |
| 50-59 |
| 60 or older |
| |
| **What is the highest level of school you have completed or the highest degree you have received?** |
| Less than high school degree |
| High school degree or equivalent (e.g. GED) |
| Some college but no degree |
| Associates degree |
| Bachelor degree |
| Graduate degree |
| |
| **Which of the following categories best describes your employment status?** |
| Employed, working 40 hours or more per week |
| Employed, working 1-39 hours per week |
| Not employed, looking for work |
| Not employed, NOT looking for work |
| Retired |
| Disabled, not able to work |
| |

| **How much total combined money did all members of your HOUSEHOLD earn last year?** |
|---|
| $0 to $9,999 |
| $10,000 to $24,999 |
| $25,000 to $49,999 |
| $50,000 to $74,999 |
| $75,000 to $99,999 |
| $100,000 to $124,999 |
| $125,000 to $149,999 |
| $150,000 to $174,999 |
| $175,000 to $199,999 |
| $200,000 and up |
| Prefer not to answer |
| |
| **Are you White, Black or African-American, American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific islander, or some other race?** |
| White |
| Black or African American |
| American Indian or Alaskan Native |
| Asian |
| Native Hawaiian or other Pacific Islander |
| From multiple races |
| Some other race (please specify) |
| |
| **Are you Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, Cuban-American, or some other Spanish, Hispanic, or Latino group?** |
| I am not Spanish, Hispanic, or Latino |
| Mexican |
| Mexican-American |
| Chicano |
| Puerto Rican |
| Cuban |
| Cuban-American |
| Some other Spanish, Hispanic, or Latino group |
| From multiple Spanish, Hispanic, or Latino groups |
| |

SURVEY RESULTS

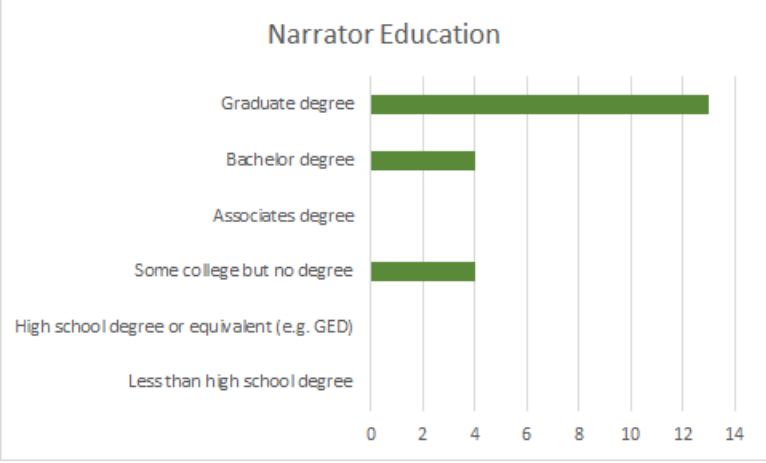
Of the twenty-three narrators who responded to the demographic survey, six self-identified as male, sixteen self-identified as female, and one self-identified as other.

*Table 7: Narrator Gender*



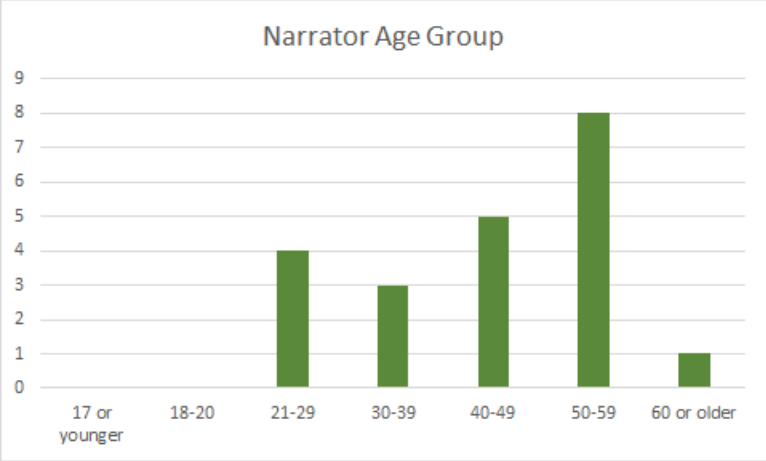

Of the narrators who responded to the demographic survey, the large majority had a graduate or Bachelor degree, with all having had some college education.

*Table 8: Narrator Education*



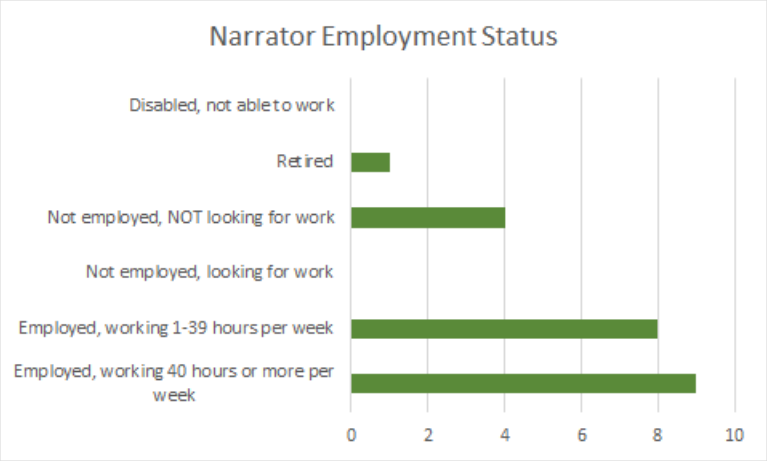
The narrators ranged in age from 21 to over 60 years of age, with most of the narrators being over 50. The oldest narrator was 89 years of age but did not respond to the survey so is not represented in this chart.

*Table 9: Narrator Age Group*



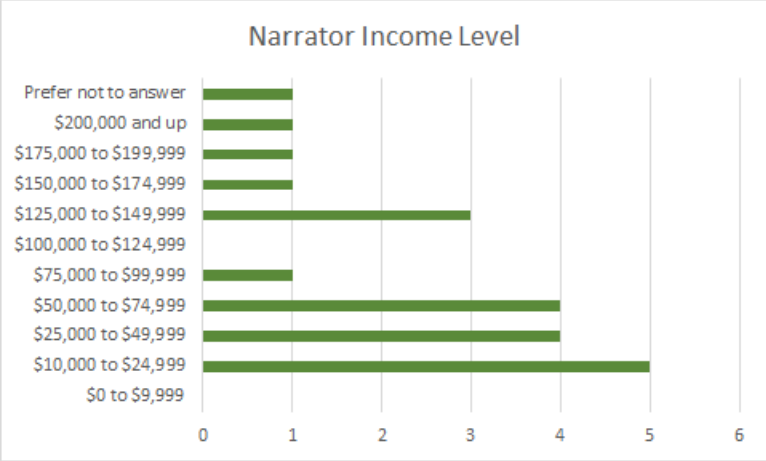

Many of the narrators who responded indicated that they were "Not employed, not looking for work" but the majority of respondents were employed at least part-time.

*Table 10: Narrator Employment Status*



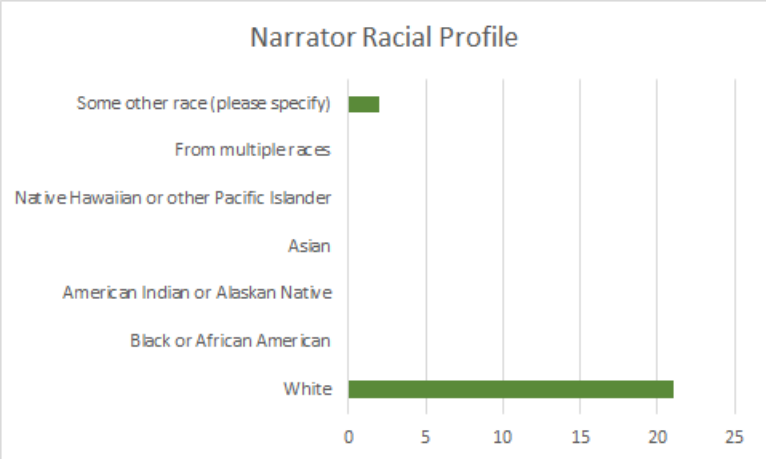
The survey question about income level was the skipped by several narrators, however those that did answer were from a wide range of economic levels.

*Table 11: Narrator Income Level*




The vast majority of the narrators self-identified as white and non-Hispanic, with only two narrators who responded to the survey self-identifying as being non-white and/or Hispanic.

*Table 12: Narrator Racial Profile*



Overall, narrators were largely middle-class women over 40 years of age, who self-identified as white and had post-secondary education, often at the graduate level. Because of the nature of the pandemic, I was unable to recruit narrators from a larger range of demographic backgrounds, and as a result, the narrators were largely from my peer group. This limitation of my study affects how broadly the results can be extrapolated to represent the larger population's experience during the pandemic.

One important crisis oral history project that incorporated a longitudinal design was done by oral historian Mary Marshall Clark. Regarding her conducting interviews directly after the 9/11 terrorist attacks in New York, she wrote, "that everywhere people organized meaning though constructing and telling stories."[45] By co-creating these stories in the immediate aftermath of the event and as it continued to unfold, Clark was able to record personal narratives in the private space of the interview before an official narrative was deployed by the media and government. The design of Clark's project allowed for narrators to revisit their experiences over time and with greater understanding of the events that had taken place. I was able to re-interview five of my narrators some weeks after their initial interview. In these follow-up interviews I found that narrators were still strictly isolating and had growing concerns about the future and what the long-term effects of the shutdown would be upon themselves and their families, socially and economically. One narrator said that she knew people who had recovered from the virus, as well as some who had passed away. Another stated that while he did know someone

[45] Mary Marshall Clark, "The September 11, 2001, Oral History Narrative and Memory Project: A First Report," *The Journal of American History* 89, no. 2 (2002): 145, https://doi.org/10.2307/3092175.

who had contracted the virus, he had already been very aware of how serious it was and was still taking careful precautions. These five re-interviews I co-created constitute an archive within an archive. In my study, narrators provided a window into their lives by describing what effects the pandemic had at the individual level, prior to the establishment of an official, common narrative. These follow-up interviews add a temporal dimension to the narrators' experiences as that common narrative was still developing. As Mary Marshall Clark stated, "In oral history archives, narratives are formulated through the performance of the life story as part of a larger cultural and historical story, weaving back and forth from the narrative of the individual to the historical and social."[46]

[46] Clark, 201.

# CHAPTER II: PERCEPTIONS OF VULNERABILTY

In early September 2002, Mary Marshall Clark published an article about her project titled, *September 11, 2001, Oral History Narrative and Memory Project*. In that article, she discusses ways in which major events are interpreted over time as the collective experience congeals into an official narrative. This official narrative may come from the media, government, or social media. Clark states:

> Oral historians have often claimed that the lived experience of history is more complex than subsequent interpretations reveal. Rarely do we have the opportunity to document the historic evidence of that complexity thorough first-person interviews collected close to a historical even that has the power to transform out ideas about history.[1]

The early days of the Coronavirus pandemic offered an opportunity for collecting interviews in the midst of an ongoing historic event which has fundamentally shifted how our society functions by affecting the ways in which we now work, go to school, and interact with others. During the first weeks of the pandemic, I co-created thirty-five interviews with thirty narrators.

I asked narrators about the effects of the pandemic, and associated shutdowns, on their daily lives. The overarching theme of these interviews was vulnerability. Some of the questions I asked included: How did you feel vulnerable? Or did you? How did your

[1] Clark, 569.

families protect themselves? Was anyone in your life affected directly? What precautions were they taking and why?

One of the first questions I asked each narrator was, "Do you feel vulnerable?" Many answered the question directly, but often their understanding of vulnerability was complex. Some narrators chose to focus on what they considered to be their personal risk for complications from the virus. Other narrators expanded their definition of vulnerability to include family members, friends, and other groups such as LGBTQ youth, people experiencing incarceration, and the general public. The narratives reveal a picture of the participant's perceptions of vulnerability during the pandemic.

In discussing their perceived vulnerability to the virus, I asked if narrators knew anyone who had contracted the Coronavirus. Since these interviews took place early in the pandemic, the majority of narrators had not yet encountered the virus in their personal lives. By the end of the study in June of 2020, one narrator spoke about how knowing someone who was infected had affected her understanding of the seriousness of the virus.

> It's one of those things where you hear about it on the news and it's this intangible thing that you don't really know anything about. I know this person from my friends' group. I had been around her in the weeks before she caught the Coronavirus. That was a reminder of the fact that it's a real thing. It's around and it's possible to get and to spread. For those fourteen days, after we found out about her, we did quarantine and did not go in public. It was tough though because there were a lot of protests at that point happening in and around Nashville and we wanted to go. Even though we were low risk, we didn't want to even risk going out to protests. That was hard because we wanted to go and show

> support. At the same time, we felt like we had the responsibility not to go and [that we] needed to show support in other ways.[2]

Another narrator spoke about how her perception of vulnerability had evolved over the course of the first weeks of the pandemic. She described herself as having been initially concerned but reported that over time she had become somewhat inured to the ongoing risk. Once people in her circle began to become infected, her ideas about her vulnerability once again changed.

> When this all first started, I felt vulnerable to it because I didn't feel like I had [enough] knowledge. Nobody knew what was happening and what was going to happen. We were watching China and Italy and the horrible decisions that physicians were having to make in triaging life and death treatment. They were having to make the decision to let somebody die in order to let somebody else live. I can't imagine being in a position of making that decision and I'm glad that that's not in my set of tasks. Once we were quarantined for two or three weeks, and I was confident that it wasn't in our house and that we had figured out how to keep it out of the house, then I felt a little more complacent. The fact that people closer to me have gotten sick with it and that people adjacent to me have died from it brings it back to, 'Oh crap! It really could be me! Or it really could be my husband or my kids or somebody that I care about.'[3]

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[2] Katie Anne Baugh, interview by author by telephone, June 18, 2020.

[3] Shannon Hodge, interview by author by telephone, May 8, 2020.

PERSONAL VULNERABILTY

The idea of personal vulnerability took a on different shades of meaning for each narrator. Some were concerned about their ability to obtain medication or medical care, either because they didn't have health insurance or because they felt that medical services might be overwhelmed and therefore be unavailable.

> I am concerned that if I get sick, I may not be able to get my mental health medications, which are monthly. Some of them are controlled substances so I'm not able to get them ahead of time. If I get sick, or my husband gets sick, that might become an issue. I also do not have health insurance so I am worried [about] if I get sick. I'm not sure where I would be able to get treatment and how much that might cost.[4]

Other narrators were more resigned to the idea that they might not be able to get medical help if needed.

> I'm higher risk than anybody. My lungs are scarred from repeated childhood pneumonia and bronchitis. My parents smoked. We all lived in the smog. I have asthma, I have heart conditions, and I have a generally weaker immune system than anyone in my family. I am the one most likely to die. If Reno's hospitals get slammed, everything is going to be much more difficult. I'm okay with [getting] my meds but I worry that if something happens we won't be able to the get treatment that we need because the hospitals will be slammed.[5]

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[4] Clelie Cottle-Peacock, interview by author by telephone, May 7, 2020.

[5] Charlie Goggin, interview by author by telephone, April 23, 2020.

Everyday occurrences made some narrators feel more vulnerable. Events that would normally require a simple procedure in a medical office became non-routine and had to be re-evaluated for new associated risks.

> A crown fell off my tooth the other day. I texted my dentist and said, 'This strikes me as a non-emergency medical procedure.' It's not painful because it's in the back of my mouth and it's not a big deal but it made me feel sort of vulnerable. I realized, "Oh, wow, I really can't go to a dentist right now!" My dentist said she'd see me if I need to see her but she'd prefer not to. Yesterday, I got a temporary glue kit and I'm going to perform a little at-home dental procedure to glue my crown back on. In the greater scheme of things, I don't feel like this was a major medical issue that I'm feeling particularly worried about, but it does make me feel more vulnerable than I would in ordinary times.[6]

## CARING FOR VULNERABLE OTHERS

### PARENTS AND GRANDPARENTS

Narrators were often concerned for the availability of care, not only for themselves, but also for older parents. Some families made contingency plans for dealing with potential medical emergencies. At times, this caused conflict between adult children and their parents.

> People are avoiding the hospital at all costs right now and since my parents are old, we've had a conversation [about it]. My mom has cancer. My dad is eighty-five. I said, 'If something happens to y'all, we're going to watch you die because

[6] Ann Smith, interview by author by telephone, March 31, 2020.

> we are not calling an ambulance under any circumstances.' It's changed my personal life because my mom has been really sick this year. [She] has almost begged to die because she's been so sick. She's better now, but we're not calling an ambulance because there's nothing that a hospital can do that will help.[7]

Narrators with older parents disagreed about who had the authority to make medical decisions should their parents show symptoms of the virus.

> My dad has two underlying conditions. We had a heavy discussion. I told him that if he manifested any symptoms whatsoever, even if it turned out to be seasonal allergies, if he got a fever, if he got a cough, I was not waiting to hear what he thought about it, I was getting him transported as a cardiac patient. He's got COPD and he's a cardiac patient because he has a defibrillator implanted in his chest. We had a little bit of an argument and I actually got stubborn with him because he never wants to be a bother. I told him, 'I don't care what opinion you think you have. You develop any of the symptoms and I will transport you and you will go to the hospital before anything else.'[8]

Many narrators worried about older parents or other vulnerable family members more than they did about themselves. They were afraid that they might infect them by accident.

> My biggest concern is not for me. It's the fact that I can be a carrier, and in my job, I come across a lot of very elderly people [and] a lot of people that may be immunocompromised. What a relief it was that they actually grounded me from

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[7] Sara Jane Goodman, interview by author by telephone, March 31, 2020.

[8] Marien Ruiz Villaman-Chodl, interview by author via telephone, March 24, 2020.

> driving the book bus so that I'm less of a vector now! I do have elderly parents. I do have a child at home. The kid will probably be fine but I'm not trying to kill my mom or my dad, or anybody else for that matter.[9]

Caring for older parents became harder during the shutdown. Some narrators' families were already facing struggles with serious illnesses before the pandemic, such as cancer. Narrators struggled to provide their families with the support they needed. Adult children took on expanded roles, isolating themselves in order to care for their elderly parents.

> The pandemic has me totally locked in my house because my parents live 150 miles away. We have a private nurse that comes twice a week and fixes her medicine. [She is] a helper because my mom is able to do a lot, but she has cancer. She's undergoing immunotherapy so someone has to drive them to the doctor's office. They live in rural Missouri and the closest doctor is forty-five miles away so they have to be driven there. Either my brother has to drive them or I drive 150 miles to drive them to the doctor.[10]

Younger adults were also charged with taking on more responsibility in order to buffer their parents' exposure to the virus.

> My mother has stage four cancer in her bones and she actually had chemo on Monday, so she is very high risk. She hasn't left the house in however long the quarantine has been going on except to go to the hospital to get chemo. That was the only time she's been out. When she went to the hospital, everyone had

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[9] Marien Ruiz Villaman-Chodl, interview by author via telephone, March 24, 2020

[10] Sara Jane Goodman, interview by author by telephone, March 31, 2020.

> protective gear and they sterilized the whole environment so she was okay. My father has health conditions, too. About two years ago he almost passed away from having fluid in his lungs and around his heart. I've been taking care of him too in case something does happen from [the] Coronavirus. I have to now sacrifice what I've been doing and get them groceries. My role has changed in that I am supporting the family right now, going out and getting groceries, prescriptions, anything like that so that they are not risk from going outside.[11]

Narrators often spoke of concern for individuals in their lives who were already living with serious underlying physical health conditions or compromised immune systems. Families were limited in how much care they could provide to these vulnerable individuals without risking exposing them to the virus.

> Michael's mother has Lupus, which is an auto-immune disease. She takes medications that suppress her immune system so she is very high-risk and she is also over sixty-five. That's definitely factored into how seriously we take things because we still go out and help her with a lot of her yardwork and fixing things around her house. Before all of this happened, she commonly took care of his niece and nephew but we had to strongly encourage her to stand up to his sister and not [to] do that anymore because the kids could be asymptomatic carriers.[12]

Sometimes narrators spoke about family members who were disabled and what efforts the family was making to ensure that they stayed protected while having their ongoing needs met.

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[11] Olivia Thompson, interview by author by telephone, April 2, 2020.

[12] Clelie Cottle-Peacock, interview by author by telephone, May 7, 2020.

> My family is staying inside which has been a little bit difficult for them because we've all been very active people. We did a lot of extracurricular stuff outside of the house ever since I was little kid. It's especially difficult for my sister since she does have a genetic disorder and she has autistic tendencies, so she wants to do things. She has a whole list of extracurricular stuff that she normally does. She gets antsy from staying in the house which means my mom has to do extra things to let her let off some energy.[13]

Grandparents, particularly those in nursing facilities, were of special concern to some narrators. These facilities looked for creative ways to address the needs of residents while keeping them safe from the Coronavirus.

> My great grandpa is ninety-seven and my great grandma is ninety-two or ninety-three. She had a very bad fall a couple weeks before quarantine started and so my grandma still has to go into the nursing home to rewrap her bandages because all her skin is missing from her leg. My grandparents are practicing social distancing to make sure that they can stay healthy so that they can keep going.[14]

## MENTAL HEALTH

During the early weeks of the pandemic and shutdown, many narrators were concerned with either their own mental health or that of others. One factor that affected people was the lack of regular structure to their days.

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[13] Joseph Kindoll, interview by author by telephone, March 24, 2020.

[14] Abbey Garrett, interview by telephone, March 26, 2020.

> This time we're in is really hard for people who have tendencies to have depressed mood and is anxiety inducing for everyone because of the increased isolation. It has damaged a lot of people's mental health. I think that was the main thing that was difficult for me was a lack of structure and my mood was definitely down and I was anxious. As we've gone on, I've found ways to adjust for that by making my own structure.[15]

For one narrator, her educational background caused her to experience increased anxiety over the expected mortality rate, leading her to feel isolated from the general public. She described how she relied on her regular therapy sessions to help her manage this anxiety.

> I think that the fatality rate is projected to be [that] eight or ten people in every one hundred people are going to die of this illness. The numbers are so abstract that they're not really reaching the public psyche. They're not understanding what it is that they're actually facing, but as an educator and a scientist and a social scientist I understand very well exactly what we're facing. I have felt very alone and lonely in my preparation and in my anxiety. My last therapy appointment via TeleMed was entirely devoted to managing [my] COVID anxiety.[16]

Mental health awareness and support became critical. Isolation, depression, and anxiety were factors which affected many of the narrators directly as well as those within their social and professional circles. One narrator, a nurse serving on the Metro Nashville

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[15] Katie Anne Baugh, interview by author by telephone, June 18, 2020.

[16] Sophia Plant, interview by author by telephone, March 28, 2020.

Health Board, described being concerned for other vulnerable people during the shutdown. She was especially concerned about people experiencing domestic violence or abuse.

> I think it may have been hard for others and particularly for those who have a sense of either loneliness or a real sense of vulnerability about themselves or the people they love. I'm so thankful not to be in that place. Fortunately, I know there are always mental health resources [for nurses] in the aftermath of disasters in this country. Even if you work internationally, they make sure that there's some kind of a mental health component to deal with trauma, to deal with grief and loss. I think from the get-go it was recognized that because of the stay-at-home thing it was going to be a big deal. Early on, one of my biggest concerns professionally, having dealt with so much victimization over the years, was the domestic violence issue. That, and child abuse, pet abuse, self-abuse. In my professional calls and meetings, that's discussed a lot. It's really important to me, along with many of my colleagues, to ask those pertinent questions of, 'What are we doing for people?'[17]

## OTHER VULNERABLE POPULATIONS

### MEDICAL WORKERS

During the shutdown, frontline medical workers were often hailed as heroes by the media and the public. One narrator who was a physician appreciated the public's outspoken support but suggested that those efforts should be redirected toward protecting the most vulnerable people in society instead.

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[17] Carol Etherington, interview by author by telephone, June 3, 2020.

> I think that overall people have been very caring and kind toward the medical community. We're operating in a way that we're seeing a lot of vulnerable populations suffer. We see a lot of uninsured, a lot of people who live in multi-generational homes, people who live in crowded areas, people who don't have access to food, and people who suffer with domestic violence in their homes. I think if you care for your community [then] you're caring for your healthcare workers because we're seeing the people that are suffering in their community. While it's very kind and wonderful that people are honoring healthcare workers and what we're doing, I think it would be cool to see a shift toward more community support as well so that we can support our vulnerable populations.[18]

## INDIVIDUALS EXPERIENCING INCARCERATION

Long standing policies of mass incarceration in the United States have led to approximately 2.2 million inmates across the nation as of 2016.[19] In a recent article from the New England Journal of Medicine, researchers asserted that "People entering jails are among the most vulnerable in our society, and during incarceration, that vulnerability is

[18] Jane Doe, interview by author by telephone, May 7, 2020.

[19] Matthew J. Akiyama, Anne C. Spaulding, and Josiah D. Rich, "Flattening the Curve for Incarcerated Populations — Covid-19 in Jails and Prisons," *New England Journal of Medicine* 382, no. 22 (April 2, 2020): 2075, https://doi.org/10.1056/NEJMp2005687.

exacerbated by restricted movement, confined spaces, and limited medical care."[20] The nature of incarceration itself left inmates especially vulnerable to the coronavirus and were affected directly by changes in how the court system functioned under the shutdown. A public defender in Memphis, Tennessee, spoke about trying to protect defendants during the pandemic.

> The main goal has been trying to make sure we're upholding our ethical obligations to all of our clients and making sure we're giving them the best possible representation. We are also trying to see about ways that we can get them out of jail so we've been doing a lot of bond motions. We are trying to advocate for our clients in terms of what their particular vulnerabilities might be to the COVID-19 virus as well as, just generally what the conditions their jail is and how they might specifically be adversely affected and how this might have lasting effects on their lives if they continue to be in custody where they have limited ability to social distance and vastly limited ability to protect their own health. Our directive has been to see what we can do about getting as many of our clients out of custody as possible. Anytime where we can avoid incarceration, I zealously advocate for our clients to have their charges suspended or resolve their cases without a need for jail time.[21]

## SCHOOLS

Teachers and schools were on the front lines, trying to meet the needs of their students, both educationally and socially, during the pandemic. Many students from

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[20] Akiyama, Spaulding, and Rich, 2075.

[21] John Smith, interview by author by telephone, March 30, 2020.

vulnerable populations turned to them for material and psychological support. “As the impact of COVID-19 unfolds, pandemic-related trauma and economic instability will disproportionately impact children in poverty, who most heavily rely on school-based services for nutritional, physical, and mental health needs.”[22] A high school teacher in rural Missouri described having to hold special discussions with her students to help with their anxiety about the Coronavirus.

> When the news first started coming out in February, we do current events in my class and it kept coming up. The students were starting to get worried about the information that was coming out of China. My fourth hour students were so completely preoccupied with the breaking news coverage of COVID-19 that we wound up having to devote the first ten minutes of class every day to our virus outbreak updates. They could not settle down and have class until they had their Corona discussion. It started impacting students and student work from the outset. As the virus spread we started experiencing student fears on a much bigger level. They participated in panic buying of toilet paper, bottled waters and things that you would normally get for a natural disaster like an earthquake or a tornado or a hurricane. They didn’t seem to grasp the concept of this being an entirely different kind of emergency. What I wound up having to do was taking a full day and in all of my classes going through a Coronavirus orientation. I addressed what the viruses are, how they attack the cells, why this one is dangerous, what novel means, and how this emergency is completely different from any other kind of emergency that they are accustomed to.[23]

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[22] Abbey R. Masonbrink and Emily Hurley, “Advocating for Children During the COVID-19 School Closures,” *Pediatrics* 146, no. 3 (September 1, 2020): 1, https://doi.org/10.1542/peds.2020-1440.

[23] Sophia Plant, interview by author by telephone, March 28, 2020.

This same narrator went on to describe how students and families in her rural area depended on schools for basic needs such as meals. According to Masonbrink et al, "Improved access to the nutrition programs that serve 35 million children living in poverty daily, typically provided through schools and childcare centers, remains critical."[24] When the narrator's school shut down for classes, staff and faculty worked together to get food to the students in creative ways.

> They have mobilized the meals that we would normally distribute at the school in the cafeteria and put them on all of the regular bus routes. All the children have to do is twice a day go up to their normal bus stop and pick up their meals. They sent out an email to all faculty, staff, and administrators that said, 'We need the healthiest of you that have no inkling of any kind of sickness to volunteer to help package and distribute these meals.' They coordinate this with the cafeteria ladies. The ladies come in and make the meals and then the volunteers come in. They range from faculty to staff to administration. They come in and package and load up the busses and then so many volunteers ride on each bus to hand the meals out to the children.[25]

LGBTQ+

Another subset of students fell into specific vulnerability groups. "The closing of K-12 and higher education institutions may confine LGBTQ young persons to traumatic

[24] Masonbrink and Hurley, "Advocating for Children During the COVID-19 School Closures," 2.

[25] Sophia Plant, interview by author by telephone, March 28, 2020.

and possibly abusive environments."[26] The closure of universities may have created additional vulnerability for these students. "Many college students who were living on or near university campuses have been forced to return to homes that may not be welcoming and safe."[27] One narrator, a tenured Professor, found that she was willing to redraw her professional boundaries in order to reach out to these students in new ways.

> I don't have a lot of students this semester, but I've been spending a lot more time worrying about their safety and wellbeing, especially their mental health. I've got a couple of Queer students, one of which in particular is in a really vulnerable family situation specifically because he's Queer. I gave those students my cellphone number and told them to text me anytime. I usually keep myself at a distance but I thought that this was a time for me to lower some of those barriers for students that might be isolated. I'm trying to think about the emotional lives of my students right now, particularly because these students are closeted. For them going to school is a safe place to be, and now they're back home with their families where they're not safe. One particular student, for example, is isolated from his partner. He's living with violently homophobic parents. He could get thrown out at any minute.[28]

## VULNERABILITY AT WORK

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[26] John P. Salerno, Natasha D. Williams, and Karina A. Gattamorta, "LGBTQ Populations: Psychologically Vulnerable Communities in the COVID-19 Pandemic.," *Psychological Trauma: Theory, Research, Practice, and Policy* 12, no. S1 (2020): S239–42, https://doi.org/10.1037/tra0000837; Akiyama, Spaulding, and Rich, "Flattening the Curve for Incarcerated Populations — Covid-19 in Jails and Prisons," 240.

[27] Salerno, Williams, and Gattamorta, "LGBTQ Populations: Psychologically Vulnerable Communities in the COVID-19 Pandemic.," 240.

[28] Ann Smith, interview by author by telephone, March 31, 2020.

Some narrators' jobs put them in situations which made them feel especially vulnerable. As a field archaeologist, one narrator was staying in a hotel near the worksite. Although her employer and the hotel were both taking precautions, she still felt highly vulnerable.

> I feel vulnerable in a major way. I am in a hotel. There are travelers that come through and interacting with people I don't know makes me nervous. I think I insulted some gentleman yesterday because I wouldn't get on the elevator with him. The company that I'm working for has taken precautions for us and they have let us know that if anything happens that they will make sure that we can get home. If we do have to shelter in place, they're not going to just leave us here without access to food or anything like that. I know that they will make sure that we're okay.[29]

Pharmacists, like many frontline workers, felt vulnerable, too. One narrator I spoke with asked that his name be protected so that he could be candid about his experience at work.

> We've been very stringent about cleaning every hour between patient interactions. They actually just started distributing a small box of face masks though we're supposed to be reusing them because they're so limited right now. Those masks are designed to be disposable so reusing them isn't the best but it's better than nothing at all. I have to be more careful because I could be spreading this to other people because of proximity but otherwise I'm going to keep doing what I do as a healthcare provider. I didn't expect this to be the case when I went to pharmacy school, but it comes with the territory. People still need medication. That's not

[29] Marsha Welch, interview by author by telephone, March 23, 2020.

> going to change so I have to be there to ensure that my patients can remain healthy, even in the event of a disaster.[30]

Accepting the probability of eventually contracting the virus was discussed by one narrator whose partner worked as a pharmacist. They struggled with feelings of being trapped.

> I feel vulnerable in a physical sense because I know I will probably get the disease. I'm very hopeful that I will get a mild case of it, but eighty percent of our population is going to probably catch this. There are more cases of people that are a bit younger catching this, people you wouldn't expect, people without those comorbidities. I've had honest talks with my partner about taking care of each other should that happen and what our plans would be. I think mentally is probably where I'm the most affected. Mentally and emotionally. Just the amount of change that has occurred in a very short amount of time is hard to process and the limitations on contact with other people. Even though I'm mostly introverted, it's hard to feel trapped inside your own home.[31]

## ECONOMIC VULNERABILTY

Not everyone felt economically vulnerable, but some still worried about their long-term employment because of the pandemic.

> Because I am a Professor with Tenure, I personally don't feel vulnerable economically. My job is about as secure as a job could be right now, which isn't

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[30] John Doe, interview by author by telephone, March 27, 2020.

[31] Salem Powell, interview by author by telephone, March 27, 2020.

> to say that there's no chance that enrollment might not completely tank and make me a redundant employee but my job's fairly secure. That's a good feeling. My husband is between contracts in the gig-economy and nobody's hiring, so for him it's a little bit more uncertain but thankfully we're able to survive on my one income as a family. Economically we feel reasonably secure.[32]

The self-employed and gig workers were also concerned about their future ability to work. This narrator, an artist, lost a year's worth of contracts.

> I work on grants and [on] collaborations with cities and nonprofits. The big disruption is that all current work ceased and desisted. I lost all ability to earn money doing what I am good at and all of my projects that I had lined up to kick in throughout the year are all also on hold. Even when essential services kick back up, nonprofits and cities are going to be strapped. I'm concerned long-term about my ability to do that kind of work and be paid for it.[33]

## COPING WITH FEELINGS OF VULNERABILITY

Individual narrators discussed coping with the stress of feeling vulnerable in different ways that were based on their personal life experience. A local artist and comedian in Nashville described her method of coping.

> I don't think you really can prepare for it other than to take really good care of yourself and your people. You can try to consciously cultivate your own humanity every day and what it means to be human. That includes being connected to other

[32] Ashley Riley Sousa, interview with author by telephone, March 30, 2020.

[33] Kristen Chapman, interview by author by telephone, March 25, 2020.

> people and being empathetic and finding ways to support people. The best thing and the most useful thing I'm going to have to offer for a while is all the decades of experience I have living with and managing ongoing active trauma. That's the thing that makes me feel less vulnerable. I don't know how that's going to pay my bills, but I do know that will keep my heart and soul alive and honestly, I care about that more than my body.[34]

Narrators also worried about what the long-term effects of the shutdown would be on their emotional state and they described various ways of coping. One narrator said that she was trying to reframe her reaction to the shutdown by instead focusing on being grateful for what she saw as its positive aspects.

> I do feel vulnerable in the sense that I'm looking at things sideways in a way that I wouldn't have before. I had groceries delivered to me and I sanitized every item with wipes. It feels crazy because it's against my nature to be like that because I'm not a germaphobe. I wonder, 'At the end of this, I am going to have a complex?' I've been trying to do what is closest to my nature which is to try and be grateful for what I have and [be] grateful for what this moment provides rather than give into the fear of what it's actually stripping from my life and my personhood. I think that just trying to remain in that place of gratitude has been helpful in staving off the negative feelings of vulnerability.[35]

A fifty-year-old woman, spoke about preparing her family's estate documents in case her husband contracted the virus and did not survive.

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[34] Kristen Chapman, interview by author by telephone, March 25, 2020.

[35] Tiffany Minton, interview by author by telephone, March 25, 2020.

> I've been trying to get our estate together and to really understand the financial implications if my husband were laid low or, God forbid, met an early death. I think that it is a potential reality when we look at the mortality rates. To some degree they understand why certain people die, but there are other young people who've died and they don't know why and I think that is a terrifying prospect.[36]

Many narrators focused on doing self-care, like maintaining a regular routine to cope with the ongoing feelings of vulnerability. One narrator, a graduate student, outlined their efforts.

> I've been trying to journal quite a bit and I'm keeping record of the daily counts. I was doing it every day but I've kind of slacked off on that as the time has gone on. I try to do as much self-care as possible with making sure that I shower daily, changing and putting on clean clothes. Every once in a while, I'm taking the normal steps that I would for my appearance as if I were going out in public like putting in product in my hair and things like that. I try to do some sort of exercise daily but I'm better at that some days than others. I've been going on walks and we have a punching bag that I've been doing some cardio workout with and some stretching. I try to make sure that I'm eating healthy, or some days just eating at all, and getting rest. Just trying to take care of myself as best as I can and sticking to a schedule, which is very difficult.[37]

[36] Dia Cirillo, interview by author by telephone, June 16, 2020.

[37] Clelie Cottle-Peacock, interview by author by telephone, May 7, 2020.

EFFECTS ON STUDENTS

Students in my interviews discussed financial challenges, trying to find work, and having mental health concerns during the shutdown. One graduate-level student described the experience of working both of her jobs from home as being "in purgatory". She went on to talk about the changes in attitudes over time and how the creative people in her community slowly became exhausted.

> I mean, at first it was like everybody seemed to be like, 'Oh my gosh, we have all this time! We're super ambitious! What are we going to do? Work, work, work, work, work, be a machine! Get shit done!' And now it seems that people have sort of tapered off of it. They're sort of accepting the more contemplative side of this which is just to be still and not totally know what you have to do every day. Not continue to have a full agenda all day long, which has been really interesting to witness. And I think the amount of energy that went into immediately, especially in the creative communities of trying to stage their jobs on the internet to create income and create continued engagement with their audiences and their fans and their friends, I'm seeing that already in a weak kind of taper off because it's not sustainable. People are going to get exhausted by that and people kind of already are. We're at a weird sort of plateau of energy, I think, where people kind of went hard at the beginning and now everyone's like, 'Oh right! This is a marathon, not a sprint, so we kind of need to be taking it a little easier.'[38]

Another student felt the pandemic highlighted the inequality for "unskilled" workers and hoped this realization would encourage society to address that injustice.

[38] Tiffany Minton, interview by author by telephone, March 25, 2020.

> I do think it's going to mean that a lot of people are not going to have jobs anymore. You're going to have a lot of those retail workers, people who are doing what is traditionally thought as an entry level job and non-important jobs…they're not going to have that. I think it's actually going to help people realize the fact that these jobs are important and that they're needed to help keep our society rolling. While it's going to suck, I also think it's going to bring out some good things. You might have some people realize that this job where people are not getting paid enough to live and they're having to work multiple jobs in order to pay their rent and put food on the table, they might realize that yeah, maybe they are worth giving wage bumps so that people can work that job and be able to live.[39]

Professors I spoke with outlined their concerns for the well-being of their students with one narrator specifically citing worry about LGBTQ+ students. Psychology researchers, Salerno, Williams, and Gattamorta stated in April 2020 that, "The closing of K-12 and higher education institutions may confine LGBTQ young persons to traumatic and possibly abusive environments. Many LGBTQ youth cannot be their authentic selves at home because they have not disclosed their sexual and gender identities or because they were not met with support or acceptance from their parents and families." [40] Thinking along the same lines, this narrator felt that these students, particularly those who were closeted, were at additional risk for eviction from their homophobic parental

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[39] Joseph Kindoll, interview by author by telephone, March 24, 2020.

[40] Salerno, Williams, and Gattamorta, "LGBTQ Populations: Psychologically Vulnerable Communities in the COVID-19 Pandemic.," 240.

homes. For these students, she said, school was a safe place to be so that when the shutdown occurred, they suffered isolation from their support network.

> JO: Do you feel that there's an exceptional vulnerability for undergrads and younger students who are Queer right now?
>
> AS: That's something that's been crossing my mind, particularly because the closeted students I've been talking to, for them going to school is a safe place to be, and now they're back home with their families where they're not [safe]. A particular student, for example, is isolated from his partner. He's living with violently homophobic parents. He could get thrown out at any minute.
>
> JO: Are there resources available to him?
>
> AS: Me, the internet. He doesn't really use the internet. He's really low-tech, he's pretty isolated and I suspect he's not the only one. He told me about another friend who's been thrown out of his house by his parents when they found out he was gay and is now couch surfing at a friend's house, which is hard to do because of the world we're living in right now. I do wonder if LGBT students are [ok]. In times like this anybody who's already vulnerable is now more vulnerable, right? Many elderly students, students that are incarcerated. I've been trying to think about LGBT students specifically.[41]

## DOMESTIC VIOLENCE AND WOMEN

The available evidence shows that domestic violence surged in the United States early in the pandemic yet calls to hotlines fell dramatically as victims were unable to

[41] Ann Smith, interview by author by telephone, March 31, 2020.

reach out for help.[42] In an article titled, "Impact of COVID-19 Pandemic on Women: Health, Livelihoods & Domestic Violence," authors Sana Malik and Khansa Naeem state that, "In times when social isolation and distancing practices are being applied, there are increased risks of violence against women, their abuse, exploitation and neglect."[43] While their policy brief specifically addressed vulnerabilities for women in developing nations, evidence abounds that these problems affect American women as well. "Typically, there is an increase of domestic violence in times of turmoil, when individuals are stressed with job loss, discrimination, trauma, or community dislocation."[44] According to the World Health Organization's website, "Violence against women remains a major global public health and women's health threat during emergencies."[45] The WHO called for government action to protect these women as early as March of 2020. One year later, in March of 2021, they stated that, "Whilst data are scarce, reports from across the world, including China, the United Kingdom, the United States of America, and other countries suggest a significant increase in domestic violence cases related to the COVID-19 pandemic. Reports from other countries suggest a reduction in survivors seeking

[42] Megan L. Evans, Margo Lindauer, and Maureen E. Farrell, "A Pandemic within a Pandemic — Intimate Partner Violence during Covid-19," *New England Journal of Medicine* 383, no. 24 (September 16, 2020): 2302, https://doi.org/10.1056/NEJMp2024046.

[43] Evans, Lindauer, and Farrell, "A Pandemic within a Pandemic — Intimate Partner Violence during Covid-19."

[44] B.M. Rauhaus, D. Sibila, and A.F. Johnson, "Addressing the Increase of Domestic Violence and Abuse During the COVID-19 Pandemic: A Need for Empathy, Care, and Social Equity in Collaborative Planning and Responses," *American Review of Public Administration* 50, no. 6–7 (01 2020): 668, https://doi.org/10.1177/0275074020942079.

[45] "WHO | COVID-19 and Violence against Women," WHO (World Health Organization), accessed March 20, 2021, http://www.who.int/reproductivehealth/publications/vaw-covid-19/en/.

services due to a combination of lockdown measures and not wanting to attend health services for fear of infection."[46] The cause of this increase in violence is largely attributed to isolation (often with the abuser), increased financial stress, and additional parenting duties due to school shutdowns.

This vulnerable population was of concern to narrators in my study, although none stated that they were experiencing domestic violence. One narrator, who was serving on the Metropolitan Nashville Health Board, expressed concern for families experiencing domestic abuse. She said that these individuals were at an increased risk for suffering physical and emotional violence as a result of the shutdowns.

> CE: I think from the get-go it was recognized here, largely because of the stay-at-home thing, it was going to be really a big deal. From professionally having dealt with so much victimization over the years, the domestic violence issue was a real concern on the front end.
>
> JO: Meaning that there would be an increase in domestic violence?
>
> CE: Absolutely. That and child abuse, pet abuse, self-abuse. I'm very aware that the state and place that I just described that I've been fortunate enough to be in is not true for many people. In my professional calls [and] meetings that's discussed a lot. It's really important to me, along with many of my colleagues, to ask those pertinent questions, 'What are we doing for people?'.[47]

[46] "WHO | COVID-19 and Violence against Women."

[47] Carol Etherington, interview by author by telephone June 3, 2020.

The wellbeing of pregnant women was of concern for the narrator who worked in Memphis, Tennessee at CHOICES, a reproductive health and birthing center.

> SJG: We've had people calling who've been under the care of other doctors, but they don't want to go to a hospital to have their babies. They're scared of going to a hospital and I don't blame them. I don't think that our midwives have the capacity to take on these other people. We're barely hanging on to the patients that we had because we're trying to hire more midwives right now.
>
> JO: Are you concerned that some of these women are going to stay home without a midwife?
>
> SJG: Yes, I am. I am concerned that some of these people will not go. It worries me that people are going to stay home and try to self-abort and they're going to try to deliver their own babies. There are websites and there are methods of self-abortion that are fairly available out there if you're desperate and you go looking. Robin Marty is a real activist, she's no doctor, but she's detailed that you could get ahold of stuff to self-abort but delivering a baby is a whole other situation. I am worried that, because they're not sick but I don't know what happens when a pregnant person goes to the party, but I know what happens if you break your leg and you go to the hospital. You can't take someone in [with you to the hospital]. You go in by yourself.[48]

This concern for women and other potential victims of domestic violence was not unfounded. "Isolation paired with psychological and economic stressors accompanying the pandemic as well as potential increased in negative coping mechanisms (e.g. excessive alcohol consumption) can come together in a perfect storm to trigger and

[48] Sara Jane Goodman, interview by author by telephone March 31, 2020.

unprecedented wave of family violence."[49] While the full extent of this crisis is not yet known, narrators in my study were early to see the potential vulnerability of these women.

## RURAL POPULATIONS

COVID-19 has negatively impacted the estimated 46 million people living in rural communities in the United States. According to the Centers for Disease Control (CDC), " Long-standing systemic health and social inequities have put some rural residents at increased risk of getting COVID-19 or having severe illness. In general, rural Americans tend to have higher rates of cigarette smoking, high blood pressure, and obesity as well as less access to healthcare which can negatively affect health outcomes. They are also less likely to have health insurance."[50] One narrator, a rural high school teacher, spoke in detail about the effects of the pandemic on low-income families in Missouri and Arkansas.

> "The majority of the population is rural poor and they work in service industries and any disruption to restaurants, gas stations, all of those kind of service industries means a loss in pay for them and sometimes, actually most of the time, that is economically devastating and because everyone lives paycheck-to-

[49] Kim Usher et al., "Family Violence and COVID-19: Increased Vulnerability and Reduced Options for Support.," *International Journal of Mental Health Nursing* 29, no. 4 (August 2020): 550, https://doi.org/10.1111/inm.12735.

[50] CDC, "COVID-19 and Your Health."

> paycheck or paycheck-to-almost-paycheck any sort of loss in income is unimaginable for them."[51]

She went on to describe the efforts being made by her high school to reach out to students with food insecurity by sending food to students via the established bus routes.

> About seventy to seventy-five percent of the population of students is at or below the poverty level and so we provide so many vital services for them that they only get at school. You know, they get healthy breakfast, lunch and snacks. They have access to the Bridges room, which is where we keep extra clothes, extra toiletries, anything that a student might need that they're lacking at home--paper, pencils, just whatever they need. With them not coming to campus it makes it difficult for them to access the Bridges store, and get food. Bridges also has a food pantry. They're not getting access to the nutritious meals that we provide and the social and emotional support that we provide, [or] coordinating how to do distance learning, because we're not stopping school.[52]

In their article, *Urban-Rural Differences in COVID-19 Exposures and Outcomes in the South: A Preliminary Analysis of South Carolina*, Drs. Huang, Jackson, et al. stated that, "Research confirms health disparities between urban and rural areas not only in terms of risk factors and life expectancy, but also in testing and heath care capacity."[53]

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[51] Sophia Plant, interview by author by telephone March 28, 2020.

[52] Sophia Plant, interview by author by telephone March 28, 2020.

[53] Qian Huang et al., "Urban-Rural Differences in COVID-19 Exposures and Outcomes in the South: A Preliminary Analysis of South Carolina.," *PLoS ONE* 16, no. 2 (January 1, 2021): 22, https://doi.org/10.1371/journal.pone.0246548.

The researchers go on to describe how rural hospital closures and physician shortages contribute to this disparity, adding that, "Rural residents often are more reluctant to seek health care or engage in preventative health behaviors than urban populations."[54] One narrator living in rural Arkansas spoke about her recent illness, a visit to the doctor, and her struggles to isolate in a home with teenaged children who didn't want to quarantine. She decided not to seek further medical care from an overloaded system.

> I already know that unless I take a turn for the worse, I'm not going back. That place was a zoo. Despite their careful sorting of people and their intentions on being as thorough as they could, it was still chaotic. I feel like you would be more likely to catch it if you didn't already have it in one of those places like the ER or the doctor's office. I thought about it long and hard after my kids decided without asking me to have some friends over. I thought, 'Man, if I get sick, what am I going to do? I have to seriously make a plan! I don't want to go to the doctor's office again. I definitely don't want to go to the hospital.' Rural hospitals are not state-of-the-art. They have a lot of problems. Once it starts getting overwhelmed, it's not a viable option. Not to mention that they have implemented new policies where if you are admitted with the virus then you get put in isolation. Your family can't see you. Your friends can't see you. You have to be stuck away in this little room by yourself. They're splitting people from their support systems emotionally and physically. I thought, 'Man, if I get this and I'm going to die, I want to die at home.' I want my kids to be able to say goodbye to me. I want to have genuine loving care from a man who loves me. I don't want to go into a hospital with a nurse who is dead on her feet because they scheduled her two doubles in a row

[54] Qian Huang et al., "Urban-Rural Differences in COVID-19 Exposures and Outcomes in the South: A Preliminary Analysis of South Carolina."

> and [where] there's cots lining the hallways because they ran out of beds. There's no ventilator there for me anyway.[55]

## NATIONAL VULNERABILITY

Under the Trump administration, disinformation coming from the White House left many Americans felting vulnerable and confused. They were frustrated by the government not taking effective steps to slow the spread of the pandemic. Narrators spoke about feeling that information from medical experts was not being applied to policy and that clear information about the virus was not being provided to the public. This narrator spoke about her concerns:

> I think the country is in absolute disarray. I think we are getting incredibly mixed messages between the current President and our governor and [the] actual health experts. I think that there are certainly some sources that are very consistent about the danger inherent to the pandemic and that are consistent about what we need to be doing in terms of our own personal habits. I think the whole tapestry of the public conversation that is going on now is very confusing and disconcerting because it's very clear that health experts are not really being listened to by so many states and localities and [by] the President.[56]

Another narrator lamented the number of lives lost due to what he felt was governmental incompetence, particularly by President Trump.

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[55] Sophia Plant, interview by author by telephone March 28, 2020.

[56] Dia Cirillo, interview by author by telephone, June 16, 2020.

> The thing that should be noted is my disappointment in the Federal response. We have a President who called this a hoax for three weeks. The month we had to do what China did, which is now past the curve and their cases are dropping, the month that we had to stop from this going wide is gone. Because of the conversation that's come out of the White House, Fox News, Breitbart, and across churches, we're going to have a lot of dead people. A lot of Americans are going to be dead because there's a mentality that this was literally a hoax by China or that it was a politically motivated hoax to make sure that Trump can't get reelected. There are people in Florida who are going to die as a result of the White House's initial failures and [the] conservative media.[57]

The ongoing uncertainty, coupled with what many narrators saw as a poor governmental response, further fueled feelings of vulnerability and concern about an intertwined personal and national future.

> It does feel like right now we're in suspended reality with a very uncertain outlook. Which, on the one hand, can feel a little bit like a working vacation but on the other hand, there's just no certainty and there's been so much that is disruptive and dissatisfying and disconcerting. The current presidential administration, the precipitous and perilous economic downturn, the high mortality rate, [and] the racial justice issues that have erupted are almost too much to really absorb. There's so much happening at once and the stakes feel so high on so many levels that it is overwhelming.[58]

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[57] Jonathan Corbridge, interview by author by telephone, March 27, 2020.

[58] Dia Cirillo, interview by author by telephone, June 16, 2020.

Families were divided, often along political lines, in their opinions of how the pandemic should be handled and what degree of threat it posed. Narrators who felt that the governmental response was lacking clashed with staunch supporters of Mr. Trump.

> The anti-shutdown protests, I feel, are fueled by a problematic portion of our culture that does not understand that their right to freedom does not outweigh someone else's right to live. That's something that a lot of those people don't understand. I think it's a lot of white privilege. I think it has a lot to do with there being a propaganda movement to make people mistrustful of authority and the government, but [to] still believe that somehow the Republican party is okay. I'm not exactly sure how that mentality works, and my brother and my father cannot explain it to me. They think that the government is corrupt, but not the Republicans because they are businesspeople. That's what my dad keeps saying about Trump is that he's a businessperson, not a politician, so he trusts him more. Why that would be the case, I have no idea. I think that they're focused on the economy and not on lives and I think that it's, in a large way, just about money. The numbers do not indicate that it is a good time to reopen. Every medical professional that I have seen has said that it's too early so that's what I believe.[59]

Many of the narrators mentioned frustration over the number of people who were not taking precautions in public, such as mask wearing and practicing social distancing, which added to their sense of vulnerability.

> We're all freaked out by the people who will not shelter at home. We just find this to be totally irresponsible and basically criminally negligent. It's all become a question of staying connected despite physical separation and so we've been drawn to social media. We've been doing Zoom parties and that has really helped

[59] Clelie Cottle-Peacock, interview by author by telephone, May 7, 2020.

> immensely with the separation. There are certain individuals that I'm close to that I didn't get to see before we went into this separation at home and it's painful that I didn't get to see some of my best friends beforehand.[60]

One California narrator discussed the fact that some public leaders seemed to be more concerned with the economy than with preserving lives.

> I have two parents in their seventies. So, I'm disturbed by the seemingly indifference of people like the Lieutenant Governor of Texas for saying, 'Let's us old folks, who'd rather sacrifice a little bit, keep the economy going.' I don't want to sacrifice my mom and dad just to keep somebody's economy going. Granted, they don't have a lot of time left but I don't want to shorten it. That level of selfishness and indifference to the wellbeing of others at a personal level makes me want to get a baseball bat and just beat the shit out of them.[61]

## NOT FEELING VULNERABLE

Interestingly, some narrators described themselves as not feeling vulnerable, although they did assert that they were still taking some precautions. One narrator mentioned feeling more concerned for his wife, who had an underlying health condition.

> No, I'm not feeling vulnerable but I'm openly concerned. I'm not in the shape I used to be so I'm not as bullet-proof as I might have thought myself at one time. I've had sinus infections and I've had sinus surgery. There is a possibility that I

[60] Monica Wright, interview by the author by telephone, April 2, 2020.

[61] Jonathan Corbridge, interview by author by telephone, April 22, 2020.

> could be somebody that even at my age is more at-risk than I think that I am. I'm being aware, but I'm not really concerned. My wife is a cancer survivor so that could do things to her immunity. We're aware of our status but we're not really being concerned about it. We're just being careful.[62]

One young man had recently graduated from University and said that he felt that the media had exaggerated the risk, especially for people in his age group.

> In all honesty, I think the news has overplaying a lot of stuff. I think it's a lot of fearmongering. I think if you actually look at what scientists and officials that are in the field are saying, you have to make sure that you're doing hygiene and that you are doing some social distancing but it's not to the degree that the news is proclaiming. I've always had problems with news programs and stations that tend to go way overboard on stuff and send the wrong message to people. I've looked at the statistics and while I can contract it, it's basically a flu. You have to be careful and I have to make sure that I'm doing stuff to help my body fight it. I'm looking at the average death being those of elderly individuals. A lot of the people who have died have also had a prior medical condition, so while the virus is not helping the situation, they did have prior medical conditions that made them in a weakened state.[63]

Most narrators did feel vulnerable in a variety of ways. They spoke about the need to protect other vulnerable people like elderly and disabled family members. Some expanded that concern to include people trapped in dangerous domestic situations or

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[62] Jonathan Corbridge, interview by author by telephone, March 27, 2020.

[63] Joseph Kindoll, interview by author by telephone, March 24, 2020.

those with pre-existing medical conditions. In describing their feelings of vulnerability, many narrators looked to place blame for the trajectory of the pandemic on the government. They struggled with trying to understand what they saw as careless behavior on the part of others and blamed politically-based disinformation for those who were not taking precautions. These oral history interviews describe the lived experience of the pandemic for narrators before an official narrative about the pandemic emerged.

# CHAPTER III: CONCLUSIONS AND LESSONS

My analysis of the oral histories focuses on the vulnerability of my narrators, as well as my own. Rarely are oral historians able to do interviews during an event which is ongoing and directly impacts them. By choosing to include narrators from a wide variety of backgrounds, I hoped to learn about experiences which were different from my own and to reflect on what can be learned about the pandemic while it is in progress. How did it directly affect the lives of the narrators? Can insights from the narrators be extended to larger societal patterns? What are those larger issues?

The story of the early pandemic is not just about a physical illness, but it is also about pre-existing societal illnesses. Magnified by the pandemic are underlying failures to meet basic human needs in America. Vulnerable groups such as women, students, individuals experiencing incarceration, victims of domestic violence, and rural populations have borne an inequitable share of the negative impacts of the virus, in large part because society does not support or appropriately protect them. In these interviews, narrators spoke about their vulnerability by sharing personal details about their health, their families, and their beliefs, but they also spoke about larger issues of social justice.

Caring for the elderly, especially those with poor health or battling disease, was an important theme in the interviews. Families discussed who should be responsible for decisions about when to seek health care in an overwhelmed and broken health care system. Some narrators concluded that they would not seek medical care, even if they or their parents became ill or their conditions worsened. Fear of contagion was secondary to

the belief that there simply would not be a bed available at the hospital even if they required one. This reaction to the shortage of care in a for-profit medical system points directly to a failure on the part of the nation state to provide adequately for the health needs of its people.

Certain workers suffered disproportionately. These included health care workers like physicians and pharmacists. Suffering from burn-out and frustration, one doctor spoke openly about feeling as though society was failing to take care of its vulnerable populations, which she felt made her job harder than it had to be. A pharmacist discussed how he had not been prepared to be on the front lines of a pandemic during his education and that it was not something he had anticipated happening when he chose pharmacy school. In both cases, the lack of a working safety net for vulnerable groups left these workers struggling to address systemic issues on an individual basis.

Much media and political attention has been paid to the economic struggles caused by the pandemic. Even with the stimulus plans that included extended unemployment insurance and cash payments, people are still struggling. Families are having to choose between feeding themselves or staying safe by not working in high-risk jobs. One narrator spoke about having two family members working at a grocery store and how vulnerable that made them feel. Other, especially students, described looking for additional work just to get by in an economy with high unemployment and a low minimum wage. Entry level positions for recent graduates were also largely absent according to one narrator. Rural populations in places like the Ozarks also struggled economically in the shutdown. One narrator outlined how her school tried to provide

nutrition to children with food insecurity who relied on school lunches. Describing the families in her school district and living from paycheck to paycheck, she was concerned about job loss among an already desperate population. While the government issued one-time stimulus payments, it failed to address the underlying economic issues of food and job insecurity that have been intensified by the pandemic.

Marginalized groups, such as individuals experiencing incarceration, were at a heightened risk of infection. One narrator stated that as the court system shut down, or limited hearings, public defenders worked to file motions for prisoners to be released or their matters resolved without jail time. This was because overcrowding in the jails, the result of long-term mass incarceration, made it difficult to avoid infection through social distancing measures. Additionally, this narrator discussed the ongoing concern of the constitutionality of delaying hearings for those imprisoned.

Most of the narrators in this study were women and caregivers of some kind, either to children or parents. Women often caring for the very young or the very old while also working outside of the home. During the pandemic, homeschooling children was added to the labor of many parents, especially mothers. A New York Times article published in October of 2020, outlined the ways in which the pandemic has hit working women disproportionally hard. “COVID-19 Is hard on women because the U.S. economy is hard on women, and this virus excels at taking existing tensions and ratcheting them

up."[1] Women were already struggling from low-wages, gender-based income gaps, and bearing the major responsibility of homemaking before the pandemic. Added to those burdens, more than one narrator in my study commented on being concerned specifically for women who may be suffering from domestic violence. The pandemic shutdowns not only trapped families in homes with abusers, but removed what little access to help may have been available through hotlines, endangering women even further.

The narrators discussed the lack of a working social safety net for large swaths of the population. One-time cash payments were only given to citizens, leaving undocumented Americans at risk. Large corporations were given infusions of capital, but were not required to pay at-risk workers additional wages. Students who had limited access to technology struggled to attend school. Special needs and disabled children lost access to vital rehabilitation services and educators were forced to adapt rapidly to an online teaching model. Partisan groups argued over where the line between personal responsibility and personal freedom should be drawn, with many choosing not to take precautions against spreading infection. The social problems underscored in these interviews are deep-seated historical roots.

For the narrators I spoke with, the perception of personal and social vulnerability was central to their experience of the pandemic. This was true for me as well. My perception of my vulnerability was exacerbated by my underlying health conditions

[1] "Why Has COVID-19 Been Especially Harmful for Working Women?," *Brookings* (blog), October 14, 2020, 2, https://www.brookings.edu/essay/why-has-covid-19-been-especially-harmful-for-working-women/.

which put me at high risk for hospitalization if I contracted the virus. People close to me were also at an elevated risk if they were infected. As a result, I was, and continue to be, very diligent in taking precautions and practicing social distancing.

This feeling of vulnerability was something I brought with me to the interviews. Reaching out to these narrators, my peers and friends, was more difficult than the interviews I've recorded in the past. These were not strangers, but people I knew and cared about. While co-creating the oral histories, I had the impression that I could empathize with my narrators' feelings of isolation, fear, and being trapped. Hearing about their struggles became, at times, emotionally challenging. I felt as though I carried a heavy weight of compassion for all of us. I was also deeply touched by each narrator's willingness to be open and to express their feelings of vulnerability.

In *Listening on the Edge*, co-edited by Mark Cave and Stephen M. Sloan, the topic of conducting crisis oral history is explored through essays describing projects around the world. In the introduction, the authors state that:

> The purpose of conducting an oral history is to document the emotional perspective a witness or participant to events. The process of creating this document can validate an individual's traumatic experience and give him or her a sense of empowerment and purpose, but its essential purpose is to create a historical narrative.[2]

[2] Mark Cave and Stephen M. Sloan, *Listening on the Edge : Oral History in the Aftermath of Crisis.*, Oxford Oral History Series (Oxford University Press, 2014), 4, https://ezproxy.mtsu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=cat00263a&AN=mts.b3920926&site=eds-live&scope=site.

Oral historians walk the line between participant and observer. "The listener assumes sharply different roles in each interview: scholar, fellow survivor, a person with shared experiences, the Other, witness."[3] Conducting interviews during an ongoing traumatic event, like the pandemic, which also affected me was more difficult than I could have imagined. Revisiting the interviews in order to transcribe, process, and analyze them made my own feelings of vulnerability grow more intense over time, yet it also provided me with the ability to contextualize my anxiety about the pandemic.

In Brene Brown's TedTalk, *The Power of Vulnerability*, she describes her personal realization that, "Vulnerability is the core of shame and fear and our struggle for worthiness, but it appears that it's also the birthplace of joy, of creativity, of belonging, of love." [4] While I expected the people that I interviewed to tell me about the hardships they were struggling with because of the pandemic, I did not expect it to trigger my feelings of vulnerability to the extent that it did. As the I began to interview more people, I noticed that I had started to become numb and distant from my work. I wanted to hear what my narrators had to share, but I didn't want to be reminded of my own struggles. Having heard Brene Brown talk about learning to lean into vulnerability--because that's how we can connect with people--I reached out to my own support network, the people I felt

[3] Martha Norkunas, "The Vulnerable Listener," in *Oral History Off the Record: Toward Ethography of Practice* (Palgrave Macmillan, 2013), 81.

[4] Brené Brown, "Transcript of 'The Power of Vulnerability,'" accessed March 20, 2021, https://www.ted.com/talks/brene_brown_the_power_of_vulnerability/transcript.

comfortable being vulnerable with. They sent me back to my work feeling supported, but also with the perspective that only by allowing myself to feel my own vulnerability could I truly become the listener my narrators deserved.

Cave and Sloan state that, "By conducting oral history in the midst of a crisis or soon afterward, we can capture the emotions of those involved, providing future generations with greater insight into participant's motivations."[5] The missing piece of this is the changes that took place in my sense of self as someone capable of leaning into the vulnerable feelings in order to truly listen to what the narrators were telling me. "Every interview is unique. Each one can offer lessons, not only in oral history methodology, but also in the complexities of the human heart and mind at the moments when the limits of individual fortitude and community cohesion fame their greatest challenges."[6] By allowing myself to be vulnerable, I was able to learn about the ways in which my narrators were struggling with their journeys and to listen to the parts of that journey they wanted to share. Norkunas noted that, "If we are courageous enough to be vulnerable in potentially painful listening experiences, we can learn enough about the past that it does not dominate the present, we can change the meanings assigned to it, and we can mend the many fragments of the self into something that is whole."[7]

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[5] Cave and Sloan, Listening on the Edge : Oral History in the Aftermath of Crisis., 6.

[6] Cave and Sloan, 11.

[7] Norkunas, "The Vulnerable Listener," 95.

For the last year, we have all been struggling to adapt, learn, cope, and survive in the face of uncertainty, change, and fear. Sharing this experience with my narrators allowed me to connect on a personal and professional level with them and to realize that while we each faced different challenges, we all had a common struggle – to thrive under a new normal. The Coronavirus pandemic has cast a bright light on the deficiencies and inequalities in our society, but it has also highlighted the resilience and perseverance of people willing to address those issues and advocate for positive changes. By sharing our feelings of vulnerability with one another, we gain the strength of compassion in community. By leaning into those spaces of vulnerability, we can learn to be more whole together.

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