

Module 7

Arizona State University

REL101: Religion, Culture, Public Life

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COVID-19, Religion, and Public Life Reflection

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Introduction

My introduction to COVID-19 occurred in late November due to a close family member dealing with its symptoms. On November 28th, 2020, I was notified of my [REDACTED] positive COVID-19 results. Because of this and my recent interactions with [REDACTED], I quickly took a test of my own on November 29th. Later, receiving the results on December 3rd. Before this news, I had been very unafraid and almost dismissing of its threat. There had been many deaths, but most came to people of classification that they and I do not apply.

What was previously known about COVID-19

According to the CDC's official website, 345,000 people died from COVID-19 in the United States during 2020. Amounting to the 3rd leading cause of death. The top two were heart disease, 690 thousand, and cancer, with 598 thousand. It also came with an increase of 715.2 to 828.7 deaths per 100,000 people from the previous year.

Among these deaths were a specific demographic. 80% coming from humans aged 65 years or more. Roughly 6-29% of 85+-year-old individuals needed intensive care due to obtaining the virus.

Dr. Lisa Maragakis of Hopkins Medicine outlined some of the reasons why, "People's immune system tend to weaken with age, making it more difficult for older people to fight off infections. Lung tissue becomes less elastic over time, making respiratory diseases like COVID-19 a particular concern for older people," (Maragakis, 2020). Further demonstrating the concern this infliction has upon them.

Despite many from other demographics contracting it, only a select group were consistently dying as a result. U.S. citizens with a history of respiratory issues or those who were in the older

age bracket had understandable concerns. COVID-19 commonly dealt with the respiratory system. By its nature, affecting the airways and lungs. When these organs become hindered, there is now an increased risk of heart attacks.

Overall, the knowledge that I had before my own experience was basic. I knew that most of the fatalities occurred in a demographic that was unrelated to myself. It was, however, applicable to some of my family members. My [REDACTED], for example, happened to be nearing 85 years old and a prior cancer survivor. Each lowering her chances of survival. Fortunately, that never came to pass. Furthermore, what was learned did not particularly worry me, but others who were more susceptible.

Initial period after learning I might have COVID-19

Due to the positive test, I could no longer continue my role at work. Once it became evident that my [REDACTED] had COVID-19, I had to take a test of my own before reentering the work environment. At the time, the simplest way to go about this was approaching a free drive-thru at one of the local community colleges.

After waiting in line for so long, one of the volunteer workers approached me. They confirmed my identity with the reiteration of my date of birth and name. Proceeding to take swab samples from my nasal region. The process was uncomfortable but was much less painful than expected. Reassuring myself that I would receive test results via e-mail in the next few days.

That digital message began with the results of this test. Fortunately, mine happened to be positive. To reassure, they reinforced the notion of support groups available, what to watch for and to inform any in close contact. Around this time, I had recently attended two separate Thanksgiving feasts, one with my stepfather's family, the other with my father's. Resulting in

both need to be aware of potential symptoms and to receive tests of their own. Fortunately, none of this group happened to contract the virus. Leaving myself as the sole carrier due to an interaction with my [REDACTED]. Who had been infected by coworkers with COVID-19 in the prior week.

Physical Experiences with COVID-19

My side-effects due to the virus were very minimal. Genetically speaking, I was a thin, athletic 20-year-old male with no allergies. Prior research identifying those with respiratory issues or the 65+ age bracket to be the most at-risk. As a result, the initial response to my diagnosis was taken more lightly than others.

The central symptom during this quarantine period was headaches. In the past, I had had brief troubles with migraines and once a concussion. These inconveniences didn't always occur and varied in severity. Some days I would wake up in raging pain, others like any regular day.

While that happened to be the central issue, there were some other unfortunate results. Although minor, I dealt with body aches, specifically my back, and coughs. Still maintaining my sense of taste and smell. The coughs, however, had been a preexisting problem. In years past, there was a yearly instance where I would start metaphorically "coughing up a lung," although it felt literal.

Fortunately, the symptoms began to subside shortly after a week of their arrival. At that point, I could comfortably start reverting to my old lifestyle. That meant awakening at a uniform time, logging hours on the treadmill, among other niceties. Even before rejoining the rest of the world, things were set in motion to ease the transition.

All in all, the physical consequences happened to be tamer than most who had contracted the virus. I maintained all my senses and avoided most of the major symptoms. Of that group, only headaches resided in a worrisome sector.

How was my Public Life affected by COVID-19

As most have experienced, a positive test for COVID-19 required a two-week quarantine period. For that period, I could not leave the house or interact with others without a mask. Which meant I could not continue at work or see my friends.

During this time, I had to find different things to keep myself busy. When the headaches were manageable, I decided to rewatch some old workout videos and read books. Just anything to make the time pass. One of those videos had been the P-90X set. In the past, I had always tried to get into the routine before stalling out by the second month. Often stemming from schedule conflicts or general distrust in its effectiveness. But with nothing better to do, I gave this another shot.

This attempt, like the others, flamed out, but it still proved to be instrumental. In my experience, when voluntarily isolated from the outside world, it can be necessary to find something meaningful. With work unavailable and school caught up on, personal health seemed to be the next best thing. So, I began with chest and back day and worked forward. There was no material improvement but listening to and participating with Tony Horton helped me feel at peace.

Once the time had passed, things began to resume as they were before. I could go on my morning runs, take a weekly trip to the grocery store, pick up takeout, and many other things

taken for granted. In learning that they can get taken away as they recently had, my appreciation grew.

In closing, I did not have common concerns over my mortality during this phase. Previous research and accounts applied rationally to a positive outcome for me. I did, however, fear a disconnect from the outside world. The fear that others would resent or walk on eggshells around me, due to assuming I could infect them. That discomfort in knowing that the lives of others could go on fine without my interactions. Eventually, my personal and work life in the public resumed almost as it was, but the trepidation was nearly overwhelming.

How have I seen others Public Life affected by COVID-19

Just in my small family circle, I had a brother living on-campus at ASU when COVID-19 began surfacing. At that time, there was not much known regarding the sum of its symptoms. Historically speaking, he had always been on the side of caution in these instances.

He hardly left his apartment building, limited social interactions to just his girlfriend and his roommate, then what came in and out of the room. By this, he refused to let my mother deliver him a casserole on his doorstep with the fears of what he may contract from her having touched it. Limiting himself to just his remote work and a minimalized social life.

Often situations like that can lead to a deterioration in mental health, which resulted in an issue worldwide. When there were shutdowns and panic over COVID-19, this led to individuals over-buying non-perishable goods. Resulting in most local stores missing supplies of masks, hand sanitizer, and toilet paper among others. It then translated to the same effect for online distributors such as Amazon.

In the religious environment, many sought some guidance, but churches had shut down. For some, they could seek online assistance, but not all had that luxury. Therein lies a disconnect as some were more understanding than others of the situation.

At a church that I frequent, they had required masks and had outdoor sermons. Among its followers were some who strongly believed against reduced capacity and the mask requirement. Because of this, they decided to end their 5+ year membership pursuing another, which is more lenient.

In the political sphere, there were again many debates overusing those masks. But also, the need to blame someone for all this happening. President Trump had monickered it all as the “Kung Flu.” Like 9/11, any Asian-American became intertwined in association with the problem.

The majority, from what I had seen, remained strictly verbal. Nevertheless, it still poses a significant threat to the psyche. Having an entire ethnic group targeted diminishes the notion of being proud of who they were. Antagonists online launching death threats or racially motivated statements led to some wondering if they could be accepted again. Moreover, misplaced anger led to some of my close friends seeking counseling, and that damage may be irreparable.

Consequently, there were many changes in the world because of this pandemic. People can now see the type of panic this fear of death brings. Ethnic groups may forever be associated with the problems and consequences endured. Then, there is now one more topic of discussion to further separate the American people.

Conclusion

Overall, my bout with COVID-19 was manageable and a more optimistic outcome. There were still some negative results, but it pales in comparison to some others. The experience allowed for a closer look into how the country and myself would act in times of crisis. And that result was very worrisome. This time in history will not be soon forgotten.

Reference:

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