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Anthropology 231

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Assignment 3: COVID Diaries

My life has stayed relatively the same since the times before the COVID-19 pandemic began. I am a 24-year-old, female, living with multiple chronic illnesses, here in Saskatoon, Saskatchewan. These chronic illnesses place me into the “vulnerable population”, meaning if I were to get COVID-19 there is a very high chance I would not live, in fact I have been told my many doctors that I would not survive this virus. As a chronically ill individual COVID-19 has for the most part, not had an impact on my life, especially in the ways it has for others. In fact, in some ways COVID-19 has made things somewhat easier. Doctor appointments no longer have to be in face to face, making it convenient to fit in an everyday schedule and to work around my own personal variety of symptoms, requiring less energy and time. However, as a chronically ill person, it has added a level of stress, anxiety, and panic into my life that has not gone unnoticed. What once were small very looked forward to outings, such as grocery shopping or picking up prescriptions at the pharmacy have become dangerous, anxiety filled tasks, that could be potentially life threatening. Seeing my various support systems such as family and friends, are riddled with anxiety and fear, resulting in the feeling of isolation and loneliness, more so then ever before. Aspects like using hand sanitizer, washing hands frequently, wearing a mask and self-isolating were not abnormal to my life pre-COVID-19. Of course, wearing a mask was not always necessary in my life pre-COVID and self-isolation was only during flu seasons, the task itself are not foreign to me, or the many other chronically ill individuals.

One thing that was unexpected, was that I have been able to return to university classes as I no longer am required to be on campus, more classes are offered online, making it easier to attend as I do not need to travel or walk anywhere. I can attend from the comfort of my home, without worry on how I feel on that given day. Individuals in the community have become more aware of their surroundings, who they are seeing, who is around them, and using proper hand washing and sanitization techniques. Wiping down shopping carts, door handles, and other commonly touched surfaces have become over the past months, normal and part of daily routine. Many people are keeping their social circles smaller, having more communication with family members via text message, Facebook, Zoom, etc., allowing relationships to be rekindled. Even within my own family, relationships are stronger due to now having the time to sit down and talk via face to face conversation, telephone or Zoom. For example, my Dad, who has 7 brothers and sisters that live all over Canada, talks to his siblings every Sunday since quarantine began. Prior to this, there were only a handful of times I remember them all getting together to chat.

COVID-19 has brought many negatives into light in social settings, in the media and online. There are many individuals, who for example, are very anti mask, anti-social distancing, and in general do not believe COVID-19 is real or a risk. I have witnessed people argue over the effectiveness of mask use and social distancing, as well as to whether or not testing for COVID-19 is even effective or correct in giving a diagnosis. Many individuals insist that the pandemic is made up by the government to instill fear into citizens in order to brain wash and corrupt them. Perhaps these individuals simply do not understand how the transmission of COVID-19 works or choose to ignore what public health is advising. It appears that many people within my community are either so eager for life to return to “normal” that they deliberately go against public health guidelines or they are so fearful that they go to the extreme to protect themselves. For example, since the end of February I have been tested for COVID-19 eight times. Each time it was due to me wanting to see my doctor for tonsilitis, which I get a lot. In order to see my doctor, I was told I had to be tested as a sore throat is a symptom of COVID-19. Each time when it came back negative my doctor insisted that he did not need to see me because I was not positive for COVID-19, however he would not have seen me had I been positive. It is a struggle to see a doctor anywhere especially if you display any symptom of COVID-19.

It is my hope that in the future, guidelines will become more concrete and clearer as to what should and should not be done, regarding the transmission of COVID-19. I hope that steps will be taken in order to ensure that if guidelines are not followed, lawful action will be taken accordingly. I hope that eventually life will turn into something similar as it once was, but that we all learn from this pandemic, whether it be to be cautious of who we are around, hand hygiene or what it feels like to self-isolate and feel that sense of complete loneliness. It is my hope that having the option to learn and work from home will continue, as many individuals, such as myself, truly benefit from having this option.

Medical anthropology is extremely useful when trying to understand COVID-19. People working for the government, as doctors, health officials and even the general public can use medical anthropology to look at how previous pandemics were handled but also can look at what other cultures are currently doing to keep their people safe.