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Uncharted Territories: COVID-19 and Other 2020 Events That Changed Lives Forever

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The day was March 5, 2020. I concluded teaching my graduate students with, “I guess we will continue this discussion next week after spring break. Be safe, smart, and enjoy your time with your friends and family. Remember, stay out of trouble.” With these words, my students and I parted. As I bid them goodbye and left, little did I know that life was about to change forever—I was oblivious to the unfolding news filtering in as a strange disease spread rapidly.

Positionality Statement

I am an African American of African descent, a wife, and a mother of three children. I have taught K–12 science and science education courses for over 20 years in the United States. The spring semester, 2020, was my second semester as a first-year tenure-track assistant professor at a private Christian university situated in a southeastern U.S. state. In addition to experiencing the intersectionality of race and gender in a predominantly White institution, I had recently moved to a new city and state—geographically distanced from my family and friends. My family of five, at this point, was spread across the East and West coasts. So, I was in this new space physically separated when the COVID-19 pandemic occurred.

The institution’s demographic representation included 65% White, 16% Hispanic, 7% Asian, 6% Black, and 7% other minority groups. However, my classes consisted of more than 90% White students. After bidding my students goodbye, I left that weekend for my family home in another

southeastern state with the belief that I would be gone for 1 week. I parked my car at the airport and boarded my flight, eager to go home.

SARS-CoV-2 Virus Unfolds

From the first announcement of this strange illness emerging from Wuhan, China, to its declaration as a global pandemic by the World Health Organization (2020a), many like me worldwide were oblivious to the impending doom. So, like other *spring-breakers*, my journey into the uncharted territories of life in 2020 began to unfold as the SARS-CoV-2 virus, later named the COVID-19 virus, spread fast and furious like an untamed wildfire across the globe. There was breaking news on the hour as new cases were identified across America—in Washington, California, and New York, on cruises and military ships, and in adult living centers and many other settings. As days turned into weeks and then months, the disease spread like scenes from a cinematic horror movie. The uncertainty, fear, and anxiety were palpable as social life, businesses, education, and all other forms of existence gradually slowed to a halt. Life was altered forever (Wang et al., 2020). Many were petrified, including me, as cities began to shut down, and the enormity of the situation gradually settled in. Death tolls burgeoned by the day, and the projections of COVID-related deaths caused many trepidations worldwide (Resnick, 2020; World Health Organization, 2020b).

Information or Misinformation

As countries recorded increasing COVID-19 deaths, some world leaders remained in denial of the existence of the coronavirus (Ward, 2020). In America, information and facts about the disease were

not as forthcoming as needed by the citizens. This absence of facts created room for more concerns, speculations, unsupported explanations and claims, and conspiracy theories (Ward, 2020; Williams & Viswanath, 2020). As with the Ebola epidemic of 2015, many in the political arena considered the 2020 pandemic an *away game*, while others called it a hoax (Egan, 2020; Santana, 2020). For example, a sitting congressional representative asserted, “the COVID-19 pandemic is *phony*, and mask-wearing is a *hoax*” (McCaslin, 2020, para 8), and the then-White House chief of staff reiterated, “We’ve overacted a little bit” to the coronavirus (Samuels, 2020). Meanwhile, the situation quickly became a *home game* as more deaths occurred in the US than in other parts of the world. Some other world leaders dismissed or downplayed the crisis, calling it a media trick or fake news.

Rhetoric

The unfortunate aspect of this entire COVID-19 saga was the uncensored utterances of those in leadership. The U.S. president’s beliefs and handling of the pandemic did not help the situation; instead, they inflamed it. Energized by those who blatantly refused to acknowledge the existence of the coronavirus, leadership persisted in their oblivion, refusing to adhere to safety guidelines of protecting their lives and those with whom they interacted. These leaders and conspiracy theorists propagated false narratives and perpetuated the egregious behaviors in the face of overwhelming evidence of millions succumbing to the virus. An example of such statements, as documented by McCaslin (2020), included,

We have got to stop the insanity, and stop accepting the hoax that says

forcing people to wear a mask, forcing businesses to close, prohibiting worship services, and keeping kids out of school, will make a significant difference in whether or not we will die from this virus. (para 8)

The inadequate support for the scientific community and politicization of the problem by those in authority heightened citizens’ ignorance of the pandemic’s danger. There were also faulty assumptions that belonging to a particular race or having affiliations to opposing political views made one more susceptible to the virus. These erroneous beliefs led many to embrace the rhetoric, which led to the unfortunate loss of lives to the virus. However, considering the lives claimed, the virus was not selective based on race, creed, or political affiliations. Those who lost their lives were people, family members, but they became mere statistics. As a science educator, I found it egregious that many leaders were in denial of the existence of a scientifically identified deadly virus and its apparent impact evidenced by overstretched hospitals and overwhelmed frontline workers, doctors, nurses, paramedics, and so forth. According to Ward (2020), the refusal to acknowledge and failure to take the necessary steps to limit the virus’s spread contributed to many more casualties. By the end of 2020, over 350,000 Americans had succumbed to the virus (USA FACTS, 2020). The US reached 1 million deaths in 2021.

Topping the COVID-19 Pandemonium Crisis

Many families lost their loved ones to the COVID-19 virus. Three members of my church family died during this time, and one hit close to home. As more people succumbed to the virus, there were constant concerns about relatives, friends, colleagues,

students, and so forth, who were susceptible for various reasons. Those in low socioeconomic groups—in poverty or poor living conditions that impacted health, immunocompromised, lacking health insurance, or experiencing loss of income—were impacted more. All these situations created overwhelming mental and emotional distress for me; I was physically and psychologically strained, and then it happened: 8 minutes, 46 seconds, the death of George Floyd.

May 25, 2020

The media was all agog with killing an unarmed Black man, George Floyd, in Minnesota for *allegedly* using a \$20 counterfeit bill at a convenience store (Hill et al., 2020). I recall with a shudder exactly where I was when the news broke. I cannot fully describe my emotions as I watched the video of Derek Chauvin, the police officer whose knee was on George Floyd's neck as he begged for his life—“*I can't breathe,*” Floyd cried, “*mama, mama!*” (Dastagir, 2020, Hill et al., 2020). This imagery hit me hard and stayed forever; I had nightmares afterward as a mother. I screamed, and I cried. I was still dealing with the murder of Ahmaud Arbery as he jogged around his neighborhood in Georgia in February 2020. Three days before Arbery's death was revealed, I had urged my son—a dreadlock-wearing Black man, to jog around our upscale predominately White neighborhood because he worked remotely from home and hardly moved around. So, Arbery's death hit home for me. And then, Breonna Taylor, killed while sleeping in March 2020 in Kentucky. These incidences and my already super-stressed life, dealing with the fear and uncertainty of the COVID-19 pandemic, my displacement from my job location, and teaching remotely culminated in unbearable emotional grief and pain.

While there have been multiple senseless killings of unarmed Black men and women in the past—Eric Gardner, Trayvon Martin, Tamir Rice, and others too many to count—these recent killings were different for some reasons. I was anguished, and something clicked inside me. I became angry and vented. My outlet was posting comments on social media as I watched my grown son cry profusely. The protests and civil unrests that ensued spread throughout the country and around the globe amid the pandemic. Like me, many Black mothers felt emotionally and psychologically assaulted by George Floyd's killing. A backyard conversation led to an invitation to participate in a citywide outreach about race in America, organized by a news outlet. We shared our stories about “the talk” and our encounters living as Black people in America.

Teaching Through the Crises

Due to my geographic displacement, I was teaching remotely like other educators during the school shutdown. Although remote teaching served its purpose, it was daunting. I worked much more than was usual; my work and home life blurred as weekdays and weekends merged. I taught both synchronously and asynchronously; yet, the entire process felt disconnected and impersonal. I have mostly taught my courses using the face-to-face or in-class approach because I enjoy the relational aspect of teaching and learning. Also, the nature of science education demands an active, interactional, and hands-on-based pedagogical approach, a process missing in the virtual environment. My flexibility toward my students was elevated to the n^{th} degree, accommodating their needs, reducing the amount of work, and allowing extended late submission of assignments—sadly, these overtures/efforts were not

reflected as expected in students' end-of-semester evaluations.

Occupational Stress

The teaching profession was already strenuous before the COVID-19 pandemic, and all the previously mentioned events aggravated the stress of teaching on multiple levels. According to Alexander-Stamatios et al. (2013), educators reported high occupational stress levels. About 58% of educators have struggled with mental health issues due to prolonged stress and work overload leading to teacher burnout (Buric & Kim, 2020; Catalan et al., 2019). The United Nations Educational, Scientific, and Cultural Organization (2020) noted teachers' confusion and stress during the school shutdown and subsequent transition to the online learning environment. My stress level escalated because when airports began operations again, I flew back to pick up my car that had been parked at the airport for several months. Subsequently, as the Fall semester started, I would drive for almost 12 hours once a month to conduct school site visits of my preservice teachers as K–12 schools trickled back to in-person learning. Going through all these processes, I had to devise a means to remain sane.

Coping Mechanism

Self-care

A considerable aspect of working off campus is attending virtual meetings. On a typical day, I averaged six Zoom meetings—students, faculty, research collaborators, and I attended professional training on effective use of technology, productive class meeting, and so forth, in addition to professional conferences. Zoom

fatigue soon set in; my mental energy depleted, and so did my physical strength and interests. I slacked in my daily exercise routines and felt like 24 hours was insufficient to accomplish all that beckoned me. My scholarship suffered, and I could not complete or send manuscripts for peer review and publication. It felt as if I was swimming upstream, trying to keep my head above water. Mundane things that previously served as therapy were no longer of interest or absent due to changes to everyday life brought on by the prolonged shutdown. It was difficult to practice self-care during this period.

My Faith

As a person of faith, despair was not a personal trait I ascribed to myself before the pandemic. However, during this period, I hit rock bottom. I have never been at a low point like this in my over-half-century existence. There were days that I literally could not function. Like a ringtone in my ears, I could not shake off George Floyd's voice calling for his *dead* mother. I was despondent of the senseless killings because I knew it would happen again. Not if it would happen but when and to whom. I craved for a fundamental and systemic change. Then, I prayed. I prayed, aware that my Black children, like many upright, productive men and women of our society, are subject to prejudice due to the color of their skin. They are prejudged guilty for being Black. However, my faith in God provided succor. Prayers pulled me through; as Robinson and Clardy (2010) declared, spirituality has historically been a source many African Americans tap into to navigate challenging terrain. I found this to be entirely accurate, in my case.

Conclusion and Implication

My Story, Your Story

COVID-19 presented a lot of hardship for many people and their families. This story is my lived experience during the pandemic. I share this story knowing that there are many unshared stories. I think of frontline workers, specifically healthcare professionals on the battlefield, fighting and shielding everyone else. Many have lived experiences and horror stories others may never hear. Some never made it out of the trenches because they gave their lives protecting and caring for others—you and me. Some emotional and health-related issues have resulted from this experience. Some are vicarious from other people's trauma, such as the impact of the COVID-19 pandemic, the murders of Floyd, Arbrey, Taylor, and others. I inadvertently took on or owned aspects of the emotional pain of others, such as the close family member who left a wife and two young boys behind.

So why did I share my story? My experience through all these may not be too different from that of others. I shared because individual and collective experiences would help to shape how people approach life in the future or the lens through which they would view the world. Depending on the level of psychological distress experienced during this time, people must seek ways to recover. Recovery may include therapy or whatever works to address the specific issue(s).

For me, storytelling was a more accessible approach to recovery, as it allowed me the medium to have a deep reflection as I told my story. There are other avenues to informally share one's experience, such as talking with friends, family, colleagues, minister, mentor, boss, and so forth, or having formal group discussions to enhance knowledge on social

issues, some of which have surfaced since 2020, and how best to address them. This experience enabled me to be more health-conscious as a Black woman and to pay particular interest by engaging in social justice and equity issues and to stand against religious bigotry—as a person of faith. I am also more sensitive to the plight of others, not saying I wasn't before these events, but I am better attuned to the impact of the events of 2020 on others.

I stepped into the year 2021 with an attitude of gratitude. My family survived the shadows of death, grateful to be alive and well through God's mercy. The year 2020 will go down in history as unprecedented, the year with the largest number of deaths ever recorded globally. Although I gained 19 pounds from my inactivity during COVID-19, it is nothing compared to what others had to endure. I survived! And I am thankful.

Note: Since writing this piece, a lot has happened in 2021. Trump became an ex-President as he lost the re-election for a second term. Breonna Taylor's family received a settlement for her wrongful murder, Derek Chauvin was found guilty on all counts for the murder of George Floyd, and four others were indicted. More than 1 million people died in the United States from the virus and its variant. Also, as of recent, about 187 million have been fully vaccinated. Lastly, during a student presentation on race and other social issues in the US, I encountered an emotional moment that hit a nerve, bringing back memories of 2020, but it evidenced my healing process.

References

Alexander-Stamatios, A., Ploumpi, A., & Ntalla, M. (2013). Occupational stress and professional burnout in teachers of

- primary and secondary education: The role of coping strategies. *Science Research*. 4(3A), 349–355.
<http://dx.doi.org/10.4236/psych.2013.43A051>
- Buric, I., & Kim, L. E. (2020). Teacher self-efficacy, instructional quality, and student motivational beliefs: An analysis using multilevel structural equation modeling. *Learning and Instruction*. 66, 101302.
<https://doi.org/10.1016/j.learninstruc.2019.101302>
- Catalan, A. A., Sevil, J., Kim, L. E., Klassen, R. M., & Gonzalez, L. G. (2019). How should stressors be examined in teachers? Answering questions about dimensionality, generalizability, and predictive effects using the Multi-context Stressors Scale. *International Journal of Environmental Research and Public Health*, 6(18), 3388.
<https://doi.org/10.3390/ijerph16183388>
- Dastagir, A. E. (2020, May 28). George Floyd video adds to trauma: ‘When is the last time you saw a White person killed online?’ *USA Today*.
<https://www.usatoday.com/story/news/nation/2020/05/28/george-floyd-ahmaudarberycovid-emotional-toll-hits-black-families/5270216002/>
- Egan, L. (2020, February 28). Trump calls coronavirus Democrats’ ‘new hoax.’ *NBC News*.
<https://www.nbcnews.com/politics/donald-trump/trump-calls-coronavirus-democrats-ew-hoax-n1145721>
- Hill, E., Tiefenthaler, A., Triebert, C., Jordan, D., Willis, H., & Stein, R. (2020, May 31). How George Floyd was killed in police custody. *The NY Times*.
<https://www.nytimes.com/2020/05/31/us/george-floyd-investigation.html>
- McCaslin, J. (2020, December 15). Congressman-elect Bob Good calls COVID-19 pandemic ‘phony’ and mask-wearing a ‘hoax.’
https://www.insidenova.com/headlines/congressman-elect-bob-good-calls-covid-19-pandemic-phony-and-mask-wearing-a-hoax/article_d7decb76-3e36-11eb-9d9e-fbd2deb547f5.html
- Resnick, B. (2020, March 21). The White House projects 100,000 to 200,000 Covid-19 deaths at least. And outside experts say that’s a reasonable estimate.
<https://www.vox.com/science-and-health/2020/3/31/21202188/us-deaths-coronavirustrump-white-house-presser-modeling-100000>
- Robinson C. C., & Clardy, P. (2010). *Tedious journeys: Autoethnography by women of color in academe*. Peter Lang.
- Samuels, B. (2020, May 26). *Mulvaney: ‘We’ve overreacted a little bit’ to coronavirus*. The Hill. Retrieved
<https://thehill.com/homenews/administration/499481-mulvaney-weve-overreacted-a-little-bit-to-coronavirus>
- Santana, A. (2020, December 22). My uncle called COVID-19 a ‘hoax.’ He’s quiet now that my grandfather is dying of it. *The Sacramento Bee*.
<https://www.sacbee.com/opinion/op-ed/article248023205.html>
- United Nations Educational, Scientific and Cultural Organization. (2020, March 10). Adverse consequences of school closures.
<https://en.unesco.org/covid19/education-response/consequences>
- USA FACTS. (2020, December 15). Preliminary U.S. death statistics show over 3.1 million total deaths in 2020—at least 12% more deaths than in 2019.
<https://usafacts.org/articles/preliminary-us-death-statistics-more-deaths-in-2020-than2019-coronavirus-age-flu/>

- Ward, A. (2020, March 30). World leaders who denied the coronavirus's danger made us all less safe. <https://www.vox.com/2020/3/30/21195469/coronavirus-usa-china-brazil-mexico-spain-italy-iran>
- Wang, G., Zhang, Y., Zhao, J., Zhang, J., & Jiang, F. (2020). Mitigate the effects of home confinement on children during the COVID-19 outbreak. *Lancet*, 395, 945–947. [https://doi.org/10.1016/S0140-6736\(20\)30547-X](https://doi.org/10.1016/S0140-6736(20)30547-X)
- Williams, M. A., & Viswanath, V. (2020, March 27). Amid coronavirus pandemic, misinformation puts public health at risk. Thrive Global. <https://thriveglobal.com/stories/amid-coronavirus-pandemic-misinformation-puts-public-health-at-risk/>
- World Health Organization. (2020a, January 5). Pneumonia of unknown cause—China disease outbreak news. <https://www.who.int/csr/don/05-january-2020-pneumonia-of-unkown-cause-china/en/>
- World Health Organization. (2020b, April 27). Timeline: WHO's COVID-19 response. <https://www.who.int/news/item/27-04-2020-who-timeline---covid-19>