

Over a year ago, the pandemic started. Only months after it started, late April or May of 2020, did I hear that the U.S. federal government knew about the first cases as early as the end of January and suspected something big was coming. This information was underneath the headlines of the scandal that multiple senators were selling stocks after receiving tips about the novel coronavirus outbreak, leading to a new stock market crash before COVID-19 really hit the United States. I heard about some cases in the news in early March of 2020, but I didn't think that it would spread as quickly as it did, much less that we would be placed under lockdown/quarantine after being told to leave our college campuses. I figured that this warning was a false alarm, much like the tornado and severe weather warnings that I often received from my phone while living in Northeastern Pennsylvania. But unlike those alerts, this warning meant a real threat was approaching—although we had little instruction on how to protect ourselves and our loved ones against it.

In the beginning of the pandemic, we were told that we should not wear masks, to instead leave them for health workers and those on the front lines. We saw health workers using trash bags instead of proper personal protective equipment, N-95s and regular surgical masks. We read articles that detailed the competitive bidding between states on ventilators for their populations, that when the people of the United States needed the federal government to step in and order more PPE, ventilators, and other necessary medical equipment, the Trump administration simply looked the other way. Instead, we saw health care workers lauded as 'heros' against their will. When they asked for more protection and higher salaries, they were met with high praise for their continuation to help others instead of receiving what they needed to work safely. During this time, members of the Trump administration were not wearing masks during press briefings and the president himself was still holding large rallies, later described as superspreader events. This fed into conspiracy theories about the reality of COVID-19, whether it was real or made up as a way to control and monitor populations.

I only found out about these events later, as at the end of March and in early April of 2020, I was sick myself. After returning home to Scranton, Pennsylvania following President Pollack's email to suspend classes and give students time to evacuate, I was bedridden. For two weeks, I had the high temperature, the body aches, the chills, and the debilitating fatigue that are now hallmarks of COVID-19. For the first week, I didn't have many coherent thoughts, let alone coherent speech. Body aches similar to growing pains would rock my body, as though I was a 4' boy soon to be 6' in under a week. My brain was filled with static, and I would spend most of the day intermittently staring at the ceiling and crying from pain. Moving and breathing hurt, so I tried to do little of either. The worst times of the day were when I would need to change my clothes and sheets because they were drenched in sweat; if left in contact with my body they would result in intense chills. My mother helped me with this, which made me feel guilty that I had exposed her to my unknown illness. While we both looked up my symptoms and suspected that I had COVID-19, there was little information at that point about how to identify COVID-19 in people.

After that first terrible week, the pains came less frequently and intensely and my temperature dropped from 103 to 101. We decided it was time to see a doctor. However, in Dickson City, PA, this was easier said than done. I had been going to the Pediatrics of NEPA clinic since I was under a year old, and this was the first time I was barred from entering the building because of my symptoms. They didn't want to put their staff in danger of possible exposure to this new and terrifying virus, but there were few other options for me to be tested. There was very limited testing at the two hospitals in Scranton, and my mother was worried that

if she brought me there I would get even sicker from the patients that were COVID-19+. Additionally, the hospitals only tested people who had all of the symptoms that the CDC described, and I never developed a cough, so that option was out. So we returned home with no diagnosis and I continued to isolate myself in my room, phoning my mom to ask her or my brothers to leave some soup by my door when I could imagine swallowing gulps of the creamy broth without gagging. During this second week, I discovered that wearing a terry cloth robe was the best clothing option for someone with (possible) COVID-19, as it didn't stick to the body when it absorbed sweat and led to less frequent chills and rashes. As my illness came to a close, I walked around more, still avoiding my family members because I thought I could still be contagious.

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Resuming classes online from home was a difficult transition. Students and educators alike needed to quickly learn how to navigate online video and audio conferencing platforms, most popularly Zoom and Google Meet. Working through wifi connection issues, family members and pets interrupting calls, and seeing your own face as you speak to people in real-time are aspects of working from home that we have all experienced this past year. Mornings were always a struggle between me, my brothers, and my mother to find quiet spots in our house where we could speak during our meetings without hearing each other through the walls. Negotiating when I could study was difficult, as I had trouble convincing my mother that no, I could not simply go to bed at 11 PM on a school night when I had so much work to do. I ended up doing O.K. in classes and took one course pass/fail, but I knew that I could not do this again in the fall.

I knew pretty early on that I would be taking a lag semester in the fall. It was around June when I was reflecting on my performance in my online classes that I realized I needed to speak with my parents about what I would be doing in the fall. After many weeks of conversations on the phone with my father, my mother, and my grandparents, between folding laundry and making *blini* for my brothers, we decided that I should stay home for the fall semester and not take classes. I knew that I did not perform at my best following the transition to online classes in the spring semester, so I thought it would be best to not take classes online, whether from campus or from home. And going back to Ithaca was out of the question for my mother. She would not hear of me leaving the safety bubble of home to return to Cornell, which didn't have a concrete safety plan in mid-July when we were discussing my options. Seeing what kind of damage I took from a mild case of (probably) COVID-19, I also didn't want to risk my health and return to campus. The plan was that I would continue my summer tutoring sessions into the fall semester and learn to drive. However, life doesn't always work out as you planned.

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In September, I was scheduled to have surgery. I observed a red line across my tailbone in late August and when I looked online to see what it might be, it seemed likely that it was a pilonidal cyst. There were some recommended home remedies to try, which mostly included soaking the area multiple times a day, which I did. However, after two weeks of this, nothing changed and my parents and I decided that it was time to consult a surgeon. At the consultation, my surgeon examined me and told me that I did indeed have a pilonidal cyst and would require surgery, as the cyst would just grow larger and larger if left alone. Thinking that the recovery period would be just a few short weeks, I readily agreed to the surgery, despite my fears of acquiring a nosocomial infection.

The day of the surgery, my father drove me to the hospital. Walking me to my room with one of my mother's old nursing pillows in tow, he tried to keep me calm as I prepared myself to be carted away to the preoperative holding area. There, I would be given an IV and would wish that I had worn another pair of socks on top of the hospital socks. I remember multiple doctors and medical students coming up to me, briefly introducing themselves and telling me that they were going to be observing my surgery. I was surprised that there were going to be two anesthesiologists, four nurses, and three medical students along with my surgeon in the operating room. I thought this operation was going to be a very small incision that wouldn't need a lot of work and people involved in the procedure, but I was wrong. These strangers were to be the first of many during my semester at home that would see my bare ass.

Right after surgery, as I was wheeled back into the room where I was whole several hours prior, I didn't feel much pain. I was hoisted onto the hospital bed and asked how I was feeling and told to drink water to increase my blood pressure so I could be released quickly. Meanwhile, my father pulled out his MacBook, knowing that it would be a while before he would be allowed to escort me out, and played a recent *YouTube* clip from *Last Week Tonight with John Oliver*. Sitting on one of the nursing pillows my mother used with my brothers, my legs swinging over the side of the hospital bed, we listened to John Oliver speak about the most recent Coronavirus conspiracy theories. He explained that during large events, such as pandemics, people tend to believe that there's some larger cause for them, in order for the event to make more sense to them. People want a satisfying explanation for these large numbers of deaths and cases of illness. For some, this explanation is that the U.S. government wants to control and monitor its citizens through mask-wearing and social distancing. Additionally, they believe that the U.S. government is making people sick through the use of 5G radiofrequency communications and blaming it on COVID-19.

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Coming home was difficult. With the anesthetic wearing off, I could barely sit on the nursing pillow on the car ride home. Being home was even worse those first few weeks. I didn't get stitched up after surgery because my surgeon told me that the cyst would be more likely to come back that way. So I had an open wound on my tailbone that was packed with gauze strips up to 37" long. Sitting up was unthinkable, and I wasn't able to lay on my back without any discomfort until February. I used most of the pillows we had to prop myself up in various, minimally painful positions, which I could only stay in for around ten minutes at a time.

The worst pains the first week back were not from my open wound, but rather from the fact that I was on a ventilator during my surgery. My throat hurt from the tube that scraped it for the 45 minutes that I was in the OR. It felt extremely dry, but no amount of water I drank could make me cough or hurt less. Breathing felt painful and unnatural, as though my body forgot how after being dependent upon a machine that forced my lungs to expand while I was under anesthesia. There was a terrible stiffness in my back and sides that no amount of stretching helped. These pains lasted a week, and they came from being on a ventilator for under an hour. I didn't know how painful being on a ventilator was prior to surgery, how invasive it is and how it wrecks the body. It made me realize that people who have COVID-19 and are put on a ventilator for several weeks must have an even worse time recovering from being made to breathe via machine. Moreover, they are awake and aware that they have a long tube down their windpipe and that air is being pushed into their lungs.

After the first week of being home, the pain of the open wound on my tailbone greatly increased. The worst pains I experienced were when I needed to change the packing gauze. I

almost fainted on several occasions when my mother was unpacking my wound. There were several home care nurses who were sent by the hospital to show my mother how to properly unpack and pack my wound. They also checked on the general progress of my wound and gave my mother and me tips on how best to care for it and what foods to eat and avoid to make sure the tissue would grow back quickly. These were the only strangers I saw, outside of my weekly checkups with my surgeon to see how my wound was healing. It was uncomfortable to have them in my home, especially during a pandemic, knowing that after the pleasantries we would lead them to our bathroom so they could examine the new hole I acquired and pull all of the bloody and pus-covered gauze out of it.

I have never been comfortable with physical intimacy, so it was especially difficult for me to allow my body to be seen by so many strangers and my parents. I would usually try to make jokes to distract myself and my mother from the fact that we were engaging in an act so intimate and gross, something we hadn't done since I was a baby and she was changing my diapers. Other times, when one of the home care nurses pulled the blood-soaked gauze out of me, I would feel myself disconnect from my body and see myself from outside of it. I was just looking at a woman bent over her sink, clenching the sides with white knuckles and wincing at the pain of having long strips of gauze pulled out of her newly-purchased hole by a stranger with her mother looking on in disgust and fascination. I watched the woman force out a laugh as she called the hole her ditch, her crevice, her dent, her crater in her moon, her cavern, her fjord, her chasm, her expanse, her unknowable depths of blood and pus, her source of emptiness and sorrow, her void. I saw her crumple into her mother's arms and tell her that she can't lie in bed one more day, that she can't be seen by any more strangers, that she's tired and doesn't care if her wound disappears or becomes a life-long companion/pain-in-the-ass. I saw her mother hold her tightly and for a long time, telling her that all she really needs is a long walk and some herbs. I saw the woman mumble into her mother's chest that she was wrong, but allow herself to be squeezed by the large, strong arms until she could take even and measured breaths.

At the beginning of the COVID-19 pandemic, I didn't think that it would turn into what it is, that so many people would have gotten sick and died, much less that it would still be ongoing. But then we were all dismissed from Ithaca's campus and suddenly it felt like something to worry about. And it was. I got sick with (probably) COVID-19 soon after I returned home to Scranton, PA, from Ithaca and was in bed with most of the symptoms for two weeks. I was unable to do many things without help from my mother (and sometimes my brothers if they were feeling generous enough to leave food by my door). I felt guilty that she had to take care of me and expose herself to this new and scary virus, which had unknown long-term effects. We were unable to find out if what I had was really COVID-19, due to the lack of testing capabilities in my area and various obstacles to testing. After I got better and finished up my spring classes, my mother and I had conversations with my father and grandparents on what I should do in the fall semester. We collectively decided that it would be best for me to stay home and continue to tutor instead of taking classes online, or worse, going back to campus and taking classes from my dorm room. However, this plan was interrupted by a sudden need for surgery on my tailbone to remove a pilonidal cyst. Following surgery, I experienced intense pains the first week home from being on a ventilator while under anesthesia. Later, pain from my open wound became more intense and made me unable to accomplish simple tasks on my own. I was uncomfortable with my loss of autonomy and independence, which lasted around four months. This period of recovery was much longer than I originally anticipated.