

# COVID-19: That did a number on us

By Sergeant Erica Massey, MPH

When 2020 started, little did we know we were in for a huge shift in the way we went about our daily lives. There was a new virus taking over called the Novel Corona Virus, better known as COVID-19. On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic as this new disease quickly spread through populations around the globe.

Were we even ready for this change? The answer was a hard no.

## **Emergency**

On March 13, 2020, President Trump declared a nationwide emergency. Businesses decreased operations; many closed as commerce came to an abrupt haul. Then came the human toll. Families were scared to see each other face to face. We were told to stock up on essentials; stock up on only what you needed. We needed enough for everyone.

But we ran out of what we saw as essential items. Remember toilet tissue was a hot topic...

## **Schools**

Schools had to close their doors, and that meant the education of our youth suffered. And parents, we felt it. Suddenly, how do we home school? And for first responders and frontline workers going into the fray, how do their children find the education and some semblance of social stability they needed.

## **Professional Burnout**

The healthcare sector started to suffer as well. From a medical perspective, workers started to become overworked and overwhelmed. Burnout set in, especially in hospital Emergency Rooms and Intensive Care units. These areas were overrun with positive COVID patients, young and old. The daily ongoing anxiety of bringing COVID home to their family, family members they left each day to serve on the front lines, turned into PTSD. With each COVID surge, medical personnel became even more overworked, again and again. It felt like a never-ending cycle. Public Health and Medicine stuck it out though. It came at a cost. Sustained high-stress environments will take a huge toll on an individual's body. Nurses, doctors, medical technicians, janitors... so many professions are still being overworked.

\*We pose the question: What will happen to these workers in the future. Society as a whole continues to lose those very people that make the structure of society function? They stuck out the pandemic for us, and some of their candle wicks are far burnt down to continue to flame.\*

## **Disparities**

Disparities became apparent.

Many families needed more than devices. They needed computers, computers for each child, and high-speed internet to push the online curriculum. Parents juggled IT support and language barriers; they became instructors of creative arts, music, and gym class... and the math, the new math. As new roles piled on, the resources we took for granted before became luxuries. Now

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we could all see that there were major inequalities in the education sector. The teaching industry rose to the challenge and pivoted on a dime, but online learning cannot replace social interaction. Overall, the education of our youth became strained, drastically.

## **Our Health**

COVID-19 did a number on everyone, physically and mentally. Physically, many individuals stopped exercising and going to the gym, due to stay-at-home orders. Eating habits also changed as grocery stores' supply chains and workforce had to briefly close their doors. School lunches had to be handled; kids eat during the day. Prolonged isolation, growing social unrest, and the drastic change in our social interactions pressured our mental health... depression became a wave that blanketed our communities.

## **Health Literacy and Science Education**

The Delta and Omicron variants reared their ugly heads. The public didn't understand how mutation and variation work. There was no time to teach or train as science, public health, and medicine threw every person and resource they had around the globe into the race to keep up. Globally coordinated public health data showed breakthrough cases tracked around the globe. The medically at-risk 20% of the US stayed vigilant, even under persecution... remember those essential workers? The healthy population questioned reinfection because they were vaccinated, and though they would still spread infection, the vaccine did protect them from illness. Decades of eroding science education and public health funding meant our nation didn't have the knowledge to make informed risk assessments or the skill training to stop this germ warfare.

## **Distrust in Public Health and Medicine**

The mask mandates started in late April of 2020. *People lost their minds.* Some felt as though the government was trying to control them, instead of seeing the bigger picture. The COVID-19 virus soon became politicized. The use of chloroquine and hydroxy-chloroquine entered the discourse as a preventive measure. Remember the couple who intentionally ingested a form of chloroquine, unfortunately without consulting any providers.

That choice changed the course of their lives. The husband died and the wife was in critical condition. Bottom line, there were no peer-reviewed studies or research articles specifically stating chloroquine would prevent COVID-19 or be a first-line defense against the virus. Decisions were made based on the news, and the words of friends and family.

In December 2020, the FDA approved Pfizer's vaccine for emergency use. Unfortunately, individuals thought that the vaccine would stop them from getting COVID, but that was not the case. Essentially, the issue was that the vaccine should have been marketed better. Vaccine success and summertime brought the social death of the virus; we wanted a new normal. Want

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or not, the pandemic continued. We wanted to feel safe again; to move on. Boy, were we wrong.

## **Our Stress Response System Took Over: The road to adaptation**

This was a traumatic time, and everyone reacted differently. Our internal stress response system programming kicked in gear. This well-refined programming's sole goal to find a way through this new environment; just as our ancestors did back to the beginning of life.

Some adapted by remaining fluid to constant change, though medical *distrust* further compiled health disparities; they wanted to protect themselves and the people around them. Others opposed almost all of the change, having a general *mistrust* in power; they wanted to protect themselves and the people around them.

Interpersonal violence grew in places of business, towns, and cities across the country; it escalated into an attack on our national place of reverence. The pandemic was gasoline on the fires of oppression. Opposing strategies of conflicting beliefs turned into behavioral discord.

As a society, we briefly lost our minds.

Masks hit every industry. They were clothing accessories, social statements, brand expansion, and artwork. We also saw socks and plastic jugs as resources were overused by those who had access to money and status. Masks became emblematic of our experience of the social world around us.

## **Looking back on the pandemic response, we could have listened**

Preventive measures were our weapon. They got us through the battle and ahead enough to this war. The COVID-19 pandemic was a knowledge upgrade for the entire globe and a wake-up call that we forgot the teachings of our ancestors on how to care for the body, to train it for biological battle, to equip ourselves for war. Public health had the knowledge. It was simple, just like eons ago: social distancing, effective masking, indoor ventilation, and personal hygiene.

## **But now we know. We will be prepared.**

Preventive measures were also at the forefront of the COVID-19 pandemic. These measures ranged from mask wearing to social distancing. Handwashing and proper cleaning/disinfecting techniques were incorporated into these preventive measures, however, no one thought to call it social hygiene. Social hygiene is the collective practice we take in order to keep our community safe from disease, viruses, and infections (like driving). The Social Safety Federation, responsible for the Social Safety Initiative and Social Public Health training, built of an interdisciplinary Council of Advisors, anticipated this gap, and is building the resources to turn this point of adaptation into social evolution.

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## **Conclusion**

Through my lens and as a service member working in public health, half of my life's experiences occur in a controlled environment; in a culture that has clear expectations and collective participation, I saw things a little different. I saw more than my family and community's response. I observed society's response too.

## **Our Road to Comfort and Acceptance**

The tornados in the plain lands are gone, and the waters at our shores have receded. We are beginning to see the destruction in need of repair. This is not new to our bodies' memories of times long ago. And so we have hope.

Activating the stress response system got us through a time of great challenge. Now we can shut down this system and work together. We need to close the program; end task; and remove the power source. Understanding the stress response system illuminates the core of these varied responses. It is a well-refined program, we understand the programming language, and we are learning how to activate this learning to promote the healthy evolution of flourishing communities. We need to go further than that. This is our moment of evolution. We went from analog to digital; a point of punctuated evolution and our children's children will look back in awe of how we got through. Being globalized means standing in solitary and solving winnable problems. Our environment is always in change, and challenge is ahead of us. Just as our ancestors' ancestors, together, we will be ok.

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~ This article was written by Erica Massey on 12 April 2022 under the mentorship of Dr. Lorelei Walker. As of this date, there have been 80,260,092 cases of COVID-19; 983,237 deaths reported to the CDC, and 8,991 currently hospitalized.

Timeline of events:

<https://www.cdc.gov/museum/timeline/covid19.html>

COVID Deaths in the United States

[https://covid.cdc.gov/covid-data-tracker/#trends\\_totaldeaths](https://covid.cdc.gov/covid-data-tracker/#trends_totaldeaths)