The Rio Grande Valley in the Time of the Pandemic: Community Responses to COVID-19

Discovering the Rio Grande Valley

Reports from the

Community **H**istorical **A**rchaeology **P**roject with **S**chools Program

Community Studies:

Report No. 1: Rio Grande Valley in the Time of the Pandemic: Community Responses to COVID-19

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The Rio Grande Valley in the Time of the Pandemic: Community Responses to COVID-19

A report prepared for:

The Greater Rio Grande Valley Community

and for UTRGV and the CHAPS Program class titled:

Discovering the Rio Grande Valley: Edinburg/Hidalgo County in the Time of the Pandemic

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Dedication

This book is dedicated to the students in the “Discovering the Rio Grande Valley” course who are the authors of this report. Although many expected to participate in our annual farming family studies, they graciously shifted their focus to a more personalized effort to record real-time effects of the COVID-19 pandemic within our community. We also dedicate this book to the greater community of the Lower Rio Grande Valley of Texas, the healthcare providers, educators, public safety personnel, business owners, and essential workers who played an integral role in helping our region survive the pandemic. Finally, we dedicate this report to the 6,000+ people who have died in 2020 and 2021 in Cameron, Hidalgo, Starr, and Willacy Counties. They will live on in the memories of their family and friends.

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Foreword

This report, the first in the Community Studies series published by the UTRGV Community Historical Archaeology Project with Schools (CHAPS) Program, provides a valuable snapshot of people's lives and community responses during the COVID-19 pandemic that gripped humans around the world in its claws beginning in early 2020. The stories included here, written by students in the Discovering the RGV class in Fall 2020, reflect our collective fears, losses, hopes, and desires to comprehend this momentous global process as it has unfolded day after day for the last 18 months. COVID-19 hit the RGV hard. Many of us lost family and friends to the novel virus. Our lives have been changed in ways that we do not yet understand or can predict. The pandemic's aftermath will be a lengthy one, affecting us for many years.

Despite the devastating impacts felt by our community members, the students in this class were able to push through their fears and grief to record for posterity what the pandemic looked like in the Rio Grande Valley in late 2020. I am impressed by their strength and dedication to document the pandemic and to produce solid reports shaped by social scientific research methods, for the benefit of the entire RGV community. These chapters are, in essence, love letters to our community, reminding us of who we are and were at this specific moment of time. They include the perspectives of nurses, students, food service workers, and businesspeople. The students write of the emotional toll of social isolation, illness, and deaths. All of us in the RGV are indebted to them for their commitment and strength to produce this important record of facts during such a chaotic, frightening time.

The chapters by the students each tell an unforgettable, deeply personal story about the RGV. Each is beautiful and merits close reading. These are augmented by presentations by UTRGV and other faculty who offer perspectives on the pandemic and our responses to it from their particular areas of expertise. For example, Dr. Donner, a sociologist with research expertise in disasters, looks at the question of decision making related to risk perception. Drs. Millard and Flores bring their expertise in public health while Dr. Hay, a historian, examines the 1918 influenza pandemic in the RGV as a point of comparison.

What all these contributions show, of course, is that a pandemic is, at its core, a social phenomenon. There are viruses and variants at work, but how the infection moves, how it is experienced, and how it is responded to are fundamentally social. This report drives home this point by highlighting some of the stories we all will tell one day about our lives, about our community, in the dark days of COVID-19.

As I write this in November 2021, it is difficult to keep emotions from interfering with my thoughts. We have experienced over 766,000 deaths in the U.S. and 5.12 million worldwide in less than two years. It strains our ability to comprehend such losses. I thank the CHAPS faculty and students for taking on this project and creating this important document. A report on a global pandemic was a change from the ranching family history projects that have been central to the class for the last ten years. I applaud your willingness to pivot and to record this local history for us now and for the next generations. Finally, I thank the students who approached this project as researchers committed to capturing the lives of people obscured by the charts, trends, and maps. We are all indebted to their courageous efforts to chronicle our community's pandemic experience.

Margaret A. Graham
Professor and Chair
UTRGV Department of Anthropology

Preface

"Discovering the Rio Grande Valley" is an award winning, multidisciplinary "methods" course that is housed within the College of Liberal Arts and is the ultimate representation of place- and community-based education. Normally in this course, student teams actively engage collect oral histories and conduct archaeological, biological, and geological surveys of local farming families. This original research is interpreted by the students who prepare and annually internally publish (through Lulu.com in a series subtitled, "A Porción of Edinburg") a report for the study family and for area libraries. These not only provide the students with the pride of being "published" and presenting their work, but also with the knowledge that they are contributing to the rapidly disappearing family farming history of our region.

While this approach to "*Discovering the Rio Grande Valley*" has worked in "normal" years, the Fall of 2020 was anything but normal. During the pandemic, group projects not only could jeopardize the health of the students but also that of the study family and faculty. Students and the rest of the populace sought to make sense of their experiences in the very changed framework of the COVID-19 world. The course was shifted from group to solo projects. This meant that should a student fall ill or have to drop the course it would not adversely affect their classmates or a larger project.

Local experts provided context to the students about this life altering period world history. Medical historian Dr. Amy Hay provided background on the 1918 pandemic. Dr. William Donner, head of our Disaster Studies program, contextualized COVID-19 as a "disaster." Drs. Ann Millard and Isidore Flores provided background on the role of public health. We gratefully acknowledge that The University of Texas Rio Grande Valley School of Medicine assumed a leadership role throughout the pandemic with testing/laboratory facilities, health and safety protocols, community communication campaigns, and vaccine distribution. As a bonus we are pleased to include here an interview of Dr. John Krouse, Dean of the UTRGV College of Medicine who was the lead figure representing our university efforts recorded in these pages. We further thank Dr. Margaret Graham, Medical Anthropologist and Chair of our Anthropology Department for providing a thoughtful foreword for this report.

Because UTRGV is mostly a "commuter" school where the student body are employed, they were tasked with using their place of employment as the setting for observing the effects of the pandemic. They interviewed supervisors and other employees, photographed new configurations of places of business and prepared their reports. From fast food restaurants to Roman Catholic churches, to funerals and high school sporting events, they captured from the perspective of college-aged students the very changed world of the RGV during the pandemic. An important difference in this report is that each student also provided a brief biography telling future readers who they were in 2020 and how the pandemic changed their lives. Some noted that family members were sickened, and some died. In a small way this memorializes those who suffered and perished and perhaps will provide some degree of succor to those students for their loss.

We note that the previous nine-volume collection of reports, subtitled "A Porción of Edinburg" was the 2020 recipient the Mary Faye Barnes for Excellence in Community History Projects by the Texas Oral History Association at Baylor University. The notification of this award was delayed one year due to the coronavirus pandemic. In these studies of local farming families are over 80 student-led oral history interviews. This special "Community Study" titled "*Rio Grande Valley in the Time of a Pandemic: Community Responses to COVID-19"* has added 30 recorded and archived interviews to that tally.

As we go to print in November of 2021, we find ourselves still in the grip of the pandemic. Little did we realize in March of 2020 at the beginning of the lockdown that eighteen months later that there would be five million deaths worldwide. Of these 700,000 + died in the US and six thousand in Cameron, Hidalgo, Starr, and Willacy Counties in Texas. This report epitomizes the importance of recording history in real time, especially within a region that was as so negatively impacted by the coronavirus as the Rio Grande Valley of Texas was in the Summer of 2020.

Roseann Bacha-Garza and Russell K. Skowronek

UTRGV CHAPS Program, Edinburg, Texas, November 2021

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Introduction

E. Gabriel Ozuna

The Rio Grande Valley, known colloquially as the "Valley" or the "RGV," is a unique region situated on the US-Mexico border along the southernmost tip of Texas. Its people and history predate its inclusion in the United States, going back to the Spanish province of Nuevo Santander, where early Spanish land-grant families settled the land on both sides of the Río Grande.[1] After the Mexican-American War, the 1848 Treaty of Guadalupe Hidalgo established a firm border at the Río Grande, dividing one historically united community into two. However, over the course of the following century, the border remained porous enough for a shared cultural heritage to continue between South Texas and the northeastern Mexican states of Tamaulipas and Nuevo León. As border enforcement policies calcified throughout the 20th century, the Rio Grande Valley developed as a paradox: it managed to retain a thoroughly Hispanic culture under an American legal and social framework. It's status as the crossroads of two distinct nations has often placed the Valley in a unique position. It is at once on the periphery and a gateway, a place where people, goods, and ideas have mingled together and formed something entirely new. The border defines the Valley, and yet has never limited its bicultural identity.

For most of its history, the South Texas-North Mexican frontier has been relatively homogenous with a predominant ethnic Mexican population. It was not until after the Mexican-American War and the establishment of Brownsville, Texas, that Anglo-Americans formed a presence in South Texas, and not until the railroad arrived in 1904 that Anglo-American settlement began en masse.[2] The latter event transformed a *Tejano* ranching community into an Anglo-dominated landscape built on irrigation farming.[3] Land developers and promoters fueled this transformation through an intense marketing campaign to bring investors and new industrial irrigation technology, rebranding the region as a "Magic Valley," based primarily on citriculture.[4] From this era until the present, the Valley has developed as a mix of ethnic Mexican- and Anglo-American cultures, giving it a distinct cultural community.

In recent years, the Rio Grande Valley has moved away from its agricultural roots and built a new society on international trade and commercial retail, in large part because of the decline of the citrus industry and the passage of NAFTA in the 1990s.[5] Moreover, recent controversies over immigration, narco-trafficking, and border enforcement have put attention on the Valley as an important cross-national frontier. This has made the RGV a front line for a number of humanitarian crises in the past decade and cast a national spotlight

[1] Robert S. Weddle, "Nuevo Santander," *Handbook of Texas Online*, Texas State Historical Association, accessed September 14, 2020, https://www.tshaonline.org/handbook/entries/nuevo-santander.

[2] David M. Vigness and Mark Odintz, "Rio Grande Valley," *Handbook of Texas Online*, Texas State Historical Association, accessed September 14, 2020, https://www.tshaonline.org/handbook/entries/rio-grande-valley.

[3] For more information, see Andrés Tijerina, *Tejano Empire: Life on the South Texas Ranchos* (College Station: Texas A&M University Press, 1998).

[4] Naveena Sadasivam, "The Making of the 'Magic Valley': How Anglos Came to Control Agriculture in the Heavily Latino Rio Grande Valley," *Texas Observer*, August 21, 2018, https://www.texasobserver.org/the-making-of-the-magic-valley.

[5] Vigness and Odintz, "Rio Grande Valley," *Handbook of Texas Online*.

with press media, oftentimes portraying the Valley as chaotic, dirty, and poor.[6] But the reality on the ground is far less sensationalized than outside media would have one believe.

More than anything else, the Rio Grande Valley is a close-knit society that values family, faith, and community. Despite very real concerns regarding poverty, immigration, and public health, Valley residents are among the friendliest and most generous people, giving what they have to migrants and strangers, be it a warm meal or an invitation to a family gathering. The people who live there understand that a sense of belonging matters far more than one's social status or the money in one's pocket. People are proud of what they have, but are more likely to define their blessings in terms of their relationships with family and friends. However, this desire for community and unity has also put the Valley in difficult situations in recent years. From the threat of deportations and an increasingly militarized border that has made crossing over more difficult, some Valley residents have struggled to find hope. For others, persistent poverty and lack of access to basic necessities and resources—medical, educational, or otherwise—have been major challenges. Regarding matters of public health, high rates of obesity and diabetes top the list of health concerns in the region. Each of these factors has left the Valley vulnerable to social disruption and disease.

This is the background that sets the stage for this publication examining the impact of the COVID-19 pandemic on the Rio Grande Valley. When the Valley became a hotspot for the coronavirus in the summer of 2020, many in the national news media used trite stereotypes and oversimplifications to explain away the disproportionate impact the virus had in South Texas, including a death toll significantly higher than the state and national average.[7] While it is true that the aforementioned challenges to public health have made it difficult to fight the coronavirus, and that these comorbidities are an active cause for concern, the extent to which cultural and lifestyle factors have played a role in spreading of the virus is a matter of ongoing debate.[8] Whatever the case, the epidemiological impact of COVID-19 is only one aspect of a larger story that is unfolding during the pandemic.

In this publication, student contributors have analyzed a variety of these aspects in the Rio Grande Valley. By looking at the pandemic from various cultural, social, and economic perspectives, the authors have pieced together a powerful narrative. Studies include surveys on media and public health; cultural institutions such as churches, small businesses, and restaurants; challenges due to immigration issues; front-line workers and first responders; the education system; and sports and entertainment. Many of these stories relate directly to the personal experiences of the authors, their families, and the communities in which they live. They are as much a part of this story as the subjects they interviewed. As such, this publication is in part an autobiographical endeavor to make sense of persistent trauma that the Rio Grande Valley has experienced in the past year.

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[6] Manny Fernandez and Mitchell Ferman, "Border Patrol Facilities in Texas Are Overflowing, Prompting Mass Releases in Border Cities," *New York Times*, March 20, 2019, https://www.nytimes.com/2019/03/20/us/border-migrants.html.

[7] Molly Hennesy-Fiske, "Coronavirus has Torn Texas' Tightknit Rio Grande Valley Apart," *Los Angeles Times*, July 21, 2020, https://www.latimes.com/world-nation/story/2020-07-21/in-texas-rio-grande-valley-familiarity-has-bred-coronavirus.

[8] Caitlin Dickerson, "Vulnerable Border Community Battles Virus on 'A Straight Up Trajectory,'" *New York Times*, July 19, 2020, https://www.nytimes.com/2020/07/19/us/coronavirus-texas-rio-grande-valley.html.

COVID-19 is an ongoing social disruption of massive proportions that is likely to alter the course of human history. By local standards, the Rio Grande Valley has not experienced a comparable public health threat in over a century. According to research conducted by Amy Hay, an environmental and public health historian at the University of Texas Rio Grande Valley (UTRGV), the 1918 Influenza pandemic caused similar rates of infections and deaths, largely due to its placement along an international rail network.[9] However, the Valley's population a century ago was a fraction of its current size, leaving the potential for greater devastation today. Whatever the case, the social impact of the COVID-19 pandemic is likely to linger in the collective consciousness to a degree unknown in modern times.

This publication is meant to act as a snapshot of the current cultural moment in the Rio Grande Valley for future generations to analyze with the gift of hindsight. At the present time, the COVID-19 pandemic continues to rage around the globe. The future remains uncertain. And while the authors are hopeful that the death and devastation will soon come to an end, a more lasting solace comes from the hope that the lessons learned through this pandemic will not be soon forgotten. The Valley is suffering in 2020, but the people who call this place home have a long legacy of resilience and strength. This is our story, and our contribution to that history.

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[9] Amy Hay, "The Other Great War: 1918 Influenza and the Rio Grande Valley," Lecture for *Discovering the RGV*, September 14, 2020. Dr. Hay relies heavily on Jorge Hernandez's article, "The Spanish Influenza Epidemic in Brownsville, Texas and Matamoros, Tamaulipas, Mexico." Hernandez accessed archival and city records in both cities for mortality statistics. He found that the mortality rate in the region was higher than the national rate by a margin of 0.72%-0.78% to 0.65%.

Chapter 1: Repeating History One Hundred Years Later
Comparing the 1918 Influenza Pandemic and the Current COVID-19 Pandemic

Cindy Us

Born in Mérida, Yucatán, México, Cindy Juliete Us Tec and her family immigrated to Edinburg, Texas, in January 2006 when she was five years old. Cindy and her family have resided in Edinburg for almost 15 years. She graduated from Edinburg North High School in June 2017. She matriculated at UTRGV in 2017 where she is enrolled in the BA program in Anthropology with minors in Philosophy and Sociology. Her participation in this project is especially apropos as the coronavirus caused her parents to become essential workers in the restaurant business. Exposed to COVID-19 on the daily, her parents were afraid of infecting their family with this contagious disease. Thankfully, no family members have tested positive for COVID-19 to date.

The Great Influenza Pandemic of 1918

When discussing major world historical events, our attention focuses on the wars of the past century: World War I, World War II and the Holocaust, the Cold War, the Vietnam War, and the September 11th attacks leading to the present-day War on Terror. War is unfortunately one of those all-too-common occurrences in human history that challenge and transform nations, whether it be through new policies, high instances of emigration and immigration, the deaths of civilians and soldiers, or the establishment of new borderlines. It is no wonder why wars are so often the prime focus of history. However, there are other catastrophes that can cause about the same, if not greater damage than war, but are often disregarded, such as natural disasters and pestilence. Perhaps the only exception to the previous statement is the Black Death of Eurasia, North Africa, and the Middle East from the mid-14th century. Even though there have been a lot discussions surrounding the total number of casualties caused by the Black Death, it is often estimated the plague took the lives of one-third or half of Europe's population at the time. Nonetheless, our history continues to prioritize war. World War I, the Great Depression, and World War II are perhaps the most reminisced events of the 1910s to the 1950s since these events continue to influence the present. However, towards the end of the Great War (as WWI was known in its day), another major yet forgotten historical event occurred, the 1918 Influenza pandemic.

For years, historians and epidemiologists have asked questions and proposed answers as to why the Great Influenza Pandemic of 1918, which took an estimated 50 million lives, is constantly overshadowed by World War I, which only took about 16 million lives between 1914-1918.[1] Yes, both incidents are historical tragedies, but the 1918 Influenza pandemic was far deadlier than WWI, as the pandemic took the lives of about one-third of world's population at the time.[1] John M. Barry, a historian and author of *The Great Influenza: The Story of the Deadliest Plague in History,* speculates there are four reasons as to why the 1918 Influenza pandemic was repeatedly ignored in historical discussions until now. This essay will analyze two of his four reasons since these two motives alone can be

[1] "The Deadly Virus: The Influenza Epidemic of 1918," Regional History from the National Archives, accessed November 2, 2020. https://www.archives.gov/exhibits/influenza-epidemic/index.html.

thoroughly examined. First, Barry claims how historians themselves focused on "what people did to people, not what nature did to people."[2]

To support this statement, we'll investigate "The Psychology of Risk Perception," a report published by Harvard Medical School, which evaluates how risk perception is composed of cognitive skills and emotional appraisals. In the report, risk expert David Ropeik identifies fourteen factors that influence risk perception, one of which is nature: "dangers in nature…are perceived as relatively benign whereas man-made harms are more menacing."[3] The second reason stated by Barry is that, "[the Great Influenza] was out there. It was part of the psychic," meaning that the 1918 Influenza pandemic existed subconsciously among those who experienced it in the years to come.[4] Barry hypothesizes how the Great Influenza pandemic contributed to the Roaring 20s' motto of "party on, who cares about tomorrow?" but he clarifies he doesn't know to what extent. Furthermore, Barry references *The Berlin Stories* written by Christopher Isherwood, a significant American novelist of the 20th century. As Barry states, "In 1933, Isherwood was writing *Berlin Stories*…Isherwood wrote when the Nazis entered, 'you could feel it like influenza in your bones.' So this is fifteen years after the fact, and he expected any of his readers to know exactly what he meant. So, it was in the back of everyone's mind."[5]

Influenza outbreaks still happen to this day. At the time of writing this project, the 2009 H1N1 pandemic was the most recent influenza outbreak, which is estimated to have lasted almost two years [from April 2009 to August 2010].[6] Eerily enough, the Great Influenza Pandemic of 1918 and the 2009 H1N1 pandemic are suspected to have originated in the United States of America.[7] However, the 2009 H1N1 pandemic is estimated to have taken the lives of between 151,700 to 575,400 people worldwide during its first year. Although we may never know the real number of those whose lives were taken away by these two influenza pandemics, the statistics that we have gathered paint a clear picture: the 1918 Influenza pandemic was deadlier. Despite warnings from epidemiologists and skeptics alike, one of which includes a TED Talk from American business magnate and philanthropist Bill Gates, it seemed as though the world had learned how to handle any pestilence outbreak.[8] Perhaps this overconfidence, alongside our rapid advancement in technology and ignorance of the past, is the cause for the current COVID-19 pandemic.

Present: COVID-19 Pandemic

In December 2019, Chinese government officials announced the outbreak of a new flu-like coronavirus disease. To this day, it is speculated the disease may have emerged from Wuhan, Hubei. By the end of January 2020, the World Health Organization (WHO) stated that many countries and continents around the world had reported their first cases of the flu-

[2] Chris Hayes and John M. Barry, "Why Is This Happening? with Chris Hayes: The Last Great Pandemic with John M. Barry on Apple Podcasts," Apple Podcasts. MSNBC & NBCNews THINK, April 7, 2020.
[3] "The Psychology of Risk Perception." Harvard Health, Harvard Medical School, June 2011, https://www.health.harvard.edu/newsletter_article/the-psychology-of-risk-perception.
[4] Hayes and Barry, April 7, 2020.
[5] *Ibid*.
[6] "2009 H1N1 Pandemic (H1N1pdm09 Virus)," Influenza (Flu), Centers for Disease Control and Prevention, June 11, 2019, https://www.cdc.gov/flu/pandemic-resources/2009-h1n1-pandemic.html.
[7] *Ibid*; Hayes and Barry, April 7, 2020.
[8] Bill Gates, "The Next Outbreak? We're Not Ready," Ted Talk, March 2015. https://www.ted.com/talks/bill_gates_the_next_outbreak_we_re_not_ready?language=en.

like coronavirus disease.[9] On February 11, 2020, the WHO gave an official name to this pestilence: COVID-19. At the time of this writing, COVID-19 is speculated to be an entirely new disease and related to "the prototype human and bat severe acute respiratory syndrome coronaviruses (SARS-CoVs) of the species *Severe acute respiratory syndrome-related coronavirus*, and designates it as SARS-CoV-2."[10]

Discussions about the parallels between the 1918 Influenza pandemic and the ongoing COVID-19 pandemic are inescapable and eerily similar. These resemblances include mask mandates, social distancing guidelines, school and business closures, mandatory isolation for those infected and their contacts, and bans on public gathering.[11] Perhaps the most troubling parallel is the topic of masks. As an example, healthcare workers have to wear masks to protect themselves from the contagious disease.[12] Another concerning similarity surrounding masks are the anti-maskers, a group of individuals who protest against mask mandates.[13] From believing that masks aren't an effective protocol to protect people against an airborne disease to thinking that masks infringe on their freedom of choice, these are a few reasons as to why anti-maskers refuse to wear masks during two global pandemics one hundred years apart.[14]

However, the similarities between the anti-maskers of the 1918 Influenza pandemic and the anti-maskers of the present-day COVID-19 pandemic ends when discussing political affiliations. As noted by Tara McKelvey, an American journalist for the BBC news media, a poll conducted by the Pew Research Center illustrates how most Republicans tend to be anti-maskers while most Democrats tend to support masks during the COVID-19 pandemic.[13] As for the 1918 Influenza pandemic, there seems to be no distinct political affiliations between the anti-maskers and those who advocated for masks. Many believe this political division in our country is one of the myriad explanations as to why the United States is currently the leading nation with the most positive cases and deaths related to COVID-19 worldwide, with about 12,164,000 positive cases and about 255,700 deaths at the time of writing.[15] Although the United States was not the leading country of these concerns until late March of 2020, it's incredibly devasting how the nation has held this tragic title for almost eight consecutive months.[16]

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[9] "Listings of WHO's Response to COVID-19." World Health Organization, June 29, 2020. https://www.who.int/news/item/29-06-2020-covidtimeline.

[10] Alexander E. Gorbalenya, et al., "The Species Severe Acute Respiratory Syndrome-Related Coronavirus: Classifying 2019-NCoV and Naming It SARS-CoV-2," Nature Microbiology, National Center for Biotechnology Information, March 2, 2020, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7095448.

[11] A.J. Wright, "'Astonishing Numbers': Vaccine Ef0forts In the 1918 Flu Pandemic," Current Practice, Clinical Oncology News, July 8, 2020, https://www.clinicaloncology.com/Current-Practice/Article/07-20/Astonishing-Numbers-Vaccine-Efforts-In-the-1918-Flu-Pandemic/58837.

[12] National Archives, November 2, 2020.

[13]. B. Little, "When Mask-Wearing Rules in the 1918 Pandemic Faced Resistance," History.com, May 6, 2020, https://www.history.com/news/1918-spanish-flu-mask-wearing-resistance; Tara McKelvey, "Coronavirus: Why Are Americans so Angry about Masks?" BBC.com, July 20, 2020, https://www.bbc.com/news/world-us-canada-53477121; Holly Yan, "Top Health Officials Have Changed Their Minds about Face Mask Guidance—but for Good Reason." CNN, July 20, 2020. https://www.cnn.com/2020/07/19/health/face-masks-us-guidance/index.html.

[14] World Health Organization, June 29, 2020; Gorbalenya, March 2, 2020; Wright, July 8, 2020.

[15] "Coronavirus (COVID-19)." (2020). Google News, retrieved November 22, 2020, https://news.google.com/covid19/map?hl=en-US.

[16] Caroline Kantis, Samantha Kiernan, and Jason Socrates Bardi. "UPDATED: Timeline of the Coronavirus: Think Global Health," Think Global Health, Council on Foreign Relations, October 9, 2020,

As of this writing, the COVID-19 pandemic has lasted for almost an entire year. As previously mentioned, a lot of incidents have occurred throughout this long battle, but one topic which hasn't been examined revolves around essential workers. When lockdowns started to take place in the United States, almost every person had to stay inside their homes. Nonetheless, there was an exception given to certain individuals. These individuals could leave their homes to continue working and/or to get important products for their homes. Those who were given permission to continue working were known as essential workers. Everyone knew that healthcare personnel were essential workers before the announcement since these selfless individuals were already risking their lives to care for those infected with COVID-19. Additionally, everyone knew healthcare workers were going to be among those most affected by this pandemic. Because of this, I conducted an interview with a close friend of mine to recount his experiences on what it was like to work in the medical field during the COVID-19 pandemic.

Figure 1.1: Angel D. Aldape Valladares takes a quick selfie during a break at work on December 28, 2019.

https://www.thinkglobalhealth.org/article/updated-timeline-coronavirus; Derrick Bryson Taylor, "A Timeline of the Coronavirus Pandemic." *New York Times*, February 13, 2020, https://www.nytimes.com/article/coronavirus-timeline.html; Grace Hauck, Karl Gelles, Veronica Bravo, and Mitchell Thorson, "Five Months In: A Timeline of How COVID-19 Has Unfolded in the US," USA Today, Gannett Satellite Information Network, June 23, 2020, https://www.usatoday.com/in-depth/news/nation/2020/04/21/coronavirus-updates-how-covid-19-unfolded-u-s-timeline/2990956001.

Essential Worker: Angel David Aldape Valladares

Angel Aldape Valladares was born on October 12, 1998, in Mexico. He immigrated to the United States with his family at a young age, as his mother wished for her kids to have a better life. He has lived most of his life in South Texas since then. Throughout the years, he has made his family proud as an honor student, and he is known for his charisma and hardworking personality. Around two years ago, Angel began to work as an EMT-Basic for South Texas AirMed, the sister company of Hidalgo County EMS in the Rio Grande Valley. He is both a driver and attendant in the ambulance, and his main station is located in Corpus Christi, Texas. According to Angel, "I choose this occupation because of the nature of the field, which is helping people and just been able to lend a helping hand."[17]

Angel and his colleagues have always known that a pandemic could occur in the future, which is now our reality. "Diseases are always changing, and they're always gonna be around," Angel says, "We can prepare as much as we do, but outbreaks happen very suddenly… [outbreaks are] very unpredictable… In order to actually contain an outbreak, the disease has to grow for a little while, so healthcare professionals can understand the pattern of the illness and how to combat it."[18] However, when asked if he was initially worried about COVID-19, Angel answered no because of the few and rare cases reported in South Texas. This is a question I've asked family members and friends alike, and the answer is a simple yet eerily similar "No." When I asked for a follow-up explanation as to why they underestimated COVID-19, the answers also tended to be eerily similar: from assuming that COVID-19 would never appear in South Texas to believing that COVID-19 was never going to become a global pandemic. Even I'm guilty for having such thoughts and opinions in the past.

In the interview, Angel comments how COVID-19 is an airborne virus, which is the reason why COVID-19 is a highly infectious disease. Because of this and the sudden increase of COVID-19 related patients, healthcare workers worldwide reported a shortage of medical supplies during the beginning of the pandemic.[19] Upon hearing the news, it felt as if the entire world stopped; everyone was petrified, alarmed, and confused. Unfortunately, Angel confirmed how his workplace suffered from a shortage of PPE, or Personal Protective Equipment, when the COVID-19 pandemic initial began. Since the disease quickly spread throughout the entire world and with little information known about the virus, he recalled, "we had to use [PPE] way more often than previously done before. We did end up having to try and make do with the supplies we had, until eventually we were able to catch up and we had an abundance of PPE in every unit."[20]

Lastly, I asked Angel what he thought about the political debate surrounding mask mandates. He stated, "See, this debate about being pro-masks and anti-masks is very trivial." He explained how those who believed their rights were being diminished because they're

[17] Angel D. Aldape Valladares, Oral History Interview by Cindy Juliete Us Tec, conducted in person at the University of Texas Rio Grande Valley, Edinburg, TX, October 21, 2020.
[18] *Ibid*.
[19] "Shortage of Personal Protective Equipment Endangering Health Workers Worldwide." World Health Organization, March 3, 2020, https://www.who.int/news/item/03-03-2020-shortage-of-personal-protective-equipment-endangering-health-workers-worldwide; Martha Mendoza and Juliet Linderman, "U.S. Medical Supply Chains Failed, and COVID Deaths Followed," PBS Frontline, WGBH Educational Foundation, October 6, 2020, https://www.pbs.org/wgbh/frontline/article/us-medical-supply-chains-failed-covid-deaths-followed.
[20] Aldape Valladares, October 21, 2020.

asked to wear a mask in public were hypocrites. To quote Angel, "[There have] been a lot of videos, where we see people causing a huge commotion because a store is refusing to let them in simply for the fact that they do not wanna wear a mask. When just as it is their right to refuse to wear a mask, it is the store's right to refuse service or entry for anyone not wearing a mask. They want to have their rights preserved on a one-sided basis. They only wanna bring up the topic of rights when it's very…convenient to them."[21] Additionally, there have been reports of anti-maskers refusing to wear a mask because they claim an underlying illness is preventing them from breathing correctly while wearing a mask. To that, Angel simply said, "I would really like to know what medical condition it is, and how's its affecting them because while I'm at work I wear a N95 mask, under a surgical mask, and while wearing a complete face covering. So I'm already wearing three layers of protection, while they're stating they can't wear one."[22]

Conclusion

When I conducted this interview with Angel almost a month ago, the cases of COVID-19 seemed to have decreased. Even Angel stated his work had slowed, as there were far fewer COVID-19 related patients in the last few weeks. However, healthcare workers and the media alike have reported an increase of COVID-19 related cases in the United States recently. Many believe the cases will continue rise, as the holidays get nearer and lockdowns continue to decrease. Unfortunately, the 1918 Influenza pandemic had a similar story. When cases started to decline in Philadelphia, Pennsylvania, the city decided to throw a parade on September 28, 1918 to celebrate the ongoing Great War.[23] It has been reported that those who attended the parade were not wearing masks. Because of this, Philadelphia experienced a huge outbreak of influenza, pushing the city further away from truly recovering.

However, many have stated how there is a difference between the 1918 Influenza pandemic and the current COVID-19 pandemic: the COVID-19 pandemic will be remembered for years to come. John M. Barry stated how the 1918 Influenza pandemic existed in the public's subconscious, as the pandemic was heavily overshadowed by the Great War.[24] However, the public cannot escape COVID-19, as it continues to influence our physical and mental being. Angel also believes the COVID-19 pandemic will have an astounding impact for years to come. "We were not ready for a disease outbreak of this level, as you've seen from the numbers," Angel says, "I'm hoping that in the future people use this data and see how the infection [COVID-19] spreads to make better preventative measures for future outbreaks, from new disease or resurgence of diseases. As of right now, I do believe that we're gonna be in a state of caution and awareness for a good time to come. The world will not go back to how it was. The RGV, stubborn as they are, will learn to take better precautionary measures against diseases."[25]

[21] *Ibid*.
[22] *Ibid*.
[23] "Philadelphia Parade Worsens Spanish Flu Outbreak," History.com, November 13, 2009. https://www.history.com/this-day-in-history/flu-epidemic-hits-philadelphia.
[24] Hayes and Barry, April 7, 2020.
[25] Aldape Valladares, October 21, 2020.

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Chapter 2: A Collision of Diseases

The Convergence of Diabetes, Obesity, and COVID-19

A. Colleen DeGuzman

A native of McAllen, Texas, Anne Colleen DeGuzman graduated from IDEA Quest College Preparatory and matriculated to the University of Texas Rio Grande Valley in 2017 where she is enrolled in the bachelor's program in Mass Communication with a concentration in Print Journalism. She is expected to graduate with the spring 2021 cohort. Her participation in this project is especially apropos as the coronavirus has infected five of her family members—a cousin who is a pediatric nurse in Weslaco, two cousins who are ICU nurses in Nevada, a cousin who is an accountant in Arizona, and an uncle who is a school custodian in New York. Her uncle spent several months in an ICU there, and though he was able to go home, he is suffering from long-term complications. She is also a part-time reporter for *The Monitor*, a local daily newspaper in the Rio Grande Valley.

Introduction

To understand the COVID-19 pandemic in the Rio Grande Valley, one has to understand the epidemics that have plagued the region for far longer: diabetes and obesity. It is the combination of these diseases that has made this four-county border area one of the most vulnerable in the nation when it comes to novel coronavirus-related deaths.

On November 11, 2020, Texas became the first state in the nation to surpass one million cases of COVID-19. Hidalgo County accounted for 37,013 of those cases, or 3.66% of total cases in the United States. To put this into perspective, a 2019 population estimate conducted by the US Census Bureau found that Hidalgo County had 868,707 residents, or about 3% of the state's total population. Accordingly, it would follow that the county should expect less than 5% of the state's total reported cases, since it accounts for less than 5% of Texas' population.[1] However, as this writing, Hidalgo County has accounted for 1,989 deaths out of the state total of 19,337, or a whopping 10.28% of Texas' total death toll. This reveals that the Valley's fight with COVID-19, compared to the rest of Texas, has been far deadlier.

Experts have begun to speculate why this is the case in the Rio Grande Valley. Why is it that the same virus that has wreaked havoc across the globe and nation has disproportiately affected South Texas by twice the expected rate of deaths? I contend that it is the Valley's history of pre-existing health conditions which affect a large percentage of the local population that has made it more vulnerable to COVID-19. A conversation with Hidalgo County Health Authority Dr. Ivan Melendez, at least 70% of the people who have died in the county were either diabetic or obese. He said the region holds the highest rate of incidence, the highest hospitalization rate, and the highest mortality rate due to diabetes.

Some of the symptoms of COVID-19 include shortness of breath, headache, and fever as the virus attacks a person's blood flow, restricting the circulation of oxygen in their body and ultimately triggering an overactive immune response. Symptoms of the virus include shortness of breath due to inflamed blood vessels; headaches because of a lack of oxygen; extreme fatigue and chest pain because of the extra work the person's heart has to

[1] Colleen A. DeGuzman, "RGV Officials Urge Diligence as Texas Surpasses 1M Virus Cases," *The Monitor*, November 12, 2020.

do. It is very likely that someone with a strong immune system will be able to fend off the virus. However, someone with an already-compromised immune system—someone whose body already works harder than usual to keep them alive—is more susceptible to succumbing to serious symptoms of the disease. COVID-19 is most pernicious when it is not the only disease taxing an already depleated immune system. Thus the reason the Rio Grande Valley became a hotspot for the virus during the summer of 2020—in which a peak of 1,808 people were hopsitalized in Hidalgo County on July, 20—can be traced to the region's long-time history with high diabetes and obesity rates.

Understanding Diabetes and Obesity

First, it is important to explore how these diseases affect a person's body, as well as their prevalence in the local population. Diabetes is often referred to as a silent killer. It's a disease that occurs when a person's blood glucose (blood sugar) is too high, and their pancreas fails to produce enough or any amount of insulin (a hormone responsible for regulating glucose in the bloodstream). Glucose is the body's main source of energy, so any issues regarding the body's process of absorbing it can lead to serious health problems. According to a 2020 report by the Centers for Disease Control and Prevention (CDC), 34.2 million people of all ages in the U.S. had diabetes, which accounts for 10.5% of the nation's population.[2]

Unhealthy habits also lead to obesity—an epidemic the Valley has also become renowned for and has become the second comorbidity of the novel coronavirus. In an article published on June 24, 2020, by *The Monitor*, McAllen Medical Center pulmonologist Dr. Juan Pablo Sarimento made the observation that on the day he was being interviewed, everyone being treated at the hospital's intensive care unit with ventilators were overweight.[3] In a later article published by *The Monitor* on October 7, 2020, Dr. Luis Reyes, a bariatric surgeon at South Texas Health System's Bariatric and Weight Loss Center in McAllen, explained that obesity is a state of chronic inflammation—people who are overweight are in a constant state of swelling.[4] It is for this reason that people who are obese have weaker immune systems, because any form of long-term inflammation puts someone at risk for blood clots. Being obese also means that a person's immune system has to work harder to keep them healthy. He added that the term "diabesity" was coined to describe how more often than not, a diagnosis of either disease is tied to the other. According to WalletHub, a personal finance company which compared 100 of the most populated metro areas in the nation, the McAllen-Edinburg-Mission area was ranked the "fattest" city in America.[5]

The nation's diabetes epidemic is much more visible in the Rio Grande Valley, a region where more than 90% of the population is Hispanic. According to Dr. Melendez, nearly one in every three residents here has diabetes—more than three times the national average. The Valley's diabetes epidemic is so severe that in 2011, filmmaker Michael Seringer produced a documentary called "Diabetesville, USA," to highlight the frightening

[2] "National Diabetes Statistics Report, 2020." Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2020.
[3] Colleen A. DeGuzman, "McAllen Medical Pulmonologist's Advice for Battling COVID-19," *The Monitor*, June 25, 2020.
[4] Colleen A. DeGuzman, "Weight-Loss Surgeon: Patients Cite COVID-19 as Push for Change," *The Monitor*, October 8, 2020.
[5] Adam McCann, "Most Overweight and Obese Cities in the U.S.," *WalletHub*, March 4, 2020.

prevalence of diabetes in Cameron County, neighbor of Hidalgo County.[6] The film examines the collaborating forces that make the Valley a hotspot for diabetes: poverty and poor habits.

A "food desert" describes a rural area where a person has to travel at least 10 miles to buy fresh fruit and vegetables. According to a 2018 report by Texas A&M Health, "more than half the Rio Grande Valley can be described as a food desert."[7] Poverty and food deserts go hand-in-hand, because a family of a low-income most likely lives in a *colonia*—a term that describes poor neighborhoods in rural areas beyond municipal boundaries, which are most likely also food deserts. According to the US Census Bureau, 33.5% of Hidalgo County's population lives in poverty, and 45.5% of children live in poverty.[8] Living in a food desert and being poor pushes people to "be more reliant on food retailers or fast food restaurants that only offer limited varieties of foods," according to a 2009 report by the United States Department of Agriculture.

The Valley's demographics also play into its high diabetes rates. Hidalgo County's population is composed of an overwhelming majority of Hispanics and Latinos; according to the US Census Bureau, 92.8% of the county reported to be of Hispanic of Latino descent.[9] Unfortunately, the CDC has found that Hispanic/Latino Americans are more than twice as likely to develop prediabetes and Type 2 diabetes—about 17% of Hispanic/Latino Americans are diabetic, while that figure is 8% for white people. Though some diabetics were born with the disease, those with Type 2 diabetes most likely contracted it because of a poor diet; a high consumption of sodium, sugar and fat causes a person's body cells to become resistant to insulin, leading to spikes of sugar trapped in their bloodstream.

Dr. Melendez explained that any form of a compromised immune system causes a person to be more susceptible to developing the more severe symptoms of COVID-19. Diabetes is a chronic illness that can lead to several long-term complications such as cardiovascular disease and kidney damage, making it one of the leading comorbidities of the virus.

Overlapping Diseases

What makes COVID-19 such a malicious disease is that it attacks a person's blood flow—it is a vascular disease more than anything else. However, all body systems depend on reliable and adequate blood flow, so any disturbance to the circulation of blood has detrimental and seriously harmful effects on all systems.

The reason COVID-19 was initially thought to be a respiratory disease, Dr. Sarimento of MMC explained, was because the first symptom of those with the virus was being short of breath. It was later discovered that this was because COVID-19 caused poor blood flow in the body, and an insufficient supply of oxygen going into the lungs was the first sign of the virus. "All these mechanical conditions would make it very difficult when you have a virus that is attacking your respiratory system," Dr. Reyes said in the article. Additionally, the CDC also reported that the percentage of adults with diabetes increased with age, reaching 26.8% among those 65 years or older. Old age is another leading

[6] Jessica Belasco, "'Diabetesville' a True-Life Horror Film." *MySanAntonio*, July 30, 2013.
[7] Dominic Hernandez, "Healthy South Texas Tackles Rio Grande Valley Food Deserts," *Vital Record*, Texas A&M Health, June 22, 2018.
[8] Gaby Galvin, "On the Border, Out of the Shadows." *U.S. News & World Report*, May 16, 2018.
[9] "U.S. Census Bureau QuickFacts: Hidalgo County, Texas." *Census Bureau QuickFacts*.

comorbidity of COVID-19, making the elderly population in the Valley much more susceptible to the ruthlessness of the disease. This means that the elderly are not only more vulnerable to contracting diabetes, they are also more endangered to the life-threatening effects of COVID-19.

The virus attacks a person's immune system, and it is for this reason that the combination of the Valley's high diabetes and obesity rates made it uniquely one of the most vulnerable areas for COVID-19's wrath. As much as the pandemic has pushed many leaders of all fields—policy, science, medical—to take more precautions regarding the spread of diseases, Dr. Melendez said another lesson the Valley should learn is that there needs to be more control over the rising rates of diabetes and obesity.

Though the roots of the diabetes epidemic in the Valley run deep, many efforts to mitigate and support those with the disease are available to people, including one Pharr resident. Linda Quinn runs a support group called 'In'sulin Survivors.[10] Quinn, a diabetic herself, founded the group in 2000 with the hope of connecting more people with diabetes in the Rio Grande Valley and educating them on how to best take care of themselves. The nonprofit met about once a week, rounding up between 15 to 30 diabetics from across the region of all ages, to listen to local physicians and their advice on how to move forward with their diseases. However, since the COVID-19 pandemic hit the area in March, the group has not physically met, and all Quinn could say about the situation is that it's "sad." In the two decades she has run the organization, her members have never gone so long without seeing each other. She still connects with them with frequent phone calls, and fortunately, none of the 'In'sulin Survivors members have contracted the disease. Quinn considers herself a very faithful person, and like every day before the pandemic, she prays for the health and safety of every one of her friends.

Quinn, who is also a board member of the South Texas Juvenile Diabetes Association, was diagnosed with diabetes when she was 13 years old. At this time, research about the disease and medicines to control glucose levels were nowhere near where it is today. "When I was diagnosed with diabetes, you were either diabetic or you weren't," she said, adding that there also was no such thing as Type 1, Type 2, Type 3 or pre-diabetic diagnosis. "There was none of that—all it was you were diabetic and you took one shot a day." For nearly 61 years, Quinn has been taking at least one shot every day. For the past 10 years, after development of medicine associated with diabetes developed, she has been taking six to nine shots daily.

Quinn was part of the PSJA school district through middle school and high school, and graduated from Pan American College, which is now the University of Texas Rio Grande Valley. She said much of her dedication to continuing 'In'sulin Survivors stems from her love for the people of the Valley. She was an elementary teacher for 14 years, until she had to quit her job because her health was deteriorating. This was before glucometers and various types of insulins existed; she was not able to monitor her sugar levels, nor was she getting the right medications she needed. Quinn launched her nonprofit after leaving her teaching position, and she says until now, it has helped her get mentally and physically back on the right track.

[10] Linda Quinn, Oral History Interview with Colleen DeGuzman, phone call, Pharr, TX, October 20, 2020.

Though Quinn is well aware that the pandemic that is raging around the world puts her and many of her close friends at a more vulnerable state, she refuses to say she is fearful—she remains faithful. “I do the best I can with what I have, I follow the rules,” she said. “Because if it’s my time to go, I figure there is nothing I can do about that. It’s not in my hands, it’s a higher power than myself and I am not afraid. Fear does not enter my mind.” She reiterated: “I am not afraid.”

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Chapter 3: Medical Migration in the Age of COVID-19

Mexicans, Americans, and Healthcare in the Rio Grande Valley

Chelsey Sandoval

A native of Elsa, Texas, Chelsey Sandoval graduated from Edcouch-Elsa Early College High School and matriculated at UTRGV in 2020 where she is enrolled as a Pre-Nursing major with a minor in Public Health and Migration. She has personal experience as a long-time medical migration participant that affords her a unique perspective on this topic.

Background

Each year, millions of Americans seek and receive healthcare in countries other than the United States for a multitude of reasons. This phenomenon is best known as medical tourism. On a global scale, it is typically associated with and practiced by the elite and privileged as a way to obtain services from around the world. However, the purpose of this paper is to highlight medical tourism that exists in the Rio Grande Valley, a phenomenon undertaken not by the wealthy and privileged, but out of necessity. More specifically, this paper analyzes how people in the RGV have utilized medical tourism during the COVID-19 pandemic. While both can be used interchangeably, for the purpose of this paper, the term "medical migration" will be used to describe the situation specifically for those travelling across the border in search of medical services, pharmaceuticals, or anything pertaining to healthcare.

The Rio Grande Valley is located on the southernmost edge of Texas along the Mexican border. The counties of Cameron, Hidalgo, Star, and Willacy all come together to form this region with an estimated population of about 1.3 million.[1] Although the RGV saw little action in the early months of the pandemic, several doctors "knew that this was a time bomb."[2] A 'bomb' that exploded in the month of May, around the time when Texas' mandatory stay-at-home order expired. At that time, the number of cases in the RGV skyrocketed. As of November 22, 2020, there were 3,054 COVID-related deaths in the four Valley counties.[3] The RGV alone represents approximately 14% of all COVID-related deaths in the entire state of Texas.

While these numbers seem shocking, they are not surprising in light of the large number of people here living with high risk factors. Nearly 90% of the RGV residents identifies as Hispanic/Latino, a minority group that has been disproportionately affected by COVID-19 across the nation.[4] Poverty and inadequate access to healthcare increase risk of contraction, not only for COVID-19, but for many other diseases and chronic illnesses as well. With approximately 50% of residents who are uninsured or underinsured and 30% of residents living below the federal poverty line, it is no surprise that the Valley's rate of diabetes (24.9%) and obesity (48.3%) are higher than the National average (13% and 42.4%

[1] "Unidos Contra La Diabetes," ucdrgv.org, accessed December 2, 2020.
[2] Caitlin Dickerson, "Vulnerable Border Community Battles Virus on 'A Straight Up Trajectory,'" The *New York Times*, July 19, 2020.
[3] "COVID-19 Cases and Fatalities by County Updated Daily," Texas Department of State Health Services, accessed November 22, 2020.
[4] Unidos Contra La Diabetes.

respectively).[5] Altogether, these factors have contributed to the RGV's high rates of susceptibility and mortality to COVID-19, resulting in a state of tragedy and mourning.

There are two forms of medical migration present here in the RGV. The first is the movement of individuals from the United States into Mexico, and the second is the movement of individuals from Mexico into the United States. In this section, I will define both forms of participation and compare the challenges faced by these individuals now and before the COVID-19 pandemic. Additionally, I will introduce the undocumented population of the Rio Grande Valley and describe the role they play regarding medical migration. I will then discuss the border restrictions brought on by the pandemic and the effects they had on every level of participation.

US Citizens & US Permanent Legal Residents

Evelia Sáenz, a Valley native, made the 25-mile trip across the Mexican border in hopes of obtaining life-saving medication for her husband, who has contracted COVID-19 and struggles to breathe. Weeks later, both she and her daughter contracted the virus as well, resulting in another trip across the border to visit a primary care physician for care.[6] Evelia and her family can best be described as participants in the most common form of medical migration in the RGV, which involves the movement of individuals from the US across the international border into Mexico. Certain US citizens, US permanent legal residents and any person with proper documentation embark on said journey "to obtain services and care because either they don't have health insurance in the United States or are simply priced out of medical services in Texas."[7] In comparison to Mexico, treatment in the US is twice as expensive and prices for medications are 10 times as high, so there is no question that the possibility of saving 40%-65% on health care services is a driving factor for these individuals.[8]

Prior to the pandemic, participants faced few challenges such as risking their physical safety with the presence of violence along the borderlands. The use of phones calls to relatives on the Mexican side of the border and social media platforms such as Facebook pages dedicated to serving participants of medical migration allowed for these individuals to get reliable and up to date information regarding the safety of crossing into Mexico.[9] Another challenge, specific to documented individuals, were the anxieties felt as a result of a tighter grip on border crossing regulations in recent years. As described in Dr. Rosalynn Vega's chapter, *Medical Migration as Access to Health Care in the Rio Grande Valley*, a young mother recalls her fear of not being allowed reentrance into the US after visiting her mother because she forgot her driver's license and proper identification. Later, I will explain current challenges faced by these individuals and how new border restrictions impede on their mobility to health care.

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[5] Dickerson, July 19, 2020; Unidos Contra La Diabetes; "National Diabetes Statistics Report 2020: Estimates of Diabetes and Its Burden in the United States," Centers for Disease Control and Prevention (CDC); "Adult Obesity Facts," Centers for Disease Control and Prevention (CDC).

[6] Marina E. Franco, Gadi Schwartz, and Julio Vaqueiro, "On the Texas border amid coronavirus, families are seeking medical care in Mexico," *NBC News,* September 10, 2020.

[7] Rosalynn Vega, Oral History Interview by Chelsey Sandoval, conducted via phone, October 16, 2020.

[8] Franco, September 10, 2020.

[9] Rosalynn Vega, "Medical Migration as Access to Health Care in the Rio Grande Valley," *Migration and Health: Current Challenges and Opportunities*, UC Berkeley School of Public Health and National Population Council (CONAPO) publication.

Mexican Nationals

The second form of migration is the exact opposite of the first in which Mexican nationals travel into the US to seek medical services and treatment. Similar to the US, Mexico has experienced an excessive amount of death and disease throughout this pandemic. In fact, during the month of September, Mexico's death toll was the 3rd highest across the globe.[10] A deeply rooted fear of Mexican hospitals and the scarcity of resources in Mexico are driving factors for these participants. Many argue that the fear of hospitalization is reasonable and valid because of the alarming statistics. In May 2020, half of all hospital COVID-19 deaths occurred within 12 hours of admittance, and it has been discovered that 40% of all hospitalized patients with a confirmed diagnosis succumb to the disease and die.[11] Health officials claim the high rates of mortality are a result of patients seeking medical treatment too late, far beyond the point of salvation, further fueling the fear.

Another factor motivating these medical tourists is the lack of resources in Mexico. Because of the law, no person can be legally denied medical treatment and must be attended to. As observed by the Medical Director of the McAllen Hospital Group at McAllen Medical Center, Dr. Ivonne Lopez, M.D., said:

> One of the factors is the border, we in McAllen Medical are receiving many patients from Mexico, they are coming in because their resources over there are also limited so they are coming in to our area seeking medical attention and by law we have to provide it. The patients that cross the border say "we don't have hospital space over there, the oxygen is gone."[12]

Regarding the scarcity of resources on the Mexican side of the border, Dr. Ivan Melendez, M.D., Health Authority of Hidalgo County said:

> Contacts I have from my friends that are in Matamoros and Reynosa paint quite a grim story- that story shows hospitals packaged to the gills, there aren't any beds, people can't come in, I had one day someone send me a list of 45 people in a particular hospital in Reynosa and 45 people out of 45 beds diagnosed with a typical pneumonia, and I called him and he said we don't have tests so we're assuming they're COVID.[13]

Understandably, these participants cross into the US to receive what is perceived as "first class" healthcare. And while the number of participants remain relatively stagnant compared to their numbers pre-COVID, these individuals do contribute to the drain of the already overcrowded and under resourced hospitals of the RGV.

Undocumented Immigrants

Located between the US-Mexico border and the "internal border" (i.e. US Customs & Border patrol checkpoint station) at Falfurrias, the RGV is home to at least 100,000 undocumented persons.[14] The undocumented population of the RGV consistently remains

[10] Natalie Kitroeff and Paulina Villegas, "'I'd Rather Stay Home and Die,'" The *New York Times,* updated September 23, 2020.
[11] *Ibid*.
[12] Sydney Hernandez, "Rio Grande Valley hospitals also treating Mexican nationals seeking COVID-19 treatment," *Valley Central,* updated July 17, 2020.
[13] *Ibid*.
[14] Dickerson, July 19, 2020.

one of the region's most vulnerable. Even prior to the age of COVID-19, these individuals faced many challenges including threats to the Deferred Action for Childhood Arrivals (DACA) Program, increased raids by Immigration and Customs Enforcement (ICE), asylum restrictions, and the separation of families at the border.[15] Despite their limited or lack of mobility, undocumented immigrants were capable of benefitting from medical migration because of their social networks and relied on clinics and emergency rooms for care in the US.

An individual's social network is arguably one of the most important aspects of human life. A good and supporting network can increase the likelihood of positive outcomes and this is especially true among undocumented persons and their access to healthcare. Most of these individuals live in poverty and work for low wages or in the informal economy, so it is no surprise that many are uninsured and lack the guidance of a primary care physician. The role of these individuals, regarding medical migration, is unique in that services and pharmaceuticals are traveling to them though licensed Mexican physicians and the documented individuals that surround them. They take advantage of "under the table" and cash-based services offered by Mexican physicians who travel into the US for check-ups and house calls.[16] In addition, they utilize documented individuals to retrieve pharmaceuticals and other necessities from Mexico and to their front doors.[17]

Figure 3.1: Dr. Rosalynn Vega. Courtesty of Dr. Rosalynn Vega.

[15] Chris Beyrer, Kathleen R. Page, Sarah Polk, and Maya Venkataramani, "Undocumented US Immigrants and COVID-19," *The New England Journal of Medicine 2020* 382: e62 (May 21, 2020).
[16] Vega, Rosalynn. "Medical Migration as Access to Health Care in the Rio Grande Valley."
[17] *Ibid*.

The undocumented persons of the RGV have previously relied on the services of emergency rooms and free clinics for care, but as stated by Dr. Vega during our interview on the subject:

> I did encounter those type of people using free clinics.… I heard that they were a saving grace in a sense because they provided some care to people, but at the same time I heard that these clinics are underfunded, understaffed, the patients often have long wait times, and, ultimately, those free clinics are not able to meet all of the patients' needs. They're a good place to turn if that's your only opportunity for healthcare, but, I think, often people cannot rely on those clinics for everything that they might need.[18]

The insufficiencies of these clinics place these individuals at a greater risk for contracting illness and disease, as well as making it harder to manage and treat these ailments. Current COVID-19 recommendations and mandatory stay-at-home orders that discourage the use of these facilities unless absolutely necessary leave these individuals in a state of limbo with a great fear of seeking treatment in the US.

Another source of fear among undocumented immigrants in seeking care during this pandemic is the recent implementation of the Final Public Charge Rule. This new rule states that "aliens are inadmissible to the United States if they are unable to care for themselves without becoming public charges."[19] Essentially, individuals applying for admission of any kind into the US must prove that they are self-sufficient and at no time will become "public charges" or rely on the assistance of financial based programs including but not limited to SNAP/food stamp benefits, public housing, and federally funded Medicaid (with certain exclusions).[20] Should an applicant receive any of the considered benefits, it may hinder their status and increase the likelihood of rejection for permissions into the US. On February 24, 2020, with approximately 14 confirmed COVID-19 cases in the United States, the new public charge rule was put into effect.[21] Since its approval in 2019, many immigrant families have disenrolled from SNAP programs in fear of jeopardizing their immigration status. Unfortunately, the children of these families are sure to face the problem of food insecurity, which is known to cause a multitude of problems on its own. On July 19, 2020, as a response to the drastic rise in COVID-19 cases across the nation, the Department of US Citizenship and Immigration Services issued an injunction that prevented the Department of Homeland Security from enforcing the Public Charge Rule.[22] This injunction encouraged all individuals, regardless of immigration status, to seek any and all help in the midst of the pandemic; however, the consequences of the Public Charge Rule had been so deeply engrained in the minds of these individuals that they continually refused to seek attention out of fear, leaving them to suffer often alone and in their homes without proper medical care.

Border Restrictions

On March 20, 2020, the United States and Mexico released a statement on a joint initiative to prevent the spread of COVID-19 by restricting all non-essential travel between

[18] Vega, Oral History Interview, October 16, 2020.
[19] *Ibid*.
[20] *Ibid*.
[21] *Ibid*.
[22] *Ibid*.

the two countries.[23] The lack of action in the Valley at that time led many to continue 'business as usual' despite the statement's release, resulting in long lines and longer wait times at the border. The disregard for these restrictions only increased the Valley's vulnerability and impeded on the mobility of medical migration participants. Individuals travelling into Mexico were discouraged by wait times and fears of contracting COVID-19 on the Mexican side of the border. Individuals travelling into the US, specifically the Mexican physicians who treated the undocumented population of the RGV, were no longer able to easily cross over and provide these services to their patients. And even though the lines and wait times helped decrease the volume of individuals crossing, additional screenings and inspections are being implemented as tactics of disruption by Customs & Border Patrol (CBP) officials to further discourage non-essential travel and contain the spread.[24]

Figure 3.2: US-Mexico Joint Initiative Statement. Courtesy of the Department of Homeland Security.

Border restrictions have also impacted businesses on the Mexican side of the border. Lucio Cano has sold low-cost medications to Americans for decades and has only seen such a dramatic decline in business during the gang-violence of 2010. He currently relies on loyal Mexican customers to stay afloat and prays he will not have to close his doors, just as many of his competitors have.[25] Economically, the migration of individuals seeking care in Mexico is a great source of income. In 2009-2010 the city of Juarez, Mexico, a border town that thrives on American participants, saw 1.2 billion dollars in revenue from medical migration.[26] As we examine these figures now in 2020, while COVID-19 continues its path of destruction across the globe, the number of daily patients decreased from 800 to a mere 200, and many businesses, once in abundance and flourishing, either permanently shut their doors or relentlessly hang on to hopes of a vaccine and slow recovery.[27]

[23] "Fact Sheet: DHS Measures on the Border to Limit the Further Spread of Coronavirus," Department of Homeland Security (DHS), updated October, 22, 2020.
[24] Sandra Sanchez, "Expect longer crossing times at new lines meant to deter unnecessary travel," *Valley Central,* updated August 21, 2020.
[25] Julian Resendiz, "Medical tourism taking a hit with the border restrictions in place," *Border Report,* updated March 27, 2020.
[26] Franco, September 10, 2020.
[27] Keith Pollard, "For How Long Can Medical Tourism Businesses Survive?" *International Medical Travel Journal* (blog). October 13, 2020.

RGV Culture

The Rio Grande Valley's proximity to the US-Mexico border has designated the region as a 'melting pot' for culture and tradition, influenced by both sides of the border. No stranger to adversity, the people of the RGV place cultural significance on family, unity, and social connections to persist and thrive in the presence of their harsh realities. A significance that reigns true, ever more so in the age of COVID-19.

Religion

Upon arriving at the altar of any particular saint, you will see countless petitions and prayers left by the people hoping for their intercession, a testament to how important religion in the RGV truly is. In the early months of the pandemic, as per COVID-19 guidelines, the Catholic Diocese of Brownsville closed parishes across the region. Like many other social and cultural events, Masses were restricted from the public and streamed virtually, but Fr. Roy Snipes, OMI, the pastor of Our Lady of Guadalupe Catholic Church in Mission, Texas, worried for his parishioners' spiritual well-being. It was no longer safe to physically engage with his parishioners in the confessional, so Snipes utilized a "walk-in Communion" approach to reach and calm the souls of his parishioners.[28] Having presided over 84 funerals thus far, Snipes relays potential plans for a "corona altar" to memorialize and honor the departed.[29]

In the empty parking in front of a local RGV hospital, Claudia Lozano prays loudly into a microphone, "We ask you for a miracle, O Lord!"[30] Because of hospital visitation restrictions, she and many others gather in this parking lot to pray for the ill and the health care employees. Across all four counties, similar events occur, believers of faith and relatives of the hospitalized gather to pray for miracles, healing, and to make it known that the suffering are not alone.

Curanderismo & Herbal Medicine

Curanderismo and herbal medicine have a great role in regional Tejano culture. As a consequence of being overlooked and underserved for decades, RGV residents utilize these alternative healthcare measures for both physical and spiritual healing. Despite a reluctance to admit to seeking these services because of social stigma, a great deal of individuals turn to these alternatives as a part of their wellness routine because they trust healers more than they do physicians.[31]

Curanderismo is a practice that combines elements of Indigenous, African, and European healing traditions to treat the physical, mental, emotional, and spiritual ailments of individuals.[32] Cindy Candia, whose brother succumbed to COVID-19 only hours after she found out he was ill, sought the care of Danielle López, a *curandera* with generations of knowledge imparted to her by family members, to help heal her grief stricken soul. As described by Candia, she and her brother got into an argument about the virus days before

[28] Arelis R. Hernandez, "Coronavirus has left the Rio Grande Valley riven by death and anxiety," *The Washington Post,* August 24, 2020.
[29] *Ibid*.
[30] *Ibid*.
[31] *Ibid*.
[32] *Ibid*.

his untimely death, leaving her with feelings of guilt and anxiety and in need of a '*limpiada*' or spiritual cleansing.[33]

The use of herbal medicine is another aspect of RGV culture that must be mentioned. As stated by Dr. Vega during our interview on the subject:

> I would say that the way that people turn to traditional medicine is two-fold. On the one hand, there are the people for whom those are their inherited traditions and so they're simply continuing to do the things that they grew up with. On the other hand, there are people who are engaging in a form of commodification of culture where they see "other" people's cultures and traditional medicine as alluring. And, so, they do it as a form of New Age holistic care.[34]

While I found little evidence to support the second realm of her statement, Dr. Vega, falls within the first realm of turning to holistic medicine. She shared with me the story of her grandmother, her "family's herbalist," and her reliance on self-treatment upon immigrating to the US from China with no health insurance and very little source of income.[35] Because of her grandmother's influence, she now holds a very strong belief in herbal medicine and has even developed, using emerging research and the knowledge passed down to her by her grandmother, a "COVID pharmacy" that she can turn to should anyone of her family members contract the virus.[36]

Conclusion

Ultimately, I look to the future of medical migration in the Rio Grande Valley. The reality is that there is currently no clear way to measure the impact COVID-19 will have on medical migration, but a central word of advice given to all involved was "adapt, adapt, adapt."[37] During our interview, I asked Dr. Vega to explain what consequences, if any, individuals are to encounter as a result of the global pandemic. She shared the pandemic will most certainly leave long-term sequelae on our psyches and is something that will definitely affect is for a long time.[38] Finally, there is hope in publications like Andrew Rudman's and Duncan Wood's collaboration *Pandemics and Beyond: The Potential for US-Mexico Cooperation in Public Health*, which analyzes the current relationship between the two countries and makes recommendations on greater cooperation and a stronger relationship between the nations to bolster our response to this pandemic and any future public health crisis.[39]

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[35] *Ibid*.
[36] *Ibid*.
[37] Pollard, October 13, 2020.
[38] Vega, Oral History Interview, October 16, 2020.
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Chapter 4: "Chisme"
Community and Culture in the Rio Grande Valley

Jose L. Garcia III

A native of Seminole, Texas, Jose graduated from Seminole High School and went on to the University of Hawaii West O'ahu where he earned a BS in Anthropology and Sociology. He matriculated at UTRGV in the MA in Interdisciplinary Studies in 2020 with a focus on Anthropology and minor fields of Sociology and Disaster Studies. As a graduate student, he joined the CHAPS Program in 2020 as a researcher, exploring the media's influence on the Rio Grande Valley's population. His research is especially apropos as many members of his family reside in the Rio Grande Valley and have suffered the first-hand social, economic, and mental effects of the COVID-19 pandemic.

Introduction

The RGV has recently become the epicenter for the COVID-19 virus; however, more of the RGVs vulnerability may be related to its large Mexican-American (Hispanic) population, which suffers from chronic conditions, than the virus alone.[1] In addition to the large population with pre-existing conditions, media coverage of the COVID-19 pandemic has also influenced the mentality of the local populace concerning the virus. News coverage can affect ones' daily life, especially during times of crisis; the local population often references local media outlets, maintaining situational awareness of current events.[2] Here I examine the effects of the information distribution regarding the COVID-19 pandemic and it's the social, mental, and economic impact on the Hispanic population of Rio Grande Valley. Much of this information is shared informally through the mechanism of "*chisme*" or gossip and can positively or negatively amplify the realities of COVID-19.

Painting the Picture

"Infodemiology" is defined as "the science of distribution and determinants of information in an electronic medium, specifically the Internet, or in a population, with the ultimate aim to inform public health and public policy".[3] The New York Times has reported on the COVID-19 pandemic, citing the Rio Grande Valley as a hotbed due to high rates of poverty and chronic illness, thus increasing the vulnerability of local inhabitants.[4] This comports with laboratory data across the United States, ICU admissions, and death rates that were linked with preexisting complications—specifically heart disease, diabetes, and respiratory illness.[5] Moreover, the Centers for Disease Control and Prevention (CDC), has begun reporting that Americans with underlying health issues are more likely to contract and possibly die from COVID complications.[6] Furthermore, according to one informant the

[1] Ann V. Millard, et al., "Diabetes Screening and Prevention in a High-Risk, Medically Isolated Border Community*," Frontiers in Public Health*: 5 (2017), 2.
[2] Yi Zheng, et al., "The Effects of Misleading Media Reports about COVID-19 on Chinese Tourists' Mental Health: A Perspective Article," *Anatolia*, vol. 31, no. 2, (2020), 338.
[3] Bernardo Sousa-Pinto, et al., "Assessment of the Impact of Media Coverage on COVID-19–Related Google Trends Data," *Infodemiology Study* (2020), 2.
[4] Caitlin Dickerson, "Vulnerable Border Community Battles Virus on 'A Straight Up Trajectory,'" *New York Times*, July 19, 2020.
[5] Niall McCarthy and Felix Richter, "Infographic: COVID-19 Patients with Existing Conditions Far More Likely to Die," *Statista Infographics*, 2020.
[6] *Ibid*.

medias reporting does not include the number of patients who have recovered, only focusing on the increased number of cases and not those who full recovered, thus adding to the confusion surrounding the current pandemic.

Mexican, African, and Native Americans have encountered unprecedented numbers of COVID-19 related cases and deaths. Moreover, much the vulnerability of this demographic may lie in non-medically related issues, but concentrated in areas such as COVID awareness, socio-economic status, and poor access to healthcare.[7] Hispanics make up the largest ethnic minority group in the United States at nearly 60 million people, making up 18% of the US population.[8] Due to its high Mexican American demographics, the Rio Grande Valley has been an epicenter for chronic illness, making its residents particularly vulnerable to COVID-19.[9] Additionally, inhabitants experience a higher risk of developing Type 2 diabetes, placing the Rio Grande Valley well above the national average.[10] Some medical professionals have concurred with these claims, stating that the diabetes epidemic in the Rio Grande Valley is associated with a lack of access to inexpensive nutritious, culturally relevant foods, along with poor patterns of intake from American style foodstuffs.[11]

The Bilingual Brain

Due to a dearth of medical information concerning vulnerabilities to the COVID-19 virus, many residents of the Rio Grande Valley remain uninformed about the causes of "blood diseases" such as diabetes, as well as preventative measures.[12] This is alarming for Mexican-Americans due to their increased vulnerability to diabetes and other blood diseases as compared to other non-Hispanic demographics. Additionally, the lack of trustworthy media coverage in Spanish-language news has hindered initiatives to flatten the curve in urban and rural communities alike, leaving residents unaware of sanitation and containment practices.[13]

Resulting from the high demand for COVID information, the media's coverage and dispersal of information are relatively ambushing, in that much of the current epidemiological information concerning symptoms is not up to date, causing additional confusion and possible misinterpretations regarding specific manifestations of the COVID-19 virus.[14] Language barriers have also facilitated the lack of information regarding COVID-19 preventative measures and education in prevention against diabetes and other blood diseases. The urban and rural population of the Rio Grande Valley has suffered from limited medical access and income sources, as most people only speak Spanish.[15] In their

[7] D.M. Gray, et al., "COVID-19 and the other pandemic: populations made vulnerable by systemic inequity," *Nat Rev Gastroenterol Hepatol*: 17 (2020): 520–522.
[8] Raul Macias Gil, et al., "COVID-19 Pandemic: Disparate Health Impact on the Hispanic/Latino Population in the
United States," *The Journal of Infectious Diseases,* no. 10 (2020): 1592.
[9] "Texas' Rio Grande Valley Region Has High Diabetes Rate; Large Hispanic Population Considered Contributing Factor." *Kaiser Health News,* 2008.
[10] Millard, 2.
[11] Kaiser Health News, 2008.
[12] Millard, 2.
[13] William A. Calo, et al., "Reaching the Hispanic Community About COVID-19 Through Existing Chronic Disease Prevention Programs," *Preventing Chronic Disease* (2020): 2.
[14] Sousa-Pinto, 2.
[15] Millard, 2.

article, Hussain, Bhowmik, and Moreira report on the underlining concerns surrounding COVID-19 and diabetes, indicating high mortality rates especially for those with pre-existing conditions.[16] Furthermore, older Rio Grande Valley residents (60+ years old), along those with underlying conditions like diabetes, hypertension, cardiovascular diseases (CVDs), have been identified as being more susceptible to serve cases of COVID and death. This is important as the Rio Grande Valley maintains a large population that already suffers from diabetes and other blood diseases.

Nature vs. Nurture

In addition to pre-existing conditions, many residences of the Rio Grande Valley share large portions of Indigenous bloodlines, also adding to their vulnerability. Individuals in this group are also 50 percent more likely to develop heart disease and diabetes than their non-Indigenous counterparts, thus increasing their vulnerability to the COVID-19 virus.[17] Indigenous peoples are among one of the most vulnerable demographics to the COVID-19 virus and have experienced higher rates of hospitalization. Additionally, the high rates of poverty and lack of insurance coverage place this group at a higher risk.[18]

With the increased use of modern media sources, information obtained about the current pandemic has altered public perception of COVID awareness, and its potential threats to individuals.[19] Modern media sources have also dramatically affected risk perceptions throughout the Rio Grande Valley, focusing on the Mexican-American population who are frequently associated as having close familial ties, leading to large family gatherings (*pachangas*), and other social gathering places such as the *Pulga* (flea market) thus increasing exposure to the COVID-19 virus.[20] As a vulnerable demographic, Mexican-Americans are diverse in composition (immigration, social, economic status), and the intersection of these labels within an individual or group setting can further expose health inequalities experienced by Rio Grande Valley residents.[21]

Risk perception towards the COVID-19 virus has also been fueled by the large amounts of psychological factors surrounding COVID-19's presence in the Rio Grande Valley. The Los Angeles Times reported on the large amounts of mothers who, as a result of testing positive for COVID-19, had to be separated from their newborns.[22] Additionally, many residents experienced downgraded funeral and burial rites, thus denying final goodbyes and viewing in some cases. In one interview, the informant spoke about the passing of her father during this pandemic, and how family members were given limited access to the viewing and burial. Additionally, within this same household, the informant's daughter, who is also an informant, had to postpone her wedding, as a result of the prescribed social distancing protocols. Lastly, many Mexican-American residents live in multigenerational homes, which has raised concerns as it does not follow the recommended

[16] Akhtar Hussain, Bishwajit Bhowmik, and Nayla Cristina Do Vale Moreira, "COVID-19 and Diabetes: Knowledge in Progress." *Diabetes Research and Clinical Practice*: 162 (2020): 4.
[17] McCarthy and Richter, 2020.
[18] Danielle Kaeding, "Health Disparities Leave Native Americans More Vulnerable To COVID-19," *Wisconsin Public Radio*, 2020.
[19] Zheng, 338.
[20] Molly Hennesy-Fiske, "Coronavirus has torn Texas' tightknit Rio Grande Valley Apart," *Los Angeles Times*, July 21, 2020.
[21] Gray, 520.
[22] Hennessy-Fiske, 2020.

social distancing guidelines issued by the CDC.[23] In other cases, reported by the New York Times, older individuals have found themselves abandoned, or segregated as they run a higher risk of infection thus prompting family interactions to be limited or nonexistent.[24]

Death and Taxes

The CDC has also published that COVID patients with pre-existing conditions are 6 times more likely to be hospitalized and 12 times more likely to die, compared to their healthy counterparts.[25] This can be especially subjective as the vulnerability of the Mexican-American communities to COVID-19 is also associated with disadvantaged social status, genetic susceptibility, and access to affordable health care and coverage.[26] As a result, many Mexican- Americans work in frontline service and contact related industry jobs, increasing their exposure to COVID-19 vectors.[27]

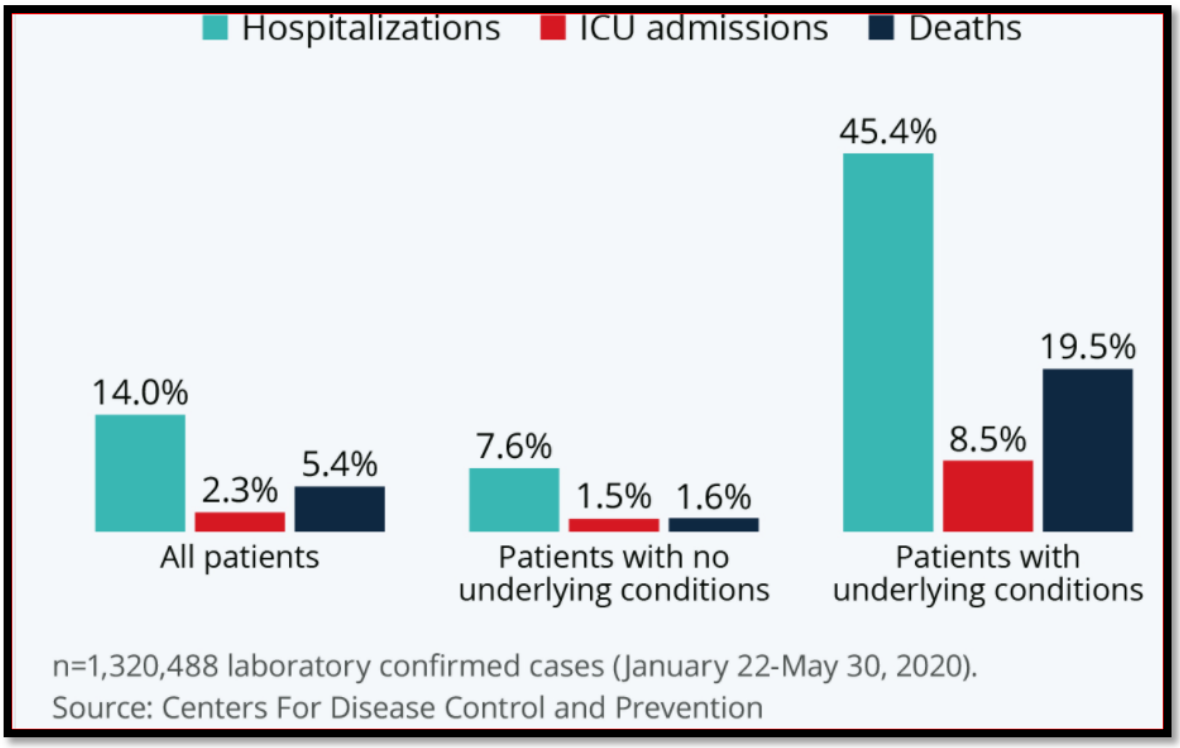

Figure 4.1: Chart showing patients with pre-existing conditions.

Mexican Americans represent the largest uninsured ethnic group in the United States resulting from immigration status, social, physical, and economic determinants. Immigration status can have many underlining implications that affect the quality of life for many Rio Grande Valley residences. Because of one's legal or illegal status, insurance coverage eligibility may impede access to medical care or screening services. Immigration status can also be key in denying government-sponsored programs, obstructing critical access to COVID-19 related services.[28] Immigration status can also affect job opportunities, thus

[23] Gil, 1594.
[24] Dickerson, 2020
[25] McCarthy and Richter, 2020.
[26] Dickerson, 2020
[27] Calo, 2.
[28] *Ibid*.

limiting personal financial readiness. This readiness can be crucial when accessing medical care, in this case, due to the COVID-19 virus.[29] This has led to many Rio Grande Valley residences to avoid healthcare, as they may acquire a medical bill they cannot afford, and because of their immigration status, may leave them vulnerable to other punitive actions.[30]

Mexican-American individuals in the United States are disproportionately affected by predisposed medical conditions, which are influenced heavily by inequalities and access to healthcare.[31] Mexican-Americans are also overrepresented in the case count, as many of them continue to provide essential services during this time of crisis. Despite the sanitation recommendations, working from home or followed scheduling are not options afforded to all Americans. Furthermore, Mexican Americans are highly represented among the essential workers, many of which are living in impoverished and overcrowded lodging situation, making social distancing and applying recommended CDC prevention guidelines burdensome.[32]

In the case of Rio Grande Valley, many Mexican-American families live in poverty; the loss of income only complicates an already dire situation faced by many residences.[33] In other parts of the United States as well as the Rio Grande Valley, Hispanic adults have reported a loss of income as a result of the COVID-19 pandemic. This has led to implications where residents are unable to pay for public services, access medical care, and support basic needs, as many businesses remain closed, leaving their employees unpaid.[34]

Conclusion

As the United States continues to battle the COVID-19 virus and balance its residual effects, responsible information dispersal could minimize consequences among the Rio Grande Valley's Mexican-American population.[35] Many Rio Grande Valley residences remain unsure of their financial and medical future even though efforts have been made in the past to increase preventive measures and access to healthcare. There should be more focus on proactive educational services about the chronic conditions that plague the Rio Grande Valley. Additionally, more local and state intervention should include restaurant zoning and increased access to clean, affordable, culturally relevant foodstuffs, especially in a time when staying home and eating out have become synonymous with each other.

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[29] Gil, 1593.
[30] Dickerson, 2020.
[31] Gray, 520.
[32] *Ibid*, 521.
[33] Gil, 1594.
[34] Calo, 2.
[35] Zheng, 338.

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Chapter 5: The Lives of Nurses
An Insight into the Challenges of Nursing during the COVID-19 Pandemic

Lizette Morales

A native of Edinburg, Texas, Lizette Morales graduated from Edinburg High School and matriculated at UTRGV in 2018 where she enrolled in the BA program with a focus in Anthropology and a minor in Gender and Women's Studies. Her participation in this project is especially apropos as the coronavirus has affected her and her loved ones. She and her family are still trying to adjust to this new life of wearing masks and practicing social distancing. She is graduating this December as a member of the class 2020.

Introduction

In these recent months, we have seen how COVID-19 became a turning point for the people of the Rio Grande Valley. As it reached Texas, we saw how COVID-19 highlighted health disparities among Hispanics, causing untold harm to people with pre-existing health conditions.[1] We also have seen how the pandemic has manifested a variety of reactions from members of the public: some responding by following heath and safety guidelines, and others responding with skepticism. As Texas began reopening in May of 2020, the virus infected "tens of thousands of people, killing more than 1,500 people."[2] As of Tuesday, November 17, the pandemic has claimed 2,000 lives in Hidalgo County alone, and nearly 20,000 across Texas.

With this information, it important to understand the contributions that frontline healthcare workers have provided during this crisis. As such, this report attempts to capture a glimpse into the lives of nurses, as they are the primary workers staffing the nation's hospital and working to save people's lives. The purpose of this research is to highlight the problems that have surfaced in the RGV and provide awareness to the people who live in the Valley and those who live outside our region. While it is true that the Valley has been hard-hit by the pandemic, the experiences of local nurses reflect those seen across the United States and the world.[3] I will attempt to give a voice to these healthcare workers. Their testimonials are crucial for understanding the total effects of the pandemic because nurses are the ones who work directly with patients and provide us insight into the problems seen in hospitals. After detailing and identifying the main concerns of nurses, we will move on to discuss the reasons why things have gotten worse and how it has affected people. The last item we will cover is the types of sources people reach out to for assistance.

Methods

Following the secondary sources, I decided to form my own questions highlighting the main concerns of nurses. I also wanted to focus on the changes that nurses have encountered since the pandemic began. What new changes were implemented to protect them from COVID-19? Why have cases of COVID-19 increased and what type of factors

[1] Caitlin Dickerson, "Vulnerable Border Community Battles Virus on 'A Straight up Trajectory,'" *New York Times*, July 19, 2020.
[2] Arelis R. Hernandez, "Coranvirus Has Left the Rio Grande Valley Riven by Death and Anxiety" *Washington Post*, August 24, 2020.
[3] Molly Hennessy-Fiske, "Coronavirus has Torn Texas' Tightknit Rio Grande Valley Apart: We're in hell right now,'" *Los Angeles Times*, July 21, 2020.

contributed to patients' health complications? Primarily, I wanted to hear their opinions and advice on how people should protect themselves during the pandemic. I wanted to interview someone who works closely with COVID-19 patients, so I decided to interview Jesus Allan Arriaga. Mr. Arriaga is 26 years old and has been working for over a year as a nurse at Edinburg Regional Medical Center.[4] He was kind enough to share his perspective on COVID-19 and how it has impacted his life. In particular, he speaks about the changes in how visitors used to be allowed in the hospitals and how now it has transitioned to no visitors allowed at all.[5] He also mentions how the increase in confirmed cases in the Valley has led to a personnel shortage of local nurses and the need for travel nurses coming in from across the country to help with the patient overload.[6]

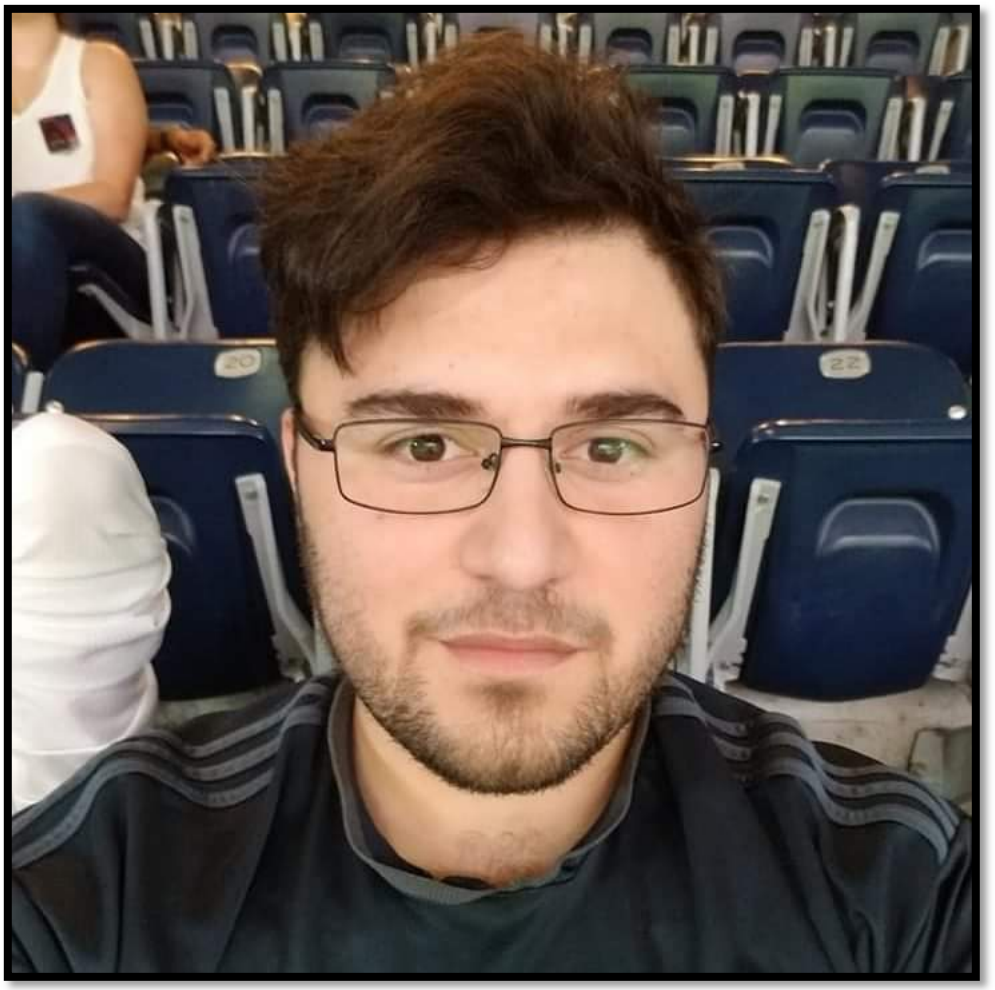

Figure 5.1: Photo of Jesus Allan Arriaga. Courtesty of Jesus Allan Arriaga.

[4] Jesus Arriaga, Oral History Interview by Lizette Morales, conducted in person, Edinburg, TX, October 23, 2020.
[5] *Ibid*.
[6] *Ibid*.

Findings

As the number COVID-related deaths has continued to increase in South Texas, nurses have shown concern with "hospitals in Harlingen and Brownsville [being] above 100 percent capacity… filled with patients suspected or confirmed to have COVID-19."[7] With hospitals being full, the possibility of supply shortages and space constraints are becoming a reality across the Valley, leading to the removal of patients from hospitals. There have also been concerns over the backlog of testing, with some test results taking ten days to return from the lab while people continue to die from COVID-19.[8] All of this has been compounded with nurses working "12-hour shifts," without 'time to process the amount of suffering and death [they have] seen.[9] This has raised serious concerns about the mental health of nurses and other hospital staff, as they are expected to deal with a "continuous surge" of patients who are "coming in with the same symptoms."[10] Nurses are seeing patients intubated because they are unable to breathe, often without knowing what ultimately becomes of them. Many assume that most of these patients will not leave the hospital alive.[11] Nurses are also the primary point-of-contact between the patients and their familes, so it falls on them to "break the news to family members."[12]

Relatedly, nurses have seen their own colleagues die from COVID-19. Seeing firsthand how COVID-19 has decimated the hospitals, nurses have taken extreme measures to protect themselves from it. Many are concerned that they might be carrying the virus with them when they leave work and fear spreading it to their family members; they have had to isolate themselves from society and their families. Mr. Arriaga mentions isolating himself from members of his own family, for their own safety.[13]Likewise, there are other nurses who have family members in higher-risk categories if they should contact the virus.[14] Some have family members suffering from diabetes and obesity, which put them a "greater risk of dying from the virus."[15] Another concern nurses have is directed towards those who are not taking COVID-19 seriously. As people ignore social distancing guidelines, COVID-19 continues to spread, worsening the overload of patients in hospitals making it harder to contain. This only adds more stress for nurses, as they fear the cycle will never end. Until a vaccine is developed, no one is immune from COVID-19; anyone can be infected, and because of the variety of symptoms, some people may have it and spread it without even knowing it. Arriaga explains, "some people may be asymptomatic, while others might get mild symptoms."[16] In addition, some nurses like Mr. Arriaga also worry about people turning to folk medicine as an alternative, a practice common along the border, but "not enough to treat COVID-19," especially in severe cases.[17] With people hesitant to see a doctor, they are risking their health and lowering their chance of survival.

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[7] Sarah R. Champagne, "Ten out of the 12 Hospitals in Texas' Rio Grande Valley Are Now Full," *Texas Tribune*, July 4, 2020.
[8] James Dobbins, "Doctors Fight an Uphill Battle as COVID-19 Cases Overwhelm the Rio Grande Valley," *San Antonio Current*, August 27, 2020.
[9] *Ibid*.
[10] Gutierrez, July 2, 2020.
[11] *Ibid*.
[12] *Ibid*.
[13] Arriaga, October 23, 2020.
[14] *Ibid*.
[15] Hennessy-Fiske, July 21, 2020.
[16] Arriaga, October 23, 2020.
[17] *Ibid*.

Prolonging efforts to seek early treatment is one of the many reasons why COVID-19 has caused so many deaths in the Rio Grande Valley. So why are people not going see a doctor immediately once they experience symptoms of COVID-19? The answer lies partly in the dissemination of disinformation and conspiracy theories surrounding COVID-19.[18] Some believe that COVID-19 is a made up concept and that medical professionals have exaggerated its severity in order to get money out of people.[19] Others believed that if they go to the hospital "they will be forgotten" and left to die alone.[20] As these conspiracies continued to spread, people became more ignorant and did not self-isolate. Instead, people downplayed the danger and began resuming their normal routines, going out to parties as if nothing was happening. This has lead to more people exposed to COVID-19 and then spreading it to others. Other factors that contribute to the increase of cases of COVID-19 has do with residents not having health insurance and being undocumented.[21] With being afraid of deportation and receiving "a bill they cannot afford" some hesitate to go to the hospital, which can make it harder to fight the virus later when it gets worse.[22] Another factor that facilitates the spread of COVID-19 is the "closeness of family, community, and social connectedness."[23] As people remain in contact with their family, it is harder for them "self-isolate and keep six feet apart."[24]

As we see the progression of COVID-19, we also observe how our lives have changed. Since quarantine, lockdowns, and shelter-in-place orders were initiated, we were required to adjust to a new life where we were obligated to self-isolate and take precautions like wearing masks. This has not been easy, especially for those who are used to partying and hanging out with family. It has also been difficult for students who are still adapting from in-person courses to online school. As a student, I've also struggled to adjust to this new life, one where I cannot see my friends as regularly as I used to. But it is worse to see our loved ones and friends die as a result of being infected with COVID-19. Just recently, I found out that my brother tested positive for COVID-19. It is difficult to isolate from family, but the alternative may be far worse.

COVID-19 has also affected people's daily routines. Before entering their homes, people spray themselves with Lysol, quickly change clothes, and take a shower. I also adapted to this routine, and it is still taking me a while to get used to it. This new routine shows us that it requires all our efforts if we want to stop the spread of COVID-19. Nurses are already doing their job by adding more work hours to their schedule to attend to patients and placing themselves in isolation. Now is up to us to make sure we protect ourselves from the virus and make the work of nurses easier by practicing social distancing.

Social distancing during a pandemic is not as it easy as it looks. It can be hard at times when you do not have any support. In times of crisis like this one, people are in need of support. Many people are terrified of catching the coronavirus upon entering a hospital.[25] As a result, some people are seeking other sources for help. Some may turn to folk medicine to avoid hospitals bills or being deported. Turning to folk medicine may be an opportunity to

[18] Gutierrez, July 2, 2020.
[19] *Ibid*.
[20] Dobbins, August 27, 2020.
[21] Dickerson, July 19, 2020.
[22] *Ibid*.
[23] Hernandez, August 24, 2020.
[24] Arriaga, October 23, 2020.
[25] Hernandez, August 24, 2020.

bring back old traditions at a lower cost, but is not recommended by nurses when dealing with COVID-19. According to Mr. Arriaga, folk medicine does not have necessary prerequisites to fight COVID-19.[26] Family is another source for people to reach out and seek the support they need. However, because of new regulations in hospitals, people are not allowed to visit their loved ones to show support to their family members. Following this, people then turn to religion to request prayers for the healing of their family and friends. Religion under this crisis serves as a reassurance for people with COVID-19 to know that they are not alone. As COVID-19 continues to progress, others have creatively found techniques to cope with COVID-19 such as baile folklorico.[27] According to some dancers, performing the Mexican folkloric dance has brought them closer to their heritage and has provided them some sort of stability and relief to their lives, making them for a moment forget about COVID-19.[28]

Conclusion

Since nurses who are taking care of coronavirus patients on a daily basis have firsthand knowledge of this disease and its devasting effects, it is imperative that the general public listens to their pleas for everyone to wear masks and stay away from large gatherings. We must be well informed of COVID-19 and not presume anything based on our own or other peoples' beliefs.[29] Like Mr. Arriaga said, "We cannot let our fears and emotions lead our take on how we handle COVID."[30] If we ignore the warning signs, then our health will be in jeopardy. COVID-19 will continue to spread and affect more people, if we do not take any full measures to prevent it. So far "the number of people infected in regions like Cameron, Hidalgo, Starr and Willacy has climbed up since June."[31] How many more must die until we realize the seriousness of COVID-19? This illness is real, it is not based on rumors, COVID-19 is capable of exacerbating preexisting conditions and spreading once exposed. Thus, in order to reduce the spread of COVID-19, we must follow health officials and scientists' advice on how to protect ourselves and try to implement it into our lives like Mr. Arriaga insisted.[32] It is necessary that we take extreme measures like not going to restaurants. Even with wearing a mask, you are still at risk of contracting COVID when taking your mask off to eat. It is also strongly suggested that we wash our hands, wear masks in public and do social distancing.[33] By taking these precautions we can slow down the spread of COVID-19, reduce tension of nurses, and even encourage others to also take precautions.

[26] Arriaga, October 23, 2020.
[27] Matt Wilson, "To highlight heritage, folklorico group still taking the stage for virtual shows," *The Monitor*, September 28, 2020.
[28] *Ibid*.
[29] Arriaga, October 23, 2020.
[30] *Ibid*.
[31] Gutierrez, July 2, 2020.
[32] Arriaga, October 23, 2020.
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Chapter 6: Now and at the Hour of Our Death

The Catholic Church in the Rio Grande Valley during the Pandemic

E. Gabriel Ozuna

Gabriel Ozuna, a native from Donna, Texas, graduated from Yale University in 2016 with a BA in History. After several years exploring the fields of education, public policy, and non-profit organizations, he matriculated at UTRGV in the fall of 2020. He expects to earn his MA degree in History with a focus on the Texas-Mexico borderlands in the spring of 2022 and plans to pursue a career in public history in the Rio Grande Valley. His participation brings a historical and religious perspective to the project as it explores the impact of COVID-19 on the social and cultural landscape of the RGV.

Introduction

The Catholic Church has been a permanent staple of life in the Lower Rio Grande Valley (RGV or Valley) since the mid-19th century, when the Oblates of Mary Immaculate (OMI) arrived to preach and administer the sacraments to the growing Mexican Catholic population who lived on the ranchos and small communities along the Río Grande.[1] Today, the Catholic Diocese of Brownsville, under the leadership of Bishop Daniel E. Flores, oversees the spiritual well-being for an estimated 1.1 million Catholics, or 85% of the Valley's total population.[2] More than just a religious institution, a significant aspect of Hispanic Valley culture revolves around the Catholic faith. Baptisms, weddings, quinceañeras—to name a few—are cultural rites of passage that tie directly to the public practice of Catholicism. For the Catholic faithful, however, the most common interaction with the Church occurs in the daily and weekly celebration of the sacraments in the form of Masses, confessions, and the Anointing of the Sick.

When the first few cases of COVID-19 were detected in the United States in late February 2020, few if any could have imagined the devastation that the coronavirus pandemic would inflict on countless Americans, not only in matters of public health, but on the delicate social fabric as well. This study examines the social impact of the COVID-19 pandemic on the Rio Grande Valley by looking at the Catholic Church and documenting its ministerial efforts to serve the faithful amid the challenges of a modern-day plague. Key to this report are oral histories conducted by the author with two members of the clergy: Rev. Gregory T. Labus, the pastor of St. Joseph Catholic Church in Edinburg, Texas, and Rev. Mishael J. Koday, a chaplain for the Diocese of Brownsville's Health Ministry.

The Lenten Quarantine

The liturgical season of Lent is usually associated with penance, mortification of the flesh, and a general renunciation of worldly goods. In fact, Ash Wednesday—the official start of Lent—is predicated on the *memento mori*, a call to remember one's inevitable death, whereby the faithful are told, "Thou art dust, and unto dust thou shalt return." It is somewhat fitting, then, that Ash Wednesday 2020 fell on February 26, the Feast of St. Isabel of France, a princess whose charity toward the sick and poor earned her a place in the General Roman

[1] Jana E. Pellusch, "Brownsville, Catholic Diocese of," *Handbook of Texas Online*, Texas State Historical Association, https://www.tshaonline.org/handbook/entries/brownsville-catholic-diocese-of.
[2] David M. Cheney, "Diocese of Brownsville," *Catholic-Hierarchy*, http://www.catholic-hierarchy.org/diocese/dbrow.html.

Calendar as Patroness of the Sick.[3] It should also be noted that the Latin word for Lent (quadragesima) shares an etymological root with the word "quarantine," for both derive from a trying period of forty days: in preparation for Easter, or to wait for symptoms after exposure to a deadly disease. Thus, the first section of this study examines the peculiar dual-nature of the Lenten Quarantine, the period of contemplation and disconcertion that permeated Valley during the early spring months, as COVID-19 made its way into the RGV.

When it became clear that the coronavirus was spreading within the United States and was unlikely to be contained as many had initially hoped, public health officials recommended a series of measures to slow the spread of COVID-19. On March 3, Bishop Flores sent out a notice on virus and flu precautions "to protect public health" within the diocese.[4] These included the removal of holy water repositories from church entrances, forgoing shaking hands during the Sign of Peace, and discontinuing the distribution of the Precious Blood (communion in the form of wine) during Mass. Rev. Labus went as far as to suspend the Sign of Peace altogether, as to avoid confusion.[5] The most exceptional measure, however, was dispensation of the Sunday Mass obligation for those who felt "that out of charity they should not attend."[6] On March 13, Bishop Flores issued a pastoral letter, reiterating and emphasizing the new protocols, and stating, "I think we have to assume that the coronavirus is in the Rio Grande Valley, or soon will be. The faithful should take steps to protect the vulnerable in our community."[7]

By the following week, the White House announced its "15 Days to Slow the Spread" campaign, which effectively began the process of shutting down travel within the United States and encouraging state and local officials to implement new quarantine protocols.[8] On March 18, Bishop Flores issued a new pastoral letter, and "after imploring the aid of Almighty God and the Most Holy Virgin Mary, Mother of God," instructing the Diocese of Brownsville to suspend public Masses, events, and religious programming effective March 19.[9] For Rev. Labus, this was absolutely unprecedented. He remarked, "I had never experienced such thing, that the churches are going to be closed. Nobody can come to Mass. I thought, I've never heard of such a thing… What is the meaning of this?"[10] Bishops across the nation, and much of the world, shut down their churches in the interests of public health for perhaps the first time in two millennia of history. However, that did not mean that the Catholic Church stopped its ministry or suspended its clerical duties. It merely had to learn to adapt.

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[3] "St. Isabel of France," *Faith ND*, University of Notre Dame Alumni Association, http://faith.nd.edu/s/1210/faith/interior.aspx?sid=1210&gid=609&sitebuilder=1&pgid=18256&cid=35927&ecid=35927&ciid=118999&crid=0.

[4] "Notice on Virus and Flu Precautions," Catholic Pastoral Center, Catholic Diocese of Brownsville, March 3, 2020.

[5] Rev. Gregory Labus, Oral History Interview by E. Gabriel Ozuna, conducted in person at St. Joseph Catholic Church, Edinburg, TX, October 12, 2020.

[6] "Notice on Virus and Flu Precautions," March 3, 2020.

[7] Bp. Daniel E. Flores, "To the Faithful of the Diocese of Brownsville," Pastoral Letter, Catholic Diocese of Brownsville, March 13, 2020.

[8] "15 Days to Slow the Spread," The White House, March 16, 2020, https://www.whitehouse.gov/articles/15-days-slow-spread.

[9] Bp. Daniel E. Flores, "To the Faithful of the Diocese of Brownsville," Pastoral Letter, Catholic Diocese of Brownsville, March 18, 2020.

[10] Labus, October 12, 2020.

Using Rev. Labus' experience as a parish priest, this study was able to gain insight into how a typical parish in the Diocese of Brownsville adapted to the challenges of a pandemic. The role of a pastor in ordinary times is first and foremost to "oversee the sacramental life of the parish," but it also includes administrative work like making sure bills are paid.[11] With churches closed to the public, both proved to be extraordinary challenges to overcome. Rev. Labus had to "find new ways to keep everybody connected to the Faith," including figuring out how to live-stream Masses, encouraging his parishioners to donate financially even when they weren't coming to church, and finding creative ways to keep the people engaged, sacramentally.[12] One of these creative solutions involved getting approval from Bishop Flores to hold socially distanced confessions outside, under the tree in front of the church. Despite the shutdown and stay-at-home orders, Rev. Labus and other priests found ways to remind the faithful that the sacramental life of the Church goes on.

Figure 6.1: Fr. Greg Labus in his office, temporarily lowering his mask to pose for a photo.

This quarantine was a season of uncertainty and fear, when access to the most basic physical and spiritual needs was limited, and there was no clear end in sight. Lent, however, did come to an end on the evening of April 11, 2020. Celebrating a barebones Easter Vigil Mass live-streamed from Immaculate Conception Cathedral in Brownsville, Bishop Flores gave a poignant homily that contrasted the hope of the Easter message with the somber reality of the ongoing pandemic. He repeated questions that he had received from a number of the faithful, asking, "Bishop, can't the Pope postpone Easter? Why couldn't we wait to have Easter when the churches are open and when people can come? It just doesn't seem

[11] *Ibid*.
[12] *Ibid*.

right."[13] Bishop Flores' response was simple: "Oh, I suppose the Church could move [Easter], but she won't. Because the Risen One appears when he chooses. And as he chooses… And this is the night of the rising of the Christ."[14] In other words, he urged the faithful to remember that their faith cannot depend on worldly events, but rather on the one whom Christians believe orders the world. It was a rousing message of hope, but one that also acknowledged that, for the Christian, hope is meaningless without the suffering of the cross. Easter had arrived, but the suffering was far from over.

Figure 6.2: Bishop Daniel Flores delivers his Easter Vigil homily, live-streamed via Facebook Live.

The Easter Drawback

Pandemics are a form of natural disaster, often rhetorically compared to tsunamis. Epidemics come in "waves" that overwhelm the population and "inundate" hospitals. To extend the metaphor, this section examines the "drawback," or phenomenon where the tide recedes from the shore before the tsunami hits. For the Valley, this drawback occurred in the weeks after Easter as state officials eased restrictions in late April and early May.[15] After two months of strict quarantine, Texas began to reopen, and people began to resume some degree of normalcy in their public interactions. Whatever the prudence of this decision or subsequent correlations, the situation in the Valley heading into the summer was one of false security.

[13] Bp. Daniel E. Flores, "Easter Vigil Mass with Bishop Daniel E. Flores" Catholic Diocese of Brownsville, Facebook Video, 1:52:00, (Immaculate Conception Cathedral, Brownsville, TX), April 11, 2020, https://www.facebook.com/CatholicRGV/videos/easter-vigil-mass-with-bishop-daniel-e-flores-at-the-immaculate-conception-cathe/224104605603387/. Transcribed by author.
[14] *Ibid*.
[15] Gov. Greg Abbott, "Governor Abbott Issues Executive Order To Expand Openings Of Certain Businesses and Activities," Proclamation, Office of the Governor of Texas, May 5, 2020, https://gov.texas.gov/news/post/governor-abbott-issues-executive-order-to-expand-openings-of-certain-businesses-and-activities.

The month of May includes Mother's Day and Memorial Day, both on weekends that traditionally encourage family gatherings and public celebration. The extent to which Valley families broke social distancing protocols during these holiday weekends is hard to know. What is clear is that by late May, public sentiment on the relative danger of the coronavirus had softened and the state of Texas began to reopen. For the scope of this study, it is important to note that Bishop Flores, following the example of several other dioceses in Texas, reopened churches in the Diocese of Brownsville to public Masses, effective on May 25.[16] He stipulated that the diocese, in consultation with civil and public health officials, had created a plan to safely reopen parishes within existing social distancing and sanitation guidelines.

Rev. Labus described the adjustments he had to make at St. Joseph to comply with this plan. It included reducing the number of Masses offered, as well as capping the number of attendees allowed in the church to 75 persons, or 25% capacity.[17] He trained his parochial staff to sanitize and disinfect all surfaces after every Mass, and even made small adaptations to the liturgy to facilitate social distancing. One example of this can be seen in Figure 2. Rev. Labus incorporated these Plexiglas dividers to distribute communion with minimal contact between Eucharistic ministers and communicants. And yet, the main challenge for him and other priests was getting parishioners to come back to church at all. Rev. Labus, ever the pragmatist, expressed his thoughts on what the pandemic might mean for the future of Mass attendance: "I think we're going to be a smaller Church… which is a good thing."[18] His view is that those who have a real desire to return to Mass will, and those who don't, are likely to fall away from the Faith. For Rev. Labus, it's a proving ground to see which of his parishioners are serious about their Catholic faith, and which are only in it for the cultural status.

That does not mean, however, that parishes are giving up on Catholics who "fall away" from the Church. Rev. Labus understands that evangelism in the age of live-streamed Masses is going to be a new challenge, but such is the reality of an ancient Church operating in the modern world. In recent months, St. Joseph and other parishes have made strides in reaching out to their parishioners who haven't returned to Mass. In a letter from Rev. José E. Losoya, CO, the pastor of St. Jude Thaddeus Church in Pharr, Texas, to his parishioners, he emphasized that the parish has resumed celebrating the sacraments regularly, in person, according to Bishop Flores' safety guidelines, and urged the faithful to stay involved as much as they were able.[19] Beyond Masses and confessions, both Revs. Labus and Losoya made a point to make themselves available to sick and homebound Catholics (not infected with COVID-19) for Anointing of the Sick (Extreme Unction) and Viaticum (administering the Eucharist to the dying). For those who were hospitalized, however, there was little they could do, especially as the Easter Drawback turned into the Summer Surge.

[16] Bp. Daniel E. Flores, "To the Catholic Faithful of the Diocese of Brownsville," Pastoral Letter, Catholic Diocese of Brownsville, May 22, 2020.
[17] Labus, October 12, 2020.
[18] *Ibid*.
[19] Rev. José E. Losoya, "Dear Parishioners," Pastoral Letter, St. Jude Thaddeus Church, August 22, 2020.

Figure 6.3: Fr. Greg Labus demonstrating how a communicant would receive Holy Communion through a socially distanced Plexiglas divider at St. Joseph Catholic Church.

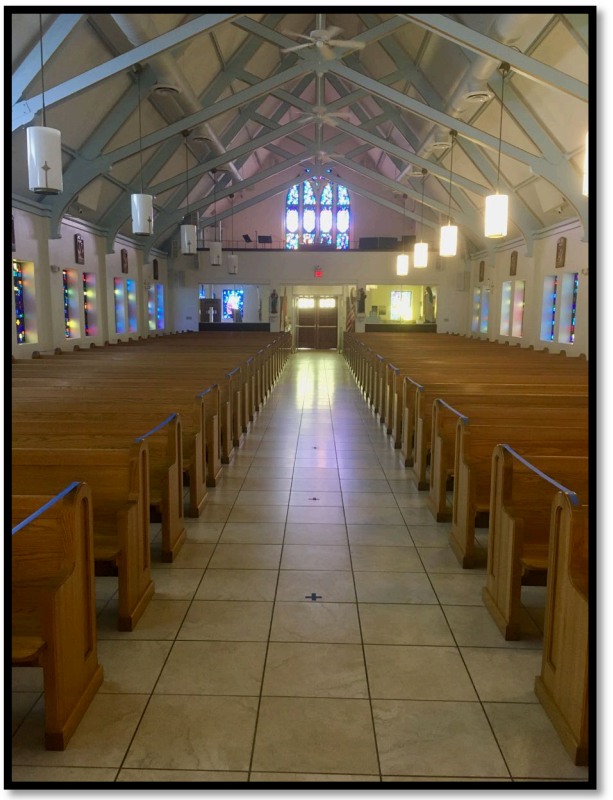

Figure 6.4: The interior of St. Joseph Catholic Church, facing the nave.
Pews are taped off to comply with social distancing protocols.

The Summer Surge

As a Catholic chaplain at one of Edinburg's busiest hospitals, Rev. Mishael Koday's experience of the COVID-19 pandemic is an invaluable addition to this study. During the Lenten Quarantine and Easter Drawback, Rev. Koday remembered feeling a growing sense of uneasiness. As early as March, he recalled "a lot of fear, a lot of worry, some sleepless nights" as he wondered what the pandemic would mean for him and his patients.[20] In his interview, he described his workplace during the buildup to the Summer Surge as "strangely quiet," given that most people were still sheltering-in-place and visitors were not allowed at the hospital. Yet even as confirmed cases of COVID-19 began to trickle into the RGV, Rev. Koday sensed it was only the beginning: "Okay, it's coming."

Figure 6.5: Fr. Mishael Koday poses for a photo in the Newman Chapel, wearing a mask.

The Summer Surge hit in early June 2020. Within days, hospitals across the Valley were inundated with COVID-19 patients, overwhelming hospital staff and leaving many critical patients waiting for beds.[21] Rev. Koday's storm had arrived and would rage through the summer months and into the fall. During that time, Rev. Koday described his interactions with COVID-19 patients as virtually nonexistent. He was not allowed to visit the sick or dying if they were infected with coronavirus, and not allowed to administer the sacraments to them. However, he was able to pray with their families, and on occasion, pray outside of their hospital rooms.[22]

[20] Rev. Mishael Koday, Oral History Interview by E. Gabriel Ozuna, conducted in person at the Newman Catholic Student Center, Edinburg, TX, October 14, 2020.
[21] Caitlin Dickerson, "Vulnerable Border Community Battles Virus on 'A Straight Up Trajectory,'" *New York Times,* July 19, 2020, https://www.nytimes.com/2020/07/19/us/coronavirus-texas-rio-grande-valley.html.
[22] Koday,October 14, 2020.

In Catholic theology, the sacraments are vehicles of grace that must be administered physically. There is no way to perform them via telephone or Zoom. To be apart from the sacraments, especially for the dying, is tortuous reality for chaplain, patient, and family alike. However, Rev. Koday emphasized that in the absence of the sacraments, the faithful can be sustained by acts of "spiritual communion" and prayer that can be done from anywhere.[23] It is far from ideal, but it is what's possible under such circumstances. Similar to Rev. Labus' view of a smaller, more fervent Church, Rev. Koday sees the pandemic as an opportunity for the faithful to strengthen their faith. To be without Christ in the physical sacraments is a cross to bear, but one he hopes will make them more meaningful in the lives of the faithful once the pandemic finally ends.

Lessons from the Past

Although the COVID-19 pandemic continues to impact the Valley and the world, at the present moment, it appears that the wave is receding from the RGV. If indeed the worst is over, then the question remains: what comes next? There has been much speculation about a "new normal" from public health officials. But what does "normal" look like for the Valley's Catholic community? If current trends are any indication, Mass attendance will be down, parishes will struggle to stay afloat financially, and fewer baptized Catholics will have access or take advantage of the sacraments in a post-COVID world. However, there is also reason to hope. The Catholic Church as an institution has experienced pandemics before, most vividly, the Black Death in the Middle Ages that wiped out a third of Europe's population.

The title of this report comes from the ending to the Ave Maria, or Hail Mary, a core prayer in Catholicism. What many may not realize is that its second half, "Holy Mary, Mother of God, pray for us now and at the hour of our death," was incorporated into the prayer in the 14th century during a particularly deadly Plague epidemic.[24] During a time of unparalleled death and devastation, Catholics appealed to the Virgin Mary for help, not merely to avoid death, but to persevere in their faith in the face of death. The hard truth is that the modern Church has brushed over the *memento mori*. The faithful are quick to forget that the words spoken on Ash Wednesday cannot so easily be washed off one's forehead. Death is a constant reality for all human beings, and that is nothing new. But for Catholics in the Valley and around the world, the COVID-19 pandemic ought to remind the faithful that hope does not come from those in this world who falsely promise an escape from death, but rather from the one Christians believe conquered death.

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[23] *Ibid*.
[24] Philip Kosloski, "How the Black Plague Changed the 'Hail Mary' Prayer," *Aleteia,* March 17, 2020, https://aleteia.org/2020/03/17/how-the-black-plague-changed-the-hail-mary-prayer.

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Chapter 7: You Can't Fight Crime from Your Couch
Valley Law Enforcement and the COVID-19 Pandemic

Melinda Ann Cantu

A native of San Juan, Texas, Melinda Ann "Mindy" Cantu graduated from PSJA Early College High School and went on to Texas State University where she earned a BA in Anthropology. She matriculated at UTRGV in the MA in Interdisciplinary Studies in 2019 with a focus on Anthropology and minor fields of Political Science and Sociology, graduating in December of 2020 during the COVID-19 pandemic. Prior to her admission into the MAIS program at the university, she joined the CHAPS Program in 2018 as a member of a team studying the Luna family of Edinburg and co-authored Volume 8 of the Farming Family Studies titled, ***Luna Farming Legacy, A Porción of Edinburg***. Later, she became a graduate assistant for the program. Her participation in this project is especially apropos as the coronavirus claimed the life of her grandfather, Jose Javier "Joe" Cantu of Pharr, TX, who died on July 25, 2020.

Introduction

The Rio Grande Valley is home to a rich blend of cultures, large extended families, delicious foods and a long-standing history unlike any other. Its citizens take pride in their community and it doesn't take much to give them an excuse to gather. Bringing people together in celebration and camaraderie is a pivotal facet of the culture in the Rio Grande Valley. On any given weekend, from Brownsville to Rio Grande City, there is hardly a shortage of cookouts, family gatherings, or community events. It is almost unimaginable what would happen to these communities when its people are forced to socially isolate themselves. The Rio Grande Valley's family-oriented culture has suffered dearly because of the impact of COVID-19 since the outbreak reached the region in March of 2020. The waves of sickness and months of social isolation have left this region scarred in more ways than one. Businesses, livelihoods, and families have all experienced a form of loss due to COVID-19. The routine lives of all essential workers since the initial outbreak of the pandemic have undergone tremendous adaptations and have required major sacrifices.

News stories and media coverage has documented at length what COVID-19 has done to small businesses, food industries, and education and healthcare professionals in the RGV. However, there has been a gap in local news coverage about how it affects those who work in law enforcement. At a time when numerous jobs have transitioned to remote work, many essential law enforcement professions are denied the luxury of working from home. Social distancing is also something that is not easily done in their line of work. Beyond that, what sort of strains has the pandemic placed on the RGV's law enforcement officers? What sort of changes have been made to ensure minimized prolonged exposure to potential COVID-19 infected persons? With the number of citizens in Hidalgo County alone, Valley-wide law enforcement offices have had their work cut out for them. These officers have had to undertake more responsibilities in the line of duty outside of their routine patrols, from setting up curfew checkpoints to stationing more patrol officers at COVID testing sites. The need for law enforcement is more important now than ever during this time of uncertainty and fear. This report aims to highlight some of the challenges that law enforcement agencies have undergone because of COVID-19 and what these changes mean for the Rio Grande Valley.

What is crime like in the RGV?

Locals of the RGV can agree that there is a common misconception when it comes to the issue of safety along the border. A veil of inaccurate depictions has been cast upon border towns, which are repeatedly seen in Hollywood and pop-culture media. In the minds of RGV locals, these stereotypes could not be farther from the truth. Though it is true that the RGV is one of the poorest areas in the United States, there is a growing economic market in real estate and retail in this region, which brings hope for the future. With that being said, the Valley has grown incredibly fast in the past ten years and is on rise for more development. Being a border region, the area's population fluctuates daily from people crossing over the border for work, to shop, or for leisure.

Another unique factor about RGV's population is the temporary rise in northern migrants for the winter season, which have affectionately earned them the name "Winter Texans." Winter Texans are usually elderly or retired citizens from northern states who move down south temporarily to escape the harsh winters. This would hardly be a destination for such steady and frequent relocation if it was not a reliable and safe place for these northerners to stay. In fact, Texas Monthly released an article in January of 2015 of the FBI's list of most dangerous places in Texas; the Rio Grande Valley came ranked among the lowest areas for violent crime, saying, "border cities get a bad rap as violent, but the Rio Grande Valley is extremely safe."[1] This fact was proven yet again when a similar ranking was published through the Monitor in 2019 about a study being done on the safest cities in the United States. Among those numbers, six cities of the Rio Grande Valley made it to the top 60 safest cities in the United States. Using a "safety score" ranking from the association "SafeHome.org" showed that these RGV cities all scored a safety score above 60 with Mission, TX, coming in at 23rd out of 60 with a safety score of 80.21.

> We look at several different factors when assigning a Safety Score to a city. First and foremost is the FBI's latest report (2015 numbers) of how many and what types of crimes occurred in each city over a single year. The city's crime trends are also considered; in other words, cities where crime is on the decline are given a higher Safety Score and vice-versa. We also look at the number of law enforcement officers compared to the population.[2]

Although the RGV is one of the safest areas to live, what sort of changes can be seen in the crime rate in the area as COVID-19 changes the lives of its citizens as well as its criminals?

Observable Changes in Crime

Crime itself is a constant, no matter what state the world is in. At present, people are encouraged to stay home, and as a result, their relationship with online platforms and computers has become more intimate than in prior years. With that understanding, there has been a projected rise in virtual crime. According to Brookings, "As criminals migrate online to chase illicit profits, so too are law enforcement officials to chase them. The online shift preceded COVID-19, but has new relevance."[3] Vulnerable citizens like the elderly and

[1] Dan Solomon, "The FBI's Most Dangerous Cities in Texas," *Texas Monthly*, January 22, 2015, https://www.texasmonthly.com/the-daily-post/the-fbis-list-of-the-most-dangerous-cities-in-texas.
[2] Rich Kelly, "Rio Grande Valley cities ranks among state's safest," *The Monitor*, March 6, 2019, https://www.themonitor.com/2019/03/06/rio-grande-valley-cities-rank-among-states-safest.
[3] "How COVID-19 is changing law enforcement practices by police and by criminal groups" Brookings, April 7, 2020, https://www.brookings.edu/blog/order-from-chaos/2020/04/07/how-covid-19-is-changing-law-enforcement-practices-by-police-and-by-criminal-groups.

children are finding themselves spending frequent time on the internet in order to stay connected or receive services like telehealth or virtual learning. They are an easily targeted group, all too tempting for scammers and hackers to try and solicit fake services and steal information. With the precaution to move as many jobs online and permit non-essential workers to work from home, there is a higher risk that pertinent information and data can be stolen.

At the start of the pandemic in the United States and the RGV there were a number of cases of price gouging from individuals that would horde essential needs like toilet paper, hand sanitizer, and cleaning supplies. These people would take to buying all available essential products and selling them for more than double the retail worth, preying on the desperation of those who were in need of those materials. The Monitor covered an Hidalgo County press conference where District Attorney Richard Rodriguez addressed the press and community saying, "Price gouging is against the law… It does matter when grandma and grandpa are being taken advantage of."[4] Another form of crime is non-compliance. There were a number of stay-at-home orders and curfews that were implemented Valley-wide and that have been kept in place. Unfortunately, these curfews were not followed, which caused a steady increase in confirmed cases of COVID and forced the hand of law enforcement officials to take more aggressive approaches. Because of this non-compliance, law enforcement had to begin setting up checkpoints to ensure that only essential workers were out and ordinary people remained in their homes and adhered to the curfews.

Figure 7.1: Law enforcement personnel stop vehicles along State Highway 107 after Hidalgo County issued a shelter-at-home order to stop the spread of COVID-19. Photo by Joel Martinez. Courtesty of *The Monitor*.

[4] Nathaniel Puente, "Hidalgo County Law Enforcement Address Public During COVID-19 Situation," *Valley Central*, March 20, 2020, https://www.valleycentral.com/news/local-news/hidalgo-county-law-enforcement-address-public-during-covid-19-situation.

Figure 7.2: A sign details the county's shelter-at-home order along FM 88 on Wednesday in Elsa. Photo by Joel Martinez. Courtesy of *The Monitor*.

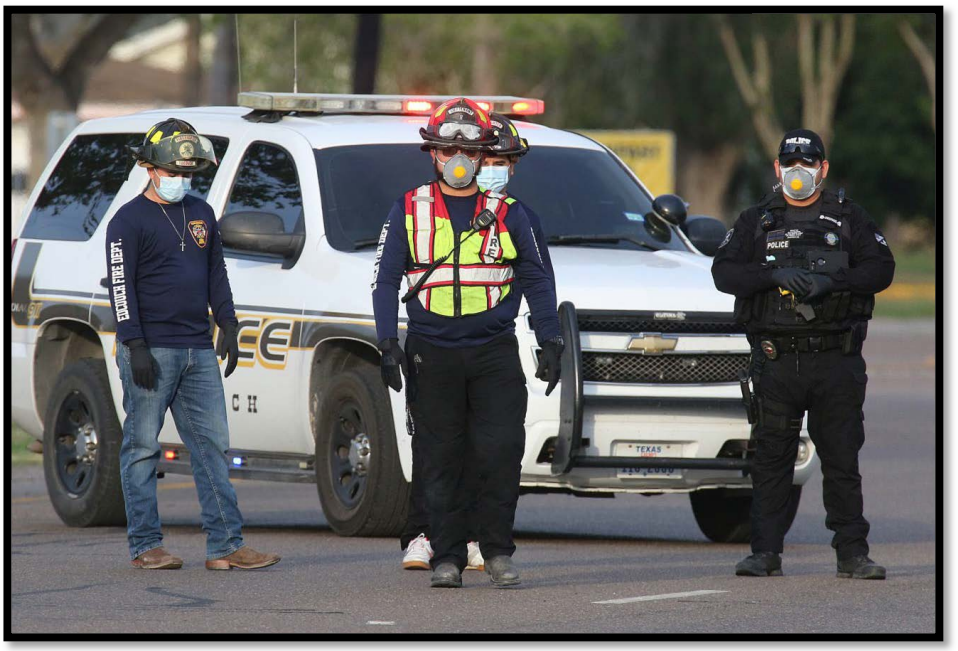

Figure 7.3: Edcouch fire fighters and law enforcement stand ready to stop traffic along State Highway 107 after a shelter-at-home order was issued by Hidalgo County to stop the spread of COVID-19. Photo by Joel Martinez. Courtesy of *The Monitor*.

Peñitas Police Chief Roel Bermea spoke with *The Monitor* to explain his sentiment on this issue. "We just want to put it out there that we will be out there at night and making sure that people are complying, we need that compliance so we can stop the spread of this virus," Bermea said, "People are not taking it seriously, that's the problem."[5] Stay-at-home vialators were threatened with the possibility of citations and arrests. In Hidalgo County, violators could be fined up to $1,000 or spend up to 180 days in jail. Although to citizens breaking these curfews it may seem like an unreasonable punishment, it is all for the sake of mitigating the spread of the virus. Hidalgo County Judge Richard F. Cortez was adamant on the matter of stricter enforcements for the sake of safety before a "second wave" was expected to make its way through the Valley after a spike in confirmed cases. "We know there is a tsunami coming," Cortez stated in the release, "It hasn't hit us yet. If there is anything we can do to mitigate this, it is stronger enforcement on the orders."[6] Law enforcement officials and agents are now not only working to mitigate the spread of the virus by trying to keep citizens at home but are also taking on a separate role in assisting to educate the public to be more aware of how serious the situation is. Much of this effort is at the cost of their own personal wellbeing. Law enforcement is a profession that, depending on the job assignment, is not privy to the luxury of working from home. Through the guidance of the CDC there have been various adjustments to how these officers work to ensure their safety.

Figure 7.4: Hidalgo County District Attorney Ricardo Rodriguez along with law enforcement officers address the public during a COVID-19 press conference. Courtesy of CBS 4 News.

The Changes in Protocol, PPE usage and other challenges

The CDC has been adamant on its urging of first responders and essential workers to conduct more thorough hands-on training on proper PPE (Personal Protective Equipment) usage and disposal. Proper hand-washing and sanitation is on the forefront of all CDC warnings, along with maintaining social distancing and keeping facial coverings on when in a public space. There has been a great deal of urging from other sources such as the IACP

[5] Berenice Garcia, "RGV Cities Setting Up Checkpoints to enforce stay at home orders," *The Monitor*, March 31, 2020, https://www.themonitor.com/2020/03/31/rgv-cities-setting-checkpoints-enforce-stay-home-orders.
[6] *Ibid*.

(International Association of Chiefs of Police) to allow enough time for officers to decontaminate and sanitize vehicles between possible exposures.

> Any uniform items (or other surfaces) that were potentially exposed should be disinfected or cleaned as soon as feasible. For example, the duty belt or other non-porous items can be disinfected using products that are EPA approved for use again the virus. Porous items, like the uniform, should be replaced as soon as possible and then laundered according to manufacturers' recommendations.[7]

There is also a push to minimize or deny outside traffic into precincts and offices in order to ensure personnel safety. Implementing remote or digital shift changes and communications is heavily suggested to keep from piling too many personnel into small office spaces that cannot adhere to social distancing guidelines.

Ultimately a strong line of communication is what is most aggressively urged in order to make sure that all personnel are aware of any developing news and cases involving COVID-19. Securing personnel safety is not the only concerns that law enforcement agencies are facing during the current pandemic. It is to be expected that the RGV would face great financial loss due to the non-essential travel ban from Mexico and much of the sales tax revenues were projected to drop drastically as the lockdowns and bans persisted. There has been a glimmer of hope, however, for law enforcement in terms of future salaries and job security amidst this financially stressing time.

In October 2020, *The Monitor* published an article covering the MPLEA's (McAllen Police Law Enforcement Association) one-year contract with the City of McAllen. Sgt. Rolando Castillo is the president of the Association and spoke with *The Monitor* about the gratitude on securing the contract and hopes for what it could mean for the future. "Even through all this we understand where the Valley stands in a financial aspect. So, we were able to negotiate some administrative items that were not monetary," Castillo said. "We signed a one-year contract so next spring we'll start negotiating another contract and hopefully it will be more beneficial with pay and benefits once the Valley's in a better place financially. Hopefully, we're in a better place with this situation."[8] This is a major deal for McAllen officers in order for the department to keep their staff and encourage more applicants to join the force. Understandably so, there has been a major financial strain across the Rio Grande Valley and police officers and staff are also feeling the pressure. "Increased pay and better benefits are sorely needed to improve officer retention," says Sgt. Jesus Regalado, the MPLEA treasurer.[9] Money is not the only concern police officers have during this pandemic. Much of it is the uncertainty of "if and when" they may be exposed, infected or asymptomatic with the virus. With their work being based off constant public and social interaction, there is only a matter of time when a confirmed COVID case will spring up among one of these RGV law enforcement agencies.

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[7] "FAQs for Law Enforcement Agencies and Personnel" Center for Disease Control and Prevention, April 27, 2020, https://www.cdc.gov/coronavirus/2019-ncov/community/law-enforcement-agencies-faq.html.
[8] Mark Reagan, "McAllen Police Union talks contract negotiations, goals for next year," *The Monitor*, October 10, 2020, https://www.themonitor.com/2020/10/10/mcallen-police-union-talks-contract-negotiations-goals-next-year.
[9] *Ibid*.

Figure 7.5: McAllen police officers salute as the casket of Ismael Chavez Jr is carried by pallbearers before being laid to rest at Valley Memorial Gardens in Mission. Photo by Joel Martinez. Courtesty of *The Monitor*.

Figure 7.6: A motorcade of McAllen Police escort the body of a fallen McAllen police officer out of McAllen Medical Center on Saturday, July 11, 2020. Photo by Joel Martinez. Courtesy of *The Monitor*.

The Rate of Infection Among Officers and Office Staff

Thankfully, the National Police Foundation (NPF) has comprised a real time dashboard that shows the impact COVID-19 is having on law enforcement to give visual awareness and remind officers to stay safe and vigilant: “The dashboard tracks workforce impacts, including the number of officers unable to work/placed in off-duty status due to possible or confirmed exposure and/or due to experiencing symptoms of illness, the number

of officers that have been tested and diagnosed, as well as personal protective equipment (PPE) needs and projections."[10] The numbers specifically in Texas as of November 2020 show a percentage of 4.4% of reported personnel being exposed and a 2.3% who are unable to work. Projected PPE needs, though marginally low, do show a high need for "particulate respirators" with a score of 6 on a 10-point scale. In the grand scheme of things it may not seem like such a troublesome number, but when taken into consideration, that means that over 370 personnel officers have been exposed and there is no telling how many cases of exposure have gone unreported.

On November 10, 2020, *The Monitor* covered a confirmed case over an infected law enforcement officer. The Hidalgo Country Sheriff J.E "Eddie" Guerra tested positive for COVID-19 despite the precautionary measures taken. He spoke briefly with *The Monitor* about his health status but reassured the public, confident that he would make a strong recovery. "Despite taking all the precautionary and recommended health and safety measures, I started feeling feverish over the weekend and tested positive for COVID-19," Guerra said on Facebook, "Thankfully, my symptoms are mild and I am already feeling better."[11] With someone who holds such a strong public position, it is to be expected that citizens of Hidalgo County would be fearful after one of their own leaders contracted this dreaded virus. However, true to his dedication for his citizens, the sheriff also shared a message of hope to his community. "Rest assured that all Sheriff's Office operations and duties will continue normal operations under the direction of my very capable staff. I appreciate everyone's well-wishes for a speedy recovery, and urge everyone to exercise extreme caution and do your part to follow the health and safety guidelines to prevent and protect yourselves and others from COVID-19," Guerra said, "Stay safe and God bless." One can only imagine the sort of stress and uncertainty this may have on the community, but it is even more devastating to picture the sort of impact this may be having on Sheriff Guerra's family and loved ones. This same kind of dreadful worry goes for all of those families who have a loved one in law enforcement.

The Impacts on Family Life

It is safe to say that this pandemic has caused a sorrowful impact on family life regardless of profession or economic status. If there is one somber fact that has been observed throughout history is that no one is exempt from grief. The COVID-19 pandemic has ripped through the basis of normal family structures and routines. The worry of risking exposure for essential workers has caused a need for necessary changes to living situations for those living with or among people with compromised immune systems. The IACP was kind enough to also create a guideline for officers to be able to explain this pandemic to their children and families: "Family members of law enforcement officers reporting for duty may experience fear and distress that their officer may be exposed to the virus because of their profession. Family members may also be distressed at having their officer away from home for prolonged periods of time. Agencies can be proactive in communication to ease these fears and ensure officers have a strong support system to return home to."[12]

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[10] "Coronavirus (COVID-19): Resources for Law Enforcement," National Police Foundation, https://www.policefoundation.org/covid-19.

[11] Staff Report, "Hidalgo County Sheriff Announces he has coronavirus," *The Monitor*, November 10, 2020, https://www.themonitor.com/2020/11/10/hidalgo-county-sheriff-announces-coronavirus.

[12] "COVID-19: Health and Safety for Law Enforcement Families," International Association of Chiefs of Police, March 26, 2020 https://www.theiacp.org/resources/document/covid-19-health-and-safety-for-law-enforcement-families.

These sorts of concerns are valid, especially for those who have young children. Children are a population group who have had the most dramatic change to their daily routine. The world has suddenly turned a littler scarier especially to those kids who have parents that must report more frequently to duty during this outbreak. "Children may experience fear and uncertainty about the virus. They may also have fears about their parents reporting for duty during the outbreak. Take time to have a conversation with your child and answer questions he/she may have. Having age-appropriate discussions about the risks and prevention/mitigation behaviors help to normalize behavior and not increase family anxiety."[13] With the pandemic not showing any signs of slowing down anytime soon, there is a lot of reflection and gratitude that must be given when thinking about the sacrifices first responders, frontline health workers, and law enforcement officers who work each day to ensure the publics safety. Without these brave men and women working diligently to keep the streets free of non-essential traffic and working to make sure that no desperate citizens are being taken advantage of through practices like price gouging, the law enforcement of the RGV are a group of unsung heroes that need to be acknowledged more during this pandemic. Which is partly why this chapter was written, so that their work and sacrifice does not go unnoticed.

Concluding Reflections and Anticipations for the Future

Taking the oath to uphold the law and ensure the safety of the people is something only a few strong willed and brave individuals are prepared to do. Which is why the profession of law enforcement is such a respected field of work. Now more than ever the field of danger has expanded for those who put themselves in the line of duty to ensure public safety. The threat is no longer just criminals on the streets or virtual thieves trying to steal personal information. The threat is the negligent neighbor who secretly went to an unnecessary gathering with others who may have COVID and still decides to engage themselves in the community. Law enforcement now has the task of making sure to slow the spread of COVID-19 and to keeps its RGV citizens at home, safe and healthy. The future is uncertain across the nation, as hopes of antibody vaccines and remedies loom in an undetermined distant future. Citizens of the RGV can only hope that good news comes soon. Cases breaking record numbers as more people die daily in this once socially intimate region, the future is something no one can imagine clearly. With this given opportunity to slow down and reflect however, there is still much to be thankful for during these trying times. The Rio Grande Valley is fortunate to have government, health and law enforcement officials who work diligently to brainstorm and enforce new policies in order to keep its community safe. Despite the mandates brought down from the Texas governor, local officials have decided to do what is in the best interest of its people. By keeping curfews and other lockdown policies, occupation restrictions and public gathering limitations the officials are doing what they can so that there is no more devastation felt by COVID-19.

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Chapter 8: The Voters vs. The Virus
How COVID-19 Impacted Valley Voters in the 2020 Election

Meagan Olmedo

A native of Donna, Texas, Meagan Olmedo graduated from Weslaco High School in 2013 and matriculated at UTRGV in 2020 where she is enrolled in the Anthropology program. Her participation in this project is especially apropos as the coronavirus made significant changes to the voting process in the Valley, and her father is a long-time poll worker in Hidalgo County.

Introduction

In a rural and relatively isolated community such as the Rio Grande Valley, politics are an important part of daily life. From school board elections to presidential elections, there are campaign signs on the side of the road year-round. All over the Valley, at any given time, one can see the faces of candidates from both current and past elections on light poles, fences, and billboards. Walking out of most polling locations, voters not only get their nifty "I voted!" sticker, but usually a plate of brisket or BBQ. Being that food is intrinsic to Valley culture's sense of community and closeness, it comes as no surprise it's found a place at the polls. In keeping with that sense of community, one often hears people in Donna, Texas, talk about Mayor Rick Morales like an old friend, because for many, he is. Poll workers at all locations know each other by name; they call each other even when there are no upcoming elections, just to catch up as friends. The Valley is big, but the community makes it feel small, and the intimacy of politics here drives that point home.

To achieve a greater understanding of what actually goes on inside the polling locations and what changes the coronavirus has brought to voting, I sat down with Jeff Shue, a long-time poll-worker in the Rio Grande Valley. Jeff has spent fifteen years working at the polls in various locations across Hidalgo County. The majority of Jeff's time at the polls has been in Donna, working on local elections such as the school board or the water district. However, for the past fifteen years, Jeff has also worked the presidential elections, and his vast experience as a poll worker allows him to provide unique insight on the way voting has changed due to the pandemic. I will also discuss how the Valley's culture and sense of community may actually heighten the risks of coronavirus surrounding politics, as they are all deeply tied to one another.

The Valley Voters

To understand Valley voting, we must understand the demographic of the voters. The size of the Rio Grande Valley means that there are quite a few elections to be had every year (which explains the myriad of election signs all over the place from Rio Grande City all the way to Brownsville). The Valley is composed of four counties: Starr, Willacy, Hidalgo, and Cameron. For the purpose of this discussion, I will be focusing on Hidalgo County. As of November 16, 2020, Hidalgo County has 392,813 registered voters.[1] This general election, there were 74 polling locations spread across Hidalgo County.[2]

[1] "Hidalgo County Elections Department: Hidalgo County, TX - Official Website," Hidalgo County Texas, accessed December 11, 2020, https://www.hidalgocounty.us/105/Elections-Department?nid=105.
[2] "Hidalgo County Polling Locations," KVEO-TV, November 2, 2020, https://www.valleycentral.com/hidalgo-county-polling-locations.

For such a large area, the Valley is very disconnected from the rest of Texas. The closest metropolitan area is San Antonio, which is several hours away. This physical distance and low participation in the census means the Valley is frequently overlooked in Texas state politics. Across the Valley, alongside the election signs, are signs begging Valley residents to complete the census and "get counted." Per *The Monitor*, each Valley resident who goes uncounted can cost their city as much as $1,500 a year in funding.[3] That funding is essential to a region like the Rio Grande Valley, where so many live in poverty. An article by reporter Nicole Narea discusses those issues along with the fact that thousands of Valley residents live in close quarters in under-developed communities called "*colonias,*" and have a hard time seeking care due to many of them being undocumented.[4] It's also worth noting that Narea's article was written in August of 2020, when there were 37,000 confirmed coronavirus cases in the Valley. As of November 17th, 2020, there have been 38,000 cases in Hidalgo County alone.[5]

Valley voters have many issues they need to address at the polls each year, so it is essential that this at-risk community have the access it needs to be voting this year, and that it can be done in a safe manner.

The Conjunction of Valley Culture and Voting

Discussing the local culture of the Valley in a paper about voting and politics may seem strange, but this paper is also about the pandemic. With that in mind, we must remember that the Valley's culture and its sense of community are deeply embedded in every aspect of Valley life, and politics are no exception. This is important in the story of voting during the pandemic because those aspects of Valley life have been tossed up as reasons for the spread of the virus. If that is the case, the Valley culture's involvement in voting heightens the risk even further for both workers and voters.

The Rio Grande Valley has always been famous for its strong community ties, but in the wake of COVID-related articles about the spread of the virus in the Valley, infamous may be a better term. In an article for the *New York Times*, reporter Caitlyn Dickerson highlights the Valley's high rates of both obesity and diabetes, two major risk factors for coronavirus and its complications.[6] Not only are those factors noted, but also the fact that the Valley is 90% Latino, a group which has been suffering from COVID-19 at higher-than-average fatality rates. Yet another risk factor pinpointed by Dickerson in the Valley is the aforementioned tight-knit community. Valley homes often house not only the immediate nuclear family, but also *tios, tias*, *abuelas*, and *abuelos*. If you recall, Narea covered this earlier as well, discussing the way multiple generations often live in neighborhoods like *colonias*. Families that don't live together in this way still see each other constantly, for any possible event. Family is everything to Valley culture, and as such so is gathering. If there is one sure thing about a Valley gathering, it will involve food.

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[3] Rick Kelley, "Valley Gets Creative with Census, but Will It Be Enough?" *The Monitor*, July 17, 2020, https://www.themonitor.com/2020/07/17/valley-gets-creative-census-will-enough.
[4] Nicole Narea, "How Coronavirus Devastated Texas's Vulnerable Borderlands," Vox.com, August 8, 2020, https://www.vox.com/2020/8/8/21352396/coronavirus-texas-rio-grande-valley-starr-hidalgo-cameron.
[5] Staff Report, "Hidalgo County COVID-19 Cases Nearly Quadruple with 426 New Positives," *The Monitor*, November 18, 2020, https://www.themonitor.com/2020/11/17/hidalgo-county-covid-19-cases-nearly-quadruples-426-new-positives.
[6] Caitlin Dickerson, "Vulnerable Border Community Battles Virus on 'A Straight Up Trajectory,'" *The New York Times*, July 19, 2020, https://www.nytimes.com/2020/07/19/us/coronavirus-texas-rio-grande-valley.html.

To outsiders, the idea of breakfast tacos and brisket being handed out at the polls often seems like a strange thing to bring up, but because the Valley's sense of community always revolves around food, the tents covering grills surrounding each polling location make sense. What makes someone more likable than a free brisket plate? Candidates often show up and hand out food to prospective voters themselves, all outside the hundred-foot line, of course. Jeff explains that within one hundred feet of the polling location, the polls have authority to enforce no-campaigning laws. Outside that line, it's a free for all, and all that can be done by poll workers is to contact the local authorities if anything gets too out of hand. I've driven by several polling locations this year, and while there isn't much social distancing going on, most of the workers handing out food seem to be wearing facemasks and taking some precautions. From the outside of the polls, not much has changed from any other year. There are still signs on every square foot of the grass outside the hundred-foot mark, supporters in lawn chairs yelling the names of their candidate at prospective voters, and trucks with American flags parked around the perimeter.

Free food is not the only mechanism for garnering votes that seems to be somewhat unique to the Valley. There are people hired and assigned to polling locations by candidates to help voters. These campaign workers, known in the Valley as "*politiqueras*," often bring voters to the polls via bus or rental cars. Others are stationed outside the polls to help voters. If a voter needs help, they must ask the election judge, and poll workers are given the first opportunity to provide help to the voter. If voters decline help from a poll worker, then the politiquera jumps in to help them. While they are not actual poll workers, they are allowed to come into the polling location with the voter if the voter requests their help. According to Jeff, while there are masks in use by these campaign workers, they are generally not practicing social distancing, and as they aren't actual poll workers, not much can be done to enforce that upon them. I've attempted to contact several different campaign workers and candidates for interview, to get more insight on the changes made to that side of the political process due to the coronavirus, but unfortunately, none of the ones I've reached out to were willing to be interviewed.

These *politiqueras* and the method of campaigning via food are deeply rooted in Valley voting culture and go back generations, echoing ways in which the Valley's sense of community extends even to politics. Between the food and Valley natives going out in person to round up and accompany voters all the way to the polling booth, it's clear that here in the Valley, both campaigning and voting are very up close and personal, none of which is ideal in a pandemic. However, it seems all the same practices carried on this election year, which shows just how hard it is to stop the Valley from doing things the way it always has. However, one must give credit to these campaign workers for wearing masks and making attempts to be safer this year, as it isn't being mandated by the county itself, since again, they are there unofficially.

COVID Changes to Voting

While the culture is relevant and important, the real focus here is the poll workers and what is going on inside these locations. It's important to make comparisons in the time pre-coronavirus to now to truly understand and record the impacts of the virus on our lives, so I discussed with Jeff all the differences in the way the polls were operated in 2020 as opposed to before the virus. As mentioned earlier, Jeff has fifteen years of experience as a poll worker, which makes him the perfect person to ask about these changes. He's worked at least five polling locations in that time, by his count.

Jeff's role at the polls is usually that of a judge, who is essentially the person responsible for the entire location. The judge oversees setup, does all the relevant paperwork, and maintains the keys to the entire operation. This year, the judges have an additional responsibility, which is overseeing the extra sanitization protocols put into place to protect the poll workers from voters, as Jeff puts it. The rest of the setup overseen by the judges has changed slightly in that this year, there is more to set up. All tables for poll workers are equipped with plexiglass shields, in an attempt to add some extra protection. Along with that equipment, the county provided all workers with masks and face shields to be worn at all times, along with hand sanitizer, to be used constantly. Interestingly enough, voters were not required to wear masks, as per the state of Texas, but poll workers were allowed to offer any voter a mask from the stash provided by the county. Not only were extra masks provided by the county, but they also gave each voter a disposable swab to be used as a stylus when voting in order to reduce the amount of touching on the surface of the machine.[7] Jeff says not only did they undertake the aforementioned measures to cut down on germs on the socially distanced machines, but after each voter, they wiped down the machines with disposable sanitizing wipes (also provided by the county). Jeff says this is all very different, as before the coronavirus, sanitization was at a minimum.

Training has always been the norm for poll workers, to teach them how to do their jobs properly at the polls, but this year, training was extended to include the proper procedures for sanitation and protective gear. As compensation for having to deal with the extra work, the county used a state grant to raise the pay for poll workers. Not only was this a means of compensation for the extra work, but an incentive to work, as Jeff tells me Hidalgo County needed extra workers this year. He went on to tell me that the main problem faced by the county this election cycle was that many people who normally worked the polls were too scared to do so this year. I asked him if anyone he knew caught the virus, and he said he'd only heard of one case in which a poll worker in an Hidalgo County location tested positive for the virus.

Workers have every right to have this concern, as their jobs necessitate constant contact with voters and staff on a daily basis, for weeks. Early voting usually runs for two weeks before the general election day; however, Jeff tells me that this year the government extended early voting by an extra week due to the pandemic. There are two methods of voting in-person: curbside or in the building. While neither method is new this year, Jeff said more people decided to vote curbside than ever before. The process for voting either way hasn't really changed, he says, there are just more precautions. Workers no longer take identification directly from the voter; instead, voters put their IDs into a basket for the worker to look at and then return, to minimize the potential transfer of germs. Machines are sanitized between uses and workers try and keep less than six voters in the building at a time.

Clearly this pandemic year has been stressful for everyone, but it also happened to be a presidential election year, which obviously is the biggest event poll workers have to deal with. Thousands more turn out to vote during a presidential election than during local elections, tensions are higher, and more is at stake. Nonetheless, poll workers did their best to help people vote in the safest manner possible, while also keeping themselves and their families as safe as possible. From extra cleaning procedures to working long hours in

[7] Jeff Shue, Oral History Interview by Meagan Olmedo, conducted in person, Donna, TX, November 17, 2020.

facemasks and face shields, they did their best to ensure every voter had access to one of our greatest civil rights and duties during the pandemic, and for that, we should all be thankful.

Conclusion

The Valley has a unique political landscape, with many moving parts needed to ensure a free and fair election process. Each aspect of voting here comes back to a sense of closeness, and as we have heard since the start of the pandemic, closeness is to be avoided at all costs for the foreseeable future. The polling place sees a constant influx of people each day they are open, and everyone from campaign promoters handing out free brisket to the politiqueras trucking them in, to the county's poll workers needed to work extra hard to ensure the safety of everyone with whom they came into contact. The precautions taken by poll workers may seem excessive to some, but it is clear why they're necessary: to protect the thousands of voters exercising their constitutional rights. The precautions are necessary anywhere, but especially in a community so direly prone to coronavirus. The Valley's disconnect from the rest of Texas leaves it often unnoticed, so voting this year (and every year) is important to the Valley's future. Even if we have to vote in hazmat suits, we as voters need to do our best to make it out to the polls in these unprecedented times.

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Chapter 9: Art and Public Health in the Rio Grande Valley

Nydia Salinas

Nydia Salinas Bocanegra is a ceramic artist from Progreso, a border town in South Texas. She graduated from Progreso Early College High School and South Texas College in 2016 and went on to the University of Texas Rio Grande Valley where she earned her bachelor's in Fine Art in 2020. She is continuing her studies at UTRGV as a Master of Fine Art graduate student in the School of Art with a focus in ceramics. Her personal work aims at celebrating the Valley culture where she grew up. Nydia brings a unique perspective to this project, as her family was personally affected by COVID-19. Her mother suffered the devastating loss of a sister, and her family as a whole fell ill, fought through job loss and a decline in both mental and physical health. Through this project, she was also able to immerse herself in the organizations and art scene that originated in the Valley, hoping to reach an audience that could find this information on art and its benefit to Public Health for the betterment of our region.

Introduction

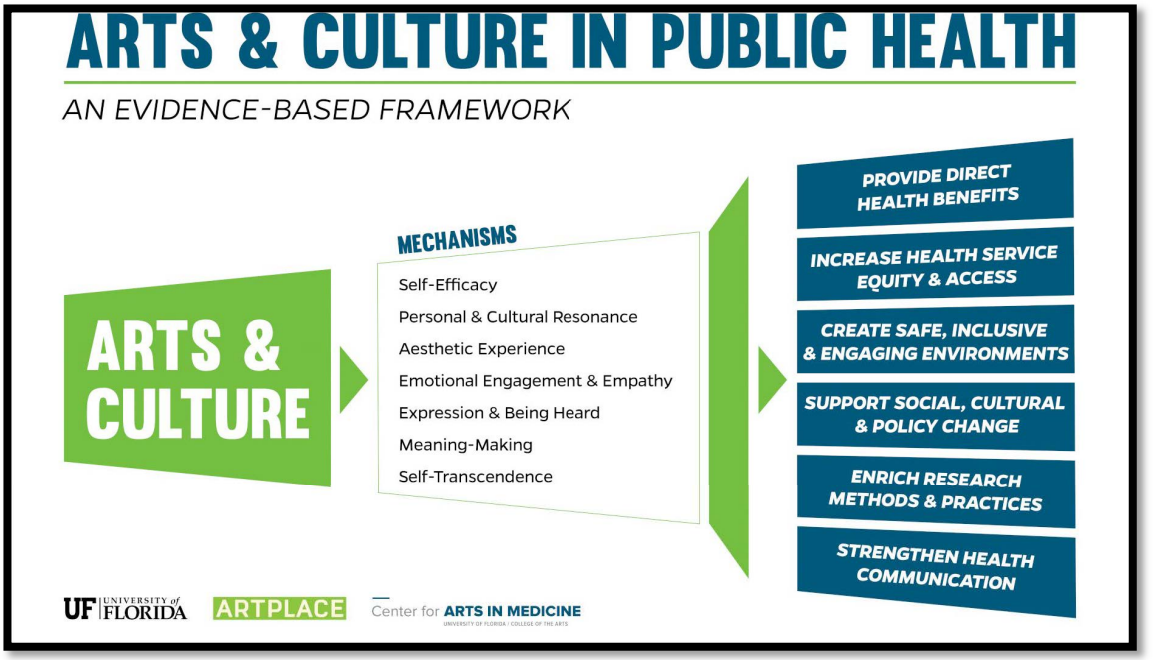
The Valley is home to a community of people with a strong respect for its families and land. Growing up in the Valley, however, differs greatly from person to person. The largest percentage of the population is of Mexican descent, and more than half of that same population does not have access to healthcare. These same children are eight times more likely to be hospitalized with COVID-19 according to a study released by the Centers for Disease Control and Prevention.[1] Thoughts and prayers can often seem an empty echo in the replies left on social media platforms. It is difficult having to explain why people's basic needs should be met. According to Dr. Kevin Peek, an economist at South Texas College, "income inequality disproportionately affects children; 42.2 percent of children in McAllen, 37 percent in Laredo, and 39.2 percent in Brownsville-Harlingen live below the poverty line, and many of them live in a chronic state of food, health, and housing insecurity."[2]

After a slow and insufficient response by federal and local government leaders alike, organizations in the Rio Grande Valley like RGV Equal Voice Network took it into their own hands to spread information about the pandemic through infographics online. Independent artists also took to their platforms to raise red flags on the rising number of cases and the necessity of following CDC guidelines. But as I write, it is difficult to find someone who was not personally affected by the virus, and the damages, as a result, are grim. Art helps communities heal and share stories and make meaning of a moment. Historically, art movements incite social change and collective action. This is done by making the information relatable, memorable, and emotionally engaging for communities to share. When the trust of a government institution is in question, the influence of an artist cannot go unnoticed. In our particular region, a borderland, the larger portion of art flowing out of the region is related to social-political topics like the border wall and immigration. But we also have artists and creatives who celebrate the Magic Valley and its uniquely developed culture.

[1] Chelsea Janes, "Hispanic, Black Children at Higher Risk of Coronavirus-Related Hospitalization, CDC Finds," The Washington Post, August 24, 2020, https://www.washingtonpost.com/health/2020/08/07/hispanic-black-children-higher-risk-coronavirus-related-hospitalization-cdc-finds.

[2] Kevin Peek, "Income Inequality in the Rio Grande Valley: Our Collective Challenge," South Texas College News, October 2, 2020.

Dr. Felton Earls, a Harvard professor, has done extensive research in Chicago in search of important factors that make the difference in access to healthcare and the like, from one neighborhood to another. What he found was "collective efficacy" or the willingness of people to come together and act upon a common interest.[3] Looking at today's social climate, I see division. This division causes catastrophic damage to the search for development and cooperation for access to things like healthcare. Because of COVID-19, we were quarantined in our homes or closed quarters thus removing the sense of community one would get by simply meeting up with friends and family. Although the "outside" was closed until further notice, online, artists did not stop creating. We saw a rise in shared imagery and art from independent organizations and groups on social media platforms like Instagram and Facebook. I believe these had a positive impact on the response to COVID-19 in the Valley. Like Emma Guevara, a Brownsville resident and creative artist, "a majority of the updates I get I tend to use social media more, I don't have cable so I'm not watching cable news, and I don't get the paper."[4] Sharing information online benefits all walks of life, as long as it is accessible, provided it is translated and descriptive for visually-impaired folk. We both agreed with the fact that not a lot of information was being released in Spanish, which for a predominantly Spanish-speaking area is a huge oversight. In the Valley, "of course you need bilingual material," Emma says. Needed, however, are the funding and resources. Any form of organizing in the Valley is difficult to do unless the people are being paid. This paper argues the fact that arts and culture, if funded, can continue to benefit its immediate community in aspects like health and social cohesion.

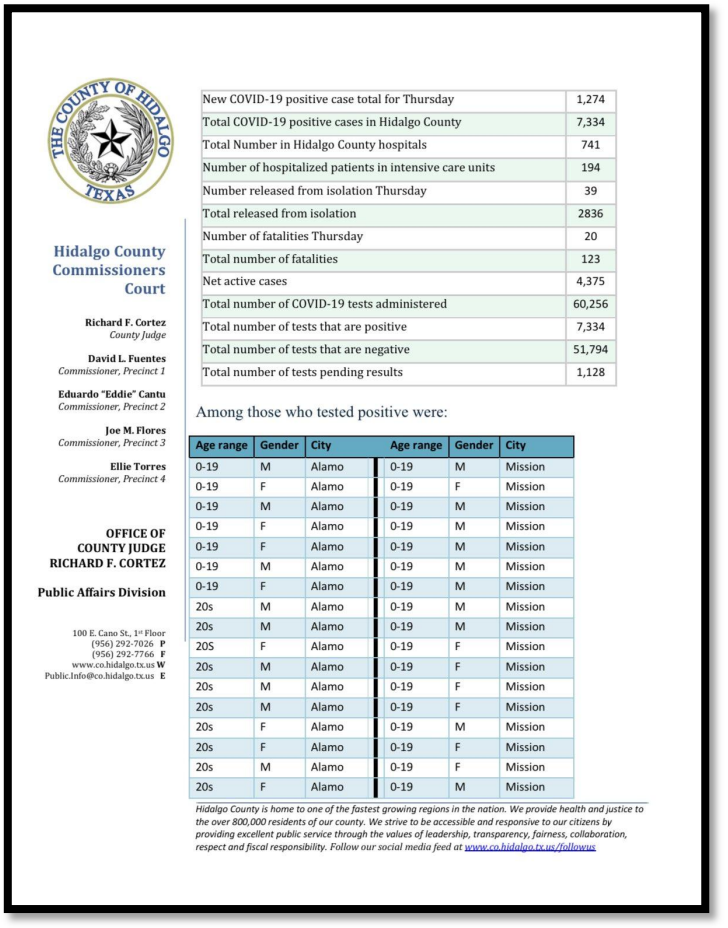


A Framework

At the University of Florida, they developed an evidence-based framework that shows how "Arts and Culture" work for the benefit of public health that is divided into six

[3] Tanisha Keil, "Using Arts and Culture to Promote Social Cohesion," Kinder, September 3, 2018.
[4] Emma Guevara, Oral History Interview by Nydia Salinas, conducted via Zoom, November 20, 2020.

parts as shown by Figure 1. By providing direct health benefits, such as through shared images, participants see positive impacts, including stress-reduction, increased social cohesion, and reduced loneliness. At a time when a pandemic asks its residents to avoid contact with others, social media platforms helped keep families in communication. When we had our brief mandate to stay at home, we knew that a large portion of the community was overwhelmed with the anxiety and stress from losing jobs or having family members out working as essential workers. Through the mutual share of positive images reinforcing these orders and others, artists created increased feelings of safety, understanding, and overall wellbeing for isolated families. The arts also increase health and service equity and access. This sense of connection facilitates dialogue, even about difficult issues. We began to see a flow of informational graphics coming out of platforms like the City of Edinburg and Hidalgo County's Twitter and Facebook feeds. See Figure 2. Although when released, it was described as a "tsunami," numbers next to its description for context made it easier on the hearts of the Valley's residents. Instead of placing an immediate image of a hospital bed, the images allowed for a better understanding of what was happening across the region as well as providing information on where to find resources, thus increasing the response to them.



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New COVID-19 positive case total for Thursday	1,274
Total COVID-19 positive cases in Hidalgo County	7,334
Total Number in Hidalgo County hospitals	741
Number of hospitalized patients in intensive care units	194
Number released from isolation Thursday	39
Total released from isolation	2836
Number of fatalities Thursday	20
Total number of fatalities	123
Net active cases	4,375
Total number of COVID-19 tests administered	60,256
Total number of tests that are positive	7,334
Total number of tests that are negative	51,794
Total number of tests pending results	1,128

Among those who tested positive were:

Age range	Gender	City	Age range	Gender	City
0-19	M	Alamo	0-19	M	Mission
0-19	F	Alamo	0-19	F	Mission
0-19	M	Alamo	0-19	M	Mission
0-19	F	Alamo	0-19	M	Mission
0-19	F	Alamo	0-19	M	Mission
0-19	M	Alamo	0-19	M	Mission
0-19	F	Alamo	0-19	M	Mission
20s	M	Alamo	0-19	M	Mission
20s	M	Alamo	0-19	M	Mission
20S	F	Alamo	0-19	F	Mission
20s	M	Alamo	0-19	F	Mission
20s	M	Alamo	0-19	F	Mission
20s	M	Alamo	0-19	F	Mission
20s	F	Alamo	0-19	M	Mission
20s	F	Alamo	0-19	F	Mission
20s	M	Alamo	0-19	F	Mission
20s	F	Alamo	0-19	M	Mission

Hidalgo County is home to one of the fastest growing regions in the nation. We provide health and justice to the over 800,000 residents of our county. We strive to be accessible and responsive to our citizens by providing excellent public service through the values of leadership, transparency, fairness, collaboration, respect and fiscal responsibility. Follow our social media feed at www.co.hidalgo.tx.us/followus

Figure 9.2: Hidalgo County releases COVID numbers on July 9, 2020. Judge Cortez described the situation as a "Tsunami;" 20 people died and another 1,247 tested positive for COVID-19.

Even before the six feet apart distancing mandates (that are still in place) portions of our community felt isolated and disregarded. Through shared expression and representation these same groups could see an increase in inclusive and engaging environments. *Las*

Imaginistas, a group popular on Instagram, were concerned that national and regional messages were not reaching queer folk, Spanish speakers, and immigrants. They knew many were confused and so as a collective they decided to share graphics translated to Spanish with imagery of what we could call "*comadres"* engaging in a conversation about the virus and health protocols shown in Figure 3. By creating these graphics that held representation of life in the Valley, it made it that much more representational and relatable for these groups to understand that there should be a commitment to community solidarity.

We must not forget the influence that President Trump and governors like Greg Abbott have had on Americans when it comes to following guidelines set by organizations like WHO (World Health Organization) and the CDC (Centers of Disease Control). When wearing masks suddenly became a debate and politicized, we saw the support of social, cultural, and policy change through shared artwork through Neta and RGV Equal Voice network, among other local organizations in the Valley. These groups in the Valley are known for their advocacy on immigration, healthcare, and LGBTQ+ issues, and have now played a key role in spreading information across the RGV in order to save lives during the pandemic. Netas' *Chingao Ponte Mascara* (Figure 4) graphic using the logo we are familiar with added a bit of humor into the mix, something that very much resonates to Valley residents.

By enriching research methods, working with art-based methods increases a participants' trust, improving the data. RGV Mutual Aid is a collective that developed after Hurricane Hanna hit the Valley in the midst of the pandemic. Instead of the usually performative shared images on their platform, they sought to share valuable information only through graphics and captioning with updates for the community. Deciding not to share the trauma at a devastating time, they sought donations, successfully, but very necessary with the belief in sharing the donations, received to requests through good faith. In shifting these attempts at engagement practices, their services were largely strengthened and made their communication with its target groups a safe space for them.

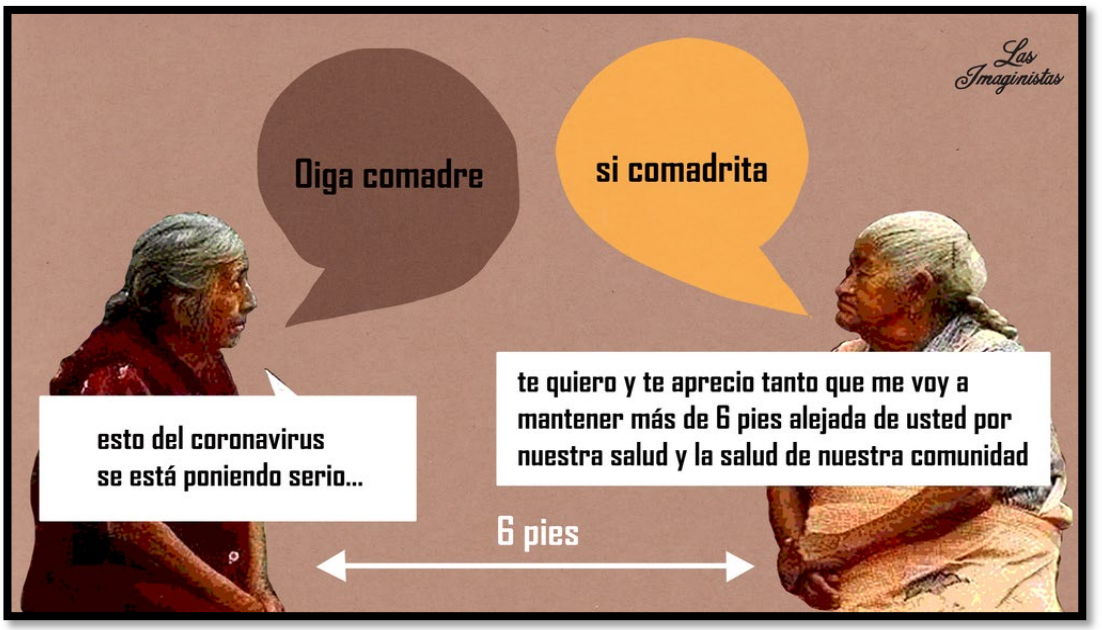

Figure 9.3: Image created and shared by Las Imaginistas (March 2020).

Figure 9.4: Image created and shared by Neta RGV.

Figure 9.5: Alexandria Canchola, “El Viaje” (left), gouache on paper, 2019.
Figure 9.6: Alexandria Canchola, “A Real Look at Immigration” (right), digital illustration, 2019.

Figure 9.6: Virginia Contreras, “El Taco de Cada Día,” woodcut print, 2019.

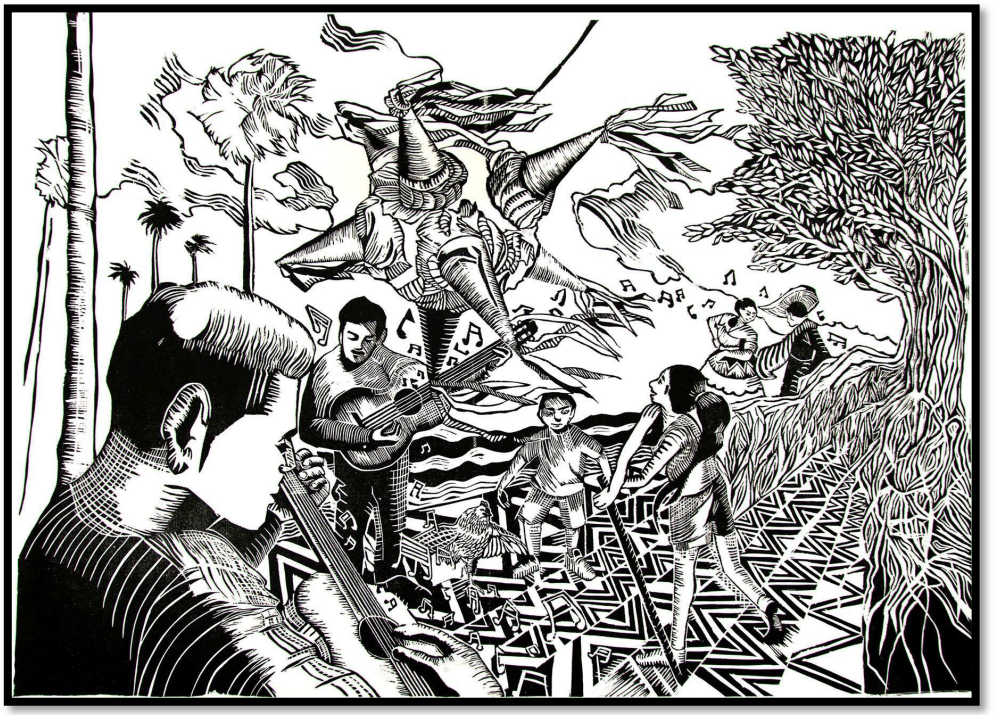

Figure 9.7: Virginia Contreras, “Los Frutos de Nuestra Tierra,” woodcut print, 2018.

Being in such a highly surveilled region, local artists and organizations know the disparities and racial tensions that can exist in law enforcement in all its forms and help facilitate the spread of information for the safety of our residents. Alexandria Canchola works closely with RGV Equal Voice Network in creating colorful illustrations and comic strips with bilingual information that readily explain your rights as an immigrant in Figures 5 and 6. Through the research done by RGV Equal Voice Network and Alexandria's creative approach, they detail the unfortunate cases rising in immigration detention centers across the

board. Artists like Virginia Contreras whose work celebrates the abundant mix of culture in the Valley understand that being an artist implies a lot of commitment to your community. I was personally able to see Virginia grow as an artist and take her craft to Monterrey, Mexico, representing the Valley through her work. Her woodcut prints embody and hold the feeling of growing up in our border cities as seen in Figures 7 and 8. She states, “You have to be your own boss and business manager and being an artist in the RGV means being a part of the art community there.”[5] Virginia, originally from Monterrey, came to the Valley in 2012 and eventually received her bachelor's degree in fine arts from UTRGV. Like many others, she believes that the choices made by our leaders in re-opening the state would have a negative impact on the number of cases, especially in the Valley. Like her, I have also feared for the safety of my family.

Moving Forward

Organizers and artists hold immense importance in progressive movements, as they can be informative, and the art can be thought-provoking and unifying. Artists should be able to work with architects, city planners, and engineers to create public spaces that could be more inclusive as well as mindful of our planet. Through this cooperative work, the end goal will develop cultural ties throughout the Valley and continue to grow the abundant creativity our region holds. Creative placemaking strategies are important in developing environments of collaboration that in turn create resilient communities when disaster strikes, like a pandemic. Meghan Veneble-Thomas writing for the Harvard T.H School of Public Health states, "recognizing the importance of cultural resilience, as a viable approach for community development and community building is extremely important because research, health, and community development decisions are still being made without the inclusion or voice of those most impacted by the decisions. We are seeing that this is a mechanism for inclusiveness."[6]

In an area already affected by the a number of humanitiarian issues, the pandemic has only brought more woe. Nancy Guevara, an adjunct lecturer for the University of Texas Rio Grande Valley, does not hope we go back to normal, but rather realize that the system that was in place does not benefit anyone but those seeking capitalistic profit. She says, "I’m hoping that the new normal is justice. I hope it addresses false gender boundaries, addresses injustices towards people of color, addresses the prison industrial complex; abolishing prisons, abolishing ICE, abolishing border patrol, abolishing border detention, and breaking down that wall. I think that is what we need to do moving forward."[7] Emma expressed a similar sentiment, in that going back to “normal” means going back to a failed system that in no way has helped the majority of the population. “Clearly for some people [the pandemic] never happened, but I don’t want things to go back to where a pandemic can ruin peoples’ lives the way that it has. What Nancy said makes a good point about failed infrastructure, our issues with rent and eviction are archaic and do not need to work this way anymore. I don't think that we should allow the government to get away with how they’ve managed to handle this pandemic. I don't think they should be allowed to treat any issue like this again.”[8]

[5] Virginia Contreras, conversation with Nydia Salinas, October, 2020.
[6] Meghan Venable-Thomas, "Creative Placemaking be a Tool for Building Community Resilience?" The Harvard T.H Chan School of Public Health, May, 2018.
[7] Nancy Guevara, Oral History Interview by Nydia Salinas, conducted via Zoom, November 19, 2020.
[8] Emma Guevara, November 20, 2020.

Artists in the Rio Grande Valley know that as an underserved community, these people would not receive the necessary information and resources to survive. If poverty and inequitable access to health care are challenges during normal times, they are existential threats in this global pandemic. During this pandemic, we all knew we had a role to play and the question was where we wanted to stand at this historic moment in time.

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Chapter 10: Fighting for Justice during the Pandemic
The Implications of COVID-19 on Immigration in the Rio Grande Valley

Fátima Garza

A native of Sullivan City, Texas, Fátima Garza graduated from La Joya High School and matriculated at UTRGV in 2018 where she is enrolled in the BA program in Anthropology with minors in Spanish and Philosophy. She will graduate in Spring 2020. Her participation in this project is especially apropos as the coronavirus impacted her insight as a *fronteriza* and activist. Garza, along with other community members, was able to witness the impact COVID-19 had on migration in the RGV, politically and socially. She also witnessed the struggle of other activists, organizations, and community members against the weaponization of the COVID-19 pandemic.

Introduction

The Rio Grande Valley has been and continues to be impacted as a region by the COVID-19 pandemic. To understand the impacts of the pandemic on the Rio Grande Valley, it is essential to look at the RGV as complex border region. The RGV has multiple ports of entry and is a space that many migrants first encounter while traveling—it is also home to many. That said, communities in the RGV are diverse and rich with immigrants and migration. As a border region in South Texas, the RGV has undergone changes in migration amidst the COVID-19 pandemic and this has affected the collective community. The pandemic has fueled and shined light on the issues that the RGV has previously faced and continues to face. According to a report by US Customs and Border Protection (CBP), between the months of April and October 2020 (during the pandemic), thousands of people have been apprehended and a large fraction of them have been children.[1] Much of this occurs in the RGV.

For instance, there has been illegal detention of people (specifically children) in McAllen, TX, during the early months of the pandemic. Illegal operations throughout the RGV may still be occurring. The COVID-19 pandemic has been used by politicians to push for their anti-immigration agendas and illegal operations. However, the pandemic has not only highlighted the detrimental issues the RGV faces, it has also highlighted the RGV as a collective community in solidarity. An example of how the COVID-19 pandemic is impacting the RGV can be seen in the mass outrage expressed by people in the RGV, because of the actions that were taken by the community and the national impact they had. I will analyze the ongoing impacts of COVID-19 on the RGV as a center for migration through a social and political lens. It will also highlight the community's struggle against the weaponization of the pandemic and discuss the implications of the COVID-19 on the RGV as a border region.

Family Separation, Anxiety and Sickness

The Rio Grande Valley for the past several decades has witnessed family separation and immense border militarization. According to the CBP, the Rio Grande Valley experiences one of the highest numbers of apprehensions.[2] This did not change in the year 2020. During the pandemic, families continue to be separated, asylum seekers are forced to wait in Mexico and people continue to be put in detention centers. The COVID-19 pandemic has inflicted a great amount of anxiety onto the community and the decisions the Trump administration has made on immigration policy has added to the anxiety of those and their

loved ones who may face detention or deportation. According to the International Rescue Committee, "over 20 percent of the ICE detained population is testing positive in ICE facilities in unsanitary and overcrowded conditions, yet ICE is dramatically under-reporting COVID-19 cases by a factor of fifteen on average and failing to release detainees."[3] In addition, they continued with regular deportation flights despite the increase in COVID-19 cases. This is a larger source of fear and anxiety within the community, for those who do not have a "legal" status, those who seek asylum at the ports of entry in the RGV and those who migrate "illegally" into the United States. As the numbers for COVID-19 increase in the RGV so does the community's collective anxiety and administrations anti-immigration agenda.

Weaponization of the COVID-19 Pandemic

The pandemic has influenced the ways in which the state and national governments create and enact policy. That said, COVID-19 has further impacted the RGV as migration landscape and home to mixed-status families. Economically and politically, the pandemic has been used and continues to be used to push anti-immigration policy. Because COVID-19 poses a threat to our community, political figures and agencies have used this as a basis/tool to engage in illegal procedures that pose a threat to the human rights of migrants that travel to the Rio Grande Valley "illegally" and those who seek asylum. Roberto Lopez, a community organizer/activist with the Texas Civil Rights Project expressed that "the COVID-19 pandemic was the sort of opportunity the government has been waiting for to shut down asylum, to stop black and brown people, immigrants, from coming into this country."[4]

The Trump administration used the coronavirus as the basis for granting power to apprehend any person who migrated into the United States and also omitted asylum seekers' rights. In April of 2020, ProPublica published a Trump administration memo explaining how the administration gave power "to the CDC to ban entry of people who might spread disease and ignoring the Refugee Act of 1980… [the] internal memo has ordered Border Patrol agents to push the overwhelming majority of migrants back into Mexico."[5] This power can be identified and associated to the Title 42 section of the US code. This was used to expel more than 6,000 people in order to "prevent" the COVID-19 virus. Moreover, "Border Patrol agents are utilizing portable command stations to process [people] who entered illegally in the field under its Title 42 authority, instead of transporting them to CBP processing centers, to reduce agents' exposure to the virus."[6] The pandemic provided the reasoning for the Trump administration to enact policy that violates human rights; the Rio Grande Valley was used as a stage for this to occur.

The pandemic has been used as a weapon for months. At the beginning of April 2020, the Texas Civil Rights Project learned that children were being held for deportation in the RGV. In June, they learned that countless children were being detained at the Hampton Inn hotel in McAllen, TX. A private company was hired to keep the children detained and they were denied lawyers and a legal process. Roberto Lopez explained that the "shadow expulsions process going on [is] affecting tens of thousands, hundreds of thousands of immigrants. And it's being done in our community. In plain sight. And we are doing our best to try and identify these sites, because it's still happening."[7] The Texas Civil Rights Project worked towards releasing all detained children at the Hampton Inn.

Community Actions

The detention of children in hotels garnered much attention and sparked mass outrage. This had an immense impact in the community as many people protested, some virtually and some at site. Lopez explained that petitions to stop the detention of children were going around and gained between 60,000 and 70,000 signatures. “It was going on in our backyard, and we're ready to do something,” Lopez explained.[8] Since the RGV at the time was facing an increase in COVID-19 cases it became difficult to organize while trying to mitigate the coronavirus at the same time. However, that did not stop the people from finding a way to help out virtually or physically.

Lopez explained that community members showed up because they were enraged about what was happening to the hundreds of children during the pandemic. While socially distancing at the Hampton Inn in McAllen, TX, people showed support. “We held up hotline numbers so the individuals inside the hotel could see it and possibly call us,” Lopez said.”[9] Altough the COVID-19 pandemic highlighted many issues that communities and those who travel through the RGV face, it also highlighted the potency border communities have. Socially, this affected many people, especially those who were being detained and/or separated from their families. The COVID-19 pandemic provided the right tools for administration to push their anti-immigration agenda and it also provided the right tools for social movements and change in the Rio Grande Valley.

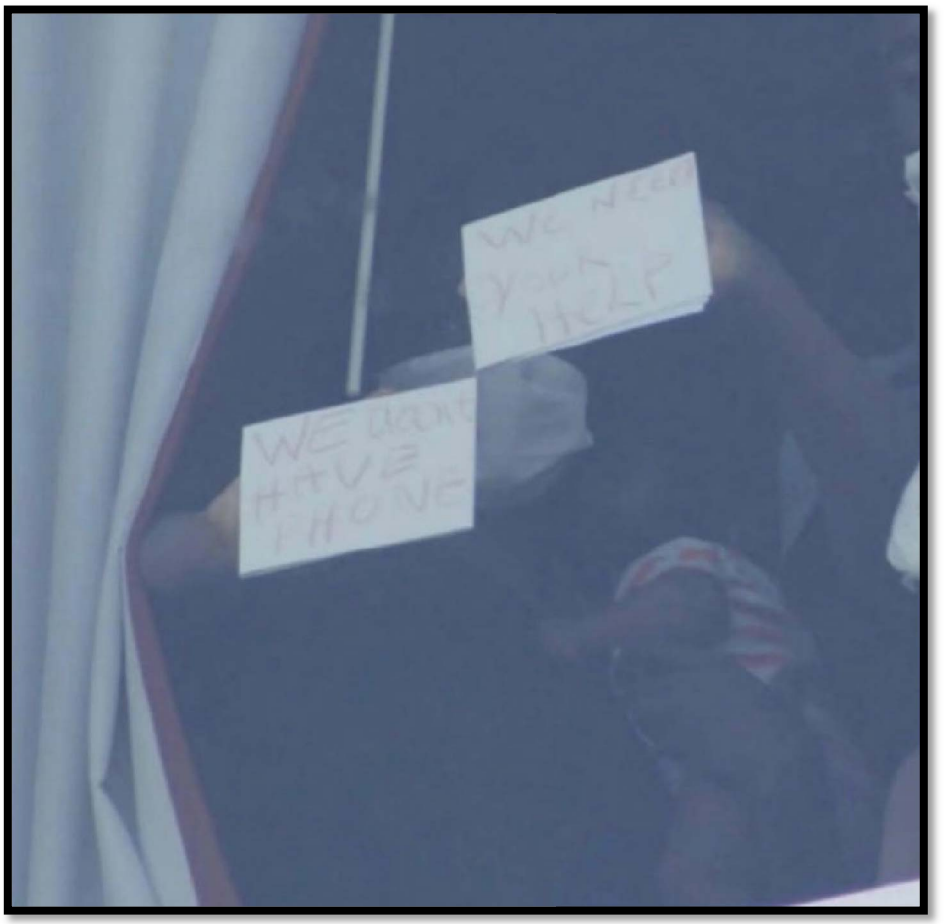

Figure 10.1: Migrants being detained at the Hampton Inn, McAllen, TX, on July 23, 2020. A child holds up a signs that reads, “We don’t have a phone,” and “We need your help.”

Conclusion

As a border region with an abundance of migration and immigrants, the Rio Grande Valley has been greatly impacted by the COVID-19 pandemic. Communities in the RGV have witnessed chains of events both politically and socially. In addition, they have also witnessed the various movements within the community that strive for humane and equitable conditions. The implications COVID-19 has on the RGV as a borderland/center for migration have been greatly emphasized through the weaponization of the pandemic by politicians and solidarity acts from the various communities. These events also suggest an alternate reality for the months to come and seek to adopt an alternate narrative that highlights the complex and unique being of the Rio Grande Valley.

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Chapter 11: Lonliness is Its Own Disease
COVID-19's Effect on Immigrant Families and Mental Health
David Cantu

A native of Houston, Texas, David Cantu graduated from Sharyland Pioneer High School and matriculated at UTRGV in 2019 where he is enrolled in the BS program in Anthropology. His participation in this project is especially apropos as the coronavirus has affected his job and finances. Although he feels like it's been a struggle to stay afloat, he is still determined to use this opportunity to tell an important story about the RGV to the rest of the world.

Introduction

The COVID-19 pandemic has surely affected life for most American citizens born in the United States, but the extent to which it has affected non-citizen immigrants to this country is largely unexplored. What about the people who wanted to make a life here in the United States but are not yet citizens? How has COVID impacted them? Here in the Rio Grande Valley, there are many immigrants—predominately from Mexico—who have visas to work or study, and others who rely on travel visas just to visit members of their family that are split between the two countries. As a member of an immigrant family, I can attest to the stresses and constant paranoia of being deported, earning a steady line of income, mental health struggles, and more. A family that is close to me has a husband and father that has not been allowed to visit the United States because of the travel restrictions due to COVID-19. Neither have his family been allowed to visit him in Mexico. This is an extreme obstacle for him and his family, and many other migrant families alike. Instead, they have stayed in touch through constant phone and FaceTime calls. One can only imagine how being in a situation like that leads to coping mechanisms and an altering of the self and mind for many migrants. I am curious and worried about how this has affected their income, their family relations, mental state, and more. For this report, I will focus on the Rodriguez family. I interviewed Nero Rodriguez, a 33-year old business administration student living in the Rio Grande Valley. He wants desperately to leave the Valley and see more of the world, but is frustrated being homebound and limited by the boundaries of his wheelchair. COVID-19 has created yet another obstacle for him to overcome. He is well aware of what the virus is capable of and even references a comparison to the 1918 Influenza pandemic. He feels as if the odds are stacking against him, causing him duress and sadness. I see him as the perfect candidate to represent a small but growing community in the RGV who suffer from mental health and financial struggles related to being from a marginalized immigrant family.

Income

In the case of the Rodriguez family, the main source of income comes straight from Nero's father. Like most immigrant families from Mexico, his parents moved to the US to seek out better financial opportunities: jobs that deal with manual labor such as construction work and work on the oil-rigs. However, such jobs require moving frequently up north, so the Rodriguez family chose to seek out better paying jobs in and near Mexico rather than the interior of the United States. Nero's father is the family's sole breadwinner and main source of income, which makes it harder for the Rodriguez family to solidify its status as middle class. They have survived by moving to cheaper rent locations and offering small services in return for cash as they make daily trips to Mexico to pick up money from the bank that the father has deposited from his labor. They are not as financially stable as they used to be. Just as the United States has been affected economically, so has Mexico. At the time of the

interview, there were not as many people infected with the coronavirus in Mexico as in the United States, but the economy in Mexico had suffered from the global instability caused by the pandemic. Many families, mine included, had to move around to alleviate the financial stress that was a burden caused by the rise in unemployment due to COVID-19.

Family Relations

The Rodriguez family does everything that a nationally separated family does. They speak with each other every day and see each other via FaceTime when possible. While COVID-19 closed the border separating them as a family, it did not really change the way they had previously communicated or seen each other. Before COVID, they would go and see Nero's father in Mexico, but that usually caused a hefty expense and damaged their budget. They learned to rely on virtual communication long before the pandemic. However, just because the method of communication has not changed does not mean that the Rodriguez family has not felt the weight of the separation due to the pandemic. In a time of paranoia and health concerns, it is right to worry about your father as he works away from home and near people who might have the virus and pass it on to him. Whatever amount of money he earns does not lessen the constant anxiety that family members like Nero battle in silence. But he also realizes that foregoing attempts to see his father to minimize contact with others is the best way to prevent either person from contracting or transmitting the virus.[1] However, from the interview, I could still hear the stress and hesitancy in his words. It is not uncommon for Mexican men to sugarcoat their words to hide strong emotions of worry and sadness.

Perspective on COVID-19

The effects of COVID-19 go beyond being detrimental to the public health; its side effects of self-isolation have affected millions around the globe. Being secluded in one's home is a huge sacrifice to help keep others healthy, particularly in the Rio Grande Valley where the nature of the culture is wrapped up in socialization. As a culture, it is very difficult not to socialize here in the RGV. Mexican culture in general functions as a very tightly knit network of families and friends. I have seen how people living in the Valley during the lockdown experienced depression, anxiety, paranoia, and plain fear of their neighbors. I have also witnessed many people blatantly breaking and ignoring the rules that Judge Cortez put into place to prevent further spread of the virus. The bars downtown are bustling with life, with people in close contact, sweat exchanged, masks falling, and drinks shared. This is the mentality of group of people who have given up and are willing to risk their lives and the lives of others just for the chance to feel alive again after weeks stuck at home. These acts of defiance are visible within the community, but there is a certain absurdist view of fully giving in to the possibility of getting sick. That is how much socialization means to many in the community.

Although Nero is an introvert, he was not always so secluded from society. He contracted Muscular Dystrophy in both of his legs in his youth, and now at the age of 33, COVID isolation has caused him to be even more withdrawn. Surely this shift in lifestyle has impacted his mental state and perspectives on life, as it has with everyone. But his MD coupled with the pandemic has shifted his mentality far beyond what most have had to endure during the present year.

[1] Nero Rodriguez, Oral History Interview by David Cantu, conducted in person at the interviewee's home, Pharr, TX, October 29, 2020.

Figure 11.1: Nero Rodriguez as a child, c. 1993. Courtesty of Noel Rodriguez.

Nero is knowledgeable about history and believes that this pandemic resembles the Spanish Flu from a century ago. He feels that it will be years, not months, until things are relatively normal again. It may be a depressing idea to think that we are doomed to repeat our history, but he feels vindicated by recent events in his pessimism. He is particularly pessimistic about our future with COVID-19 and the human race in general. He joked, "Just hang in there. I mean, the Spanish Flu took like three years to be contained. This is probably something similar. And if it's not, then… [laughs] I guess I'll see you on the other side."

But if you look past his dark humor, you can see that he has trouble coping with the minimized human contact that COVID-19 has imposed upon him, even as an introvert. Nero has adopted a very nihilistic view toward the world. He believes there is no escape and there is no light at the end of the tunnel, and perhaps a view that many others and I share with him as well. The only optimistic view that I can see in this moment is the hope of pending stimulus checks, but not everyone will receive those either. An immigrant family who carries more of a burden than a naturalized family must deal with this stress too. The constant toiling and pushing through work to get paid less than they were before and try to distribute the money amongst their family members with an even stricter budget has made the future look particularly bleak.

Conclusion

The perils of an immigrant family are constant and are harder than they were before. The loss of family and the inability to contact relatives from across the border is a constant struggle, a conflict one can visibly see in their eyes, through all the sugarcoated words and humor that these families use to ease their anxiety towards the future. They are no different than their American citizen neighbors, subject to the same dangers from the virus as anyone else, but with far fewer advantages than they have. With the threat of COVID-19 ever looming, they persevere, looking forward to a brighter future, despite the constant mental anguish, in order to adapt and support another in these dark times.

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Chapter 12: Unformed Memories
How the COVID-19 Pandemic is Affecting Social Events
Valeria Garza

A native of Mission, Texas, Valeria Garza graduated from Palmview High School and went on to the University of Texas Rio Grande Valley in 2018 where she enrolled in the BA/BS program in Anthropology. Her participation in this project is a valuable contribution to the story being told of how the coronavirus hit the Rio Grande Valley and has personally affected her family with the death of her father on October 15, 2020.

Introduction

The Rio Grande Valley has had a tradition of celebrating special events such as weddings, anniversaries, and Quinceañeras, with crowds up to 600 guests; however, with the recent onset of COVID-19 in our region, public and private gatherings were halted to stop the spread of the virus. Celebrations were put on hold in the hope of one day being able to gather together again. Fear struck the RGV with the spiking number of cases recorded throughout the summer of 2020. Family and friends were terrified to even see one another. There is a persistent point of anxiety in the community that they might infect their loved ones, not to mention the fear of contracting the deadly virus themselves. While businesses decide if they wish to reopen or not, they know that they are making risky health decisions that could affect not only their guests, but their employees, families, and themselves.

Mariachis that once made their livings playing for newlywed couples on their wedding nights are now only playing at local cemeteries during funerals. Sadly, these events seem to be more frequent than celebrations or parties, and of course, the Mariachis remain six feet apart from one another to maintain a safe distance while they play their instruments. The shutdown that called off these celebratory gatherings have also affected the lives of clients that had planned their “fairy tale” nights. The employees of event centers who were grateful to have work coming up and the owners of these businesses are suffering because that was their main source of income.

Money, time, and memories continue to be lost and might possibly never happen at all. Everyone is playing a waiting game that gets worse day-by-day as the future becomes more and more unpredictable and the need to panic becomes more apparent. Families down in the Rio Grande Valley have close bonds with one another and have strong social interactions, which has proved problematic for public officials trying to slow down the spread of the virus. It is difficult to ask people to stay away from one another when having each other is all they’ve known.

In 2019 the Cosmopolitan Banquet Center held 38 events, varying from 300-500 guests per event. In 2020, only 4 events were held out of the 26 that were originally booked before the COVID-19 quarantine came into effect. After March, no events were held, and all pending events were postponed or cancelled.

Struggles Within

For employees and owners, finding a way to survive without work or any type of government help has proven challenging. They have no way of providing for their families during the pandemic and do not see the situation getting better anytime soon. With no

money coming in from events, there is no way to continue payment on business expenses. Just one event might make just enough money to pay upcoming bills, but even that seems impossible under the current climate. Unfortunately, public utilities do not take pandemic-related income loss into consideration when the bills come due. Although there are assistance programs where the government could issue temporary money to help small and local businesses, no one tells you how difficult it is to procure even a small amount. Even for businesses that meet all the qualifications needed, that still might not be enough to

procure a grant or loan to keep the business going.

Figure 12.1: Tables set up for a wedding reception, January 2020.
Cosmopolitan Banquet Center, located in Mission, TX.

The amount of government assistance applications people are applying for has hit record numbers considering the national impact the pandemic has had on the economy, meaning that it gets harder and harder to get a hold of representative who can be of any further assistance. Businesses find themselves several months later still unable to get a response and no other way of getting that money. And yet, owners are still holding out hope that things might be better in November and December, which are their busiest months, and hoping that maybe they can still making up a percentage of the money lost over the last few months. But as of this writing, nothing substantial has changed, neither have the local ordinances restricting their businesses been lifted, nor are COVID-19 cases going down. Beyond the point of money, employees know what must be done to protect and do their part. In an interview with Rosabel Mendiola, the events coordinator at the Cosmopolitan Banquet Center, she informed me that they would not be reopening even after other venues attempted to do so. Despite how stressful it is to not have the money coming in, gathering large crowds is risking the spread for the coronavirus.

Families who simply looked forward to sharing their joy with others have been waiting for the day they get to do so in the future. Even if there is a chance of that happening, fear will always be on everyone's mind and a party will not be just a party anymore; instead, it will be a health risk that could end with fatal results. COVID-19 has taken away these unlived memories, as well as the financial investments they put into their event. Some families are really left with no other option but to cancel as so much time has passed and there is no use for a venue to host, but unfortunately most of the event centers cannot return any money already paid in the case of cancellation. Additionally, an event does not only include the venue, but many times caterers, musicians, photographers, and many others involved to make the event happen, so families do not only worry about losing money on a venue but on everything else that had already been booked prior. This could mean several thousand dollars lost.

Therefore many are choosing to keep waiting on for months because they have put too much hard work, money, and years of planning into their event to let it all go to waste. Friends and family will likely not be able to gather together and celebrate life's greatest joys—dancing together—at least not for a while yet. It is a waiting game until loved ones can sit next to each other once again and enjoy the company that everyone needs from other human beings.

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Chapter 13: Living Through the Pandemic
How COVID-19 is Affecting Working People in the Rio Grande Valley
Melanie Castro

A native of Edinburg, Texas, Melanie Castro graduated from Robert Vela High School and matriculated at UTRGV in 2015 where she is enrolled in the BS program in Social Work. Her expected graduation date is December 2020. Her participation in this project is especially apropos as her education in social work gives her a unique perspective on the social impact of the coronavirus pandemic in the Rio Grande Valley. She is also an AmeriCorps member who works with small children. Her experiences have made her very cautious in dealing with COVID-19 and she hopes that others will take it seriously.

Introduction

COVID-19 has affected the whole world. Everyone has been in panic mode since COVID-19 was announced as a deadly virus. There are many conspiracies on how COVID-19 started and why it hasn't gone away. I have only witnessed the COVID-19 pandemic here in the Rio Grande Valley (RGV). In the RGV, not only are some people careless about the behavior, but our Mexican cultural traditions are being blamed for the spike of COVID-19 infections in the area. Businesses are being affected by COVID-19 and some have had to close down. This led to a big loss of revenue, and small, family owned restaurants have had to close their dine-in sections and let go of their employees. Employees who have had to work through the pandemic are in fear for their health and that of their families. Many have lost their jobs due to COVID-19, which led to many people applying for unemployment benefits. Sammantha Alvarado, whom I interviewed about how her workplace and how she has reacted to the COVID-19 situation, was able to provide details about her work at a hotel during the pandemic. She also told me about how COVID-19 has affected someone close to her family.

Families keeping safe from COVID-19

The RGV is filled with many Mexican traditions. *El Valle* (the Valley) is our hometown community, and we are a culture that is surrounded by family. Since Governor Abbott has mandated Texas to quarantine, I have not gathered together with my *tias, tios, y primos*. We have all been looking out for each other's health, not only for our own well-being, but out of respect towards each other, including their ability to work and earn money. For example, I work with children, so my family respects that I don't go over to see them, because I care very much for the health of the children and that of my co-workers as well. Also, we think of my grandmother's health, since she is at a high risk of having complications with COVID-19. In an article from Texas Public Radio it states, "In Hidalgo County, where COVID-19 deaths are nearing 2,000, Judge Richard F. Cortez amended safety orders and suggested adjustments for Thanksgiving such as holding a small meal with household members, or a virtual dinner and shopping online the day after Thanksgiving."[1] Thanksgiving is a big family tradition where we love to gather together at my aunts' homes and have some good food and watch the Dallas Cowboys play football. Although, this year

[1] Reynaldo Leanos, Jr. and Jan Ross Piedad, "RGV COVID-19: Hidalgo County Surpasses 28,000 Cases on Thursday," *Texas Public Radio*, September 3, 2020.

we will stay home and probably see each other via FaceTime, our family members recite a small prayer together and say what we are thankful for.

We live in fear of contracting this deadly virus, and particularly of being asymptomatic carriers who can pass on the COVID-19 virus to someone who might not survive it. The possibility being asymptomatic has me very paranoid, so to be safe, I don't touch anything when I go to the store and I use gloves at work. In the RGV we know that many people don't have the documents needed to be here legally in the United States, so if they become sick it's hard for them to just go and pay for the COVID-19 test or a hospital bill since it is very expensive. I have noticed that undocumented people are keeping themselves safe by using curbside options when going for groceries or ordering food. Also, families have been keeping in touch over the phone and via FaceTime. Technology has helped us keep in touch with our loved ones during this pandemic. If we didn't have the resources needed to keep in touch, we'd be depressed and would try to get together even though it's not safe. For work as well, technology has been very handy.

COVID-19 has affected businesses gradually

Imagine that you just started your own business, and a month later a pandemic starts, and you have to close. Not only will you lose customers but money as well. How will rent be paid? Many family-owned businesses tried their best to stay open; they started offering curbside pick-up and offered discounts, but it just wasn't enough. In a *Texas Tribune* article it states, "Becky Guerra, who co-owns The Patio on Guerra with her husband, Che, said she has had to close her downtown McAllen restaurant for lunch and only open for dinner. She also rearranged tables to meet the Centers for Disease Control and Prevention's social distancing guidelines."[2] A small restaurant can do anything possible to pick up business, but due to COVID-19 it is very difficult.

Since many were afraid of catching the virus through food or clothing, people decided to just make food at home and refrained from shopping for a while. Although, others did start shopping on Amazon a lot more, I saw that small businesses started partnering with Amazon. This helped them pick up business a little bit. For example, at work we had to order about 200 reusable cups, and we ordered them on Amazon from a small businesswoman who was just trying to make ends meet. Everywhere you would go, you would hear on the radio or see signs on the streets that said "Support Small Businesses!" I knew of someone who had to close their restaurant because they weren't making enough money to pay the employees, to pay for the food needed daily, and they weren't left with much money for rent. They had to close 3 days out of the week, and only had one server a day. This way they had enough money at the end of the month for the rent. Although, it became too much of a hassle, so they closed the restaurant down.

Employees are working through COVID-19

Some have lost their jobs due to COVID-19 and others have had to work during the pandemic. Some might say that those who stayed with a job are lucky, but those with a job might think that the unemployed were the lucky ones. The reason behind this was the risk of getting sick and passing it onto their families. Nurses and doctors have been the ones at

[2] Meena Venkataramanan, "Texans struggle to find work in the Rio Grande Valley, where unemployment has nearly tripled," *Texas Tribune*, June 25, 2020.

higher risk at work during the pandemic. Not only are they putting their health at great risk, but many nurses and doctors have families they go home to and to whom they run the risk of infecting. On social media we hear that nurses and doctors don't let their loved ones touch them until they have gotten rid of their clothing and have showered. It's hard to get home and not let your child hug you, but at the end of the day, one knows that it's for their health and safety. I've been told about nurses getting COVID-19 and unfortunately passing it on to someone who is at a health risk, some of whom have died as a result. Therefore, family members blame the nurses and doctors for getting their loved ones sick, but unfortunately it is difficult to control.

Here in the RGV, the hospitals were short staffed on nurses, so Governor Abbott had nurses sent here to the Valley from New York. *Mega Doctor News* states, "Andrea told Texas Border Business in Exclusivity that the nurses arrived on June 30, and they had up to 200 nurses at any given time. On August 6, 2020, when this reporter attended the Thank You event, 170 nurses were staying at the hotel. The celebration was to say Thank You to the nurses leaving the hotel to replace the nurses ending their twelve-hour shift."[3] Nurses who came down were very much appreciated for their help. With their help many people were able to be cured faster from COVID-19 and were able to go home sooner.

Because some were let go from their jobs due to the pandemic, many people had to file for unemployment. An article in *The Texas Tribune* states, "In February, before the pandemic gripped Texas, the Rio Grande Valley's unemployment rate was 6.5%. The increase since shows how hard the Valley has been hit by the economic collapse caused by the coronavirus pandemic and limits on the U.S.-Mexico border crossings that fuel its retail industry. Even the slowdown in the oil and gas sector has affected employees who live in the Valley and work in that industry."[4] The economy worsened drastically due to the pandemic. That is the reason why the unemployment rate was very high. However, undocumented people can't file for unemployment after losing their jobs. Instead, they had to sell food plates or other items to make any kind of living.

In the interview I conducted with Sammantha Alvarado, I asked her if she feels that due to the culture in the RGV, COVID-19 has impacted us gradually? She said, "I think yes and especially because there is a lot of people that don't have documentation so it's harder for them to file for unemployment and you know some people have had to struggle going out to find a way to pay for their bills put food on their table."[5] On Facebook I see in the market page where how many families post that they've lost their home and job due to the pandemic, this makes one think about how tough it must be for someone who doesn't have documentation. An article in *The Texas Tribune* states, "For nine days, the couple lived in a hotel. When financial assistance for that ran out, they slept in their car for three nights. Then they stayed at a relative's home for about a week."[6] This is a very sad situation that can happen to anyone, COVID-19 *no perdona* (is unforgiving).

[3] Roberto Hugo Gonzalez, "COVID-19 Fighting Nurses honored with Thank You celebration by Local Hotel," *Mega Doctor News*, August 21, 2020.
[4] Venkataramanan, *Texas Tribune*, June 25, 2020.
[5] Sammantha Alvarado, Oral History Interview by Melanie Castro, conducted in person at interviewee's home, Mission, TX, November 9, 2020.
[6] Venkataramanan, *Texas Tribune*, June 25, 2020.

COVID-19 affected Hotel employees

Sammantha Alvarado is a manager at a hotel in McAllen. She lives in Mission, Texas, and has resided here in the RGV since she was born. I interviewed her and asked her what it has been like working at a hotel during the pandemic and how the pandemic has affected her outside of work personally. She gave me very good and knowledgeable information. In *The Monitor*, there was an article that stated, "On Thursday, Abbott's spokesman John Wittman cited the same weather-related challenges Tenpenny had spoken about and indicated the governor's office instead believes using hotels to house patients is 'the best course of action.'"[7] Abbott didn't go forward with this decision, but I asked Sammantha how she felt about this decision almost happening. She stated, "Well we were a little bit concerned just because I mean it is our job and we understand that other people are in the situation where they don't want to endanger their family, but then at the same time it's just that we have our family of our own that we have to come home to and we were running that risk that you know going to our jobs we didn't know if you know we were safe or not."[8]

I understood where her fear was coming from. We need to think about our loved-one's safety at all times. It's not fair for our loved ones to be keeping safe, but because of our job we ruin it for them. I asked Sammantha if she knew of people who would stay at the hotel to quarantine. She stated, "We kinda had the idea that they were quarantining at the hotel. The thing with people quarantining at the hotel and us not being aware is that it's easy to make a reservation and just bring someone from the side doors or the back door because we were taking temperatures for guest that would check in just for our safety procedures but at the end of the day I mean we do have side doors and back doors to get into you know the elevator the rooms on the first floor."[9] After she told me this, I imagined how much work someone puts in just to follow the procedures needed for COVID-19, and people just end up not following the rules. It is understandable that people didn't want to get their loved ones sick, but I think the best decision was that for the family members who didn't have COVID-19 to stay at the hotel so they wouldn't put workers or guest at risk.

Sammantha didn't only have to worry about COVID-19 at work but taking care of herself and her loved ones as well so they wouldn't become infected. I asked her if COVID-19 had affected herself or someone close to her. She stated, "My childhood best friend's dad did pass away from COVID. He was a truck driver, he was, you know, working during this pandemic and unfortunately he did catch the virus. So you know, I guess he had complications and that was just something that took his life."[10] Losing someone to COVID-19 is very hard. We all want to believe that it's not real or that nothing will happen if we get sick. Although, when we lose someone it's very hard to understand why it happened. It was a difficult time for Sammantha when she heard about the loss of her dearest friend's father. He was very close to her family, and now his presence will be sorely missed.

Also, due to COVID-19, Sammantha had to learn a new way of going to school and taking college classes, which is now handled virtually. She stated, "I am a student at South Texas College, and I love going to campus. You know when learning in class then doing online, so it's been an adjustment for me as far as doing online work just because I tend to

[7] Naxiely Lopez-Puente, "Abbot decides against Valley field hospital, favors hotels," *The Monitor*, July 16, 2020.
[8] Alvarado, November 9, 2020.
[9] *Ibid*.
[10] *Ibid*.

procrastinate."[11] I myself have found it a struggle shifting from being in person at school to online. I am a visual learner, so I understand where Sammantha is coming from, and it is much easier to procrastinate with online courses.

Figure 13.1: Sammantha Alvarado sanitizes her hands at work, McAllen, TX.

COVID-19 impacted funeral homes

COVID-19 has led to so much death. Families are sad to lose their loved ones. When someone is in a hospital, we cannot go visit them, and then funeral homes here in the RGV are only letting in a limited number of people. Funeral homes have become very busy during this pandemic. In a *New York Times* article, it states, "Johnny Salinas Jr., the owner of Salinas Funeral Home, typically handles five funerals a week. But on a recent day, with the coronavirus tearing through his community, he saw that many grieving families in a single day."[12] With so much death due to COVID-19, the funeral homes have many services a day. Therefore, it's not like before, where families were able to come together to grieve for their

[11] *Ibid*.
[12] Edgar Sandoval, "Not Sparing Anyone: Texas Funeral Homes Can't Escape Virus," *New York Times*, July 28, 2020.

loved one who has passed. Also, no one is allowed to get near the casket, especially if they passed from COVID-19. In that same article it also states, "It's human instinct to want to touch the body, but they can't… It's for their safety."[13] I can only imagine how hard it must be to not be able to touch the casket or body of the loved one. It makes the grieving part much harder and longer. One does not get the right to say goodbye anymore.

Conclusion

COVID-19 has been an unexpected experience for everyone. Not only has it affected our nurses and doctors but other employees as well. Also, COVID-19 has affected undocumented people, the unemployed, businesses, and funeral homes. Our journey through this pandemic has been very drastic. In the RGV we see and hear how families have been affected, but once it happens to someone close to us, is when we realize how real the COVID-19 situation is. With the RGV being primarily a Hispanic community, it's harder to keep away from our family. We all know that we need to protect our own personal health and those of our loved ones. Everyone is at risk if we get together. We are living through a nightmare, we feel as this will never end, but one day we will be back to "the old norm."

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[13] *Ibid*.

Chapter 14: You're Only as Safe as Your Food Supply

Farms, Restaurants, and Food Security during the Pandemic

Veronica Montoya

A native of Edcouch, Texas, Veronica "Vero" Montoya graduated from Edcouch-Elsa High School in 1995 and went on to study at the University of Texas-Pan American. She later matriculated at UTRGV where she is enrolled in the BA program in History with a minor in Criminal Justice. Her participation in this project is especially apropos as the coronavirus claimed the life of her 61-year-old cousin, Guadalupe Montoya, Jr. of Mercedes, Texas, who died June 30, 2020.

Introduction

In March 2020, the COVID-19 pandemic created a public health crisis that has had devastating impacts on the global economy. These impacts have been especially felt in the Rio Grande Valley, affecting its food sector, restaurants, and farms. The supply chain for food products managed to sustain itself early in the pandemic, but the guidelines set in place to contain the spread of the virus have begun to have an impact on the supply of food products to markets and consumers, in the United States and around the world. The level of demand on the food sector is unprecedented in the modern era.

Policy makers play a big role on how damaging these impacts will be on the food security and the livelihoods of farmers and others working along the food supply chain. The United States government has had a big task in managing the demands of a public health crisis of this magnitude, the impact it is having on the economy, and ensuring the public that the food system will not crash. It is evident that the pandemic is posing devastating challenges for the food sector, but it is also an opportunity for RGV rise to these challenges and build a stronger food and agricultural sector to triumph during these trying times.

Food Security

The COVID-19 pandemic continues to have damaging impacts on the food security of the people in the RGV. Brice Helms, a reporter with CBS 4 News, a local news station, interviewed Stuart Haniff, CEO of the Food Bank of the Rio Grande Valley about the demand for food during the pandemic. Haniff stated, "Typically in non-pandemic times, we serve 64,000 men, women, children, seniors, and veterans every week. That demand and that need has grown to as high as 142,000."[1] The impacts of the COVID-19 pandemic have also taken a toll on the people waiting in long lines to receive food. Francisco E. Jimenez, writing for *The Monitor* reported that long lines of cars have formed while waiting for the Food Bank in Pharr to open. Haniff stated the tally for that Tuesday's distribution was about 2,000 individuals served, and 28,398 pounds of food distributed.[2] Haniff rose to the challenge by stating "we've always maintained a philosophy of being prepared not scared and being proactive not reactive. So we've tried from the very beginning even before the cases started

[1] Brice Helms, "Food Bank RGV prepares for holiday as demand approaches due to pandemic," Valley Central, October 19, 2020, https://www.valleycentral.com/news/local-news/food-bank-rgv-prepares-for-hoilday-as-demand-approaches-due-to-pandemic.

[2] Joel Martinez, "Food Bank serves 2,000 Tuesday as demand grows by 200%," The Monitor, April 22, 2020, https://www.themonitor.com/2020/04/22/food-bank-serves-2000-tuesday-demand-grows-200.

to skyrocket here in the Valley, to get out ahead of this crisis."[3] The food supply has managed to sustain itself thus far, but with the winter season approaching the RGV is still not in the clear.

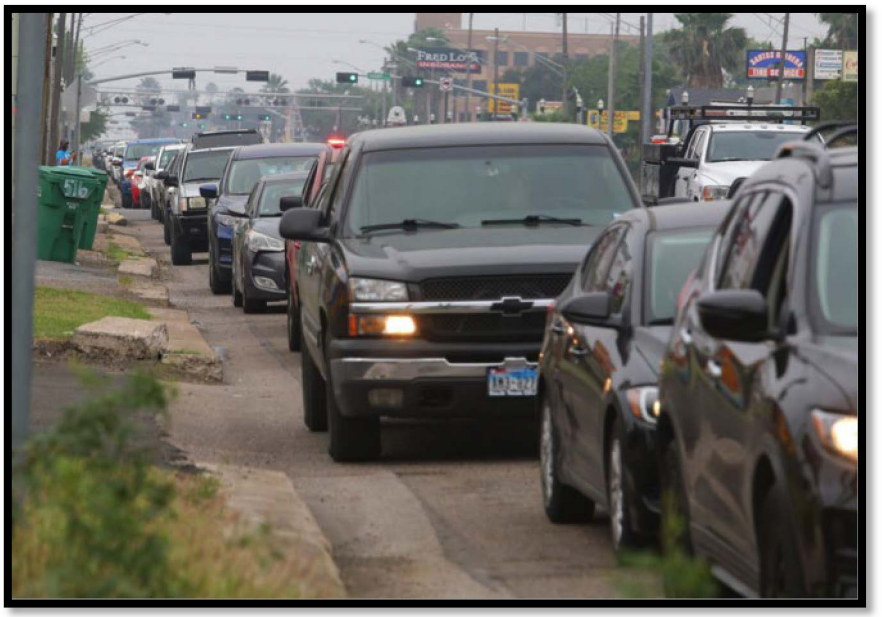

Figure 14.1: Vehicles line Cage Boulevard in Pharr, TX, outside the Food Bank of the Rio Grande Valley on Tuesday, April 21, 2020. Photo by Joel Martinez. Courtesty of *The Monitor*.

Restaurants

COVID-19 has also had a devastating impact on the local restaurant industry. Maricela Gonzalez, owner of Gigi's Cafe located at 1307 W. Santa Rosa Avenue in Edcouch, Texas, stated that she had to close her restaurant from March through May because of a lack of customers during the peak of the shutdown. Then, when they were allowed to reopen, people were too scared to go out to eat. This prompted Mrs. Gonzalez to make changes to her restaurant by building an outdoor patio for customers to feel safe and comfortable. She also installed ultraviolet lighting for sanitation purposes and is following all CDC guidelines to keep her customers safe.

Mrs. Gonzalez was also forced to cut back on the portions of food she served. She did this primarily to avoid raising menu prices. She had to reduce her staff down to a skeleton crew, and assumed many of their duties. She managed the register, waited tables, cleaned, and disinfected without the luxury of additional staff. Mrs. Gonzales had a cook who also washed dishes and took all the necessary precautions to keep her customers safe. Mrs. Gonzalez stated that she received funding from the Small Business Administration (SBA) and the Texas Restaurant Association. Due to this funding and the measures she took by reducing her staff, she was gradually able to hire her staff back when she reopened in May. This allowed her business to survive.[4]

[3] Helms, October 19, 2020.
[4] Maricela Gonzalez, Oral History Interview by Veronica Montoya, conducted in person at Gigi's Cafe, Edcouch, TX, October 23, 2020.

Figure 14.2: Maricela Gonzalez at Gigi's Restaurant & Cafe.

Figure 14.3: Jack Harbison sitting at his desk. Courtesty of Betty Harbison.

Farm Business Impacts

Farmers and their businesses have likewise experienced disruptions in production due to the COVID-19 pandemic. Jack Harbison is the owner of Harbison Farms in Mercedes, Texas. He stated that in the spring of 2020, when the government mandated shut downs to slow the spread of the virus, he had just begun harvesting his onion crop. Unfortunately, the price of onions dropped significantly the next day, as all the restaurants closed down and demand plummeted. Harbison said they didn't have any place to sell their onions. Additionally, Mr. Harbison stated that the food sector was affected at the beginning of the pandemic due to panic buying in communities across the nation. Many people rushed to the grocery store and started buying more than they need, which depleted supplies. The community was afraid the grocery stores would shut down and they would be unable to purchase food. Farmers lost most of their business because they weren't able to find buyers or distributers for their crops in the midst of this supply-chain chaos.[5]

Unlike Mrs. Gonzalez who was able to receive funding from the SBA and Texas Restaurant Association, Mr. Harbison stated that he did not receive any grants or loans because all of the land that he farms has insurance to cover any losses. Nevertheless, Mr. Harbison was fortunate for the Payment Protection Plan (PPP), which allowed him to pay his employees on the nearly 80 properties of farmland that he owns or leases. My mother, Teresa Montoya (Rubio), leases approximately 20 acres of land to Mr. Harbison for farming. According to the season, he plants onions, sugarcane, cotton, sorghum, corn, and beats year-round. Mr. Harbison made a wise choice in signing up for the PPP, because it allowed all the employees to stay employed. However, he fears that further shutdowns might make things difficult and that the uncertainty that the pandemic brings might yet deal a crushing blow to independent farmers like him. To make matters worse, Mr. Harbison also took a loss on the cotton he was harvesting. In July of 2020, Hurricane Hanna hit the community hard and caused devastating flooding that ruined the cotton crop. Mr. Harbison and other local farmers suffered back-to-back losses: first the pandemic, and now a hurricane.

Mr. Harbison stated that even though he suffered the loss of his onion and cotton crops due to the pandemic and hurricane, his agriculture loans were not affected because they kept working. He expressed that the government considered agricultural work an essential service because they provide food to the community. Thankfully, Mr. Harbison did not experience any type of disruption to his laborers. He kept everyone employed and when the government issued the shutdown, and he managed to keep all of his laborers busy. He assigned them things to do around the farm, like painting equipment, updating and change bearings on equipment so when it was needed it was ready to be used. He was able to keep the laborers on the payroll due to the PPP. He made sure all of his laborers were following CDC guidelines by wearing masks, using sanitizer and soap. He took the laborers' temperatures when they arrived at work. He also took precautions by keeping all the tractor operators in the same tractor incase a laborer got sick they would not spread it to other employees. Mr. Harbison stated that up to this point, none of his workers have contracted COVID-19 nor has anyone in their families. All of the workers are trying to be extra careful and if someone forgets their mask, someone always has extras.[6]

[5] Jack Harbison, Oral History Interview by Veronica Montoya, conducted via phone, October 25, 2020.
[6] *Ibid*.

Sanitation measures were taken to protect workers on the farm, but little additional measures were needed to ensure the safety of the food itself. Many of the sanitation requirements for normal farming operations do well to eliminate any contamination by the coronavirus. For example, he also harvested sugarcane, but during the milling process, the cane is washing and heated. This process eliminates any type of contamination, including COVID-19, resulting in a product that is 99.8 percent pure.

Apart from being farmers, the Harbisons are also a family like many others trying to navigate the pandemic safely. Mr. and Mrs. Harbison took extra precautions not to contract the virus and decided to have their groceries ordered and picked up via curbside. If parts or supplies for the farm equipment were needed, Mr. Harbison would have no choice but to go to the parts store, but Mr. Harbison took measures to ensure he was not picking up the virus like wearing a mask and using hand sanitizer before he went in the store and after he came out. He understands that the best thing for his business (and his health) is for the pandemic to end. And that will only happen if people make good decisions and follow public health guidelines.

Conclusion

The impacts of COVID-19 have been especially felt in the RGV within the food sector, farms, and local restaurants. The negative impacts are evident across the Valley as the guidelines set in place to contain the spread of the virus have had an impact on the supply of food products to markets and consumers. Farmers, restaurant owners, and food distributors alike have had to make sacrifices to survive these unprecedented times, but they have also proven resilient. As winter approaches, there is still much uncertainty about what the new year will bring. The fate of many people depends on the food industry, and the continued health of the food industry relies on an end to this horrible pandemic and its consequences.

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Chapter 15: Small Business, Big Battle

How One Family-Owned Restaurant is Adapting to COVID-19

Ramon Navarro

A native of San Juan, Texas, Ramon Navarro graduated from IDEA San Juan College Preparatory and matriculated at UTRGV in 2017 where he is enrolled in the BA program in History. His participation in this project provides a key insight into how the coronavirus has impacted many small business owners across the Rio Grande Valley. Small buisnesses have had to overcome and adapt to the challenges presented by this horrfic disease, but with the support of the local community, many are pushing through and seeing a light at the end of the tunnel.

Introduction

For small businesses in the Rio Grande Valley, it's been hard enough competing against big name stores and large corporations. But in 2020, they've had to fight a different battle altogether: COVID-19. The RGV has always been filled with small businesses, but the recent pandemic has caused more than a few to shutter their doors for good. I interviewed the owner of a small, family owned taqueria to better understand the kinds of challenges small businesses have had to face in recent months, including mounting utility bills, public health restrictions, and the "new normal" customers expect during the pandemic.

Jesus Villarreal has managed Taqueria La Regia, located in Donna, Texas, for two years now. He used to have a secondary location in Alamo, Texas, but he was forced to shut it down and consolidate his assets during the first wave of COVID-19. The Villarreal family has been doing everything in their power to save money and adapt to their customers' needs in order to stay in business and overcome these hard times. They have relied on each other for support to keep operations running smoothly. The family of five work day after day as customers line up in the drive-thru or sit down in the socially distanced dine-in area. Jesus Villarreal, co-owner of the taqueria, takes no breaks from opening to closing time. He clocks

in at 5:30 in the morning to heat-up the griddles, then begins disinfecting the front tables, making sure to refill the Germ-X bottles for customers to use and prevent any further spread of the disease. He has also had to adapt the business to comply with local and federal laws that have been placed on business in order to stop the spread of COVID-19. In order for the taqueria to stay in business, he had to attend a mandatory training that helped small business adapt to the changes this disease caused.

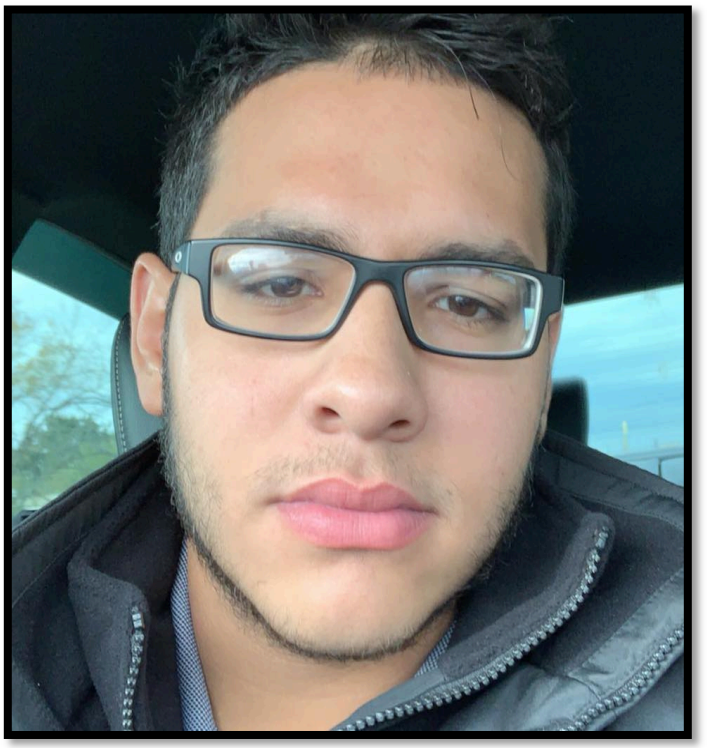

Figure 15.2: Photo of Jesus David Villarreal, co-owner of Taqueria La Regia.

The New Normal

The “old normal” only a few months ago was being able to walk into a restaurant and choose where to sit without worrying about being too close to another table or wearing a mask. The “new normal” now requires a facemask, which is now mandatory everywhere. Social distancing and disinfectants are people’s new best friends. Taqueria La Regia had to adapt to this new normal by making a lot of changes in the form of its layout and the ways things are run. Now before you enter the taqueria, you are greeted with two large signs that say, “Face mask are mandatory” and another that asks patrons to “wait until you are checked for your temperature.” As you are greeted by any of the five members of the family, you are asked to take a seat in one of the several socially distancing tables. Lysol and Germ-X are available on every table in order to make sure that customers feel safe that they can dine-in and enjoy their meal. Employees are screened frequently and if an employee is feeling sick or has any COVID symptoms, then they are asked to stay home and get tested. Jesus takes this disease very seriously and would love to do everything that he can to protect his family from contracting it.

Many measures of safety are taken in the taqueria. Jesus mentions that after every transaction, every delivery, or curbside interactions they sanitize properly in order to avoid

anyone around you getting sick.[1] Personally, I have dined-in at the restaurant and it is a safe environment where you can feel that the place is cleaned and disinfected regularly. When it's time to pay, the restaurant asks customers to pay with credit or debit cards, if at all possible, as they allow for easy sanitation and even provide the option of card readers and scanners that allow for contactless payment. For some, cash is looking like a thing of the past because of the danger of spreading virus particles with coins and dollars. The new normal also consists of eating in your vehicle; many individuals now prefer to order through curbside and drive-thru, parking to eat after they get their food. In order for restaurants to promote this they need a large enough parking lot where customers can park and eat if they decide to do that.

Anticipating Customers' Needs

Many customers haven't felt safe dining-in at a restaurant since the pandemic began, and Jesus noticed that many people instead were coming through the drive-thru or ordering curbside. Jesus purchased two iPads to better facilitate transactions, as now two people could be a cashier at the same time. This improved the customer wait time and ensured that customers were getting hot, quality meals. Jesus also took an initiative to expand his social media accounts for the taqueria as it would be easier for customers to get in contact and order their food, not to mention advertise to family and friends. The front of the restaurant also allows for customers to park in a designated numbered space and call the taqueria so an employee can go outside and give them their food with little to no contact. As employees enter and exit the building, they are met with bottles of hand sanitizer to clean their hands so they can continue with other orders. While some customers do prefer to dine-in, they are seated at tables that are socially distanced from each other and are disinfected on a regular basis. The venue is a bit small, so it has been a challenge to accommodate customers when several people want to dine-in at the same time. The lay out of the tables changed so that there is only a 75% capacity in accordance with state regulations. Jesus has placed posters all over the walls and at tables to remind customers that if anyone needs to leave the table for any reason (go to the restroom or get up to walk to something) to please wear a mask as it is a government mandate as well as being considerate to others. Jesus makes sure his customers feel safe so they can keep coming back. He has established that trust with many of his regulars as they always come back because they know that there is a certain standard of safety and sanitation.

Government Assistance

As COVID-19 has impacted many small businesses, small business owners have been searching for any sign of relief. The US government offered such relief through SBA loans that many took advantage of, which helped them to keep running their businesses. Small business accounts for over 44% of the economy, so it was important for the government to offer assistance with programs that allowed owners such as Jesus to keep paying their employees.[2] Jesus was on the verge of letting all of his employees go, but thankfully, Congress passed the CARES Act, allowing him to apply for loans that could be forgiven if he used them correctly. Jesus was able to get a loan to keep his business running,

[1] Jesus Villarreal, Oral History Interview by Ramon Navarro, conducted in person at Taqueria La Regia, Donna, TX, October 21, 2019.
[2] "Small Businesses Generate 44 Percent of U.S. Economic Activity," Office of Advocacy, U.S. Small Business Administration (SBA), January 30, 2019, advocacy.sba.gov/2019/01/30/small-businesses-generate-44-percent-of-u-s-economic-activity.

pay his employees, and renovate the venue to comport with social distancing regulations. He is grateful for that opportunity because without those loans it would have meant that he either had to close down and continue paying rent or let go of his employees and working harder and longer shifts. His employees are grateful as well because they got to keep their jobs and provide for their families.

Jesus recalls that first wave of COVID-19 was bad for small businesses as the government was not fully prepared to take action that could help owners stay afloat. The lockdown put many people through tough times. He remembers struggling to pay rent while his business was closed. No money was coming in and uncertainty grew as many people did not know what the future was going to hold. Now, even with the prospect of a second wave, Jesus feels as if he is prepared with his adaptations to provide curbside and drive-thru service because that is where most of his revenue is coming from anyway. Dine-in could soon be a thing of the past as it is easier than ever to order food and pick it up. The government also provided trainings on how to train employees about COVID and how to keep the working environment sanitized and safe for all. The CDC posted a playbook for restaurants so they could follow the necessary steps and procedures to prevent the spread of COVID-19.[3] Unfortunately for many small businesses, these came too late, after many owners had to make the difficult decisions of closing other locations and letting employees go. Many small business owners such as Jesus worked hard and even spent their savings to invest in their dreams, but due to the spread of COVID-19, a lot of businesses suffered.

Conclusion

The year 2020 has been full of surprises as COVID-19 continues to spread around the world. It has impacted loved ones, traditions, and small businesses. Small business owners have had to adapt and overcome the harsh challenges presented by this pandemic, and without a doubt, many people like Jesus have made tough decisions and worked effortlessly to keep their businesses alive. Taqueria La Regia is a family owned business that struggled early on but has since learned to adapt to these challenges. Jesus Villarreal's efforts have allowed his business to thrive in the face of the pandemic's many obstacles, but like everyone else, he longs for the day when this is all over and he can continue his dream of operating a successful small business in health and peace.

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Chapter 16: Buffalo Wings & Rings and COVID-19

Franchise Restaurant Employees During the Pandemic

Selena Alvarado

A native of Mercedes, Texas, Selena Alvarado graduated from Mercedes High School and matriculated at UTRGV in 2020 where she is enrolled in the BA program in History. While an undergraduate student, she has worked as a manager at Buffalo Wings & Rings in McAllen, Texas. Selena brings a unique perspective to this project as a full-time student with a full-time job in the restaurant industry. She will graduate in 2021 with her BA in History.

Introduction

In the past year, the virus known as the novel coronavirus disease (COVID-19) has affected countless people around the world. Many have lost their jobs, their loved ones, and their ways to live life freely. CNN Health declared that "as the pandemic has spread across the globe, the virus has left a trail of deaths in its wake."[1] The pandemic's effects have been felt by communities around the globe, including a region in South Texas known as the Rio Grande Valley (RGV or Valley). In this community, where most people engage in a number of family-oriented traditions like going out to restaurants to eat and celebrate life's special

[1] Pettersson, Henrik, Manley Manley, Sergio Hernandez, and CNN. "Tracking Coronavirus' Global Spread," November 30, 2020. https://www.cnn.com/interactive/2020/health/coronavirus-maps-and-cases.

occasions, one can imagine how difficult it was for the Valley to adapt and adhere to many of the new social distancing regulations implemented to contain disease.

Several months after March of 2020, the Valley became a hotspot for contracting COVID-19. Local officials like Hidalgo County Judge Richard Cortez forced a countywide shelter-at-home order in July due to the high number of COVID cases. However, according to an article by Sarah R. Champagne, "this order has no enforcement mechanism, which makes it simply a recommendation for those to stay home if they can, which Governor Abbott supports."[2] Furthermore, she mentioned how Governor Abbott's cabinet stated, "this order does not force businesses to shut down in the Rio Grande Valley."[3] These actions caused various restaurants to change the way they operated their businesses to follow the new regulations that Governor Abbott's enacted through a press release on July 2, 2020, in Austin, Texas:

> "Wearing a face covering in public is proven to be one of the most effective ways we have to slow the spread of COVID-19," said Governor Abbott. "We have the ability to keep businesses open and move our economy forward so that Texans can continue to earn a paycheck, but it requires each of us to do our part to protect one another—and that means wearing a face covering in public spaces. Likewise, large gatherings are a clear contributor to the rise in COVID-19 cases. Restricting the size of groups gatherings will strengthen Texas' ability to corral this virus and keep Texans safe. We all have a responsibility to slow the spread of COVID-19 and keep our communities safe. If Texans commit to wearing face coverings in public spaces and follow the best health and safety practices, we can both slow the spread of COVID-19 and keep Texas open for business. I urge all Texans to wear a face covering in public, not just for their own health, but for the health of their families, friends, and for all our fellow Texans."[4]

Numerous restaurants decided to shut down or remain open for takeout orders only. For this report, I interviewed several employees at a franchise wing joint located in north McAllen, Texas, called Buffalo Wings & Rings, which stayed open but only for carry-out service.

Buffalo Wings & Rings Company (BWR)

According to an article published in April 2020 by Danny Klein, "Buffalo Wings & Rings responded quickly to COVID-19."[5] Nader Masadeh, the CEO of BWR, and the other board members developed solutions to keep the company afloat. Masadeh and the board members estimated a "50 percent drop in sales and brace for impact," but in fact, "it was closer to 90 percent."[6] Moreover, in the article, Klein stated that "COVID-19 also struck the brand during its highest-volume season—March Madness." Masadeh later stated, "this really

[2] Sarah R. Champagne, "Hidalgo County Judge Tries Slowing Coronavirus, but Gov. Greg Abbott Has Limited His Options," *Texas Tribune*, July 21, 2020, https://www.texastribune.org/2020/07/20/hidalgo-county-coronavirus-emergency-order-gov-greg-abbott.
[3] *Ibid*.
[4] Greg Abbott, "Governor Abbott Establishes Statewide Face Covering Requirement," Office of the Governor of Texas, accessed September 03, 2020, https://gov.texas.gov/news/post/governor-abbott-establishes-statewide-face-covering-requirement-issues-proclamation-to-limit-gatherings.
[5] Danny Klein, "Buffalo Wings & Rings Responded Quickly to COVID-19," *FSR Magazine*, April 1, 2020, www.fsrmagazine.com/chain-restaurants/buffalo-wings-rings-responded-quickly-COVID-19.
[6] *Ibid*.

could not have hit at a worse time," because March Madness, football, soccer, and most professional sports are a huge money maker for the company.[7]

Figure 16.2: Vivian Torres (server/cashier) posing for the camera in the Cashier Station of Buffalo Wings & Rings, McAllen, TX, on November 29, 2020.

Vivian Torres

While Buffalo Wings & Rings sales dropped, some of the other BWR franchise restaurants decided to close down or adopt carry-out only. The "Front of the House" (FOH) employees—servers, cashiers, bartender, and managers—were all affected in some type of way. I interviewed a cashier named Vivian Torres who said:

> I got laid off from Buffalo Wings & Rings for I believe one month. Then I started working again because they required us to go back if we had experience in cashier.[8]

Vivian, having experience as a cashier, was allowed to work and still receive an income while indoor dining was shut down. During the interview, Vivian mentioned how she suffered a money loss throughout the shutdown time because she could not work.

As a server, they need customers to eat in because they make their money via tips. Unfortunately, before she started working as a cashier, she had to file for unemployment. While filing, she mentioned how "it just took a little bit of time."[9] She believed that this issue was due to how "everybody was filing at the same time" because of the many people that got laid off.[10] This made the Texas Workforce Commission website crash numerous

[7] *Ibid*.
[8] Vivian Torres, Oral History Interview by Selena Alvarado, conducted in person at the Torres family home, Edinburg, TX, November 22, 2020.
[9] *Ibid*.
[10] *Ibid*.

times. Vivian also discussed how she made money as a cashier since she was able to get paid minimum wage and received tips at the same time; this was due to people adjusting to the new norm of carry-out and curbside pickup. Furthermore, as Vivian states:

> As a cashier, I was making good amount of money because everybody was doing the drive through. So not a lot of people would come and sit inside because they were scared of COVID. So, they rather just pick it up and leave and they would take me there, which was good because I would get the cashier money and I will get the tips. But as actual server, what I really am, what they hired me for, I actually lost more… like I wasn't making as much money as I originally did.[11]

Even though she was making a fair amount of money, she still did not make the same sum as she did before COVID-19. After hearing Vivian's perspective on how virus affected her, one can conclude that she was negatively impacted by the new financial norms.

Figure 16.3: Zack Zapata (bartender) posing for the camera at the bar, Buffalo Wings & Rings, McAllen, TX, on November 29, 2020.

[11] *Ibid*.

Zenon Zachariah Zapata

An interview done with a 25-year-old employee named Zenon Zachariah "Zack" Zapata showed another perspective on how COVID-19 affected his job as a bartender at the same Buffalo Wings & Rings in McAllen, Texas:

> Well, COVID basically, you know, shut down most of the service industry. So, I was out of a job for quite some time. The store did stay open for, you know, To-Go and curbside orders, but you know I was unable to, you know, stay on employment during that time.[12]

Zack was not able to work for about a good month, so he decided to file for unemployment. It would take him a while to get it due to some difficulty, but as he mentioned:

> I did file for unemployment but ran into some problems because the website was full of people trying to apply for benefits, so you know the website would crash from time to time. I did eventually get through and was only able to get one round of payments for unemployment, but luckily work reopened on May 1st.[13]

From his statement, one starts to see a trend in how out-of-work restaurant employees had difficulty managing the unemployment website. Both Vivian and Zack found the process frustrating as it crashed multiple times while they attempted to apply for unemployment. However, unlike Vivian, Zack was making more money compared to pre-COVID life:

> I actually saw an increase in the amount of money I was making. You know, me being a bartender and all. Most people that were going out at first or people that you know of age to have alcoholic beverages. You know, luckily out of the grace of their heart they were, you know, leaving good amounts of money. So, I was actually affected in a positive way as far as that.[14]

Nevertheless, this was only possible once the restaurant opened up its dining area to the public because if not, he would have still been on unemployment like many other American restaurant workers who lost their jobs.

Selena Alvarado

As a Buffalo Wings & Rings manager, I did not have to worry about struggling financially as much as the servers and other employees because my job is on salary. While so many hourly employees were financially affected, I was still able to pay my bills. However, that did not mean I was not affected in other ways. For example, before the store reopened, managers had to get updated with all the new COVID-19 protocols and rules set by Governor Abbott, which made it challenging to run the restaurant. Managers had to mandate the six-feet-apart rule within the dine-in and bar area.

[12] Zenon Zachariah Zapata, Oral History Interview by Selena Alvarado, conducted in person in McAllen, TX, November 23, 2020.
[13] *Ibid*.
[14] *Ibid*.

Figure 16.4: Selena Alvarado (manager) posing for the camera at the front entrance of Buffalo Wings & Rings, McAllen, TX, on November 29, 2020.

Ultimately, this order created a capacity problem because it caused them to sit only 50% of customers, period. Even if it were legally permissible to seat a higher percentage of people, it was physically impossible. There was simply no space to increase capacity because tables got skipped to practice social distancing. This caused them to use a waitlist on more hectic nights since they were allowing only a certain number of people in the building.

From a manager's perspective, everything was on us to ensure compliance. In order to obey the rules and regulations, we had to remove everything off the tables. Employees had to wear masks. There was only a certain amount of people allowed in the building. We have to check every employee's temperature to make sure that they do not have a fever. We could not have that many people at the bar top. We also had to have signs made emphasizing people to wash their hands to use hand sanitizer. We also had to get rid of our menus and get disposable utensils.

Moreover, the shutdown had me working longer hours and working multiple jobs with many more responsibilities than would have been expected pre-COVID. I had to work shifts as a cashier, server, bartender, cook, and in food prep, just to name a few, in order to ensure the restaurant continued to operate without interruption, all of which resulted in stress, anxiety, and fairly mild depression. Not to mention that, as many other employees in the franchise restaurant business, work was only one aspect of my life. I was working 45 hours per week in addition to being a full-time student at the Univeristy of Texas Rio Grande Valley and being a full-time single mother to a four-year-old child with special needs. Thankfully, upper management began to understand the strain the pandemic had

placed on franchises and hired more staff, even rehiring former employees who had been previously laid-off, in order to ease the workload.

Conclusion

The COVID-19 pandemic has produced a great deal of stress, anxiety, depression, and financial struggle, not to mention the countless deaths of loved ones in the Rio Grande Valley and all over the world. Everyone has been affected in many different ways. For those working in the restaurant business, it is no different. However, the common take aways from those interviewed seem to go beyond work: "cherish the people you have when you have them."[15] Similarly, a reminder to "put an emphasis on how you spend your time and whom you spend it with" because you never know what tomorrow brings, or what can be taken from you at any moment.[16]

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[15] Torres, November 22, 2020.
[16] Zapata, November 23, 2020.

Chapter 17: Chick-Fil-A and COVID-19
How Local Eateries are Handling the Pandemic
Luis Barreda

A native of Brownsville, Texas, Luis Barreda graduated from Simon Rivera High School and matriculated at UTRGV where he is enrolled in the BA program in History with a certificate for Teaching. His participation in this project is especially apropos because Luis and his family have occupations that have been directly affected by COVID-19. His mother works for Brownsville ISD as a teacher and his brother works at Walmart. Luis works at Chick-Fil-A, located at Ruben Torres Blvd. in Brownsville, Texas. His experience working there during the pandemic gives him first-hand knowledge about the restaurant industry, which is the subject of his report.

Introduction

The current situation that has impacted the world is a coronavirus pandemic that started to affect most of the United States in March 2020 and continues to this day. COVID-19 is a highly contagious disease that has proven deadly to millions around the globe. In response to the virus, governments everywhere have taken measures to prevent further spread, cancelling many events, closing down businesses, and leaving people's daily routines scrambled. Here in the Rio Grande Valley, one of the industries most greatly affected by this pandemic are fast-food restaurants. Restaurants play a big part in the economic stability in the United States as they employ millions of people, in addition to working in conjunction with farms and food processing plants to keep commerce flowing. When this pandemic hit, it caused the restaurant industry to fall into disarray. Everybody that owned or worked at a restaurant, whether family owned or a food chain, were affected when the coronavirus arrived in the US. The purpose of this report is to give people a basic understanding how the pandemic has affected restaurant businesses into the present, and how they have adapted to the current circumstances. There is no doubt, however, that this pandemic has adversely affected the restaurants and the livelihood of owners and employees across the industry.

By way of comparison, it is helpful to explore how restaurants adapted in previous pandemics. The 1918 Influenza pandemic, known as "Spanish Influenza" or the "Spanish Flu," was a highly contagious disease that resulted a large death toll estimated at around 500 million people, or about one third of the world's population. The Spanish Flu brought many nations, including the United States, to its knees. And like today's pandemic, the 1918 virus brought day-to-day operations to a crawl. Restaurants were particularly vulnerable as they rely on a constant flow of customers just to remain solvent. An article by Rebecca Spang elaborates further: "Operating in most cases with small profit margins—this month's customers pay next month's rent—few restaurants can afford two weeks (much less months) of forced closure."[1]

Health officials in 1918 also implemented many of the same methods in effect today. Those officials closed any venues that attracted large crowds of people and also advised the cancelatdion of major events. However, when it came to restaurants, there was a notable

[1] Rebecca Spang, "Why Did So Many Restaurants Stay Open During the 1918 Pandemic?" Lithub.com, Harvard University Press, May 27, 2020, https://lithub.com/why-did-so-many-restaurants-stay-open-during-the-1918-pandemic.

difference between 1918 and the present. According to Spang, restaurants in 1918 rarely closed their dining areas. She attributed that difference to the smaller and more rural population of the United States. The government needed the restaurants open to feed immigrants coming over and those who "can't cook a meal."[2] Thus during the 1918 Influenza pandemic, many restaurants stayed open, serving the public in a unique way. Today, restaurants have adapted by closing their dining areas and providing to-go services such as curbside pick-up and delivery.

Figure 17.1: Chick-Fil-A, 2150 Ruben M. Torres Blvd., Brownsville, TX.

Current Situation and Response

The COVID-19 pandemic has changed the modern restaurant industry in the United States. Prior to the pandemic, restaurant dining areas and drive-thrus were buzzing with customers. Within days of the appearance COVID-19 cases in the Rio Grande Valley in March 2020, everything changed. The reactions from those in the restaurant industry are telling. I interviewed Hector Marquez, a veteran employee at Chick-Fil-A, who stated: "It was scary, what was happening in America, that it was happening across the ocean, yet it found its way over here."[2] Before long, reaction to all these new cases forced local government to begin implementing prevention procedures in the RGV. Schools extended their spring breaks indefinitely, college campuses suspended in-person learning in favor of online learning, and many of the non-essential businesses temporally closed down. All these changes have had large and lasting effects on restaurants, including procedures directed at the food service industry at large.

[2] Hector Marquez, Oral History Interview by Luis Barreda, conducted in person at Chick-Fil-A, Brownsville, TX, October 24, 2020.

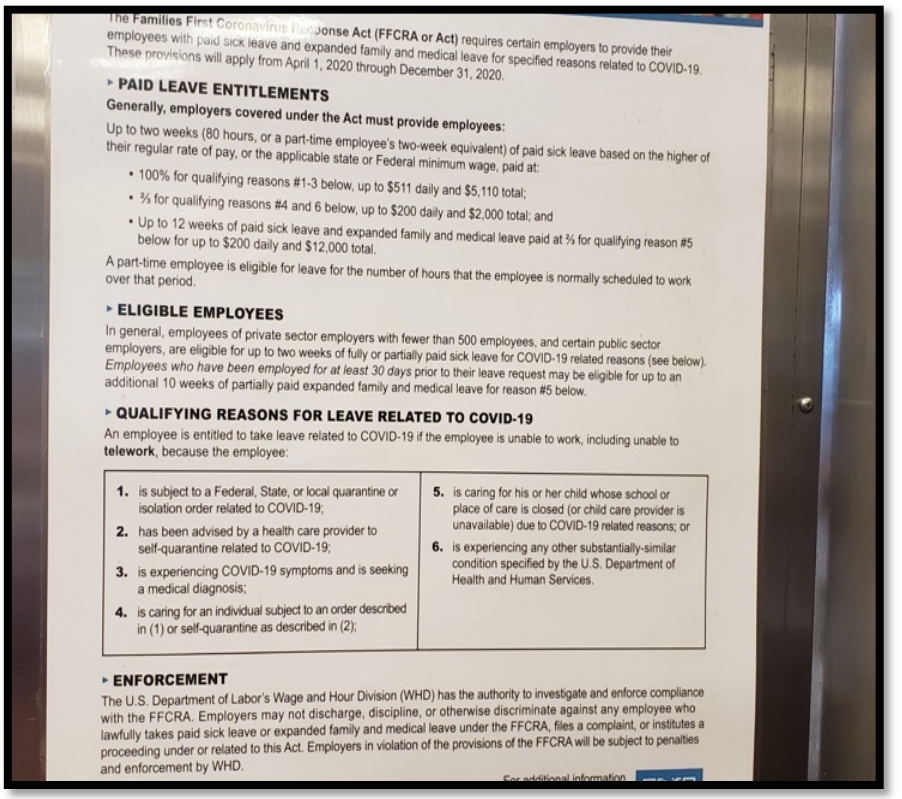
Even with COVID cases appearing in the Rio Grande Valley, restaurants tried to keep operating as normal. But by early April 2020, facemasks and social distancing began to be required by the local government, as well as the temporary closure of all non-essential businesses. The crisis and restrictions made people rethink their spending habits such that everyday luxuries like dining out were the first to be cut. Customers adopted new mindsets toward saving money and buying only what they needed, which directly affected the restaurant business. In another interview with Sam Vallejo, a Chick-Fil-A team leader, he goes on to state that Chick-Fil-A experienced a slump in sales when the virus appeared in the Valley.[3] He noticed that people began to come by the restaurant less and less, and that restaurants feel the impact of slowdown in their profit margins. The situation grew worse when local governments implemented a two-week lockdown, meaning non-essential businesses had to close down. Although restaurants were not shut down completely as food services were considered essential, they were forced to close down much earlier to comply with curfews. As a result, workers were unable to earn their usual income to pay their bills.

Figure 17.2: Sam Vallejo, Director of Training at Chick-Fil-A, Brownsville, TX.

[3] Sam Vallejo, Oral History Interview by Luis Barreda, conducted in person at Chick-Fil-A, Brownsville, TX, October 23, 2020.

The COVID-19 pandemic hit restaurants in the RGV hard and everybody that owned and/or worked in the industry felt it as well. In the interviews with Mr. Vallejo and Mr. Marquez, both gentlemen stated that the number of work hours that employees received were reduced so significantly that many employees had to take on a second job.[4] As the pandemic went on things intensified and the restaurants revenues suffered.

Although the situation in the RGV looked bleak, restaurants began to respond to these closures. Places like Chick-Fil-A implemented safety procedures including requiring facemasks and shields, social distancing, and limiting contact with guests as much as possible. In fact, Chick-Fil-A leaders knew that COVID-19 can be contracted via surface contact, so as an extra precaution, the leaders decided to only accept credit/debit cards, limiting cash transactions for as long as the pandemic lasted. Many food-serving places that I observed were quick to respond to this crisis to protect their businesses and their workers. Many owners realized just how much trouble a person could be if someone in their family contracted COVID-19. So, to help these people in the future, many restaurants had plans or programs designed to aid workers who got infected. Many food businesses have health care programs and also enrolled in payroll protection plans as well. An example of this appears in the interview with Mr. Vallejo where he stated that Chick-Fil-A had their own form of health coverage to take care of any employee that were unfortunate enough come in contact with the virus.[5] During this time of great struggle, it is encouraging to see that restaurant owners are prioritizing the safety and needs of their workers.



The Families First Coronavirus Response Act (FFCRA or Act) requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to $511 daily and $5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to $200 daily and $2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅔ for qualifying reason #5 below for up to $200 daily and $12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days* prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. has been advised by a health care provider to self-quarantine related to COVID-19;
3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or
6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.

ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.

For additional information

Figure 17.3: A poster explaining the details of a relief program available to Chick-Fil-A employees affected by COVID-19.

[4] *Ibid*.
[5] *Ibid*.

Figure 17.4: Chick-Fil-A employees following new safety procedures and protocols.

Figure 17.5: Chick-Fil-A kitchen staff working while wearing masks.

As the first wave of the pandemic passed in the spring a great number of changes in resulted from it. However, by early summer, it became clear to the restaurants in the Valley that this pandemic was going to last a while. Many businesses began to adapt and transform their day-to-day operations to better accommodate "the new normal," including a push by state and local governments to go forward with plans to stabilize the economy and getting people back to work. According to Elizabeth Findell, "Texas plans for the reopening of some restaurants by turning those places to only to-go basis and/or delivery."[6] Restaurants like Chick-Fil-A used their own workers to offer delivery services while places like Chili's converted a section of their parking lot into a curbside only pick-up, and many others began to offer only pick-up or to-go ordering. As a result, customers began to frequent these establishments again.

While the food industry adapted to the new normal, their clientele—fearful of infection—did not return to pre-pandemic levels. As a result of this downturn many types of money saving strategies were implemented to help lessen the burden of expenses of the restaurants. One of the methods that owners employed to save money was lessening the amount of product they ordered. Despite a steady flow of customers, produce was significantly less available. Adam Russell discusses how the pandemic forced many institutions such as schools and restaurants to close, which meant ordering less food from producers and suppliers, leading to a disruption of supply lines and lessened demand overall.[7] Other methods implemented by restaurants to save money included a reduction in the number items on their menus. Other places chose to reduce the number of staff that they employ at any given time. For example, summer is usually the season for big events, but these were cancelled, leading to fewer needed employees during peak seasons.

Holidays are occasions when restaurants make large profits. For fast-food restaurants, these include spring break, Easter, Mother's Day and Father's Day, 4th of July, and Halloween. Priscilla Blossom wrote about guidelines published by the Center of Disease Control and Prevention regarding Halloween, stating that activities like large parties and festivals should be avoided.[8] For restaurants, that means missing out on a lot of business that would have been generated if families had been allowed to trick or treat. Vallejo said that during Chick-Fil-A's "theme week," the event had so few guests that it was basically a regular day in terms of sales.[9] Similarly, patrons like Nereida Gamboa said she had family events planned in restaurants that they were forced to change due to the pandemic.[10] So there was business lost on both sides.

Missing the Experience

For all the guidelines and protocols put into place, the cases of the coronavirus kept rising through the summer and fall in the RGV, and this affected the number of people going out to eat. This has led to the shuttering of a number dining venues across the Valley, such as Mr. Gatti's which was permanently closed after 20 years in McAllen. Even restaurants that did not permanently close, but were shut down for a period of time, saw their profit

[6] Elizabeth Findell, "Texas Set to Reopen Some Sectors Closed by Coronavirus; Stores Will Be Allowed to Reopen on a to-Go or Delivery Basis; State Parks Also Reopening," *Wall Street Journal,* April 17, 2020.
[7] Adam Russell, "COVID-19 Disrupts Specialty Crop Production," *Farm Industry News,* April 22, 2020.
[8] Priscilla Blossom, "No Tricks, All Treats," *The Monitor*, October 1, 2020, 2C.
[9] Vallejo, October 23, 2020.
[10] Nereida Gamboa, Oral History Interview by Luis Barreda, conducted in person in Brownsville, TX, October 25, 2020.

margins adversely affected. It is difficult to understand the impact that this has had on the community, and on the spirits of the customers who have frequented these places over the years, getting to know the servers, menus, and atmosphere.

Figure 17.6: This now vacant building at 2100 FM 802 in Brownsville was a Mr. Gatti's restaurant. It closed during the shutdown because of COVID-19.

Figure 17.7: Nereida Gamboa, a Brownsville resident and customer.

In the interview with Nereida Gamboa, a longtime patron of Brownsville restaurants, she states that the one thing she missed the most was going to restaurants, dining in, and enjoying the human experience of interacting with people.[11] Customers began to feel the negative effects of not being able enjoy a nice night out at a nice restaurant. As of this writing, many venues have begun to allow people into their dining areas with limited capacity in order to allow businesses to recover and customers a return to some form normalcy.

Serving the Community

Although people are still struggling, not everything is doom and gloom. People are receiving help from various sources in the RGV. Restaurants are one of those sources. Restaurants recognized that they had ways to aid the community in these trying times. Primarily, restaurants have served as employers to members of the community seeking an income. Sam Vallejo confirmed that Chick-Fil-A received an increase in employment applications over the course of the pandemic.[12] In fact, Chick-Fil-A created their own delivery system to open more opportunities to hire new people and/or get existing employees a chance to earn more money.

Restaurants provide other services to the community as well. As many people were sheltering in place, they opted to use delivery services for groceries and other necessities. Restaurants provided similar services when the pandemic was at its peak. For example, Denny's offered grocery services for people who chose to avoid going out. This type of service helped venues make more profit while serving the community during the crisis. Other restaurants implemented more creative solutions to help serve the community. According to Ron Ruggless, a Texas restaurant owner invested his own time and money into creating a mobile service to test customers for COVID-19.[13] At a time when rapid result testing was severely backlogged, a service like this showed restaurants helping the community in surprising new ways.

Conclusion

This report has sought to cover the details of the challenges facing restaurants in the Rio Grande Valley during this pandemic from March 2020 until the present time. As of this writing, I can attempt to offer some hopes and predictions for the future using the facts that we have covered and the opinions given by the interviewees and myself. It is very likely that the pandemic will stretch into the next year and into the foreseeable future, meaning that restaurants will have to continue to adapt to working under limiting circumstances. Sam Vallejo and Hector Marquez, our Chick-Fil-A employees, both predict that restaurant dining will eventually go back to normal but with some noticeable changes in the future.[14] From the customer's point of view, Nereida Gamboa stated that she will definitely go back to dining with her family once things become more stable.[15] One can imagine that most customers share her hope.

[11] Gamboa, October 25, 2020.
[12] Vallejo, October 23, 2020.
[13] Ruggless, Ron. "Texas Restaurateur Creates Company for Mobile, on-Site COVID-19 Testing." *Restaurant Hospitality*, July 21, 2020.
[14] Vallejo, October 23, 2020; Marquez, October 24, 2020.
[15] Gamboa, October 25, 2020.

I would also throw in my opinion to say that I believe that restaurants will definitely get back to how they were operating before the pandemic began; however, they will have to be cautious as the nature of COVID-19 is the definition of a rapidly evolving situation that cannot be underestimated, and for them to plan accordingly. This ordeal has left permanent changes on the human landscape, in the Rio Grande Valley and beyond, and in particular, on the restaurant industry at large. Things will necessarily continue to change and adapt until the pandemic comes to a close. But no matter how stressful and intense the situation gets we can continue to hope that the Valley and everybody in it will come together and persevere until we see end of this crisis.

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Chapter 18: Surviving the Food Service Industry
Working for Minimum Wage During the COVID-19 Pandemic

Maxwell A. Perkins

Hailing from McAllen, Texas, Maxwell A. Perkins graduated from McAllen High School and matriculated at UTRGV where he enrolled in the BA program in Anthropology. Having worked as a server in McAllen for over five years, his participation in this project is especially apropos of the COVID-19 pandemic and its effects on the Rio Grande Valley's food service industry.

Introduction

The COVID-19 pandemic has devastated vulnerable communities nation-wide, and the Rio Grande Valley of Texas in particular. Home to approximately 1.4 million people, it has accounted for over 60 thousand confirmed cases as of this writing. Due to sub-par government aid, many Valley residents remained financially unstable during the statewide "shutdown" regulations put in place by the state government. This obliged many to continue working in critical infrastructure occupations like the food service industry, designating them as "essential workers." Over the summer months, however, the state government incrementally repealed their already inadequate precautions, increasing the risk of transmission among food industry workers and their loved ones. In this way, the Valley's tight-knit communal networks, which facilitate support between individuals and social groups, in turn become the pathways of infection. With no effective regulations in place and non-existent government aid, those who have thus far survived the virus must consider continuing work at jobs they feel might threaten their lives or choose more sequestered and private jobs to survive the economic hardships brought on by the pandemic.

Although the mortality rates of COVID-19 in the Valley has been well documented by the national media, these reports provide little insight on how the pandemic has changed the day-to-day pursuits of Valley residents living under the coronavirus' shadow.[1] In an attempt to fill in these gaps, I have included personal accounts from Valley residents to provide a snapshot of life in these difficult times. Sarah Walker is a 23-year old student at the University of Texas Rio Grande Valley (UTRGV) and has been a friend of mine for several years. She has lived in the Valley her entire life and was hired at a local restaurant in McAllen shortly before the pandemic reached the Valley in the spring of 2020. She worked there well into the pestilent summer of 2020, under shifting policies and protocols, until contracting the coronavirus, recovering, and quitting. Sarah offered her perspective on how the pandemic affected those woring in the food service industry in the Rio Grande Valley.

Security in Friends and Family

Shortly before the World Health Organization declared COVID-19 a pandemic, Sarah had been between jobs and stuck "figuring out" her living situation. Securing an income and a residence became her utmost priority. Without either, she could not fully care for her one-year-old son, Elliott, who was living his father's family. In the following weeks, our friend group came together to give her a temporary place to stay. With a good word put

[1] Caitlin Dickerson, "Vulnerable Border Community Battles Virus on 'A Straight Up Trajectory,'" *New York Times*, July 19, 2020, https://www.nytimes.com/2020/07/19/us/coronavirus-texas-rio-grande-valley.html; Molly Hennessy-Fiske, "Coronavirus has Torn Texas' Tightknit Rio Grande Valley Apart: 'We're in hell right now,'" *Los Angeles Times*, July 21, 2020, https://www.latimes.com/world-nation/story/2020-07-21/in-texas-rio-grande-valley-familiarity-has-bred-coronavirus.

in from our friend, Erick, Sarah landed a position as a host at Kumori Sushi & Teppanyaki, a local chain of Japanese cuisine restaurants where Erick had served food for months. Not long after, luck would have it that Sarah's grandmother offered to rent her a two-bedroom house in McAllen with Erick and me as her roommates. We finished moving in in early March, and in time, Sarah and Erick began dating. With all of us working in the food industry, we made an effort to keep up with news of COVID-19's spread in Asia and Europe via social media.Sarah was weary of it from the start: "I felt like I took it seriously from the beginning… [otherwise] I would probably get it."[2]

Work During Lockdown

Just two weeks into our new routine, Governor Greg Abbott issued an executive order limiting travel, business operations, and public gatherings throughout Texas on March 19, 2020. An unfortunate feature of the situation was that Sarah would not able to see her son, and she made an effort to only leave the house for work and essentials. Although Hidalgo County Judge Richard Cortez issued a similar shelter-at-home order on March 25, Gov. Abbott's order forced restaurants to overhaul their operations. While this prohibited dine-in orders, "the use of drive-thru, pickup, or delivery options [was] allowed and highly encouraged."[3] As a result, the amount of take-out orders drastically increased by would-be dine-in customers. To make matters more hectic, Kumori terminated every assistant manager, deemed superfluous, at all seven branches, while many young servers and hosts quit. This left Sarah's branch with a front-of-house staff consisting of just herself, Erick, and two other coworkers. She explained, "they [her coworkers] would work the mornings and we [she and Erick] would work the evenings."

Since everyone worked host duties, they all received the $5.50 per hour minimum pay, while also equally dividing all tips collected among them at the ends of shifts. Businesses, including Kumori, that stayed open until the curfew at 10 PM gave their employees written proof of employment as "essential critical infrastructure workers," which excused them from the curfew if in transit home after work. Before this point, both the manager who hired Sarah and his replacement had been relocated to different Kumori locations during Sarah's first two weeks at Kumori. Her third manager, "Mary," had years of experience in bar management, but was fired after only two weeks for not knowing "how to do the job." Sarah remarked, "In her defense [...] nobody was training her. She was getting no training." Sarah's fourth manager, "Elisabeth," replaced Mary.[4]

By this point, to-go orders got so numerous that "[Elisabeth] got two more phones, so there would be three phones calling Kumori at the same time and sometimes not enough people to manage them." Although management instructed employees to wear both masks and face shields while interacting with curbside customers, the employees would occasionally go outside with only masks on. While inside, some employees removed their masks for conversation. Additionally, management had an inconsistent stance on whether gloves should have been worn, and employees didn't always regard their encouragement to regularly wash their hands.

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[2] Sarah Walker, Oral History Interview by Maxwell A. Perkins, conducted in person at interviewee's residence, McAllen, TX, October 17 & 20, 2020.

[3] Greg Abbott, "Governor Abbott Issues Executive Orders To Mitigate Spread Of COVID-19 In Texas." Office of the Governor of Texas, accessed November 10, 2020. https://gov.texas.gov/news/post/governor-abbott-issues-executive-orders-to-mitigate-spread-of-covid-19-in-texas.

[4] Walker, October 2020.

Figure 18.1: Kumori Sushi & Teppanyaki at Uptown Plaza, 4500 N. 10th Street #50, McAllen, TX.

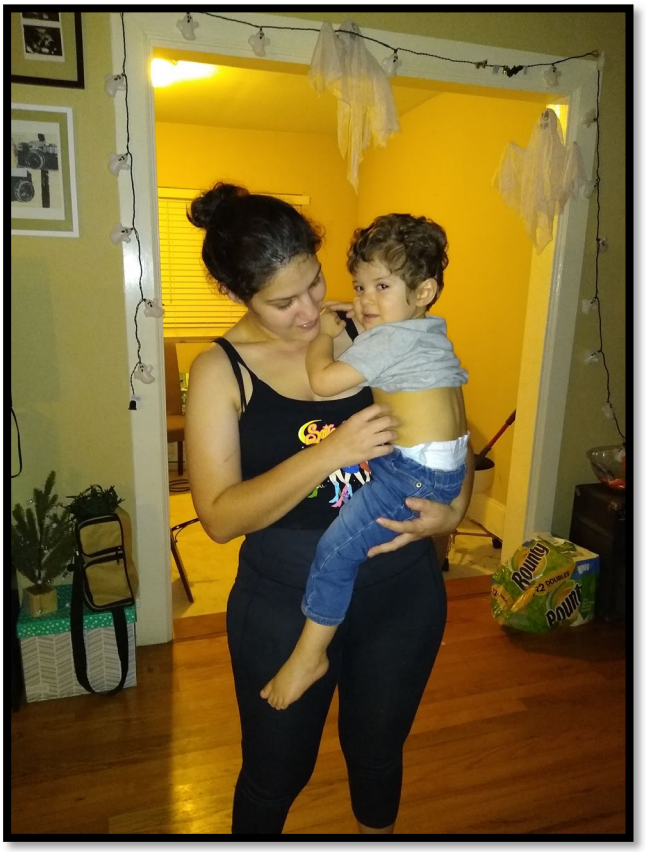

Figure 18.2: Sarah Walker holding her son, Elliott, October 2020.

On May 1, Gov. Abbott began “Phase I” of reopening Texas, relaxing restrictions and allowing restaurants to let twenty-five percent of their normal occupancy dine in, with parties no larger than six, despite cases for COVID-19 still rapidly multiplying. Nevertheless, Sarah recalls people already coming to dine-in on the first day they reopened. Management now alternatively scheduled her as a host or a server, earning the pre-lockdown $2.13 per hour minimum wage as the latter. Safety protocols now included strictly assigning tables and blocking off every other table to space parties enough to comply with social distancing measures, as well as temperature checks at the door. On May 22, Gov. Abbott initiated "Phase II", allowing a fifty percent occupancy limit and a maximum party size of ten-persons. Other than folks now having "a definitive interest in dining in," this had little impact on the number of tables for Sarah's workplace: "Our occupancy was already only seventy-eight people, ‘cause it was a really small restaurant [...] I remember management wanted the occupancy to go up because twenty-five percent occupancy to them wasn’t really that many people.”[5]

When Elisabeth moved out of the Valley, Kumori hired a fifth manager who came to work on his first day without a mask. After a week, higher-ups at the restaurant fired him after a Yelp review surfaced that included a picture of him helping customers without a facemask. He was replaced by “John,” an ex-fast-food chain manager. Then in July, Gov. Abbot issued a mandate requiring people to wear masks in public, barring some situations like being in the act of eating or drinking.[6] Although John reminded employees of this protocol, he took no initiative in enforcing this mandate with customers. Customers tended to stay at their tables long after finishing their meals, chatting without masks on. Sarah explained an instance where a server tried enforcing the mandate with a maskless customer, only to have them make the excuse that their asthma prevented them from breathing with a mask. Similar comments were routinely brought up and disproven by doctors and public health officials. When the server brought the situation up to John, Sarah recalled him being concerned that they could be fined for failing to enforce the mandate, but simply remarked that “somebody’s gotta tell her,” despite having the authority to do so.

Regardless of safety measures, food staff like Sarah had to work in close proximity to unmasked patrons' faces and handle used glasses, silverware, and dishes constantly. Sarah believed they shouldn't have been open for dine-in at that point, but knew that, as a business, the restaurant’s first priority was their bottom line. They prioritized meeting the minimum requirements allowed for businesses to operate under the governor’s mandate rather than ensuring safety for employees and customers. Sarah explained, “I wished they were doing more about COVID [...] or did more than just a temperature check because you can have COVID and not have a temperature. So, I mean, how safe can you really be, you know? Somebody could walk in and not know they had it.” The prospect of contracting the coronavirus preoccupied all of us. When I caught a cold earlier on, we ordered mail-in tests to be sure it wasn’t COVID-19, and we all tested negative. For Sarah, with a grandmother in her eighties and her infant son’s paternal aunt and grandfather asthmatic and in remission from cancer, respectively, there was an increasing sense of worry as spring turned to

[5] *Ibid*.

[6] Greg Abbott, "Governor Abbott Establishes Statewide Face Covering Requirement, Issues Proclamation To Limit Gatherings." Office of the Governor of Texas, July 2, 2020, https://gov.texas.gov/news/post/governor-abbott-establishes-statewide-face-covering-requirement-issues-proclamation-to-limit-gatherings#:~:text=Governor%20Abbott%20Establishes%20Statewide%20Face%20Covering%20Requirement%2C%20Issues,or%20more%20positive%20.

summer. News of Valley hospitals reaching capacity with COVID-19 patients filled everyone with fear. "Because if anybody I knew or cared about got sick," she told me, "it would be really hard for them to get in, if it was really serious."[7]

Then, in the first week of August, Sarah told Erick and me that she could hardly taste or smell anything, prompting us to visit a nearby clinic for a rapid COVID-19 test. In less than an hour after we got home, Sarah got a phone call from the clinic, notifying her that, while I had tested negative, and she and Erick tested positive for COVID-19.

Figure 18.3: McAllen home where Sarah, Erick, and Maxwell live.
Sarah and Erick self-isolated here for fifteen days after testing positive for COVID-19.

A Fortnight, Afflicted

Sarah and Erick isolated themselves in our home until further notice, while I quarantined elsewhere to avoid infection. They began sleeping in different bedrooms, using separate bathrooms, wearing masks around each other, and washing and disinfecting every item and article of clothing they used regularly. Our mothers and I delivered food, drinks, medicine, and other essentials to the door. Despite their optimism, the possibility of either Sarah's or Erick's conditions worsening unsettled everyone. Sarah believes Kumori to be the most likely place for one or both of them to have contracted COVID-19, due to the nature of serving food for extended periods. For the next ten days, she slowly regained her sense of smell and taste, while Erick only briefly had a sore throat. However, just as they started to be more comfortable and confident, Sarah awoke one morning drastically ill, describing, "[COVID-19] had hit me like a train."[8] She spent the next five days bedridden and disoriented, suffering intense pains in her lower abdomen, muscle aches, difficulty eating and drinking, and fever. She could only manage these symptoms with constant medication and forcing herself to stay hydrated. Bearing this agony was compounded by the misery of knowing her loved ones feared for her life, and not knowing when it would end: "It was really draining, physically, being that sick, and not knowing how long it was going to last.

[7] Walker, October 2020.
[8] *Ibid*.

[…] I'm glad the fever broke in five days, but for all I knew, it could've been a week or two weeks of just being severely ill."

Figure 18.4: The Academic Advising Center in Southwick Hall,
University of Texas Rio Grande Valley, Edinburg, TX.

Figure 18.5: Posters at the entrance of the Academic Advising Center showing the university's commitment to enforcing social distancing and public health guidelines, October 2020.

Acquiring a Safer Occupation

Fifteen days after first testing positive, Sarah finally felt well enough to get tested again. She and Erick went separately, and both came back negative. I moved back in, still working at the local restaurant where I was employed, but now they needed income. When the shutdown ordinance was in place, Sarah received unemployment benefits from the Texas Workforce Commission (TWC) to help with rent and sending money to Elliott's father for food and supplies. By the time she recovered, though, TWC enforced new stipulations for eligibility, reducing the previously substantial amount Sarah received to just $300. Sarah also knew that she didn't want to return to food service, explaining, "I didn't wanna work at a restaurant where I felt like any day I could come home and have it, no matter how soon or recently I got tested, and I have a son. I don't want to get him sick."[9]

Via UTRGV's career-seeking application, Handshake, Sarah got a job at the Academic Advising Center (AAC) on campus, where she now schedules advising appointments for other students. With staff workstations and equipment sufficiently spaced and regularly disinfected, and students only spoken to either over the phone or from behind glass panels, Sarah feels working in the AAC is considerably safer than as a server or host at Kumori. This security working during the pandemic gives Sarah enough confidence to have Elliott at the house as much as she can, while visitors to the house are few and far between. Even with this relative increase in comfort, Sarah still acknowledges that the likelihood that any of us can still contract the virus is high as long as the pandemic continues to rage.

Conclusion

Although Sarah felt that the food service industry leaves its employees susceptible to infection, she didn't blame her employers for her illness. She, and other Valley residents affected by the virus, place the blame more so on the state government for allowing and encouraging businesses like Kumori to reopen to the public prematurely.[10] By rescinding shutdown orders so soon, many feel that Gov. Abbott sabotaged the efforts many municipalities made to successfully implement safetey protocols.[11] In his mask mandate, Abbott admited that the state government used only the "least restrictive means" to mitigate the increased viral spread, acknowledging that the likelihood of further spread was acceptable in order to restart the Texas economy.[12] Furthermore, the state government policy reflected President Donald J. Trump's administration, which allowed states to make the final decisions concerning COVID-19 safety measures, as well as downplaying the severity of the pandemic early on.[13] There are those who feel that the state and federal leaders sacrificed the

[9] Mitchell Ferman, "In Texas, the Lowest-Income Workers Don't Qualify for Additional Unemployment Aid," *Texas Tribune*, August 26, 2020, https://www.texastribune.org/2020/08/26/unemployment-300-texas; Walker, October 2020.

[10] Adam Wratten, "Brownsville man's COVID-19 death was preventable, daughters say," *The Monitor*, August 18, 2020, https://www.themonitor.com/2020/08/17/brownsville-mans-covid-19-death-preventable-daughters-say.

[11] Suzanne Gamboa, "A Texas Border County Had the Coronavirus under Control. Then the Governor Stepped in," NBCNews.com, July 26, 2020, https://www.nbcnews.com/news/latino/texas-border-county-had-coronavirus-under-control-then-governor-stepped-n1232267.

[12] Abbott, July 2, 2020.

[13] Kevin Liptak, Kristin Holmes and Ryan Holmes, "Trump Completes Reversal, Telling Govs 'You are going to call your own shots' and Distributes New Guidelines," CNN, April 16, 2020, https://www.cnn.com/2020/04/16/politics/donald-trump-reopening-guidelines-coronavirus/index.html; Cameron Peters, "As Trump Downplays Covid-19, the US Sets a World Record For Cases," Vox.com, October

wellbeing of its citizens in the pursuit of economic growth. In either case, the failure to enforce effective measures to prevent further spread of the coronavirus weighs heavily on those affected.

Sarah remains hopeful that her personal encounter with the virus will be the worst she will have to endure during the pandemic. But until the virus can be contained, this chapter of history—in the Rio Grande Valley as around the world—is a very dark one indeed. The question is, how long will it be until the peril finally ends for this community? Many seem to think that it already has, or will soon, but the coronavirus is still lurking in the Valley as people adapt a premature "business as usual" attitude. Sarah's situation before the pandemic is but a reflection of the lives that many Valley residents lead. Many here are reliant on a close circle of family or friends. Although this inadvertently bolsters the coronavirus's spread, paradoxically, it's also the reason Sarah, Erick, and I came to quick agreements for the betterment of our group when they tested positive. And, more importantly, how we were able to help Sarah through her illness. Where political forces fail to do so, perhaps it will be through these bonds of family and friendship, which bind this community together, that we will dispense the love and aid needed to keep the Valley's spirit alight through the rest of this catastrophe.

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Chapter 19: When Can We Go Back to School?
How COVID-19 is Impacting the Valley's Education System

Marco Guzman

A native of Mercedes, Texas, Marco Guzman graduated from Mercedes High School and matriculated at the University of Texas-Pan American in 2007 where he was enrolled in the BA/BS program in Social Studies Composite. After several years in the workforce, he made his way back to UTRGV to fulfill his goal of graduating college. His participation in this project is especially apropos as the coronavirus has impacted his family and friends, many of whom are involved in the local education system. He plans to graduate in 2021.

The Valley and COVID-19

Growing up in the Rio Grande Valley is a unique experience. The sense of community and close family atmosphere is unparalleled anywhere else. It is this idea of "family" that is the most important aspect of life in the Valley. The Valley is a place that thrives on the closeness of family and the bond of community. It is because of this that the coronavirus pandemic, known as COVID-19, has hit the Valley particularly hard. People here have lost their jobs, family members have died, and that sense of a communal bond that used to be so prevalent has since disappeared. The threat of the coronavirus is clearly present in the Valley, but there are still people who have failed to appreciate the severity of the virus. Valley residents continue to go out, attend Mass on Sundays, and wander the malls, shoulder to shoulder, some even without masks, with no regard for the warnings. South Padre Island booms with an increasing number of people each weekend as people seek new ways to overcome the boredom of quarantine. Will numbers spike after a busy weekend at the Island? Probably. But will it stop members of our community from going and spending the day at the beach? No. But this is our culture.

One's childhood mostly consists of being dragged to parties every weekend by your parents and ultimately having a good time once you get there. It is no different as one gets older, as you can throw a party for any sporting event that's airing on the television that evening. Could a virus originally classified as nothing more than a flu really stop the "*raza*" from attending "*pachangas*" or hugging the "*tias*"? Life doesn't stop so easily here in the Rio Grande Valley. With a population of over one and half million people, the Valley's major metropolitan cities are on the rise and the future looks bright for its inhabitants, or so it seems. Amidst the coronavirus pandemic, businesses and people's ways of life have come to a grinding halt. The *Los Angeles Times* reports, "Deaths here are multiplying, crematoriums are backed up for weeks, and at one cemetery, so many graves were dug that the backhoe broke down and men had to take to shovels."[1] Hospitals have built temporary COVID-19 wards to care for hundreds of new patients, scores of bodies lie stacked in refrigerated trailers and hundreds of contract nurses, some dispatched from as far as Florida and New York, have descended on the RGV.[2]

[1] Molly Hennesy-Fiske, "Coronavirus has Torn Texas' Tightknit Rio Grande Valley Apart," *Los Angeles Times*, July 21, 2020. https://www.latimes.com/world-nation/story/2020-07-21/in-texas-rio-grande-valley-familiarity-has-bred-coronavirus.
[2] *Ibid*.

Residents of the Rio Grande Valley have a higher-than-average occurrence of underlying conditions, including diabetes, obesity, and heart disease, that put them at greater risk of complications from the virus. More than a third of families live in poverty and many are uninsured, solely relying on community clinics or emergency rooms for medical care.[3] Many Valley residents tend to live in multigenerational housing, where younger family members who are more socially active could easily infect their parents and grandparents. What had been a bustling community has now been reduced to a trickle as state and local officials try to keep the economy going and people in the workforce while managing the spread of the deadly virus. Of the many negative changes the outbreak has brought to this region, the education system has had to make some of the largest adjustments to COVID-19.

Challenges for the Education System

The COVID-19 pandemic created a monumental shift in the educational systems around the world. School closures and other learning institutions have impacted both students and educators alike. In the Rio Grande Valley where coronavirus is aggravating pre-existing educational disparities, it has also reduced opportunities for many of the Valley's most vulnerable children, youth, and adults. But the most affected institutions during the COVID-19 pandemic have been the schools. In March of 2020, the pandemic forced local education agencies (LEAs or school districts) to extend their spring breaks indefinitely and ceased in-person instruction in almost all schools. School closures have also hampered the provision of essential services to children and communities. The loss of school meals and other health and nutrition services has been a detriment to the poorest families in the Valley. These closures have also affected the ability of many parents to provide for their families as many working parents rely on schools to provide free childcare.

From the onset of the pandemic, teachers were immediately tasked with implementing distance learning, often without sufficient guidance, training, or resources. All public school districts are required to follow guidelines set by the Texas Education Agency (TEA) and the Centers for Disease Control and Prevention (CDC). School districts have done their best to balance these guidelines while meeting the needs of the local community, including trying to desgin, test, and implement proper health and safety plans with little or no time to prepare. But there has been no end to the debate over when to bring students back into classrooms for in-person instruction. The school districts are all trying to maintain a healthy environment for students, and while much teaching will continue online thorugh the fall, most of Texas' more than 1,000 school districts want to bring at least some students back onto campus.[4]

Some LEAs are not so keen to trust these guidelines set by the TEA because, in addition to providing delayed guidance, TEA continues to suggest that resuming in-person schooling is safe because "relatively few children with COVID-19 are hospitalized or have severe symptoms."[5] In July, Edinburg Mayor Richard Molina said: "We have heard from

[3] Jason Cohen, "Rio Grande Valley Tops List of America's Poorest Cities," *Texas Monthly*, January 7, 2019. https://www.texasmonthly.com/articles/rio-grande-valley-tops-list-of-americas-poorest-cities.
[4] Stacy Fernandez and Allie Goulding, "Hope, Fear and Hula Hoops. How Four Texas Schools Are Preparing to Bring Students Back into Classrooms," *Texas Tribune*, August 13, 2020. https://www.texastribune.org/2020/08/13/reopening-schools-texas.
[5] Steve Taylor, "COVID-19: Community Spread in RGV more than 1,000 Times Greater." *Rio Grande Guardian*, July 15, 2020. https://riograndeguardian.com/COVID-19-community-spread-in-rgv-is-more-than-1000-times-greater-than-day-schools-closed.

our community and parents are worried about the safety of their children. We want to make sure our children are healthy, while still receiving the top-notch education they deserve. It won't be like this forever, but for now, we agree this is what is best."[6] Select students in Hidalgo County returned to campus in October, a decision during the pandemic some fear is a gamble based on an assumption by state authorities that school districts could manage some level of in-person instruction without turning the Rio Grande Valley into a COVID-19 hot spot like it was this summer.[7] They've certainly taken precautions: schools have buckets of hand sanitizer in supply, students are met by nurses with thermometers at the door, and regular desks are topped with plexiglass shields and carefully spaced out from one another.[8] A key condition to reopening is being able to ensure a safe return to physical premises, while maintaining physical distancing and implementing public health measures, such as the use of masks and frequent handwashing. According to the state's Department of Health and Human Services, 9,719 students and 6,454 staff members across the state have been infected with COVID-19 on public school campuses since the beginning of August.[9] Hidalgo County students and teachers make up part of those numbers.

Figure 19.1: Amanda Guzman outside her home in Mercedes, TX.

[6] *Ibid*.
[7] Mathew Wilson, "COVID-19 Case Activity Varies RGV Schools," *The Monitor*, October 17, 2020, https://www.themonitor.com/2020/10/17/COVID-19-case-activity-varies-rgv-schools-additional-data-still-sought.
[8] *Ibid*.
[9] Emma Arceneaux, "Houston Schools Reopen as COVID-19 Surges in Texas," World Socialist Website, October 21, 2020. https://www.wsws.org/en/articles/2020/10/22/hous-o22.html.

Courtesy of Amanda Guzman

Amanda Guzman

In conducting my oral history interview, I was drawn to the education aspect of the COVID-19 pandemic. Before the pandemic, the world was already facing formidable challenges in fulfilling the promise of education as a basic human right. I interviewed my sister, Amanda Guzman, who entered the educational field in an attempt to help the youth and deliver quality education. Mrs. Guzman is the mother of two children and works as a guidance counselor for Triumph Public High Schools in Mercedes, Texas. She explained that the COVID-19 crisis and the unparalleled education disruption is far from over. Many schools have yet to announce a date for schools to reopen, and parents and children are grappling with when and how to approach the next phase. Some officials have started planning to reopen schools nationwide, either based on grade level or through localized openings in regions with fewer cases of the virus.

My sister works at an "at-risk" campus, which is a school targeted towards high school students who have either dropped out, are teen parents, are looking to graduate a little earlier, or are otherwise at risk of not finishing high school. There she has seen firsthand the devastation that has befallen the education system. When the pandemic hit, she said, they had to find new ways to continue to teach, utilizing resources such as Google Classroom. At first, the main problem was a lack of computers, but they soon started to come in; however, some students also had to ultimately use phones or tablets. One of the major impacts the virus has had on the campus was that the attendance for students logging-on was lackluster. Many of the students do have devices available, but their lack of engagement with the virtual classroom is barely existent. Older educators also had family members who had contracted the virus, so it was extremely difficult to work and continue to help their families at the same time. In talking to her students, Ms. Guzman explained that although some students find nothing wrong with remote learning, most are overly frustrated with the situation. The students want to return to campus to socialize with their friends and fellow classmates.

Triumph Public Schools' main headquarters is located in San Antonio, Texas, and its superintendent there has to keep a close eye on the Rio Grande Valley to see whether her students will continue with the remote learning or if it's possible to bring the students back on campus. In her own home, Mrs. Guzman explains that it is extremely difficult for her daughter to concentrate and stay motivated. With her younger brother, a toddler, running around the house and causing havoc, it can be extremely difficult. The fact that she is a working mother, it is hard for her to oversee the work and style of teaching that is being implemented. She believes that the teaching profession is in need of better training, new methods of education delivery for remote learning, as well as support. One of the ways to help curriculum amidst the pandemic, she says, is the need of possibly two sets of teachers in schools. Presenters, who are screencast experts and will spend their time developing virtual lessons, and tutors, who will work with small groups of students to help them understand those lessons. We can lean on tutorials and webinars to train both staff and families to navigate the remote learning platforms. We also must investigate technology experience when hiring staff and then prepare them for any new technology that may come up. Being a school counselor, she thinks that now more than ever before, is a time to take care of everyone's mental health. Online therapy options will likely become a primary tool

for supporting students and families who face trauma, but schools will also need to lean on school-based coaches and counselors for teacher support.[10]

Here in the Rio Grande Valley, local school districts did not start the fall semester with in-person instruction. Instead they focused on distance learning, remote instruction, and virtual education. Although the impact of COVID-19 has been negative for the most part, we have to also highlight that there is also a promising future ahead for remote learning and the expedited new modes of delivering quality education. Many school and district leaders are understandably preoccupied with immediate solutions, but this is also the time to discuss long-term reform as we prepare for remote learning for the indefinite future. Because of this, schools are the next frontline in a state having a hard time trying to prevent the spread of coronavirus. With a great pandemic in our midst it is clear that all aspects of society have to come together and not only try to find a cure but also understand it as well. Every institution from the fields of science, economics, and politics must be prepared and pressured to act for the betterment of all students.

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[10] Amanda Guzman, Oral History Interview by Marco Guzman, conducted via phone, September 10, 2020.

Chapter 20: The Last Days of School
How Teachers are Adapting to the COVID-19 Pandemic
Mark Trejo

A native of Edinburg, Texas, Mark Alvaro Trejo graduated from Robert Vela High School and matriculated at the University of Texas at Rio Grande Valley in 2015 where he is enrolled in the BA program in History, minoring in Kinesiology with K-12 Teacher Certification. He expects to graduate in the spring of 2021. His participation in this project is especially apropos as the coronavirus has impacted his future career as an educator. He was also laid off from his job at a local high school when the school district shut down after several reported cases of COVID-19. The pandemic has also been difficult for him and his family.

Introduction

The world has changed over the past eight months with the discovery of a new virus. This new virus has plunged our world into a pandemic the likes of which we have not experienced in a century. We are fighting and losing against an enemy we cannot see. This new virus closely imitates symptoms of the common cold, but is far deadlier than that of even the flu. This virus attacks the respiratory system leaving those infected with "fever or chills, shortness of breath or difficulty breathing, loss of taste or smell, vomiting, and diarrhea."[1] There are new symptoms being reported every day, affecting people in a variety of ways. Those who are infected find out only when the damage has been done, and after spreading it to those they love, their friends, and anyone within six feet of them. As of November 23, it has infected 12.4 million people and killed over 257,000 people in the United States and shows no signs of slowing down. If you haven't already guessed it, I am describing COVID-19 or the novel coronavirus: nature's latest, deadly gift to mankind. Here in the Rio Grande Valley (RGV) we thought we were safe here at the most southern tip of Texas. We were ignorant to think that the virus would skip over us pretending that we didn't exist just as the rest of the world had. We weren't worried and did nothing to prepare for the rate at which it spread.

Shutting Down the Schools

For students in elementary, middle, and high school the last day of classes was March 8, 2020. The week just before Spring Break, many students were oblivious to the fact that the reason they would not be returning to the classroom was that the coronavirus was rapidly moving throughout the United States. The local school districts here in the RGV decided that it would be in the best interest of the students, teachers and their families that the schools would remain closed until such a time as they could guarantee safe environments once more. With reports from school districts like La Joya, Edinburg, Rio Grande City, Donna, Hidalgo and many more, they "extended their suspension through Friday, April 3."[2] This was every students dream to have a "mini-holiday" in the middle of a school year and especially since it was right before summer. However, this was no dream for the teachers or

[1] "Symptoms of Coronavirus," Centers for Disease Control and Prevention (CDC), 2020, https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html.
[2] Staff Report, "Area Schools Announce Closures through April," *The Monitor*, March 17, 2020, https://www.themonitor.com/2020/03/17/upper-valley-school-districts-announce-closures-april.

administrators as they began to worry about how the children were to learn if they couldn't be in a classroom.

Their worst fears were realized when the first confirmed case of COVID-19 in the RGV was soon reported. A "21-year-old man from Rancho Viejo, who traveled to Spain and Ireland between March 5 and 12, presented himself at Valley Baptist Medical Center in Harlingen with signs of a fever and cough."[3] This only confirmed the worst of fears for many educators and parents. COVID-19 had finally arrived here in the RGV and it was going to hit the local population hard. Cases quickly rose and hospitals began filling with people both young and old. When April 3rd had arrived, the districts had decided that the best course of action to make was to suspend the return to school until August. This was done to get a grip on the situation and see what they could do to make sure that the students had what then needed to succeed in school from home.

District Approaches

School districts in the RGV had decided that the best day for students to return to school was at the start of the new school year. Plans were being but into place to allow the students as well as the teachers to return to school as early as August. However, after several students and staff across several different districts tested positive for COVID-19 the district decided to push the day to return to sometime in September: "Based on information from just a handful of school districts, at least 100 students and staff members have tested positive for COVID-19 since mid-August in Hidalgo County districts."[4] This unfortunately was only the start of the confirmed cases among staff and students. Administrations had to meet again to discuss what was going to happen since the "tests to return" to school had failed. Even before the entire student body and staff were supposed to return, they had already confirmed cases of COVID-19 among them. The only decision they had left was to provide stay-at-home instruction to students. Students were given electronic devices to help access their new virtual classrooms, Wi-Fi hotspots, and even meal programs to aid students in their rapid transition to this new frontier of learning.

The RGV as well as many other school districts across the nation "scramble[d] to teach students from afar given the rapid spread of the novel coronavirus."[5] McAllen ISD was one of the first to implement this: "The city and school districts partnered to deploy 20 free Wi-Fi hotspots throughout the city to help residents stay connected despite physical distancing."[6] This meant that every student had an opportunity to turn in their assignments and not be disadvantaged when it came to schoolwork. No student was to be left behind and the districts promised parents that "accountability-driven remote instruction" was to be given, and "remote instruction will be taught with fidelity, there will be rigor and there will be accountability, as the state expects us to do."[7] The districts were doing everything they could to help the students succeed. However, more and more students seem to be struggling

[3] Staff Report, "First RGV COVID-19 Case Confirmed, Is Travel-Related," *The Monitor*, March 19, 2020, https://www.themonitor.com/2020/03/19/first-covid-19-case-confirmed-rgv.
[4] Matthew Wilson, "COVID-19 Case Activity Varies at RGV Schools; Additional Data Still Sought," *The Monitor*, October 17, 2020, https://www.themonitor.com/2020/10/17/covid-19-case-activity-varies-rgv-schools-additional-data-still-sought.
[5] Naxiely Lopez-Puente, "City, Schools Partner for Wi-Fi Hotspots across McAllen," *The Monitor*, March 21, 2020, https://www.themonitor.com/2020/03/21/city-schools-partner-wi-fi-hotspots-across-mcallen.
[6] *Ibid.*
[7] Matthew Wilson, "McAllen ISD Details Fall Online Learning Curriculum," *The Monitor*, August 6, 2020, https://www.themonitor.com/2020/08/06/mcallen-isd-details-fall-online-learning-curriculum.

with online learning rather than benefiting from it. This strain has been felt and noted by teachers as they have also been forced to change assessments, assignments, and lessons to an online format when they were used to a physical classroom environment.

Teacher Opinions

It is important that our students have everything they need to succeed in education during this pandemic, whether that be access to a Wi-Fi hotspot, electronic device, or some sort of virtual meeting room. However, it is also perhaps more important that our teachers have the necessary tools and training to facilitate that learning to students. Teachers in every district in the RGV have felt the immense pressure to make the switch to a completely online/virtual classroom. Both experienced and new teachers have struggled with this transition and their frustrations are prevalent. I have had the pleasure of interviewing two teachers. One who has had the opportunity of teaching a few years before COVID-19 and another who has only one year of experience being split before and during COVID-19.

I asked Mariah Trejo, an educator with many years of experience before COVID-19, to explain to me how different the education system is now as compared to before the pandemic. She stated that "it is very different in terms of what sort of expectations administrators have about teachers and also the expectations that teachers have about students."[8] Trejo felt that the administrators as well as the districts had changed what teachers should expect from their students in an online environment. She went on to state that the difference is "don't expect so much from students but be understanding of the situation but at the same time they are wanting us to provide high quality education."[9] During this part of the interview her confusion as well as frustration became apparent. Victoria De Leon, a relatively new teacher, had also noted this change in expectations when I asked her the same questions. She stated that "the teaching system has changed drastically in the way that I build rapport with my students first and foremost. Which is really important to have so that they are receptive to my lessons."[10] Both had stated that the way to teach or what to expect from students has changed so much that it is no longer recognizable by either.

Remote learning is a new frontier that most of the districts and teachers have little or no experience with. Since most schooling was traditionally done in physical classrooms, districts as well as administrators in the RGV decided that new training for online learning should be given to teachers. Both Trejo and De Leon stated that they had an increase of training in technology. However, Trejo stressed that the "training has not stopped because of COVID-19, but that it has actually increased. I think we are required to complete Google training hours before this school year started in order to prepare and to be qualified to be able to teach digitally, the district has provided multiple workshops and multiple resources."[11] De Leon mentioned that she received extensive "technology training."[12] Both had preferred to be in a physical classroom, which I am sure is an opinion that most if not all teachers in the RGV share. Teachers in the RGV are under the constant stress of making

[8] Mariah Trejo, Oral History Interview by Mark Trejo Interview, conducted in person, Edinburg, TX, October 22, 2020.
[9] *Ibid.*
[10] Victoria De Leon, Oral History Interview by Mark Trejo Interview, conducted via Zoom, October 22, 2020.
[11] Trejo, October 22, 2020.
[12] De Leon, October 22, 2020.

sure that their students are learning and have learned the material they need to properly pass to the next grade.

When I asked both of them if they thought that the public school system is handling the COVID-19 crisis correctly, De Leon responded negatively, saying: "Absolutely not. I think for the most part, in general, the community has not handled it well; the Valley community has not handled the situation well in putting their teachers and students at risk."[13] She showed her immediate frustration and displeasure at how the school districts here in the RGV had handled the situation. Mariah, however, took a more neutral approach stating that "they're trying their best to facilitate the students learning and right now it's very difficult because there are some students who don't have Internet access."[14] Teachers across the RGV either share the same opinion or are divided on the actions that the districts have decided to make. Some have anger and frustration while others seem to understand the stress that the school system is under. One thing however is certain the education of our students is as risk as well as the number of teachers who will return.

Returning to School?

It has been mentioned above that the day to return to school is constantly being pushed back. As of right now the day to return to school as been set to sometime in November. All teachers have expressed some sort of concern about returning to the classroom because of the recent surge of cases that appeared after this month's election. De Leon has stated that she "would not want to risk that for my students or myself or the people that I live with at my home. I think it would be reckless and kind of doing everything wrong I think it would be completely reckless to go in person it is too easily transmitted to go."[15] Her sentiment captures what a majority of teachers must feel. There is too much risk associated with returning to school while the pandemic rages unchecked. As seen back in August when only a few students and staff could return to campus and were then to be confirmed COVID-19 carriers. Now with the high number of cases just in the RGV alone the risk and consequences would be far more severe.

As of November 20, 2020, Texas has surpassed approximately 1,072,698 confirmed cases of COVID-19. Here in the RGV there are "70,800 confirmed cases alone, and of those 70,800 cases 3,386 have died due to COVID related issues."[16] Despite these staggering numbers the local school districts have decided that teachers and students will have the option to return to in-class instruction. Teachers in some districts have been offered a 300-dollar incentive to return on November 30, while others were not. How the pandemic responds to a return of teachers and students to the classroom, only time will tell.

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Chapter 21: Special Education in Unusual Times

Teaching Students with Special Needs during the COVID-19 Pandemic

Alyssa Martinez

A native of Pharr, Texas, Alyssa Martinez graduated from PSJA North Early College High School with an associate's degree in Interdisciplinary Studies from South Texas College. Alyssa then matriculated at UTRGV where she enrolled in the BA program in Anthropology with a minor in American Sign Language. She expects to graduate December of 2024. She joined the CHAPS Program as an undergraduate student in 2020 as a member of a team designed to document the effects of the COVID-19 pandemic on the unique cultural aspects of the RGV.

The Differences of Teaching in Today's Circumstances

Before the COVID-19 pandemic, many educators welcomed their students into their classrooms with smiles, and maybe even a handshake. Nowadays it's hard to see any form of facial expressions underneath a mask or behind a plexiglass shield. Special Education instructor Karina Martinez handles her teaching both online and in-person at the primary level at IDEA North Mission Academy (INMA). When schools re-opened in September 2020, she prepared her classroom with the help of her co-workers for in-person instruction that would begin later that month on September 28th. She has dealt with a lot of stress having to put her students first before herself. Throughout the day, her students in particular need help at close range contact, something public health officials warn against during the pandemic. She loves her job and takes the precautions needed to stay healthy with her personal life and work life, whether it be staying in for lunch or wearing her personal protective equipment. Miss Martinez is one of the four teachers in her classroom that do rotations for her students. They are able to stay six feet apart with the exception of some students who require assistance. They take turns teaching their lesson plans while one may be out for a lunch, and by doing this, they each take a load and get through their workday as efficiently as possible.

Photo courtesy of Karina Martinez.

New Classroom Protocols

By adhering to the CDC guidelines, she and her co-workers have been able to stay COVID-free since the beginning of the fall semester. Unfortunately, that has not been the case in other classrooms. A cleaning routine has been implemented to ensure no germs are left behind after all the students are gone. Each and every person that works at INMA does their part to disinfect and clean their designated areas. When a positive case pops up on the campus, the INMA staff works quickly to make sure everything is taken care of by calling in the parents and allowing the time necessary to quarantine the student or students so that they can return to school as quickly as possible, health and negative tests permitting.

The Struggles of Teaching Special Ed students at home

Parents who have children with a disability are slowly realizing that the time used in putting a pause on a child's education is causing learning gaps and more setbacks for their education. Apparently by law, students are entitled to compensatory services that they missed out on or were denied. There's the Supplementary Special Education Services program that supports students with severe disabilities who've suffered hearing loss or skill regression during the COVID-19 shutdown, and they offer a grant of up to $1,500 for any of the services necessary for their child such as therapy or tutoring. The funds are distributed on a first-come-first-served basis with a $30 million budget. However, these funds can only help some families here in the state of Texas. Even with these funds, it is difficult to find qualified people to help. The organizations that receive the grant money are supposed to assist these parents by supplementing not replacing their child's education.

TEA Program Providing Relief for Special Ed.

The financial resources provided by the Texas Education Agency (TEA) program specifically list what vendors are approved to provide services to Texas students. Deborah Tomai is an Edinburg resident whose special needs child is attending Edinburg CISD. Although she is grateful for the resources she receives to assist in her child's education, she feels there are too many obstacles to find qualified professional services. As a parent she worries about who will be responsible for instructing her child. She would like to meet the possible providers so she can assist in making the best decision for her child. I imagine there are a number of worries these parents have as they just want the best for their kids.

Number of COVID Positive Cases in Texas

As of October 2020, the cumulative positive student cases of COVID-19 in the state of Texas is 31,678. During the middle of August, there were confirmed cases in several Hidalgo County school districts that included McAllen ISD, PSJA ISD, Edinburg CISD, and Sharyland ISD. The districts that remained silent were Mission CISD, La Joya ISD, and Weslaco ISD. The TEA at one point rolled out a COVID-19 report for every district back in September 2020 but quickly withdrew it because "issues" had arisen. The information that is in the state's report is inconsistent and delayed compared to the small-scale numbers here in the Rio Grande Valley. Everyday new COVID-19 positive cases appear and with the upcoming holidays, it won't make things any easier.

How Educators keep teaching during COVID

Many of the setbacks that Special Education teachers are experiencing are related to issues with online instruction. Most of their supplies are readily accessible in the classroom,

but unfortunately, these are not available to the students at home. Other educators are coaching parents/caregivers and giving advice while they are at home with their kids. Certain schools offer in-person instruction; online teaching is lacking but teachers are trying their best to accommodate. The best teaching styles for a special needs student is communicating and interacting with them in person. Special Education students require more when compared to average students. The passion that these teachers have with their students is strong. They care for them just as much as their parents do otherwise, they would not do that job.

Although the pandemic has made things difficult for these educators, Miss Martinez remains optimistic and says it is important to see the best in each and every day: "I just miss the simplicity of it, and just appreciate those moments." As a community we will overcome the obstacles put in front of us and learn to appreciate those moments of annoyance with spouses, siblings, and children even the embrace of a loved one. We will get through this and learn from the past to better our future.

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Chapter 22: Turn On the Lights
High School Football Brings Resilence and Hope to Rio Grande Valley
Tommy Lee Johnson

Tommy Johnson is a Rio Grande Valley transplant, originally from Palm Springs, California. Mr. Johnson matriculated to the University of Texas Rio Grande Valley after graduating from South Texas College with an Associate of Arts in History in December of 2019. He is pursuing a Bachelor of Arts degree in History and minoring in Film. Mr. Johnson expects to graduate in June of 2021. His participation in this project adds a unique element to this project as he covered the effects of the COVID-19 pandemic on high school sports in the RGV.

Mr. Johnson is a retiree from the United States Army. During his twenty-year career, he served in various leadership positions such as Team Leader, Squad Leader, Platoon Sergeant, and Truck Master. He spent over thirty months in combat zones and forty months of training NATO soldiers throughout Europe. During his career, Mr. Johnson received the Meritorious Service Medal, the Army Commendation Medal five awards, The Army Achievement Medal eight awards, and the Non-Commissioned Officer Professional Development Ribbon numeral three.

Introduction:

During the summer months, athletes across the nation participate in "Hell Week," also known as two-a-days, during mandatory preseason training camp. Their purpose is to condition the players' bodies and minds in preparation for battles that will take place on the gridiron. This is the time that children in Pee-Wee leagues, young adults at the scholastic and colligate levels, and professional football players come together to learn how to move a brown pig-skin ball across lines of scrimmage and into end zones. But in 2020, these rituals were among many cancelled because of an unprecedented pandemic that has swept through every aspect of life. And as summer turned into fall, there grew a very real possibility that a sport adored by millions would not occur at all. The loss of football, another stark reality associated with the COVID-19 pandemic. A fact that may be too much for many to bear.

A wise man once said that "football is ubiquitous in Texas."[1] Meaning that it is everywhere, and Texans love it. The crowd gets excited as parents see their sons make that big defensive stop, break the long run, complete a deep pass, and, most importantly, score touchdowns. The same can be said within the Rio Grande Valley. Here as in the rest of Texas, high school football excites the masses. On any given Friday night from Laredo to Brownsville, high school stadiums are filled with fans: students, faculty, parents, aunts, uncles, and siblings alike. Football brings Valley residents together, which is vital in a culture that revolves around the family and its celebration.

All things considered, one can imagine the drain that a season without football and other fall sports has had on the region. This, however, is not the first time that a pandemic has jeopardized a season. The 1918 Influenza pandemic caused many colligate level football teams to either shorten their seasons or cancel them outright.[2] History seems to have

[1] *The Big Bang Theory*, season 3, episode 6, "The Cornhusker Vortex," created by Bill Prady and Chuck Lorre, aired on November 2, 2009, on CBS, accessed November 9, 2020, https://www.tbs.com/shows/the-big-bang-theory/season-3/episode-6/the-cornhusker-vortex.
[2] Jeff Legwold, "Football Historians talk About the Game in a Previous Pandemic." ESPN, August 2, 2020, Accessed September 7, 2020, https://www.espn.com/nfl/story/_/id/29565241/football-historians-talk-game-previous-pandemic.

repeated itself a century later. Due to COVID-19, the possibility of cancelation for three Rio Grande Valley high schools has already become a reality. In August 2020, the La Joya Independent School district decided to postpone and then cancel their season for all three of its high schools. When asked for the reasoning behind the move, the school district responded that "the health, safety, and well-being of our students, employees, and community remain the highest priority for La Joya ISD."[3] Meanwhile, other schools in the Rio Grande Valley had not yet decided whether to join La Joya in canceling or postponing their season.[4]

The loss of a football season could have severe ramifications for many Valley high school seniors. There is only one Division II college football program in South Texas, located at Texas A&M Kingsville, meaning that scouting and recruiting from the Valley will undoubtedly be an issue during the pandemic. A player's senior year is often their last opportunity to showcase themselves, not only for college scouts, but also for family members and friends that come to see them play. A shortened or cancelled season is the end of a dream for many students. Additionally comes the loss of spending time with your teammates on the gridiron. When you start the journey of playing football, you realize that individual accomplishments mean nothing if the entire team does not succeed. Through on-field battles, friends become family, and lifelong bonds are formed. Even more-so is that for many student-athletes, the last time they suit up to do battle may be just that. The last time.

Flip the Switch

As August turned to September, players from across the Rio Grande Valley were at a point of frustration and desperation from not knowing their fate. Some schools from Laredo to Brownsville did not even prepare for the possibility of a season.[5] Then, the University Interscholastic League (UIL)—the body governing competitive sports for Texas' public schools—spoke. Throughout Texas, high school football programs were given the green-light to start playing games. On September 9, 2020, players from Mercedes, Rio Grande City, and twenty-five other area high schools were able to breathe a sigh of relief. They would be able to return to the practice field on September 28, 2020. The season would have the ability to proceed, provided that players, coaches, and staff took precautions to prevent the spread of COVID-19.[6] While not a guarantee that the season would occur, there was at least a chance at normalcy. Normalcy is worth everything not only to the players but also to their families and fans alike.

Then, nine days before practices were set to start, La Joya ISD decided to revisit their decision to forego the fall 2020 season. This was aided by a petition that garnered five-hundred signatures from student-athletes, parents, and legal guardians. The only barrier that stood before La Joya ISD was a contract between the individual schools and their players regarding safety. The most important of which would be "regular testing within the athletic

[3] Andrew McCulloch, "La Joya ISD Becomes First Texas Multi-School District to Call Off Fall Sports," *The Monitor*, August 24, 2020, https://www.themonitor.com/2020/08/24/la-joya-isd-becomes-first-tx-school-district-call-off-fall-sports.
[4] Andrew McCulloch, "RGV School Districts Debate How, or if, to Proceed With Fall Sports," *The Monitor*, August 25, 2020, https://www.themonitor.com/2020/08/25/rgv-school-districts-debate-proceed-fall-sports.
[5] Andrew McCulloch, "RGV's Senior Football Players Express Their Frustrations," *The Monitor*, August 28, 2020, https://www.themonitor.com/2020/08/28/rgvs-senior-football-players-express-frustrations.
[6] Andrew McCulloch, "Rio Grande City, Mercedes Plan to Restart Fall Sports Practices Sept. 28," *The Monitor*, September 9, 2020, https://www.themonitor.com/2020/09/09/rio-grande-city-mercedes-restart-fall-sports-practices-sept-28.

department."[7] Just as the stadium lights began to flicker-on within the district, they were shut off entirely at two of its high schools. Six days after the school board decided to reinstate fall sports, La Joya and Juarez-Lincoln High Schools failed to attract enough players into actually going through with the season. Athletes and students alike felt that continuing was too risky health-wise.[8] When considering what it took to gather signatures and present them to the school district as an united front, it can be argued that health concerns were still prevalent amongst La Joya citizens. The matter is understandable as many student-athletes either spend time with or live near family members susceptible to the effects of COVID-19. As of November 9, 2020, Hildalgo County reported 36,686 COVID-19 cases with 1,741 deaths. In contrast, the other three Rio Grande Valley counties of Cameron, Starr, Willacy have had 29,500 reported cases and 1,237 reported deaths combined.[9] Despite La Joya's predicament, other Rio Grande Valley high schools continued with their plans of playing fall sports. While the risk of contracting COVID-19 remained high, for them, the chance of having something familiar to bring the hope to a battered community outweighed the risk.

On Friday, October 16, 2020, sixteen Rio Grande Valley high schools prepared to take to the field. Of the eight scheduled games, only one did not take place due to COVID-19. The other seven did not fail to disappoint. They were filled with offensive scoring and staunch defenses that bent but would not break. One of the best games of the evening saw Mercedes High School beat PSJA North 33-13.[10] In week two, Mercedes found themselves facing McAllen High. "McHi" prides itself on explosive plays on both sides of the ball. If the week one games were a tune-up in preparing for the season, week two would be the test, a test that showed where Mercedes stood as a contender within the Valley. The game took place at McAllen Veterans Memorial Stadium, an intimidating stadium by high school standards as it can seat a maximum 13,500 fans. But during the pandemic, the stadium was sectioned into red and green zones at every level (see Figure 22.1). These zones allowed for group patrons to sit together while providing enough seating space for other groups, letting groups of outside parties enjoy the game while maintaining a six-foot safety bubble.

Throughout the stadium, additional social distancing measures included the following: players, cheerleaders, dancers, and even the band maintained at least six feet of distance between each other; masks were worn by all in attendance, including anyone not on the playing field; and players from both teams elected to wear a full-face shield attached to their helmets. These shields helped to preventing the spread of COVID-19 by prohibiting aerosols from escaping their helmets (see Figure 22.2).[11] As a spectator, it was clear to see the UIL and McAllen and Mercedes High Schools wanted to allow the players to go out and

[7] Andrew McCulloch, "La Joya ISD to reconsider stance on fall sports," *The Monitor*, September 24, 2020, https://www.themonitor.com/2020/09/24/la-joya-isd-reconsider-stance-fall-sports.
[8] Andrew McCulloch, "La Joya High, Juarez-Lincoln withdraw from football season," *The Monitor*, September 30, 2020, https://www.themonitor.com/2020/09/30/la-joya-high-juarez-lincoln-withdraw-football-season.
[9] "CDC COVID Data Tracker," Centers for Disease Control and Prevention, accessed November 9, 2020, https://covid.cdc.gov/covid-data-tracker/#county-map.
[10] "Scores from 10/16/2020 – 10/17/2020," RGVSPORTS.com, accessed October 16, 2020, https://rgvsports.com/scores/varsity/boys/football.
[11] "Schutt introduces revolutionary full-face visor for pandemic football era," AFIReview, accessed October 30, 2020, https://www.americanfootballinternational.com/schutt-introduces-revolutionary-full-face-visor-for-pandemic-football-era.

compete with the added benefit of safety. As a spectator, it was clear that to play the game that Texans love, all involved must continue to take a safety-first approach.

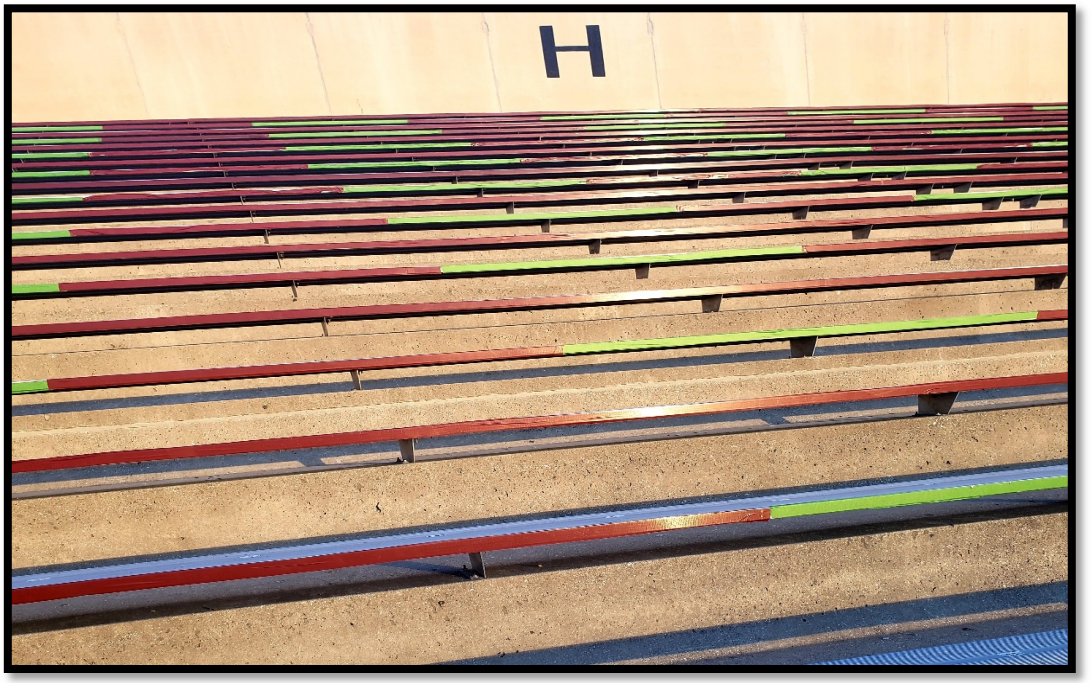

Figure 22.1: The bleachers at McAllen Veterans Memorial Stadium.
Patrons may only sit as family groups inside the green sections.

Figure 22.2: A football helmet equipped with a Schutt face shield helps players prevent transmitting aerosols that can spread COVID-19.

Time for the Action

It was almost time for kickoff, but as was traditional before most sporting events in the United States, the teams lined up across from each other to sing the National Anthem. It was at this time something unexpected occurred. While standing in the south end-zone, the Mercedes Tigers stood in solidarity during the anthem's singing (see Figure 3). According to Jacob Howell, the Tigers strength and conditioning coach, the players wanted to show that they maintained a "passionate love for the community."[12] A community that has been torn apart due to issues relating to the pandemic. During such a turbulent time, the team wanted to band together and show that they were the embodiment of "resilience."[13] A team that could be looked-to for inspiration, not only locally but across the nation. A sterling example of how, if we all unite and do the right thing, we can defeat any opponent: on the playing field or the pandemic as a whole.

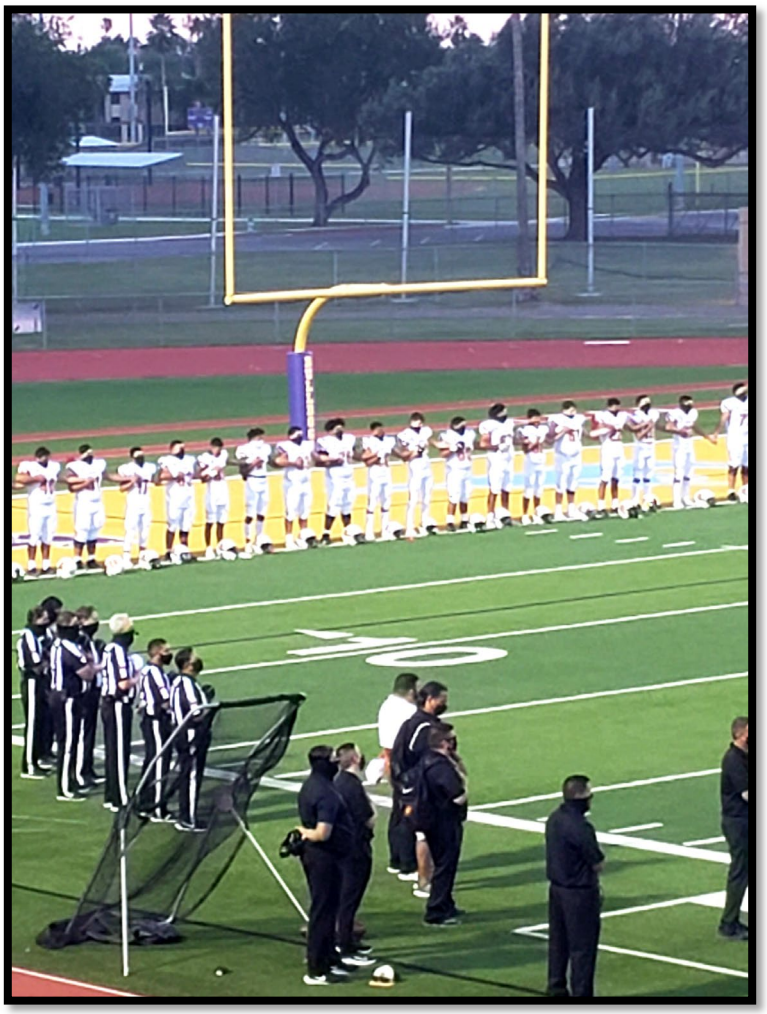

Figure 22.3: The Mercedes Tigers stand in solidarity before kicking off against the McAllen High Bulldogs on October 22, 2020.

[12] Jacob Howell, Oral History Interview by Tommy Lee Johnson, conducted via Zoom, October 24, 2020.
[13] *Ibid*.

Figure 22.4: Mercedes Tigers Kick-Off Against McAllen High Bulldogs, October 22, 2020.

However, the joy of football did not apply to every group. For Mercedes and other school districts throughout the Rio Grande Valley, high schools were only able to field varsity-level teams. This meant that middle schools, freshmen, and junior varsity teams would not see the playing fields this year. This was due to the safety requirements needed to control the spread of COVID-19. Things such as adding several busses for away games so that players can social distance to guaranteeing that fields and conditioning facilities are not overly crowded. It is also allowing staff to clean items like weight benches and squat racks between scheduled times for different team skill groups such as offensive linemen, linebackers, quarterbacks, and running backs.[14] Instances such as these did not only occur in Mercedes. They are a shared story amongst many school districts throughout the Valley. Nevertheless, the resilience shown by the Mercedes Tigers varsity football team has demonstrated that there is a silver lining at the end of the tunnel. A tunnel that leads from the bright lights onto a football field, towards the new normal of life. One where safety measures are taken by all so that we can come together as a society and defeat our opponent, whether it is McAllen High School or COVID-19.

Afterward

During the game between Mercedes and McAllen High, I was transported back to the NCAA National Championship in New Orleans on January 7, 2020. The game was between the Clemson Tigers of South Carolina, and the Tigers of Louisiana State University. With the exception of the Super Bowl, the National Title game was among the

[14] *Ibid*.

last football games I watched before COVID-19 brought American life to a halt. Watching this particular game between Mercedes and McAllen sparked something. The athleticism shown by both teams, despite having an abbreviated training camp, was remarkable. Not to mention that Mercedes resembled Clemson both in appearance and playing style, on both sides of the ball, not to take anything away from the players from McAllen High, whose uniforms resembled those of LSU. The game and the atmosphere were exceptional. I would like to thank Coach Howell for inviting me out to enjoy it. It was a relief that on October 16, 2020, I could once again enjoy the game I love. For myself and for football fans everywhere, it was a small reminder that the pandemic will come to an end, and life will go on.

Figure 22.5: The 2020 Mercedes Tigers Varsity Football Team, all masked.

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Conclusion

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It goes without saying that COVID-19 has etched a lifetime of traumatic scars on the people of the Rio Grande Valley. Beyond the staggering death toll and the horrific accounts from hospital wards in the RGV, the deep wounds of loved ones lost and families shattered, there is damage to the social fabric that will take generations to heal. Social isolation, the loss of jobs and livelihoods, and the compounded strain of the pandemic on vulnerable communities are but a few of these societal casualties. Nevertheless, this region has always been resilient. Rising above adversity is one of the most admirable things about being from the RGV. In a year when this pandemic has tested the world, the community here has proven itself willing to fight and overcome any obstacle that threatens our community and the people we love. Community is what makes this region strong, and it is in this collective strength of resolve that will achieve a victory in the fight against COVID-19.

You have heard stories from a wide array of Rio Grande Valley voices: educators, business owners, and healthcare workers, to name a few. Although their experiences vary, it is not hard to find a common theme among them. People have suffered, grieved, adapted, and overcome many obstacles since the pandemic began. We've missed our beloved Valley way of life, instead settling for postponed weddings, virtual graduations, and limited holiday gatherings. Fathers have missed the births of their children; students have missed a year of school, at least. Families who lost loved ones were unable to grieve in each other's arms. And while the Rio Grande Valley may not be alone in such observations, we are perhaps more aware of the social bonds that have held us together during a particularly dark moment in modern history. The people of this strong-knit community have proven that they will do anything to care for one another, even when that means staying away from those you love the most.

We are human, and we adapt. It is part of our nature. New technologies have stepped in to meet the current need for social connection. Businesses and local establishments have adapted to meet the new socially distanced normal. Some have even found ways to benefit from these changes. The rise of working from home and the at-home entrepreneur are changes to the status quo ripe with opportunity. People have even embraced a neo-cottage industrial revolution, selling shirts, baking cakes, manufacturing other goods from home to help supplant incomes lost to the pandemic. Even long-established businesses are finding ways to be flexible in this brave new post-pandemic world.

And while there are many reasons to be hopeful, this pandemic is far from over. As the country braces itself for a number of changes—a new presidential administration, chief among them—there are many questions yet to be answered. How long will the coronavirus continue to spread misery and death around the world? How close are we to a publicly available vaccine? Will the virus mutate and bring even new challenges? These are but a few. Whatever new questions the pandemic throws at us, we only need to ask one: How will we respond? Local officials, educators, businesses, artists, advocacy organizations, and more have teamed up to offer the public a clear message. Now is not the time to be complacent. Until such time as a vaccine exists, the best offense is a good defense. Prevention measures are inconvenient, no one *wants* to wear a mask, but these small steps can help save lives, even your own. Whatever awaits us in the coming year, the Valley should be proud of how it's persevered in 2020.

Throughout this research project, students took on the roles of ethnographers and participant-observers, capturing a detailed snapshot of the Rio Grande Valley as it was in the fall of 2020 in the time of the pandemic. If this feels like a story without an ending, that's because in many ways, it is. None of us know exactly how the pandemic will end, and what trials we shall have to face before that time. But we do know that it will end. A time will come, soon we hope, when schools and churches, restaurants and ballrooms, will be full of life once more. In the meantime, the Rio Grande Valley will continue to adapt and persevere, against this pandemic just as it has against any number of challenges throughout its illustrious history.

Risk Perception and Decision Making in the COVID-19 Era

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Introduction

Why do people hold a reluctance towards vaccines, disbelieve climate change, and routinely ignore tornado sirens despite the well-known risks associated with each threat? Why do people choose to stop at a stop sign in the middle of a deserted country road, yet fail to heed tornado warnings, refuse to acknowledge the threat of COVID-19, or remain unconvinced of global warming, even when faced with incontrovertible evidence of these latter risks? The reason is because response to risk cannot be reduced to a simple "stimulus-response" model of human behavior. Rather, the decision to respond to risk is deeply complicated, governed by a distinct set of psychological, political, social, and cultural forces. In scientific terms, there are two stages to the risk response process: first, to persuade those at risk that they really are indeed at risk, and, second, to motivate those at risk to take some form of action to reduce the risks they face. A variety of different factors shape whether one can be convinced of risk and whether one can respond to risks if so convinced. Tversky and Kahneman (1974), for instance, identified the influence of heuristics and biases in the judgement of risk.

Risk Perception Model

The model specifies several stages through which risk is evaluated and acted upon: a) reception, b) understanding, c) belief, d) confirmation, e) personalization, f) believing protective action is necessary, g) believing protective action is feasible, and h) protective action (See Mileti 1999; Mileti and Sorenson 1990; Lindell and Perry 1992).

- **Reception**: is the message received? Not everyone receives the warning message or is alerted to the risk. If no risk information is received, then naturally the risk cannot be responded to.
- **Understanding**: is the message understood, or, in other words, does the recipient understand the level of risk faced? Once received, the message may not be comprehensible. It may not be written in the language with which the recipient is familiar. It may be written in too technical a language. Or the message itself may be poorly worded, too abstract, or too general for meaningful interpretation.
- **Belief**: does the recipient believe a risk exists somewhere "out there." This does not imply that the recipient feels personally threatened, but rather that the recipient believes that somewhere in the environment the threat for which the warning was issued is true in a broad sense. If the recipients remain unconvinced that the risk is of an immediate and personal danger, it will be ignored.
- **Confirmation**: if believed, the recipient goes on to confirm the risk through personal, institutional, or environmental cues. Confirmation seeks to determine whether the warning is credible, largely for pragmatic reasons: recipients do not want to waste time or money responding to a false alarm.
- **Personalization**: will the risk impact the recipient directly? Unlike the belief stage, where the recipient believes that there exists a threat "out there," in this stage the

recipient now determines that the risk previously thought abstract and impersonal is now of an immediate and inevitable threat. If this is not the case, the recipient will not proceed through the model.

- **Believe protective action necessary**: must the recipient do something to reduce the risk? Even if the recipient believes that a risk is present and immediate, they must then determine whether doing something is better than doing nothing to minimize the risk.
- **Believe protective action feasible**: can the recipient do something to reduce risk? If action is regarded as necessary, the recipient then goes on to determine whether he or she has the resources to carry out protective action.
- **Protective action**: the recipient takes action to mitigate personal risks.

Understanding COVD Response Through the Lens of the Model

The challenges faced from COVID-19, particularly with respect to motiving public response, come into clearer view within the context of the warning response model so outlined. Although most have received information about COVID-19, understanding, belief in the credibility of the COVID-19 threat, and, ultimately, motivating public response, has been a key challenge among some groups. Thus, COVID-19 is more similar to a Hurricane threat as most of the population is aware of the threat, but significant issues arise with motiving belief and response. As far as understanding the COVID risk is concerned, social media has distorted public understanding, as well as public trust, in information regarding the nature and character of the threat posed by the disease and its associated variants. Unlike other risks, such as those posed by severe weather, for instance, COVID-19 has become a political flashpoint around which battles over politics and political identities have emerged (as such, COVID-19 mimics a technological disaster more than a natural disaster in that distrust and the search for accountability take center stage). There may be four factors in why some groups do not respond to the COVID-19 threat:

a) *The growth of social media,*

b) *Lack of familiarity and past experience with pandemics,*

c) *Cultural mythologies surrounding disease, and, finally,*

d) *Deficits in institutional trust.*

The Growth of Social Media

The emergence of social media has played a significant role in COVID risk response. Whereas in the past risk communication was largely one-way, from authorities to the public, with the internet there is increased public-to-public communication of risk information (Kaewkitipong et al. 2012), which may give rise to the tendency towards misinformation and rumor, beliefs in which may be shaped by one's political identity.

Lack of Familiarity and Past Experience with Pandemics

Lack of familiarity with disasters tends in general to stoke skepticism of their likelihood of causing personal harm (Rogers and Nehnevajsa 1987). Having never experienced firsthand the devastating effects of a tornado, major wildfire, or, in the present example, a major pandemic, may lead to diminished concern as the risk is regarded as "unthinkable." With COVID-19, this may be the case: the last major global pandemic, the

Spanish Flu Epidemic of 1918-20, was nearly a century ago, well before most people alive today were born and therefore outside the direct experience of many. Without directly witnessing the death, misery, and disorder created by a pandemic similar to COVID-19, people nowadays may be less likely to conceive of, and therefore less likely to be believe in, warnings about COVID-19.

Cultural Mythologies Surrounding Disease

Documented in Grazulis (2001), cultural myths tend to form at the community level to understand and make sense of common risks. For instance, within the context of tornadoes, there is the general belief that tornadoes cannot pass through mountains, over rivers, or through cities (which they can). We have seen the same mythologies arise in the context of COVID-19: "*Masks are ineffective*," "*I am young so COVID cannot affect me*," "*COVID is a governmental conspiracy*," the effect of which is to unjustifiably diminish concern over the pandemic. A further reason as to why COVID has evoked such widespread skepticism is because, again, unlike a tornado or hurricane, the virus presents no immediate environmental cues that might cultivate a sense of fear or risk within the individual. Much like climate change, the effects of which evolve slowly and insidiously over time, one cannot immediately or directly witness the effects of COVID-19, a factor known to play a significant role in the acknowledgement of environmental risks (Silver and Andrey 2014).

Deficits in Institutional Trust

Finally, faith in public institutions plays a significant role in whether the public believes in risks (Breakwell 2000; Slovic 1993). Trust may play a role in views towards the credibility of health risk communication (Pickles 2020), nuclear decision-making risks (Flynn et al. 1993), business-to-consumer transactions (Pennington et al. 2003), and other areas. What is the source of trust? Institutions regarded as more competent or with more expertise may be thought to hold more public trust; however, competency along does not grant an institutional credibility in the eyes of the public. Peters et al. (1997) identifies two additional elements that fosters public trust: transparency ("open and honest") and perceived concern and care. Organizations cannot simply appear technically competent, but must be willing to admit errors and show genuine concern for constituents to be fully trusted. Flynn et al. (1993), for instance, discusses how nuclear industry groups are regarded as less credible because such organizations may be regarded as ultimately profit driven. The public may also be willing to trust local government bodies over the federal government. Most recently, during the height of the COVID pandemic, it was found that only 38% trusted federal government with respect to COVID information whereas 55% felt that state and local governments were performing well (https://docs.cdn.yougov.com/pwwefjdnsp/econTabReport.pdf).

Heavy-handed or heavily evocative language may have the opposite effect as intended. Two days prior to Hurricane Ike in 2008 an official warning message stated that "Persons not heeding evacuation orders...will [may] face certain death." (Morss and Hayden 2010) demonstrated that many who heard the phrase regarded it as ''harsh and over reactive', 'overblown,' 'ridiculous,' 'humorous,' 'stupid, 'rude,' and 'not appropriate'" (186). Thus, if felt manipulated, the public may find the message and sender less credible and may not respond.

Policy Recommendations Regarding COVID

We might distill five key policy recommendations from this discussion:

1) Emergency managers, public health organizations, and NGOs should have a strong presence on social media to limit the prevalence of false narratives and cultural mythologies surrounding COVID.
2) Techniques must be developed to overcome the public's lack of familiarity pandemics as a source of skepticism
3) Cultivate trust in institutions through expertise, but also transparency as well as care and concern.
4) Craft compelling yet realistic public warnings
5) Considering most warnings through local stakeholders, who tend to be more trusted.

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Responsibilities to Our Collective Health

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Introduction

The role of Public Health has been jarringly brought to the forefront recently because of the COVID-19 epidemic and emphasizes the reality that we are our brother's keepers, lest we endanger ourselves and our loved ones. That's right! Not taking care of others hurts you.

Most of us do not usually think about how public health happens or how integral it is to our everyday lives. Imagine being a cave man and woman living alone. Why go live with other people? Group protection from those who want to take our food and possessions, and beasts wanting to kill and eat us. Times change: even though the manner in which we band together into a society has become more intricate and sophisticated, the reasons remain the same. Individual protection, by and large, depends on being with others. And being with others, in turn, involves responsibilities as a group member – to the group. In addition to keeping to the commonsense rule that your rights and freedoms end where others' rights and freedoms begin, an extension of banding together to protect ourselves as a group is to preventively look out for each other to keep from spreading diseases within the group.

No one wants to see their friends and loved ones suffering the pain and suffering that poor health often brings, and we all know that contagious diseases put us all in danger of immediate or chronic poor health and even death. It is in our collective, enlightened self-interest and benefit to maintain a constant awareness of the public's health in our work and leisure environments and act accordingly in our individual capacities because we are, in the end, talking about our own health. Helping each other in maintaining good health is helping ourselves to be healthy; we're all in this society together!

A closer look at the different aspects of how we help each other to maintain our health may help us understand and participate more fully in this responsibility as part of our society. Everything that we as individuals or collectively do to keep each other from becoming physically and mentally sick or sicker or injured is public health. The Centers for Disease Control and Prevention (2020) provides that our public health systems are commonly defined as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." They include:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations

- Economic and philanthropic organizations
- Environmental agencies and organizations

Core Public Health Services

Let us explore the way that Public Health functions have been organized into its different services to better understand it. The 10 Essential Public Health Services framework was originally released in 1994 and recently updated in 2020 (Centers, 2020). Originally, the entities whose representatives worked together to develop and organize these services were the National Association of County and City Health Officials, the Association of State and Territorial Health Officials, the Association of Schools of Public Health, the National Association of State Alcohol & Drug Abuse Directors, the National Association of State Mental Health Program Directors, the Public Health Foundation, the Institute of Medicine (National Academy of Sciences), and the U.S. Public Health Service.

Formal public health entities serve communities and individuals by providing an array of essential services. Many of these services are usually invisible to the public. Typically, the public only becomes aware of these services when a problem develops (e.g., an epidemic).

Let's begin with the function that is most recognized as serving society on a formal basis: *Assess and monitor population health status, factors that influence health, and community needs and assets*: This service includes accurate diagnosis of the community's health status; identification of threats to health and assessment of health service needs; timely collection, analysis, and publication of information on access, utilization, costs, and outcomes of personal health services; attention to the vital statistics and health status of specific groups that are at higher risk than the total population; and collaboration to manage integrated information systems with private providers and health benefit plans.

The current COVID-19 pandemic requires these public health services, and an array of domestic and international organizations and government agencies are responding. They are also robustly responding to the following functions of Public Health currently, and which are unobtrusively, and quietly, present in our everyday lives.

Investigate, diagnose, and address health problems and hazards affecting the population: This service includes epidemiologic identification of emerging health threats; public health laboratory capability to conduct rapid screening and high-volume testing; active infectious disease epidemiology programs; and technical capacity for epidemiologic investigation of disease outbreaks and patterns of chronic disease and injury.

Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it: This service involves social marketing and targeted media public communication; providing accessible health information resources at community levels; active collaboration with personal health care providers to reinforce health promotion messages and programs; and joint health education programs with schools, churches, and worksites.

Strengthen, support, and mobilize communities and partnerships to improve health: This service involves convening and facilitating community groups and associations, including those not typically considered to be health-related, in undertaking defined preventive, screening, rehabilitation, and support programs; and skilled coalition-building

ability in order to draw upon the full range of potential human and material resources in the cause of community health.

Create, champion, and implement policies, plans, and laws that impact health: This service requires leadership development at all levels of public health; systematic community-level and state-level planning for health improvement in all jurisdictions; development and tracking of measurable health objectives as a part of continuous quality improvement strategies; joint evaluation with the medical system to define consistent policy regarding prevention and treatment services; and development of codes, regulations and legislation to guide the practice of public health.

Utilize legal and regulatory actions designed to improve and protect the public's health: This service involves full enforcement of sanitary codes, especially in the food industry; full protection of drinking water supplies; enforcement of clean air standards; timely follow-up of hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings; monitoring quality of medical services (e.g. laboratory, nursing homes, and home health care); and timely review of new drug, biologic, and medical device applications.

Assure an effective system that enables equitable access to the individual services and care needed to be healthy: This service (often referred to as "outreach" or "enabling" services) includes assuring effective entry for socially disadvantaged people into a coordinated system of clinical care; culturally and linguistically appropriate materials and staff to assure linkage to services for special population groups; ongoing "care management"; transportation services; targeted health information to high risk population groups; and technical assistance for effective worksite health promotion/disease prevention programs.

Build and support a diverse and skilled public health workforce: This service includes education and training for personnel to meet the needs for public and personal health service; efficient processes for licensure of professionals and certification of facilities with regular verification and inspection follow-up; adoption of continuous quality improvement and life-long learning within all licensure and certification programs; active partnerships with professional training programs to assure community-relevant learning experiences for all students; and continuing education in management and leadership development programs for those charged with administrative/executive roles.

Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement: This service calls for ongoing evaluation of health programs, based on analysis of health status and service utilization data, to assess program effectiveness and to provide information necessary for allocating resources and reshaping programs.

Build and maintain a strong organizational infrastructure for public health: This service includes continuous linkage with institutions of higher learning and research and an internal capacity to mount timely epidemiologic and economic analyses and conduct needed health services research. The nation's schools of public health are heavily involved with these efforts.

Public Health

Going to the physician when you get sick or going to the emergency room when you get extremely sick in the middle of the night, or getting injured, is what many people, especially the younger among us, consider health care. Yet, it is only part of "health care." Public Health is also part of health care, the prevention part.

You are probably familiar with the local Health Department. We have wonderful prevention tools there and the highly developed infrastructure to administer those tools, yet we are not utilizing them to the fullest since we are only spending four cents of every health care dollar on prevention. Preventing pain, suffering, and bankruptcies, by preventing heart attacks, car crashes, and obesity that leads to diabetes and kidney dialysis are examples of some of the things we can and must do. And the scope of this work, if it is to be done right, and thereby maximize our goals of relieving pain and suffering, shortened life expectancy, and child mortality, demands increased funding. Those public health budgets must grow!

An underwhelming proportion of the health care dollar goes to prevention. In fact, "official estimates indicate that 2.5 cents of every dollar spent on health goes toward public health" (America's Health Rankings, 2021). A jaw-dropping statistic. Can you believe that where half of all bankruptcies in this country are directly due to health-care-related issues (and that's not counting the indirect bankruptcies due to the fumbling of pandemic disease efforts), we're spending less than three cents of the health care dollar on prevention?

You might remember reading that London, England, up until the 1790's, couldn't sustain its population by birthrate alone. In-migration from the rural areas was needed to keep the population from shrinking because of all the epidemics in the city. It was the initial advances in public health that turned things around. It was people turning themselves into disease detectives (the first epidemiologists), the acceptance and application of germ theory, the use of quarantine, vaccinations, work to clean up water sources and proper wastewater disposal, and on and on. Each of those techniques and discoveries spread quickly around the world as they proved beneficial. From that beginning grew the U.S. Public Health Service, and the other agencies that make up the more recognized, direct public-health-related federal agencies like Health and Human Services (HHS), the Food and Drug Administration (FDA) and the National Institute of Allergy and Infectious Diseases (NIAID).

In short, physician office visits when sick, and emergency room visits are seen as typical health care, yet prenatal care and yearly check-ups are preventive health care as is public health. The difference is that public health takes place away from the physicians' offices and the hospitals. Vaccinations not conducted in physicians' offices, water purification, sewage disposal, and disease-carrying insect control are just as important and can be argued to be more important since they prevent dire health care issues from developing in the first place and, at many times, keep our health care systems from being overwhelmed by waves of disease and major injury events.

There are major social institutions that traditionally have been most strongly involved with public health alongside the government agencies already mentioned. You can expect variability in a social institution's range of public health activities, and in the degree which it will immerse itself in any one of those activities depending on local needs, economics, community size, geography, historical antecedents, etc. But the successful community covers all the essential public health service activities to the necessary degree according to community standards and political will.

In our county, the health department is most strongly associated with health service activity #1 (*Assess and monitor population health status, factors that influence health, and community needs and assets*), #2 *(Investigate, diagnose, and address health problems and hazards affecting the population)*, and #6 (*Utilize legal and regulatory actions designed to improve and protect the public's health*); but the Police, Fire, Parks and Rec., Utilities, and Human Services departments at the different levels of government are also in the same business, just with different points of emphasis; they all deal mostly with #6. Schools are associated with #3 (*Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it) and* #8 (*Build and support a diverse and skilled public health workforce).* Universities are involved with #3, 8, and 10 (*Build and maintain a strong organizational infrastructure for public health).* Non-profit and Religious Organizations, and Foundations are involved with #3, 4 (*Strengthen, support, and mobilize communities and partnerships to improve health)*, and 7 *(Assure an effective system that enables equitable access to the individual services and care needed to be healthy).*

We can certainly discuss whether each of the ten services is adequately covered here locally, and whether service #5 (*Create, champion, and implement policies, plans, and laws that impact health*) or #9 (*Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement*) are covered to a significant extent. Those discussions aside, though, there is more to it than just having responsibility for them. For instance, one could fulfill a responsibility under #9 by doing expensive research and derive a solution to a pressing health problem and then not see the resources allocated to actualize that solution. I and many others have been involved in such efforts; it is heartbreaking. In despair, one can throw up their arms and shout what is the use of doing the research to derive solutions to a public health problem, if the money is not then committed to implement that solution?

What to Do

Prevention cannot be erratic and unfocused if it is to be useful; a public/private resource base is the answer. That means we all must rethink how we allocate our personal resources (time and money) to help others. While it's an easy thing to write out a yearly check to your favorite charity, how many of us then send in the rest to the IRS to be used for purposes that we may not agree with. How many of us could still form a family foundation to support health preserving efforts like making contributions to regional organizations who can take a focused approach to the responsibilities of public health – if only they can raise the resources. The International Valley Health Institute is one of those organizations.

The leadership effort must be both top-down and bottom-up. This necessarily results in a coalitional, horizontal organizational structure in which individuals and organizations work by consensus, and that operate with the flexibility to change form and function in programming depending upon local conditions. The organizing principles:

- Foremost, that the mitigation of threats to our individual health is partly our individual responsibility.
- That we must operate in our enlightened self-interest, by realizing that contagious disease prevention and spread must be a collective effort.
- That we must be consistently vigilant in protecting our individual and collective health given that prevention efforts only work if they are consistent and ongoing.

Everybody knows how difficult it is to do more than one job, and I trust that some of you care about a healthier “big picture” and want to know about some of the other things that are being done in the cause of disease prevention. I hope that you will thereby consider what amounts to taking on a second job compensated by a long-lived, healthier existence for you, your family, and your community.

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"The Most Healthy Climate"

The 1918 Influenza Pandemic in the Rio Grande Valley

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A 1918 Mercedes *Tribune* reporting on a land company sales excursion noted that the participants expressed enthusiasm about the country and with many purchasing farms in west Mercedes. This success, the paper proclaimed, foreshadowed more visitors determined to purchase land and ensure their financial success. The increasing numbers of people visiting the Rio Grande Valley (RGV) was in spite of the influenza epidemic, where the "low death rate" upheld the region's claim to "the most healthy climate in the United States."[1] Claims of exceptionalism aside, the 1918 pandemic experiences of Valley residents largely reflected those of Americans generally. Like their compatriots elsewhere, people in the Valley struggled in dealing with an unpredictable, frustrating, and lethal illness.

Unlike COVID-19, most Americans were familiar with influenza. The problem lay with the virulence of and the demographic populations most affected. Unlike previous epidemics, the 1918 influenza pandemic was most lethal to young, typically healthy adults, those younger than age 65. Labeled the "Spanish" influenza, the disease spread globally because of wartime conditions – the transportation of troops and supplies across countries and between nations. American cities were especially hard hit, as well as any other crowded, often public, spaces. As noted by historian Nancy Tomes, public health officials and elected municipal administrators struggled to enact measures suitable for these public spaces as quarantines were inadequate. The influenza presented another problem in that it came in waves, with the second one being the deadliest. While there were 100,000 troops stationed in the RGV from 1913 to 1917, evidence points to the railway as being the mechanism of disease transmission. Uncertainty about the disease complicated official responses. Local authorities were faced with imposing measures that regulated, sometimes through closure, public gatherings. Rio Grande Valley leaders followed national initiatives in their advice to residents, public decrees, and gradual recovery.[2]

Texas health officials, like their national counterparts, worried about the epidemic's spread and deadliness sparking panic throughout the state. They reassured constituents that state health officials were following interventions recommended by the United States Public Health Service (USPHS). Texas newspapers downplayed the influenza's danger, republishing national pieces describing the influenza outbreak as "just grip camouflaged under a new name."[3] That same news item claimed that people should not panic because of influenza's low mortality rate – clearly untrue given the significant numbers of deaths across the country. Other news accounts emphasized the virulence of the influenza epidemic, noting its rapid spread and that "every state in the union is seriously affected by the disease

[1] "W. E. Stewart Land Company Excursion Here," Mercedes *Tribune*, November 8, 1918, 1.
[2] Nancy Tomes, "'Destroyer and teacher': Managing the masses during the 1918-1919 influenza pandemic," *Public Health Reports*, 125 Suppl 3 (Suppl 3) (2010), 51, doi:10.1177/00333549101250S308; "Spanish 'Flu' Hits Suddenly," *Fort Worth Star Telegram*, October 24, 1918, 7; Eileen Mattei, *For the Good of My Patients: The History of Medicine in the Rio Grande Valley* (Harlingen, TX: South Texas Medical Foundation, 2012), 60.
[3] "Spanish Influenza – Just Grip Camouflaged Under a New Name," *The Austin American* (Austin, Texas), October 25, 1918, 5.

and it had become a great terrifying menace to public health everywhere."[4] Evidence of the pandemic appeared throughout the state during the second wave, which broke in the fall of 1918, in the numbers affected and less obvious ways. Houston residents watched as the Barnum and Bailey Circus dispersed, sending animals and equipment to the circus's winter quarters. Reports from other parts of Texas reflected a much grimmer reality.[5]

Compared to the rest of the country, Texas suffered fewer infections and deaths from influenza. Just over 11,800 Texans died in the 1918 influenza pandemic. While other states had fewer deaths, the differing populations of each state make it difficult to compare total numbers. Public health officials instead use deaths per 1000 people to create a metric that allows comparison across populations. Here, an examination of Texas's rate of 2.6 compares favorably when contrasted with California's 4.3 or Connecticut's 5.8. It is in line with NY's rate of 2.5 deaths per 1000 inhabitants, and better than Kentucky's rate of 3.8. Some states deaths per 1000 were significantly better than Texas, such as South Carolina's 1.0 or Wyoming's 0.9. Texas saw a lower mortality rate than the national average of 0.62 percent. If Brownsville numbers represented the Valley more generally, the border region actually saw a mortality rate of between 0.72 and 0.78 percent, higher than either the Texas or national numbers.[6]

The pandemic's second wave in the fall and winter of 1918 overwhelmed both health and city workers and institutions. The Brownsville Fire Department received help from Fort Brown soldiers who covered for firefighters stricken with influenza in October. Medical personnel became sick, such as Dr. C. M. Cash, or died like the USPHS's Dr. Murdock Cameron, who conducted health inspections at the Hidalgo Bridge. More nurses, too, were needed to address the increasing numbers of affected residents. Increased numbers of influenza patients had overwhelmed the nursing staffs of both the Fort Brown base hospital and Brownsville's Divine Providence Hospital. Local women stepped up to provide nursing services. Deaths remained high into December, when San Benito city officials sent out a call for help in burying the dead. Fourteen caskets awaited burial in a local cemetery, while more deaths occurred every hour. Harlingen set up a quarantine shelter at Salty Lonesome on the Arroyo Colorado where patients could be nursed by their families. Of a much lesser concern, legal courts were closed, and local businesses like the *Brownsville Herald* or Southwest Telephone and Telegraph had services interrupted due to sick employees.[7]

Reading the obituary section of the paper provided Valley residents with a daily reminder of the pandemic's lethal effects. Local newspapers mostly covered the deaths of two kinds of individuals – prominent citizens and soldiers. Oscar J. Boller represented an example of the latter category. Originally from Illinois, Boller moved to Mercedes when he was fourteen. He worked at a local grocery store until he joined the Texas Cavalry at the start of the war and was later sent to Camp Stanley for officer training. His front-page obituary noted that no one "in Mercedes was better known or more popular among young and old alike than Oscar Boller and news of his death cast a gloom over the entire

[4] "Spanish Influenza Spreading," *The Monitor* (McAllen, Texas), October 26, 1935, 7; "Peeping Into Valley's Past," *The Brownsville Herald* (Brownsville, Texas), November 4, 1943, 4.
[5] "Texas Items," Mercedes *Tribune* (Mercedes, Texas), October 18, 1918, 11; "Spanish Influenza," 5.
[6] "The Notifiable Diseases," *Public Health Reports*, August 15, 1919, 1860, 1861; Jorge Hernandez, "The Spanish Influenza Epidemic in Brownsville, Texas, and Matamoros, Tamaulipas, Mexico," in *Yet more studies in Rio Grande Valley History*, edited by Milo Kearney, Anthony Knopp, Antonio Zavaleta, and Thomas Daniel Knight (Edinburg, TX: UTRGV & TSC Regional History Series, UTRGV Digital Library, The University of Texas – Rio Grande Valley, 2015), 170.
[7] "Peeping Into Valley's Past," *The Brownsville Herald* (Brownsville, Texas), October 18, 1943, 4; "Peeping Into Valley's Past," *The Brownsville Herald* (Brownsville, Texas), October 19, 1943, 20; Mattei, 30, 76, 87.

community."[8] The *Brownsville Herald* observed that following a case of influenza Henry Skelton, a student at an army training camp, was now critically ill with pneumonia. The deaths of Hidalgo County attorney Alexander Wheless, Stewart Land Company employee Gordon Musgrove, and Donna farmer Turner Ferguson over a two-week period shocked families and friends and demonstrated the devastating effects of the pandemic. William Henry Putegnant, a member of one of Brownsville's founding families, died unexpectedly from the influenza on December 3, reinforcing uncertainty about the pandemic. The ages of both soldiers and civic leaders – 21, 28, 29, 32, 34 – also paralleled the pandemic's broader demographics.[9]

Historian Jorge Hernandez notes that most of the death announcements appearing in the Brownsville newspapers appeared to for Anglos – individuals with English surnames and from leading families. A news item entitled "Influenza is Subsiding" noted a decrease in cases at Camp Mercedes, with conditions returning to normal. While there were several civilian cases in Mercedes, the numbers could not be considered of epidemic proportion. Buried in the piece, however, was the observation that in the "Mexican quarter of town there are many cases and the disease is very general there."[10] This one sentence suggests that illness and mortality rates for the Mexican and Mexican American communities have been severely undercounted. It also reveals the inequities of the pandemic in the Valley remained almost completely hidden.[11]

The lack of medical institutions and scarcity of health professionals represented another way Valley residents suffered from inequity. The three Valley counties population (there are no population numbers for modern Willacy County, which was created from Hidalgo and Cameron Counties in 1921) totaled approximately 54,000 in 1910 and 85,000 in 1920. Fort Brown's hospital was established in 1868 and Fort Ringold's in 1869. Charity Home opened in 1901, with Works Hospital and Divine Providence both opening before 1918. The first public hospital did not open in Brownsville until 1917. The increasing need for capital investment for technology presented one barrier to problem hospital creation, which also meant fewer places to train nurses and physicians in the region. It would not be until after World War II and the infusion of federal monies that a significant healthcare infrastructure would be built in the Valley. Folk medicine cures remain notably absent from newspaper accounts of the pandemic, except when discussing conditions in Mexico. Given the Valley's border location, the absence of folk cures seems improbable. It seems reasonable that along with the press coverage neglect of Mexican and Mexican American communities, folk medicine cures were also omitted. Instead, newspaper coverage of the response measures focused on the formal measures taken by Valley public health authorities and elected officials, measures like those taken nationwide.[12]

Valley residents received the standard set of instructions to combat infection. Physicians like Dr. Spivey in Brownsville urged people to keep themselves and their homes clean, one way to stop the spread of influenza. Public schools, along with movie theaters, churches, large public gatherings were closed and stopped during the second wave of the

[8] "Oscar J. Boller Makes Supreme Sacrifice," Mercedes *Tribune* (Mercedes, Texas), October 18, 1918, 1.
[9] "Oscar J. Boller Makes Supreme Sacrifice," Mercedes *Tribune* (Mercedes, Texas), October 18, 1918, 1; "Peeping Into Valley's Past," *The Brownsville Herald* (Brownsville, Texas), 12; "Death of Alexander Wheless," Mercedes *Tribune* (Mercedes, Texas), October 25, 1918, 10; "Death Calls Turner Ferguson," Mercedes *Tribune* (Mercedes, Texas), November 1, 1918, 1;
[10] "Influenza is Subsiding," Mercedes *Tribune* (Mercedes, Texas), October 18, 1918, 1.
[11] Hernandez, 162, 168; "Influenza is Subsiding," Mercedes *Tribune* (Mercedes, Texas), October 18, 1918, 1.
[12] "Population History of Counties, 1850 – 2010," *Texas Almanac*, accessed May 31 at https://texasalmanac.com/topics/population.

pandemic in McAllen and surrounding cities like Mercedes. The newspaper reassured readers that these were "precautionary measures" and not because of a full-blown epidemic. Newspapers also published advice, like the article entitled "Influenza Rules." The piece offered advice for those at work, those at home, and those nursing the sick. All three groups were instructed to get access to open air, either by walking or keeping windows open at night. Readers were also warned what symptoms they should be on the lookout for, and to contact a physician as soon as possible.[13]

Unfortunately, like Americans nationally, Valley residents continued to go to public events, like those who attended a war rally held at a Mercedes park on October 27, 1918, although influenza patients were cautioned about being out in the cool air. As early October 11, headlines were proclaiming that Mercedes had avoided the influenza epidemic because of the precautionary measures taken in closing schools and other public places. One article displayed shameless chauvinism in its claims that "the vigorous health of the residents here which enables them to resist the ravages of this dread disease." The assertion rested in part on the low number of deaths despite the large number of infected. The article predicted that within a week the pandemic "will be among the things of the past."[14] Authorities showed their impatience to return things to normal. Closings and restrictions on public gatherings were being lifted as early as mid-November, still part of the second wave, although the onslaught of the second wave may have been delayed in Texas. But these actions would soon be reversed.[15]

In early December, Valley newspapers began warning residents about the resurgence of the pandemic nationally and in Texas, with the University of Texas closing and movie theaters closing in San Antonio. In the Valley, the Cameron County Physicians Society recommended Brownsville residents should begin wearing gauze masks and taking other precautionary measures. Public schools in Brownsville closed for a week in late December. Yet a December 29 news article reported only two deaths and expressed confidence that the pandemic was subsiding, in part due to the quarantine that had been imposed several weeks previously. The Valley appeared to have survived the worst of the pandemic. Questions should be asked, however, about the accuracy of influenza cases and mortality rates within the Valley's local ethnic Mexican communities, whose deaths – and stories – remained absent from local news accounts. Unlike most (and later) disasters, the history of the 1918 influenza pandemic in the Valley has mostly eluded scrutiny. Relationships of power, however, and the resulting inequities can still be broadly discerned in whose names, and announcements of death, appeared in news coverage of the epidemic. More study may show the ways these injustices also mirrored national and international histories of the world's most devastating disasters.[16]

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[13] "Peeping Into Valley's Past," October 5, 1943, *The Brownsville Herald* (Brownsville, Texas), 4; "Public Schools Closed," (from the *Monitor* Files), the *Daily Monitor*, October 20, 1935, 7; "Precautions Taken to Prevent Epidemic," *Mercedes Tribune*, October 4, 1918, 1; "Influenza Rules," *Mercedes Tribune*, October 25, 1918, 1.
[14] "Influenza Epidemic About Over," *Mercedes Tribune* (Mercedes, Texas), November 8, 10.
[15] "Patriotic Celebration," *Mercedes Tribune* (Mercedes, Texas), November 1, 1918,1; "Mercedes Escapes Epidemic of 'Flu'," *Mercedes Tribune* (Mercedes, Texas), October 11, 1918, 1; "Peeping Into Valley's Past," *The Brownsville Herald* (Brownsville, Texas), November 8, 1943, 12; "Business Again as Usual," *Mercedes Tribune* (Mercedes, Texas), November 22, 1918, 10.
[16] "Influenza Active Again," *Mercedes Tribune* (Mercedes, Texas), December 6, 1918, 6; "Peeping Into Valley's Past," *The Brownsville Herald* (Brownsville, Texas), December 10, 4; "Peeping Into Valley's Past," *The Brownsville Herald* (Brownsville, Texas), December 24, 1918, 12; "Only Two Cases of Influenza This Week," *The Brownsville Sentinel* (Brownsville, Texas), December 29, 1918, 4.

COVID-19 & Diabetes: Pandemic meets Epidemic in the Lower Rio Grande Valley

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Introduction

COVID-19 transformed our lives in 2020. The disease emerged suddenly, spread easily, and killed rapidly. "Stay at home"; "wear a mask"; "keep social distance"; "wash your hands" stated CDC guidelines. Patients waited in ambulances outside overflowing emergency rooms, and bodies of the dead were stored in cooler trucks near overwhelmed funeral parlors. The University of Texas-Rio Grande Valley and K-12 schools moved teaching from classrooms to online. COVID-19 was shocking and overwhelming. Mike Silva, Mission (Texas) Firefighters Association Board Member, described his experience with COVID-19 in the fall of 2020,

"I've never seen anything as bad as what we're seeing today, and while people are looking at the president [Trump] and governor [Abbott] for help, they're silent and actively downplaying [COVID-19], like if this is nothing and wouldn't hurt the public… We [referring to the Rio Grande Valley] have died at almost two and a half times the rate as the rest of the state."

"I personally believe we had a medical collapse during July, at that very high peak when in one day we lost 49 people, and we've continuously lost in the 30s… I still have not heard one hospital or hospital administrator use the word 'medical collapse.' But if you can't get your patients in an emergency room to be cared for, and you have a shortage of ambulances to go out to homes because someone else had a heart attack, there's clearly a collapse in the system and a shortage of resources. And I don't think that, still to this day, that issue has been addressed."

"We've had a lot of failures here locally, and we need to look at ourselves in the mirror and have an honest conversation with ourselves to be able to tell our leaders that they failed us, and where and how they did it" (Lopez-Puente 2020).

If the politicians and the public had followed the guidelines, the pandemic would have ended within six months. Instead, we still live with it. In many ways, it seemed to be a return to the 1918 Flu pandemic—a highly contagious disease that continued to spread over the globe for more than a year, took the medical system by surprise, and killed many people. In early 2021, vaccinations became available and in mid-2021, the disease is in its second year and a new, more intensely infectious phase is feared in the coming fall. Variants have developed during the past year, and some are more contagious than the original coronavirus.

In the lower Rio Grande Valley, the COVID-19 pandemic met our own epidemic of Type 2 Diabetes. Compared to COVID-19, Type 2 Diabetes develops slowly, over the course of years. Early in the course of this disease, people can arrest and reverse it through improved eating and exercise patterns. The problem is that the disease is not particularly noticeable in the beginning, and by the time symptoms become obvious, it has already damaged organs throughout the body. At that point, the disease cannot be reversed, although

control of diabetes is possible through improved patterns of eating and exercise plus medication. An additional problem with Type 2 Diabetes is that although shifting to healthful eating and physical activity patterns can be done economically, the lower Rio Grande Valley environment makes it difficult. The culture and infrastructure promote obesity, poor eating patterns, and inactivity as explained further below.

History Lessons Ignored

Lessons from history could have been used to confront the COVID-19 pandemic successfully; however, preparedness received little attention from the federal and state authorities who normally would have confronted a health emergency. In recent decades, prevention in the public health system has suffered a series of budget cuts, while the public and politicians have invested in an expensive medical system that treats the sick with little effort to prevent epidemic disease. Over the centuries since the mid-1700s, careful historical research has shown that the main declines in contagious disease came from improved nutrition (McKeown 1976), more adequate housing, safer water supplies, and other increases in standards of living (see Bynum 2008). Rates of infection and death declined steadily before diseases such as measles and tuberculosis were scientifically understood, treatable through science-based medicine, and in many cases preventable through vaccines. Twentieth century scientific developments emphasized curative medicine in infection control.

Scientists, historians, and reporters immediately noted parallels between the COVID-19 pandemic and the 1918-1919 Influenza pandemic. The 1918 Flu latter hit the globe near the end of World War I and devastated communities in the U.S., Europe, and abroad. It continued to spread with the most lethal period, a second "wave," during the fall of 1919 (Barry 2004). It was caused by an influenza A virus, subtype H1N1, that developed from genes of avian origin. Barry describes its origin as Haskell, Kansas, spreading from there to Army camps during the war, and from there to civilian populations, France, and the rest of the globe (*ibid.*). It was called "the Spanish influenza," but that was a misnomer. It is estimated to have killed at least 21 million people, most probably, 50 to 100 million (*ibid.*).

Over the last 80 years, several respiratory viruses have caused pandemics. The H2N2 virus caused a pandemic in 1957-1958 and the H3N2 virus caused the 1968 pandemic. In this century, the SARS (Severe Acute Respiratory Syndrome) pandemic (2002-2004) resulted from a coronavirus and spread to 29 countries and regions in North and South America, Europe, and Asia (CDC SARS Response 2021). The World Health Organization (WHO) took vigorous early action with the first international declaration of medical and public health emergency. Two days after the WHO declaration, the Centers for Disease Control and Prevention (CDC) made an emergency declaration in the U.S. and mobilized a team of more than 800 disease experts to deal with the disease at home and abroad. In dealing with COVID-19, there was no urgency on the part of the United States. As a pandemic, SARS it was successfully halted in July, 2003 (CDC SARS Investigative Team and Fleischauer 2003).

Worldwide, probable SARS infection was identified in 8,096 people, of whom 774 died. The U.S. had only 8 lab-identified infections, as many as 115 suspected cases in 29 states, and no deaths (CDC SARS Response 2021). The CDC took a major, early leadership role in controlling the outbreak. At the time, there was national and international consensus on which actions were appropriate, and they were used rapidly and effectively. News

outlets, in issue after issue, covered details of the geographic spread of the disease, testing, contact tracing, and isolation of patients, especially in the U.S. and Canada, as well as coordination with other countries.

There was and still is no vaccine for SARS, the cause of which is now called "SARS Co-V-1" to note the coronavirus as the cause and to distinguish it from SARS Co-V-2, which causes COVID-19 (*ibid.*). The SARS virus has disappeared since 2004. (The name of COVID-19 comes from CoronaVIrusDisease – 2019, the year denoting when it appeared.) In 2012, the CDC declared SARS-coronavirus a "select agent," meaning that it had the potential to pose a severe threat to public health and safety (Yen et al. 2014). In view of this recent history, the U.S. should have been prepared for the COVID-19 pandemic.

Halting SARS in only six months meant that the CDC, WHO, and collaborating international authorities had the expertise and organization to extinguish a pandemic. Testing, contact tracing, isolating patients, and other behavioral methods thus can be effective, even when no vaccine is available.

Other respiratory pandemics followed SARS Co-V-1. H1N1 (the "Swine Flu"), 2009-2010, is estimated to have caused 60.8 million illnesses in the U.S. and killed 12,469 people from April 2009 to April 2010 (CDC The 2009 H1N1 2010). It reached the U.S. in April, 2009, was declared a pandemic by WHO in June, 2009, and was controlled partly through a vaccine made available in the fall of 2009 (Yen et al. 2014). WHO declared the pandemic at an end in August, 2010. This experience may have led scientists and health authorities to focus on developing a vaccine to control COVID-19, with little confidence in behavioral means of control. The H1N1 virus became a regular flu virus and continues to circulate seasonally worldwide (CDC The Burden 2019).

COVID-19

The first case of COVID-19 appeared in China in the fall of 2019. By January, 2020, the disease had reached the United States. By the time this report is being written, nearly 18 months have passed with COVID-19 in the United States. Table 1 shows the distribution of infections and deaths from the pandemic. The world population has had over 176 million cases, of which the U.S. had had over 33 million, a disproportionately high percentage. Texas has had nearly 3 million infections with 51,929 deaths. Hidalgo County has had 92, 266 infections— over 1 our of every 10 people—with 2,891 deaths. Hidalgo County is one of the top counties in the U.S. in the number of deaths from COVID-19, and the death rate among infected people in Hidalgo County is 45% higher than that of the state as a whole.

The abysmally poor control of the disease in the United States resulted from a number of surprising factors: failure of government authorities at many levels, including President Trump, to take the disease seriously; poor access to personal protective equipment (PPE) such as respirators ("masks" capable of blocking infection), gowns, and gloves; and widespread belief that disease control could come only through vaccination. The manufacture of PPE, like many industries, has moved almost entirely to China in recent decades, and supply chain problems that were partly political and partly economic prevented the U.S. from obtaining sufficient supplies for many months after the onset of the pandemic. Additionally, messaging from U.S. health authorities was inconsistent and lacked careful explanation for changes over time. The credibility of CDC guidelines has become weak, even though the CDC was once the pandemic expert for the world. Conspiracy rumors have been pumped out by the hundreds and have spread internationally.

Fortunately, highly effective vaccinations are now available. Table 2 shows the number of vaccine doses administered and the percentages fully vaccinated. (Vaccination rates are not available on the global level.) Whereas Texas (39.59%) lags behind the U.S. as a whole (44.20%) in the percentage fully vaccinated, Hidalgo County is ahead of both, with 46.83%. In this relatively high rate of vaccination, Hidalgo County resembles the U.S.-Mexico border region as a whole. Reasons suggested for the success of vaccinations in the region include communities' experiences with the death of relatives and friends, relatively effective local leadership on behavioral methods of control, and the influence of Mexico's relatively accessible and powerful public health information campaigns on vaccination.

Diabetes as a Complicating Factor

In the lower Rio Grande Valley, we live with a growing epidemic of diabetes, a disease that takes decades to culminate in extreme suffering, including blindness, amputations, and an early death. Over the last ten years, data have accumulated on the devastation caused by the disease in the region. Diabetes was found in 30.7% of adults (≥ 18 years of age) according to the most rigorous study to date (Fisher-Hoch et al. 2012), compared with 12.3% nationwide (≥20 years of age) (CDC National 2014). Hidalgo County has a high percentage of medically uninsured people (38% of those < 65 years in 2013) (County 2017). Diabetes hospitalization rates in the valley are among the highest in Texas (20.0 per 10,000, State Health Services Region 11; compared with 17.1 statewide) (DSHS 2017). The Hidalgo County diabetes mortality rate (23.8, age-adjusted rate per 100,000 population) is higher than that of the state (21.6) (DSHS 2013).

The cultural, economic, and governmental environments of the lower Rio Grande Valley have fostered the growth of Type 2 Diabetes cases in our communities. Rates of obesity are high, and obesity generates illness from diabetes, heart disease, and poor circulation, co-mordibities that increase susceptibility to COVID-19 hospitalization. Research on Type 2 Diabetes in recent decades has found that the disease can be halted and reversed if a patient takes action early enough in the course of the disease. A major problem in our region, however, is that the disease is diagnosed very late in its course, especially among low-income patients, leaving only a few more years of life and causing early disability and death.

To address this problem, students and faculty at Texas A&M School of Public Health, in collaboration with the University of Texas-Rio Grande Valley and Nuestra Clinica del Valle (a community clinic), designed a program to provide services at a large, permanent flea market, La Pulga de San Juan (also called the Mercadome) (Millard et al. 2017). The focus was on the low-income community with weak access to medical care. POD^{2}ER (Prevention Organized against Diabetes through Education and Resources or *Prevención Organizada contra la Diabetes y Diálisis con Educación y Recursos*) was an innovative, community-driven project aimed at detecting prediabetes and diabetes and educating on prevention. A team of local people with a wide range of health knowledge and socioeconomic status designed and staffed the project. A *promotora de salud* (community health worker) took charge of communication with participants, and the project developed materials and techniques in health education and prevention awareness for diabetics, prediabetics, and family members (see figures).

Flea market shoppers responded with enthusiasm to the offer of free services and the educational materials provided in a culturally, linguistically, and economically appropriate

manner. The project screened approximately 5200 people and educated 20,000 to 40,000 in 2014-2020. It closed with the onset of COVID-19 and has not reopened. Table 3 shows screening results: 25.3% of participants had indications of diabetes, and another 28.5%, prediabetes. Surveys of participants revealed that many participants drank from 3 to 12 sodas daily and ate no vegetables. Among prediabetics who returned for follow-up measures, more than half increased their vegetable intake and decreased drinking of sodas (Millard et al. 2017).

Lessons learned showed that participants:

- Wanted to know their prediabetes and diabetes status;
- Wanted information on diabetes prevention;
- Were willing, in many cases, to change their patterns of eating and physical activity to improve their health;
- Had already started making changes in eating patterns to improve health in many cases;
- Were willing to continue to make changes, in many cases, to continue to further prevent diabetes.

People with diabetes and who have low incomes and no medical insurance often need to rely on sporadic emergency room care for kidney dialysis. Melo's video, *Diabetes Plagues the Rio Grande Valley*, gives them voice and traces their suffering. The video covers the structural factors that place people in the position of reliance on the emergency room for kidney dialysis, which provides the most expensive and least effective medical care for diabetics. The video also contrasts a tendency toward fatalism with the idea that "God helps them who help themselves." The suffering of people is magnified when they realize that if they had been able to adjust their patterns of eating and physical activity to start with, they could have avoided many of the symptoms of Type 2 Diabetes. In this way, our system of education and our reliance on epidemic control through curative medicine rather than through public health prevention has taxed our entire lower Rio Grande Valley community.

Conclusion

In 2020, the pandemic of COVID-19 struck our community as a fast-moving wave of severe disease and sudden death. Compared to healthy people, those with uncontrolled diabetes were more susceptible to COVID-19, more often developed severe disease, and more frequently suffered from "long-term COVID-19," meaning a prolonged period of recovery. The cascade of COVID cases filled hospitals, especially intensive care units, forcing evacuation of patients to distant hospitals elsewhere in the state. The medical system in the valley, as well as in many parts of the United States, underwent medical collapse.

As I write this article, the disease pandemic continues to fell people in our population and to kill. The diabetes epidemic continues to provide victims with pre-existing medical conditions. The need to address the pandemic and epidemic calls for structural changes to improve communication to valley communities about health issues, to provide access to preventive health measures, and to ensure that communities can cover their basic needs, including food, shelter, safe water, and access to medical services. Our government, medical system, and public health system can provide more effective life-saving services than we have experienced with COVID-19.

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Acknowledgment of local American Indian history and presence: The lower Rio Grande Valley includes indigenous people and descendants of U.S. tribes and indigenous Mexican communities, including Coahuilteco, Cotoname, and Carrizo/ Comecrudo Tribes.

Table 1. COVID-19 Infections and Deaths

	Number of infections	Number of deaths	Death rate per 1,000 infected people
World	176,138,085	3,807,359	22
US	33,471,402	599,943	18
Texas	2,977,373	51,929	17
Hidalgo County	92,266	2,891	31

Source: Johns Hopkins University COVID-19 web site.
Statistics for June 14, 2021.

Table 2. Vaccine Doses Administered

	Number of doses	People fully vaccinated
World	2,369,615,118	
US	310,190,917	44.20%
Texas	24,252,789	39.59%
Hidalgo County	848,911	46.83%

Source: Johns Hopkins COVID-19 web site and DHHS 2021.
Statistics for June 14, 2021.

Table 3. POD²ER Participants

Body Mass Index	
Normal (< 25)	12%
Overweight (25-29)	35%
Obese (≥ 30)	53%
Screening results, HbA1c	
Normal (≤ 5.6)	46.2%
Prediabetic (5.7-6.4)	28.5%
Diabetic (≥ 6.5)	25.3%

POD^{2}ER: Community Education, and *Promotora* & student

Sugary Drinks Board with actual items, provided in tactile display

POD²ER Prueba de Diabetes, B1215, Pulga de Alamo (956) 648-0541

Interviewee: Dr. John Krouse

Interviewer: Roseann Bacha-Garza
Date: Tuesday, August 3, 2021
Time: 10:30am
Location: UTRGV/Edinburg Campus, EMEBL 3rd Floor Dean's Office

This interview covers the experience, outlook, and viewpoint of Dr. John Krouse in his role as Dean of the UTRGV School of Medicine during the time of the coronavirus pandemic. Dr. Krouse was instrumental in developing the task-forces necessary to keep the UTRGV campuses and surrounding communities safe. In this interview, Dr. Krouse discusses collaborative efforts, challenges that occurred, and successes that resulted during this very difficult time.

Roseann Bacha-Garza (RBG): Today is August 3rd, 2021. My name is Roseann Bacha-Garza. I am an Anthropology Lecturer at UTRGV and I am here with Dr. John Krouse, who just recently stepped down as Dean of the School of Medicine here at UTRGV in Edinburg, Texas. Thank you for being with us today. Dr. Krouse just signed the permission form allowing us to conduct this interview. I do want you to know that after we give you the transcription, if there is anything you want to strike from the transcription, you have every right to do so. So, I want you to keep that in mind but after our interview here, I will have the transcription provided to you so that you can sign off on it and agree that everything is clear to your satisfaction.

Dr. John Krouse (JK): OK

RBG: So, we just talked about how the CHAPS class is set up. I am here with Dr. Krouse because we value his input as the Dean of the [UTRGV] School of Medicine during the COVID-19 pandemic. So, I would like to ask you a few questions please.

At what point in time, at the beginning of the pandemic, did UTRGV create a task force of people like yourself and other industry professionals to determine the best way to handle the impending pandemic? What was the scope of the collaboration involved?

JK: I think we began to be concerned about the pandemic in early March 2020. The reports were coming out in the month preceding. We had not had any cases in the Valley at that time, but I think most people probably felt that it was just a matter of time until we did. There were two initiatives that occurred at that time. Within the [UTRGV] School of Medicine we had a group of leaders that included administrators, educators, and clinicians that came together to talk about how to continue medical education should there be disruption. How to provide appropriate and timely care and at that stage we weren't quite sure what that was going to be, I would say, and to begin to develop necessary programs for both the university and the community so that was one initiate that was within the School of Medicine and then UT Health RGV which is the clinical arm, the practice arm.

At the same time, more or less, there was a university-wide committee that was brought together. There is a committee at UTRGV that is called the infectious disease committee that had been constituted prior to that time for any kind of disaster that might be coming; it was almost prescient in the way that it was designed. That group had representatives from

Disaster Planning, the Police Task Force, from Environmental Health and Safety, from the President's office, from the School of Medicine, from Facilities Management, so it was a much broader university committee, and the task was the safety of the campus community primarily and looking at ongoing campus operations. I think they were both brought together in March that had somewhat different but parallel purposes at that time.

RBG: That makes a lot of sense. And so, my next question is: what were any subcommittees were formed during this time? You did mention the first task force had administrators, educators, and clinicians. As the pandemic became very clear and we added that extra week of Spring Break and then we were all instructed that we had to teach online, and we had to convert from face-to-face to online teaching. Talk about that transition.

JK: Decisions were made at the level of the President's Executive Council which included those with a Vice President level in Student Success, in Research, in the Deputy President's office, I was on that as the EVP for Health. [It was] a group of about 10 people and that group was taking guidance from both the organizations that we talked about earlier; the health-specific one that was out of the School of Medicine and then the university-wide one, so we were advising President Bailey at the time around making those decisions and I think that it was clear and unanimous really at that point that we needed to step back from doing in-person contact until we had a better plan. That was at that point. As you know, later then in May, there was another large group that was bought together that was a back-to-campus or return-to-campus taskforce and I led that at the President's appointment. We had about 100 representatives from across campus including students, and faculty, and administration across all areas. That's later, but certainly earlier on at that point I think we all felt we needed to understand better what was going on. Remember back at that point we were in the dark. We did not know what this was. We did not know really the scope of the problem or the transmissibility of the virus. We did not know the impact it would or wouldn't have. I think we wanted to be and decided to be probably more aggressive than other parts of the state and other parts of the country and I think what happened as you see over those first few months, is we really had a lower incidence of COVID-19 through the Spring months than the rest of the state and country did. That caught up to us eventually in the summer of 2020 for a variety of reasons. I think early on we really were trying to get the right people together to make the right decisions.

RBG: It seemed as if the people here in the Rio Grande Valley, early on, felt a bit overconfident in the sense that we were…sometimes historically speaking we refer to this region as an island. It is not surrounded by water, but it is surrounded by desolateness and then you come up upon the Valley. We seem to be in this protective bubble, but we soon realized that was not the case.

JK: I think that maybe some of the population felt that way. I don't think we ever felt that way in the leadership. I remember the first case we really became concerned about was a case in Harlingen where a young man was visiting Italy if I recall and came back and I think that was the first reported case in in the Valley, I think that was in April of 2020. But again, we are a worldwide global culture now. You can't expect that you are going to be isolated for any period of time. I know that the governmental officials here were very sensitive to it and acted very proactively and aggressively to try to put in mask mandates, to put in emergency-level operations decisions early on and I do think that gave us at least some time in the Spring of 2020 to learn enough that we were able to be more thoughtful in the decisions that we made than when the summer came on.

RBG: And then that summer was devastating.

JK: The summer was devastating. That summer was bad. I do think that there are community and cultural and familial issues here. I think the closeness of the culture, the physical closeness. The fact that families often are having large gatherings and coming together in homes for large dinners, and I think that harmed us in the Summer of 2020 in the way that it spread the disease. I know it is necessary for the culture to feel comfortable with the histories. You had the 4th of July come for example and probably was a signal event that led to the spread, that led to the spread back in the summer and the summer was devastating for a variety of reasons. Our infection rate was very high. Our mortality rate was very high. We were the hotspot of Texas. We had the highest death rate in Texas and part of that again that it did seem, and it does seem to be a predisposition in the Hispanic culture to having worse outcomes, so we did not know any of that leading into last summer, but I think we discovered that as we went through the summer months of 2020.

RBG: Ok, so how early were plans made to initiate testing services and laboratory testing? How long did it take you all to get that into place operationally?

JK: It did not take long at all, actually. We first talked about it in mid-March of 2020 and we were up and running by March 30th. It took two weeks or less to get up and running. We were fortunate here to have Dr. John Thomas who is in the Center for Vector-borne diseases. Who was an Expert in Zika and Dengue and arbor viruses and had both the knowledge and hardware to begin to do the genetic testing. We did not have to wait for outside sources to do our testing. We could do it ourselves. We set up a testing system – a drive through testing system that began at that end of March. We moved very quickly to establish large testing sites both here in Edinburg and Cameron County. Also moved very aggressively to purchase the necessary systems and hardware to scale the testing capacity. We also moved very quickly and were able to achieve CLIA certification on April 1st. CLIA certification a lab certification that allows the lab to be paid for the work that it does, so without that we would have been bearing the entire cost to the university. At the point we were CLIA certified, we were able then to bill payers, to bill insurers for the tests that were done which allowed us to offset the costs. We maintained at the start and throughout that entire time that we did testing, a 24-hour turnaround which was really the benchmark for the nation. Back at that time, the commercial testing labs that existed were often taking 5-7 days or more to turn test results around which really made it impractical for them to be useful. If you don't get the test results for a week, you can't really advise patients to isolate themselves or to avoid contact with others, or to stay home. You needed rapid testing to do that, so we were able to maintain all of that. That was quite an important initiative for us. But really, CLIA certification normally takes a number of months. We were able to work with the Department of State Health Services to achieve that in a couple of days.

RBG: CLIA is an acronym for?

JK: CLIA means….I do not recall. It is C-L-I-A. [**C**linical **L**aboratory **I**mprovement **A**mendments]. It is the official certification body for labs that do clinical testing for medicine. It was really within 2-3 weeks that we went from not having any operations in this area to having a fully certified lab and an operation that at that point was testing somewhere in the range of 400 to 500 people a week.

RBG: Ok, that was one of my other questions coming up.

JK: It was more than that eventually. We got to a point to where we were testing over 1000 people per week. And also, our lab services were used on a contract basis. So, we were a contractor for TDEM - Texas Department of Emergency Management. They were flying in samples to our lab from Amarillo, from Lubbock, and from El Paso because we had a scalable lab that could do the work and turn the results around quickly. We were a contractor for several state agencies. We did testing for a number of the hospital systems locally. It became quite a large operation. Dr. Thomas in his lab at one point had over 25 employees just on the COVID-19 enterprise.

RBG: Ok, I think that you covered a lot of the questions I have coming up. How many care sites did/does UTRGV have across the Rio Grande Valley throughout this pandemic?

JK: We had in the low 20s at that point and we've grown to about 30 now in that period of time. UT Health RGV had outpatient care sites in Starr County. We had throughout Cameron and Hidalgo and went as far east as the Laguna Vista and had a clinic there. So, we were offering outpatient services at those; we were not testing at all of those places. At our peak, UT Health was testing at four sites. We were testing in Edinburg, Harlingen, Brownsville, and Weslaco. And we had all of those sites operating simultaneously.

RBG: And they were all drive-through sites?

JK: They were all drive through sites.

RBG: You did already answer about processing testing from other places – even outside the region. Outside the state?

RBG: No, I don't think we did anything outside the state.

RBG: Ok. How would we go about getting the statistics? For example, on a July 2020 Facebook interview with that large crew that you had [referring to session with top regional and national medical leaders], you had talked about how UTRGV was processing 1200 tests per day. How can we get ahold of those numbers in general so that we can list them in this report?

JK: I would talk with Dr. John Thomas in the lab directly. He would have the data around any those types of questions, and we can certainly provide the identified data without a problem.

RBG: Ok, that's good to know. What were your thoughts last summer when our infection numbers were rising? In particular, and I used this in our class that we taught in the Fall, there were several newspaper articles that were written by writers from outside the Rio Grande Valley, NY Times, LA Times who wrote about our regional population and our susceptibility to this disease. Did you feel these writers provided an accurate depiction to the unique healthcare challenge that we have here?

JK: I don't recall them necessarily in detail. I do think that we have unique healthcare challenges in the Valley. I think access to healthcare is an issue – it has always been an issue. Having sufficient primary care physicians to care for the population has been an issue and continues to be an issue. One of the things we've done at UT Health is try to expand the number of providers and reach out into the communities to make that access better. So, I do think that is true. And we have a number of more rural areas that really don't have access to healthcare. So again, without specifying what exactly it is they were saying I do think there were and are unique challenges here and I think part of the goal of the university is to

address that. Part of the reason we are here is to address that. Part our responsibility or the mission, I would say, of UT Health is to expand access to healthcare across the Rio Grande Valley and it did become clear both in the Valley and in other areas, Houston and other [places] that infection rates and death rates were higher in Hispanics. And [it is] unclear why. Whether it is comorbidities and there is certainly higher obesity and diabetes in this area and those are both comorbidities for poor outcomes in COVID-19, whether it is genetic susceptibility beyond that-I am not sure we still know. It is probably some combination of those. When we were seeing that, we were very concerned back at that point. And it was clear that hospitals were reaching their capacity. There was a time at which the state erected a temporary hospital facility at the convention center to try to treat the overflow from some of the area hospitals. So, the summer of 2020 was very, very difficult. There was not any really good treatment. All there really was, was prevention and trying to keep people from infecting others. It was a challenge.

RBG: It certainly was! How did the School of Medicine faculty take advantage of this learning opportunity to promote cultural competency, which we've sort of talked about, with regard to treating the patient population here?

JK: I am not sure the faculty used this event as an impetus for cultural competency. It is part of the curriculum overall. It is part of the experience overall. I don't know that the faculty did anything differently in its commitment to cultural competency. I think that if you look at the make-up of the student body, 55% of the student body in medical school are underrepresented minorities in medicine. That's among the highest number in the country. In the faculty as a whole and in the clinical rotations, there is a great deal of conversation around those issues that are inherent in this area. A lot of conversations about obesity and diabetes, a lot of conversations about fatty liver disease which is another large problem in the communities around here. I don't know that things were different because of this. The portion of the clinical experience with the students – it is just part of that to begin with.

RBG: You have recently won an award for mentoring. How would you rate the student experience throughout this entire process? It had to have been stressful on the School of Medicine and [on] the students as well and [on] the faculty. How would you rate that?

JK: That's a great question! Very early on when I talked earlier about in March, we had different groups within the School of Medicine. We had a group look at education. We knew that we were not going to be able to do in-person education so how do you teach medical students without having them treat people? There were medical students who wanted to go and work with sick patients, with COVID patients. They don't have the skill set or the knowledge to be safe so we couldn't let them do that. Because overall, we needed to protect them as well. There was guidance coming down from the Association of American Medical Colleges, the double AMC [AAMC] which is the group that is the collaborative professional group for all the medical schools about what to do and guidance coming from them. So, early on we moved all of our didactics, all of our teaching classes online. We had to suspend hospital rotations for some period of time and use more simulation. Fortunately, we do have simulation labs, we have virtual materials, we have virtual anatomy, so we were able to do things with the students who were not one on one. It is very hard to replicate things like clinical skills, physical examination.

We used telemedicine where we could and certainly there were opportunities to do that. That's good for interviewing and you could do some things there but again, you can't get the

hands-on physical diagnosis and other parts of medicine that you would otherwise get. So, it was very challenging, but we needed to institute all of these very quickly. The other thing that was and for students yes, it was challenging because they were not getting some of the basic skills that are part of a medical education. The other part of it is that medical students often will go to other areas for rotation. They may want to see healthcare in a different area. They may want to do a specialty that is excellent somewhere. That was all suspended. They were not able to go other places. So, many of them were not able to get the breadth of education that they may otherwise have gotten and many of those became online digital experiences or virtual rotations as well. The medical enterprise nationally really changed in order to retain as much of the normality, retain as much of the educational exposure as they could in a way that was safe. It really was not until we brought students back in July [2020], medical students, in the middle of a crisis.

They were not able to go into anywhere that they were likely to experience COVID-19 patients. So, they could not go into the ICUs. They could not go into the emergency units. They had restricted ability to do things. We were testing them to make sure that they were not ill. We did not want to send them into a clinical site with them being COVID positive. That really did not change in a meaningful way until we started to vaccinate people. That allowed us to begin to open the doors again. Medical education for most of that last academic year from March/April 2020 through early 2021 was quite different than it ever had been. I think it was challenging for the students. But as I said at graduation, I think both years, I think what it gave the students was an opportunity to be more compassionate. To listen to people more. To not be so much task-driven because they could not necessarily be as task-driven. But to listen to the patient experience more. I think in the long run it may make them better physicians. In the long run, it may make them more sensitive to what people are telling them. To maybe make them better at asking about the patient experience around disease and what that means to the patient. I think routinely that is something that medical education has not been wonderful in. I do think it will change what their experience will be like in the future. And my feeling is really I do think that it will make them more sensitive and compassionate physicians.

RBG: Which is a positive.

JK: It is a positive.

RBG: And it is very important for everybody, not just students, to learn how to deal with difficulty. Learn how to deal with a wrench being thrown into your plans and how to shift on the fly and move ahead without losing traction. It seems that all students, not just medical students kept the learning going. It was just a little bit, not necessarily abbreviated but it was…they had to take a different path.

JK: Yes. You can learn the science. You can learn the biology and the physiology. Where it is difficult is applying those. Applying those in each situation because each patient is a unique example. That I think that there was not the number of experiences. They'll get those. Those will come in residency. I am not concerned that at the end of their residency they'll be weakened because of that in any way. I think they will be just fine. I think it did teach them to be resilient. I think that is something that is lacking in general in education. One of the other statements I made at graduation is that life can and will throw you curveball. I looked at this last graduating class of May of 2021. They are a wonderful class. They are talented, smart, enthusiastic and I think very sensitive to patient needs now. And

they are going to be wonderful residents and wonderful physicians. Out of something as terrible as the pandemic, I think there were some glimmers that allowed us to tweak the education of medical students in a positive way.

RBG: And turn it into some positive attributes. Ok, let me see…my last two questions…because I am going to keep my questions with regard to up and through what was happening up and through the Fall semester 2020 because we want to keep it all present with what is going into the report.

JK: OK

RBG: My last two questions are: what was your biggest challenge throughout the pandemic and what was your biggest success?

JK: [long, thoughtful pause] I think challenge-wise, I think was the frustration of not being able to be fully competent in dealing with COVID-19; with not really understanding the disease well. Not having good treatments available for it. Watching the spread of the disease without really being able to put a halt to it in a way that we would have liked at that point. It was challenging watching the impact be so devastating on the community and on individuals and families. As a physician you do learn that there are many situations that you are just not going to be able to fix. Death is inevitable. You usually feel empowered to do something. We were just feeling unable to do anything at that point. It was a powerless feeling in a way at that point. It was a challenge dealing with that. I think people were frustrated. I think people felt that they were not able to provide the level of care that they might have otherwise wanted to. So, clinically it was a challenge.

In terms of success, I think we were very active in being able to try to protect the community at the extent we can. We early-on set up the testing enterprise which I do think saved hundreds or more of lives, maybe more. We were very proactive in keeping the university community safe. The university community was more or less untouched in the sense of death and bad disease outcome, and it was not like that everywhere. All of us pulled together back in early to mid-2020 and we were successful in doing that. I am not sure that the faculty or the students recognize that. I do think of that as a success, and I think that we were able to ultimately move out of that 2020 timeframe and were able to get back to a normal time. We also were very successful in working with the state at becoming a vaccination site early on. We left 2020 being the first site in the Valley giving the vaccine for COVID-19. I think we were… the collective wisdom and hard work of everyone on campus and the School of Medicine did the best they could in a difficult situation to protect and keep the communities and the campus safe. I think that was probably our best success.

RBG: I believe you mentioned in your [Facebook live] interview in July 2020, you mentioned there was only perhaps only 1 documented case at that time of COVID on a UTRGV campus and that you were going to pay very close attention to see if there were any others that happened beyond that. It seems by what you were saying that we did not have many at all documented on our campuses.

JK: We had some. I don't think we had a nidus for spread on the campus. A number of those early cases were infected elsewhere. So, they were not infected as students on campus or in a dining hall. They were affected in Mission at a party or in Harlingen. They were our students, faculty, and residents. We were able to keep the transmission from student to

student or from faculty to faculty. And that was our goal and that was our intent. I think we were very successful at that back in 2020.

RBG: Yes, I agree. Ok, I think that we can stop there. I do have other questions, but I think we've covered what I would like to cover for this report.

JK: OK.

RBG: So, I just want to say thank you for your time and attention and I will have this transcribed and over to you as soon as possible. Like I mentioned in the beginning, if there is anything that you want to strike, you have the right to do so.

JK: OK.

RBG: OK. And we will do that. This interview will not only appear in our report, which will be titled *The Rio Grande Valley in the Time of the Pandemic: Community Responses to COVID-19* it will be in that book, but it will also be housed at the Border Studies Archive at UTRGV and I can also pass it over to the medical school library if you'd like.

JK: Yes, that would be great!

RBG: And this way your future students and people can take advantage of your words, and your knowledge and your wisdom.

JK: I do think this will be a very, in general that your [paying of] attention to this topic and preserving the history of that year is critical, so, thanks for doing that.

RBG: And I think that is really important to have it come from the mouths of our people and our population here because like I said, we did have those outside reporters from LA Times and NY Times coming here, taking some time to look around and investigate and writing their reports. But it is really much more value coming from people who lived the experience. Thank you for agreeing to be a part of this.

JK: My pleasure. Thank you.

Appendix B

Interviewee: Angel David Aldape Valladares

Interviewer: Cindy Juliete Us Tec
Date: October 21, 2020
Location: Edinburg, Texas

This interview was conducted for the University of Texas Rio Grande Valley course called "Discovering the Rio Grande Valley." The purpose of this interview is to discuss how the COVID-19 pandemic has affected the citizens of South Texas. For this project, I interviewed a close friend of mine, Angel David Aldape Valladares, an EMT-Basic in the EMT field. Based on his account, Angel was able to provide to us what it feels like to work in the medical field during a global crisis, and how his personal life continues to be affected by the COVID-19 pandemic.

Cindy Juliete Us Tec: Today is October 21st, 2020. My name is Cindy Juliete Us Tec, and I'm an anthropology major at the University of Texas Rio Grande Valley. I am here with a close friend of mine since childhood, Angel, to conduct an interview for the course ANTH 4315-01R, "Discovering the Rio Grande Valley." We will be discussing how the medical field and Angel's personal life as a citizen of the RGV has been affected by the COVID-19 pandemic. Angel, you can start by stating your full name, age, and an interesting fact about yourself.

Angel David Aldape Valladares: My name is Angel David Aldape Valladares. I am 22 years old, and I have been an EMT-Basic for close to two years now.

C.J.U.T: Mm, okay. Do you remember when you first heard about COVID-19?

A.D.A.V: Yes. It was the beginning of March, during spring break to be exact, and I was working as an EMT-Basic.

C.J.U.T: Um-hm, okay. Were you initially worried?

A.D.A.V: Initially no, I was not worried. There had been too few cases near us.

C.J.U.T: Okay. So in that case, when did you began to worry?

A.D.A.V: I truly began to worry, when the cases started rising here in the Rio Grande Valley, enough to the point where they had to start putting lockdowns into place.

C.J.U.T: I think it hit everyone at that moment, when we were told the county was going to be on a lockdown. The reason why I wanted to conduct this interview with you is because of your occupation. Can you please state what your occupation is and where do you work?

A.D.A.V: I am an EMT-Basic, which is the first level of the EMT field. The second level would be Intermediate, and the third and final level would be a paramedic.

C.J.U.T: Oh.

A.D.A.V: I work for South Texas AirMed, which is the Coastal Bend district. It is the sister company to the Hidalgo County EMS, which is located here in the RGV.

C.J.U.T: Um-hm, okay. Has your position stayed the same, or have you moved to different positions, varying from day to day or even hour to hour? And if so, why?

A.D.A.V: I am both a driver and attendant in the ambulance. My main station is that of Corpus Christi, but I am send wherever they need me most. Sometimes they'll send me to other cities such as Alice or Orange Grove, just depending on how heavy the 911 situation or transfer situation is in those areas.

C.J.U.T: Um-hm. Do you like the job because you get to travel a lot?

A.D.A.V: Initially yes, that's what made me decide to go work in Corpus Christi because I would be able to travel more. But most importantly, I choose this occupation because of the nature of the field, which is helping people and just been able to lend a helping hand.

C.J.U.T: Mm, that's nice. All right, so moving on to the next question I have. According to news channels and news reports, medical hospitals were short on supplies, such as masks, clothing to protect themselves against sick patients, ventilators, and even rooms because of overcrowding. Did you ever get to experience any problems?

A.D.A.V: I myself did experience problems like these, but they were already in place before the COVID pandemic. The COVID pandemic actually heightened these problems. There would be times where hospitals would get busy days and all the rooms would end up been taken, so we had to wait in the ER for the next available bed to be open.

C.J.U.T: Oh.

A.D.A.V: But with the COVID pandemic, a lot of people underestimated the infection rate and didn't take it seriously. Because of that, too many people were getting sick at the same time. The facilities ended up using all their reserve stock of supplies before they could replace them because it was that overcrowded with patients.

C.J.U.T: Wow, okay. I didn't know that hospitals tend to overcrowd in general, not just during epidemics or pandemics. I also didn't know that hospitals could always be short on supplies because of the—

A.D.A.V: Well, for the most part, the hospital facilities do tend to be overstocked, and we try to stay on top of their minimum requirements. But at times, an accident would occur or people would get sick out of nowhere, so there would be a sudden increase of patients in the hospital that was not expected.

C.J.U.T: I would like to add a comment. In the beginning of the COVID-19 pandemic, I went to the hospital because I was involved in an accident. The hospital was empty, in fact I was the only patient. Because I saw that, I thought hospitals tend to be empty, with a few patients here and there, most of the time. Since I also didn't see any COVID-19 patients, I thought the RGV was going to be safe from the COVID-19 disease. Yes, I believe we did have a few number of positive cases, but I didn't think it would get bad, you know?

A.D.A.V: Actually, from my experience, the COVID pandemic was bad in the beginning. I know you didn't mean to say that in a bad manner, though. You just didn't get to experience what I experienced since you don't work in the medical field. Right now, it's not as bad as it was then because people are taking more precautions than when this pandemic first started. I do believe these precautionary measures have slowed the infection rate.

C.J.U.T: Um-hm. Like every time I go out, I wear my mask and carry Germ-X with me. But sadly, I think the reason why people are careful now is because of the number of deaths caused by the COVID-19 disease, which continue to this day. We are all terrified.

A.D.A.V: Um-hm.

C.J.U.T: So, I have an additional question for this is, um, do you by any chance still experience these problems today during the pandemic?

A.D.A.V: Initially in the company, we did see a shortage in our Personal Protective Equipment, or PPE, because we had to use them way more often than previously done before. We did end up having to try and make do with the supplies we had, until eventually we were able to catch up and we had an abundance of PPE in every unit. Before every shift, we're supposed to do our checkoffs and make sure our unit's fully stocked. We have to make sure we have enough equipment in case we end up having COVID calls or COVID potential patients.

C.J.U.T: Yeah.

A.D.A.V: With every call, we try to gown up to protect ourselves and the patient the best we can. At the end of every call, we try to disinfect the unit the best to our abilities.

C.J.U.T: Um-hm. Now, I'm curious. What do you do when you're short on supplies? I mean, you admitted that you've basically always been short on supplies before the COVID-19 pandemic, so what do you usually do, if you don't mind me asking?

A.D.A.V: Well, I'll like to clarify that. We weren't short on supplies before, it was just when the initial pandemic hit.

C.J.U.T: Oh, okay.

A.D.A.V: We were trying to keep everyone as safe as we could, and we didn't have the correct reserve to deal with the pandemic on our units. As we learned more about COVID, we learned how to increase our PPE and how to use it more effectively, so that we could keep our EMS personal and our patients safe.

C.J.U.T: Oh, okay. Got it. So yeah, I asked the previous questions because I think you heard about the hospitals in the Rio Grande Valley. There were reports that they had these problems, and there was even a Twitter thread, which I send you the link to, that allegedly exposed the horrible conditions of Edinburg's DHR hospital. What did you think about that?

A.D.A.V: I did take a look at the images you had send me, and I read various comments. If those were conditions present during that time, I feel very sorry for those that undertook that. There were conditions that shouldn't happened in the first place. If that's how it truly played out, the event was poorly managed. I did not witness this myself upon arrival to the hospitals here in the Valley. Even though I stated I worked in Corpus Christi, I do have transfers down here to the Valley. In fact, I did end up going to a hospital in McAllen during one of my transfers at the time of the COVID pandemic. I actually talked to a nurse, and they stated that they were clearing the entire wing of a hospital to admit more COVID patients. This was during the holiday weekends when a huge increase had occurred because people decided to ignore their safety protocols.

C.J.U.T: Some still do.

A.D.A.V: Some do, yes. But back to your original questions, I do believe that that situation could've been handled a little bit better. It was—

C.J.U.T: Well, those were alleged situations, you know?

A.D.A.V: That's what I said, I didn't witness any of these situations myself, and if—

C.J.U.T: I just want to make that clear.

A.D.A.V: And if they did partake, I do hope that in the near future something like that does not happen again. I cannot defend that at all, that should've never happened.

C.J.U.T: Yeah, even though this story is alleged, it is still scary.

A.D.A.V: Yes, you're right, but I do understand the hallways being filled up with beds. It's happened in the past when there's no more rooms available, so we do have to put patients in hallways, but we try to keep them at a safe distance as well, away from each to preserve their own patient confidentiality.

C.J.U.T: Um-hm, yeah.

A.D.A.V: And I can't really blame them because there was just a sudden increase in patients after that holiday weekend.

C.J.U.T: Yeah, I don't think anyone was prepared for what was to come, you know?

A.D.A.V: And as for the—I think they had mentioned understaffing in the hospital as well?

C.J.U.T: Yeah.

A.D.A.V: I do see that happening because of the sudden—

C.J.U.T: Increase?

A.D.A.V: Yes, sudden increase in patients. No matter how well you prepare for the event, there is always the slight possibility that the EMS personal, or health care professionals, will themselves get sick with the virus, and I do believe that is what happened. People were saying these hospitals are very understaffed, but I do believe part of that was only because the health professionals themselves had gotten sick and needed to take their own time-off to recover to get back to work. A lot of people were getting angry with these individuals, even though these individuals were just trying their hardest to make do with what they had.

C.J.U.T: Yeah. Now that you brought this up, I remember that there was a post on Twitter about a girl who worked in the medical field, I believe as a nurse, and she decided to quit because the pandemic made her realize this job was not for her. It was too much for her. There were people in the comments shaming this girl and telling her you signed an oath and you can't do this and whatnot. I just felt so heartbroken because these people were been so awful to this person.

A.D.A.V: Yeah, and my take on that is I have full sympathies for that nurse because no one knows the actual struggle with the mind stress that this job gives you. There will times where it will be too much for one person to handle.

C.J.U.T: I mean, this field is already too much, even before this whole thing started and now it's just pretty much at the highest level you can get.

A.D.A.V: Yup, I actually had individuals who I went to school with come into the healthcare field but leave after a certain call. It was literally their first week working, they had a certain call that just—they couldn't get through. They finished the call, everything came out all right, but that stress was too great for them that they decided to leave the healthcare field. They did all their training, they did all of this prep work, but in the end they

decided, “You know what? I can’t handle this,” and there’s nothing wrong with that. This job is not for everyone, and at times the stress does become too unbearable.

C.J.U.T: Yeah.

A.D.A.V: And if you realize that too late, sometimes it will affect your patient care. I’m actually very glad that this individual, this alleged nurse, realized that early on, and she didn’t let it affect her patient care because there’s nothing… Actually in my opinion, there’s nothing worse than having a healthcare professional who has been emotionally drained and doesn’t care as much as she initially did.

C.J.U.T: I’ve heard of medical workers who become too emotional, and they end up getting emotionally drained because they care too much. But on one hand, I’ve heard that sometimes they end up just outright not caring about their patients and what happens to them.

A.D.A.V: I do wanna elaborate on that. It’s not that they don’t end up caring about their patients. In this field, we see so many alarming and deadly situations that when we see a patient complains about a minor situation, we just can’t believe they’re making a commotion about it. But to the patient, this might be something new, something terrible that they have never experienced before in their live, and we try to understand that.

C.J.U.T: Um-hm.

A.D.A.V: What people fail to realize is that something major in your life could be something minor in ours because we have to deal with it ever so often.

C.J.U.T: Um-hm, yeah. You worded it better than I did because what I was essentially trying to say is that you don’t want someone who works in such field to be too emotional because it drains them and—I mean—

A.D.A.V: You don’t want them to become desensitized.

C.J.U.T: Yeah, exactly! So yeah, you worded it better than I did. All right, so moving on to the next question, you obviously work in the medical field. It’s an already cautious environment, and it got even more dangerous because of the COVID-19 pandemic, so I wanna ask you, how are you treated when you get home from work?

A.D.A.V: In the beginning, we were always cracking jokes about it, making fun of the situation. My family would tell me, “Ah, don’t touch me! You have COVID!” or so and so. But as the pandemic progressed, we actually started taking a little more precaution so that I wouldn’t bring it home. They would actually see me arrive at home, open the door for me, and they would say, “Spread your arms, spread your legs!” and spray with me with Lysol.

C.J.U.T: [Laughs]

A.D.A.V: Which, I was okay with it because I didn’t want to get anyone sick.

C.J.U.T: No, yeah.

A.D.A.V: I have a little sister, who with any little thing becomes very ill.

C.J.U.T: [Gasps] Oh, no!

A.D.A.V: So I was already taking all these precautionary measures before I left from work. Before I was leaving work, I started taking showers. I would take extra clothing, so that I

could leave with a fresh, brand-new set of clothing. I would try to prevent myself from entering my vehicle while I still had my work clothing or anything like that. I do have cloth seats, and I didn't want any of that illness that I could potentially be—

C.J.U.T: To get absorbed somehow, yeah?

A.D.A.V: Well, any illness that I was potentially carrying to be absorbed into the vehicle because I do carry my family in there from time to time.

C.J.U.T: Yeah, um-hm.

A.D.A.V: And I started to bag my clothes. None of my family would touch any of my personal belongings that I would take to work. I carry a big blue box, and this contains my uniforms, my bedding, my towels, and anything else I need for work. This big blue box is basically my backpack. On the way back home, I would start putting my uniforms in trash bags, just so that no one ended up touching them, and I do my laundry completely separate from everyone else's.

C.J.U.T: That's understandable.

A.D.A.V: Before the pandemic, my brother or my sister would say, "Hey, are you doing laundry?" and I would say, "Yeah, I'm doing my uniforms, which are darks." And they would say, "Hey, can you toss this shirt in? Can you toss these jeans in?" And I would say, "Yeah, go ahead and toss them in. I'll wash 'em, I'll dry 'em, and I'll give 'em to you once it's done." Not anymore. Now, I completely wash my uniforms and beddings separate from anything else in the household.

C.J.U.T: You know how my parents work as a waiter and waitress in restaurants?

A.D.A.V: Yeah.

C.J.U.T: At the start of the pandemic, they would come home from work and their clothes got quickly thrown in the laundry machine to get washed, and they would run to take a shower. We still do this to this day, by the way.

A.D.A.V: And that's how my mom is as well because she is a cashier at Dollar General.

C.J.U.T: Yeah.

A.D.A.V: She interacts with so many people on the daily, she is at risk of getting into contact with someone who is a potential carrier for COVID. I remember how as soon as she would get home from work, my baby sister would try to hug her.

C.J.U.T: Aww.

A.D.A.V: And my mom would say, "No, don't touch me! Let me go shower first."

C.J.U.T: Yeah, that's how my parents were, too. It would hurt my sisters and me.

A.D.A.V: Pues, my family understood why we had to do this. It was just for their own benefit, so they quickly adjusted to it, and they were okay with it.

C.J.U.T: Yeah. So this is kind of ironic because you decided to do this interview in person, but when you are with friends and family, are you scared of infecting them with the COVID-19 disease?

A.D.A.V: I'm not scared of infecting anyone because I do feel that I take enough precautionary measures to try and be as safe as I can. I'm not gonna say—

C.J.U.T: You're wearing a mask right now, for example [laughs].

A.D.A.V: Yes, right now I'm wearing a mask, but I'm not gonna say that I'm 100 percent guaranteed to not get anyone sick.

C.J.U.T: That's understandable.

A.D.A.V: I believe that I'm trained enough and take enough precautionary measures for it to be okay to be with my family, and I tend to only hang out with a certain group of people outside of my family. Most of the people I meet up with are actually involved in the healthcare field, so they know their precautions as well.

C.J.U.T: Um-hm. Oh okay, that's interesting.

A.D.A.V: Technically, I'm either with my family, or I'm with the same five group of friends and—

C.J.U.T: The medical field buddies? [laughs]

A.D.A.V: Well, two of them are medical professionals, which you may know. One of them is Leo, the other one is Amber.

C.J.U.T: Leo's what?

A.D.A.V: Um-hm.

C.J.U.T: I did not know that, okay [laughs].

A.D.A.V: The other three are introverts. They don't really go out, they don't hang out with other people except for those other two. So that's why I know that they're keeping me safe, and I'm keeping them safe.

C.J.U.T: Nice [laughs].

A.D.A.V: And whenever I go out with my family, I always carry Germ-X and masks in my truck. I sometimes have spares, in case they forget their masks at home. But I tell 'em to put it on, and I showed 'em how to wear them properly. I noticed that a lot of people decide to not wear masks over their noses to help them breathe fresh air, but then that defeats the whole purpose of wearing a mask. People fail to realize that both their nasal airways and oral airways are connected.

C.J.U.T: Yeah! [laughs]

A.D.A.V: And if you don't cover one, then you're still being exposed, or you have a higher exposure rate. That's why wearing a mask is so important because it lowers your chances of being exposed to COVID and other illnesses.

C.J.U.T: You know, when my family and I walk around campus and there's no one around us, we take off our masks to breathe the fresh air.

A.D.A.V: I see that as perfectly acceptable. I do the exact same thing myself. I'm not gonna—

C.J.U.T: Yeah, but then as soon as we see someone, we're like, "Oh, my God! The mask! Where's the mask!" And you quickly put your mask back on! [laughs]

A.D.A.V: That's just a courtesy. It's a courtesy because it lets the people around me know that by wearing a mask I'm keeping myself and themselves safe. I do the exact same thing. Say I go to Walmart, I wear my mask throughout the entire time in Walmart. Before I enter the store, when I'm inside the store, and once I leave the store. But if I park further away in the parking lot and I see no one else around me, I won't wear my mask until I start getting closer to the store. I do the same time once I come out of Walmart. If I come out and I see that there's no one is around me, I'll slide my mask down. But if I see that someone gets out of a vehicle near me, for example, I will wear my mask as a courtesy to them and myself.

C.J.U.T: For me, it doesn't matter if I'm close to or far away from Walmart, I have to have my mask on before I step out of my car, and I will only take off my mask after I step back in my car. So, different people see different things.

A.D.A.V: The way I see it is you're in open air with wind blowing, so you might be all right. It's just once you start getting closer to other individuals, you might wanna put on your mask.

C.J.U.T: Yeah.

A.D.A.V: Because there's a certain range, where if you cough or sneeze or anything, that it travels.

C.J.U.T: And I did say you don't have to answer this question, if you feel like it's too personal because I feel like this has affected everyone, one way or another. How has the COVID-19 pandemic taken a toll on your mental health? Once again, you don't have to answer it.

A.D.A.V: Oh, I will answer it. Personally, I don't think it's taken too much of a toll on my mental health. It has prevented me from doing what I like to do, which is—

C.J.U.T: Which is party? [laughs]

A.D.A.V: Not necessary party. Since I'm an EMT, I'm on shift usually for about seventy-two hours straight, sometimes it can be as high as ninety-six hours straight, and it can be as low as forty-eight hours straight. As of right now, I've been working seventy-two hours shifts straight, and I'm just on call the entire time.

C.J.U.T: Um-hm.

A.D.A.V: Working for so many hours on end, I have to take advantage of sleeping whenever I can and eating whenever I can because you never know how the shift's gonna go. When I would come back home from work, my sleep schedule would be so disruptive, so non-existent, that I would just drive from 11 to 2 in the morning, sometimes even later. I would drive on the expressway or drive throughout the city while listening to music to relax and have a nice little time by myself. When the pandemic started progressing, the county ended up placing restrictions and curfews, and that actually disrupted me quite a bit. I didn't like that I was forced to be cooped inside my house. I was already working for four, three, or two days straight that I actually enjoyed coming home and just being free to do whatever I wanted. Once I was off shift, I would go for cruises. I would even go to Walmart at 2 or 3 in

the morning to just walk around the store, have a nice time looking at everything. I would go look to see if there was any new Hot Wheels because I do enjoy buying certain Hot Wheels.

C.J.U.T: Nice.

A.D.A.V: But once the curfew was set in place, a lot of my de-stress mechanisms were taken away from me. I am more of a night person than I am a morning person, and being out at night has always felt so natural to me. Some of my favorite ways to de-stress is parking my vehicle in an empty parking lot and looking up at the stars, or playing music, or just going out for cruises with friends. The COVID pandemic took that away from me for quite a while.

C.J.U.T: Going to Walmart at 2 or 3 in the morning hit close [laughs].

A.D.A.V: Yeah, I would just do that because I didn't wanna be at home. Sometimes I did have a stressful shift, where I would only sleep about four hours a night, and I would come home. Since I was accustomed to been awake all night because I'm running calls, I would just go for a drive, go to Walmart, hit up some friends, see if they were busy, see if they wanted to play video games or watch a movie. The COVID actually restricted all of that for me. I had to learn how to stay put inside my house, had to try and, how can I say this?

C.J.U.T: Find another way to de-stress?

A.D.A.V: Yes.

C.J.U.T: Yeah, we really underappreciated those late nights. I mean, I rarely got to experience them because my parents have a curfew on me but I know.

A.D.A.V: Oh, that was another thing. I was always subjected to curfews in my household. But once I started working, I was given certain liberties that I didn't have before. I was able to go out a bit more with friends late in hour. Now, I don't really ask my mom for permission. I just tell her, "I'm gonna go out with friends," and she says, "All right, just let me know how you're doing." She understands that I have a job that sometimes does stress me out.

C.J.U.T: It is very tiring.

A.D.A.V: Even though I am dead, dead tired or stressed out, I want to go out with individuals. She understands that will help me relax, that would ease me down a bit.

C.J.U.T: No more curfew in a Mexican household. What a dream, what a dream. But it does come with a price [laughs].

A.D.A.V: It does come with a price. I mean, the way I see it is my mother understands because I do help out quite a bit in the house, so that's why she's a little bit more lenient with me and lets me go out every once in a while. For example, I help her with the bills. Also, I do spend time with my family. I don't completely ignore them and let them be cast aside. I reserve a certain day for them, or other times I just say, "You know what? I'm not gonna go out with friends. Let me take you guys out! You guys have been cooped up inside this house for too long!"

C.J.U.T: Oh, yeah. I'm getting more liberties to go out again. It feels nice because we're social butterflies.

A.D.A.V: Um-hm.

C.J.U.T: Being locked-in was exhausting for me.

A.D.A.V: It was.

C.J.U.T: Okay, I think we're a bit over the time, so do you wanna do all questions, or which one catches your attention the most?

A.D.A.V: I would still do all questions, I don't mind.

C.J.U.T: All right, let's go for it! So the next question says in March of 2015, Bill Gates stated in a now infamous TED Talk about how the world is not ready for the next world pandemic, serving as a foreshadow for the COVID-19 pandemic. His conclusion comes from the 2014 Ebola outbreak, which was able to be contained through the work of thousands of volunteers, the nature of the virus, and how the virus didn't spread into any urban areas. But he is able to quickly contradict these points, such as the fact that the reason there were thousands of volunteers is because there were no epidemiologists and medical team ready to investigate the disease. Did you or anybody in your field predict something like this would happen, too?

A.D.A.V: I myself and various others in my field had believed that there would be another—I guess you could say pandemic diseases, or—

C.J.U.T: Or just like a disease outbreak in general?

A.D.A.V: Another disease outbreak. Diseases are always changing, and they're always gonna be around.

C.J.U.T: Yeah, that's true.

A.D.A.V: We can prepare as much as we do, but outbreaks happen very suddenly, very, how can I put this?

C.J.U.T: They're unpredictable.

A.D.A.V: Very unpredictable, yes. In order to actually contain an outbreak, the disease has to grow for a little while, so healthcare professionals can understand the pattern of the illness and how to combat it.

C.J.U.T: Um-hm. Wow, okay. I asked this question because I didn't think a global pandemic will ever occur in our lifetimes. One of the reasons I thought this is because I'm not in the medical field, I don't study this, I don't look into this. But the most important reason is because I thought we're modernly advanced, so nothing like that can happen.

A.D.A.V: We are modernly advanced—

C.J.U.T: I mean, there's been small epidemics here and there, but we have always been able to be controlled such illnesses, which is another reason that made me think nothing like the Great Influenza of 1918 would occur.

A.D.A.V: And that right there is one of the issues. People believe we are too modernly advanced, which is true. For example, we do have many, many great advances in the healthcare and science fields, but that is also what caused our huge downfall. Even now, we still have people that don't believe the COVID pandemic is real, or they believe the virus won't affect them because we're modernly advanced.

C.J.U.T: Yeah, some people have too much confidence.

A.D.A.V: We're overconfident, yes. Because of this, people have decided to ignore precautionary measures. It's not as prominent as when the virus first started, but we still see certain people argue that we shouldn't take any precautionary measures.

C.J.U.T: Or they're outright saying that it's not real.

A.D.A.V: Yes.

C.J.U.T: This is kind of funny because it ties back to my question. What do you think about the United States of America having a political debate about maintaining social distancing guidelines and masks mandates, where some people consider themselves to be pro-masks and other people consider themselves to be anti-masks?

A.D.A.V: See, this debate about being pro-masks and anti-masks is very trivial. A lot of the anti-maskers believe that their rights are being taken away or diminished because someone is requiring them to wear a mask out in public or in certain stores. There had been a lot of videos, where we see people causing a huge commotion because a store is refusing to let them in simply for the fact that they do not wanna wear a mask. When just as it is their right to refuse to wear a mask, it is the store's right to refuse service or entry for anyone not wearing a mask. They want to have their rights preserved on a one-sided basis. They only wanna bring up the topic of rights when it's very—

C.J.U.T: Convenient to them?

A.D.A.V: Convenient to them, yes.

C.J.U.T: Yeah, no, I understand. By the way, the original question was what do you think about the United States of America having a political debate about maintaining social distancing guidelines and masks mandates, which more often than not portrays conservatives as anti-masks and liberals as pro-masks? The reason why this was changed is because, yes, conservatives do tend to be more anti-masks because they tend to follow this set, traditional—

A.D.A.V: Ways of life?

C.J.U.T: Yes, But that doesn't mean that there aren't conservatives who, like—

A.D.A.V: Are pro-masks.

C.J.U.T: Are pro-masks, and liberals who anti-masks. We just don't really get to set these portrayals, you know?

A.D.A.V: Most of the media, especially here in the United of States of America, wants to show this political debate as being very one-sided. They wanna show conservatives as being anti-maskers, and they wanna show liberals as only pro-maskers, but that is not the case. You see quite a few individuals from each group that contradict this one-sided basis.

C.J.U.T: Yeah, that's why this question had to be reworded. But yeah, at the end of the day, I feel like this brings up a very interesting topic. The fact that this political debate exists, you know? It astounds me because people are asked to wear a mask for their safety and the safety of others, and those people don't want to.

A.D.A.V: They say it affects them health wise, but I don't see how that's possible. I haven't seen any actual medical articles saying that the mask is preventing someone from breathing, especially if it's a cloth mask that is breathable. As an example, our clothes tend to be made

from cotton, and they're very breathable. You can feel a breeze through your shirt whenever it's windy outside. You can feel that. So, how would a mask prevent you from exchanging O_2 and CO_2? All the masks is doing is creating a filter between you and foreign contaminants. I've seen a lot of people say that the mask is preventing them from breathing correctly, or they can't wear a mask due to a medical condition. I would really like to know what medical condition it is, and how's its affecting them because while I'm at work I wear a N95 mask, under a surgical mask, and while wearing a complete face covering. So I'm already wearing three layers of protection, while they're stating they can't wear one.

C.J.U.T: Yeah, I kind of have a story. I went to my previous work, and I found out a lot of people left, especially during the beginning of this year. An older lady who worked there for so long left, she basically retired because she has asthma. When she found out she had to wear a mask, she was scared that she said, "No, I'm gonna leave," and she just left.

A.D.A.V: But see, here's where I argue that this debate about how asthma will prevent certain individuals from breathing correctly while wearing a mask it's not necessarily the asthma, but their own anxiety is what's going to make them have an asthma attack. My family has a history of bronchitis and asthma. My mom, herself, and my sister, herself, had had asthma, and they still wear a mask just as easy as myself.

C.J.U.T: So, you're saying their minds is what will cause them to have an asthma attack? Huh.

A.D.A.V: Yes¸ they're gonna get anxious that they're wearing something over their mouths. They're gonna think that they cannot breathe correctly, and it will actually prevent them from breathing correctly. However, I do understand why they might panic. I remember when my mother or sister, back in the day, would have an asthma attack or start to panic. They would say they had to go outside to be able to breathe better. I completely understand, but to not wear a mask at all is something else. I understand you need a little break here and there because I do. I myself at work, say we're doing a transfer because we're always there in transfers or doing a 911, if I can I'll get a little break. I'll walk away from the unit while my partner is with the patient, and I'll lift my mask up a little bit, just so I can get a break from wearing a mask. I have to wear this hours over hours on end with no break, but I put up with it for the safety of myself, the patient, and my partner. We all have families that we have to get back to, and I'll hate for any of us to end up being sick or contagious.

C.J.U.T: Yeah, I'm not too sure about this, but I think the United States is probably the only country facing this problem. I'm not too sure.

A.D.A.V: From what I've heard, I do believe that is correct. As of right now, we are the ones with the worse COVID situation.

C.J.U.T: Yeah.

A.D.A.V: I hope that we soon get everything under control, and we're able to improve from this situation. What people fail to realize is that the mask and other forms of safety, such as hand washing, Germ-X being readily exposable everywhere, actually has the decrease the infection rate a great deal. I don't remember the exact numbers right now, but they have been able to prevent a huge, huge increase in infection rate. Right now, I'm just gonna add this here, my main concern is this upcoming flu season.

C.J.U.T: Oh, yes.

A.D.A.V: Because when you think about it, during the flu season everyone is sneezing, coughing. If you end up having an individual with COVID develop the flu, it will be twice as infectious as before. I do believe that we're gonna get another resurgence in COVID patients.

C.J.U.T: Yeah. What I thought was that since the death toll for COVID seems to be people who already have previous—

A.D.A.V: An underlying illness?

C.J.U.T: Yeah, underlying illnesses. So, what I was thinking is that if someone has the flu, then their immune system is already weak.

A.D.A.V: It is.

C.J.U.T: And then if they get COVID, then they're probably at higher risk of passing away, you know?

A.D.A.V: Yeah. See, the thing with COVID is that it's not necessarily too lethal. It's just that it's highly, highly infectious. That's the reason that in the TED Talks video that you sent me the link to, the Ebola virus was able to be contained a lot quicker than the current COVID pandemic because COVID and Ebola have a different means of spreading.

C.J.U.T: Yeah, COVID-19 is an airborne disease, which is the deadliest.

A.D.A.V: Yeah.

C.J.U.T: So we're gonna wrap this up with our last question. The COVID-19 pandemic has caused so much tragedy around the world, including the close community of the RGV. How do you think this will affect our region for years to come?

A.D.A.V: I do believe that this has shown light on an issue. It's shown the RGV that we need to have better infectious or disease outbreak preparedness. We were not ready for a disease outbreak of this level, as you've seen from the numbers. I have been following the Hidalgo County page on Facebook to see the infection rates, the death rates, the new cases, and the study cases. I'm hoping that in the future people use this data and see how the infection spread to make better preventative measures for future outbreaks, from new disease or resurgence of diseases. As of right now, I do believe that we're gonna be in a state of caution and awareness for a good time to come. The world will not go back to how it was. The RGV, stubborn as they are, will learn to take better precautionary measures against diseases. So, I guess I'm done with that.

C.J.U.T: Anything else you wanna add, just on anything overall?

A.D.A.V: No, I believe I'm done.

C.J.U.T: Okay, this is Cindy Juliete Us Tec, and the interview is finished.

Appendix C

Interviewee: Linda Quinn

Interviewers: Colleen DeGuzman
Date: October 21, 2020
Location: Phone interview

This interview was conducted over the phone on the 21st of October in the year 2020. The interview lasted 25 minutes. The interviewee was Linda Quinn. She is a 74-year-old Pharr resident who has been diabetic since she was 13, placing her in two categories of people who are most vulnerable during the COVID-19 pandemic. In 2000, Linda founded 'In'sulin Survivors, a support group for people diagnosed with diabetes in the Rio Grande Valley. She was able to provide insight on the local diabetic population during the pandemic.

Colleen DeGuzman: Hello Linda, can you hear me?

Linda Quinn: Yes.

C.D: OK, great. I just need to read something before we start; it is for the purposes of documentation.

L.Q: Oh yeah, oh yeah.

C.D: OK. Today is Tuesday, October 20. My name is Colleen DeGuzman and I am a student at UTRGV at Edinburg, Texas. I am here today with Linda Quinn conducting an oral history interview for our university class called "Discovering the Rio Grande Valley" as we research the effects of the coronavirus pandemic on our region and community. Linda, I am also a reporter at The Monitor, so if it is OK with you, I would like to use what you say in a possible story.

L.Q: Sure, absolutely, absolutely, yes.

C.D: Great. So, could you tell me about yourself? You are a diabetic of 61 years, right?

L.Q: Yes, I am 74 years old, I was diagnosed when I was 13 and I was the only type 1 diabetic. Of course they did not have types back then. When I was diagnosed with diabetes, they either were diabetic or you weren't, there was no type 1, type 2, type 3, pre-diabetic. There was none of that. All it was was you were a diabetic and you took one shot a day and most of it was made from cows, the insulin, then it just went to pigs then finally they had what you call insulins and then regular, they have all different kinds of insulins now, I have lost count of how many kinds of insulin.

C.D: So how often do you take it now?

L.Q: I take anywhere between six and nine shots a day.

C.D: Oh wow, so it went up.

L.Q: Oh yeah. I think my first glucometer was I think was in 1985 and that made a big, big difference and also the different types of insulin we have now make a big difference, so yeah.

C.D: So you've been taking six to nine shots since when? How long have you been doing that?

L.Q: It's been about 10 years at least.

C.D: Oh wow, so for 61 years since you were diagnosed, you have been taking at least a shot every single day.

L.Q: Oh yes, absolutely.

C.D: Where did you grow up?

L.Q: My dad was in the army, we moved around a lot and then when he retired, his family was from Alamo. We moved to Pharr from Louisiana; we moved to Pharr and stayed there for the rest of the time. I went to the PSJA school district from eighth grade through high school, and then I graduated from Pan American also. I say Pan American now, that aged.

C.D: (Laughs) yeah I am a student at UTRGV. A lot has changed since it was called Pan American.

L.Q: Oh yeah, the buildings. Yeah I don't like change, I'm telling ya.

C.D: We still have the Bronc Trail, it's still there so it's not all gone.

L.Q: Oh OK, alright, that is good, so we have something left that's good.

C.D: So you came to Pharr when you were in eighth grade?

L.Q: Yes.

C.D: And what high school did you go to?

L.Q: PSJA High school, there was only one.

C.D: Oh OK, I forgot about that.

L.Q: Back then there was only one, yup.

C.D: And then what did you study at UTPA.

LD: I was a teacher, I taught at an elementary school.

C.D: Oh wow, how long did you teach?

LD: I only taught, I think, 14 years because my health deteriorated. This was before the glucometer and all the different types of insulin. So my health was not good.

C.D: Because of diabetes?

L.Q: Yes, right. But then got on the right track. And one of the things that has really increased my longevity is that I have this diabetic support group in the last 20 years. Because my main speakers are most of the doctors down here in the Valley. So cardiologist, you name it. Even pharmacists, dentists, everything, you know. Metabolic, all kinds of doctors come and speak to my group. Psychiatrist even, psychologist, everybody.

C.D: Could you tell me about what your group does? Do you call 'In'sulin Survivors a group?

L.Q: We are a nonprofit community service organization. We never charge for anything, there is never any money passed, no. We do not do fundraisers; we do not do anything because everything is on a voluntary basis. The doctors give up their time, their free time, to come speak to us. So there is no money, no money, it is free to the public, we never charge. I've never charged for a meeting.

C.D: And you said that meetings usually get between 15 to 30 people.

L.Q: And we had, I think, two years ago, we had Eli Lilly give a bunch of us, six of us, medals for… The one guy got his for 75 years, he got a gold one, another friend of mine and myself got silver because we had 50 at that time, they only do 50 and then 75.

C.D: Wow.

L.Q: And then they had, I think, there were three that had 10 year, and they had little medals for 10 years, so there were six of us that got medals. And I think that was 75 people, but that was unusual because we had members from the bosses of Eli Lilly, one of the members, she's kind of in this district, she oversees things in this district and she is very, very nice and her name is Herr, and her boss came, I don't know where he is from, I think he is in Texas somewhere. But we had I think there were between 70 and 75 people at that meeting.

C.D: Wow what year did that happen?

L.Q: ’18 I believe.

C.D: Wow OK, so what does that tell you? I know the population in the Valley is different; most people here who are diabetic come from low socioeconomic means, and so could you tell me about what that tells you, that a lot of people are reaching out to your organization?

L.Q: I don't do bilingual. There are so many people that would benefit but I tried that for about six months and all it did was bore the very devil out everybody because when I was doing English, the people that didn't speak English were bored and then when I did Spanish the people that only spoke English were bored. So it was double the time and I decided, I made a corporate decision that said no, I am not going to do that. I will do this in English and maybe if they have a friend or a relative that can come and translate for them, that is great but I can't do that. So, it is strictly in English, but I know that a lot of people would benefit, but it's hard because of the language barrier.

C.D: I understand, but besides that, there are a lot of people who speak English and it is still a high demand, diabetes services, in the Valley.

L.Q: Yes, mmhm.

C.D: So besides the meetings, is there anything else 'In'sulin Survivors does?

L.Q: We do attend, especially the ones who have had it for a long time… I believe it was in 2017 or ’18, Texas A&M put on a conference for type 1 diabetic children. It was amazing. They asked my group to come, so there were the three of us, well one of them was unable to come because he found out he had to go out of town, but two of us, who have had diabetes for that time we were both approaching 60 years, but the audience, the good thing about this was it was only type 1, and we were talking to the parents of children with type 1 diabetes. And they came in, and it was my friend Dennis and I, my friend Dennis Bush and I, were waiting for the people to come in. And as they came in, there was nothing I could say other

than fear was on their faces, fear. And they sat down and they had a translator, and the people that did not speak English got the benefit of earphones and they were able to listen to the translator as they talked. I talked for the first 40 minutes about the female version of having diabetes since childhood, and you know, I'm old. And Dennis has had it 10 months less than myself, so he did the boy version, what it was like. So the parents listened; they were spellbound, they were totally into it. And even the kids came and sat down and listened, they were really excited about it too. And it was so funny, when we got through, they started clapping like crazy, they had smiles on their faces because we gave them hope. I told them at the end, notice, we are old, we are still here, and we are still viable members of this society. You can do this even better than we can and could, because there is so much more available for your children now. And it was amazing to see their faces. They all came down to shake our hands and one lady reached over the table and grabbed me and gave me such a big hug I thought I was going to choke to death. It was so cute; she had a two month old baby, but she was dealing with this, you know, and to see an old person. Hey, I look like I am 74 years old, OK? To see all these old people… All we went through, which is nothing like their children will go through, I mean they've got so many things that we have. We had no camps, there were not camps for diabetics, and now I am a board member on the South Texas Juvenile Diabetes Association.

C.D: Oh wow.

L.Q: Yes, something I have always wanted to do was to help the children of the Valley and now I am able to do it with this group. I have been with them for a year now and I love it.

C.D: That's incredible, thank you for everything you are doing for our community.

L.Q: Oh gosh it's something, I have always been one of these people that I really like to give more than receive and it's coming back because I knew that there are people that can use our services, and so its great.

C.D: Yes. OK, so you told me that you've seen the fear that this disease can bring to people, how has the COVID-19 pandemic changed operations? I know that you said you have not had an in-person meeting since April right?

L.Q: Right, actually since March.

C.D: March, okay.

L.Q: Mmhm we had our March meeting. We had Dr. Llinas, wonderful doctor; he is an endocrinologist here in McAllen.

C.D: Oh wow, so can you tell me about it? So have you been doing virtual meetings?

L.Q: With the South Texas Juvenile Diabetes Association? Yes. Ours? No. I really am not a technology person, and I really am not interested in doing that, and I don't want to. You know I need to get the speakers and everything and I don't want to do that.

C.D: How does that make you feel though, that you are not able to see the people.

L.Q: Sad. Sad. We use the telephone, we call and make sure everybody is OK, you know, we call a lot to say 'Hey how are you doing? Are you OK?' Nobody has had COVID yet, that I know of.

C.D: Oh OK, that's good.

L.Q: Yes.

C.D: Has anyone expressed fear knowing that diabetes is one of the comorbidities of this virus?

L.Q: Nope, no one has said anything so far but we're careful, you know. We did not get to be this age being stupid, you know, so no.

C.D: Oh okay. Sorry let me take a moment to look over my questions.

L.Q: That's OK, that's OK. It's a lot to learn, I mean there's a lot to learn.

C.D: Mhm diabetes is a very wide, complex topic.

L.Q: There is not one cell in your body that is not affected, not one, it affects everything, everything. It really is basically a balance issue. You've got to do the meds, plus the diet, plus the exercise, and it's a balancing act, like a juggler. You've got to make sure that you're on track, you've got to eat right, you've got to take your meds on time, and there's nothing I do that I don't bring in my "diabetes decision maker." I'm thinking, I've got to do this... For instance, let me give you an idea. I needed to go to the grocery store so I went this morning and before I left, I had one of those freestyle things. It's a 14-day deal with a disc on your arm that has a little reader and it shows what your blood sugar is. Before I even open the door, I make sure what my blood sugar was. So I check everything.

C.D: It's with you; it's like another person you have to always account for.

L.Q: Yup, yup. Yes.

C.D: So during the pandemic, what kind of emotions have you been going through knowing that you are of age of the population of people who are more vulnerable to the virus.

L.Q: OK, so I've got a very different attitude on things like that. I do the best I can with what I have. I follow the rules. I need to get out. I need to get exercise. Therefore, I put my mask on and I go to the grocery store. I go to H-E-B. I go to Walmart. I go to different stores because if it's my time to go, I figure there is nothing I can do about that. It's not in my hands, it's a higher power than myself and I am not afraid. Fear does not enter my mind. I am not afraid.

C.D: Mmhm.

L.Q: Because it is what it is, and it will be whatever God wants. Yeah I am not going to walk in front of an 18-wheeler, don't get me wrong.

C.D: (Laughs) yeah.

L.Q: You know, stupid, no. And I am careful. And I make sure I take into consideration what everybody else is doing and stuff like that, and that's it. But I am not afraid.

C.D: You said that you were religious right?

L.Q: Yes, but I don't preach it (laughs).

C.D: (Laughs) OK, have your prayers changed? Have you been praying for anything different for your group?

L.Q: No, I have always prayed for everybody, no they have not changed at all. Nope.

C.D: Oh OK. Is there anything else you would like to say about how the coronavirus pandemic has changed the dynamic of your life and the 'In'sulin Survivors group?

L.Q: OK the major thing is that we are not able to meet, and I spend a lot of time talking to people. I taught three cousins how to deal with their diabetes, they were newly diagnosed and so I was helping them and I got them on the right track and that's good, and that makes me feel good. And also, I have several members calling to ask me questions, you know, and I told them they can call anytime. So they call and they ask questions and I help them out as much as I can and if I can't come up with the answer, then I will call around until I find out until I do.

C.D: What kinds of questions do they ask?

L.Q: OK, one lady lives in Mexico, way south of Mexico City and she has a house here so she comes up here and she was calling me, she was worried about getting her insulin and she was wondering to know if I could get her some insulin, and I told her, I said, "There is a way that you could do this. You could call your doctor's office here in McAllen and you could get him to give you the prescription because she was coming up to be here in October. You could get a prescription and I could give you the pharmacy's name that you can call, you can call the pharmacy, and they can deliver it to your house." And so that's how I get stuff.

C.D: Oh wow. This is a big topic, but would you be able to tell me what you think about the rise of the price of insulin? Has it gone up for you?

L.Q: It's horrible. It is absolutely horrible. Just like the EpiPen, I mean, holy cow! This is ridiculous, ridiculous... And it makes me angry. I have insurance, but I still do pay a hefty price (laughs). I still have to pay a hefty price, but I am in a position where I could meet that. But for people who have no insurance, it's tough. And those people who do have insurance it barely covers, like the affordable stuff, now Obama's little plan, no it blew up like a cheap case as far as I am concerned. No. No. It's horrible.

C.D: Could you give me some insight about how prices have changed? So when you were in eighth grade when you came to the Valley, how much was a shot?

L.Q: Oh Lord... A bottle, a bottle, you see we did not have pens back then. We had little bottles of insulin with the syringes. You know and my mother boiled the syringe. We had glass syringes with steel, stainless steel needles, and the needles were not what they are now, they were thick and we boiled those every week and when we got through with the shot she would take it apart and put it in a bowl of alcohol so that it was sterile. Once a week then she would have a pulmestone that she would sharpen the needle, so that's how it started. But it was like, $18 a bottle, and now it's probably, and I would say, and I don't know because I don't use the bottle of insulin, but it's probably over $200.

C.D: Oh wow.

L.Q: Yeah. I'll give you a for instance: I'm not on the pump yet. I'm thinking about going maybe at the beginning of the year using one of the ones that's been around for a long time but I needed to wait until Medicare would pay for it because it was too expensive for me so I use the pens. But I'll give you an idea, I take a long lasting one and I take a short acting one, short time like four hours. The long lasting is basic LAR (Long-Acting Release) by Eli Lilly and the other, it is NovoLog that's put up by Novo Nordisk, the basic LAR is $285 for a 3 month supply, the NovoLog is something like, I think $400 or $500.

C.D: Oh wow, what do you have to say about the population in the Valley who can't pay that much?

L.Q: Most of them know that they can go onto Medicaid or Medicare—Medicaid mainly—so most of them are all hooked up. But if their parents make like mid-range, then their insurance is pretty expensive, so it's kind of tough for the parents. So this meeting, with this group that I am a board member of would kind of help some of these children that their parents it's just too much for them, to help them with the insulin and stuff.

C.D: Have the border restrictions changed some of people's access to insulin? Because I know some people, or could you tell me, do some people get their insulin from across the border?

L.Q: OK, none of the ones that are in my group do that because they want to make sure that they've got their complete strength, so you know. OK, I would love to talk to you but I've got a friend that's going to come over and we're going to have lunch so she should be here. But you can call me back if you still want to talk. Hey this is my favorite subject hun.

C.D: And I'd love to know everything about it. Yeah I'd like to know how the travel restrictions have changed people's access. I know that the group that you have, they get their insulin here. I know that there are people here who live in colonias.

L.Q: OK, but it's still expensive there too. I mean it's not as expensive there as it is here, but it's still expensive over there even.

C.D: Yeah I could call you back later on, or tomorrow morning. I'm speaking to Dennis later at 4:30 PM today.

L.Q: Oh, Dennis Flores? OK, great, oh he is a sweetheart. He's my bud. It was just his birthday so tell him happy birthday.

C.D: Oh OK. I will, I will. And if there is anyone a part of your group or anyone outside of it, if you know anyone who is rationing insulin or gets it from across the border, I would love to speak to them.

L.Q: OK I'll ask but I am almost positive that nobody does that. I've got to go hun but feel free to call me anytime later.

C.D: Thank you so much for your time today, and I will. Have a good lunch.

Appendix D

Interviewee: Dr. Rosalynn Vega

Interviewer: Chelsey Sandoval
Date: October 16, 2020
Location: Phone interview

This interview was conducted over the phone on October 16, 2020 and lasted about 30 minutes.

Chelsey Sandoval: Hello.

Rosalynn Vega: Yes.

C.S: Yes can you hear me?

R.V: Yeah.

C.S: Okay so let's go ahead and begin. I am here today with Dr. Rosalynn Vega, Associate Professor of Anthropology at the University of Texas Rio Grande Valley. Dr. Vega is an anthropologist and scholar who focuses her studies on Global Health and Migration. Today is Friday, October 16, 2020, and I will be asking her some questions with regard to her research on medical migration in the Rio Grande Valley. Let's begin.

C.S: So, uh, first of all, I want to thank you for allowing me the opportunity to interview you and ask you questions. I really appreciate it. Um. For those who probably don't know, uh, can you explain medical migration in your own words?

R.V: Medical migration is when people need to travel, often crossing borders, in order to obtain the medical care, services or resources that they need to be well.

C.S: Um, so you did work on this, I believe in 2018, correct?

R.V: I… I didn't hear your question that well.

C.S: Uh, you did your work in 2018, around that year? 2018?

R.V: Well, yeah.

C.S: So what motivated you to look into this subject and research it?

R.V: Well, I've been looking at medical migration actually beginning since before 2018, when I as conducting research for my first book, *No Alternative*. At the time, I was looking at humanized birth and that introduced me to these transnational movements of people, who were seeking natural, alternative, water birth, and destination birth. When I came to the Valley to be faculty, I decided that I really wanted to understand the unique needs and behaviors of the local population. I realized that being an anthropologist from the border presented a special opportunity for me to dive deeper into this topic that has been kind of tangential to my prior research project. I realize that the type of medical migration I had been observing with respect to midwifery is very distinct from the type of medical migration that exists in the Valley. In the former, medical migration is something that primarily privileged, global elites use to obtain the services that they want on a global scale. Whereas in Valley, medical migration is something that people use out of absolute necessity in order to obtain services and care because either they don't have health insurance in the United

States or are simply priced out of medical services in Texas and, therefore, need to go to Mexico.

C.S: Uh, so kind of in relation to what you just said, this disparity that exists, um do you think that it's prevalent just in the Valley, or do you think it's more of a global thing, where you know, people of, I guess all around the world. Like this privilege, I mean not privilege but you know this advantage, exist just here or do you believe it exists elsewhere other than border communities that face this as well, but don't have access to this mobility? What are your thoughts on that?

R.V: No, as I mentioned before, in the last question, I think that sometimes people travel and participate in medical migration as part of their privilege, and in that case I would say that it occurs anywhere. But if we're talking about medical migration in the context of needs, then I would it is say probably more prevalent around border areas where a more economically expensive area kind of abuts a less expensive area. When I say area, it doesn't necessarily have to be two countries, but that's our case here in the Valley where the United States border is abutting Mexico, and Mexico is a place where the same or similar services are available at a much cheaper price. But anywhere where that occurs, where there are services that are more expensive in one area and that abuts another place where services are less expensive, you're going to find medical migration.

C.S: So another thing, I mean as you know, the Valley has found itself as like a hotspot for COVID and we've been struck by it pretty hard, so one of the main reasons why is because our rate of diabetes very high. Um, another is we have a lot of chronic illness here, and I believe one-third of the population is living underneath the property line. Uh, so do you think this mobility to go, like access to Mexico with cheaper medication and, you know cheaper services, do you think this helps or hurts the overall health in the Valley? Like did this not exist would we be better off or worse off in terms of overall health?

R.V: I think it helps. I know that there are a lot of people who have diabetes who are only able to obtain the medications that they need because they participate in medical migration and cross over into Mexico. The same is true for dental care. A lot of people obtain the dental care they need in Mexico because they don't have dental insurance. By and large there are more people that are uninsured or underinsured in the Valley then we can compare to many other places in United States. But even when people are insured, one of the populations that I've looked at are Winter Texans and many of them have Medicare. But there's such a thing called "hitting the donut hole" where you've maxed-out on your Medicare benefits for pharmaceuticals and you have to spend an additional out-of-pocket amount until you reach what is called "catastrophic costs" and then your Medicare kicks in again. When you reach that space between what's normally covered by Medicare and what would be covered as a "catastrophic cost," all of that is out of pocket to these elderly people and so they will go to Mexico for pharmaceuticals that they need for chronic health conditions. There's another population in the Valley that is approximately one-in-four people according to the last census, which are undocumented migrants, and for them they are uninsured and often are also low-income, and so they would not be able to obtain a lot of health services in Texas were it not for medical migration. And their medical migration is actually really interesting because it's medical migration flowing in the opposite direction than what we see with other populations, for example the elderly Winter Texans that I just mentioned. For them, being undocumented migrants, it's actually the service providers—whether they be dentists or pharmacists, for example—coming from Mexico into the United

States to provide them the services and resources that they otherwise would not have access to.

C.S: So you mentioned that you studied both documented and undocumented immigrants here in the Valley, so in regards to the undocumented population um do you know if like during your research, um like did any of them like give you their insight on like the clinics that are provided here in the Valley cause a big thing is that, you know, fear. Fear of immigration status, I know that is a big deal, so I know recently a lot of free clinics have, you know, popped up and you know, to help combat COVID such as I believe as the Milagros Clinic and others. Did you encounter anyone who like used these services or was it more they did that opposite flow of migration where a healthcare provider came to them in like home visit types?

R.V: I did encounter those type of people using free clinics… I heard that they were a saving grace in a sense because they provided some care to people, but at the same time I heard that these clinics are underfunded, understaffed, the patients often have long wait times, and, ultimately, those free clinics are not able to meet all of the patients' needs. They're a good place to turn if that's your only opportunity for healthcare, but, I think, often people cannot rely on those clinics for everything that they might need. At the same time, the question that you just asked really is not about medical migration because those people would already be here, usually for extended periods of time. This is their home, this is where they set up their home to live out in the rest of their days, and they're not leaving to go anywhere to obtain that care when they go to the clinic. So, in that instance, I wouldn't really consider that to be medical migration.

C.S: OK, so um I know other news sources like the LA Times and you know sources that aren't local I guess have written about the Valley and the situation we've found ourselves in. Uh and I'm not sure if you're aware but out of the 254 counties, Hidalgo County alone represents 10% of all deaths in the state of Texas and that's a really alarming and eye-opening like statistic because it because in terms of death in relation to population, like we've been hit really hard and so I know you talked about um like in these articles, these people talk about the Valley as being stricken with like poverty and chronic illness, but they don't really talk about medical migration or even mention like our proximity to the border to be of use to us in that sense and like what are your thoughts on that? Um, do you think this is a fair portrayal of the Valley? Without do you think that missing piece is kind of vital I guess?

R.V: I think that those pieces don't contradict one another. In fact, I think that they go together. I think that they complement one another, and so, when you were asking the question, I started to think, "Well, if 10% of the deaths occurred in Hidalgo County, I wonder what percent of Hidalgo County accounts for the total poverty in Texas?" And I would assume that because we are between the border and was called "the internal border" at Falfurrias and, therefore, we have this higher concentration of undocumented migrants, that our county accounts for a disproportionate percentage of the poverty in Texas. I think that because there's this poverty that is what's driving a lot of the medical migration. People face need and they are unable to obtain the care that they need here so they either go to Mexico or the services come to them through certain types of providers. Same is true for the Winter Texans that I mentioned where they've hit the donut hole on Medicare, so they need to go out of the country to continue to get these medications for chronic diseases that they absolutely rely on. So, I would say that the argument that there's more COVID here because

of poverty is probably right on the money and, at the same time, that's what's driving the medical migration that we're seeing. I don't know if they contradict each other all.

C.S: Ok, so I know you mentioned the flow of like physicians to the states in order to like serve those who are undocumented and do house calls. How do you think the closing of the borders, like the bridges like towards the beginning of, you know, quarantine or even now it's like still not where it was in terms of like easy, I guess, access? How do you think that affected the whole situation like you think that worsened it or do you think I really was no change because I know I'm sure it's probably difficult when that access isn't so available I guess?

R.V: I think that the closing of the borders definitely had an impact, especially among undocumented migrants. I know that people who need assistance were able to cross into Mexico if it was for a legitimate purpose like seeking medical attention, so I don't think that it impacted the United States citizens very much. But for those who were relying on services to come to them, because they're undocumented, the border was closed to traffic into United States so it absolutely affected them.

C.S: Um, so I know recently there's been an uptake in like *hierberias* and the use folk medicine, specifically curanderas and other forms of holistic medicine… or not medicine, but holistic remedies. Um. Did you encounter while you were studying this… did you encounter anyone who chose to use a holistic approach when it came to these illnesses, or maybe like a combination of both? What are your observations on that?

R.V: I think I would counter, a little bit, your assertion that there has been an uptick in the use of *hierbería* or alternative medicine. I think that it's always been there. Perhaps there's been some additional reliance on it given that people have been facing closed borders, but I would say that it's probably fairly negligible because people have always been turning to these traditional medicines. And at the same time, I would say that the way that people turn to traditional medicine is two-fold. On the one hand, there are the people for whom those are their inherited traditions and so they're simply continuing to do the things that they grew up with. On the other hand, there are people who are engaging in a form of commodification of culture where they see "Other" people's cultures and traditional medicine as alluring. And, so, they do it as a form of New Age holistic care.

C.S: Yeah, I think that question, I meant for the latter that you just said, you know, seeing it as a new way. I know as a predominately Latino culture, like you know, these remedies have been part of people's lives, you know, before they were born. So I know that that has happened always, but I believe like these *hierberias* I know are offering curbside and use social media. I know you talked about social media in one of your pieces and how those who would chose to participate in medical migration like that's what they would use to keep up with like the current, real time events that are happening, you know, just across as the border, you know, in terms of violence and safety. And I feel like social media… like how do you think that has played, because I know I've seen on Facebook, like people sharing these remedies on you know how to prevent it or even combat COVID with these herbal teas, and you know, these cleanses. Like how do you think social media has played a part in that aspect, like the sharing of information?

R.V: I can speak to you from my own experience, and this relates more to my more recent research on functional medicine. I've been attending conferences, online summits, podcasts, and webinars, many of which have to do with COVID because of the current context that

we're living in. And in these online spaces people are talking about emerging research. Some of it comes from the United States, some of it is coming from other countries like China, where they are identifying what's called a salugen—or kind of a health promoting resource, which is often an herbal supplement or a nutrient that can help to bolster someone's immune system and help to lessen the effects of COVID were they catch it. I personally have a very, very strong belief in herbal medicine and nutrition. And this harks back to my upbringing in a Chinese household where my grandmother was our family's herbalist. Also, her uncle was an acupuncturist and an herbal medicine doctor from China. But my grandmother, she planted all kinds of herbs and grew them in her own garden, dried them, and stored them in this bookshelf in the back room. Where instead of books she just had jars upon jars upon jars of all these different remedies that she had created, each labeled with a little bit of paper tape and her Chinese character handwriting in black marker. I grew up with that, so whenever anyone got sick she would go to her bookshelves and she would find the right herb and she would brew up this really bitter tasting, awful tea that did the job and made us feel better really quick. And this actually goes back to your question because the reason why she was so invested as far as putting her time into herbalism was because when our family immigrated to the United States they lacked health insurance and they were also very poor—I'm referring to my aunts and uncles and my grandparents. They were reliant on whatever kind of self-treatment they could come up with at home and so my grandmother was just very resourceful and knew how to make everything.

Part of this involved smuggling seeds from China, when she came. China was still closed to tourism and they were really strictly controlling the import and export of certain goods and you weren't supposed to take herbs out of the country. And, so, she wore this really big coat and she took out all the stuffing and in the inside the coat, she put in all these herbs that she could then plant when she got to the United States. And, so, my point is that I grew up with this tradition of herbal medicine and that's something that I've carried forward. So when I was in Mexico, I spent time with curanderos and a lot of time just identifying and finding herbs that were the Latin American synonym to the herbs that my grandmother was using from China and I created a lot of herbal remedies because I also, during my research project there, had very limited access to healthcare. I was doing research in places that had almost no healthcare resources and studying the effects of that on the population. And me being there, of course it effected me as well. So, I turned to herbalism and to creating a lot of my own remedies. Today when I'm listening to these webinars and I'm hearing about this emerging research… Research that's approved and has yet to be published, we're talking up-to-the-moment sorts of insights in relation to COVID. I've then gone and purchased those herbs and those nutrients and those supplements so that I have a "COVID pharmacy" to turn to in case someone in my family becomes ill with COVID. So that's a personal experience, and I don't know if it fully answers your question, but that's how I've experienced it.

C.S: Oh no, that… that was a wonderful answer. Um, so I have time for one more question and I guess that question would be, with COVID and the pandemic, like it's instilled a great deal of fear and not just in RGV residents, but in like people around the world really. Do you think this fear, along with you know, our disadvantage and our poverty is going to have any residual affects it once this is "over" because no one you know…? I believe it really won't be over until you know a vaccine is found but like what do you think these effects are going to be and how do you think that's going to play out? Like do you think people will, you know, engage more in medical migration in like terms of like stockpiling on these

medications and herbs and spices as a form of fear of just in case I guess tactic as you said. Or do you think you know there is a way to get back to a sense of normalcy I guess?

R.V: I think that what we're experiencing—this global crisis—will leave long-term sequelae on people and their psyches. And I don't think that that is unique to the Valley. I think that there's fear everywhere right now, and there's been studies showing childhood trauma… There's a particular study, I think it's by someone whose name is Dr. Szyf, I think, but he did research on a storm in Canada that left people without electricity for a week and he considered that a traumatic event. And he studied how, in young children who have lived through that traumatic event, that experience left a genetic effect on them that shapes their health for the rest of their life. There's also a lot of studies that are similar and have looked at mothers before they get pregnant and while they're pregnant and the effects of trauma on the offspring. And, so, I think that we are all living through something that's very traumatic and this will be something that leaves sequelae on us and our psyches for very long time, and on our physical health. I saw a meme, or kind of a joke on social media, that was talking about 50 years from now if we have children and grandchildren. Those grandchildren are going to see us disinfecting our grocery bags and are going to say, "Grandpa, why is grandma disinfecting the grocery bags?" And then the answer was, "Oh, well, Honey, she lived through COVID. She doesn't like to talk about it." And, so, I think this is definitely something that's going to affect us for a long time.

C.S: Ok, well again I want to thank you for your time. I really appreciate you, you know, taking time out of your day and schedule to do this with me. And that is really all I have for now. Again thank you so much.

R.V: Now worries, I hope I was helpful.

C.S: Oh you were more than helpful thank you so much.

R.V: Ok, take care.

C.S: You have a good day.

R.V: Bye.

C.S: Bye.

Appendix E

Interviewees: Nidia Guzman-Gutierrez, Jose Guzman, Annabella Navarro, Ashley Navarro, Catalina Gutierrez-Gomez

Interviewer: Jose L. Garcia III
Date: October 10, 2020
Location: Zapata, Texas

The intent of my research is to better understand the public's perception of the COVID-19 pandemic and how they process the information distributed regarding the pandemic. Specifically, I am interested in how the information that is reported by the media and shared from person to person affects the public's views of this pandemic. This initial question was directed to the whole crowd, however Mrs. Gutierrez-Gomez decided she did not want to participate any longer. However, she can be heard throughout the interview speaking with different people about unrelated events. These are people I have known my whole life, but more importantly I wanted to capture the true essence of their feelings surrounding the COVID-19 pandemic. The setting for the interview was at my grandmother's house. We had all just gathered, as we always do to just enjoy each other's company, and talk story. As the conversation progresses, I felt the timing was right to begin the interview. I did not give out copies of my questions to add authenticity and to focus on the "meat and potatoes" of my research: the media's influence on the Rio Grande Valley populace.

Jose Luis Garcia: Okay you ready?

Nidia Guzman: Go.

Jose Guzman: Yes.

Annabella Navarro: Yes.

Ashley Navarro: Yes.

J.L.G: How long have you known about the COVID, about COIVD about the virus? Cuanto tiempo ha sabias de el virus?

Catalina Gutierrez-Gomez: Cuando empezó aquí.

(Mrs. Gutierrez-Gomez then decided she no longer wanted to participate).

A.B.N: I noticed since before March of this year.

J.G: March?

A.B.N: Since before March of this year.

J.L.G: Um, what is your understanding of the causes and treatments of COVID-19? Besides the first one, what, what do you understand about the, what do you know about the causes?

A.B.N: The causes? What causes it? Uh, I'd say, um unsanitary areas, um you pick it up by coughing, sneezing, um touching areas that have been exposed already to that, that's how you pick it up. You can also pick it up, just being expose, around people who have already contracted the virus.

J.L.G: OK. Tío?

J.G: It's caused by droplet, when you're talking to somebody.

J.L.G: OK. Um, where do you receive your COVID information?

A.B.N: I received, we got a training, because I work at the high school. We got a training on it. We got trained on this. We get it from also from new media from newspaper clippings, but we got a training, we had a training, that's how I got information on as to how to deal with it, how to get rid of it, or not to get it. Let's just say that. I got a training at school.

J.L.G: OK. Um the information that you've received about the COVID, how do you feel about that information?

A.B.N: I'm not, um uncertain, as to as to…?

A.N: Like if it's real?

A.B.N: How, yes how positive that virus really is because...

N.G: Or, how lethal it is?

A.B.N: Yeah, like I don't believe, like sometimes I feel like is it really…

J.G: As bad as they say it is.

A.B.N: Yeah, as bad as they say it is. I just don't get it, as long as we maintain our distances and maintain our, our hand washing, our hygiene. That's the word I was looking for. We should be okay. But I don't say, I don't believe it's not true because, I have seen the death. And, they say that the people who have passed away, have been passing away due to the virus. But then again, I start to think, I have heard that they say in the hospital is that all they say. That person died, passed away due to COVID, and they called it COVID.

N.G: Like someone get run over by a bus, and they call it COVID.

A.B.N: I'm like, how can you say that person died of COVID if he got ran over by a car or bus or something.

A.B.N: And I just don't believe it always a positive thing, I don't know rather to believe it or not.

J.G: It's a virus but I don't think it's…

A.N: It's not deadly, as they were saying.

A.B.N: I think, my opinion, I think the flu is just as bad.

J.G: Say if I catch it, I'm dead, I have a weak heart.

N.G: He has heart problems.

J.G: I was smoker for 40 years. I'm still good in my lungs but that's the first thing it's going to attack. If the COVID hits me, my immune system is already weak, so it really… If I catch a cold, which I never has had a cold, I could die from a cold as well as a virus. I don't think it's really that bad, what they say in the news, in San Antonio they have 1000 somethings estimates, every time they say it's a woman in her 70s, 80s. A man 70s, 60s, 60s and up. And there are some who are young ones, 40s and 50s, who supposedly passed of COVID, they already had underlining something?

J.L.G: Conditions, yeah.

J.G: They never do, they only tell you, whoever gets the virus, the 60,000 in San Antonio, out of that 60,000 how many were cured?

J.L.G: Right.

J.G: So, maybe talking maybe 20,000 who are still. They got to minus that number; they can't keep raising that number higher and higher. I don't care if the number goes millions and millions, but there a bunch of people who have recovered, so minus that number. It's a lot, that's why I look at numbers. The numbers just keep going up and up.

A.B.N: Yeah, the numbers seem to be increasing than decreasing.

J.G: The numbers supposed to be… It's 30,000 already to 50,000; that's still 20,000.

A.N: With the shutdown and everything the numbers are still going up.

N.G: That's why I told Juanita to ignore it.

A.B.N: Yeah, and it's like, and I feel the more you think about it. I feel like your going to get it.

J.L.G: Um, so maybe it's a little placebo effect then? A little placebo effect then, a little placebo effect-ish like well. Um, well like we were talking about earlier, so your Hispanic, so you're going to get it.

A.B.N: Yes…

J.L.G: So you're going to walk around like (cough, cough), ahh I got it, I'm Hispanic, dammit.

A.B.N: I already got it; I know I have it.

J.L.G: That means you know what's next, diabetes, heart attack, qué más? Right, because that's what they said, everything yeah. That's what they said.

A.B.N: High blood pressure, all that. You're going to get because that…

J.L.G: OK, next question. Um, what is your view of the medias on the local, on your local populations, during this pandemic? You (Annabella) live in Zapata. Tío and Tía, you live in San Antonio, so… What has been, how do you, how has the media... Well, Tío, you were talking about it right there. How has what they put out, the information they put out how that made this… well, this actually leads into the question, what you just said. How has that changed things for people?

A.B.N: I just think that the exposure, the media. I think they have gone overboard in my option. It's very over exaggerated, is what the word is in my option. That's just in my option, I think it's over exaggerated. I think it's really come to the point where people have become so paranoid, with so much… The people have become paranoid with so much talk and it's like, you know people are afraid. I was going to say, you know what.

J.G: What about the other virus, swine flu?

N.G, A.N, A.B.N: Swine flu.

J.G: There was 60 million...

N.G: That contracted it.

A.N: But the thing is they didn't even shut down the country.

N.G: They didn't shut down the country, that's when Obama was in, 2009.

A.N: That was in 2009, that was my senior year, because our senior trip got canceled and all that.

J.L.G: Let me interject right quick too. During that time you said in '09, down here in the Valley, was there a scare about, "Hey, you're Hispanic, you're Latino, you're going to get it"?

A.B.N: No, Joey. That was never exposed, I mean we knew about.

A.N: It was just a generalized statement there's been cases of swine flu, so I mean…

A.B.N: Just be careful.

A.N: Yeah just be careful.

J.L.G: Was there any swine flu in Mexico?

A.N: Not that I know about.

A.B.N: But I think it's very over exaggerated.

J.G: We had a different president.

N.G: Like Kamala Harris being…

J.G: Hillary Clinton.

J.G: She's an Indian.

N.G: Jamaican.

N.G: She's Jamaican and Spanish.

J.L.G: That's Taino.

N.G: No, what is she?

A.N: Heinz 57.

N.G: She's a not black, she's not a what is a minority woman, as she claims.

J.G: Es India.

N.G: Indian and…?

J.L.G: She's not Cherokee.

J.G: Jamaican and something else.

N.G: What else, I forgot.

J.L.G: Okay, next question: how has COVID-19 impacted your life?

A.B.N: Well, I guess I can say it hasn't impacted me, because thanks to God. I haven't been exposed to anybody. And I don't plan to get exposed. I hope I don't get it you know.

A.N: And she, Mom, wasn't furloughed either. They just, you know. They weren't going back to school; they were still getting paid.

A.B.N: Yeah, so I've been at home. We went back in August, regular time, and we went back and all they say is we have to wear our shields and I follow the rules what they tell me to do. They go wear your shield and wear your mask. I wear my mask all the time, they go quit wearing your mask. I've gotten into the habit of wearing a mask. It's a constant, it's just, a habit now. It's a habit to break. I wear it all the time. I don't go anywhere without it, I have it right here. I have it, I carry it. But it's because you hear so much that, if you don't wear your mask, you're going to get it. And I'm like, I don't want to get it, we don't want to get it. But I don't think I'm going to get it, if I'm doing the hygiene part, and I'm 55 years old.

A.N: Yeah, that's when Popo, passed away. That's when the pandemic first started.

A.B.N: Start, first started yeah.

A.N: It was like a weekend.

A.B.N: Right after March, and they told us...

A.N: It was March 25th when Popo passed away so. That's when it was full blown, that's when it first started. We, the funeral home, there were only ten people allowed. There was no social gathering more than ten people. That caused us to not, I mean.

A.B.N: Ten people.

A.N: We're abiding by the rules. But like for the funeral, the burial. I told myself, I wasn't going to come to the burial because it was only, you know, a limited number of people.

N.G: A limited number of people.

A.N: So, I thought…

A.B.N: Mom and Dad had ten kids. No eight kids, but we were a total of ten.

A.B.N: We were a total of ten.

A.N: But no, y'all were a total of ten, so I mean that only leaves only one other person, and it's like I'm not going to keep any of them. I'd rather them have their time. We had to think about things like that. We didn't have proper goodbyes; we didn't have a proper funeral, nothing.

A.B.N: We didn't have the traditional funeral.

J.L.G: Right.

A.B.N: You know we are used to that. But due to that COVID, we were abiding by what they told us. And even the county judge says, "You're not going to be allowed to do what you're used to doing."

A.N: What else, there was the, the curfew.

A.B.N: Yeah, we had curfews, Joey. But I'm thinking we still have a curfew of 11 o'clock. And it's like we… I abide by it. I know I'm not supposed to be at home by 11 PM.

A.N: But we are breaking the rules today.

A.B.N: No, the thing is they're really not enforcing it like before. It was enforced back then like in March, they changed it. Those days it was at 10 o'clock, now it's 11 PM. But we still… I don't panic. I wash my hands. I feel like if I see somebody that I feel has been coughing and sneezing, I just like, okay as soon as I see them, I go wash my hands. Because I don't want it Joey. That's the media, that's what, you like. And then you see, anywhere you go now you see people with masks. You're not used to that; I'm not used to that. I want it to be normal again, I want to be able to walk into a restaurant and sit down. That I don't have to walk in with a mask. Well then, you're like, well how am I going to eat if I have to have a mask. How do they expect you to eat? You have to pull it down.

J.L.G: Tío, you were saying something about that earlier, where was that?

J.G: In California. The people that are seated in the restaurant, inside, they have to bring down eat, put the food inside, then put it back up.

A.B.N: And then bring it back up, and see that want I feel like, it's coming down to Joey. I don't say it's just not fair.

J.L.G: Why isn't it fair?

A.B.N: Because, you know what I feel like it is. I feel like we are becoming a communist country, their telling us what to do. We're not used to that Joey.

N.G: We've always had our freedom.

A.B.N: We've always had our freedom.

N.G: They tell us when we can leave our house and if you go out you have to wear this mask to shut you up. They don't want you to think; you can't say anything. You can't voice anything because you're going to get sick. Am I, really?

A.N: At the pharmacy, I mean.

N.G: To me it's a symbol of shutting people up.

A.B.N: To me, we are acting like a communist country. We can't even go to Laredo. To a store, even today, the stores were empty. The stores were empty. Then we into a store that's closing down, it's closing down. Their closing down, then they have a sign "35 people, 30 people limit." They lock the door, once there's 30 people in there, they lock to door. The people line up outside. Do you think that's fair to us? No, I don't see if fair/ I'm used to, "Hey, I can go into whatever store I want to."

J.L.G: Tío?

J.G: It hasn't really affected me. You know, because, since I had my heart attack back in September, and I got operated on in October. I was without a job anyway.

J.L.G: But, how about health wise? How has if affected your health wise?

J.G: Health wise, nothing, not really. Now I used to go to dialysis without a mask, now I have to wear one. They won't let you go in.

J.L.G: OK, next one. Who do you feel are at most risk and why?

A.B.N: Senior citizens, because their immune system is already low. And I also think people who have underlining conditions such as diabetes. You know I feel, diabetes, yeah

underlying conditions. They are going to be very weak; their immune systems are weak. Other ones that I feel can get it, are people who flat out don't take care of themselves. By not covering up, when they're supposed to.

J.L.G: OK, I just want to throw this question in here because I'm thinking about it as we went. How do you feel because of what you just said—but I want to take this further because this is the part of the research I'm doing—how do you feel about the Hispanics being more at risk? I put Hispanic in parenthesis, that's a different research problem, but how do you feel about the media saying, "Oh, the Rio Grande Valley is a hotbed"? That's the word they use. "You're a hotbed of COVID because you're Hispanic." How does that make you feel, or what are your thoughts?

A.B.N: I think they are picking on the Hispanics; they are picking on us. But you know what I feel that, that um, the Hispanics. We have, I would say like our immune system as Hispanics. Diabetes is one of the leading causes of death for Hispanics. And I feel it's because of the foods we eat. I feel like the foods that we eat; we eat a lot of spicy foods.

N.G: Cheese and gravy. Lots of bready foods.

A.B.N: We use spices, our spices, I feel like. Our immune system is low, and the diabetes hits us because of that.

J.L.G: OK.

A.B.N: And, Hispanics are known for diabetes, and the foods, our foods are very fatty, very greasy. I feel like that maybe another reason that maybe that's why they hit the Hispanics.

J.L.G: Okay, I guess my next I guess to add on to kind of add on to this other question. But is that warranted? Because if you're telling me that, so what I'm hearing is, based off we are talking about here is. We don't know if it's true or not, because we get right and we get left, we get up and we get down, as far as information goes. And, like Tío said, they have 60,000 cases in San Antonio, but of that, 40,000 recovered. No problems. Yet there is still 20,000, but they don't say we have additional 5,000 so now we are at 25,000. No, they go, oh we are at 65,000 now. So, that's my thing. How do two things correlate between the information they are pushing, with how they are focusing on it? And then how do you see those two things coming together, the way they report the information, the numbers and then how they focus on the group? My question, I want to know, is that warranted, is that [what] you said picking on? I guess what I'm asking how is that picking on people? If, what you said are they making them victims or are they telling you?

N.G: They think that because you are of the Hispanic group.

J.L.G: What are your personal feelings on the COVID-19 pandemic? Like when you're drinking coffee in the morning, or drink in the evening next to your pool, what are your thoughts about the whole. When you put it all together, this is what COVID is?

A.B.N: To me COVID, is a pain in the rear.

N.G: You know what I call it, a crock of shit.

A.B.N: A crock of shit, it is. It's a pain in the rear, I think it's so it's outrageous. It's unbelievable, what it's come down to.

A.N: Almost this entire year.

N.G: Where did it come from? What do you know, where did it come from?

A.B.N: I heard so many things. I heard it came from some meal that had bats?

N.G: Where.

A.B.N: China?

N.G: So, what are your thoughts Chito (Jose Guzman)?

J.G: It's manmade.

N.G: Manmade.

A.N: What's with that quarter of the bats on it.

A.B.N: Yeah, there's bats on it.

N.G: There's 2020 quarters with bats on it.

N.G: Yes, there is. That's another sign, I see those as signs from the greater God, our God. There are a lot of signs that God gives us. And we kind of overlook the sometimes. I started questioning a lot of things when I saw that lightening hit the Vatican.

J.L.G: Okay lastly, are there any additional comments you would like to make?

A.B.N: All I can say is that COVID has changed our lives. It has really changed our lives. In the sense that we, I feel like I can't be the same person, that I grew up with having my freedom to go shopping, to go to a restaurant. It has changed our lives completely, I am not the same person, I don't believe the same. I can't believe the way I used to believe. I feel like our lives are centered around COVID now. We don't have a have a life anymore. Our life is centered/controlled by the COVID.

N.G: Is COVID controlling us? Or who do you think is really controlling us? Think about is, why are we being controlled. Shut up, sit down and stay home because I say so.

A.B.N: That's why I say, I feel like our country has become a communist country. Now they're giving us food, they give us food all the time now, which is all fine, I understand. It's because of these pandemic jobs are scarce; people are being laid off. We don't even get paid, we can't get our bonuses like we used to get. We were so used to getting a bonus, and we don't get a bonus anymore.

N.G: I was telling Joey, I was making more money, right Chito. When I was on unemployment.

A.B.N: And that's what D.J. said, he's getting more money on unemployment. How can that be? We aren't used to that. We can work for our own money; we had our own money. And, we made our own decisions. I could go buy that car if I want to. And, now they tell you don't go, you can't even go to work.

N.G: You can't even go to work; they are even controlling our jobs.

Appendix F

Interviewee: Jesus Allan Arriaga

Interviewer: Lizette Morales
Date: October 23, 2020
Location: Edinburg, Texas

The interview was conducted in person on 23rd of October of the year 2020. The interview lasted approximately 10 minutes. The interviewee was Mr. Arriaga who talked about his work as a nurse at Edinburg Regional Medical Center and the concerns he has because of COVID-19. He also talked about the new adjustments he had to make in his life as result of the pandemic.

Lizette Morales: What is your name?

Jesus Allan Arriaga: Hello my name is Jesus Allan Arriaga.

L.M: How old are you?

J.A.A: I'm currently 26 years old.

L.M: What is your town of residence?

J.A.A: I currently live in Edinburg, Texas.

L.M: Where do you work?

J.A.A: I am a registered nurse at Edinburg Regional Medical Center.

L.M: How long have you work there?

J.A.A: I have worked there, in the hospital, for over a year.

L.M: How many people work there?

J.A.A: On my floor, about four other nurses depending on the night, especially now since we have been getting help by travel nurses. It honestly depends on the number of nurses working on that floor for that night.

L.M: Have you experienced any new changes to your routine as cases of COVID-19 continue to increase?

J.A.A: Yes, first of all, visitors are no longer allowed in the hospital. With the increase of COVID cases we have been getting travel nurses that have been, that have come to help us from all around the country. They have been in previous states that were hit with COVID such as New York.

L.M: What are your main concerns with the number of cases of COVID-19 increasing?

J.A.A: My main concerns include people believing the virus is not as serious as it is. This virus affects people of all ages: from children to older adults. Some people may be asymptomatic, others might get mild symptoms, while other people end up dying. Another concern I currently have is knowing my family members that are at higher risk can get the virus. That is something that worries me every day.

L.M: Do you think your concerns are like other nurses' concerns that work with you?

J.A.A: Yes, with people not taking this issue seriously, the number of cases has increased, and with this happening, it will take longer for the virus to get contained. This will make our patient load increase, making our work more stressful and difficult to handle.

L.M: Why do you think there has been an escalation of number of cases of COVID-19?

J.A.A: I believe there are certain factors. In our culture, we are a very social people. We live in households with many people inside. We like to visit family and friends. It is hard for us to self- isolate and keep six feet apart. The people that reside in the RGV are among the most obese in the country, as well, the number of diabetic people is very high. These health issues make people at a higher risk of obtaining complications. Another factor is people are not taking it as seriously. The state stopped the initial lockdown. This gave people a false sense of security, as if the virus had gone away but it did not and hasn't yet. People started visiting more people and breaking health protocols such as keeping social distancing. With these factors combined, the RGV became a hotspot for COVID such as New York was back in March.

L.M: What are the factors that can contribute to serious complications in COVID?

J.A.A: Certain factors that contribute to more serious complications include, age, previous health history, and lifestyle. Older adults are, are at greater risk for complications, but this does not mean younger people are immune. People with asthma, low immune systems or heart problems are at greater risk. People that are very social and do not like to follow health protocols are also at greater risk.

L.M: Do you have any family that live with you?

J.A.A: Yes, I live with my girlfriend and my dog. It does worry me that I can bring the virus home with me and affect them. For this reason I try my best to take precautions for them and the rest of my family.

L.M: What are some precautions you take for COVID-19?

J.A.A: When leaving work, I wipe all my things such as keys and phones with sanitizing wipes. When I get home, I take off my clothes at the entrance then drop it off at the washer. I then go straight to take a shower. I do not eat inside restaurants, and I always have hand sanitizer to apply when I touch different objects out in public. When I go to buy groceries, I wipe everything with Lysol wipes. When I get home. I also always wear a facemask when I go out in public and during my shift at work.

L.M: In your perspective, how have you been affected by COVID-19?

J.A.A: I have been affected in many ways. I no longer go eat inside restaurants. I no longer visit friends or go out on unnecessary trips. If I visit family, I always wear a facemask and keep my distance. I have not traveled out of the RGV as well.

L.M: Do you worry about getting exposed and affecting others like your family?

J.A.A: Yes, I do not know how I will be affected if I get sick since I have heart problems, making me at a higher risk for complications. I also fear affecting my family, which I truly care about and some of them are at a great higher risk.

L.M: Do you worry about your mental health being affected?

J.A.A: At first, I was very concerned, but I learned to take it one day at a time and have a positive outlook even if everything has been negative, these days. It does get hard in times, knowing that I can't hug my family members or visit them at home as much as I would before this pandemic. It is very important to have proper support around you. I'm glad that I have family and friends that support me and are there for me in whatever I need.

L.M: Why do you think nurses are still willing to work in the hospital while there is a whole pandemic killing people?

J.A.A: At the end of the day, they all have their own personal reasons. It can be maybe because they are in contract and cannot leave, have to work to pay bills, or have other reasons personal to them.

L.M: How have your views about your role as a nurse changed?

J.A.A: They have not changed, at least not for me. As a nurse it is our duty to take care of ill patients regardless of what issue they face. It is true, nursing is challenging, and with this pandemic it is more stressful than before, yet this does not change the fact that I need to take care of my patients equally.

L.M: What, what do you think of people turning to faith, folk medicine, or other sources for help instead of going to the hospitals or to their doctors?

J.A.A: I think this is a very serious issue. Many people have died because they do not get medical attention on time. Treating COVID early is very important for the chances of survival to increase. COVID can be treated at home [pause] if people have mild symptoms, but when it is more serious, seeking medical attention on time is very crucial. Sometimes faith, folk medicine or home remedies are not enough for COVID, especially depending on the severity.

L.M: Do you think is important for people to take precautions?

J.A.A: Yes, it is very important. They need to follow the health advice of medical professionals as well as scientists, and not rely on their own beliefs or the beliefs of others that are not well informed. People have taken things very lightly, people go out to eat at restaurants that require facemasks, but at the moment of eating, needs to be taken off. This defeats the purpose of wearing a mask. Other people end up going to different parties and by doing this, they are not following social distancing. All these factors make people have less precautions, which I said before, is a factor that can contributed to the RGV becoming a hotspot for COVID transmission.

L.M: What recommendations would you suggest for people to follow in these times of crisis to protect themselves from COVID-19?

J.A.A: Like I said before, follow the health advice of medical professionals and scientists. We need to follow the most accurate information, and only by this will we get over this pandemic sooner. We cannot let our fears and emotions lead our take on how we handle COVID. We need to be better informed on this health issue. I recommend everyone to take precautions every single day. This pandemic is not over.

L.M: Thank you, Jesus, for you time. This will conclude our interview. Thank you again.

J.A.A: You're welcome.

Appendix G

Interviewee: Rev. Gregory T. Labus

Interviewer: Gabriel Ozuna
Date: October 12, 2020
Location: St. Joseph Catholic Church, Edinburg, Texas

This interview was conducted in person at the Parish Office of St. Joseph Catholic Church in Edinburg, Texas, on October 12, 2020. The interview lasted approximately 27 minutes. The interviewee was Rev. Gregory Labus, the pastor at St. Joseph Catholic Church. He discusses his role as a parish priest in the Catholic Diocese of Brownsville during the COVID-19 pandemic, as well as his thoughts about how he believes the pandemic will impact life for Catholics in the Rio Grande Valley. Social distancing measures were taken to ensure the safety of both the interviewer and interviewee.

Gabriel Ozuna: This is Gabriel Ozuna interviewing Fr. Greg Labus of St. Joseph Catholic Church. We are conducting this interview in his office here in Edinburg, Texas. Today is the 12th of October, 2020. I want to begin by thanking Fr. Greg for meeting with me today. Fr. Greg, can you please describe your title/position at St. Joseph's Catholic Church and answer: what are your basic responsibilities as pastor of a parish?

Gregory Labus: Well I am pastor here at St Joseph's Church in Edinburg and my responsibilities are to oversee, obviously, the sacramental life of the parish. That is celebrating Sunday and weekday Masses, celebration of the other sacraments—such as baptisms, marriages, funerals, the anointing of the sick, confirmation, and so forth, and to also oversee the faith formation of our young people and adults in the parish. I'm also, we have a school, so I'm technically in charge of the school also, so there's a collaboration with the principal that needs to be maintained. And besides that, it's all administrative. Making sure the grounds are kept well, you know, making sure the bills [are paid]. And all of those kinds of administrative details that any other business, although the church is not a business, but there is a business side also to the parish so I'm responsible for that also.

G.O: What were your initial thoughts when you first heard about this coronavirus? How concerned were you about it initially?

G.L: Initially, I was not too concerned about it. I thought it might spread and some people will catch it. I didn't, I was not so concerned that it was something that really needed to be... that it was going to affect many people, so I wasn't initially very concerned.

G.O: On March 3rd, Bishop Flores instructed parishes to start taking precautions against the spread of the coronavirus. Can you describe what changes you implemented at St. Joseph and how they were received by your parishioners?

G.L: As the virus was spreading, it did seem to be getting a lot of people's attention, including mine. And the Bishop, when he cautioned the parishes, he did want us to start taking measures to keep the people as safe as possible. Two initial things that we did was we stopped with distributing Communion under the form of wine, so we didn't give the Precious Blood. That was one stop as we weren't sure at that point, "How is this being spread?" Is it by touch, is it by [hands gesturing, moving through the air]? There was some misinformation and there was a lot of uncertainty, so we stopped that: the distribution of

Holy Communion under the form of wine and we stopped giving the Sign of Peace. Now the Bishop had recommended maybe don't shake hands, but just, you know, bow to somebody. I opted just to omit it completely. Because there's still, you know, we're so used to our habits of [gesturing shaking hands] and I think even if you explain, somebody's not going to get it. I just opted to omit it completely. Which, the liturgy—it is optional in the liturgy. It's not a required part of the liturgy, so that was my option.

G.O: On March 19th, on the Solemnity of St. Joseph, Bishop Flores suspended public Masses and events in the Diocese of Brownsville. What do you recall about that decision and how did it affect your parish?

G.L: I knew that the Bishop was already considering stopping public Masses, and when we got the word the day before... obviously March 19th is the Feast of St. Joseph. It's a solemnity here in the parish, well it's a solemnity everywhere, but it's even more important here in the parish because it's our patronal feast day. So I had Masses scheduled in the morning and in the evening. So the morning Mass was going to be celebrated by one of the retired priests. He was helping me out, so he was scheduled for the morning Mass. But we got the word the day before that the Bishop was ordering the lockdown to begin at noon on the 19th, and I thought... I was grateful, I was saddened because I, you know, in a way, the Church... I had never experienced such thing that, the churches are going to be closed. Nobody can come to Mass. I thought, I've never heard of such a thing. So that was a huge concern in my book. What is the meaning of this? Yes, we're concerned about the virus, and I guess because there was so much uncertainty about it. What does it do? And how does it work? And again, when the Bishop makes a decision—we're not going to fight the Bishop. So he made that decision, but I was at the same time, I was grateful that it was not to take effect until noon on the 19th. That meant I could still get word out to people: "Come to Mass for the feast day in the morning," and I ended up celebrating that morning Mass, and that's going to be the last big public Mass we're going to have, is on our feast day. So it was very, for me, it was very sad. I wouldn't be seeing a lot of people from here on out.

G.O: Can you describe the day-to-day experience that you had as the pastor of St. Joseph during the "Lenten Quarantine," as I'm calling it, that phase of the COVID-19 pandemic?

G.L: I recall some [laughing] one of the parishioners called me or something and said, "Are you enjoying your vacation?" and I said, "Excuse me? This is more work than if I just had our regular schedule." More work in the sense that we're having to come up with new ways to keep everybody, not only keep everybody safe, but to find ways to keep everybody connected to the Faith. We had to start thinking about the school. How was the school going to...? Because that was shut down. At the school, how are the children going to finish? How's this going to work? What do we need to do? What are we going to have to invest in? Faith formation was the same thing: How do we finish the year? We had all of the sacramental—those youth that are getting ready for confirmation—all of those liturgies were set. First Communions were set. First Penance was set, but that got all canceled. You know, how are we going to do this, and what's it going to look like? So it was more, it was more work in the sense that it was very stressful. And having to figure out new ways of doing things, even though we were locked down.

G.O: As a subquestion on that, was the parish office open? Were parishoners able to make appointments for confession, counseling, spiritual direction?

G.L: The church office was closed to the public. Now the staff was here and of course people could call in, and so the staff was working, but the office was itself closed to the public. Initially, there were just, it was just a private—basically a private Mass. The Masses continued, but it was not open to the public. So we could have, initially we were talking about five people, so we had to rethink: "How is this going to be done with a minimum of people present?" And there were no—all the other sacraments were suspended, initially. Now as we got into the quarantine and lockdown, people were calling about confession, and I talked to the Bishop. And I said, "Bishop, this is what I would like to do," as he was telling us we shouldn't be indoors. There shouldn't be scheduled times, and especially in a more confined space like a confessional, don't hear confessions in a confessional. So I proposed to him, I said, "Well I'd like to start offering to the people the possibility of confession outside, under the tree. And so he gave permission, so we got the word out: "I'm hearing confessions. Just call the office and make an appointment and I'll meet you under the tree at a certain time." Because the spiritual needs of the people are very important, so that was again part of this, "How do we do these things now under these circumstances, but still meet the spiritual needs of the people."

G.O: So it's interesting, you bring up the fact that the sacraments continue: Masses, confessions, [with] modifications. As somebody who understands the liturgical importance and the sacramental importance of the church, were there any misconceptions? Like, you know, "Can you do confession via phone?"

G.L: [Laughs] I think some people, I mean we talked about that, and I think. I think everbody understands that no, that's not a possibility. But we were joking about it, you know, "Can I call you on the phone or something?" And these days, I don't think you would want to do that because what if the phone is being monitored? You know, well yes, your confession is going to be spread all over the place [laughs].

G.O: So what communication did you have with your parishioners while the office was closed? And did you make the decision to livestream Masses or anything like that?

G.L: Yes, and fortunately, we had already been talking about, and I guess this is providential, when the virus was just starting to get started, we were talking about live streaming already. We had some things in place already, so it wasn't that difficult to switch over. So that first weekend after the lockdown, we didn't have anything, but we were already gearing up. So by the next week, by the next Sunday, we were recording Masses on Facebook with phones. Which we were able to do, but it took some work. The staff had to, after the recording, they had to come and upload it to the website, so that was how we were primarily communicating with parishioners, was through Facebook and YouTube. Having messages sent out and getting the word out and then we started live streaming. Well, it wasn't livestreamed initially. It was Facebook, we would record it on the phone, upload it on Facebook. Then, by, I think, the third week, we started live streaming. And I think this is going to be now part of life, even when we get more back to normal, I think we'll probably still continue to do some livestreaming on a regular basis.

G.O: [My original question was] what challenges did you face as a parish, but I want to expand that to: What concerns did you have about the indefinite nature of not knowing when Masses would resume? Did you have sort of concerns about what would happen to your parish?

G.L: Well, I think this was a concern of many people. Obviously with people not coming to Mass, there is a financial concern. Because if people aren't coming to Mass there's no donations or offerings. They're not giving their financial support, and I still have to pay bills. So how are we going to do that? So part of that—the decision to livestream and make sure that the Mass was available at least virtually—is that they could participate in the Mass in a virtual way. It's not the ideal way but at least they're still keeping a connection with the parish; they're hearing God's word, virtually. Now obviously they can't receive, they wouldn't receive Communion, but there was a Spiritual Communion that we're still united. And at the same time, we were also getting the word out to people: don't forget supporting your parish financially. So we've been very blessed. God has blessed us, and you know, we trust in the Lord that everything is going to work out, but we do have to put those things out there. We have to do our part, trusting that God is going to do his part.

G.O: On May 25th, Bishop Flores announced the resumption of public Masses. What changes and adaptations did you make to reopen St. Joseph?

G.L: Well, I started, I talked with the staff during the quarantine, the lockdown. I said, "When the Bishop does give us [the approval to reopen], we need a plan because this is the perfect time to make changes, since everything is locked down, we're going to make some changes." And one of the changes we decided to make was revise the schedule of Masses. Before the lockdown I had an evening Mass on Saturday—the vigil Mass—[and Sunday Masses at] 7:30 AM, 9:00 AM, 11:00 AM, 12:30 PM, and 6:00 PM. So there were five Masses on Sunday, which according to canon law, I'm only supposed to celebrate no more than three on Sunday. And I'm celebrating five on Sunday. So I said, first of all, and we weren't sure too, because when we reopened, we had the requirement of the social distancing, so that meant that we had to, we could only accommodate 25% of capacity. So it was determined—well we determined about 75 [people] as the 25% [capacity]—now the city came in and they determined 90 people as the capacity. So we were being more conservative [with] 75. So we developed our plan because we needed a team for every Mass to disinfect, sanitize after every liturgy.

We reviewed our liturgical procedures, and we made changes, adaptations to meet the current situation. So normal practices, we had to look at the whole liturgy and make changes to the—not major changes but little things—that we had to do differently. And primarily that was done to avoid multiple people touching things or, you know, doing or being around somebody too much, keeping, obviously, social distancing being of one aspect, and the other thing is avoiding—the minimizing of touching things. So that was one thing. And then we looked at the Mass schedule and we reduced it. Obviously, I didn't know at that point how long would it take a team to sanitize the church, so when we reopened I changed the vigil Mass from 5:00 PM to 4:30 PM—made it a little bit earlier. And then on Sunday, we only went back to three Masses: 9:00 AM, 12:30 PM, and 6:00 PM. And I didn't reinstitute 7:30 AM or 11:00 AM. So we reduced the Mass schedule, and again, we didn't know how many people were going to come, so we opened up with the vigil and three on Sunday.

G.O: And how was attendance? Did you have people that were afraid to come back, or did you have the instance where you maybe had to turn people away?

G.L: Well, see that was an unknown. We didn't know how many people would come back, or would there still be that fear yet of coming back? And some of the dioceses—friends of mine in other dioceses in Texas—opened up a little earlier, and in talking with them, they

told me that they did not meet their capacity. And so I was expecting the same would be true for us—which it was. We initially, at all those four Sunday masses—the vigil at three on Sunday—we probably had about 30 to 40 people, so we did not come close to our capacity. Because that was one of the concerns: "What if we're going to have to turn people away?" We did have one person counting the number, you know, how many are coming in, so it turned out that we have not met our capacity.

G.O: Starting in June, the Rio Grande Valley saw a dramatic spike in COVID-19 cases and deaths that continued through the summer and now into the fall. How were you and your parishioners, how have you been impacted by this outbreak?

G.L: Well in July… June the numbers were going up as far as Mass attendance, but in July the numbers went down somewhat. Not a huge decrease, but there was a decrease in numbers in July. But they're back up. They've gone back up steadily, and at this point—one of my Masses—we are at capacity right now. One of them, so. Which is good, but again that may mean that I'm going to have to add one more liturgy on Sunday. So that may mean another little bit of a shift in the schedule when we decide to do that. So one Mass is pretty much a capacity, the other three are not. So once those three—once I have one or two more Masses that are reaching capacity—then I'll probably add one more liturgy.

G.O: And where you at all personally affected, anyone in the parish?

G.L: One of my sacristans, yeah. She had the virus, and her parents and her brother also had the virus, and they all three died. So it was very tragic, very sad. And I had some other friends—a friend in McAllen—his parents both died. But again, they had underlying [conditions]. They were, it wasn't just the virus, that was just an added complication to underlying health conditions already.

G.O: Were you asked by anyone, your parishioners, to visit the sick or the dying? And if so, where you permitted to administer any of the sacraments to them?

G.L: We were, we've been able to do the Sacrament of the Sick. Primarily, it's not been going to the hospital or the nursing homes. Initlally we couldn't go at all. You just were not allowed in. I have been anointing the sick by appointment. For instance, somebody that may have a diagnosis of cancer or they're getting ready for a surgery, I invite them, they come and make an appointment and I anoint them. But it's using—right now we're not touching—so we're still using, doing kind of the way we were doing this initially. I put the cotton swab in the Oil of the Sick and I anoint them with the cotton swab. Now for what we've been doing for like confirmation, as I did the confirmations when we rescheduled our kids. The Bishop gave us dispensation so that the pastors could confirm. And I was, I did actually anoint them with my thumb, but it was: sanitize the hands, anoint them, sanitize the hands, anoint the next one. So it was a a little cumbersome, but it was again, with the idea that we want to keep everybody as safe as possible.

G.O: And to clarify, when you say you weren't permitted, was it a directive from the Bishop's office or from local authorities?

G.L: Well, we couldn't go into the nursing homes. They wouldn't allow us in. Nobody was. In the hospitals, it was the same way. You're not allowed in, so…

G.O: So my last question is: Where do you think we go from here? And I guess I can ask the subquestions with it: What challenges do you think you, your Parish, and the Catholic

Church here in the in the Diocese of Brownsville will continue to face amid the pandemic and it's aftermath?

G.L: I think there will be… I think we're going to be a smaller Church, first of all, which is a good thing. I have thought for a long time that the numbers—that a lot of people that claim to be Catholic—and are not Catholic, really. Because they're not practicing the Faith. I would rather see a smaller Church, but people on fire for the Faith. And I think the people you're seeing coming back to Mass, they are the ones that are more on fire with the Faith. They have a deeper understanding of the Eucharist and its importance in their life. So I think it's going to… I think—because right now the Bishop has lifted the obligation to assist at Mass—a lot of people are using that as an excuse: "Well, Bishop said I don't have to go to Mass, so…" You know, what does that say? I think that group of people, many of them are going to fall away, unfortunately, instead of going in the other direction: coming closer to Christ and the Church. I think they're going to go the other way. At least that's my assessment of the situation. But that's not necessarily a bad thing, you know. Maybe we'll be more authentic in the practice of the Faith.

G.O: I think that's a good segue to my final question, which is: What do you hope the Catholic faithful will take away from this pandemic?

G.L: A deeper appreciation for the Eucharist. Being without it, we should long to receive the Body and Blood of Christ. For he is our spiritual food. He is our life. And hopefully, we will come to a deeper appreciation of this great gift.

G.O: One more post[ultimate] quesiton: the Church has faced pandemics before; how do you think this fits into the two thousand year history of Catholicism?

G.L: Well, I don't know that any time in the history of the Church, the place was shut down. Where you didn't—I mean, this was worldwide. That the whole… there were no public celebrations of the Eucharist. I think that's unprecedented, as far as I know. I hope it never happens again [laughs].

G.O: Any final comments, thoughts before we close?

G.L: No. I think that's… you've covered it pretty well. I think your questions were very good.

G.O: Well, thank you, Fr. Greg. It's been a pleasure to chat with you. I appreciate you contributing to our project. Thank you very much.

G.L: Well, thank you. It was my pleasure.

Appendix H

Interviewee: Rev. Mishael J. Koday

Interviewer: Gabriel Ozuna
Date: October 14, 2020
Location: Newman Catholic Student Center, Edinburg, Texas

This interview was conducted in person at the Newman Catholic Student Center on the campus of the University of Texas Rio Grande Valley in Edinburg, Texas, on October 14, 2020. The interview lasted approximately 20 minutes. The interviewee was Rev. Mishael Koday, a chaplain for the Catholic Dicoese of Brownsville's Health Ministry. He discusses his role as chaplain at one of the Edinburg hospitals during the COVID-19 pandemic, as well as his thoughts as to how it has affected the spiriutal life of Catholics under his care. Social distancing measures were taken to ensure the safety of both the interviewer and interviewee.

Gabriel Ozuna: This is Gabriel Ozuna interviewing Fr. Mishael Koday, the chaplain for the Catholic Diocese of Brownsville's Health Ministry. We are conducting this interview at the Newman Catholic Student Center in Edinburg, TX. Today is the 14th of October, 2020. I want to begin by thanking Fr. Koday for meeting with me today.

Mishael Koday: Happy to be here.

G.O: To begin, can you describe your position as the chaplain here in Edinburg? What is the day-to-day of your job entail? What did that look like before the pandemic?

M.K: As a Catholic priest for the Health Ministry, I visit all the Catholic patients in the hospital. Especially if they're admitted to the Intensive Care Unit, the various intensive care units, and also those who ask for a priest to come by to see their loved one, or referrals by doctors, medical care staff, or by the patients themselves. So, before COVID-19, I would visit the patients in the mornings—all the new patients—and then twice a week, I will say Mass for the hospital staff, the chaplains, and the patients' families who come by. And also, the other chaplains at my hospital would say a Rosary once a week, have Adoration or exposition of the Blessed Sacrament every week as well. So before COVID-19, there were a lot of services—church services—or different devotions of the Catholic Faith. And so that was a lot that was going on, and also I would see a lot of patients. Could be ten patients a day. And so there were a lot of patients for me to see. To make a visit, to say, "Hi, I'm a chaplain here to see you," and offer pastoral care services: "Is there any way I could help you?" Sometimes they're happy to have a priest come by. Other times, they'd be afraid. The priest could mean they're dying. [Others] don't consider themselves Catholic even though when they were admitted to the hospital, on their admittance paperwork, they indicated that they are Catholic. And, that's about it for everyday.

G.O: That's a good segue into our second question. Can you describe what are commonly known as "last rites" for dying Catholics, and as a Catholic priest, what is your role in administering these sacraments?

M.K: Okay. The "last rites" which has been—the name's been changed now, since the Second Vatican Council in the 1960s. That is now known as the Anointing of the Sick or the Pastoral Care of the Sick, that it consists of anointing the sick through the oil blessed by Bishop at the Chrism Mass before Easter. It's olive oil, and the priest puts the olive oil—blessed olive oil—on the patient's forehead and palms. Before 1960, for almost over 500 years, "last rites" were known to those who were dying. So, the priest would come, anoint

the forehead and different senses, and it's more, the emphasis was for the dying. [N.B. Different senses here refers to anointing body parts—such as eyes, ears, and lips—associated with senses which need to be purified from sin.] Those about to die, that they receive the anointing and forgiveness of sins, and that they be prepared to go to heaven. Now what consists of the Anointing: it's no longer [just] for the dying. The emphasis is more on the sick, or very seriously sick, and consists of me anointing oil—with the oil blessed by Bishop—and I would put the oil on their foreheads and their hands, too. And also, I would pray with the patients and for them to have strength, not to give into despair, or lose hope or faith, let them know that they're not forgotten, that the Lord is with them. Also, they have forgiveness of sins through the Anointing of the Sick, and that they're spiritually prepared, and that they're strengthened, too. And if it's good for their soul, then God willing, they'd recover their health, recovering from the illness.

But also, anointing the sick, it's also a time for confession. And if the patient's able to receive the Eucharist, Holy Communion. And so, the emphasis is more for those who are sick than for the dying. Now, the sacrament for the dying is the Holy Communion because it's food for the journey—their journey to heaven. But still, some people are still used to the old ways, thinking that if a priest comes, a priest means that they're dying. I had a patient once who was afraid, and their loved one told [her], laughing, "No, no, Mom. The priest is here to say a few words, to pray." The patient thought she was dying, and the loved one explained to me the Hispanic understanding of "last rites." So for me, it was a big difference. Like, I understand now.

G.O: Thank you. You answered the subquestion [about misconceptions], too. So next, what were your initial thoughts when you first heard about the coronavirus? And how concerned were you about it?

M.K: My first thoughts were, "Okay, it's coming." Watching the news, reading the newspaper, I heard the cases growing in the west coast, then in New York. So then, okay, it's likely going to come here. It was a lot of fear, a lot of worry, some sleepless nights. Then there's some concern about, "How can I help?" As a chaplain, would I be able to visit the patients—COVID patients—would I be doing anything? So, there were really concerns, and some fear, too.

G.O: So that's a good segue, so the next question here would be: what precautions or protocols were put into place that affected your responsibilities as chaplain? And [not just] from the hospital, but also from the Bishop's office? Were you told anything about how to continue your job with this virus going around?

M.K: I was told to keep working. And to take the necessary precautions, you know, wash my hands, wear my mask, and go about the hospital's policies. Which at that time, for anyone coming to the hospital: wear a mask, be screened, have their temperature taken, answer some questions about one's health. But the hopsital itself, I was told not to visit the patients who had COVID. So I was like, okay, that means that I won't be able to visit the most seriously sick, for need and care. What I can do, with the other chaplains, is to pray for the patients who have COVID. And to, not to put myself into situations that would expose myself to the coronavirus.

G.O: Thank you for touching on that. I think I'm going to come to a similar question in a bit, but first: Hidalgo County had its first confirmed case of COVID-19 on March 21st. What do you recall things were like when we were still in that initial shutdown phase, the stay-at-home orders were in effect, and the hospitals—when they started getting their first patients before the big summer surge? What was it like at the hospital?

M.K: Well the hospital was strangely quiet because visitors were not allowed to come in. Elective surgeries were not allowed during the order of the shelter-in-place, at that time, I believe. And so, you'd say quiet, but not peaceful quiet, very tense. The staff would ask me for a blessing, for me to bless them, and for a prayer because they're afraid that we have to go and to minister and take care of COVID patients that were going to come. And so it was really concerning. The patients, they were not allowed have their loved ones to visit them, so they were really missing [them], isolated. In the sense that their loved ones can't come and see them. So, they were really missing the outside connection of the world. And some fear, too. A lot of fear, stress, quiet. For me, it's like, okay, it's here. Now, what can I do to help? And there wasn't much I could do besides pray with the chaplains, and to pray for the staff, and for the patients, and for their families, too.

G.O: So this is a very important question: for those patients that did have COVID-19 and were hospitalized, were you allowed to see them, to visit with them at all, were you able to administer the sacraments to them in any capacity?

M.K: I wasn't. I wasn't. And during, when the surge happened, the surge happened, that when the hospital was building extra wings or units, floors, for the COVID patients, some areas were able to receive Wi-Fi connections. So, I was able to visit by Zoom with the patients and their family members were able to connect by Zoom, for prayer. So I'd say a few prayers, very common prayers: the Lord's Prayer and some prayers from my handbook for Pastoral Care of the Sick. They would have some connection, even if not in person, they still, their familes know that there's someone praying for them—for their loved one. So there were a lot of calls, we had to pray over the phone or by Zoom. And that's the only connection I had was through those means, the electronic media means.

G.O: Did families with patients, did they reach out to you? Did they ask if you could visit? Were they upset that you couldn't?

M.K: Yes, the families did reach out, many times. We explained to them that we had the chaplains praying for them and for their loved one. So, it's not what they wanted to hear. But there's some comfort to know that there's someone praying for them. They want the sacraments for their loved one. Again, the emphasis on the "last rites," about, "Would the loved one be able to go to heaven?" Because he hadn't made a confession for some time, or receive the Anointing of the Sick. So it was very concerning. Patients, family members were—it was hard for them. Once, I met with the family outside of the unit, and we prayed by the window of the patient's room. And that's the only time I met with the family. And that was interesting. But that's the only time I could do that, was through the phone or through the internet.

G.O: And how did that affect you, take a toll on you, personally? I'm sure it wasn't easy.

M.K: It wasn't easy. It was sad. Because I can't fulfill what the patient wants or what the family members want: they want a priest going to the patient's room and to perform the sacraments. So it was hard for me knowing that I can't go in, and I'm not doing everything that I'm used to doing as a chaplain. I'm used to providing the sacraments to the patient who ask for it, so it's very hard and it took some time to get used to talking over the phone, praying over the phone, praying by Zoom, too.

G.O: So when the summer surge started, can you describe being in the hospital environment? When did you see that things were getting bad?

M.K: When I'm [watching] on the news [that] things were getting bad, the counts of how many people were positive for the virus, and those who have died. And so the list was

getting longer in the newspapers, the long lists of obituaries and death notices. But also when outside help had to come from within the state, medical staff from other areas outside the region, even the military came over to help. That's when I knew things were really bad.

G.O: And, I guess fast-forwarding a bit: in recent weeks—or maybe even a month now—things have, on the news, seem to be leveling off or improving slightly. How would you say things are like now?

M.K: Things are like, now… there's still caution to take care of oneself, and the hospitals, I noticed it's a bit busier now. In the past, it was really slow. I mean, the ordinary cases—people, the visitors, the patients. Now with more, now things are getting a little bit back to a new normal. Isn't normal, but a new normal, now with the precautions. So there's hope that things will get better.

G.O: And what do you think about where we go from here? In terms of—the pandemic is ongoing.

M.K: It's going to take a lot of patience. And to take a day at a time. And that's kind of being a new normal, to wear a mask, and to wash one's hands, and to take one's precautions before eating and doing the normal, day-to-day activities. Hopefully, things will get better. That the severity of the pandemic will be lessened. And that people can come back together.

G.O: How has your role as chaplain shaped your experience of the pandemic?

M.K: For me, my faith has helped me. As a chaplain, I'm able to do something. There's many—there's something I compare to those who can't go to work, or those who are unable to see their loved ones in the hospital. I can see them, to make a difference for me. But also my faith. I mean, this pandemic has strengthened my faith, to know that I can manage—not on my own power but by my faith—I believe my Lord will help me. To give me the right words to say. But also strength to just to take one day at a time. Not to give into the fear that I had in the beginning. Not to be paralyzed, but to do my best. To take care of myself. And to continue to minister.

G.O: Last question: what do you hope that the Catholic faithful will take away from the pandemic?

M.K: I hope the Catholic faithful would use this opportunity to strengthen their faith. Right now, a lot of the faithful still feel hesitant to go back to church. But yet, there are Masses on TV, or Masses being viewed on the internet. So there's some connection, still. Some places they have confessions; other churches are still not having confessions, but to encourage one to say an Act of Contrition [until] they're able to go to confession. Those who are unable to receive Communion, to make a Spiritual Communion, to ask the Lord to come into their hearts. So more spiritual—this is the time to be more spiritually active. And even though as Catholic faithful, the sacraments play a big part of our faith, it's hard not to go to Mass, or go to confession, or go to receive the Holy Eucharist, it's very—something's missing. But to deepen, to be more spiritual, to find God in everything, in every circumstance, [to ask], "Where's God? How can we contact our Lord? How can we deepen our faith?" But also when things get better, that it would be a deeper relationship. That the sacraments would be more meaningful. That going to church would be more life-filling. That's something to look forward to in the future.

G.O: Well, thank you, very much, Father, for speaking with me today. And that's it for our interview. Thank you.

Appendix I

Interviewee: Rebecca Sauceda

Interviewer: Gabriel Ozuna
Date: October 18, 2020
Location: Newman Catholic Student Center, Edinburg, Texas

This interview was conducted in person at the Newman Catholic Student Center on the campus of the University of Texas Rio Grande Valley in Edinburg, Texas, on October 18, 2020. The interview lasted approximately 27 minutes. The interviewee was Rebecca Sauceda who worked as an ICU nurse at a hospital in Edinburg, Texas, during the early part of the COVID-19 pandemic. She discusses her experiences as a nurse as well as a practicing Catholic in caring for her patients and the challenges that the pandemic placed on her and the hospital staff. Social distancing measures were taken to ensure the safety of both the interviewer and interviewee.

Gabriel Ozuna: This is Gabriel Ozuna interviewing Rebecca Sauceda. She is a registered nurse in Edinburg, Texas. We are conducting this interview at the Newman Catholic Student Center in Edinburg, Texas. Today is the 18th of October, 2020. I want to thank Rebecca for doing this interview with me today.

Rebecca Sauceda: Hi, yeah. I'm happy to be here.

G.O: So you're a registered nurse. [**R.S:** Mhmm] And so I wanted to get your take on, what does that entail, what was your job like before the pandemic even started?

R.S: Okay, well I was a nurse in the ICU here at Edinburg. And an ICU nurse's job is to provide intensive care for patients. Intensive care is a very specialized form of nursing. We have the highest acuity of patients, so our patients are the sickest in the entire hospital. My specific branch of ICU was cardiovascular, so people with MIs, weak hearts, weak lungs on occasion, and a few other issues like cancer and stuff like that sometimes would come in our doors. We didn't have patients with broken legs and physical injuries; that was a different unit. So my unit specifically was a lot of geriatric patients and we provided for them "total care" in many cases. Which "total care" means that you do everything for them because they're so disabled they're unable to do anything for themselves in all their cases. So our patient load was about, we were supposed to have two patients to three patients, max, on the ICU floor. So that's important because other floors, you'll hear they have seven patients on a "tele" [telemetry] floor, which is a less acute floor, but our floor is supposed to have two patients. And usually you get two patients that are both intubated.

Like if they're both intubated, when someone's intubated, they're also sedated, so they're asleep and on a ventilator. And you have a medication keeping them asleep or they're comatose in the sense that they don't need medication to be asleep. So anyway, intubated sedated patients, usually you should only get two of those because they're two "total cares." And usually when someone's intubated and sedated, they have a very, very severe pathological process going on where you're having either support their blood pressure by keeping it elevated, meaning that they cannot themselves keep a high enough blood pressure to keep their brains alive, or you have to support their hearts which are not pumping effectively and they're on medications that you're monitoring making sure that their heart is

still functioning, and they usually have some kind of organ damage. We're supporting their organs basically because their organs can't support themselves. So these are very high acute patients and the load of one patient is a lot, is very, very complex. We're very detail oriented, maybe on a different floor, like for instance, ER, they won't know as much about their patients, they just find out what the issue is, solve it, and then send them to another floor. Our floor, we get to, we're where the buck stops. There's no higher acuity than our floor, so if they've got a bunch of issues, it's up to us to fix all those problems. So with their, the patients are on so many medications and yeah, that's why we only get two patients.

And mind you, that's, three patients is like a crazy day, when you have three patients because usually you have, you should have three semi-not "total care" patients, but sometimes you get two "vents" and someone that's kind of okay, that's hopefully going to get downgraded, hopefully. But even that's a crazy, crazy day, so because of the amount of complexity and issues and the amount of orders and tests usually on our floor, people are getting every kind of blood work, X-ray, MRI, CAT scan that you can think of because we're trying to figure out what the problem is, and the problem is so severe that it requires a lot of these things. So, it's a lot of work. And that being said, we also have a lot of people that die on our floor. So yeah, we see death all the time. And it can be a beautiful thing, but it can also be very painful. So we work a lot with the chaplains and we do a lot of end-of-life care, a lot of holistic care and family care as well. In these specific situations, so yeah, it's a wonderful job.

G.O: So you've mentioned this relationship that you have with the chaplaincy. Can you describe a little bit about what it's like for you as a practicing Catholic to have this relationship with the Catholic chaplains?

R.S: Oh yeah, well I knew Fr. Koday since way before I was ever a registered nurse. He was the priest at St. Joseph. He helped Fr. Greg at the parish of St. Joseph Catholic Church in Edinburg, which is where I went to school as a child, and grew up, and went all throughout my high school years. When I went to Austin for school, I didn't see him as much, but I knew him pretty well. Well then, lo and behold, when I became a registered nurse and I start working here in Edinburg, he happens to be the chaplain on the floor, which is awesome. And every time he came by, I always call him "Father" with a lot of respect, but also, it kind of opened my eyes to, you know, the prayer that needs to happen with the patients. Fr. Koday would probably, I probably saw him like pretty much like every shift unless it was on the weekend. I would only see him for like a good, like he'd be doing his rounds on the floor for maybe like, it felt like 30 minutes-ish, he would be there on the floor, just depending.

And I could, as a nurse, actually participate in the prayer if they're doing a prayer and I needed to get something in the room or whatever, I could pop in and say the prayers or do, or kind of be involved in the prayer, if I had the time. But I wasn't, it wasn't obviously mandatory, but I did have that flexibility, so that was awesome. But being Catholic in the workplace, there were a lot of, of these restrictions. You can't, you know, especially [with] the end-of-life [cases], there's going to people of all different religions, so you kind of have to know if they're Catholic or not, and kind of ask for permission if you're going to talk about God or anything like that, so that was pretty interesting, but really, there wasn't a whole lot of [pauses and sighs], there wasn't really a whole lot of prayer or talk of God in the hospital at all, to be totally honest, unless when Father came by or the chaplains came by, the Christian ones. We kind of would just ask the family, "Do you have a preference, do you need someone to come and pray with you, if so whom?" Like what religion or whatever.

And the unfortunate thing that I always got from—most of the patients can't speak, they're intubated and asleep. So maybe it's an abuelita, right, a little old lady that's very ill, she's intubated, and maybe she was very religious, but none of her children are, and so the unfortunate thing is that when someone's in that position, there's really not an official—I mean there is if you have like, your advanced directives are very explicitly written out, and even then sometimes they don't get followed because the children have so much power to overrule the person's wishes, but really if the children or whoever the family members at the bedside doesn't, that we're getting all our information from and doing our patient history…

When they first get there, you do a patient history. One of the questions is "what religion are they?" If the child doesn't answer the correct question, then on the record, they're not gonna have "Catholic" there, and they may just send like a generalized chaplain. Like just to check. And then when the generalized chaplain comes by, they ask the family, "Can I pray with the patient?" So a lot of it comes from if, which family member is there at the time that the chaplain comes by, to be honest. Or the advocacy of one of the children or whoever the loved one is to say, "We need a Catholic priest to come by and to do an Anointing of the Sick" or something like that. So that was kind of interesting, really it's kind of a tertiary issue; it's not really very important. I've never really seen it be a really big deal. I think maybe, in my whole year of working ICU, like maybe twice have I seen it be like where families [are] like, "We absolutely need to have a priest here like now!" kind of thing. And that's just because of the culture of the family, maybe, but we don't, it's really hard as a nurse because you don't really know what the patient would have wanted, you know. You're not really sure, like is this the family's opinion and that's why there refusing the priest, or is the patient's wish, kind of thing. So that's sometimes the issue.

G.O: So if the patient is listed as Catholic, either by the family or on the paperwork, and they're near death, do you have any say as a nurse in like calling the chaplain over?

R.S: Okay, so if they're listed, so if they're listed as Catholic at the beginning, whenever they come in, and that's their preference, the chaplain, the Catholic priest, Fr. Koday, will automatically be alerted and he has a list of patients, like it generates him a list of patients that he can go see. So that's who he makes rounds on, are the ones who are listed as Catholic. The problem is that sometimes they're not listed as Catholic. In that case, you are supposed to say, "Okay, they're close to death, do you need anyone?" That's like your job. But if they're listed as Catholic the priest will come by. Now, when the priest comes by, he has to ask the family whether they—you kind of have to get consent of family before, like the priest can't come in and pray over them; the family can refuse the priest as well. So no, the priest will come by as long as they're Catholic, and he'll kind of do rounds every time he's there, and he'll kind of like check on them and see them throughout the week. So like, let's say they're there for a week, and they're deteriorating, the priest will actually come by every day if they're listed Catholic, unless the family has refused him. The problem is when they're not, and it turns out—which is very often—that people don't fill in that question at the beginning because they just don't know, or there's no family that's like advocating for them or whatever. And then, it's happened where you, their not listed as Catholic and then at the very, like toward the end when they're passing away, [we're] like, "Okay, do you guys need someone?" and then they're like, "Oh, yeah, we're Catholic. We need a Catholic priest." And you're like, "Okay, well, I mean, we had no idea," you know. And it's like the last minute thought sometimes. So yeah.

G.O: How common would it be then for Fr. Koday to administer sacraments for the dying?

R.S: Hm, I think honestly, before COVID? [**G.O:** Before COVID, yes.] Yeah, before COVID, I must have seen him do it like four or five times. I would say, yeah. I would see him actually. But that's whenever I would like actually caught it, like seeing it. But that's, a big part of it has to do with the family being there. Because normally when the person's dying, they're incoherent. So a big, it really depends on who's there at the bedside. But yeah, I think I've seen him do it about four or fives times, in person, before.

G.O: And that was over the course of a year?

R.S: In a year, yeah.

G.O: So now transitioning a little bit into COVID, can you explain what happened when COVID-19 sort of got put onto the hospital's radar? Were you, what were you told to expect? What preparations were made before the first case?

R.S: Okay, well, the hospital really just shut down because, actually the first—before we got hit with our real wave, like our actual peak, before that—we were prepared for a peak, were preparing, everyone was preparing. Basically they just shut down elective surgeries, patient census went like, plummeted because everyone was scared to go to the hospital. And we had, we were getting told not to come into work because it was like, there were not enough patients, essentially. And during that time they prepared a unit for COVID, a COVID unit, and they tried to make policies and put those into place, for screening processes. So yeah, that's pretty much what they did before. And then, and then we really got hit, so...

G.O: When did you see that things were getting bad? [**R.S:** Oh, yeah.] Do you have like any specific memories?

R.S: It was in, I think it was starting, I think it was in May that it started getting bad. Where, okay, so (my gosh) so yeah, it started to get bad when [sighs] okay, we're getting a lot of cases. Our unit, our COVID unit, had a max capacity of like 50, 55. But see that started to grow because they started to stuff more and more patients in there, so like, I think it was like at 58 and, I mean, the numbers were going up every day, like exponentially. So I knew this thing was going to get [snaps fingers] like [it] exploded. Like, there was no way they were going to hold the patients. And then what else happened was we weren't entirely prepared for rollout patients because sometimes [sighs] they would come into the healthy ICU—even though [they're supposed to go to] the sick ICU—the healthy non-COVID ICU. And for some reason, they weren't tested for COVID, or they tested negative. But there's 33% percent of COVID tests are false negatives. So like, they would test negative, come into the [healthy] ICU, be having breathing issues and all these kinds of symptoms, and they have liver failure and all these other things, so that's why they're in ICU, right. But then we're like, "Okay, wait maybe this person has COVID." So then they re-test them, and the test would take two-weeks or a week or something, yeah no, the tests took so long at the time because this was before rapid testing [sigh]. So then they would be a potential COVID patient next to all these healthy patient rooms.

And then, putting on and off your gear to into that room, we had to wear PPE, but because PPE became so short [in supply], we had to reuse our PPE to get into the room. Where normally PPE is made to be thrown in the trashcan after you exit the room. But we ended up having a system where we had the "dirty" PPE gown inside and a "clean" gown outside. But really the "clean" gown that you wear outside, you don it, and then you would don your "dirty" gown inside the room. But while you're donning your "dirty" gown, the patient's

coughing, and your "clean" gown is getting exposed. So then, you take the "clean" gown and you put it in the hallway where people are walking. And a lot of nurses have touched that area, so that is what freaked me out the most because I don't think it was a safe, a very safe environment for me, particularly. I had been pregnant at the time and the amount of exposure, especially in the non-COVID unit was kind of treacherous. It was very dangerous because in the COVID unit, you don it all one time and you leave it on the entire shift. So you're safe the entire shift because you're not taking on and off stuff, you're just, it's all there. You're safe. You're kind of like a fireman, you know, how they have the thing [protective suit]. So anyways, so I didn't like that system. I thought it wasn't safe and I was bouncing and our [sigh]. I started getting "tripled," that's what we call it when we have three patients. I was tripled so many times. And then, I think one of my last shifts, I had, I was in the ICU Step Down, where you're only supposed to have four patients. I had like half the unit, which was like seven or eight patients in ICU Step Down, which these are very critical patients. So I knew that we were going to be spread thin, and I was going to get bombarded with patients. And it sure enough it did get really bad later on. And I talked to some of my coworkers, but I left after I had seven patients. I just, I was like, "This is too much for me, physically." So…

G.O: Tying it back a little bit, so during the height of this buildup, this surge, what changed—from your perspective—the relationship between patients and the chaplaincy?

R.S: Oh, that was totally demolished. Like, chaplains became someone that just walked around and put a prayer card on the windowsill. That's all they did. I'm sorry. Like during the initial freak-out when we didn't really know what was going on, we didn't really have our testing down, we didn't really have our PPE down, the chaplains were just… the hospital was so locked down, we did not allow families to come into our unit. For people that didn't even have COVID, like just regular sick people because if the family had COVID, and they brought it to their sick relative that they're visiting, or their loved one. The loved one is going to be the one to suffer. And maybe a few of the other patients that the family exposed them [to] COVID or whatever. So that was why we just stopped letting families in; same thing went for the chaplains. I mean, I did not see the chaplains go into any rooms for at least like two weeks or three weeks, for sure, and I would see the prayer cards on the windows.

And I kind of wasn't aware of that policy until I saw Fr. Koday, and I was like, "Oh, hey. Are you going to, who are you visiting today?" And he would say, "Oh, I'm visiting this person" or whatever. And I was like, "Are they letting you in?" And he was like, "Oh, no. We just like leave the like [prayer] card there." And I was like [sigh] I just felt so bad for the patients because not only did they not have their family, who are the main advocates for their religious beliefs, they didn't have the chaplains available either. So the family being absent from the bedside is the biggest loss in terms of advocacy for your Catholic rights, your Catholic faith. Because the family is the one that advocates for you in that position. The problem is, is that the family, the only way that they knew anything about the patient is by calling me. So they would call throughout the entire day because they're not there. They would call and call, and you kind of answer, and they're like asking questions and stuff, and they're like, well… It was so hard for the message of the family to get to the doctor because it has to go through us. So they would say, "Oh, I want this—I saw—I want this, this, and that done for my family member," or "How did their labs go?" or this or that. There was, all the information flowed from the nurses to the family on the phone. The doctor normally, when the family's at the bedside, we say, "If you want to talk to Doc, be at the bedside and

Doc will explain everything to you and you can advocate for the test you want, you advocate for this or that." And they even have to, the family even has to advocate to us to get the priest in there, right, because we're the ones who are going to be like, "Oh, Father, they want final rites. They want you here, they need you here." Even if the patient wasn't registered Catholic, right.

So the problem was that because the family was gone, I think it became [pause] easier to take less care of your patient. Because the family has such a critical role in saying, "Hey! My mom needs water. Hey, you haven't done this," or "Hey, you said you guys were going to do this and you haven't." The family being on the staff is actually very helpful for keeping the care progressing. I mean, that's just the physical care. Can you imagine the spiritual care, right? So the family not being there, and if they say like, "Oh, hey it's really important that the Catholic priest says final rites." I mean, that's going to be our last priority in a lot of ways, so. I mean, not mine, but [for] other nurses, that's going to be their last priority. Because they're doing all these things trying to save people's lives, and do all this stuff, and clean up patients and everything that the family being like, "Oh, we need a chaplain." If the nurse forgets, or she's so overwhelmed she doesn't get to it, or she doesn't mention it, it may not get done.

G.O: So what you're saying is that in the absence of the family being there, whether or not a Catholic patient receives spiritual care was at the mercy of whether the nurse felt it was important.

R.S: Yeah, pretty much. Pretty much.

G.O: And did you have any personal experiences with patients like that?

R.S: Me, personally?

G.O: Or any of your colleagues that you can remember?

R.S: Yeah, um, unfortunately I think in that situation, most of the families weren't focused on spiritual care. And that's what I worry about actually because I wonder if they were just asking about their oxygen level, this and that, and they just completely omitted being like, "Oh, by the way, it's really vital that you get the priest in there to do something." Because maybe if the family advocated for the priest actually gowning up and going in, he would have been able to. But the current hospital policy, no one asked. Like, "Oh, are the priests going in? Like are they doing the final blessing?" Like that wasn't even, that wasn't a concern. Like no one really cared. I'm guessing as time went on, they finally found a way to gown up the priests, hopefully. I'm not sure exactly what ended up happening. But initially, it was just not a concern at all, at all, for people because they were all just concerned about their loved one getting better, and all these things. By the time we have the talk that this person is dying, most of the family just said… like if we have to say [to them], "Look, this person is not going to recover; they're dying." You have that conversation.

We only allowed two family members to come up, and that's if we can predict that these people were dying. Like if we were going to do a withdrawal. It was like, only two. So not even their whole [family], their kids, or everyone. It would just be two. And it was really sad so… the hospital was really, really strict. At that point, the only way the two people could come up is if literally we were going to take out the tube, right then. Like they could be there for that. And that was it. So it was, it was really tough. It was hard to get exceptions for, let's say their home [parish] priest or whatever; it was hard to get those exceptions. And most of

the nurses were just like, “No, that’s against hospital policy.” Me, personally, I don’t know if that ever really came up in any of my conversations with patients [pauses]. Especially for the sacraments. I don’t think it did.

G.O: So when did you decide to step down from your role? And how difficult of a decision was that for you?

R.S: I decided like, I can’t remember exactly the date, but [pauses] I think around April it was getting really bad, like the end of April. And the seven patient thing happened [laughs]. It was me and the charge nurse. It’s supposed to be me, two other nurses, and charge. And I was like, “This is going to get crazy.” And it was difficult because I love, I mean, I love my job. But [sighs] it just, it wasn’t going to be… they were not, it was not going to be in such a way that I was actually going to be able to be taking care of people the way they deserved to be taken care of. And I was going to be put in a position where I had to neglect patients. That was going to happen. And that’s a huge responsibility to kind of go to bed at night and be like, “I forgot to do this, this, and this.” But why am I forgetting to do these things? Is it because I have so many patients? I can’t do everything. I literally cannot do everything. So that’s kind of why. And I had a pregnancy to worry about. So it was kind of difficult, but my husband helped me with that decision and it seemed right. And now I work here at the Catholic Center, trying to heal souls instead of the physical body. So…

G.O: Alright, well those are all the questions that I have. So I want to thank you, Rebecca, for this interview and for sharing.

R.S: Thanks! I hope it was coherent [laughs].

Diocese of Brownsville

Catholic Pastoral Center

Notice on Virus and Flu Precautions

Tuesday, March 3, 2020

As we continue to care for our parish and school communities, it is prudent to take precautionary measures to protect public health. As the virus and flu season is particularly virulent at this time, Bishop Daniel E. Flores is directing the implementation of the following temporary modifications throughout the diocese as soon as possible:

- Discontinuing the distribution of the Precious Blood at Mass (please assure anyone concerned that the fullness of the Eucharist is present in the Eucharistic Host).
- Forgoing the holding of hands at the Lord's Prayer.
- A bow of the head for the Sign of Peace in place of shaking hands.
- Offering hand sanitizer stations at church and school entrances.
- Working with altar teams and parish volunteers to sanitize pews and hymnals.
- The removal of holy water from stoops at church doors (this does not apply to circulating holy water fonts with filters and running water).

We also ask parishes and schools to remind parishioners and students of these best practices:

- Assure the faithful that if they are sick or are experiencing symptoms of sickness they are not obliged to attend Mass, and even that out of charity they should not attend.
- Students who are ill should stay home from school or catechetical/religious education classes.
- Teachers, Catechists, and Administrators should send ill students home.
- Liturgical ministers, especially Extraordinary Ministers of Holy Communion, should maintain clean/sanitized hands.
    - Wash hands before Mass or use a personal bottle of alcohol-based hand sanitizer while in the pew before serving, ensuring the sanitizer is entirely dry before serving.
    - Wash liturgical vessels with mild detergent and hot water after each liturgy, which will 1) help to protect the finish by removing oil from hands, and 2) work to remove pathogens that may be on the vessel from its use in the liturgy.

These measures are to remain in effect until withdrawn by the Bishop. We will continue to monitor public health advisories. If and when it becomes necessary we will take other preventative steps with regard to the celebration of the liturgy in our churches.
Thank you for taking this time of heightened awareness of viruses seriously. Together, our efforts can certainly keep our parishes healthy but also join the wider community in protecting the common good of all people.

Diocese of Brownsville

1910 University Boulevard • P.O. Box 2279
Brownsville, Texas 78520
Tel. (956) 542-2501 • Fax (956) 542-6751

Office of the Bishop

March 18, 2020

To the faithful of the Diocese of Brownsville:

After consultation with local government and health officials, the Presbyteral Council of the Diocese, with Bishop Eugenio Lira, Bishop of Matamoros, and with many concerned Catholics, and after imploring the aid of Almighty God and the Most Holy Virgin Mary, Mother of God, I am directing the following:

The public celebration of Sunday Masses and weekday Masses in the Diocese of Brownsville is suspended effective at noon, Thursday, March 19, 2020, Solemnity of St. Joseph, Patron of the Universal Church. This directive remains in effect until withdrawn by the bishop. Furthermore, all Church events, such as retreats, festivals, and religious education classes, are also suspended until further notice.

As a reminder, and as I noted in my letter on March 13, all the faithful are dispensed from the obligation to assist at Mass on Sundays and Holy Days until further notice. Our diocesan website will include updated links to Masses live-streamed on the Internet, along with other resources for prayer at home.

These measures are taken to prevent the spread of the coronavirus in our local communities. It is essential that unnecessary movement and travel within the community be avoided whenever possible. The virus can be spread to places visited by those infected, even if they are unaware of their infection. It is also essential that gatherings in even small groups be avoided whenever possible, as direct contact can also spread the virus.

At this time, our churches will not be open to the public. This severe measure is taken with great sorrow, but for the sake of protecting lives, especially of the elderly and those who suffer illnesses that make them vulnerable to the virus. I ask you to pray with me that conditions will make it possible to lift this restriction soon.

Priests will continue to celebrate Sunday and daily Masses, only without the attendance of the faithful. It is important for Catholics to know that the Sacred Mysteries continue to be celebrated, and the Eucharistic Sacrifice is the efficacious enactment of Christ's Passion, Death and Resurrection in our midst. I urge all Catholics to unite themselves at home to this great mystery of the Lord among us. He is near to us even though we cannot now draw near to him in our churches.

During this time, funerals, weddings, confession, the anointing of the sick, and other sacramental celebrations will be celebrated only under severely limited circumstances and conditions. The Diocese will soon send to all pastors and priests specific instructions concerning these sacramental celebrations and other aspects of the ongoing pastoral care of the People of God in the Rio Grande Valley.

We will continue to follow closely the advice and directives of state and local health officials. In the meantime, as we work together as a community to delay and slow the spread of the virus, let us seek to incorporate the Rosary, the Liturgy of the Hours, and meditation on the daily readings of the Eucharistic Liturgy. Of special importance is learning how to make a spiritual communion, and remembering to reverence the presence of the Lord in our churches, by making the Sign of the Cross whenever we pass by.

Our churches will take on the appearance and the experience of a prolonged observance of Good Friday and Holy Saturday. May our deep longing for the manifestation of the Risen Lord among us, especially on the day public celebration of the Eucharistic sacrifice will resume, serve to prepare us for receiving him with gratitude and joy when that day comes, as surely it will.

+Daniel E. Flores

Most Rev. Daniel E. Flores

Diocese of Brownsville

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Tel. (956) 542-2501 • Fax (956) 542-6751

Office of the Bishop

May 22, 2020

To the Catholic Faithful of the Diocese of Brownsville:

With gratitude to God, I am able to announce that conditions are now such that the Catholic churches and mission chapels in the Rio Grande Valley can, on Monday, May 25, 2020, resume the public celebration of Masses and other sacramental rites. This will take place with abundant precaution and strict protocols in keeping with the recommendations of health officials.

I have made this decision after communication with local civil and health officials, and with close attention to the advisories of state and federal government officials, and after continuous consultation with the deans in the eight deaneries that comprise the Diocese of Brownsville, and with countless others, laity, clergy and religious.

For us to proceed forward toward the resumption of public Masses, it is important for us all to keep a few things clearly in mind. The danger the COVID-19 virus poses to our communities remains formidable. Thus, even as we suspended the public celebration of Masses as an act of charity for the common good, so we must resume our public celebrations aware that we continue to bear a grave obligation in charity to do whatever we can to protect one another and the wider community from infection.

I urge in the strongest terms that those who are advanced in years, or suffer from complicating medical conditions, or feel in any way sick, should stay home. If you do not currently feel safe going out, even to Mass, stay home. The dispensation of the Catholic faithful from the obligation to attend Mass on Sunday remains in effect. We will continue to provide livestream broadcasts of parish and diocesan Masses for the benefit of those who should remain home.

The parishes have been sent instructions with strict protocols to protect the health and safety of those who attend Mass and the wider community of the Rio Grande Valley. Our parishes will observe social distancing, face-masks will for now be required for those attending Mass, and parishioners will be required to disinfect their hands as they enter and leave the church. There will be special instructions for the reception of Holy Communion.

Occupancy at any given Mass will be limited by the fact that only every other pew will be used for seating, and six feet will be observed between family groups and individuals. In most cases, this means that occupancy for Mass will be less than 50 percent. Since churches will have limited

seating capacity, I encourage those who can go to Mass to consider going on a weekday to alleviate the pressure on Sunday Mass capacity.

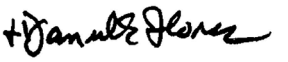
I have indicated to the pastors that they have the authority to judge if in their particular parish they are ready with sufficient supplies and volunteers to open the church for public Masses. If a particular parish is not ready to implement the necessary protocols, they should not open until they are. In addition, some parishes may find it necessary to readjust the Mass schedule to allow enough time for the work of disinfecting the church after every Mass.

There are other particular instructions that are included in the information already sent to the parishes, and the parishes will make these known to parishioners as circumstances warrant. But I would like to call attention to just a few major points:

- If the parish has a chapel for perpetual adoration of the Blessed Sacrament, pastors should not resume full operation at this time. The enclosed spaces and the difficulty of frequent disinfecting procedures as people enter and leave involve high risks that should not be undertaken. Adoration and Benediction can take place in the main church, at set times, observing the protocols of distancing and the use of masks and the use of disinfecting protocols after the Benediction.
- Confessions should not be heard in enclosed spaces where the six feet of distance cannot be observed.
- Other sacramental rites can be celebrated provided the usual protocols are observed.
- Parish offices can open, but only if the receptionist and secretary or other personnel have the space to practice social distancing and observe regular protocols of disinfecting hands and surfaces frequently. Masks should be used in any area where the public or coworkers are present.
- Small meetings can take place on parish premises, provided the protocols indicated are observed.

As we proceed, we must be vigilant and alert. We do not know what the future holds, but we maintain our hope in God "who so loved the world that he gave his only Son." The reopening of our churches is a cause of great joy. May we receive this gift from the Lord as a grace to prepare ourselves to celebrate the great Solemnity of Pentecost. We humbly ask the Holy Spirit to protect our communities from all harm, to give us the charity and fortitude we need to face the uncertainties of the future, and to grant us the joy of an ever deeper communion with the Risen Christ who, to the glory of God the Father, dwells in us and with us by the gift of the Holy Spirit. Amen.

In Christ,



+Daniel E. Flores
Bishop of Brownsville

St. Jude Thaddeus Church

p.o. box 1688 — pharr, texas 78577-1630

ORATORIO

August 22, 2020
The Queenship of the Blessed Virgen Mary

Dear Parishioners

The challenging present time that we are living is a good opportunity to strengthen our trust and hope in the Lord and to grow as a community of faith to help and take care of each other.

Since the resumption of public Masses on May 25, 2020 we have returned to a somewhat regular Mass schedule. The daily Mass is as usual; however, the Sunday Mass schedule was reduced by one Mass in order to space the Masses adequately for disinfection between each Mass. We also resumed the Thursday evening Holy Hour with confessions. We have spent the month of June, July, and the beginning of August catching up with the conferring of Sacraments that had been postponed: first communions, first confessions, confirmations and weddings. Thanks be to God since August 7 we have caught up completely. Now we are ready to begin the new catechetical year to provide for the preparation for the sacraments and we continue to offer the sacraments to the faithful as needed.

We have been, as you may expect, very busy caring for those families grieving and suffering the loss of a loved one. We also have been visiting the sick in their homes and providing Extreme Unction and the Viaticum as needed. Please be assured that we keep all of you in our prayers and at the Mass for the faithful that is offered each week. Those who attend Mass already, thank you for your support. For those who have yet to be able to make it back to Mass for whatever reason we remind you that we continue to livestream, please remember to support your parish as you are able to. You can mail your donations to the parish or you can use our online giving portal to make your secure online donation or come by our offices from Monday to Friday 8am -12pm & 1pm-5pm.

Let us pray for the grace we need to carry the Cross that our Blessed Lord has chosen to give us with love and patience. Let us also remember the words of St. Paul who says: "For I reckon that the sufferings of this time are not worthy to be compared with the glory to come, that shall be revealed in us." (Romans 8: 18)

Assuring you of my prayers, I remain,

In Christ,

José Encarnacion Losoya, CO

Rev. Jose Encarnacion Losoya, CO
Pastor

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UBICACION
Calle Ironwood Sur 505

LOCATION
505 South Ironwood Street

Interviewee: Officer Yamile Sarkis

Interviewer: Melinda Ann Cantu
Date: December 1, 2020
Location: Zoom interview

Officer Yamile Sarkis is a police officer for the University of Texas Rio Grande Valley and takes time to talk about the challenges, procedure and her hopes for the future considering COVID-19.

Melinda Ann Cantu: Okay, um, first off today is December 1st, 2020, at 2:00 P.M. and my name is Melinda Ann Cantu, part of the Discovering the RGV "CHAPS Program" class and I am here with Officer Yamile Sarkis?

Officer Yamile Sarkis: Sarkis, yeah.

M.A.C: Sarkis, thank you, and um, we are going to be discussing the impacts of COVID-19 on University Police, so um so to start, what is your current position and how long have you been at your current job?

O.Y.S: Well as far as my current position we are all patrol officers. Right now, I'm in the current community engagement officer. So basically, what that does is reach out to the community, do interviews such as this one, talk to different people when they have different questions, presentations anything like that. I have been with the university going on six years in January so next month will be six years that I've been here with the university. I started with UTB and then slowly began the transformation to UTRGV.

M.A.C: Awesome, well congratulations.

O.Y.S: Thank you.

M.A.C: And um, do you like work alongside like with like a partner or do you work alone? Is uh, how does that work in your position?

O.Y.S: So, with our police department generally we do not work with partners per se like in the same unit. Obviously, we do teamwork and we have each other the only partners in our university setting is going to be the K-9 and the handler.

M.A.C: Understood, and then uh what changes have you seen uh that have been made in your work in light of COVID?

O.Y.S: Okay so, before all of this (pandemic), something simply as eating in the breakroom would have been okay. Two people in a breakroom to where right now we are trying to minimize that at as well. So, I've noticed taking turns in the breakroom or if we have an office such as myself, anywhere from the chief down to an officer they are eating in their offices. Trying to minimize that exposure. I've noticed those changes of course there is hand sanitizer like everywhere, that's not to say we didn't have that before it's just it just wasn't as intense. We've always had the sanitizing equipment we need as University Police and police in general we need to have those things readily available when we handle or deal with people. Such as arrests or anything like that. So, in light of that yes, a lot more of that, a lot more Lysol wipes, a lot more sanitizing procedures, making sure that everybody here is

staying healthy and safe is definitely the biggest changes I've seen in the department itself because of COVID.

M.A.C: Yeah, and I feel like that is something everybody has had to do lately I know I take a hand sanitizer with me everywhere I go.

O.Y.S: Yes, and then also the lack of not seeing students around as often is a little different. So those are the changes in my work environment. I like to talk to a lot of people and give presentations and everything's been like this. It's been Zoom whenever there is something and that's pretty much the interaction I get at work.

M.A.C: Yeah, um, the few times I've had to go to campus uh for my online and in person class it was like a double synced class.

O.Y.S: Right.

M.A.C: We went to class four times this semester or went to campus and it was empty. It was a new experience.

O.Y.S: It's different it's definitely different I mean we still do our rounds and check the buildings and stuff but, that wave or hi. If they ever wanted to say hi, it was always like you had someone there or somethings going on and you're interactions and now it's like so dead.

M.A.C: It's kind of eerie I know that, especially when I, cause I would walk to my car from across campus to the student parking and its dark and it's even more empty and it's a little bit more ehh.

O.Y.S: Yeah, it's a little different. It's different definitely.

M.A.C: Um okay, and well how aside from that how has COVID-19 affected your work routine? Do you guys have to sanitize before you get into the building and after you leave the building?

O.Y.S: So, when we get to work generally, we are coming from home so we should be sanitized, but before we go out in our units um the officer prior to using it since we do share units the department has only certain amount and of course we got our rotating shifts coming on, so they do sanitize prior to ending their shifts, leaving the unit sanitized for the next unit that's coming in on the next shift. However, they also re-sanitize it and make sure they wipe it down, they're not discouraging others to do so it's not like we don't trust the other officers it's just precautionary measures, so we'll re-sanitize that like I mentioned we do have wipes and hand sanitizer we go to building around campus that's the purpose of why we re-sanitize after the shift, in case when we are walking this virus can be on the floor or anywhere so we re-sanitize that. We have our cleaning crew come in and they actually clean the doorknobs, handles and anything that we may come in contact with because we haven't stopped working. We've been here through the entire time.

M.A.C: Mmhm, I understand and thank for being there the entire time.

O.Y.S: Of course, thank you.

M.A.C: Um, have you or anyone you know from your job have been exposed or possibly be infected? I understand that the university handles the testing site so...

O.Y.S: Yeah so, I can't disclose too much. All I can say is that we are human and I'm sure there has been some. So, the policy I can talk about is a university policy in general since we are staff members, what they do is that if you are exposed at any point in time they kind of go back to the day you may have been exposed and if you were in direct contact with more people. Usually we are all wearing face masks so if there was someone that was potentially exposed, 90% of the time they come out negative. However, they are placed on a 14-day quarantine from the day of exposure even if they tested negative that first time. So, they are tested. They (the university) try to put us in as soon as they can because we are staff to the university so we'll get tested then we'll get sent home and usually we have to wait 48 hours and they'll tell us if its positive or negative. And then prior to them coming back to work after that 14-day period they get re-tested to make sure they don't have it. As a lot of people know with this COVID virus it can take up to the 14-day mark for you to actually start showing symptoms and actually have that virus living in you.

M.A.C: Yeah, and that's understandable and thank you for being so honest.

O.Y.S: (laughs) Yeah.

M.A.C: Um, how has this affected your family life? Do you find yourself quarantining more uh just in general?

O.Y.S: So, I live with my fiancée in particular she's a teacher, so as of right now they just went back to their ISDs and I do come home and I try to spray myself down. Unfortunately however it's possible she may become exposed even if it's not through me. The only thing that I have changed that has changed my life is that I have not hugged my grandmother for about a year now. So you know when I go over to my parents' house if I ever do go over, I don't go near her room I try not to and I know she misses me and my brother, but the reality is I don't want to expose her so I think that's been like a huge change cause it's just not the same. That family life outside of work like being able to go anywhere you want or you know leave for a weekend getaway, it definitely has changed that and it does make me more aware of it at work as well, I don't want to take it home. I don't want to be the cause of someone getting sick.

M.A.C: Very well said, I feel that as well. Um, currently I am living with um you know with my family but I haven't really seen you know my grandmother except for you know virtually and stuff. And um, my grandfather had passed away from COVID in the summer so we're very careful with how we interact with everybody.

O.Y.S: I'm sorry to hear that. Absolutely.

M.A.C: Um, what sort of equipment or essentials are being provided and how often are patrol cars and offices sanitized? I know you already answered this but…

O.Y.S: I'll re-answer this, that's okay.

M.A.C: (Laughs) It's on the list.

O.Y.S: So, as I mentioned before our units are sanitized every day, every single shift. Particularly depending on the officer and how picky they are they still sanitize regardless of how picky or not they are. But for example me, I can tell you from my point I will go out there and do the spray it looks like a vacuum cleaner and it sprays out the sanitizing agents and after I do that I will go ahead and spray it with another sanitizing agent on the wheel and the mic, the mic that I'm gonna use cause we do put it up to our mouths. And then after we

do that, after I do that then I wipe everything down again with Lysol just to make sure because once I'm in the unit, I mean I do remove my mask, to drink coffee or whatever the case may be. So, they do provide us with a bunch of masks. Yesterday, we actually had our second testing of how to properly use an N-95 mask. So they provide us with that as well. Which would be these blue ones here and what they do is that they put kind of like a hood over us. We kind of look like those "Among Us" the game.

M.A.C: Oh, those little things.

O.Y.S: Yeah, so they'll put it over us while we are wearing this mask and then they, prior to doing or wearing the mask they'll spray something to see if you can taste it, its because they want to see if the seal works. After you say, "Yes I can taste it," you put this (facemask) back on after you rinse your mouth then they start spraying that all over that (the inside of) hood as you're doing movements. While you're marching or moving back and forth that way we know that the seal is properly done. They want to make sure that we are safe when we have to deal with someone we are police officers, if we have to arrest someone or anything like that, we do need to touch them and be in close proximity. So that's being provided, Lysol wipes like I mentioned sanitizers all over the place, there's a cleaning crew through UTRGV of course that comes in every single day. Mops, sanitizes, wipes down everything.

M.A.C: That must be a very good peace of mind.

O.Y.S: Yes! No, it is, when we see them come were like "Ooohhh! It's you guys!"

M.A.C: Um. And then I guess what has been the most challenging like thing do adapt to with these changes?

O.Y.S: Wearing a mask.

M.A.C: Just wearing the mask?

O.Y.S: Yes, I particularly myself I do have claustrophobia and I know there are some other officers that may have that too. So, going through what I just explained about wearing the hood and testing it, you start, it can create a panic that we need to work with, because we are wearing a mask while we are doing our foot patrols while we are walking or even going upstairs in a rush, breathing gets a little heavier. So, it's not your average "wear a mask and sit down," like what you're doing it's more of a "it's hot outside, in the middle of a call," so I think my personal difficulty has been wearing the mask. However, I wear it every single day. So, it's a sacrifice that we have to make in order to keep each other healthy.

M.A.C: I agree, it's, no one I don't think has ever admitted that they enjoy wearing the mask, but they will wear the mask.

O.Y.S: They will wear the mask, yeah. But like I said that's personally me and then I start to get like a rash around here (mouth) and I'm sure other officers have too, and I say others I'm sure because I don't know, that's their perspective but this is mine, and that's been the most difficult for me, I think. Other than that, I know I need to wear this in order to say hi to my friends at work if that makes sense so I'm going to put it on, I'm going to keep others safe and that's really the only thing.

M.A.C: And honestly, wearing a mask is probably the least most anybody can do besides staying home.

O.Y.S: Yes, and I mean it's not a big deal just like I mentioned we do wear it like a lot of hours, just like the healthcare providers. I can't even talk for them they wear it for hours and hours longer than us but it's definitely different it's something that is a change that is like woah! So yeah.

M.A.C: And I agree, so actually I was kind of curious, how has COVID-19 impacted any campus crime?

O.Y.S: So, with crime, crime is crime.

M.A.C: (Laughs) Yes.

O.Y.S: If that makes sense, we still have our, our usual. It is a little less I can say that much but it still happens. We try to be alert, we can, I guess I can say what has changed since we have less students on campus, we are actually able to focus on it a little more if that makes sense. Cause we do get those call where, "Oh, I lost my laptop." We'll take a report and it takes an officer out of patrol. Versus than now we get to patrol the campus like we always have but it's just more I don't know I guess more alert if that makes sense. Or more readily available.

M.A.C: Yeah, there is less and people to go through I'm assuming.

O.Y.S: There we go yeah! That's exactly right you took the words out of my mouth. Less obstacles and people to go through it's just a little easier. We're having to try to find someone or if something happens the cameras, we're not having to go through so many people trying to find who may have taken the bike or whatever you know. It's a little easier.

M.A.C: Yeah, and that was like a little curiosity of mine just because with the depleted number of students on campus like what are they gonna steal?

O.Y.S: Yeah, I know but you'd be surprised because like I said crime is crime and that's their, with criminals, I'm not generalizing them but that's their way of life.

M.A.C: Yeah, like you said, you delivered it perfectly crime is crime.

O.Y.S: Crime is crime.

M.A.C: And as a university police officer what changes would you like to see in the near future with you know the possibility of more students possibly coming back to campus?

O.Y.S: I'm pretty optimistic with that, a vaccine that hopefully maybe will help. I'm optimistic in a sense that I'm not saying pro-vaccine or not pro-vaccine I'm just optimistic in that maybe we can find something that will help this whole pandemic. I know it's going to take a while; I know vaccines take a long time. To see what does work, doesn't work or some people may want it some people may not. So, I'm optimistic that we may find something to stop it or at least minimize it so that we can return back to a normal steady campus life. You know I do miss being in rooms like I mentioned presenting, and I know our officers probably miss going out there and seeing people and helping them and taking a report or helping them with their wheel or a tire or whatever the case may be. We've been really focused on the sites, so that's where a lot of our manpower has been going, is to help out the healthcare workers with the amount of people. I'm hoping with this thanksgiving break it won't increase, most likely it probably will. And we'll start seeing that too.

M.A.C: Yeah, I noticed yesterday that when I had gone to campus, I didn't have class till about 5 (PM) but I went early to kind of, since it is so empty, I could sit and work peacefully, and I noticed when I was walking that the testing site was rather busy.

O.Y.S: Yes, so that, you should have seen at the beginning of the pandemic it was just insane. I'm sure you saw. And then for about I want to say about a month and a half now it's been pretty steady. And now with this release of teachers back to school, students going back and Thanksgiving we got the Christmas break coming up. I'm really hoping that that's not gonna affect too much. I'm hoping that with this you know it's controlled.

M.A.C: Well, I mean with so many people, you know moving to doing classes online you would hope that they would you know find ways to celebrate virtually as well.

O.Y.S: Yes exactly, I mean the whole virtual concept, I have nothing against, it's just, I guess just missing, I mean we're here and there's like no one here. And we still have our calls we're still busy all the time anyway but we're focusing a lot on the sites that's where a lot of our manpower is being pulled.

M.A.C: Mmhmm. Thank you, because that is something, we definitely need more manpower on.

M.A.C: Lot of people on that road.

O.Y.S: Yeah, so I am just hoping the New Year will come and wash away all that and we can start, I guess recuperating.

M.A.C: Um and then one last question, from the list and so well, what do you, and you kind of already answered it a little bit, as far as what do you see as for the foreseeable future um, just of the Valley in general. You know being a Valley resident with everything going on.

O.Y.S: Like on a personal note?

M.A.C: Yeah.

O.Y.S: I'm trying to be very optimistic. I just have a lot of fear when it comes to the whole Thanksgiving break and Christmas break and I feel that for example here in Brownsville our ISD just returned to class and it's just exposing more people potentially. So, I know we will recuperate I know we will recover, we are humans we adapt, we change, but I just don't know how long it's going to take to be honest with you.

M.A.C: Yeah, and the uncertainty I think is the biggest fear for everybody at this point in time.

O.Y.S: Absolutely. You know when being human, when we're afraid of something it is because we just don't understand it or we can't see where it's going. And that's what causes fear. So, so yeah. Hopefully, everything will be good.

M.A.C: Yeah, I mean I am currently, you know, in the midst of graduating soon and this is gonna be...how many people are gonna say they had a virtual graduation? (Laughs)

O.Y.S: I know! You're graduating December, right?

M.A.C: Mmhmm.

O.Y.S: I'll be graduating in May and I'm hoping that by May maybe I can walk across the stage. So, I can only, I can only sympathize with how you feel. Because you, you've worked so hard, you get this far and then you're not even gonna walk and, that's frustrating I can see how that's very frustrating.

M.A.C: It's going to be an experience but at least, when I am older, I can look back at it like, "I graduated during a pandemic."

O.Y.S: Well, you know you're making history. I mean, we're all making history. Unfortunately, it's not good history I guess, but we are a part of history right now. And you're right, hopefully we'll be the last generation to graduate like that, because that's also missed. And like I said we are human; it goes back to our human concept and we thrive off each other and we can't be with each other and we can't see loved ones or interact with other people.

M.A.C: No, and I think the crazier thing with everything going on this year it felt like this year flew by faster than normal.

O.Y.S: It really did, I can't believe we're in December that's just insane I remember ringing in 2020 and thinking you know, "Okay, even number it's gonna be great." You know all that typical, all these things that you're gonna do and two months in, "Hey guess what? Pandemic." And I thought hey you know what we can handle it, we'll be able to get through and then it just threw everybody off. I never thought we would be here, right now the way we are. It's just insane to see it.

M.A.C: Yeah, and well we'll only see how things unfold in the near future.

O.Y.S: Absolutely and its crazy because like, I feel like I haven't seen my co-workers full face for so many months now. That that's become the norm, I find myself automatically putting on that mask as soon as I step out of my car. My personal car you know what I mean, anywhere I go it's on. So, even though it is uncomfortable it is something we need to continue doing. Until we can get all of this resolved and hopefully, we can welcome you guys back.

M.A.C: Yeah.

O.Y.S: We're here. (laughs)

M.A.C: Yes, and honestly, I, that is one of the things I feel more comfortable with the few times I had gone to campus as well. "Hey, I need campus police, I know they're here and there is hardly anybody here so, I know someone will get to me."

O.Y.S: Yeah, yeah, we're always here that's what we tell everyone, and I am glad you are reaching out to me to do this interview so you can also explain that we are always here. We are always around, and we are proving it to you all now. I mean there's a pandemic and that doesn't change anything. I'm sure there's officers out there that are afraid for several reasons. Any underlying issues anyone at home or whatever it may be but we're here. Working regular, you know our hours and yeah, difference is you guys are not here so. Definitely we do like our community and that's a big difference.

M.A.C: Yes, um, well like I said, it's an adjustment we all have to make but ultimately, it's for the greater good.

M.A.C: Yeah, and you know, you can take as many precautions, but it just takes you know, one slip of faith.

O.Y.S: And that is exactly what the scary part is, like I told you we have all these things in our department, they make it a point to provide it for us. But all it takes is just that one moment you know where maybe you touch something and went like this, or whatever the case may be. There is hand sanitizer everywhere and this is one that I brought, but like you said a slip of fate is all it takes. So (sighs). So yeah.

M.A.C: Mmm, I pretty much have most of my questions answered just because I chose to cover you know COVID's impact on law enforcement because at least when I, you know, I watch the news fairly religiously and I read the newspaper, and I did notice there was a big gap in the media you know they did so many stories you know on the impacts on business owners and the impacts on teachers, impacts on healthcare workers. And, I personally have a lot of family members and friends in law enforcement and it just kind of bugged me to now see enough covered over the impacts and challenges people in your line of work go through.

O.Y.S: Yeah, and there is absolutely a lot. Even down to, say its hypothetical but even an arrest, making sure you have your gloves on and it just there is always a moment that something bad can really happen. And we are having to continue to do our job just as we have been doing our job. So, the precautionary measure someone in an office will take is very different than what we can take, what we can do, and how much we can try and stay safe and healthy. So, I appreciate you doing that. I know what you mean I've seen the news too, and its "first responders" but it's the doctors and the nurses.

M.A.C: And EMS and that's why when I think about why, I titled my chapter, "You can't fight crime from your couch."

O.Y.S: Yeah (laughs). That's a good one.

M.A.C: Basically, you guys aren't given the luxury of working from home.

O.Y.S: Right, we can't. We don't have that luxury of saying, "Oh, I don't feel safe because of COVID." It's an inherent risk that we have in our job. Whether it's COVID, whether it's Hepatitis, whether it's AIDS, or whatever the case may be. It's an inherent risk that we take. And it's like you said we don't have to luxury to say, "Oh, I don't want to come in today because I'm afraid". That's not how it works.

M.A.C: Yes, well I can't thank you enough for taking the time to meet with me I know its so close to the end of the semester and everybody is very busy but I truly appreciate you taking the time to talk to me.

O.Y.S: Hey, of course anything else you may need just let me know.

Figure P.1: Officer Yamile Sarkis poses in front of UTRGV Police booth.

Figure P.2: Officer Yamile Sarkis in front of UTRGV Police vehicle.

Appendix L

Interviewee: Jeffery Shue

Interviewer: Meagan Olmedo
Date: November 17, 2020
Location: Donna, Texas

This interview was conducted in person at the home of the interviewee, Jeffery Shue, in Donna, Texas on the 17th of November, 2020. The interview lasted approximately 25 minutes. Mr. Shue is a long-time poll worker in Hidalgo County. This interview discusses his experience as a poll worker over the last fifteen years and how the 2020 election compared to previous experiences due to the COVID-19 pandemic. Social distancing measures were in effect during the interview.

Meagan Olmedo: Today is Tuesday, November 17, 2020. My name is Meagan Olmedo, and I am a student at UTRGV in Edinburg, Texas. I am here today with Jeffery Shue conducting an oral history interview for our university class titled "Discovering the Rio Grande Valley" as we research the effects of the coronavirus pandemic on our regional community. Let's begin.
Where are you from?

Jeffery Shue: My name is Jeff Shue. I'm from North Carolina.

M.O: And where do you live now?

J.S: I live in Donna, Texas.

M.O: How long have you lived in the Valley?

J.S: About 22 years.

M.O: And what do you do for work?

J.S: I'm self-employed.

M.O: What made you start working at the polls?

J.S: Just extra income.

M.O: How many years have you been working there?

J.S: It's been approximately 15 years.

M.O: What is your current role at the polls?

J.S: Uh, my role at the polls is either a judge or an alternate judge.

M.O: What does a judge do?

J.S: A judge just makes sure that everything is set up properly, machines are at uh, zero at the beginning of the day. Uh, for early election, and all of the paperwork is in order, all of, uh, the signs, all of everything is set up for uh, elections.

M.O: What does the alternate judge do?

J.S: The alternate judge just goes along with the judge and makes sure as well that everything is in order, all of the machines set up properly, and uh, all of the paperwork from the beginning of the day, throughout the day, until the end of the day.

M.O: Did the judge or the alternate judge have any additional responsibilities due to COVID?

J.S: Um, no, no additional other than the safety protocols.

M.O: How many polling locations have you worked at?

J.S: I've worked at about, uh, five or six different polling locations.

M.O: What locations are those?

J.S: Donna, Weslaco, Edcouch, Alamo, San Juan. Just the ones that I know of right off hand.

M.O: Which of those do you work at the most?

J.S: I work at the Donna location most of the time.

M.O: Have you done presidential elections or just local elections?

J.S: I've done both elections.

M.O: How many presidential elections have you worked?

J.S: I'm gonna say approximately three presidential elections.

M.O: Which ones were those?

J.S: Uh, the Obama elections, the uh, the previous election we just had, and the Trump election.

M.O: How many local elections would you say you've worked?

J.S: Um, I don't know local elections how many I've worked. I've worked pretty much all the elections from the state propositions that they had, uh, to the city elections, to the county elections to the uh, school board elections.

M.O: What location did you work at this year?

J.S: I worked this year in the Donna location.

M.O: And what did that entail?

J.S: Uh, just um, I was a judge, and I was just able to check all of the voters in as they come and voted and had everything set up.

M.O: How many people were working at your location this year?

J.S: At my location this year there was only three people working.

M.O: Did anyone you worked with directly catch the virus?

J.S: No, no one caught it.

M.O: Did you spend time at any other locations?

J.S: Um, I worked at other locations as well in the Donna area.

M.O: What were they like? Were they busy?

J.S: Yes, they were busy elections that I worked at the other locations.

M.O: What did poll workers do to set up for voting before COVID?

J.S: [clears throat] Uh, we just mainly came in and set up the machines, made sure everything was set up properly. And there were really no safety protocols at that time with the cleaning. We did do cleaning but not as much as we do, uh, after the COVID.

M.O: So, what was different about that set up for that, this year?

J.S: Well, we had the, we had the uh, screens up in front of the uh, workers at the desk as they checked the voters in. So, they had that to protect the, the clerk at the computer from the person that was coming in to vote.

M.O: What did poll workers have to do to close up locations before COVID?

J.S: They just, uh, pretty much just uh, closed everything up as the computers, all the paperwork, put everything away into the, uh we call them the cages, the boxes that are locked up, and only the judge has the key to that?

M.O: What was different about closing this year?

J.S: [clears throat] Uh, there was just more, um, putting up the things that was there and also the cleaning at the end of the day, make sure everything was clean, ready for the next morning. Uh, from the doors to the, uh the machines and everything as they were sanitized, tables and everything wiped down.

M.O: Did poll workers have to get tested to work at the polls?

J.S: No, we did not have to get tested, the only thing we had to do was just, uh, have our temperature taken every morning before the beginning of the day, make sure no one was sick.

M.O: Were temperatures taken for voters?

J.S: No, they were not. They were not taken for voters.

M.O: Were more people hired this year to accommodate the extra protocols?

J.S: Yes, they had they had, uh, they had a few more extra workers at each polling location.

M.O: Was the pay different for poll workers due to the — due to the pandemic?

J.S: Yes, the election department got a grant from the, I guess the government, in order to give the employees, uh, more pay because it was harder to get workers this year than in previous years, because everyone was afraid to work.

M.O: What kind of training do poll workers normally have to do before working at the polls?

J.S: Usually go in, uh right before the elections and they go over, uh different things, all of the paperwork, train you how to do the paperwork, then they take you to another location train you how to do the computers. And then they take you to another location to set up the

machines. Uh, so everything is uh, taken care of there with the training. And you'd usually do that with like probably four hours or so roughly, with the training.

M.O: Was training different due to the pandemic this year?

J.S: Yes, because they were a lot more cleaning than we usually do to sanitize everything.

M.O: Was there additional training on how to sanitize and clean things?

J.S: Yes, they went over some training told us give us the shields that we wore, the mask we wore, they gave us the sanitizers, the spray, they give us a sa— uh, the wipes, sanitizer wipes, and the towels and everything and showed us how to use all of that to clean the surfaces.

M.O: Did any workers you know of that even didn't work with you catch the virus.

J.S: Um, there was one worker I think in the Hidalgo, uh, voting location that got sick with the virus. And this was towards the end of the early election.

M.O: What's the normal process for a voter coming in to vote?

J.S: They come in the first thing we do is welcome them and then we ask them for ID, they've got to have an ID in order to vote. And after they give us the ID then we check on the computer, make sure that they're registered. And then if they're registered, then we check them in. We have them to sign a label. And then as they sign the label, they take it to the next location and they scan the, they scan the label and it uh, automatically puts the person into the right polling location to get their ballot. There's a lot of ballots in the Rio Grande Valley, Hidalgo area and, uh, then they go to the machine and they're able to go from there and vote on the machine.

M.O: What was different about that process this year.

J.S: Uh, just the uh, this year we had an addition to that. As they brought their IDs in, we did not handle the IDs. We put their IDs into a small basket. [coughs] And as they put it in into the basket then that way, we're not touching the ID and they're not touching the ID, or they're not touching it after us. And then we give them a disposable stylus, which is a long swab, they were able to use that swab to make the choices on the machine. So, they did not have to, uh, touch anything as they come in after someone else had been there.

M.O: What methods of voting are usually available to voters in years prior to 2020?

J.S: Pretty much all of the same ways that we've had before would be the uh, come in in person voting, then they have the curbside voting, and they have the absentee ballot that, uh, they have here in Texas, if you're going to be out of state, or if you're over 65, you're able to request that as well.

M.O: So this year, what was different?

J.S: Uh, this year, there was just more people voted curbside because of the danger of coming in and being around the other people. So, there was more of that. And I'm sure they were more of the absentee ballots as well, because a lot of the older folks don't want to get out.

M.O: What's the normal process for curbside voting?

J.S: Um, we — they drive in the gate, as they drive in the gate, we have a call box there, they push a box, it rings a bell inside, we go out confirm that the person is who, uh, the ID shows, we come in check the person in. And after we check them in, then we get the machine which is like a large, uh, iPad, and we unlock it from the machine, take it out to the person, let them vote, and they vote right there in their car then we bring it back in, dock it back into the machine, and, uh, then the vote goes through.

M.O: What was different about that process this year?

J.S: Uh, this year there was more cleaning because of the pandemic. We would take the machine as we brought it back in, we would bring it in and before we would dock it, we would take and uh, either spray it down with the sanitizer, use the wipes, wipe the machine down, and uh, before we docked it, that way, no one was handling the machine again.

M.O: How long was the voting this year?

J.S: The voting was, uh, three weeks; usually it's two weeks, but due to the governor's order, they allow the voting to be three weeks. So, we had three weeks of early voting and Election Day.

M.O: What were the hours for voting this year?

J.S: Hours for voting went from 7 AM to 7 PM, Monday through Saturday; on Sundays it was from 10 AM to 3 PM.

M.O: Are those hours different from other years?

J.S: No, it was the same hours that they've always had.

M.O: Was anything new required for voters this year such as masks?

J.S: Um, it was not required to have masks, uh according to the state of Texas, not required to wear masks into the polling locations. But as a person come in, if they did not have a mask, we would offer one of our masks that we had supplies of, uh, to give to the voter just to make it safe for us, and safe for everyone else.

M.O: Were there new limits on the amount of people allowed in to vote at one time?

J.S: Yes, we tried to, we tried to keep it down to maybe five or so people at a time into the polling location just to keep from having such a large amount of people in the building.

M.O: What protocols were in place to enforce social distancing?

J.S: (Say) again?

M.O: What protocols did you have in place to enforce social distancing between voters?

J.S: They had the machine set up [clears throat] with the six-foot distancing. Uh, they had the tape on the floors, the locations separated throughout the building so they wouldn't be together.

M.O: Did people generally comply with the pandemic's specific rules?

J.S: Yes, everything went, went well with that there were no problems.

M.O: What protocols were there for sanitizing things?

J.S: Just the spraying of the doorknobs every so often as the people coming in and out. Uh, the uh, the swabs that they use for the voting, so they didn't have to touch the machines, the spraying of the sanitizer ever so often throughout the buildings. The clerks, as we wore the, uh, the shields, the mask, the rubber gloves, uh, to protect us and also to protect the voters as well.

M.O: So, what special equipment was provided to the voters?

J.S: Uh, the only thing that was provided, I guess to the voters would be the stylus that they use, was the only thing that was provided. We also had the pump hand sanitizer on the table there as they come in. Uh, they were able to sanitize their hands as well.

M.O: What special equipment was provided to poll workers?

J.S: The equipment that was provided to us was the, uh, the, the mask that we changed throughout the day. Also, the plastic shields, face shields, I guess, that we wore, also the rubber gloves that we wore, and then also the shields that they had on the tables to protect us from the voters as they come in, as they were face to face.

M.O: I know you said there were limits on how many people allowed in the building. Does that mean that less people were able to vote at once than in previous years?

J.S: I guess you could say there was less people in the building at one time. But still, pretty much the same amount of people was able to vote as they were there.

M.O: Did the pandemic affect the in-person voter turnout?

J.S: Uh, it may have affected a little bit of it. Uh, there was still a large amount of people that come up voted. I think there was actually more people came this year and voted than in previous years since it was a presidential election.

M.O: How do people normally campaign for candidates outside the poll locations?

J.S: They have their workers out, they have the tent set up, uh, with the signs. They also have candidates outside, uh, outside of the hundred-foot mark that we have as our section they're out there passing out their literature.

M.O: So, outside that hundred-foot mark, you guys don't control anything?

J.S: We don't have no say so over the hundred-foot mark. If we have any problems outside the hundred-foot mark, we're able to tell the local police or the sheriff or whoever to come, and that's their responsibility out there.

M.O: So, because you guys can't enforce anything beyond that line, there was no social distancing or mask policies enforced on those people?

J.S: I don't know exactly what they done out there. I know there was people that had masks, but I did not pay attention whether they enforced it or what out there.

M.O: I know a lot of campaigns in the Valley they have barbecues and things outside the polls, did that happen this year as well?

J.S: Yes. Yeah. They had the, the campaign workers every year they have an election, they have the barbecue set up. In the mornings, they usually give out tacos to the voters. And then at lunchtime or so they have the plates they give out to the workers as well.

M.O: So they did that this year as well?

J.S: Yes, yes to the workers, not only to workers, but also to the voters as well. They give the voters meals to come in and vote. And they give them I guess as an appreciation for their vote.

M.O: So when you went to vote personally, did they offer you food?

J.S: Um, I don't remember anyone offer me food, but because we as a, we as a, we as a uh, worker for the county, we are not able to take the food from the different campaigns because we don't want to act as if we're being persuaded in any way to receive extra votes for their group or whatever.

M.O: Do you have any experience with the politiqueras bringing in voters?

J.S: Yes, they bring them in all the time.

M.O: What is their process for bringing in voters?

J.S: Um, they bring the voters in to vote, and they bring them there to help them if they need help. Uh, so they bring them in. Their process is, they, we have a location usually outside the door, either, right inside the door, the, they — that they sit at. And then as the voter comes to vote, if the voter does not ask us for assistance, uh, then the politiquera cannot come over and help the person. So, they have to ask for help. And whenever they ask for help, then we as the workers are there, so we offer our assistance, first of all, and then if we help them, then, that's fine. But if they asked, they have their own helper that we have to allow that person to come in. And as that person comes in, a person has to come over, they have to be sworn in, that they're not gonna, uh, persuade the voter to vote in any way that they want it to be voted. It has to be the voter's choice, uh, the voter's choice to make the selection. And the politiquera has to be sworn in and has to sign that they're not gonna persuade them in any way.

M.O: In your experience, are they usually that unbiased?

J.S: Uh, at the beginning, they're usually trying to persuade the, uh, voter to vote in the way that they want the vote to go. So we have to, in the beginning, we have to tell them the — the rules, and they already know the rules, but they try to push and do what they want to do. So we have to, uh, tell them, this is the way it is and this way it has to be done. So according to what our — our lawbook says we have let them to do.

M.O: There's been some cases of corruption with them in the Valley. Have you had any experience with that at your polling locations?

J.S: Well, I guess I could say yes because of the, uh, the people bringing me in and trying to persuade them, uh, to vote the way they want to vote. To me, that's corruption. So, they shouldn't be telling them how to vote should be the person's own choice, how to vote who to vote for.

M.O: Do they usually come into the polling location with every voter?

J.S: No, with every voter, they don't, but most of the time, if they bring a voter, they're gonna come in and, uh, be with the voter to try to help them.

M.O: Were they allowed to come in the polling location with voters this year?

J.S: Yes.

M.O: Was there any requirements for social distancing with them?

J.S: No social distancing with them. They were just, uh, there to help them, so that was their own responsibility. As long as they social distance from us, that's all that, uh, we were wanting there. So since they were there with the — since they were there with the voter, then that was their responsibility, I guess, to keep them from them if they wanted them from them.

M.O: How many people are they usually in contact within a day of voting?

J.S: Uh, different amounts, they — it depends on how many workers they have. Uh, they can bring in a lot of voters throughout the day. So, I guess it just mainly depends on who the person is, how many they bring.

M.O: Did the new rules and procedures and make working at the polls more difficult?

J.S: No, not really. I mean, just more cleaning, when, which we're not used to cleaning as much as we did. So that's really the only thing that made it different this year. And then the, uh, social distancing did as well.

M.O: Were the hours of work for coworkers extended due to having to spend more time cleaning?

J.S: Um, not really extended. No, we may have stayed a little bit later, in order to be prepared for the next day, but, uh, not a lot of hours extended.

M.O: Were there additional concerns about voter fraud this year due to the face coverings or the increased alternate methods of voting that you guys were trained on?

J.S: Um, no, I don't think they were. You can, you can pretty much tell who the person is. If you look at them pretty much, uh, tell who's who without their cover. And if we had a question, we were able to ask them to remove their mask, so we could make sure that it was who the person actually was in the photo.

M.O: Well, I think that's all the questions I have… Um… Yeah, that's everything. Thank you for helping me out. I appreciate your time, Mr. Shue.

J.S: Thank you.

Appendix M

Interviewee: Emma Guevara

Interviewer: Nydia Salinas
Date: November 20, 2020
Location: Zoom interview

This interview was conducted over a Zoom video call on the 20th of November of the year 2020. The interview lasted approximately 19 minutes. Emma Guevara graduated from the University of Texas in the Rio Grande Valley in 2017. This interview gives valuable insight to life during COVID as a creative in the Valley.

Nydia Salinas: And we can start. Today is November 20th, 2020. My name is Nydia Salinas and I am a student at UTRGV in Edinburg, Texas. I am here today with a Rio Grande Valley resident conducting an oral history interview for my university class titled "Discovering the RGV" as we research the effects of the coronavirus pandemic on our regional community. Go ahead and tell us your name, your age and where you live in South Texas.

Emma Guevara: Cool, so my name is Emma Guevara, and I'm twenty-two years old, and I'm from Brownsville.

N.S: Okay, so how was your upbringing like here in the Valley?

E.G: Um, it was pretty cool. I like living in the Valley. I still live here. Um, so I'm from Brownsville so a lot of my time was spent… especially as a young child, we spent half here, half in Matamoros like on weekends during vacation which was pretty cool. Um, and the majority of my family lives here as well, so you know, a lot of family time was spent and, you know, a lot of time spent at the beach it's been pretty great, I still live here so…

N.S: Okay uh, so if you could describe the region to people outside of the Valley, before COVID hit, how would you do that?

E.G: Um, I usually explain it as a smaller, more Mexican San Antonio. Uh which people tend to usually understand, which is kinda funny. Um, it is very much like an enclave of Mexico here in the US which is really interesting especially after moving out of here and moving somewhere else for a while. It was very apparent how not totally American the Valley is, which is interesting.

N.S: And, so you're currently working, are you studying, making work?

E.G: Yeah I'm still drawing um, I draw like for fun; sometimes I do commissions, um and I like to do digital and traditional art so, it just depends what I'm doing at the time. Yeah so right now I've been working a little bit more on some digital stuff but before this I was like painting a lot so I'm always making art of some kind.

N.S: Okay, who do you look at for inspiration, for your work?

E.G: Um, who do I look at for inspiration? Um… I really love a lot of like classic impressionists when it comes to like traditional art. Um, I really love like Greco-Roman sculptures, you know, your Venus De Milo, etc. so I like those classics for some form of inspiration, but I also really like recently have been really enjoying using like TikTok for

inspiration. Cause there's some really cool artists on there, and they always have like fun tips and tricks on how to like do things so yeah I would say like half social media half like, older classical art, um. Specifically like classical European a lot of the time, just because that's what I've been exposed to the most at a lot of like art museums and stuff like that. So you know, half and half. New school and old school.

N.S: And how did you find out about the viral spread in the Valley?

E.G: Um, I would say primarily through social media? Um, I've been seeing you know stuff about COVID on social media for a few weeks before we shut down here in the Valley. You it was a pretty hot topic I would say since January. All the talking about it like it was so far away from here, we were like "eh, no big deal" um, and I remember at the time I was teaching so we went off for spring break. And I thought oh we're totally getting an extra week of spring break because of this pandemic. I did not however anticipate spring break lasting until November. But I would say yeah the majority of the updates that I get are through social media more, like I don't have cable so I'm not watching like, cable news. I don't get the paper so, yeah usually following the county, Facebook, Twitter, that's where you get it all.

N.S: Okay, and if you're comfortable with sharing, um, I guess like how more directly impacted were you by the pandemic?

E.G: Yeah totally. Um, I think in my specific case I was the most directly impacted like socially. Um, just because I like, I don't like to say that I'm immunocompromised but I also had really severe asthma as a kid, so I do have some residual lung damage. Which makes it like really stressful. Because I could potentially get very sick. I could be okay, but I could also be very sick and that's really stressful. And so it has definitely been very isolating because even when cases fell over a little bit over the summer, and you know people were trying to like go out more. I was still like, "I don't know! Little afraid to go out," which I guess is, you know, is okay because now that we are shutting back down again I'm used to it. So it's fine. But um, that's been difficult, not being able to go anywhere. My family working from home for the first time, having to help them. I have much younger siblings that are doing distance learning, so that's also been very interesting to see how that works. With both my parents working, one's a Special Ed teacher and the other's a librarian and they were working from home with the kids, learning from home I know like that was, very difficult for my family. But I've been very, very blessed not to have anybody that close to me test positive or get really sick or anything so, hoping we can stay that way.

N.S: Um, so you're learning about the rising number of cases, how did you immediately respond?

E.G: Um, I just know that like I'm gonna continue doing what I'm doing and I'm okay at the very least, you know. I'm gonna continue to social distance. Um, I'm not going to like unnecessarily go out to eat. I haven't even been to a restaurant since like March, so you know, just continuing like general social distancing wearing, wearing my mask, washing my hands um, that was my immediate response, was like I hope everybody else follows them, too, I guess, but I'm gonna keep doing my thing.

N.S: So like, in the response to that, I guess like um, how I mentioned earlier, you know, what did you feel needed to happen to, I guess, inform our own population about what was happening? And you made the digital drawing?

E.G: Yeah, um.

N.S: Was that in March?

E.G: That was in May. Um, however like when the you know pandemic really, I guess like you know, ramped up here in the US, specifically here in the Valley, in March. I think the ball was definitely dropped a lot of times, not only by you know, our like national government, but our state government and even our local government um, I think now you know they're trying, you know, to do what they can, but the local government, at least, but you know, quite frankly I feel like there was not enough information about it released in Spanish right away which I thought was like, a real oversight; like of course we need completely bilingual material. Where do you think we live? Um, I think that it would've been a lot smarter even if just the city handed out PPE to everybody for free. Cause I know that was a big issue for people, not having access to it.

And now you know it is a little more accessible to find masks and stuff like that, but when the pandemic started like, I remember the blue ones, like the one you're wearing right now, how like the boxes of them were all sold out everywhere. It was very difficult to find, I remember they were selling them on like Amazon for like 50 bucks for like three. Crazy stuff like that, and like you know, I don't understand why it wasn't more accessible and why our local government specifically was not realistic about what was done. If that makes sense, you know. Like, yes I definitely think like at a more national level, like a full shutdown for longer than a few weeks, everybody gets paid you know, rent being cancelled, um, you know none of these like bailouts for corporations. Bailing out the citizens I think would've saved a lot of lives nationally but I feel like our local government should've also known a little bit better than to trust the national government and should've taken a lot stricter measures to you know, protect our people. And that didn't happen, it's very disappointing.

N.S: Yeah. So I guess like part of the research that I do have in the paper talks a little bit about how funding artists and the arts, cultural events, public art um, there is, I guess, research that shows that it improves public health, so do you feel like that is happening here in the Valley? I personally do see a small number of artists trying to create like, art studios, art spaces um, but I'm on this side of the Valley, you're in Brownsville, so do you feel like this is important you know we need to have more funding?

E.G: I think that's definitely true. Um, and I think something that a lot of like of these like "funders" from outside of the Valley don't understand is like a lot of us do not have the capacity to be able to do these really cool art spaces or art walks or shows or anything unless we're being paid. Because we don't really have the privilege to. Um, so I definitely think you know more money invested into this region would make a really big difference when it comes to like the amount of art that is created here. Um, you know, public art for everybody, creating a community space where you feel safe to come create art. And I think that like, it's definitely, we're getting there. Um, especially like here, like I said, you're in the upper part of the Valley. I know a little bit but I mostly stay here in Brownsville.

So here in Brownsville, um our downtown area has been funded by, it's called the Mitte Foundation, so it's called like the Mitte Cultural District now, and so they fund like murals happening downtown which is really cool, so we've got a lot of murals that have popped up recently. Um, sculptures things like that so I think it's, it's getting there, but I think more would always, you know right, the more the merrier. The more people who can be paid to

create art and can create art yeah, would be really, really cool and I think it would definitely make a cultural shift here. Um, however I do think we need to make sure that it is accessible you know for everybody, cause I know that is a problem, and I don't just mean accessible like time-wise or anything like that, I just mean like even just reaching out to different areas in the Valley and different like neighborhoods, different groups of people that maybe would not have seen that there are these opportunities to begin with cause I think that does happen a lot of people fall through the cracks.

N.S: So I'm like, actually, I'm in Edinburg for school but I live in Progreso. I don't know if you've ever heard of…

E.G: Yeah I've been all over the Valley!

N.S: So that is actually something that I talk about in the paper like, making it accessible to like smaller cities so like, Progreso is like 5,000 people living there, um and then I do talk about a little bit like, um yeah, bringing it into more, maybe even the Pulga, showing people that would normally would not go to a gallery setting.

E.G: Yeah that would be cool, that would be cool. Yeah I think that that's exactly what I'm saying. You know like the world, the art world here does not just revolve around Downtown Brownsville and Downtown McAllen. Let's like expand it a little bit, make sure more people are able to participate. Now the Pulga, that's a really good idea actually.

N.S: Yeah, hopefully it happens for next semester. I'm talking to an organization right now.

E.G: I hope you can. I would love to see that.

N.S: So, yeah, so the research of the book uh is for future generations to look towards um, to learn first hand experience, written history while it happened. Are you hopeful that the future generations would learn from this pandemic? I mean did we learn from the 1918…?

E.G: Yeah, so I guess I would hope so. But also, you know, we made wearing masks like, a personal choice versus, you know, the norm, which is bothersome, and I guess worrying but hopefully future generations can learn like, "Hey a pandemic is not a political issue, we are all just literally trying to help." So that would be my hope. Um, yeah, maybe moving towards a more communal based culture versus an individualist one. But the optimist in me likes to think that maybe future generations could learn from this.

N.S: So I was actually talking to Nancy Guevara. I asked her if you are siblings but she said no.

E.G: No, we're not related which is kinda funny. Guevara is not a common last name. We always joke I'm like you're the other Guevara.

N.S: So I asked her this last question and she brought up something that I kinda overlooked I guess. But you know I said do you want things to go back to normal, do you feel like this is the new normal, and she talked a little bit more of like, she doesn't want things to go back to normal because that normal means you know the failed like infrastructure, the failed systems. So I guess what are you hopeful for?

E.G: Yeah um, I don't think things will go back to the way that they were before this pandemic in general. Um, however I don't necessarily think that like, this era of like social distancing and like being stuck at home and all of this is the new normal. I don't think that

that will last forever, and clearly for some people it never happened. Um, but I don't want things to go back to where a pandemic can, you know, ruin peoples lives the way that it has, you know. Um, and I think what she said, what Nancy said, was a good point about like failed infrastructure um, our issues with rent and eviction are archaic and like don't need to work this way anymore. Um, I don't think that we should allow the government to get away with how they've managed to handle this pandemic. I don't think they should be allowed to get away with treating any issue like this ever again. Because quite frankly, it's ridiculous. They gave us 1,200 dollars one time, from March to November and were like, "Sorry! Sucks if your grandma died!" you know, like are you kidding? Absolutely not! It should never go back to that; that should never be okay ever again.

Um, what does worry me about it becoming normal is like the idea that a pandemic is, like a political issue. That's what I guess scares me the most, is like people not like believing in science. Um, so I hope we can move past that. But yeah, I think like what this pandemic has really done is, is like skinned and gutted capitalism and just really shown us the nastiness behind it. For a lot of people who I think have been very comfortable overlooking it. You know, I think for a lot of us, especially here in the Valley, were well aware of how brutal it is. But I think to some on a national level, we really have understood that our, our system is incredibly corrupted and is not working. Or I guess it is working, but not for the majority. And so I hope we don't let this like, anger go. And I hope we're able to make like long lasting radical change. So I'm hopeful, I also hope people start wearing masks when they're sick, 'cause I can't believe that I just let people like breathe my air while they have a cold. That also is like gross, and I think that we should definitely adopt that into our culture of like wearing a mask when you're sick so you don't get other people sick. But we'll see.

Appendix N

Interviewee: Roberto Lopez

Interviewer: Fátima Garza
Date: October 27, 2020
Location: Phone interview

This interview was conducted over the phone on the 27th of October 2020. The interview lasted approximately 25 minutes. The interviewee was Roberto Lopez. He is a community organizer/activist and works with the Texas Civil Rights Project (TCRP). He has been working before and during the COVID-19 pandemic towards racial and economic justice—focusing generally on the assault on asylum and border militarization. Lopez has an insight on how the COVID-19 pandemic has affected the Rio Grande Valley as a border region and how it plays a role on migration and border crossings.

Fátima Garza: Okay. Today is Tuesday, October 27, 2020. My name is Fátima Garza, and I'm a student at UTRGV in Edinburg, Texas. I'm here today with Robert Lopez conducting an oral history interview for a university class titled "Discovering the Rio Grande Valley" as we research the effects of the coronavirus pandemic on a regional community. Let's begin. Um, can you tell me a little bit about yourself, and the TCRP?

Robert Lopez: Sure thing, thank you Fatima. So, yes, my name is Roberto Lopez, I'm a community organizer with the Texas Rights Project and our organization is based throughout the state. We have a few different departments in voting rights, criminal injustice reform, and in racial and economic justice. And my department of racial and economic justice, generally in recent years, has focused on the assault on asylum and on border militarization. So, throughout my program I generally focus on all my work geared towards Migrant Justice and trying to make the world and make policies, better for those who are passing through our area.

F.G: Thank you. Can you tell me about what recently occurred in McAllen, Texas, in reference to the detention of children in hotels and what actions were taken? Is this still going on?

R.L: Sure, so for several months now, and since the start of the pandemic, the Trump administration has taken on a policy of expelling all migrants, all asylum seekers, anyone who's apprehended crossing the border in between ports of entry. And so, what that means is once someone crosses the border, they're immediately picked up, taken to some sort of housing area like a central processing center here. The "hieleras," as they're called. And then put on a plane and sent back to their own country; that is completely different than what the normal process should be. This is called the so-called Title 42 process, under the CDC ordering and public health law, which the administration has been taking advantage of as a result of the pandemic, the normal process called Title 8 is where individuals are placed in removal proceedings. So they still get to go through their immigration proceedings. And they have numbers given to them, there's a whole legal process, it's—if they get removed from the country it's a legal process; it's a deportation. And you can review and appeal these things—expulsions are extra judicial, there's no process whatsoever. There's no sort of paper trail—nothing.

So, so far over 200,000 individuals have been expelled from this country and many of them include unaccompanied children, they also include families. And what we learned, back in April of 2020, was that the government insanely was keeping unaccompanied children in hotels, before they were expelled—families as well and unaccompanied children. This explosion, as a policy, is egregious; anyone who comes to our country seeking safety, anyone who crosses in between ports of entry. Well, just the idea that like a pandemic is being weaponized against immigrants—that should not happen. We should not be expelling people without any sort of legal procedure. So while this shouldn't happen—it's much more egregious that it's happening to children. Children who come here alone, have a series of protections, such as the TVPRA, the Trafficking Victim's Protection Reauthorization Act, to make sure that children, and we have safeguards to make sure, children aren't being trafficked to see if they were victims of trafficking.

We also have Flores Settlement, which means that they're not to be held in essentially government customs; they're supposed to be sent to the Office of Refugee Resettlement, which is part of Health and Human Services; they're supposed to be sent to shelters. For the better part of this year, the government has instead been holding unaccompanied children in hotels with contractors. We don't know who these people are—they're just hired by an agency that the government contracts out. And we knew this was going on. But we didn't exactly know which hotels were for several dozens of hotels in the Valley. There are dozens of cities in the Valley. It could have been in any one of these and, eventually, we found out, and the incident I think that you're referring to here is the one that took place in June where we uncovered—children who were being held in the Hampton Inn and McAllen here in Hidalgo County. And we identified dozens of uh families. Many children, and because of the expulsions process there's no record of them, so we did our best to try and figure out who they were and sue the government to get them out and put them into the regular deportation proceedings.

Now we weren't able to save… to get every child, a lot of them were expelled but we were able to help some families in the regular process. So, the actions that we're taking so I guess the main thing is that there's whole shadowy… This whole shadow expulsions process going on it's affecting tens of thousands, hundreds of thousands of immigrants. And it's being done in our community. In plain sight. And we are doing our best to try and identify these sites, because it's still happening. And we're trying to hold the government accountable because they're not supposed to be doing this, and unless they get caught, unless someone brings it to light, they're gonna continue to do it until a federal judge or someone shows about how you know shows this terrible scenario. So, the actions that were taken, we discovered it, we're trying to highlight this whenever it happens; we've been talking to congress to help them understand what's going on. We continue to try and tell stories of these people who are being expelled and we continue to try and identify them and get them out of this expulsions trap. Unfortunately, it is a very simple process and everyday the government expels everyday but on average every day the government expels hundreds and so, we are able to affect a trickle. And we're missing a lot of these individuals.

F.G: Okay, thank you. And you said that this was happening um—this has been happening for a while. And it's happening now and uh we're experiencing a global pandemic. So, what I want to know is how did the COVID-19 pandemic play a role in all of this, specifically in the um action that you all held in June. How did it affect people being held in the hotel, and what are the long run, run, implications of the pandemic on immigration politically and socially here in the RGV?

R.L: Yeah so, the COVID-19 pandemic was the sort of opportunity the government has been waiting for to shut down asylum, to stop, black and brown people, immigrants from coming into this country that is the ultimate goal of Stephen Miller. The ultimate goal of this administration um is to stoke and support their base—the pandemic provided that opportunity. When the CDC ordered they were able to say anyone who comes into this country in between ports of entry can be picked up and expelled. Now we believe that is wrong as it applies to children especially, and to families, and everyone, but especially to children. And so that has been the role, the pandemic turned into a weapon that the administration can do. They could play on old tropes of the you know the diseased immigrant coming in, which we know is not true, but that's sort of the fears that this administration is taking into—is using to do what they want to do, it's a smokescreen, it's a weapon, it's all of those things, just that way they can keep vulnerable children, vulnerable families out. So that's the role the pandemic has played: it's become a tool.

How can it affect the people in the hotel? Well, it makes sure that they are not in any sort of legal process; it takes away all the different protections that are supposed to be given to asylum seekers so they can't ask for credible fear, and they can, but there is no trigger that automatically gets them secure review through an asylum officer through USCIS. So the effect on them is that they lose all due process, they lose everything. Any sort of check on, on their request in our, in their requests for safety and our obligations to the international community. So that's what this, weaponizing of a pandemic has done a long run implication of this. I think we're yet to kind of truly figure out what's happening—what this is going to do. For sure, you know, if right now we're in an election year and so if the Trump administration continues to hold power, then it doesn't seem like we're gonna be out of this pandemic anytime soon. Even if we get a vaccine, it may not be 100% effective. I would wager quite a bit of money that the administration is going to try to hold on to this, for as long as it can to try to come up with an excuse. Using the health code to get people out of this country.

So I would say that the long-term implications are that, for worst-case scenarios, several years if not longer. They could be weaponizing this health code to effectively shut down asylum and stop people from coming into the country. Socially what this means is, I think we continue to teach people like the border patrol agents the DHS officers that this is… acceptable people are, you know, that this is happening every single day we, whether or not we like it; we're teaching the lessons in this country and the longer that this is active, the more normalized it's going to become. So I think socially, people are going to think that this is something that is okay, when is very clearly extremely wrong. And I think the longer that it lasts, the deeper of an impact the deeper of desensitizing it is going to have to people here. Another thing I think is that for the advocates on the ground here who are trying to help asylum seekers who are doing their best that you know it makes it very difficult because we—if someone is in this expulsion process, we can't find them. We can't reach them we can't support them so in that way it also affects us too. It's definitely making the situation that much more hopeless.

F.G: Okay, and earlier you talked about actions that were taken. And you talked about storytelling and the kind of organizing process of it. We know that life is definitely different during a pandemic. How is it like organizing in June, during a pandemic? What was different, and/or the same? Was it difficult to get in-person support for demonstrations or did people come out in full force to help?

R.L: [clears throat] Yeah so, organizing in a pandemic, as you know Fatima, when we first came into this at the beginning of the year, it was wild. I mean, my colleague and I, for instance, you were working on the border wall coalition; we were hoping to do a bunch of different actions. We had been visiting Los Ebanos to go um canvass the neighborhood, we visited La Grulla to help people understand what's going on with the border wall, and then it all fell apart. And we didn't fully know for several months exactly what we should do we didn't know what was appropriate what was safe. We still have yet to fully understand the long-term implications of COVID and how it's going to be impacting our bodies for years to come. So, you know, we don't even know it now and we've been in it for months so back then it was very scary. And I think we just didn't know exactly what to do, what we could have done. So I would say it's been, uncertainly, it has been very difficult to organize. That is what was very different from any sort of action before. I've held different actions on immigration and so I would say, you know, the same thing. It's, we didn't know how much to push. Now, was it difficult to get support, no.

I would say, no people—when the news came out about children being in hotels, I mean it was like a firestorm. People were upset, were up in arms are ready to, to come down in March and protest. We, there was a petition that went around that I think garnered over 60,000/70,000 signatures so a lot of people in the Valley in particular were very upset. It was going on in our backyard, and we're ready to do something. I think what was difficult for us is that at TCRP at the time and we still do, we have a policy right now, of not holding actions of not posting, not of not taking part in these things for fear of causing more damage to our community. And the only way you can do that now is if you ask for an exemption and explain how we're going to be safe and help minimize risk. So, but at the time when this happened, we—the policy that was, was pretty rigid. And so we did our action on when we went outside of the hotel, we held up hotline numbers so the individuals inside the hotel could see it and possibly call us and they had access to a phone so we can figure out who they are. And I was able to get a few people out. Mostly because we didn't want to invite a ton of people and get them there to take action and possibly worsen than the spread or start a super-spreader, and so yeah I would say it's been trying to like walk a fine line between responding to these terrible things these egregious things and at the same time like not wanting to make the situation worse for our community, and everyone else here.

F.G: Okay, yeah, that is very insightful and it definitely makes sense. On another note, do you think that the pandemic further affects those who migrate and or seek asylum in the RGV and what does this mean for the communities here in the RGV?

R.L: Yes, it definitely affects those who migrate for sure. If they make it here, then this process which is going to remove them. You know people spend a lot of money, they get trafficked—they spend months trying to get over here. Just to seek safety and then in an instant they can be sent back. There are also reports of children who are going to the bridges when they've been in Mexico with their parents and then as a result of the desperation of being stuck in Mexico, they… their parents… the children will go on their own. And if they're expelled, well then the parent will be in northern Mexico and the child will be back in the home country, their very violent area and that they may have been fleeing. And so, you know, there's a lot of different, there's a whole flowchart of things that could happen. I would say to you that there's also, what is kind of sad, is as we detain migrants as well, and hold them in unsafe, unsanitary conditions where they could possibly contract COVID. We're then sending them back to their home country in this mass expulsions process, which could affect communities which don't have any sort of support. We, one thing that we've

been working on any sort of medical support and they may not have the infrastructure that we have here in the US, for instance, even in the US, we're not really responding to this very well.

We tend to work with… Recently we've been working with a lot of Haitian asylum seekers, and in Haiti, in particular, there's a lot of poverty. And there's definitely not the medical infrastructure to deal with a massive outbreak and at the same time, weekly, we're continuing to expel Haitian migrants. By the dozens and sending them back. So we are exporting COVID around the world. That means that governments are even more, you know, where we have these migrants, the individuals in their home communities are even more wary of them because they've traveled and left. So there are a lot of a lot of things, a lot of implications from this pandemic, on the migrants who are traveling, are walking about the earth during it.

What it means for the RGV? It definitely makes life much more scary, much more difficult for loved ones who may be detained. As we know, the Rio Grande Valley is a mixed is a binational community and has many mixed-status families and as ICE and as the government becomes increasingly hostile towards undocumented people. They may get picked up and put into these detention centers and judges have described these detention centers as "on fire," as COVID hotspots. Because ICE is just not fundamentally unfit, these contractors are fundamentally unfit to have safe conditions for these individuals during this time, so the risk of a loved one contracting COVID and dying in these detention centers, is real. And I think families are much more frightened, and by that it's not, you're now being separated from your loved one, and being ripped apart or family being ripped apart by ICE, but the fear of what happens if… you may lose your only source of income, you may lose the individual, you may lose a family member who could go back to another country that… or may get in contact with lots of individuals who do have COVID. So there's lots of, a lot of different concerns here, economic, health wise. Yeah, I mean I would say that, that it's difficult right now for the Valley.

F.G: Thank you. And so, lastly, I know that you mentioned earlier that politicians are weaponizing COVID-19. Can you explain to me a little bit more about that, and from your experience, how are they using the COVID-19 pandemic to consider or create immigration policy and how is the community reacting to it?

R.L: Yeah so, the main changes happened in recent months has been the development of this expulsions practice, this so-called Title 42 process. It's not really a process but that's the language that we have. So I would say at the highest levels, the government has done everything you can to, to shut down the asylum, to get rid of this, to shut down our immigration pathways. And so that is something that politicians have been doing, have been using [pause] at local levels. I think that they're especially right now because there's such a need for continuing to keep supply chains going you know keeping poultry factories open. Keeping agriculture going, there's a lot of, politicians have been designating places as essential businesses and allowing private entities to keep up insane and unsafe working conditions and so we've been seeing communities like ours, like the Rio Grande Valley, have to deal with continuing to work and yet at the same time you know being deemed essential and being but also not being given the proper Personal Protective Equipment, not being given time off, not being provided everything they need to continue to stay alive and support our country, as they are. So yeah, I would say that you know politicians are using it in many ways to continue to or to get rid of black and brown faces.

And also really just sort of leaning on the lives of some of the most… of communities which are extremely vulnerable to this with low access to good health care, with those who are low income, and so on. How is the community reacting to it? Well, I think, in the immigration movement in the advocates, we are doing everything we can to try and tell the story, we are convening calls you know pretty regularly we have one of the attorneys that I work with, for instance, like, almost every night at this point or definitely throughout the weekends I mean she's working nonstop because there are calls from families whose children, they suspect of being expelled. So, one of the interesting things that, that the way that we're able to help children is some of the children who are in these hotels, for instance, may have the number of family members or may get expelled and so they will call a family member here in the US who somehow gets ahold of an attorney here in the Valley, who somehow gets ahold of our attorney. And so our attorneys here in the office have been working pretty much nonstop through this. So, I would say that you know the community is rising to the occasion as we have in the past several years or decades since these immigration policies have gotten increasingly hostile. And so we're doing everything that we can to support migrants in detention—to demand for due process, for immigrants, to support children so that they don't have to get sent on the plane, back alone, to come to a city they may never know. And they may not have even, though our community is definitely doing what we can to hold the government accountable to hold those who are in power accountable, and it is tiring but it's inspiring to see that we're continuing to do it.

F.G: Thank you so much. This concludes the interview and I want to thank you for your insight and for the work that you, along with the TCRP, are doing. It definitely does make a difference and um yes, thank you so much for giving us a different perspective and letting us know what is really going on through storytelling and all these different actions. So, thank you again, Robert, thank you so much for taking the time to meet with me.

Appendix O

Interviewee: Nero Rodriguez

Interviewer: David Cantu
Date: October 29, 2020
Location: Pharr, Texas

The interview was conducted in person on the 29th of October the year 2020. The interview lasted approximately 13 minutes. The interviewee was Nero Rodriguez. He is a family member of the Alexis-Mata-Rodriguez family. Mr. Rodriguez was born in Mexico, raised and then immigrated over to Texas for an education. He volunteered to share his accounts on how COVID-19 has affected his finances, relationships, and his mind.

David Cantu: Today is Thursday, September 29th, 2020. My name is David Cantu, and I am a student at UTRGV in Edinburg, Texas. I'm here today with Nero Rodriguez conducting an oral history interview for a university class titled "Discovering the Rio Grande Valley" as we research the effects of the coronavirus pandemic on our regional community. Let's begin.

D.C: So, Nero, how old are you?

Nero Rodriguez: …F*ck! (stifled laughter)

His brother: He's 33.

N.R: Okay…

Brother: God damn it.

N.R: Yeah sorry. I…

D.C: Okay, no that's fine.

(Pattering of Frank the pug's paws and congested breathing)

N.R: My only weakness.

Brother: Your age?

N.R: No me lo se! No me lo se. No me lo se. (I don't know! Not cool, I know, not cool, I know.)

N.R: I don I don… I don't remember my age.

D.C: That's fine.

N.R: Sorry.

Brother: (distantly) He's only eleven more than me.

D.C: Okay that's fine.

(Ringing noise from the dog's collar)

D.C: This is going to be chopped up if you want it.

N.R: Okay.

D.C: Um okay, so, if you have an occupation, how is it affected before and during the virus and if you don't, what hobbies were things you accepted as an occupation?

N.R: My occupation has been student for a while now and it has been… not great. I am one of those persons that would rather go to school because I feel that in person classes can be a little bit advantageous when acquiring knowledge. So, with the situation right now, I feel it's a little shaky… like it's not… it's not great per se.

D.C: Okay. Um what are your goals here? Like being here, being in school. What do you want to do? What are you trying to do?

N.R: My goal here is to finish my career (his wheelchair squeaks) which I'm studying—(quietly) do I have to tell you?

D.C: Eh, It's up to you. Whatever you want.

N.R: Okay, to finish my career in business administration and to get ready to get a job like I'm not aiming to staying in the RGV area but rather to go outside. Like I can go to Mexico or to whatever. So, it has really affected my point of view, or my goal as to where to go because where this pandemic hitting us. I find it like less likely or less favorable to be going anywhere at all.

D.C: I see so, you're worried about just… leaving the Valley?

N.R: Yeah, like I think it is something that a lot of people are concerned about right now. Mm it's… it's not a fear but it's more like the constant reminder that even being outside can be hazardous to your health.

D.C: I see. Um, have you made any trips into Mexico, coming back and forth, or are you too afraid or is something stopping you?

N.R: Well, yeah. Like the border's supposed to be closed so… (laughs) that's one thing stopping me. But if it wasn't I don't think I would be going there because even just traveling from one place to another. It requires for a person to be outside for a prolonged period of time, which in turn increases the risk of contracting the virus. If not they can… if not, if someone does not lack proper care.

D.C: Um, okay, so, is there a source of income you take?

N.R: Yes, umm, we… we are supported by my father who is working in Mexico. So, what this has caused is that because the pandemic. It's not something that it's exclusive to the US; it's all worldwide so in Mexico as well there have been many like… how to say it? Like, a lot of jobs have been closed for a time which means that there is no people working.

(Frank's congested breathing)

N.R: So, in the long run a lot of people are suffering from businesses by not being able to work and to provide to their families.

(Crinkle of a wrapper Frank is chewing on while he breathes congested)

D.C: Um, so then if you're getting income from your father. How has that affected the income? Is there like obstacles? Has it been lower, higher?

N.R: It has been lower, yes, because it is important to say what my father does in the industry.

(Frank knocks into Nero's wheelchair)

N.R: Like he works on like building houses and stuff over there in Mexico and because that is one type of labor that requires people actually working in the… in the actually building of houses it is uh a bit riskier for them to contract the virus because there are in close proximity with each other. So, eh the governmo- uh, I'm sorry. The government over there ha- they actually stopped a lot of this businesses from continuing working for a while so yeah. Like it's evident that there has been ah decreases in income on our part as we're directly like affected.

D.C: I see.

N.R: Not like directly but you know…

D.C: But affected?

N.R: Yeah.

D.C: The fact that he's working over there… does that give you any um… are you worried about him?

N.R: Of course everyone should be worried about whoever they love and whatever. Like, and I… I would say especially since he's in Mexico but actually… it's actually riskier to (laughs) be here with working than over there in Mexico as there have been way more deaths in the US.

D.C: I see… um and in communication has it altered in anyway or is it still the same?

N.R: The communication because he doesn't live just across the border. He lives more like kind of like in the belly of Mexico. Uh, it has remained the same because we don't like communicate by FaceTime or by phone or whatever. It's not really physical contact so yeah it has stayed the same but if even if we had the chance to like get together physically. I don't think we would because of the risk.

D.C: I know you said it hasn't changed but to you, has it felt any different just due to COVID?

(Frank's quiet snoring)

N.R: Mmm… yes and no. Yes because, like I said there has to- out there we have to take a lot of measures in order to prevent the spread of the disease but again because we don't really have the need to get together or the availability to get together so it's… yeah it's like yes and no answer like it's difficult to…

D.C: It's fine I understand. Um and how are you coping with just the thoughts like what are your distractions or are you just dealing with it head-on?

N.R: Yes, like… it's been tough of because I mean personally I'm an introvert. I don't like going out or like speaking to other people and stuff. But even with my personality, I feel a little like, um, not great. I feel a little uneasy because, uh, still I feel that there is a certain necessity to… like… to have a little human contact like, you know? It's so difficult like not… not being able to just to shake hands or whatever. Even though I… I'm not that kind of person who likes to be so touchy. Like at this moment it's like just some dang physical contact with another human being like… yeah. It's… it's… it's tough.

D.C: Uh so I'm assuming mentally you're just very stressed out?

N.R: Yes. Yes.

D.C: Umm…

N.R: It's like exhausting.

D.C: And… and is there like any shifts mentally or physically? Like with your lifestyle or like how you think thanks to all this happening?

N.R: Yes. Like again. Like just mentally, like mental exhaustion like tired all the time like… cause like there is no need to like (Exhaust air from his nose forcefully)

D.C: Do anything?

N.R: Yeah! Like well… like it's not like there's no need. It's just like it's so dark as in there's no really point in doing any stuff like that it's just tiring.

(Nero drops his arms onto his real chair.)

N.R: Yeah…

D.C: Um also, since we're talking about the nitty-gritty, is there any optimistic views possibly for people who are gonna read this or hear this? Or what you honestly think?

N.R: None.

D.C: None?

N.R: No.

D.C: And then overall what is your perspective on this whole situation with COVID?

N.R: As in…

D.C: Like just what you think in general of everything.

N.R: Well… it's probably not gonna go away but I mean we are going to have to learn how to live with it or come up with a solution as to… like at least get our lives together and continue because like there's no other way.

D.C: And uh for any… anyone out there that's possibly gonna see this, again is there any words of ugh… is there an words of advice that you'd like to give out?

N.R: … Just hang in there and… I mean the Spanish Flu took like three years to be contained… this is probably something similar and if it's not then… (laughs through his words) I guess I'll see you on the other side.

(Frank wakes up breathing congested again)

D.C: Great. Thank you so much for being a part of this interview um we are now signing off.

Appendix P

Interviewee: Rosabel Mendiola

Interviewer: Valeria Garza
Date: November 24, 2020
Location: Mission, Texas

This interview was conducted in person in Mission, Texas on the 24th of November 2020. The interviewee is Rosabel Mendiola, an events organizer at a banquet center in Mission. The interview lasted approximately seven minutes and explored the impact of the COVID-19 pandemic on businesses that specialize in hosting events in the Rio Grande Valley.

Valeria Garza: Today is Thursday, November 24, 2020. My name is Valeria Garza and I am a student at UTRGV. I am here today with Rosabel Mendiola conducting an oral history interview for our university class titled "Discovering the Rio Grande Valley" as we research the effects of the coronavirus pandemic on our regional community. Let's begin. Hi, what is your name and age?

Rosabel Mendiola: My name is Rosabel Mendiola and I am 48 years old.

V.G: And what is your town of residence?

R.M: Mission, Texas.

V.G: Where do you work and what is your position?

R.M: I work at Cosmopolitan Banquet Center and I am the organizer of events.

V.G: So Rosabel, how long have you been in this business?

R.M: I've been in the business, well this business, more or less about 15 years.

V.G: Okay, and in the 15 years, how many people are always working with you?

R.M: Depending on the size of the event it can vary from 12 to 15 people; it just depends on the event and what size it is.

V.G: Okay, and since March when the pandemic originally hit and businesses had to shut down, how was your business affected?

R.M: Well, primarily because everything closed people are very afraid and the area we live in, we have a very high number of cases. We have even made it on national news twice because of the high numbers, so we have to close business; people are afraid and so we have been affected very, very badly.

V.G: A lot of businesses have reopened: restaurants, movie theatres, and other businesses. Have you ever considered reopening?

R.M: No, not really because people are afraid. Because, in this case of these events, most of the time, uh, it's events that take place with, um, they invite over 200 people so in this case you can only invite a certain percentage of people for these events, so they just don't, they just don't want to have the events. They want to reschedule for another time when they can have their event that they always planned. It's very hard because a lot of the people are scared to have these kinds of events right now. A lot of the people have even been affected

with COVID, with relatives or even themselves, so it is very hard, because now we have to be flexible with them with the dates and if they don't want to have the event we have to come to a compromise and have more dates available.

V.G: And you communicate with the clients yourself?

R.M: Yes.

V.G: Do you do this via text or…?

R.M: Via text, via phone, uh most of the time it's just by phone or by text messages.

V.G: And that's how you communicate with your clients, do you communicate with your team members as well?

R.M: Yes ma'am, that is via text message or via phone just to let them know about what's going on and of course they are always asking if we are going to have any events now that a lot of the places are reopening but we cannot afford to reopen this kind of business.

V.G: And during this time when you're communicating with them, what do you ask, not only of your clients, but of your employees as well?

R.M: The priority is safety. We have to take care of each other, we have to um stay safe because we don't know how it's going to be, how it's going to affect other people, and if we don't take care of ourselves… we have to take care of ourselves and others as well.

V.G: As far as the future, once you say you do reopen at one point, how do you think that's going to change any events for good in any future case?

R.M: Well, it's affecting right now, the present and the future because now we cannot schedule any more events for the future. Because we have to reschedule the events that were supposed to have taken place at this time, so it is hard to predict the future, it is going to be hard because now on like the Quinceañeras, now it is not going to be a Quinceañera. Now it is going to be a Sweet 16, um, and it is affecting, in a lot of ways, especially with all these events because people are afraid, and they will continue being afraid because we don't know how it's going to affect.

V.G: Another question is, um, how do you plan to proceed training for employees as in like what tools for safety like hand sanitizers, gloves, masks…?

R.M: Providing yes, um providing gloves, hand sanitizers, um washing their hands constantly, masks all the time or face shields, um distance, especially the distance between if we do have any events, um, having the distance between our clients and our employees.

V.G: Okay those are all the questions I have for you today. Thank you for your time very much.

R.M: Thank you.

Appendix Q

Interviewee: Sammantha Alvarado

Interviewer: Melanie Castro
Date: November 9, 2020
Location: Mission, Texas

This interview was conducted over the phone on November 9, 2020. The interview lasted approximately 10 minutes. The interviewee is named Sammantha. She is my cousin who works at a hotel. She currently attends school at South Texas College. She lives in Mission, TX, and she has lived there all her life. She is currently studying to be a teacher. In the interview, she spoke about her feelings towards COVID-19.

Melanie Castro: Today is November 9th, 2020. My name is Melanie Castro and I am a student at UTRGV in Edinburg, TX. I am here today with Sammantha Alvarado conducting an oral interview for our university class titled "Discovering the Rio Grande Valley." Let's begin!

What is your name?

Sammantha Alvarado: My name is Sammantha Alvarado.

M.C: Where are you from?

S.A: Mission, Texas.

M.C: Where do you attend school?

S.A: South Texas College.

M.C: How are you today?

S.A: I am good.

M.C: Where do you work?

S.A: I work at a hotel called Baymont.

M.C: How has COVID-19 impacted your place of work?

S.A: It has impacted in a way where it's hospitality and ever since COVID started I still have to go to work, but unfortunately there was people that were quarantining at our location without us even knowing even though umm our hotel was not part of the properties that were offering umm hospitality for those that had COVID.

M.C: Do you fear for your own personal health at your job?

S.A: Yes, yes I do because at the end of the day any guest that I come in contact with I never know where they have been or you know what is their situation and I run that risk that whenever I come home I can give it to one of my family members.

M.C: What are the guidelines at your job for COVID-19?

S.A: Like… like as far as how we're taking safety procedures or…?

M.C: Yes.

S.A: Um, well back then the rooms were only cleaned once before the guest checks in and now they housekeeping goes in there and takes everything out after they're done putting you know clean stuff the head housekeeper goes back in there to sanitize one more time… and obviously we have like Germ-X in every corner of the building now, and then just social distancing and you have to maintain your mask in the building.

M.C: Have you had to ask for days off from work due to COVID-19?

S.A: Um, well I did fly out so by law whenever I got back I had to quarantine.

M.C: How did your coworkers and yourself react to the possibility of COVID-19 patients being hospitalized in hotels?

S.A: Well we were a little bit concerned just because I mean it is our job and we understand that other people are in the situation where they don't want to endanger their family, but then at the same time… well at the same time it's just that we have our family of our own that we have to come home to and we were running that risk that you know going to our jobs we didn't know if you know we were safe or not.

M.C: Due to this decision, were you planning to leave your job?

S.A: Uh, no because the bills don't stop. I still have to pay bills so I had to find a way to be working. Thank God, I mean you know COVID isn't over yet but thankfully I have not gotten the virus.

M.C: So I think you already answered this but was there at any time, have you known of people staying at the hotel you work at to quarantine?

S.A: Um, some of the guests that would stay there at the hotel were really good about keeping their "Do Not Disturb" sign and they would let us know, "Hey I don't want any housekeeping service," but I mean after seven days of knowing they wouldn't come in or out and they would just have groceries delivered to their room, we kind of had the idea that they were quarantining at the hotel. The thing with people quarantining at the hotel and us not being aware is that it's easy to make a reservation and just bring someone from the side doors or the back door because we were taking temperatures for guests that would check in just for our safety procedures but at the end of the day I mean we do have side doors and back doors to get into you know the elevator the rooms on the first floor, but yeah.

M.C: How do you feel about the COVID-19 situation in the RGV?

S.A: I think that it's affected a lot of us. A lot of people did lose their jobs, a lot of people did get sick, some of them unfortunately did pass. But you know there was rumors that people just didn't know if people were passing away due to COVID or you know it's just the government you know labeling that to get money.

M.C: Can you tell me about an interesting situation that has happened to you or someone you know with COVID-19?

S**.A:** Well my best friend, my childhood best friend's dad did pass away from COVID. He was a truck driver. He was you know working during this pandemic and unfortunately he did uh, como se dice, like he did catch the virus so you know I guess he had other complications and that was just something that took his life. [Also, he passed it on to his dad and he passed away as well.]

M.C: Do you think people are being safe during COVID-19?

S.A: No, I do not think people are being safe. I've seen a lot of people still go out, a lot of people don't want to wear their mask, people still go to clubs and bars and you see no social distancing. People are being careless but at the same time I kind of see why they would want to go out and stuff because as someone who has anxiety it kind of just gets tiring being home you know going out is a distraction but you still have to be careful.

M.C: Do you think that the RGV has been impacted gradually with COVID-19 due to the culture, since there are mostly Hispanics here?

S.A: I think yes and especially because there is a lot of people that don't have documentation so it's harder for them to file for unemployment and you know some people have had to struggle going out to find a way to pay for their bills put food on their table.

M.C: How has COVID-19 affected you?

S.A: It has affected me in the way that whenever someone tests positive at work I have to go and get tested right away and wait for my results before coming home.

M.C: Have you had a learning experience with COVID-19? If so, explain.

S.A: My learning experience with this pandemic is you know having to adjust, not just to my job, but I am a student at South Texas College and I love going to campus you know when learning um in class than doing online. So it's been an adjustment for me as far as doing online work just because I tend to procrastinate.

M.C: What is something you miss doing before COVID-19?

S.A: What I miss doing before COVID is taking trips with my boyfriend to San Antonio, Austin, Dallas.

M.C: What is the first thing you would like to do when COVID-19 is over?

S.A: Go to a concert, go to another place other than the Valley, go distract myself, go sit down in a coffee shop and not have to wear a mask, go to the gym and not have to wear a mask, I miss seeing people's faces. It's hard to know who's under the mask.

M.C: Okay, is there anything you would like to add to this interview?

S.A: Um, no I think that pretty much covers it.

M.C: Well thank you for you cooperation.

S.A: Thank you.

Interviewee: Maricela Gonzalez

Interviewer: Veronica Montoya
Date: October 23, 2020
Location: Edcouch, Texas

This interview was conducted face-to-face on October 23, 2020 and lasted roughly about 7 minutes and was recorded with a recording application I downloaded to my phone. The interviewee was Maricela Gonzalez. She is the owner of Gigi's Café, a restaurant located in Edcouch, Texas. She has operated the restaurant since February 2018. I interviewed her today to ask her how the pandemic has affected her business.

Veronica Montoya: Good afternoon, today is Friday, October 23, 2020. My name is Veronica Montoya and I am a student at UTRGV in Edinburg, Texas. I am here today with Maricela Gonzalez conducting an oral history interview for a university class titled "Discovering the Rio Grande Valley" as we research the effects of the coronavirus pandemic on our region and community. Let us begin. Can you please state your name for the record?

Maricela Gonzalez: Maricela Gonzalez.

V.M: Okay, Maricela. I am going to be asking you a couple of questions. First of all, has COVID affected the amount of customers you usually have?

M.G: Definitely.

V.M: In what way?

M.G: Our customers don't want to go out uh any um, so they are not coming to the restaurant. But they are also, some of them do come but they also want to-go containers and, you know, all that stuff but…

V.M: But it has affected you?

M.G: Oh yeah.

V.M: Okay, has the pandemic affected the food that is ordered uh through distributors like for example Sam's or H-E-B?

M.G: Right.

V.M: How has that affected you?

M.G: Uh the availability. The prices, um also, you know, having to stand in line, to be able to get into the stores to uh get product.

V.M: Okay, have you made any changes that uh to attract customers? [Hiccups] excuse me.

M.G: [Pauses and sighs] Yes uh on Facebook uh we uh, I made changes [pauses and mumbles]. Oh yes, uh we made an outside patio, uh so that people would come in and be able to feel comfortable eating outside. And we also put an X-Ray.

V.M: Oh yeah, like a, like a disinfectant?

M.G: It's a…

V.M: Like a, uh…

M.G: Blue Ray?

V.M: Yes, like that lighting.

M.G: Yes, yes, in our central A/C.

V.M: Disinfecting lighting.

M.G: Um so those are the two things that I've done.

V.M: [Pauses] So those are the measures that you've taken uh to make your customers feel safe. What, what other things have you done to make them feel safe?

M.G: Okay uh well I make sure we all wear our masks. We have a sanitizer up front for people when they come in they get that. Uh sometimes my employees, well not sometimes, but we'll give the sanitizer to them as they come in. Um, I also use wipes, as soon as people leave the tables, we make sure to disinfect all the tables, the chairs, um the doors. People coming in and out. We're doing that. Uh, as people are paying with credit cards I make sure and use the wipe, a disinfecting wipe, to clean the credit cards and to also clean the pens, and I hand that to them knowing, telling them this has been disinfected.

V.M: Okay, that's good. Financially, has your business suffered a loss due to COVID-19?

M.G: Absolutely.

V.M: How?

M.G: Ugh, well by not having customers and closing down. We had to close the restaurant from March on up to May 3rd.

V.M: Oh. Okay so…

M.G: Then, we were allowed to open with limited customers. The customers didn't want to go out to eat; they were scared. Uh definitely, it was out there that that we were gonna get scared. That, that they didn't wanna come out to eat. So, I didn't have customers coming.

V.M: Okay. Did you receive any type of funding?

M.G: Yes. SBA (Small Business Administration) uh gave us some money, um and then I got um some money also from uh the Texas Restaurant Association um for females.

V.M: And these were grants or loans?

M.G: Uh, loans. Uh loans for the SBA and grants for the uh Texas Restaurant Association.

V.M: Oh okay. Well that's good. Have you or any of your employees contracted COVID?

M.G: I have not, uh I do have one employee that contracted it, contracted while we were closed. Um and she's fine. She got a negative test already and so she's back at work. Uh we do have to be careful with her that she doesn't get overworked 'cause she just feels that in her chest and uh she's very young. She's a 17 year old.

V.M: Wow. Have your prices increased due to the pandemic?

M.G: Initially they did um but there was a lot of fluctuations so I finally uh, the prices settled and I kept them steady at a certain price and uh adjusted based on proportions, portions sizes, so that it wouldn't be so out there, the prices wouldn't be so high.

V.M: So you basically rationed? That's what you did?

M.G: Portioned everything.

V.M: You portioned everything that way uh you wouldn't have to increase the customer.

M.G: Correct.

V.M: Okay that's good, uh, do you foresee your business surviving the pandemic?

M.G: Absolutely.

V.M: Um, why?

M.G: Why? One, I don't need too many employees. If the business slows down, I can handle it with myself and a cook. Or I can be the cook and have someone up front. The restaurant can be run by two people if need be, if it gets that slow, which we did for various months. But things are picking up now, so now we're able to have more employees and all that but yeah.

V.M: Do you feel that if you didn't have outside resources as far as the loans, the SBA...?

M.G: Oh, I would've closed down.

V.M: You would've been shut down, you wouldn't have survived?

M.G: No way. There was no way.

V.M: There was no way.

M.G: I mean, I might have just because my situation is a little different in that I don't have to pay rent for my building.

V.M: That's a big advantage.

M.G: So I'm okay. But for other restaurants probably they wouldn't have made it because they would've had to have paid that rent, so I was fine. So, I probably would have. But it would've still depended on my commitment that, if I wanted to do that. And if I saw that customers weren't coming in, what was the use? But customers are coming in; they're getting more confident of going out so, I'm sure we're going to survive it.

V.M: Okay, well that's good. This uh this concludes… oh do you have anything that you want to add to the interview?

M.G: No, other than uh you know um I'm glad that the government helped us out during this time; there's no way that this would've, this would've closed down a lot of other businesses.

V.M: Because fortunately, not everybody is as fortunate as you as to own your own establishment.

M.G: And that I got in, and that I had the capacity to go online. Some business owners aren't very (well) savvy.

V.M: Computer savvy.

M.G: And so I was able to go in there and do the things that needed to do without hiring someone else who wants to get a percentage of that money that they have no right to be getting to but do it.

V.M: Yeah I know it's true. Okay well I want to thank you for taking the time out of your busy schedule. I know you're very busy uh for conducting this interview and this brings an end to our interview, thank you so much.

M.G: Thank you.

Appendix S

Interviewee: Jack Harbison

Interviewer: Veronica Montoya
Date: October 25, 2020
Location: Phone interview

This interview was conducted via phone on October 25, 2020 and lasted roughly 12 minutes and was recorded with a recording application I downloaded to my phone. The interviewee was Jack Harbison. Harbison Farms was founded in 1927 by the interviewee's grandfather. Jack and his father managed it together for 40 years until his father passed away in 2012, leaving Jack as sole manager. He is a third-generation farmer and currently owns Harbison Farms located in Edcouch, Texas. I interviewed him today to ask him how this pandemic has affected his business.

Veronica Montoya: Okay, good morning. Today is Sunday, October 25th, 2020. My name is Veronica Montoya and I am a student at UTRGV in Edinburg, Texas. I am doing a phone interview with Mr. Jack Harbison conducting an oral history interview for the university class titled "Discovering the Rio Grande Valley" as we research the effects of coronavirus pandemic on our regional community. Okay, let us begin. Good morning, Mr. Harbison.

Jack Harbison: Good morning.

V.M: I wanted to ask you for um, first of all, or my first question would be, has COVID-19 affected the amount of laborers you usually have?

J.H: Not so far, but we're trying to be real careful here on the farm. All our people are wearing a mask and washing their hands real often there with hand sanitizer and soap. And I take pride to keep all the tractors operators in the same tractor all the time. So, if one of them gets sick they won't be spreading it to another employee.

V.M: Okay. Okay that's good. And has the pandemic affected the harvesting in the fields?

J.H: Not so far. We don't have anything we're harvesting right now. Ugh the only thing at the sugar mill, they've had a few cases over there and they're getting to start harvesting sugar cane and they're trying to do the same thing I'm doing: they're sanitizing the tractors each shift, change and trying to make all the employees, you know, wear a mask and wash their hands also.

V.M: Okay well that's good, that's a good precaution. Has your business suffered financially?

J.H: We did in the spring, there uh when we started harvesting onions and they shut down the uh for the pandemic, you know, the full shutdown with the, by the US government and all of our sales of onions stopped, you know, the next day. And because all the restaurants closed and we didn't have any place to sell our onions there so we lost most of our onions in the spring of this year, because of the pandemic, caused everybody to shut down their restaurants and some of the grocery stores shut back to it till they got, you know, acclimated to open back up and have food for the people in the community.

V.M: Yeah, so you weren't able to distribute them so you took a loss in that?

J.H: Yes.

V.M: Okay. Have you received any type of funding?

J.H: We signed up for Payment Protection Plan is all we signed up for. And uh that's helped us a lot here to keep everyone employed. I didn't cut anybody back, I just uh, trying to keep all my people employed, assigning something for them to do if it was related as to the farm. We just find work, you know, uh paint equipment there or clean up and update equipment that we can change bearings in and keep it maintained so when we get ready to use it, you know it's ready to go.

V.M: Oh well that's good. They've stayed busy so they can stay employed.

J.H: Right.

V.M: That's good. What measures is your business taking to ensure the public is safe to consume if you're growing fruits, vegetables or any type of consumables?

J.H: I'm not growing anything except onions and uh we just didn't sell many when it started so the sugarcane, it's processed. You only harvest the sugarcane. We have sugarcane growing; they process that and run it through a washing process over there and a heat process that eliminates all uh any type of…

V.M: Contamination.

J.H: Bad yeah COVID or any bad material in the cane but uh the sugar that comes out of the mill is a 99.8 percent pure when it, when it comes out of the mill over there. Anyhow because it goes through a heat process and a washing process really washes everything down and eliminates any harm material that's in the sugarcane.

V.M: Oh I see. So, actually you know you had absolutely no measure that you had to take because the measures were already being taken by the sugar mill and as far as the onions well you didn't get to um have the onions distributed to begin with.

J.H: Right. And in the cotton, we harvest there uh we didn't harvest this year because we had the hurricane come through here and destroyed most of everybody's crops. It was ready to harvest but uh they take measures down there to be as careful as they can not to uh spread the virus if they get an employee infected. I'm sure they, I would do this and try and check, get everybody checked, make sure nobody has a fever and if infected here 'cause I have thermometers here to check the employees when they come to work.

V.M: Oh I see.

J.H: And if they have a fever, I don't want them to be employed here until they get past the fever. Because I'm not sure if they just have a cold or a flu and I don't wanna take a chance on getting any of my other employees sick 'cause they all have families. And we have to have employees here to run our farm here and I can't afford to lose very many of them because I would get in trouble. I would've got behind in my work I need to be doing on the farm.

V.M: Yeah, yeah that that's the best thing that you can do, you know, to take preventative measures as far as the spread. So, has COVID-19 affected any payments on farm business debts that you currently have?

J.H: No, not really. It hasn't really affected us because we've just kept on working uh through the pandemic. We can't shut down; they consider agricultural essential because we're providing food and fiber to the community there and they let us keep working. And the only thing that affected us was the onions; when they shut everything down, we couldn't sell any of our onions that's the only thing that affected us this year.

V.M: So, that was my next question: has the pandemic affected any investments in your business?

J.H: Just the onions. We carry insurance on our onions there but uh it has to be a weather related problem and it kinda, it eventually turned into a weather related problem. We could sell the onions, they go bad pretty quick if you don't harvest them and uh farmers covers about 65 percent coverage of uh on their onions, but it does that we're working on about 5 or 6 percent profit, so we did lose money on our onion crop this year and we did lose money our cotton crop this year but it was due to the hurricane not the pandemic.

V.M: Oh I see I see. And what about, has COVID-19 affected your household living expenses?

J.H: No, not really. It just makes it harder to uh we're trying to be as safe as we can here too. My wife orders groceries, you know, at H-E-B and then she uh goes and picks them up outside. She does not go inside and if I go get something, I have to go get parts and different supplies for the farm here, but I'm always real careful to wear a mask and I'll put hand sanitizer on my hands when I get out, and then when I get back in, I put more hand sanitizer on my hands to make sure that I'm not picking up that virus anywhere.

V.M: Yeah that's good. We have to take all the measures that we have to take to be safe. And also have any of your employees contracted COVID-19? And if so, how have you coped with it?

J.H: None of the employees have contacted any virus and their families, all their families, are doing real good there too. We're all trying to be as safe as we can. Like I told you, they all wear a mask when they come to work and if somebody forgets their mask you know someone always has an extra one so they won't you, know they, don't want to get the virus either there. They try to be as safe as they can and they're real they're real cautious also.

V.M: That's good, that's extremely really well. Okay do you feel the supply and the demand of the food sector has been affected by the pandemic?

J.H: It was just at first. Because everybody, it kinda scared everybody and everybody rushed to the grocery store and bought more than they needed, and when they do that, they'll all the grocery stores are set up for so much supply. They know more or less how many people are gonna go buy groceries each day so when you have a rush on everything like they did, you know, people are buying more food than they need to because they're afraid the grocery store are gonna close and they'll have food a while, but uh it's all leveled out. Right now you can just about get anything you want right now uh but it was, it was certain items were a little bit scarce at the first. But now everything seems to be working okay right now.

V.M: Yes, yes it is, it's slowly but surely, it's gotten back. We're seeing some kind of normalcy. Okay do you, my last and final question, do you foresee your business surviving the pandemic?

J.H: Yes, we're, our farm started in 1927 and I'm the third generation on my farm. My grandad started the farm and my dad and I farmed it together for 40 years and he passed away in 19… uh when he was 82. And I, in 2012, and but we've always been able to keep real good employees on our farm here. We try and treat them as good as we can and we know they all have families and uh they have to survive just like we do. We hope the farm, I don't see the farm getting in a problem to the virus. They don't have a vaccine yet but they got therapeutics now that work real good on people when they get sick there but you don't wanna get sick. You need to keep as safe as you can and our people that we have working here for us are real good people there and they worry about their families too and uh they just want to do what's best and keep their job and keep their family safe; we just have real good people working for us and we always have.

V.M: Well that's good to know. Okay Mr. Harbison, first of all I want to thank you so much for taking the time out of your busy schedule to conduct this phone interview, and also I want to add, would you like to add anything to the interview?

J.H: No, I think that covers everything pretty thoroughly, the questions you asked there.

V.M: Okay well thank you so much. I really appreciate you doing the interview with me.

J.H: You're welcome.

V.M: Okay, bye.

J.H: Bye.

Appendix T

Interviewee: Jesus Villarreal

Interviewer: Ramon Navarro
Date: December 4, 2020
Location: Taqueria La Regia, Donna, Texas

This interview was conducted in person at Taqueria La Regia in Donna, Texas, on December 4, 2020. This interview lasted approximately 9 minutes. The interviewee is Jesus Villarreal, owner of the taqueria. Along with many others, he has struggled to keep his small business afloat during this pandemic. He worked at a young age and saved enough to pursue his dream of opening a taqueria alongside his mother, but with recent events it has been an uphill battle. Social distancing measures were taken during the interview to ensure the safety of both parties.

Ramon Navarro: My name is Ramon. I am going to be conducting an interview on my friend who owns a taqueria, and I will be looking at how small business has been impacted by COVID. Hello. So, what is your name, age and type of business you own?

Jesus Villarreal: My name is Jesus. I am 18 years old, and I own a taqueria.

R.N: How would you describe your business before COVID?

J.V: Everything was going great. We had great sales. People love the food.

R.N: So, there was like, people were coming in, but how has COVID impact your business?

J.V: At the beginning of COVID, it seemed hard. Sales went down. People were scared to come and eat; our sales started downgrading.

R.N: I feel like especially because people didn't know like, how you can contract COVID or like, people I believe, like just thought it was in the air and stuff like that.

J.V: Now. Yeah, I believe so. We were all scared of COVID at first. Okay, so…

R.N: Were there any resources provided by the federal or state or city that helped your business?

J.V: Yes, I actually had to get a loan from the SBA Paycheck Protection Program. They helped me with that. No, and I paid my employees to keep up here to help me out. I couldn't go.

R.N: Let's, um, let's see. What did you have to make to keep your business afloat?

J.V: Well, I had to adapt to the new things: curbside, drive-thru, I had to purchase iPads so I had more people charging at the same time, advertisements through social media.

R.N: As far as social media, like are there any new promotions? Or were there any changes to like your menu or…?

J.V: Promotions. I have to make sure people get interested in dining or curbside or even ordering through the drive-thru.

R.N: And do you feel like because there's now curbside and drive-thru, like there's been an increase of people here in the stores and the restaurants?

J.V: Well the sales have, I've managed to keep the business. Okay, because I think people like that idea. They don't have to dine-in they can they have different choices of…

R.N: Yeah, and I'm pretty sure like they feel safe and stuff like that.

J.V: Yeah, well, it helps all of us.

R.N: I know mentioned like prior to the interview, mentioned that you sanitize, I know, when I walked in there was signs on the door that say like "facemask required." I saw a bunch of Germ-X everywhere. You might explain like, how like, or what decisions led you to that?

J.V: Well of course, I wanted to take care of my employees, of the people that are coming in to eat, so I put signs where I could to, to emphasize that we all need masks and Germ-X. I keep my employees clean. Every time there's…

R.N: Was there ever like an instance where like, you one of the employees got sick, or a customer that came in or anything like that?

J.V: Well it never really got that bad. If an employee or whoever in my kitchen or taking care of the front felt sick or had a fever, I'd make sure they stayed home and…

R.N: Until like things were better, I guess.

J.V: Yeah. Until they knew it wasn't as bad as COVID or…

R.N: Something. Yeah, something like whoa, because it would suck like having someone in the kitchen working with COVID and stuff. Have you seen like a decrease or increase in revenue?

J.V: Well, actually, I've seen an increase. We're doing very well before COVID. We adapted. The sales have been much better. We have really good food. Social media people came, shared it. People were tired of just being home and stimulus checks helped a lot.

R.N: You know, people have money.

J.V: They have money, and they want to check new things out. So it helps, helped us a lot.

R.N: So, you would say you're doing a little bit better than you were doing before COVID?

J.V: Yeah, we're doing, we're doing better. Like I tell you, the stimulus helped a lot. Facebook, Instagram, social media in general, helped us a lot, too.

R.N: That's good. Has there any been any sorting of sanctions that you're scared of, like that's gonna put your business at risk?

J.V: Honestly, if there's a similar lockdown, it's going to be really hard for me to have customers and even to pay my, my employees. The PPP helped out a lot, but I don't think they're gonna…

R.N: Yeah, because I felt, I remember, I saw a news that they're not gonna pass another stimulus check or another for small business. But I wonder, I can imagine how difficult it

could be like if customers are like locked up back in their houses. And how would that affect your employees? I know your employees are like family.

J.V: Yeah, my employees. They've been with me for a long time. They're like family, they, I mean, they're really good friends, they, through the time they become my friends, of course. I want them to be safe. And but of course they need money to go home for the rent, food, they have kids. I just hope there's not another lockdown so we can all keep our lights going.

R.N: And that's understandable. Like I can imagine how, let's say I don't have a job. How am I going to have like, especially now with Christmas around the corner, like money for like Christmas presents, just for food in general? But yeah, it's been very difficult. Okay, I have another question for you. Was there any important decisions that you had to make to keep your business afloat?

J.V: Well, actually, a decision I had to make was a closing my other restaurant. I had two locations: one in Donna and one in Alamo. I had had to make a rough decision, of course, to close the one in Alamo down because I compared the money coming in. And because of the lockdown, I had to focus on just one, give all my time to one. I didn't want both of them to crash. So I decided to close the location in Alamo.

R.N: And again, you said like it was based off revenue? Like you closed the one that was making less money?

J.V: Yes. Well, there was a difference in the money coming in, so I decided to close the other one down. It was a little bit slower, and they were less sales.

R.N: That's understandable. Well, thank you very much. I think that's all the questions that I have. Just again, can you say your name, age and your business? And can you also mention like the address of the business please?

J.V: My name is Jesus Villarreal. We're located on 501 Highway 83. Taqueria La Regia. Thank you for, for the interview, how COVID affected the small businesses. I feel it's important for people to know how people, we’re all affected by this pandemic.

R.N: Yeah, well, it's understandable. Well, thank you very much again and have a wonderful night.

Interviewee: Vivian Torres

Interviewer: Selena Alvarado
Date: November 22, 2020
Location: In the interviewee's home in Edinburg, Texas

This interview was conducted in person on the 22nd of November of the year 2020. The interview lasted approximately 7 mins. The interviewee is named Vivian Torres. She has been a server/cashier at Buffalo Wings and Rings on North 10th for about three years. She will provide us with a server's/cashier's perspective and discuss her personal experiences on how the virus has affected her life and work since it started.

Selena Alvarado: Hello my name is Selena Alvarado and I will be interviewing Vivian Torres.

Vivian Torres: Hello my name is Vivian Torres.

S.A: Alright Vivian, where are you from?

V.T: I'm from Edinburg, TX.

S.A: OK and how long have you been working at Buffalo Wings and Rings on North 10th?

V.T: I've been working at Buffalo Wings and Rings on North 10th for three years.

S.A: Alright so how did COVID-19 affect you at Buffalo Wings and Rings? Like did you get laid off? If so, for how long?

V.T: I got laid off from Buffalo Wings and Rings for I believe one month. Then I started working again because they required us to go back if we had experience in cashier.

S.A: Aright, during that time did you file for unemployment?

V.T: Yes, I filed for unemployment. The process was easy. It wasn't that difficult, but I think because everybody was filing at the same time, it just took a little bit of time.

S.A: What changes did you see when you came back to work?

V.T: It was required to wear mask the cleaning up deeper than usual. We would wear gloves. Everything was sanitize. Make sure that the bags were clean everything had to be sealed and clean as much as it possibly could be.

S.A: Ok, were you making the same amount of money or…?

V.T: As a cashier, I was making good amount of money because everybody was doing the drive through. So not a lot of people would come and sit inside because they were scared of COVID. So they rather just pick it up and leave and they would take me there, which was good because I would get the cashier money and I will get the tips. But as actual server. What I really am. What they hired me for. I actually, lost more… like I wasn't making as much money as I originally did.

S.A: Why do you think that is?

V.T: Because a lot of people were just doing pickups instead of actually dining in.

S.A: Alright Vivian, so what was your opinion on the social distancing and wearing masks? Like did you agree on those protocols?

V.T: I agreed. I understood it. Yes, it wasn't something that affected me a lot I guess.

S.A: Did you think that it actually worked?

V.T: The social distancing?

S.A: Yes, and wearing the masks?

V.T: No, I think they should have just closed everything down and made everybody actually stay in. Instead of opening stuff, but I don't think it worked too well you say it killed everything off because obviously we're still in the pandemic.

S.A: So when you first heard of COVID-19 did you think it was real or fake?

V.T: At first I thought it was real it was going to make an impact for sure, but as things started to develop I felt like it was fake. Like I started thinking it was fake, but I had a lot of close family and family members friends who actually passed away from COVID. So it kind of just ways off. Like I believe it is true for some people. Like some people are prone to get it and other people aren't. It's just how life is. Like I don't know; some people can get chicken pox and other people don't.

S.A: Alright I get you. Ok Vivian, on to the next question: were you still going out or did you put yourself on quarantine?

V.T: Both, I had put myself on quarantine because my brother tested positive and we were around him. Then when we turned out... like the test results came out negative. I went out and I pretty much went back to work. I was like if I'm going to work and going to be exposed to it like it's the same thing if I go out and get exposed to it. So I went out.

S.A: Ok, were you wearing mask while you were going out?

V.T: Yes, everywhere…. Masks.

S.A: Did you take hand sanitizer?

V.T: Everywhere. (Vivian laughs)

S.A: Ok, so I know that you heard in the news that the Valley was a hotspot. Why do you think that the Rio Grande Valley was a hotspot?

V.T: I think because a lot of people didn't really care no matter what was going on everywhere. Like they just ignorant. I can't say much because I'm part of them, but I did stop going out as much as I used to. I feel like it's not only that they are not educated but they just kind of ignorant.

S.A: So what's your opinion on people who say that the Rio Grande Valley is not educated?

V.T: I don't believe that the Rio Grande Valley is uneducated. I just believe we're more family oriented more traditional. As in like we're still going to be a family no matter what happens because it's our roots, it's who we are. We're always going to be with them no matter what happens and if there's a pandemic. I feel like this more necessary to be together

because anything can happen to anybody and obviously if you need to take your distance then yes.

S.A: Ok, how did COVID-19 change your life did it change it like dramatically or…?

V.T: I've…that's tough. I feel like it did change it dramatically, immensely to the point where you just… I mean I know everybody believes that everybody knows we're going to die at a point you know. We just don't expect it as much as we should or acknowledge. We kind of just think we're going to die when we're 80 or think we're going to die when we're older and I feel like 2020, the pandemic and everything taught us that like death has no age.

S.A: I know you mentioned earlier that your brother got COVID. Was he like, did he show any symptoms or…?

V.T: He just showed the symptoms that like he couldn't tasted. He had no taste and then everything was he got super tired really easily. So that's... he went to go test for COVID because he had no flavor to the food and my mom was like "Ok… that's weird, go get tested." (Vivian laughs)

S.A: Ok. So what life lessons have you learned during this pandemic?

V.T: To cherish the people you have when you have them, pretty much.

S.A: Yes, Vivian you're correct on that we should cherish the people that we love. Alright Vivian and I think that sums up our interview and I just want to thank you for participating.

V.T: Thank you for considering me.

S.A: Alright Vivian, thank you and have a good night.

V.T: Have a good night.

Interviewee: Zenon Zachariah Zapata

Interviewer: Selena Alvarado
Date: November 23, 2020
Location: In the interviewee's vehicle at a McAllen plaza parking lot on Nolana Road

This interview was conducted in person on the 23rd of November of the year 2020. The interview lasted approximately 9 mins. The interviewee is named Zenon Zachariah Zapata but goes by Zack. He has been a bartender at Buffalo Wings and Rings on North 10th for two years. He will provide us with a bartender's perspective and discuss his personal experiences on how the virus has affected his life/work since it started.

Selena Alvarado: Hello my name is Selena Alvarado and I will be interviewing Zenon Zachariah Zapata.

Zenon Zachariah Zapata: Hello guys I'm Zenon Zachariah Zapata.

S.A: Zack. The first question is how long have you been working at Buffalo wings and rings on North 10th?

Z.Z.Z: I've been there for around two years or so… Been bartending for about a year and a half.

S.A: Alright how old are you Zack?

Z.Z.Z: I'm 24 years old.

S.A: Okay and where are you from?

Z.Z.Z: I'm from McAllen, TX.

S.A: Ok. How did COVID-19 affect your job at Buffalo wings and Rings?

Z.Z.Z: Well, COVID basically, you know, shut down most of the service industry. So I was out of a job for quite some time. The store did stay open for, you know, To-Go and curbside orders, but you know I was unable to, you know stay on employment during that time.

S.A: Ok, did you file for unemployment?

Z.Z.Z: I did file for unemployment, but did run into some problems because the website would be full of people trying to apply for benefits, so you know the website would crash from time to time. It was just really… you know really difficult.

S.A: Difficult.

Z.Z.Z: You know really difficult for a while to get through.

S.A: Did you get through?

Z.Z.Z: I did eventually get through and was only able to get one round of payments for unemployment, but luckily work reopened on May 1st.

S.A: Ok and what changes did you see at your job?

Z.Z.Z: When we were able to get back to work, I did notice that there was no more salt and pepper shakers on the tables, no napkin roll holders, and you know tables word you know spaced out in between because we had to abide by social distancing rules within the County.

S.A: Ok. Did you agree with any of those changes or did you have problems with those changes? Did customers complain to you about these changes?

Z.Z.Z: Luckily no, I mean me myself personally. I didn't have a problem. I understood that you know these changes were being put into place because of you know for everybody's wellbeing, and luckily, I did have pretty understanding guests and customers about that.

S.A: Alright, were you making the same amount of money?

Z.Z.Z: Actually, for money, I actually saw an increase in you know the amount of money I was making. You know me being a bartender and all. Most people that were going out at first or people that you know of age to have alcoholic beverages. You know luckily out of the grace of their heart they were you now leaving good amounts of money. So I was actually affected in a positive way as far as that.

S.A: Ok, but in your opinion what do you think that was?

Z.Z.Z: I feel like people had, they had time to you know stay at home and maybe save up some money. You know they weren't encouraged to go out and spend their money. So I just credit it to the fact that they probably were you know doing good as far as money. They weren't you know outspending on you know maybe not pointless things, but thanks for a while during that month or so that we were shut down.

S.A: Were there any other businesses open while you were working?

Z.Z.Z: Yes, but mostly just you know for essential goods and what not you know groceries and toilet paper of that but things of those manners.

S.A: Ok, in your opinion with the new protocols of like wearing mask and you know abiding by the social distancing. Did you think that those actually like helped?

Z.Z.Z: Yes, I do cause I'm sure you know when you take into effect that there's people with preexisting you know health conditions. You know they're not they're a little more susceptible than to say maybe a healthy individual. So I mean, I do think you do have to respect someone's space and at least give them a chance.

S.A: Alright Zack do you think that COVID-19 was real or fake news?

Z.Z.Z: I do believe it was real, but I also do believe it might have been a little bit blown out of proportion and I'm not trying to like downplay any individual or family that was affected. You know dramatically by this, but it's just you know… I just feel like it was the first time it happened in like modern times that a virus was you know a pandemic going through that during an era of social media. You know television and everything that influences how we are and how we reacting you know things in the society. You know the fact that it was like force fed to us on an everyday basis for a while kind of made it become a bigger reality than it might have been. But you know maybe people just sit the pro crash the precautious steps ahead of time before it got worse. So I mean, I do think it was real, but blown out of proportion is what I will say.

S.A: That's understanding. Umm. Were you still going out during quarantine?

Z.Z.Z: No to be honest. I was you know stayed quarantined. Luckily I was able to stay at home with my parents and my family. So I really wasn't too bothered by the time off. You know tried to spend it wisely and you know build as many healthy habits as I could through that time.

S.A: Alright, so I'm pretty sure you heard in the news that the Rio Grande Valley was a hotspot. Why do you think that is?

Z.Z.Z: I suppose multiple things could factor into that. But maybe mostly because we are as you know a culture down here we're very family oriented and we maybe fall into the mindset of thinking it won't happen to us or trying to downplay the situation. But unfortunately you know Rona didn't discriminate you know to anybody. It eventually did make its way down here and we were unprepared for it. You know it shows in the hospitals being overfilled and what not, but you know it was just something we fell into on our own. That could have possibly been avoided. It could have definitely been avoided, but that's just where I stand with that.

S.A: Ok, so I'm pretty sure you heard like in the news where they were saying that we were hot spot because the people down here were not educated. So what's your opinion on that?

Z.Z.Z: I think it's pretty arrogant to stand behind that statement as to how other, you know, regions of the country were also affected and that probably are considered by the masses to be, you know, full of educated people. Not to say that the Valley isn't full of educated people, but I wouldn't say that you know this thing discriminated based on your education. You know it's just a matter of you know hygiene and what not, and that has nothing to do with education, I don't feel.

S.A: Ok, so did COVID-19 affect your life dramatically or…?

Z.Z.Z: No, I wouldn't say you know luckily you know my family wasn't affected in any major way. As far as you know someone falling you know sick to the virus or what not. You know having someone passed or lose a house a job any of that.

S.A: So nobody from your family got affected by COVID-19? Well I mean you guys didn't get it?

Z.Z.Z: No, I mean people did get it but you know as far as it really affecting them in a dramatic way, I wouldn't think. Luckily they showed mild symptoms and were able to recover in a timely manner. So I wouldn't say it was too bad.

S.A: So what life lessons have you learned during you know the pandemic and stuff?

Z.Z.Z: I guess it's just you know it really slowed down time for a lot of people and put an emphasis on how you spend your time and who you spend it with.

S.A: Very well said Zack. Well alright, I think this sums up our interview and I just want to thank you for participating.

Z.Z.Z: Thanks a lot Sel. Had a great time.

S.A: Alright, thank you have a nice night.

Z.Z.Z: You too.

Appendix W

Interviewee: Selena Alvarado

Interviewer: Laura Nicole Alvarado
Date: November 25, 2020
Location: Interviewee's home in Mercedes, Texas

This interview was conducted in person on November 25, 2020, by the interviewee's sister. The interview lasted approximately eight minutes. The interviewee is named Selena Alvarado, a history student at UTRGV. She has been a manger at Buffalo Wings and Rings on North 10th for about year and half now. She will provide us with a manger's perspective and discuss her personal experience with COVID-19 and how this virus has affected her life since it started.

Selena Alvarado: Hello my name is Selena Alvarado and I am a history student at UTRGV and I will be having my sister assist me with conducting my interview. She will be asking me a few questions that I have put together for my history assignment on the COVID-19 pandemic. Alright let's get started by introducing my sister.

Laura Alvarado: Hi guys my name is Laura Alvarado.

S.A: She will be asking me a few questions from here on out.

L.A: Alright the first question is how long have you been working for Buffalo Wings and Rings on North 10th?

S.A: Alright, so I've been working for the company for about 2 years now but I've only been managing for like a year and a half.

L.A: Ok, the next question is how did COVID-19 affect your job?

S.A: To be honest it had me working longer hours and working multiple jobs. Like working as a cashier for the fact that we had a lower down on staff because the store wasn't making enough money. So even though that the bar area and dining area were closed we were still doing To-Go's. At first it was slow, but it eventually picked up. We were doing to goes for a good month until we reopen to the public on May 1st.

L.A: So you never got laid off?

S.A: Nope, I was never laid off. I never needed to file for unemployment, but I did hear that the process was pretty easy. But kind of like difficult at the same time for the fact that a lot of people weren't able to log into unemployment. For the fact that the website kept on crashing because of all the people trying to file for unemployment.

L.A: So were you making the same amount of money?

S.A: To be honest. Yes, I was for the fact that I work off of salary. So I guess that's why I wasn't really effective financially because I was still able to pay my bills compared to servers, bartenders, cashiers and the cooks.

L.A: So what type of changes did you have to do before reopening the restaurant to the community?

S.A: Alright well at first we had to make sure we were following all the new protocols. For instance we had to remove everything off the tables. Employees had to wear mas. There was only a certain amount of people allowed in the building. We have to check every employee's temperature just to make sure that they don't have a fever. We couldn't have that many people at the bar top. We also had to have signs made emphasizing people to wash their hands to use hand sanitizer. We also had to get rid of our menus and get disposable ones are utensils we had to use plastic utensils.

L.A: So in your opinion did these new protocols of wearing a mask and social distancing work to lower down COVID cases in the Valley?

S.A: Honestly yes, I do believe that it did play a huge role in lowering down the spread throughout the Valley. Just by one washing their hands and wearing a mask really does make a difference. As well as keeping distance from each other. I believe that people would have actually listened to these protocols from the beginning there wouldn't have been such a rapid spread of this virus.

L.A: So in your personal opinion do you think that COVID-19 was real or fake news?

S.A: Well to be quite honest no. I didn't think it was where at first for the fact that people were still going out people were still doing whatever they wanted to do. They weren't really taking it serious and the fact that I work at a restaurant where people pull out kind of didn't make it seem real at first. Social media did not make it any better there were so many memes on Facebook, Twitter, and Instagram that basically made fun of this virus. So it was kind of hard to take it serious.

L.A: So were you still going out or did you stay in quarantine?

S.A: To be quite honest, I was still going out in the beginning because like I said I didn't really think it was you know real. The fact that I was still in the same routine like going to work and stuff just didn't make it seem real to me. During this time none of my family members were affected by it and honestly still to this day not a lot of my family members have been affected by COVID-19.

L.A: Why do you think that the Rio Grande Valley was a hotspot?

S.A: So in my opinion, I believe that the Rio Grande Valley was a hotspot because people didn't listen. People were ignorant people and didn't think it was real like me for instance. People had problems with wearing mask they didn't want to abide by the social distancing rules. Especially the younger crowd and the fact that the Rio Grande Valley is a very family oriented community made a huge difference as well. For the fact that they still wanted to go to Quinceañeras and they still wanted to hang out with family. They still wanted to hang out with their friends and what not down here in the Valley family gatherings are very huge.

L.A: Ok, so do you think the Rio Grande Valley was a hot spot because people who live here aren't educated?

S.A: No, I don't think that because look at the bigger cities like New York they were a hot spot too and it's not because they weren't educated. I just think that because we didn't have that much knowledge on COVID and how it spread. Did not help the people in the Rio Grande Valley especially because a lot of them didn't even think it was real in the first place.

L.A: Did COVID-19 change your life dramatically like did it affect you and your family?

S.A: I wouldn't say that COVID-19 changed my life dramatically because honestly it really didn't. I was still doing the same thing going to work. I would say it did affect my daughter she wasn't able to go back to school, but the fact that my younger sister wasn't able to go to school either. So it helped me with a babysitter during the day if I had to work. If not I could have easily still put her in daycares because daycares were still open at that time as well. As far as my family members getting it the only person that actually got it was my mom, but she didn't show any types of symptoms or anything. Like that and the only reason she got tested was because of her job, but what I find crazy is that my dad has diabetes. And you would think he would have gotten COVID for the fact that he was in a good distance of my mom. But he didn't and he still hasn't so it kind of makes me question on how they say that people that have like diabetes or anything like that are more immune to getting it. But the fact that my dad didn't get it kind of just…. you know makes me question how this virus really works.

L.A: What life lessons can you say you learned during this pandemic?

S.A: I would say to cherish all the little things. Like hanging out with your family going out spending time with your friends because this pandemic really showed us that that could be taken away at any moment.

S.A: Alright, so I think this sums up the interview for tonight I just want to thank my sister Laura Alvarado for assisting me in this interview of mine.

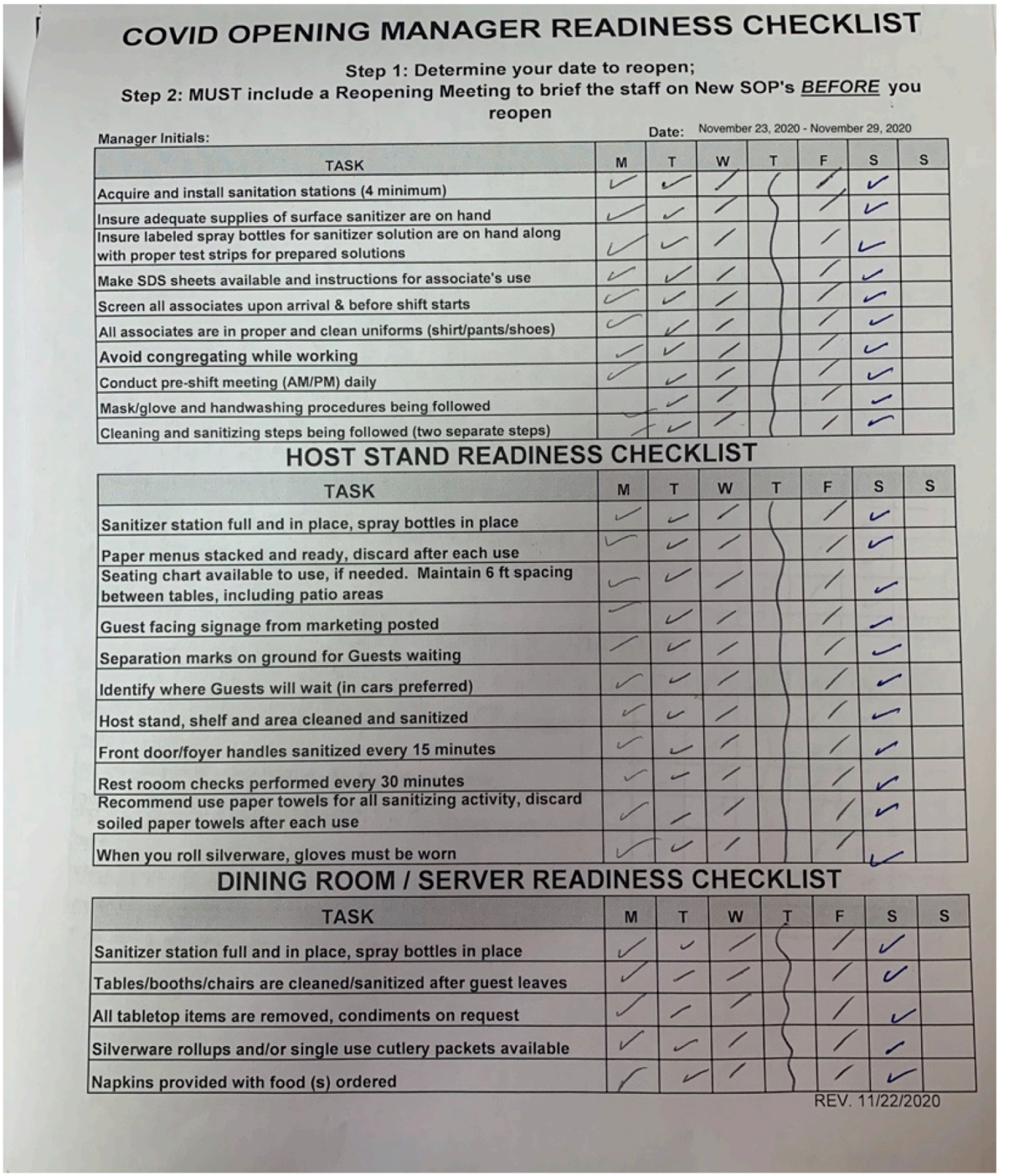
L.A: You're welcome.

S.A: Thank you and have a nice night.

Appendix X

Buffalo Wings & Rings Manager's "COVID-19 Opening Checklist"

Week of November 23 – 29, 2020



COVID OPENING MANAGER READINESS CHECKLIST

Step 1: Determine your date to reopen;
Step 2: MUST include a Reopening Meeting to brief the staff on New SOP's *BEFORE* you reopen

Manager Initials: Date: November 23, 2020 - November 29, 2020

TASK	M	T	W	T	F	S	S
Acquire and install sanitation stations (4 minimum)	✓	✓	✓		✓	✓	
Insure adequate supplies of surface sanitizer are on hand	✓	✓	✓		✓	✓	
Insure labeled spray bottles for sanitizer solution are on hand along with proper test strips for prepared solutions	✓	✓	✓		✓	✓	
Make SDS sheets available and instructions for associate's use	✓	✓	✓		✓	✓	
Screen all associates upon arrival & before shift starts	✓	✓	✓		✓	✓	
All associates are in proper and clean uniforms (shirt/pants/shoes)	✓	✓	✓		✓	✓	
Avoid congregating while working	✓	✓	✓		✓	✓	
Conduct pre-shift meeting (AM/PM) daily	✓	✓	✓		✓	✓	
Mask/glove and handwashing procedures being followed		✓	✓		✓	✓	
Cleaning and sanitizing steps being followed (two separate steps)		✓	✓		✓	✓	

HOST STAND READINESS CHECKLIST

TASK	M	T	W	T	F	S	S
Sanitizer station full and in place, spray bottles in place	✓	✓	✓		✓	✓	
Paper menus stacked and ready, discard after each use	✓	✓	✓		✓	✓	
Seating chart available to use, if needed. Maintain 6 ft spacing between tables, including patio areas	✓	✓	✓		✓	✓	
Guest facing signage from marketing posted	✓	✓	✓		✓	✓	
Separation marks on ground for Guests waiting	✓	✓	✓		✓	✓	
Identify where Guests will wait (in cars preferred)	✓	✓	✓		✓	✓	
Host stand, shelf and area cleaned and sanitized	✓	✓	✓		✓	✓	
Front door/foyer handles sanitized every 15 minutes	✓	✓	✓		✓	✓	
Rest rooom checks performed every 30 minutes	✓	✓	✓		✓	✓	
Recommend use paper towels for all sanitizing activity, discard soiled paper towels after each use	✓	✓	✓		✓	✓	
When you roll silverware, gloves must be worn	✓	✓	✓		✓	✓	

DINING ROOM / SERVER READINESS CHECKLIST

TASK	M	T	W	T	F	S	S
Sanitizer station full and in place, spray bottles in place	✓	✓	✓		✓	✓	
Tables/booths/chairs are cleaned/sanitized after guest leaves	✓	✓	✓		✓	✓	
All tabletop items are removed, condiments on request	✓	✓	✓		✓	✓	
Silverware rollups and/or single use cutlery packets available	✓	✓	✓		✓	✓	
Napkins provided with food (s) ordered	✓	✓	✓		✓	✓	

REV. 11/22/2020

Payment methods reviewed with DR staff (pens/trays)	✓	✓	✓		✓	✓	
No refill pitchers in use, use fresh glasses for all refills	✓	✓	✓		✓	✓	
Plastic tongs and spoons used for shareable food items	✓	✓	✓		✓	✓	
Menus/tabletop items are discarded after each Guest	✓	✓	✓		✓	✓	
Sanitize pens/tray after each Guest	✓	✓	✓		✓	✓	
Recommend use paper towels for all sanitizing activity, discard soiled paper towels after each use	✓	✓	✓		✓	✓	
Change gloves, wash hands, replace gloves after each Guest or task	✓	✓	✓		✓	✓	
When you roll silverware, gloves must be worn	✓	✓	✓		✓	✓	

BAR AREA READINESS CHECKLIST

TASK	M	T	W	T	F	S	S
Sanitizer station full and in place, spray bottles in place	✓	✓	✓		✓	✓	
Tables/booths/chairs are cleaned/sanitized after guest leaves	✓	✓	✓		✓	✓	
Garnishes are under refrigeration, tongs in use	✓	✓	✓		✓	✓	
Tabletop items are removed, condiments on request	✓	✓	✓		✓	✓	
Silverware rollups and/or single use cutlery packets available	✓	✓	✓		✓	✓	
Maintain proper spacing between stools and bartops	✓	✓	✓		✓	✓	
Sanitize pens/tray after each Guest	✓	✓	✓		✓	✓	
Recommend use paper towels for all sanitizing activity, discard soiled paper towels after each use	✓	✓	✓		✓	✓	
Change gloves, wash hands, replace gloves after each Guest or task	✓	✓	✓		✓	✓	
When you roll silverware, gloves must be worn	✓	✓	✓		✓	✓	

BOH READINESS CHECKLIST

TASK	M	T	W	T	F	S	S
Sanitizer station full and in place, spray bottles in place	✓	✓	✓		✓	✓	
Recommend use of roll towels for all sanitizing activity to enable easy discarding	✓	✓	✓		✓	✓	
All previous food handling procedures remain in place	✓	✓	✓		✓	✓	
Discard all Guest-handled paper items as needed	✓	✓	✓		✓	✓	
Change gloves, wash hands, replace gloves after each Guest or task	✓	✓	✓		✓	✓	
Wash hands and change gloves when handling CLEAN items	✓	✓	✓		✓	✓	
Avoid congregating while working	✓	✓	✓		✓	✓	

** As policy, single use gloves and masks are to be worn

Appendix Y

Interviewee: Hector Marquez

Interviewer: Luis Barreda
Date: October 24, 2020
Location: Chick-Fil-A, Brownsville, Texas

This interview was conducted in person at the establishment of Chick-Fil-A where Hector is employed. The purpose of this interview is to gain insight about the restaurants business and how is it holding up in the face of the COVID-19 pandemic. This interview is given from the perspective of an employee rather than a manger whose views and responsibilities are much different then those who just worked in a basic position.

Luis Barreda: Hello this Luis Barreda. Today's date is October 24, 2020. I am interviewing Hector Marquez, a fellow co-worker in Chick-fil-A. Hello Hector.

Hector Marquez: Hello Louie.

L.B: Thank you for doing this interview. Let's get started with question number one. Which is, what was your reaction to this whole pandemic as it first began?

H.M: Well Louie, at the beginning of this pandemic, it was hard to believe. You know I mean like I never imagined to be in that kind of situation, it got me scared and it was something difficult to…

L.B: Believe.

H.M: Believe, yes I mean this was something we see in Europe and started seeing the news also China. All those things, we believe that "Ah, it's not going to happen here in America, we are going to be like separate of this. If it happens we are one the, the best potential in all the world. I mean America we are the best of the best and at the end of the day we just got hurt a lot."

L.B: Okay good question number two. What was your reaction to restaurants implementing all the new COVID-19 procedures?

H.M: Well I mean, Chick-Fil-A implements all lot of stuff... Talking about COVID-19 procedures, as soon as we see this is what happening we started in March. Chick-Fil-A starts implementing some plans and do everything possible to detect on co-workers, if any of them have the symptoms or things like that. We implement things like checking temperatures every day, checking the taste of the food, of all the food as well. Also, I mean if we see people with symptoms, I mean with COVID symptoms. We just send them home that moment, we not taking that opportunity to keep the people here, to prevent the disease from spreading.

L.B: Alright then question number three, did you notice if the number employees was increasing or decreasing as the pandemic went on?

H.M: Well I can say that Chick-Fil-A was super prepared for those kinds of situations. So I am not going to say it was decrease, it decrease a little bit, but as soon as we were starting getting onboard with this and we started seeing solutions that we provide to the people. We

started getting more people, we started getting more people, obviously checking all the standards for the restaurant.

L.B: Moving on to questions number four: did you see an increase or decrease in work hours that you received?

H.M: Well in my situation I have a little position. Even that, in my case, my hours was not affected too much. But definitely for other co-workers it was, so some of those had to find a second job to live in the pandemic situation.

L.B: Alright then moving on to question number five, when you were working at the restaurant during a special event, for example, the theme week where customers came in dress as a certain theme, did you see less business as usual or did you see more still coming in?

H.M: Oh of course, I remember the beginning of March we had the Toccara on the city, so all business was closing at 10 PM, so it was open late as well. So instead off opening at instead 5 AM we had be opening at 7 AM, and instead of closing at 11 PM we had to close at 10 PM. That affected a lot of the sales as well people were not allowed on the streets. Were the situations that happen were you are out of your home between 6 to 10 or whatever can be punished with a ticket or something like that by the cops. So definitely at beginning it hit hard for the company because the sales at least dropped 50 percent of the regular days. So, with that already said, as soon we started getting caught up with this. We started finding solutions to prevent this situation with the with sales we started finding more solutions to that we started getting more, more mobile orders by mobile orders, we started getting more order deliveries, started getting order pick-ups. Start doing something different, to try to not lose that many sales.

L.B: Which leads to another question. With sales being affected as it is due to many people still staying at home even though the drive thru and deliveries available. Did you still have to alter the amount of product you need to order?

H.M: Of course, one of the responsibilities of the store is to order the items that we are using for the sales. Yes absolutely, if we see the sales drops, we only have to order less amount of everything. It was still another hit as well because we still paying the rent for the company to bring the items to us and we still paying the same thing. We order less but we still pay the same for that situation.

L.B: Okay question number six, have you noticed if any coworkers had been affected by COVID-19, like have they been sort of disappearing for that two-week quarantine?

H.M: Yes, I mean like we was trying to prevent that. We try to, as soon as those guys or whoever was getting COVID symptoms they come to store and say “you know what I think I have the disease so I have to go take my test to see if I am positive or I am not.” At that moment we have a case, for maybe like three or four guys that has be out the store for 14 days, even though they weren’t affected by the disease because they came in to contact with someone who has the disease.

L.B: Alright question number seven. Do you think that if this pandemic goes on any longer, and that if it lasts even going into the next year, will the restaurants still ever be normal, or will this permanently change the way we operate?

H.M: Well I mean like we have to honest with that about the pandemic. The disease is not going anywhere so it's going to stay here, it's the reality. Even if we try to find the vaccine for that or we try to find a solution for that, this disease is not going to disappear. You know something like is not going to be simple, it's something that is going to stay. It is not going to move on anywhere. So, it's going to be here, it's going to be staying and we need to learn how to live with that. The restaurant I think it's going to be back to normal but obviously with changes at the same time. And yes, I believe the restaurant is going to be open by the next year, we have the plans to do that by April. If everything goes the way, we think it's going to be because what one of the [things] Chick-fil-A do is to prevent. So that's why any of the Chick-Fil-A's are open to the fore banks you know, so all the services only for pick-up orders deliveries and drive thru. So, for your first one yes it will be back normal, not soon, but that normality is going to be changed with prevention at the same time.

L.B: Okay then that all the questions that I have. You've answered them great; I thank you for time Hector.

H.M: Thank you Louie.

L.B: I hope that are business can be going strong.

H.M: Okay sir thank you

L.B: Thank you very much.

Appendix Z

Interviewee: Sam Vallejo

Interviewer: Luis Barreda
Date: October 23, 2020
Location: Brownsville, Texas

This interview was conducted in person at the establishment of Chick-Fil-A where Sam is employed. The purpose of this interview is to gain insight about how COVID-19 has affected restaurants and their business. Sam is a training director and a leader on the management team at the Chick-Fil-A on Ruben Torres in Brownsville. Based on his account, we can gain perspective on how management responded to the COVID-19 pandemic.

Luis Barreda: Hello this is Luis Barreda. Today is October 23. I am interviewing Sam, training director of Chick-Fil-A. Hello Sam.

Sam Vallejo: Hello Louie, how are you doing man?

L.B: Thank you for doing this interview, let get started. First question is: how was business going at the restaurant before the pandemic started?

S.V: Alright as usual Chick-Fil-A is always busy, so we were having our regular lunch rushes and regular dinner rushes. Everything was going pretty well.

L.B: Okay question number two. How fast did the management react to the COVID-19 situation?

S.V: I would say the reaction of management was really good thanks to the support of Chick-Fil-A Corporate. We had tight communication with Chick-Fil-A Corporate letting us know "the pandemic is happening; this is how we need to act. These are some of the options you can do to take care of your employees and take care of the business."

L.B: Alright then, what procedures did the businesses enact and were there any unique COVID-19 prevention methods you guys enacted?

S.V: Yes, well we definitely started implementing all the practices of using gloves, using face mask, sanitizing areas every thirty minutes every hour, and eventually using face shields. And all this together—gloves, face masks, and face shields; not having direct contact with the guest using bins. So we won't have any hand-to-hand contact with them.

L.B: Alright then question number four. When the pandemic was in full effect did the you guys see a decrease or increase in employment applications?

S.V: We saw an increase because of a lot of other businesses laying-off people and we did see an increase of job applications.

L.B: Question number 5. Did the restaurant lose personnel to COVID-19 and did you have any arrangements set in case of such an unfortunate event?

S.V: Gladly we did not, we did not lose any personnel to COVID-19 and the arrangements we had was, we just had to work with the people we had here. Or those who would come in as new.

L.B: This is a follow up. If by some chance someone did get sick even though it wasn't COVID-19 or perhaps something similar… did you guys have any like special programs to help someone that's being affected? Sort of like a worker's comp or anything like that?

S.V: I am aware that if so, tested positive, they would be taken care for that time while they're not at work.

L.B: Good. Question number six. Did you see any noticeable effects to any of events that were planned during the pandemic, like an increase or decrease of customers?

S.V: Oh yes, the first month or two months there was a decrease, a very big decrease of guests I mean it was just the whole city staying home and taking care of each other.

L.B: This was just a follow up: you guys had cow appreciation week during this pandemic?

S.V: No, we didn't I believe.

L.B: The theme week.

S.V: Oh yes, we did have theme week where they would come dressed, just through the drive-thru, that was it. Nothing like before where they would come inside the restaurant, because the restaurant was closed.

L.B: Did you see less people participating in these themes?

S.V: From other years yes, the goal is to still have that engagement with the community. But of course, being responsible in regard to take care of family, take of each other while this pandemic is going on.

L.B: Alright question number seven. Did you have an increase of guests during pandemic since businesses are closing down people are looking for new places? Looking at different places to eat since their usual places are gone?

S.V: I would say it was very minimal. We have the same volume that we were used to before the pandemic. But I would say that the increase was very minimal, after we went through that slope of those bad months. We went back to normal you know. Thankfully we went back to normal and just a little slope and that its. But not a huge increase.

L.B: Okay question number eight. You said you suffered some bad months were there did any layoffs because of those months?

S.V: No layoffs, thankfully. Our operator, he has this mentality to never putting the business in front people so he would rather lose in the business then lose people.

L.B: Alright then question number nine. Due to COVID-19 did the restaurant have to raise its prices on some or all of its food items? Like with business is going slow they have to find a way to make some profits?

S.V: Chick-fil-A Corporate did not do that at all. There were no price changes during the pandemic.

L.B: Okay question number ten. In your opinion, if pandemic continues and does not end any time soon, what do you think it will mean for the restaurant industry? Would they be able to bounce back or these changes seriously effect?

S.V: I think it will only bounce back for those who are willing to adapt. And for those who are willing to go through the challenge of following the rules and regulations and disciplines to take care of their employees and their establishments. Only for those.

L.B: Let's see. When COVID-19 started did you guys, I know you guys tend to keep an eye on the other restaurants around the area, to see your competition or how the landscape is. Did you see any changes to the restaurants in the area?

S.V: I mean we saw restaurants closing. Restaurants being in standby but we don't really go into detail benchmarking with other businesses we just honestly just focused on "how can we take of our employees and what can we do for them to keep their jobs." Even if it was to minimum hours but just to keep their jobs. That was our major focus not having to lay off anybody.

L.B: So next question, what money saving methods did you guys have to enact to keep the business going to keep people for being laid off permanently?

S.V: I know that we all had a big hit in the hours that we are having, like the entire team, they went from having a regular work shift to a minimal one. That way all those hours that we able to give out we had to split them with everybody. Even though we cut down to maybe half, we just wanted them to be able to keep on coming to their job. I would say that it would be the only method that I was made aware of regarding of course speaking to the team and telling them, "take care of the food" and "do not be wasteful." Taking care the back of the house the kitchen. You know "are taking care of the food are not being wasteful? Are you overcooking?" Because right now we were very tight when it came to "Okay, we are not thinking about profit right now; we are just thinking about retaining and being able provide for those families that are part of this business."

L.B: I guess you noticed that we've been ordering a little bit less product than usual.

S.V: That just being more, it's a bigger challenge for the back of the house directors. They have to be more granular when it comes to let's say "Am I really going to have to use all this bread? Yes or no? And if I won't then I am not going to do the expense which is not needed so we can take of them." It really hit hard, it was a wakeup call and I'm pretty sure for all businesses, to really take care of the businesses. Because the business eventually is one taking care of the employees. So, if the owners and the employees are not taking care of the business, that's their livelihood going away.

L.B: Okay, alright then. Sam, I like to thank you very much for your time.

S.V: Of course, my pleasure.

L.B: I hope Chick-Fil-A keeps going strong.

S.V: Definitely.

L.B: Thank you.

S.V: Thank you.

Appendix AA

Interviewee: Nereida Gamboa

Interviewer: Luis Barreda
Date: October 25, 2020
Location: Brownsville, Texas

This interview is meant to give insight about restaurants during the COVID-19 pandemic: how they are affected and how they are viewed. This interview is from the perspective of a customer, Nereida Gamboa, who has been a long-time customer of Chick-fil-A and other restaurants. She will tell us what the eyes outside the restaurant workplace environment are seeing.

Luis Barreda: Hello this is Luis Barreda. Today's date is October 25, 2020 and I am interviewing Nereida Gamboa. Hello Ms. Gamboa.

Nereida Gamboa: Hello.

L.B: Okay let's begin the interview with the first question, which is: when did you notice that the COVID-19 pandemic began to affect the restaurants around the area you live?

N.G: It began in mid-April. Many news channels and websites reporting on cases of COVID-19. Because of this, restaurants also began to take action right away.

L.B: Okay question number two: how fast did were restaurants react to pandemic and how long did it take for implement new safety procedures?

N.G: The restaurants such as Chick-fil-A reacted in a quick and efficient manner. Procedures that they implemented such as face mask and gloves.

L.B: Okay question number three: whenever you go via drive-thru to any restaurant was it emptier or filled?

N.G: The drive thru for many fast food restaurants were more filled up and other types of restaurants have changed to only carryout services or delivery.

L.B: Okay question number four: what are your thoughts to many small family restaurants being forced close down due to the pandemic?

N.G: I think its just tragic that many businesses had to close their doors due to the COVID-19 virus slowing down business, shutting down business.

L.B: Okay question number five: have you noticed any restaurants that have been shut down due to lack of business? If so, which ones?

N.G: Yes I have. When I drive around my town, there a few restaurants such as Mr. Gatti's and El Pozolito had to close down either permanently or temporarily.

L.B: Number six: do still you still prefer to dine-in the restaurant, or have you come to prefer drive-thru, curbside, and/or delivery?

N.G: I would still prefer the dine-in at the restaurant. I miss the human service that many restaurants provided before the pandemic started.

L.B: Care to elaborate which restaurants you miss dining in?

N.G: Like Chili's, Cheddar's, even restaurants that are bar and grills. They also closed down. So yeah, I miss going to dine-in, in those places.

L.B: Question number seven: do you think that restaurants closing dine-in areas help stop the spread of the virus?

N.G: Yes, I do believe, since many health officials say that people need to practice social distancing. As the pandemic goes on, so yes, I do think it helps a lot.

L.B: And do you also practice social distancing as well? When you go out?

N.G: Yes of course, I am wearing the mask and sanitizing as well as doing all the procedures and following all the protocols.

L.B: Question number eight. Should the pandemic end, will you go back to dining in the restaurants or will you continue to play it safe and still go via drive-thru and pick-up?

N.G: No, I will definitely go back to the dine-in area of the restaurants. As I have mentioned before I loved the human serving experience and to go out with my family also and dine-in. So, I would definitely go back.

L.B: Okay next question. Due to the pandemic suddenly just appearing many people had to cancel their plans, events, and parties. Did your family had to change any events or plans due to the pandemic?

N.G: Yes, we did, we had to cancel parties like my sister's baby shower.

L.B: Did any of those would have taken place in a restaurant?

N.G: Yes, we were thinking of doing it in a restaurant but they're not letting us do that anymore. No human contact.

L.B: Question number nine: do you feel that the quality of the service and food changed, or has it remained the same?

N.G: The quality of service I believe is still very much the same and places like Chick-Fil-A still keep up with their standards and service. So, I think it's the same, the same quality.

L.B: Okay that's about all the questions that I have. Thank you for time, Ms. Gamboa.

N.G: Thank you sir.

L.B: Please stay safe out there.

N.G: Thank you, sir, you too.

Interviewee: Sarah Walker

Interviewer: Maxwell Arthur Perkins
Dates: October 17 and 20, 2020
Location: McAllen, Texas

This interview was recorded during two sessions on the 17th and the 20th of October of the year 2020 in person in a shared house. These sessions cumulatively lasted approximately forty-two minutes. The interviewee is Sarah Walker, who has lived in the Rio Grande Valley for her entire life. She was hired at a local restaurant shortly before the COVID-19 pandemic reached the Valley, working there well into the summer of 2020 under shifting policies and protocols, until contracting the coronavirus herself, recovering, and quitting. Based on her experiences during this time, Sarah gives us insight to how the pandemic affected a part of the food industry in McAllen, Texas, during the pandemic, as well as from a COVID-19 survivor.

Maxwell Arthur Perkins: Today is Saturday, October 17th, 2020. I am Maxwell Perkins. I'm a student of UTRGV in Edinburg, Texas. I'm here today with Sarah Walker conducting an oral history interview for our university class titled "Discovering the Rio Grande Valley" as we research the effects of the coronavirus pandemic on our regional community. Okay, we will begin now. Alright, how old are you?

Sarah Walker: Twenty-four.

M.A.P: Okay, what city are you living in?

S.W: McAllen, Texas.

M.A.P: How long have you been living here?

S.W: My whole life, twenty-four years.

M.A.P: Where were you working when the pandemic came to the Valley?

S.W: Kumori Sushi and Teppanyaki, a restaurant.

M.A.P: Okay, is that in McAllen as well?

S.W: Yeah.

M.A.P: Okay. When did you start working there?

S.W: March of 2020.

M.A.P: How did you get the job?

S.W: I was referred through a friend, who became a coworker when I got the job.

M.A.P: Were there any particular reasons you took that job, or were there any other opportunities?

S.W: It was the easiest job to get hired at, the quickest.

M.A.P: What was your living situation at the time?

S.W: I lived with roommates.

M.A.P: You can be as specific or vague if you want.

S.W: I was still figuring out my living situation.

M.A.P: Okay. How long were you in that situation?

S.W: Only for a few weeks.

M.A.P: Okay, before the lockdowns and ordinances, what were, what were your duties at Kumori?

S.W: I was a hostess. I would answer the phone and take orders, and give them to customers when they walked inside the restaurant.

M.A.P: Okay, before COVID-19 came to the RGV, what were your opinions and feelings on it as it began to be reported more frequently in the US.

S.W: I felt like I took it seriously from the beginning.

M.A.P: Where did you get news concerning the pandemic?

S.W: Online, mostly, or through YouTube news.

M.A.P: Online, what other venues?

S.W: Like, Twitter.

M.A.P: Has that changed at all?

S.W: Not particularly.

M.A.P: What were your thoughts as it started to trickle into Texas and the Valley earlier on?

S.W: That I would probably get it.

M.A.P: What was being discussed at work by coworkers and management?

S.W: It had to be considered, but mostly because of the ordinances that were passed by local and state government. So, they cared about it in that regard, in regard to how many people could be eating in the restaurant.

M.A.P: What about before the ordinances, when it was first starting being talked about in Texas? How did people take it?

S.W: Well, they shut down, so we were still just doing carry-out, but when we could reopen, they just reopened. Even though it got more serious.

M.A.P: Briefly, how were aspects of your life, other than your job, changed by the ordinances and the shelter-in-places issued in late March?

S.W: I couldn't see my son as frequently as I wanted to, 'cause he was with his dad.

M.A.P: In what other ways, like your day-to-day life, your life with your friends or family, besides your son?

S.W: I just tried to go out for essentials more often than just on a whim.

M.A.P: Right. Did you regard the curfews?

S.W: Yes.

M.A.P: How did those orders change how they ran things at your workplace, such as, you know, dining arrangements, occupancy, or safety protocols?

S.W: They followed every occupancy guideline, whether it be twenty-five, fifty, seventy-five percent.

M.A.P: Well just at the beginning when it first started?

S.W: Oh, at the beginning? They just followed whatever the government said, yeah, whenever the government allowed an ordinance to be, that's what they would do, but they wouldn't take it upon themselves to do it. They waited 'til the government was like, "Hey, you can't be seventy-five percent, you have to be fifty"; and they were like, "Okay, well, we're gonna be seventy-five up until the last day."

M.A.P: Okay.

S.W: Cause, you know, they're trying to make money.

M.A.P: How about safety protocols when you were on the job, like person-to-person? Did they tell you to wear gloves, did they recommend using sanitizer?

S.W: It would change. They would tell us to wear gloves one day and then the next day be like "Okay, we're not wearing gloves anymore." And then the next time I would go in, we were wearing gloves again. They encouraged us to wash our hands regularly, but of course it didn't happen. We cleaned all of the silverware and the glasses the same we had pre-pandemic, with water and soap. And all the dishes were washed by a dishwasher in the back, and if you went outside to deal with a customer, you were supposed to wear a face shield, but sometimes it wouldn't happen. We all wore masks, but people would take them off a lot, you know, every now and then and just put them back on.

M.A.P: So while workers were inside, would y'all take the masks off to chat?

S.W: I wouldn't, but people would.

M.A.P: Okay, what about managers? Would they take precautions or remind people?

S.W: They would take precautions and remind people, especially upper management. We had managers who were above our manager who would come in, and I would never see their face because they were always wearing a mask. But one time we got a manager, who was recently hired, and he showed up that first day not wearing a mask the whole time. So, it just depended on the person, but he later got fired, and one of the reasons they said was [laughing] actually a picture on Yelp of him, and it was a customer complaint, and it was like a one star, and he wasn't wearing a mask in the photo, and that was one of the complaints in the review.

M.A.P: Interesting!

S.W: Yeah, it was wild.

M.A.P: Concerning your customers, how did the amount of orders you received change, at the beginning?

S.W: I'm not a hundred percent sure because I got hired two weeks before the first lockdown happened. So I'm not a hundred percent sure how busy it would regularly be, but based off of what Erick, my boyfriend and coworker, told me, it was super unusual if there was nobody coming in for dine-in. Take-out orders would be pretty regular. It'd be busier on the weekends and slower during the week.

M.A.P: Okay, would you say people were tipping well—more because it was to-goes or less because it was to-goes?

S.W: I feel like at first people were tipping really well, but it just depended on the day. We would cater to a lot of delivery services, and their delivery drivers don't tip the hosts or servers, of course. So yeah, it just depended on the day.

M.A.P: Did customer behavior towards you, did you think that was affected at all by the situation?

S.W: Yes and no… it just depended on the day. If we were really busy, customers wouldn't be understanding if we had a forty-five minute to an hour wait, but that was normal under previous circumstances too.

M.A.P: So, when things were locked down, how did servers and hosts, I guess, run their duties? Was it everyone kind of doing the same thing when it was all to-goes?

S.W: Yeah, everyone did the same thing, and everybody got changed to a host.

M.A.P: Okay. How were your wages affected?

S.W: I got paid $5.50 an hour as a host; apparently it had been $7.25 before, but right before I got hired and the pandemic, they changed it to $5.50.

M.A.P: Was that wage consistent throughout all the coworkers?

S.W: For hosts, yes. If you were a server and you started serving again when the lockdown ended, you got paid $2.13 an hour.

M.A.P: Okay. So early in May, "Phase One" of reopening Texas was implemented by Governor Abbot, allowing twenty-five percent occupancy. How did this change those aspects of your workplace, and how did management respond to this? You had mentioned that they complied, but were there any other factors that they would change, when that happened?

S.W: They had to block off tables that were closer to others, like within six feet of other tables, so the only tables people would eat at were six feet apart. So, it was the first and third and fifth booth on one side, and the second and the fourth table the next row over. Like that [demonstrates the arrangements with her hands]. So people couldn't just pick any table they wanted anymore, and you couldn't have a party larger than six at first when it was twenty-five percent occupancy. Then later it became a party of ten being the largest. That, and more people called to see if there was availability when it was first opened to twenty-five percent, and the first day that dine-in opened, there were people who came.

M.A.P: So what about when occupancy was increased to fifty percent for "Phase Two" later in May?

S.W: It was the same amount of tables, and people were coming in. They had a definitive interest in dining in. Our occupancy was already only seventy-eight people, 'cause it was a really small restaurant. So it would be twenty-five percent of seventy-eight, so there were already really small numbers of people that they were able to let in. I remember management wanted the occupancy to go up because twenty-five percent occupancy to them wasn't really that many people.

M.A.P: You mentioned management allowed for the seventy-five percent occupancy in the following month?

S.W: I think it was just fifty.

M.A.P: It was just fifty?

S.W: When I was still there it was just fifty.

M.A.P: So you had left before that happened?

S.W: Yeah, at the end of July, beginning of August. I just didn't go back.

M.A.P: Okay. So, when you were there, were you confident in your workplace's adjustment for the pandemic throughout these phases?

S.W: Um, not a hundred percent sure.

M.A.P: Why's that?

S.W: Because they didn't have to let people dine-in so soon. And then there was another ordinance that was people having to wear masks on private property, or when shopping or at restaurants unless they were drinking or actively eating. That was not enforced at the restaurant whatsoever.

M.A.P: So people would just have their masks off while sitting down?

S.W: Yeah, while sitting down at the table, not eating or drinking at all. Just lingering thirty minutes after, you know. That mandate was not enforced by management. I remember I was working when another server told a woman about it. She started saying that she had asthma and she couldn't wear the mask the whole time, and the server went back and told our manager, and our manager was like, "Somebody's gotta tell her…" and I was like, "That's your job…", you know? But he also acknowledged that TABC (Texas Alcohol and Beverage Commission) could've fined us for that, because back then they were doing checks. Yeah, it was bizarre to me. He had just got hired. He was my sixth or seventh manager since I worked there? The other manager, the one that didn't wear his mask in the Yelp review, he was there for a week.

M.A.P: Wow. So, was staffing, you mentioned that, was staffing consistent throughout these periods, or were there a lot of firings, hires, or reallocations between branches?

S.W: Yes there was. There were a lot of managers that I had. Also, when the pandemic happened, they fired every single assistant manager at every branch of Kumori. I think there are seven. I guess they weren't essential to the job. A bunch of my coworkers were mostly high schoolers, or were in college and lived with their parents, most of them all quit. It was just me, Erick, that guy Charlie, and our friend Russell, and they would work the mornings and we would work the evenings.

M.A.P: You and Erick?

S.W: Yeah. That was it. Eventually, like a month, a month and a half into it, they started hiring other people, and Danny and Alisha came over. And then Danny became an assistant manager. I guess they realized that if you don't have an assistant manager, the manager can't get breaks [laughs] during the day, you know? So it was bizarre, the thought process, it was weird. But, yeah.

M.A.P: So, were chefs and cooks, affected at all? Was that consistent or were there changes?

S.W: They were fine. I think that they moved some around, and I know a guy who was a sushi chef there, who worked there while I was there, who quit, but I think he had been planning to leave for a while anyway. But, yeah, they were mostly fine; they were the most essential, definitely, they cooked the food.

M.A.P: So, you mention you all went through a lot of managers, could you take me through that?

S.W: The first manager I had was the manager who hired me, I forget his name. He left for a different restaurant the week I got hired. It was still Kumori, but it was a different branch. Our second manager was a guy named Joe, and he also ended up moving to another Kumori. I was only with him a week or two weeks, and then it was Maritza. They had just hired her during the pandemic, and they also fired her within a week or two weeks, and it was because they were saying, "Oh, she didn't know how to do the job." In her defense, I worked with her most of those days, nobody was training her. She was getting no training, and she had been a manager at Fast Eddy's for years. Then it was Alisha, and she ended up quitting because she moved to Houston, and then it was a gentleman… oh my gosh, I forget his name, but he was the young gentleman who didn't wear a mask the whole time the first day, in front of upper management, and got fired because of the Yelp review, for not wearing the mask. I'm like, "Why didn't you just tell him at the start?" And then it was James. James was a manager from Whataburger, and he was the manager who acknowledged that TABC could come in and see people not following the guidelines and that "somebody should tell that lady." That was my last manager I had when I worked there, and then they moved him to a different Kumori, and apparently Alisha came back? And this was after I got sick with COVID, and she messaged me on WhatsApp after I had already decided to quit, and I just never replied. And then, apparently, she got fired after they just rehired her.

M.A.P: Interesting. So, there's some moving around between, cooks and managers. Would they bring in or swap out any of the waitstaff or hosts?

S.W: When I originally got hired, that had moved a coworker of mine, Will, to the Trenton location, but he had a choice in that. Hosts and servers are kind of essential where they were. They would ask us if we wanted to work at another location sometimes, and I would always say no because I was afraid they would make me a permanent staff member, but, no, we didn't really move around that much.

M.A.P: Okay. Do you know how your other coworkers, you know, felt about this? How did all those changes in management affect, I guess, day-to-day, how y'all ran things?

S.W: It didn't really affect anything. Alisha was the one who, I guess, did the most, like, "Oh, I wanna make games. Whoever sells the most gets a gift card," but that was kind of it.

She made the most changes before her. We only had one phone to answer, and while she was there, she got two more phones, so there would be three phones calling Kumori at the same time and sometimes not enough people to manage them. She did that, but not much. Most managers just did the same thing, we would do the same thing, and they would make sure we weren't screwing up, or learning how to make sure we weren't screwing up, and that was pretty much it.

M.A.P: Did you or any other coworkers ever feel frustrated during that time with management or with the situations?

S.W: Sort of. I felt that I wished they were doing more about COVID. I remember after I left, they ended up getting those UV wand lights for germs? I was like, "I wish you had that a couple months ago maybe," or did more than just a temperature check, because you can have COVID and not have a temperature. So, I mean, how safe can you really be, you know? Somebody could walk in and not know they had it. Then they were letting people have their masks off when they weren't eating or drinking, which wasn't cool, and why am I gonna, you know, why am I gonna put myself on the line to tell them? I only make $2.13 an hour. What, they're not gonna tip me or they're gonna get upset with me, or tell the manager that I was being rude, when it should've been the manager who was enforcing the ordinance. I'm just a server, so, I dunno.

M.A.P: So, as COVID-19 cases in the Valley mounted throughout the summer, how did you feel, I guess, learning about that? How did that affect what you already felt?

S.W: I got worried when I started seeing all the hospitals were filling up, because if anybody I knew or cared about got sick, it would be really hard for them to get in, if it was really serious.

M.A.P: So, who were you worried for?

S.W: My son, his dad, his dad's whole family, my roommates, my mom, my grandma. My grandma hasn't left the house since March, at all, so, except to go to a funeral super recently, that was extremely socially distanced.

M.A.P: So, are any of your loved ones or yourself immunocompromised, or otherwise susceptible by living situations?

S.W: My grandma's in her eighties, my son's dad's sister has asthma and his dad is in remission from cancer, and my son's a baby.

M.A.P: Your son's dad?

S.W: My son's dad's father is in remission from cancer, so it would not be good for him if he got it. So, I wanted them all to stay safe.

Shortly after this point, the recording stopped as we continued and finished the interview. We had to restart the second half of the interview two days later, at the same location.

The proceeding conversation was done during this second session.

M.A.P: Okay, how would you describe your family life?

S.W: Pretty good. I have a good relationship with my mom, my sister, my grandma.

M.A.P: How many family members do you have that you're in contact with?

S.W: My immediate family? Three.

M.A.P: M'kay, and your son as well?

S.W: Yeah, so four.

M.A.P: M'kay, what about your son's father's family?

S.W: Yeah I keep in contact with them. I see them regularly.

M.A.P: Okay. How has the pandemic affected how you interact with your family?

S.W: I just try to be more conscious of where I go. That way when I see my family, I'm not as concerned about having maybe interacted with someone who possibly contracted COVID.

M.A.P: Okay. So, are there any stresses on familial relationships, because of the pandemic?

S.W: I feel like yes, but that's kind of with everyone mostly? Just trying to be considerate of their family and friends. So, yeah, the stakes are higher, I guess.

M.A.P: Okay. What was your social life, regarding friends and associates, before the pandemic?

S.W: I would try to see my friends regularly, or I would go out, not on a nightly basis, but a couple times a month.

M.A.P: Okay. So, how's that been affected during and after the pandemic?

S.W: I don't go out and see my friends that often. I think I've only recently started to see people that I've been friends with. I know I saw our friend Luther the other day and I hadn't seen him since February or March. So, yeah, it's definitely limited to the people I immediately live with, and I see my coworkers and my family and stuff, but mostly like that. Not any big social gatherings.

M.A.P: How often do you see friends and associates?

S.W: Not that often. I saw Luther for the first time. I saw our friend Alyssa that one time that we hung out, so not super regularly. I see my family way more often.

M.A.P: Okay, and how often do you have a visitor to the house?

S.W: It depends. Sometimes our friend Kait comes over to hang out, but that's not super regular at all, so not that often.

M.A.P: Okay. So earlier in the interview you had mentioned that you got the coronavirus. When did you find out?

S.W: The beginning of August, I think. Anywhere from August 1st to the 4th.

M.A.P: Okay. Did you notice any signs before you had tested positive?

S.W: Yeah, I lost my sense of taste and smell immediately.

M.A.P: M'kay. What was your emotional reaction to finding out that you contracted it?

S.W: I was pretty stressed out about it. I thought, "Well, I'm not gonna be able to make money," or "Am I gonna get really sick and be stuck at home?" and hospitals were kinda full here. So it was really stressful.

M.A.P: Okay, how did those close to you, like your friends and family, react?

S.W: My family tried to stay positive about it, that I would pull through, that I just needed to take care of myself. My son's dad was glad that I had minimized contact with them, so I didn't take COVID over to his house. But he tried to stay positive too.

M.A.P: Okay, what about, your roommates?

S.W: I know you were super concerned. And I know Erick was really stressed out about it as well. I would say you were a little stressed, that you were negative, so.

M.A.P: M'kay. So once you found out, what precautions and adjustments did you and your roommates take?

S.W: You left to go quarantine elsewhere, and Erick and I stayed in different rooms. We wore masks around each other, and we cleaned everything, we started washing everything that we had that we thought was in contact with us when we had it. So, mostly just sanitizing and cleaning, and leaving your part of the house alone.

M.A.P: M'kay. So, did you get tested before that positive test?

S.W: Yeah, the one that gets sent in the mail. I did that one and it was negative.

M.A.P: Alright, so—

S.W: But that was a month or two before.

M.A.P: So, why did you take that test? Did you feel like you were sick, or was it just out of precaution?

S.W: Just out of precaution, 'cause you hear about people who have it, and they're asymptomatic, and I was working at a restaurant, and it was covered by my insurance.

M.A.P: Okay. So, where or how do you think you got COVID-19?

S.W: I was working at a restaurant in the pandemic, as a server, so I feel like that's a super likely place for me to have contracted it. But, you know, I also went to the grocery store and stuff like that. I feel like it was more likely through the restaurant setting, interacting with customers.

M.A.P: Right. did you, did the precautions, or the protocols, that Kumori took, did those make you feel, I guess, safer?

S.W: Not a hundred percent, 'cause they would kinda flip-flop on what was going on. Like, "Oh, you can wear gloves," or "Oh, you can't wear gloves," or, having to serve people in the middle of the pandemic, when hospitals are getting full instead of closing dine-in, it was kind of always on-edge, you know?

M.A.P: So, is that why you feel like it was more likely to have been at work?

S.W: Yeah.

M.A.P: Mkay. So, how long were you sick?

S.W: I think two weeks and a day from my positive test till I tested negative. So, I was really ill for five to six of those days. But, I was sick with COVID for fifteen days.

M.A.P: M'kay. So before it had gotten severe, what was living with COVID-19 like at first?

S.W: I didn't like losing my sense of taste or smell whatsoever, but that started coming back, and so I felt that I was asymptomatic and fine. But, one night Erick and I were hanging out in the living room, eating pizza and watching a movie, and then the next day I woke up, and it had hit me like a train. So, I was fine until I wasn't, I guess?

M.A.P: So, when it did hit you hard, what were the symptoms like?

S.W: I had really intense abdominal pain, kind of in my lower-right abdomen, and really bad lower back pain, muscle aches, and then a fever that came on that lasted about four or five days.

M.A.P: How high was that?

S.W: At its peak, 101 degrees.

M.A.P: M'kay. So, when it was really bad like that, how was it emotionally or psychologically for you?

S.W: It was really stressful. I felt super bad, I was super disoriented from the fever and, just kind of out of it, and I was scared 'cause COVID is novel and there's not a vaccine or a known method of treating a COVID patient that will guarantee great results, you know? So, I just really wanted to break the fever. I was taking a lot of medicine and [coughs]. Sorry, trying to eat and drink what I could. It was pretty scary [coughs].

M.A.P: When it was really bad, do you think it could've been lethal at the time?

S.W: Yeah, definitely the first day. The first day is the day I felt like calling an ambulance. That my abdominal pain was so severe that I thought maybe it was my appendix or my kidney that was being affected.

M.A.P: So, in regards to the physical issues, the symptoms, as well as the emotional toll, what would you say, or even regarding, relationships and thinking of that, what was the hardest aspect of being sick?

S.W: It was really draining physically, being that sick, and not knowing how long it was going to last. That was the worst part. Like, I'm glad the fever broke in five days, but for all I knew, it could've been a week or two weeks of just being severely ill. So, that was scary, and then I lived with an asymptomatic person who's taking care of me, and I feel oh, I'm scaring them too and I'm scaring my family. So, it was just really stressful all around until I started being better.

M.A.P: So I guess between those two things, which was worse for you? Or was it about the same?

S.W: It was about the same. 'Cause me feeling bad, it was just compounded by the fact that me feeling bad [nervously laughter] was affecting other people negatively, I guess.

M.A.P: So, has, has your lifestyle changed after recovering?

S.W: Yeah, I changed jobs because of that, so, I didn't want to work at restaurants again.

M.A.P: So, day-to-day, how about that?

S.W: I still go to the grocery store, I still see my family. I try to be more careful, but I still live my life.

M.A.P: So, when did you decide that you weren't gonna go back to work as a server?

S.W: Immediately after getting the positive result. 'Cause I'm definitely not going to go back.

M.A.P: Why's that?

S.W: I just felt like it was not safe, and that, if I recovered and I ended up testing negative for COVID, I didn't wanna work at a restaurant where I felt like any day I could come home and have it, no matter how soon or recently I got tested, and I have a son. I don't want to get him sick and I don't want to get him sick, and I felt like I could find a safer work area, you know?

M.A.P: So, when did you start looking for a new occupation then?

S.W: I mentioned briefly that I was already going on Indeed when I was sick. Like, I wasn't incapacitated enough to do that. But in earnest after I recovered. I used the school's job-seeking forum, Handshake, to seek employment.

M.A.P: Okay, so, where do you currently work?

S.W: At the university, in the Academic Advising Center.

M.A.P: What do you do there?

S.W: I'm just a student assistant. I just schedule appointments for people who call in.

M.A.P: Do you see any customers there? What's the workplace like?

S.W: Hardly. Sometimes people come for walk-ins, but they're stopped at the door. It's like a touchless door, we just hit the button and the door will open automatically. You have to put on hand sanitizer and you have to wear your mask. We'll stop you and then they'll schedule your appointment at the door. They have a big lobby, and it used to have a bunch of chairs in there, but they took them all out so there's nowhere for people to sit. When you walk in through the lobby, there's like four desks that you can go to that are all protected with glass panels, and you can go, talk to somebody there, but for now they're just having us sit there and answer phones. Everyone gets stopped at the door by my supervisor, so it's pretty safe. Only employees are in the office and no more than three to two employees can be in the same room because of the six-foot distance thing.

M.A.P: Mhm.

S.W: Where those four desks are, there can only be two people. Like, on two and four or one and three [uses her hands to demonstrate the desk arrangements]. And in the room next to us, our supervisor has a room like this one [motions to the walls of the room we are in], and say over there is her office. So, she can be in there and close the door and have three people in the room. So they take it really seriously at the university. It's a thing that you can't have a certain amount of people.

M.A.P: Do you think they take higher precautions than Kumori did? Or about the same?

S.W: Definitely! Definitely. We have to sanitize our work station before and after we use it, in case the person before us didn't. We use Lysol and sanitizer to wipe it down. We sanitize our headsets and wear masks at all times. So, yeah, I feel safer. I'm not interacting with as many people. It's the same people every day.

M.A.P: Mhm. Do you think there's something, I guess, inherent about a restaurant that makes it so that they can't take as high precautions as an office space like that?

S.W: Yeah, it's just the people who come in to eat, you know? You don't know where that person's been and who've they've come in contact with, or who the person they came in contact with. It's just a whole thing. At the restaurant, I just felt that it was a way more risky profession to be in right now, in the age of COVID.

M.A.P: Mhm.

S.W: Yeah, especially when you have a child, or you live with people who are at risk. Like my son's dad's—Charlie's—parents.

M.A.P: Are there any other odd jobs you do to make money?

S.W: No.

M.A.P: Okay. So, how would you compare Kumori, to the university, in terms of their safety protocol?

S.W: Kumori was mostly about having people eat there, because they're a restaurant and they're trying to make money. So, they tried to do what they could, especially at the beginning, and based on whatever the governor said, but there were instances where they wouldn't enforce that mandate that you had to be wearing a mask at all times, even in a restaurant, unless you were in the act of eating or drinking. People would be done and they would just have their mask off the whole time, in the restaurant. People were sitting six feet apart, but you were serving somebody, and they had their mask off the whole time, and you still have yours on, but you're definitely way closer than six feet to them when bringing food to the table.

M.A.P: Yeah.

S.W: So, I didn't like that part. They didn't enforce it whatsoever.

M.A.P: So, now that, you know, your life has changed, especially in regard to your workplace, are you still afraid of getting sick again?

S.W: Definitely. Definitely. The paranoia's set in, 'cause it was so bad the first time that, I always just try to stay conscious. Ah, I hate even when, you know, even when I to go to the gas station and use the gas pump, I always have hand sanitizer with me, or trying to minimize contact. Yeah, it's just a whole thing.

M.A.P: Do you think it's still pretty likely that you could get sick?

S.W: Yeah, unfortunately, but I feel like that's the case for everyone. So I just try to live my life around it, but I also try to stay safe.

M.A.P: So, I guess in general, how do you feel about how our local government handled the situation?

S.W: I just feel like they did what they could, you know? The governor overrode a lot of decisions that the local governments could make, but they could [air quotes] encourage residents to do certain things, and…

M.A.P: Mhm.

S.W: They tried to do that. 'Cause after the first lockdown, they couldn't *enforce* lockdowns after that, right? They just were encouraged, but they set up a lot of free testing sites here, the local government. So I feel like they tried to do what they could, but everything was against them.

M.A.P: Right. So, you mentioned the governor. How do you feel about how the state in general handled it?

S.W: I don't feel like they handled it very well at all. I think that they opened way too soon, trying to revitalize the economy and, instead, a lot of people got sick, or hurt, or lost family members. Yeah, I think if they just had kept the lockdown going, we could've really flattened the curve. So, I think they did a bad job.

M.A.P: M'kay, so how do you feel about how they did, and are doing, nationally?

S.W: The worst job [scoffs]. Yeah, seriously. I don't think that they're doing a good job at all. They allowed the states to decide whether they wanted to reopen or remain closed, and states reopened and it was really bad, and they turned COVID and wearing a mask into a political thing, which makes no sense to me. Yeah I don't think the job was well done. We got a stimulus check one time, that was supposed to last us eight months? And, yeah, it was just ridiculous. Other countries were getting universal basic incomes. I just think they did a really bad job.

M.A.P: So, do you think there's maybe a relationship, from that level to our local level, and then how, the restaurant itself functioned? Do you think there's a relationship in, I guess, protocol and policy?

S.W: Yeah, maybe. I kinda get what you're getting at. Yeah, I guess you could say it's related. I just feel like what was going on nationally affected the Valley a lot more than people think it might've. Like, a lot of people got sick here and hurt because the governor said, "Hey! It's okay now, we're opening stuff. So you can go out, it's totally fine," and a lot of people who watch the news on a surface level or trust the government seemed to think, "Oh, yeah, the governor wouldn't reopen unless it was okay," and those were the people who got hurt or they got other people sick. So, it's just like this loop of awfulness going on, unfortunately.

M.A.P: So, with the way things are going, when do you think it could become safer to live life how we did before?

S.W: [Shrugs] When there's a vaccine and most people are vaccinated. I can't really predict it. I mean, most people were saying "Oh! When this is all over..." back in March, and it's October.

M.A.P: Yeah.

S.W: So, for all I know a year, two years.

M.A.P: So, I guess, you know, what do you feel like you can do for now, with the way things are?

S.W: Work, stay home, minimize the amount of people that I see who aren't my immediate family or the people who I live with. I guess try to… help… flatten the curve, essentially.

M.A.P: Just do what you can?

S.W: Yeah.

M.A.P: Yeah. Well, that will conclude the interview. I want to thank you very much on behalf of myself, my class, and the university. We will be signing off now. Any last comments or anything?

S.W: No, no, thank you so much though.

M.A.P: Alright.

Appendix CC

Letter from Kumori management identifying employee as an essential worker exempted from Hidalgo County's stay-at-home and cerfew orders

[K-U-M-O-R-I]
sushi & teppanyaki

To Whom It May Concern,

I am writing this to inform you that [redacted] is a current employee of Kumori Sushi & Teppanyaki. [redacted] does work for us at our Uptown Plaza location and is currently on their way home from work. All of our employees receive a copy of the time stamp in which they clocked out. This slip will show the date and time that they left our establishment. All of our employees who leave work during these difficult times have been instructed to keep this in their possession just in case it is needed.

Our establishment falls under the operational exemption list that is both issued and regulated by City and State Officials and it is deemed as an ***"Essential Personal Activities"*** place of work.

Kumori has shortened our hours of operation to assist in our employees being able to get home before the curfew, but sometimes our business is unpredictable and the demand for our product is high. During these uncertain times, I greatly appreciate your understanding, and please note that we are doing everything we can to aid with the safety of our employees and our community.

If there is a need to speak with me directly, please call me and I will do anything in my power to accommodate the needs of our City and State.

Thank You For All You Do and Please Stay Safe

Sincerely,

Michael Kerr
[K-U-M-O-R-I] Sushi & Teppanyaki
AREA DIRECTOR
704 Mozelle Av. Pharr Tx. 78577
tel.469-520-3119
email:MKerr@kumorisushi.com
Website:www.kumorisushi.com

Appendix DD

Interviewee: Mariah Trejo

Interviewer: Mark Alvaro Trejo
Date: October 22, 2020
Location: Edinburg, Texas

This interview was conducted over Zoom on the 22nd of October of the year 2020. The interview lasted approximately 10 minutes. The interviewee was Ms. Trejo. She is an educator in the local area. She has been teaching for about 4-5 years and has experience in both the physical classroom and remote learning. This interview explores her accounts of the COVID-19 pandemic and its impact on the local education system.

Mark Alvaro Trejo: Today is October 22, Thursday. My name is Mark Trejo and I am a student at UTRGV in Edinburg, Texas. I am here today with Mariah Trejo conducting an oral history interview for our university class titled “Discovering the Rio Grande Valley” as we research the effects of the coronavirus pandemic on our regional community. Let’s begin. Hi Mariah, how are you doing?

Mariah Trejo: Good.

M.A.T: Doing good well, lets start right off with the questions. Now based on your experience of being a teacher, how different is the education system now as compared to pre-COVID?

M.T: It is very different in terms of what sort of expectations administrators have about teachers and also the expectations that teachers have about students.

M.A.T: Now you mention expectations in what ways are those different?

M.T: So I think now because of the situation a lot of administrators are sort of telling the teachers not necessarily, don't expect so much from students but be understanding of the situation. But at the same time, they are wanting us to provide, you know, a high quality education for these kids, so we're trying to sort of find the balance between both of those criteria.

M.A.T: Now what resources are you now limited to? Like what are some of the things you miss about being in a physical classroom?

M.T: So a lot of the activities that I had before COVID were geared towards collaborative learning, group activities, hands-on activities, and now that is sort of erased and we're sort of limited to digital assignments, things that students can work on independently that don't require so much teacher directed assistance so that they are able to do the assignments on their own if they're working asynchronously or even synchronously. It's a little bit more difficult for, you know, me to give them assignments that would have, you know, benefited them if they were able to work with a peer; now that's not possible, so limited to more independent work and less group work, which is what the education system in our district really centered on. They wanted group work, they wanted group activity, now that is sort of the complete opposite right now.

M.A.T: Now in regards to your district or school, do they give teachers any special training to prepare to fully go online? Did you have any workshops before are you still going to workshops now?

M.T: Our training has not stopped because of COVID; it has actually increased. I think we were required to complete Google training hours before this school year started in order to prepare and to be qualified to be able to teach digitally, teach remotely so yes, definitely, the district has provided multiple workshops and multiple resources.

M.A.T: Now in your opinion, do you think the public school system locally is handling the COVID-19 crisis correctly? Do you agree with some of the dates that they have scheduled to allow students and staff to return to the physical classroom or return to the actual school grounds? Based off the news in the past week, we had Mission ISD, I believe, or PSJA come out and have positive COVID testing, but they are still not changing the days they want students to come back which I believe is in December. Do you agree with that? Do you still want them to come back the days your school as mandated?

M.T: I think that right now they're trying their best to facilitate the students learning, and right now it's very difficult because there are some students who don't have internet access, some students who don't have devices even now going into the second six-weeks, but I think they're trying their best to make the best of the situation, but I just would like for them to you know keep everyone's safety in mind. I understand it's school, it's learning, education but at the same time this problem is sort of bigger than, you know, that situation I think.

M.A.T: Now I know you said that, you know, the lack of internet for some students… Did your district provide, you know, things, tools for teachers and students to succeed? Like again the internet, tablets, Chromebooks, laptops, iPads, any electronic device with access to the internet? And is there some disparity among students from different income brackets that have access to stuff like that?

M.T: So students were all given, I guess, the choice for the option to get a device through the district as well as a hotspot, you know, for internet purposes, but what did happen early on as, you know, some of them don't work and that's, you know, with technology, it's going to be different and it's going to be sort of a trial and error, but they did try to provide all students that needed devices, needed internet, but at the same time with, you know, the entire country trying to learn digitally, so things are a little bit difficult to get We still have some students that don't have some devices; they are on a wait list but the district is definitely trying to do, you know, whatever they can to facilitate that digital learning.

M.A.T: Now, what ways have you needed to adapt to stay-at-home instruction? Do you find it easier, harder, or do you find it the same amount of effort?

M.T: It is definitely more effort that I have to put into the assignments, making it engaging for students, where I used to be able to sort of include peer discussion and group activities and collaboration between students in the classroom, now it is solely relying on me to provide, you know, all of the instruction and make it as engaging as possible for students at the same time, so it is definitely a lot more effort, a lot more planning, and even when you think you plan enough, it's not. And it is definitely a lot more work that goes into trying to teach remotely, trying to keep up with parent contacts, trying to make sure all students are learning, trying to make sure that all students are engaged even when cameras are turned off, yeah so definitely a lot more effort and work.

M.A.T: Now how long have you exactly been teaching for?

M.T: I've been teaching a total about four and a half years with the district.

M.A.T: Okay and I am assuming that most of the years were conducted prior to COVID. With that in mind, do you find that new teachers last year, who just finished graduation, getting their certification, do you find that they have a leg-up on experienced teachers in terms of technology, or do you find that you all are on the same level of terms of being tech savvy?

M.T: I think that any teacher, regardless of how long they've been teaching, if they really want to make the best out of the situation and they want to be the most effective teacher, they are going to put in the work and they are going to put in what they need to in order to learn how to teach effectively and to the best of their ability, but at the same time, you know, a new teacher coming in, it's a lot, I mean it's overwhelming for a teacher who's been teaching for more than a few years, so you know, new teachers coming in, I don't necessarily think they have a leg-up because this is a situation that is not even taught in, you know, their college level, so I think that everyone is sort of on the same playing field and no one is, you know, has a leg-up versus the other. I think that teachers who want to make the most out of the situation, want to be good and effective for their students, they're going to put in the work; it doesn't matter if you've been teaching 20 years or you just started teaching.

M.A.T: Okay, well thank you. That is all the time we have. I want to thank you today for making time for this interview. I really appreciate it thank you.

M.T: You're welcome.

Appendix EE

Interviewee: Victoria De Leon

Interviewer: Mark Trejo
Date: October 22, 2020
Location: Zoom interview

This interview was conducted over Zoom on the 22nd of October of the year 2020. The interview lasted approximately 9 minutes. The interviewee was Ms. De Leon. She is an educator in the local area. She has been teaching for about a year and has experience in both the physical classroom and remote learning. This interview explores her accounts of the COVID-19 pandemic and its impact on the local education system.

Mark Trejo: Today is October 22, Thursday. My name is Mark Trejo and I am a student at UTRGV in Edinburg, Texas. I am here today with Victoria De Leon conducting an oral history interview for our university class titled "Discovering the Rio Grande Valley" as we research the effects of the coronavirus pandemic on our regional community. Let's begin. So, hi Victoria, how are you doing?

Victoria De Leon: Hello Mark, I am doing well this afternoon.

M.T: Good, good, good. So, I want to start off by asking, since you are a fairly new teacher in your field, how much has the education system changed as compared to pre-COVID? Before you actually started working, you know, did you, did your district or the school provide any like new teacher training with programs and stuff like that?

V.D: The teaching system has changed drastically in the way that I build rapport with my students, first and foremost. Which is really important to have so that they are receptive to my lessons. As far as training before starting the school year, we did receive new teacher orientation as well as technology training that would kind of orient us in the realm instructional resources we would be sharing with the students, so I did feel prepared in that sense.

M.T: So how long have you actually been teaching? Has it been a full year, or has it been half-and-half?

V.D: I graduated in December 2019 and began teaching January 2020, so I taught for one full semester in one district and began distance learning this semester in the current district I am in. So, I am about to complete my first full year at the end of this semester.

M.T: Oh okay. Now going off of that whole, you know, you were teaching in one and then you had to do remote learning, do you find it easier to do remote learning as compared to training like you went through to become a teacher? Like physically in the classroom or do you wish to be in a physical classroom, or do you just want everything to kind just be the same?

V.D: I would 100% prefer to be in a physical classroom. I think it is very hard to meet the needs of my diverse learners through technology. I mean this is something they are definitely not used to. I think I am acquainted with technology learning for the most part. I learned at UTRGV through technology, but it is hard to engage with my students and communicate with them. So, I prefer to be in a physical classroom.

M.T: Oh okay. And now in your opinion, do you think the public school system here locally is handling the COVID-19 crisis correctly? Do you agree with some of the dates they have scheduled for students and staff to return to the physical school grounds on? Like I know that they had just reported at, you know, I think it was Memorial or PSJA. they had positive COVID tests, but they still are going to keep those dates where they return, I believe in December or something like that. Do you agree with those?

V.D: Absolutely not. I think for the most part, in general, the community has not handled it well; the Valley community has not handled the situation well in putting their teachers and students at risk. Kind of blaming or directing blame towards people like, "You shouldn't have been in school, you are spreading the virus," but you're forced to be there. However, I think my district personally has set mandates in place that had given the teachers the option to choose whether they are teaching from home or from school. So, I think my district has done well that I have seen other districts handle it poorly.

M.T: Like you said, your own opinion, your district is handling the COVID crisis well. Now did your district provide things like tools for teacher and students to succeed? Things like free internet, tablets, Chromebooks, electronic devices so that they actually could have access to school? And do you see any disparity among students from different income brackets?

V.D: I think that they attempted to provide all students with technology resources but of course there are disparities, some campuses have more resources than others. So that would, in itself, cause disparities including students, and as far as different socioeconomic backgrounds, I think that it is evident which students have means to have WiFi and multiple devices and phones and laptops, and students are doing everything on their phone that is sometimes broken, so I think it is very difficult for students in different socioeconomic backgrounds to succeed in online learning with the expectations, so that is why I would much rather be in a classroom.

M.T: Now do you find it easier, as compared to other experienced teachers who have been teaching for 5, 10-plus years, to adapt to a stay-at-home instruction? Why or why not?

V.D: I think technology wise, I have been blessed with the abilities to succeed as much as I can. So, I am becoming a little more tech savvy, and I think I was able to orient myself with this technology a lot faster than my veteran counterparts. They defiantly have the pedological knowledge I strive to have, but it has been a like, teamwork effort. So, they call me when I need to help them with technology, and I'll call them when I need help with classroom management. So, I think it was pretty easy for me to adapt. To be honest, it hasn't been 100% but I think I have figured it out technology wise, pretty easily.

M.T: Okay, and do you find that you know, let's say, your district does make you go back to campus, do you feel like you will go? I know you said you have the option of staying or going back to campus physically. Are you going to want to go back since you want to be in a physical classroom, or do you not want to risk that for your students and for yourself?

V.D: I would not want to risk that for my students or myself or the people that I live with at my home. I think it would be reckless and kind of doing everything wrong. I think it would be completely reckless to go in person; it is too easily transmitted to go.

M.T: Okay, one final question actually. Now I said, I know that you said that for your students that you have many special needs, correct? Do you see like for Special Ed, for stuff that is in your field, do you see them being impacted way more than the average student?

V.D: I 100% do see that. I do have two classes that we co-teach, so I have a large population of Special Ed students with many parent needs and accommodations and parents finding the instructions on Google Classroom and being overwhelmed with work no matter how much I try to differentiate, that in itself is difficult, and administer tests when their accommodations require oral administering. I have experienced them having more difficulty than a traditional student.

M.T: Now are they more at risk because they are special needs and since it is harder for them to get their instruction from remote learning they are going to have to go back to school? So automatically are they more at risk than other students, or do you feel the, that the district will do everything they can make sure that the spread is low?

V.D: I think the district is doing everything they can at the moment. Only severely Special Ed students are attending school in person that require them to be in a unit so, I have the students who aren't the so serve, and surprisingly, they are the ones with the highest attendance in class, so they are making an effort; it's just hard to transmit that learning and communication. But the effort is 100% there from that group of students.

M.T: Oh, okay well I want to thank you for taking the time out of your day to conduct this interview with me. Thank you.

V.D: You are welcome.

M.T: I'll be seeing you later.

V.D: Bye.

M.T: Bye.

Appendix FF

Interviewee: Karina Martinez

Interviewer: Alyssa Martinez
Date: October 23, 2020
Location: Zoom interview

This interview was conducted over Zoom on the 23rd of October of the year 2020. The interview lasted approximately 15 minutes. The interviewee was Ms. Karina Martinez who works as a Special Education Instructor at IDEA Public Schools. Based on her accounts she was able to provide me information regarding what it's personally like for her working as an educator during the coronavirus pandemic.

Alyssa Martinez: So today is Friday, October 23. My name is Alyssa Martinez, and I am here, um as a student at UTRGV in Edinburg, today with Karina Martinez, to conduct an oral history interview for our university class titled "Discovering the Rio Grande Valley" as we research the effects of the coronavirus pandemic on our regional community. Lets begin with our basic questions. So can you please state your name?

Karina Martinez: Yes, hi, my name is Karina Martinez.

A.M: And can you please state how old you are?

K.M: I am 23 years old, I'll be 24 next month (laughs).

A.M: (Laughs). What is your town of residence?

K.M: I live in Pharr, Texas.

A.M: Where do you work?

K.M: I work at IDEA North Mission Academy.

A.M: Is it a long commute?

K.M: It is. It is under 30 minutes actually.

A.M: Like without traffic?

K.M: Yeah well both, like in the morning. In the morning it can take 20 minutes without, yeah, without traffic cause it's like 7 AM, but afterwork between 4 and 5 PM, yeah, I can take close to 30 (mins) with the traffic.

A.M: How long have you been working there?

K.M: This is my 2nd year actually, so over, a little over a year.

A.M: Do you know about how many people work at your school?

K.M: Oh, um, like just, uh because IDEA has Academy and College Prep, like you mean just the, just the elementary level?

A.M: Well both.

K.M: Or both, hm, man I don't know. Yeah there's quit bit people. Let me see, I would say just with Academy it's around 50, and I know upstairs they have less teachers, um since there are less grade levels, um maybe I would say close to 80.

A.M: So they're more, it depends kind of thing.

K.M: Yeah well cause with the elementary there are teachers and co-teachers, and then with like middle school and high school only need one teacher.

A.M: Ah**.**

K.M: Uh-hm.

A.M: At the time of the shutdown in March, how was your school/job affected?

K.M: I remember that day very vividly (laughs) when the news came out uh we were just about to release for spring break, and we were all like oh wow we're gonna get like, "Our spring break is going to get extended, yeah!" Two weeks and then um as the days pro… the weekend as it progressed, we're like, "Oh, we're not going back like for the rest of the school year [dog barks in background] and yeah like we just had to teach from home. Tt took um that second week of spring break was more so for the kids but for the teachers; that's when we were like, "OK, let's figure out [dog barks] what we're gonna do." Uh, we downloaded teams, [cell phone notification ping] we learned how to use it and basically how we're going to teach from person and no longer uh in like, in person. Online not in person there you go [dog barks].

A.M: Did you guys go through trainings for Microsoft Teams?

K.M: The, a little more like we had uh, I guess like a couple people figured it out and they had little trainings set up [dog barks] but like I guess since I'm younger and like us we grew up with technology it was like easy [snaps fingers]. Just oh yeah adapt and uh get use to it I guess but yeah they did provide that.

A.M: Uh what benefits from the shutdown did you enjoy when the County of Hidalgo put a stay-at-home order?

K.M: Staying home (both laughing) you know just like being uh spending more time with my boyfriend and just feeling more energized because like you know after being um 8, 9 hours away at work and then having to drive back, it takes a lot out of you. I would sleep at 10 or 11 PM sometimes and honestly during like the quarantine period we slept like at 3 AM, 4 AM just cause I could wake up 15 minutes before I would go to work online and I would be fine, so it, yeah my favorite, it changed a few things (laughs).

A.M: What has your school district offered/provided for the new school year this fall, for you in order to work in a safe environment?

K.M: So going back in person they provided us with P.P.E which is Personal Protective Equipment. Um, we can work, we have to wear masks, of course, they provided us some but of course everyone has their own. Um face shields, they provide us with face shields, with gloves, and for people who like me who work with Special Education students [dog barks] we were provided with gowns that they wear like in hospitals. Um, we were allowed to wear scrubs, which I wore scrubs most days out of the week um and of course in the classroom they minimized the amount of students that can be inside, as well as adults, and they placed

plexiglass shields around the all of the desks, so they took a lot of measures, um to keep us safe, I guess you can say.

A.M: Uh what have you learned from the pandemic that you'll always remember?

K.M: I have learned to appreciate every moment, because at times during the quarantine it felt a little boring. You know, we missed our friends, we missed our family, we missed being able to sit at a restaurant and feel comfortable being able to, being able to be in a public area really, and so I mean, even now like I really, we really we go grocery shopping, but like we don't go out the same way we use to so, yeah. I just, I miss like that the simplicity of it, and just appreciating those moments I learned to appreciate the moments more yeah.

A.M: What kind of changes have you personally made with coworkers/students in order to meet with CDC guidelines?

K.M: As you know, of course wearing a mask and social distancing by staying six feet away from each other so with coworkers, uh we, in my classroom it's me, another teacher of record and two co-teachers, so it's four of us in the classroom. Of course we're able, you know, we're in uh classroom so we are able to be within the six feet just because the way it is, but with other teachers from, you know, a different hallway or whatever uh we can't really, you know, uh interact that much. Like I didn't really see a lot of teachers that I used to see last year um so it's a little weird with students. Of course, uh again, we're also suppose to be six feet away but since mine are Special Education students, they each have individualized education plans, and for some of them, they do have hand-over-hand assistance um or they have personal care goals like toileting, so we do have to basically be with them. Some of them have behavioral plans which require us to be like really be next to them all the time so um. It has changed a few things, but just because of the fact that it's Special Education uh we really can't go by that because it's part of their plan. But I know for general education, yeah, they're six feet apart. Students cannot go to the teachers' desk, the teacher goes to them, to minimize interactions, yeah.

A.M: What do you miss most when it comes to having a normal day at work?

K.M: Being able to leave for lunch and pick up food. We're, it's not that we can't but it's highly discouraged just because we want to minimize like any… [**A.M:** going in and out.] Yeah exactly, it's just cause you never know so you like, you know, it's 30 minutes, my lunch break, and just being able to just sit in my car and take a 10 minute drive to pick up my food makes a difference in my day. I'm like, I feel like I'm apart of like a world outside of work which is like super important to me. I don't like to bring work home too much, I mean even though I have to, but like I like to keep my boundaries separate. I think it's healthy, and so yeah that's what I miss the most.

A.M: Uh right now are you mainly working at home or IDEA?

K.M: Ah we are working on campus, yeah not at home anymore.

A.M: So uh at what point did you stop working at home?

K.M: I want to say four weeks ago.

A.M: Four weeks ago.

K.M: Four weeks ago is when we went back, uh the first two weeks, it was just to prepare like the classroom, the work packets, and then like for the past two weeks we've had the students with us.

A.M: Um would you say going virtual has been hard or easy on you?

K.M: Easy! It made things (laughs) so much easier, it was very easy to adapt. I could see myself teaching like that if in the future of course it probably won't happen after, after now it won't happen, yeah.

A.M: Uh what's your usual work day like?

K.M: Uh usual work day, I get to work on campus by 7:15 (AM). I welcome the students, um they eat their breakfast up until 8 AM. We have morning meeting from 8-8:30 which is just going over announcements and getting them ready for the day. And then from 8:30 to 10:50 me and the other teacher of record, we teach our online students. We, I teach math, she teaches reading. We have three rotations. Then from 11-11:30 I take my lunch, and she stays with the students in person. They have, I want to say, independent work time so they can work on things in the computer or any extra assignments and then we switch 11:30-12 (PM). I go back to the classroom with the kids, and we give them their lunch; they eat for 30 minutes, watch a video, then from 12-2 me and the other teacher of record, we teach the in-person students and, same subject, she teaches reading, I do math, and it's four students that we have in-person. From 2-2:30 have conference, from 2:30-3 they usually have snack time and then at 3 o'clock they leave. Three of them, they have in their IEPs uh they have transportation services so they go on the vans and they take, drop them off at home; they also pick them up, too. And then from 3 to about 3:30 we clean the whole classroom: we spray Lysol disinfectant—everything, cause they touch everything, even things you would believe, you wouldn't believe they're not gonna touch that, no. They get into every crevice of the classroom, and then just depending on the day, like on Fridays, they let us go at 3:45 when pick-up ends, and it's really nice, but most of time at 4:05 we have all staff checkout just to go over like how the day was like: our goals, gos and our rows, and then we leave at 4:15 and then I get home like 30 minutes after that.

A.M: Do you wish schools could open up fully to allow students back into a normal environment?

K.M: I would prefer not being able to go in person just because it's, since we welcome students back in, it was only, it didn't take very long for a case, a positive case come up. And again like the next week, another one of a couple days in after that, like another one. Like they just kept popping up, we had different grade levels have to quarantine, like if it was in the middle of the day that they were, that the case was announced. they left. Like it was 12 PM we had to gather their things, call parents like for those in person students to get picked up, teachers left, and they had to like clean the classrooms, and they're quarantined for two weeks. I think it's more work, you know, doing all of those things whereas if we were all at home, we wouldn't have to do all of those things. Well a lot of people say, "Well kids learn better in person," and which of course they do and they need to stick to that routine, but of course what kind of routine do they have if like at any moment they can be again taken out, and parents have to change things and I've seen it like, I know quite a few grades in our elementary that have gone through that. Like that's kind of scary, and we wouldn't have to worry about that if we were just teaching from home. So yeah I understand that a lot of

parents work and it's just easier for them to send their kids to school, but at a time like this, there's just so much going on, I wish we could just teach from home.

A.M: And for teachers, does it work the same way? When like you know how the students they're, they have the symptoms and all you guys call their parents, make sure that they're notified right away, what do, what do you do as a teacher if you have those symptoms?

K.M: Yeah, oh okay, so if we, if we feel like we're sick, we're advised to call… it just depends cause, uh, I know it's kind of tricky, basically, it could be seasonal allergies right, so like you want to like monitor like how you're feeling. Like let's say for like um for the first few days you have a runny nose and um, and that's it like a runny nose and you feel kind of off and on the fourth day, start to develop a cough. Well at that moment okay you might want to um stay at home because the cough is a new symptoms, and you know that could be, who knows, it could be a positive case for you. But yeah, we've had um also have calls that I've mentioned at the end of the day, we've been going over a powerpoint in which, what is a scenario in where you can't stay home or you still have to go to work, and it's kind of like uh like with the students in the morning, they were very sneezy, and they cough all over us because, you know, they don't know any better. And for some, they have a sensory thing where they don't like to wear their mask. Thank God no one in my classroom so far has felt sick, but like if, at any moment, like even on the weekend, I start to feel like a tickle in my throat and I'm like, "Oh no, please, not now," cause I have to change my whole life for the next two weeks cause you know people in your household, you have to think of them too, and so yeah it's kind of tricky I guess you could say.

A.M: Yeah no, I understand. Well those are all my questions (laughs).

K.M: Yeah I know it went by a little faster than, I might have talked very fast (laughs).

A.M: It's okay, (laughs) I mean it was good information either ways.

K.M: Oh okay, if you have any more, I can respond.

A.M: No, at the top of my head, no. As we were going through, yeah questions popped up.

K.M: Uh huh.

A.M: I mean pretty much spot on.

K.M: You got everything covered for your, what you needed?

A.M: OK, well thank you. Have a good day, or the rest of your day (laughs).

K.M: Thanks Alyssa, you too, bye.

A.M: Bye.

Interviewee: Jacob Howell

Interviewer: Tommy L. Johnson
Date: October 24, 2020
Location: Zoom interview

This was a Zoom interview conducted on the 24th of October in the year 2020. The interview lasted approximately thirty-six minutes. The interviewee was Mr. Jacob Howell, a football strength and conditioning coach at Mercedes High School. He was able to provided information regarding how the COVID-19 pandemic has affected life for high school athletes, not only in Mercedes, but across the entire Rio Grande Valley.

Tommy L. Johnson: Today is October 24, 2020. My name is Tommy L. Johnson and I am a student at the University of Texas Rio Grande Valley. I am here today with Jacob Howell conducting an oral interview for our university class titled "Discovering the Rio Grande Valley" as we research the effects of the coronavirus pandemic on our regional community. Let us begin.

Coach Howell, I had the opportunity to watch the McHi-Mercedes game on Thursday night. The first thing that I noticed was the Mercedes players had their arms interlocked during the national anthem. Was this a sign of solidarity? Was that an action that represents equality, coming together during a pandemic, or a mixture of both?

Jacob Howell: It's a mixture of all that, including a passionate love for the community. And also, it's resilience. This whole pandemic has really brought us together because it wasn't, it wasn't a Black thing, it wasn't a White thing. It wasn't a Hispanic thing. Uh, you know, this, this pandemic has, has affected everybody, no matter what age, color, and it has united us in that. And, it made us realize that every day was important. It hit not only America hard, which we, you know, being in America, you think we're almost invincible and it took something so small to, to make us realize that how vulnerable and how, how special things are, uh, in life. I mean, in life in general, I mean, how many of us lost a loved one? How many of us were affected by this? I mean, my family alone, we had seven members affected by COVID-19, including one of my daughters, my sisters. It hit hard. You know, I had two sisters that battled this thing for two months.

T.L.J: Wow.

J.H: And this also, you know, some are, some are players too, as far as, you know, family members. So, this was, you know, football kind of brought us a little normality. If you think about it, you know, back to just something that made us feel back to normal out of the isolation, just football. It was, it was great. That was our first football game. And man, it felt good. It felt good. The crowd was just like, man, it finally feels normal. You don't, we're not in a normal state right now, but it just gave us a little sense of it. The little taste of it.

T.L.J: Well, thanks for clarifying that. Now before we get to Thursday's game, we need to understand how the Tigers got to this point. From the end of the 2019 season to March, when students were basically banned from schools, was the team involved in any training such as conditioning?

J.H: You're not going to believe this. If in the summer, the early summer, they, when they lifted the ban, as far as students kind of going back participating because since March just was probably the longest spring break in anybody's history, you know, this thing started in

March. We never went back after that. So, for March and then around June, early June, they said, you know what, uh, you can go ahead. The UIL went ahead and allowed students to kind of participate in strength and conditioning. Well guess what, about a week and a half going into the summer, they shut that down. Uh, COVID started to spike up again. It hit our area hard in the Rio Grande Valley. And so back we went and, uh, we want, you know, they wanted to just to make sure that our students, our families were safe and they want to kind of make sure that, that our sports and our, our, our medics, excuse me, had a plan. And so, on their own, like this virtual, uh, our athletes had the passion and discipline to do what they were needed to do. So, they were gaining virtual workouts. They were getting virtual team meetings. And, and so we were a little rusty. If you notice, you know, cause it hasn't been the same, but you know, we've had maybe, you know, uh, you know, few weeks after, after that, when they started they opened up the school again, uh, as far as practice because our, our students are still are not in school yet, but we are allowed to practice, uh, limited. We're still not in school as far as those students or teachers.

T.L.J: As an ex-three-sport athlete and football lover, I paid attention to what was going on in the professional and colligate world. I saw the NBA was successful in their Orlando bubble. Understandably the NFL could not follow suit and the MLB just started a bubble during the playoffs. Then I heard it on *Get Up* that the Big Ten and Pac-12 were forgoing their seasons. At this time were there discussions here in the Rio Grande Valley amongst athletic directors and coaches that centered around not playing this season?

J.H: Oh yes. Most definitely. In fact, uh, there's teams that decided to opt-out. Some teams, so not every team has a team on the field. So, you know, again, us having a team on the field felt good, you know, and our, our prayers go out to anyone that's affected in those teams and seniors, especially that are not going to have a season because there are some teams that don't have a team right now. Uh, and to be honest with you, there was some games, believe it or not, Thursday and Friday that were canceled due to COVID-19. There, there, there has been a, ah couple of players or teams that are looking into possible infections, uh, that might've had happened. Uh, so they're looking into that. I know that Sharyland, uh, Sharyland Pioneer and someone else, they were playing and got canceled due to COVID-19. So, there are teams that are still kind of iffy now. And, you know, to, to be honest with you, as far as the bubble we had like a semi-bubble as our, as far as our team regulations are, our student athletes are, are only, they're not in school. They only go to practice. They've committed to only going to practice and then going straight home from there. Uh, so we've kind of semi did our own little, semi little, little, little bubble, and it takes commitment and discipline and, and our players are committed to, to stay in, stay in the course because they know that, uh, there, we, you know, we have a championship potential team.

T.L.J: Definitely. So, following up on that question, uh, as you know, in the La Joya Independent School District, uh, there were protests from, organized by the parents and the players to allow the fall sports. First question on that, did, uh, Mercedes experience any of this? Were there any protests in Mercedes?

J.H: Yeah. You know what it was, that was a little mixed emotion. You know, obviously safety is always a priority. You know, we have an A.D. that cares and is always looking after the safety of the children, safety of the athletes always come first, but we did not have that experience. Uh, one, because we, we, uh, went ahead and did football and so we didn't get, get any backlash of that. Well, there was some questions, what, you know, some parents that were concerned about this, uh, you know, and they had every right to, no doubt, but we made sure to answer their questions. And we have a policy in place that if something were to

happen, as far as if there are some players that started getting infected, now we have a plan in place to move forward, as far as, or what the next steps would be as far as the season.

T.L.J: Okay, now that said, of the La Joya ISD's three high schools, two failed to fill a varsity football team. That said, my next question has two parts: Why do you think that happened? Did Mercedes have any players that decided to opt-out the possibility of playing this year?

J.H: Yes. I know La Joya. I know a lot of those coaches, if I want one very well, and I know one of the teams, all of a sudden, they went back. So, either they went from no playing, they're now more going to play to all of a sudden, a one team decided, okay, I think it was Lincoln-Juarez, I think it was, or Palmview, one of those decided to go and start to season. Then a couple of days later they said, "Oh, no, we're opting out again." So, it was a yes. And then it was no. And then it was yes. And then no, again. As far as Mercedes, uh, we, uh, did have a couple parents that decided to opt-out. We respect their decision and we respect the parents' decision. Uh, rightly so.

T.L.J: Can you recall when you were told that the season was a go?

J.H: Yeah. Well, we were just waiting. We always had it ready to go. Right? Ours was, our decision was, we were going to wait to see at the time. I was on, I sit on one, or was sitting on the Regional Athletic Directors board for Region Seven in, uh, in, in our region, as far as football and athletics, we're Region Seven. And academics and stuff. It's, I know it's known as Region One and sitting on the board, uh, my term ran out during summer, but while I was on the board, we were making sure and working closely with the UIL. We were working closely with all the A.D.s. And, and luckily, like I said, some schools decided to start early. So down here, member the Fort Worth area, Houston area, some of those schools had already started. Then your 3-As. So, your Corpus area, some of those schools had already started. So, by the time football started, we were keeping a close eye and ear on what was going on with the other counties and upstate as well. And it seems like they had, you know, there was some control, there was nothing too major. As far as, as far as the UIL concern, right. I don't want to speak totally for them, but it was nothing where the UIL said, uh, we're not going to have a season. So as long as the UIL gave us the green light, we, we went ahead and had the green light. If the UIL would have said, uh, we, it's not a go, we're not going to do it. We were not going to, uh, we were going to respect the decision of the UIL and the Athletic Directors of board was going to make that recommendation.

T.L.J: Okay. What was the atmosphere like amongst the players and staff when green light on the season was given?

J.H: Yeah, yeah, yeah. They were, man, they were excited. They were hyped up, like I said, uh, and we, we were following protocols. This was new to us. We were doing the social distancing. We had a plan in place as far as who, how, and when we're going to do the weight room. We'll have, you know, team what team outside a team in the weight room. Then we would alternate, uh, I mean, we were doing some kids would be in the weight room, some kind of outside the weight room. I mean, we had our spacing. Uh, it was just a matter of being creative, being innovative and being safe.

T.L.J: Now prior to learning that the season would be played, what was the team doing to prepare for the possibility of playing?

J.H: Like I said, they were just doing a lot of the off-season stuff. We were having team meetings where we just kind of keeping a close eye and ear on what was going on as far as

the other schools. Uh, so the main part was, like I said, we were just committed to just, you know, doing what they needed to do as far as washing your hands, not going to keep telling the players, don't you go home, you know, and do what you need to do. Don't be going to the, you know, hanging out too much, normally going to those parties. Don't, you know, if you're committed to the season, if you're committed to being in this program and, and what's at stake, uh, you're going to have to do and sacrifice what you may be normally would do. So, go home and stay with your family. Don't be going to those big, large gatherings. And it's hard for high school kids. I mean, that's, what's the whole fun part, you know, hanging out with a little barbecue or, or, or just hanging out on Friday nights at the movies or whatever, you know, and, and so this has been a different time, you know what I mean, if you think about it, us being, uh, you know, at one point young or senior, you know, our senior years in high school, in our high school years, these, a lot of these kids are missing out on the, on that, you know, and, but football, the ones that aren't participating in football, this is kind of like the only thing they got. Remember that there was no school going on and that's the whole fun about school hanging out in the lunch hall and talking and, and, you know, talking to the girls, you know, and, and, uh, you know, making friendships and those relationships. There's none of that going on. So, football is like the only thing that these kids and adolescents have right now.

T.L.J: Alright. Were there any parameters set by UIL that needed to be followed to allow the players to even take the practice field?

J.H: Yes, most definitely. Like I said, it was sitting on the Regional Athletic Board. We had got a lot of recommendations. As far as a protocol, there was a lot of protocol and safety steps and safety measures that we needed to follow. As, uh, our, our, our athletic director made sure that all our coaches and players followed that protocol. Also, that protocol had to be submitted to the superintendent of our schools and, and approved. So, the superintendent, uh, how to approve of those protocols. And w we kept, we have a, an eye on at all, all the time, you know, our safe, Safe Schools coordinator or director is, is always going by, and, and she's making sure that, uh, things are being done. Uh, so, and rightfully so. Right. And so, we're making sure that we're doing our part and they're going in they're making sure that they're doing their part to keep us in check**.**

T.L.J: Okay, so I am assuming that conditioning in the weight room requires the players and staff to wear mask, would that be correct?

J.H: And, uh, you know, it's, it's, it's a different time, you know, but, uh, you know, we're, we're hoping, hoping this thing goes away, to be honest with you. And, and, uh, I would say, and I told the kids, you know, this is a season of resilience, you know, they will, and we will always remember this season, ah win or lose, uh, whether we win a district championship or not just playing and getting on the field was a win. Getting on the field, what was a championship? And it's so, uh, coming together and surviving, this is a championship us bonding together. And, you know, we had over a thousand people in our community members, uh, pass away from this virus here in Mercedes, Texas. And so, we hit hard and it's a small community. So, when you have over a thousand people die, uh it's. It hurts, man.

T.L.J: I have a step-son who's a D-lineman at his middle school. He's sad because not only is he not playing, but he has not even heard from his coaches. Then I noticed that the scheduling for football games throughout the state are only for varsity teams. There seems to be no freshmen or junior varsity teams playing. What is the factor behind this?

J.H: Yeah. And you see, I'm sorry, it wasn't a thousand people that possible affected. Uh,

but we had over, I want to say close to, uh, over, uh, uh, you know, uh, high, uh, a high number of over fifty people on a, I'm sorry, over a, over a hundred people or two close to almost 200 over, uh, people pass away. So, excuse me for that, but all, but over a thousand people affected.

T.L.J: There seems to be no freshmen or junior varsity teams playing, what's the factor in behind this?

J.H: Well, one safety and protocol. We don't have a staff and most schools don't have a staff to, there's a lot of extra work that's involved. Like I said, I mean, just the weight room when you switch kids in and out and spray. And so, a lot of teams use the same staff and because of the timing and what we're going to keep, almost like a bubble. In other words, the players have to go to practice and home, and that's it. And for us to have, uh, you know, athletics with a freshmen as far as getting in JV. So that means you're doubling two teams right there. So, we don't, we don't have, the staff will have the capacity we can't focus on varsity and JV and have that social distancing and, and follow protocols. It was going to be too much. And also, financially our, our school district along with many others, took a, a huge hit. Our city of Mercedes lost over $300,000 a month, as far as revenues because of this COVID-19. And so that along with our economic, uh, hits and that also those are sponsors. Those are people that could not help support our athletic program. A lot of the monies went to helping through internet services, laptops. So, you know, normally, you know, right now we're scratching chrome just to get, you know, food for our kids after the games and things like that. So, monies had to be focused elsewhere and directed, uh, to, to priorities and the school district, you know, rightly so. So economically, that was another reason, you know, you think about, uh, the buses as well, ticket sales, uh, that is another we're limited on our seats.

Like I said, it's just, you know, the revenue of Texas football as, as this big powerhouse. So, a big, you know, enterprise it's a business, uh, is, is, is, uh, this year will not be the same. I mean, you're literally playing if you can, if you have a team lucky to lucky enough to get on the field. I mean, that's, that's amazing, you know, but as far as revenues, you know, no one was going to make any profit this year, to be honest with you. And, and, and we'll see how some school districts survive. I mean, I'm even hearing of some possible, some schools might even make cuts. You know, that's the sad part, you know, at the end of the day and the end of the year after all this has done for where people lost jobs you know. We're still economically being hit. And then the year, because of lack of revenue along with the school district too, and funds, uh, they might be educators and maybe even possible coaches that lose their jobs as well unfortunately. You know, and, and I mean, it could be anybody even me, I mean, you know, so I'm praying and seeing, you know, hopefully that we get through this.

T.L.J: Okay, so that moves the next topic. I know Mercedes is a small town compared to McAllen, Edinburg, Mission, and La Joya. That said the school district probably operates with less funds. That would require outside sponsorship as it pertains to paying for uniforms, equipment and programs. How has the school district and more importantly the team managed to raise funds?

J.H: Yeah. You know, uh, I, in fact of the fundraising guy, believe it or not was, was me, uh, here has, as of, recently, you know, as far as, like I said, I would go out as far as, uh, try to go and get sponsorship with, you know, your banks, your Chick-Fil-As, uh, you know, your, your local mom-and-pop shops, uh, you know, insurance places, just people that, that were boosters. And it would help as far as the, the program and, uh, in sponsorships and marketing. And it's hard to go ask for money from a community that took a big hit, you

know, it's kind of hard to ask for money when realistically, economically, uh, your neighbors that help you right your, your, your stores, your mom-and-pops, uh, you know, your, your um, some of these franchises as well, that took a hit, they had to cut employees as well. And so, it's not the same. And to be honest with you, uh, it's been very, very tough. It's been very, very tough. I know we did some discounts and even then, with those discounts, you know, some, we could not get the same amount of sponsorship. We understand, I mean, you know, it's hard to even ask sometimes, you know. But some of them did what they could, some of them couldn't and we understand. And so, you know, I, and I think for most teams are mean are struggling, you know, as far as the financial needs.

T.L.J: Alright, Lets switch gears and move to the game, the first thing I noticed upon arriving at the stadium is that there were multiple buses. Is social distancing required on the bus?

J.H: Oh, yes. Oh yeah. See, and that's another thing remember, more buses mean more fuel, and that's why we had a limited to one team. We can only have, I want to say a normal, a normal bus. I want to say carries anywhere from thirty-some or forty-some kids, I believe we could only have one to say maybe, uh, less than twenty on, on a bus. So, when you have a team that normally travels, you know, forty, fifty, I think we were putting like maybe nine or ten or twelve kids on a bus because they have to be so, so much feet apart or something. So just to travel, it takes around. And of course, you have your trainers and then your coaches, you know, normally that, you know, you could pack up a bus and go, maybe two buses, you know, two to three buses at, at the most coaches, you know, trainers, you know, two or three buses. Now you need, you know, my double that, you know, six, seven buses, uh, you, you would think if it were the traveling band, then we get off and then there's only maybe twelve players come off a bus because social distancing is required on the bus as well. And that is not only our school policy, but this is state policy, UIL policy as well.

T.L.J: Okay well it was great that McHi allowed fans at this game! I have heard that some schools in the area are not allowing crowds? How many fans are allowed at Mercedes home games?

J.H: Yes, we are right now at, I want to say fifty percent capacity. And I think, uh, the UIL is allowing fifty percent capacity as, uh, they might've upped it. I'm not too sure. The last time I had heard was, uh, was they're going to try to fifty percent. It wasn't going to go more than seventy-five percent or sixty-five percent. But I want to say they were going to stay at fifty per, per, percent. Again, it all also depends on the size of the stadium. McHi has a pretty big stadium. I would assume the bigger the stadium, you know, the more people you can pack in. Now, what they're doing is they're selling those tickets by like clusters. So, you would have to buy like a package until that package is almost like a, like a three, a three ticket, pod, or cluster. And if you want to go to the game by yourself, well, either way you got to buy that cluster because of the distance you need, if it's you and your family, while you're in that little cluster. And of course, you're social distancing. So, it's a, it's different, you know, you gotten get creative here, you know. But we do what we have to do.

T.L.J: Alright Coach Howell, I have to admit that I have been watching Mercedes football since 1998. This team is really athletic and showed on the field. The O was monster on the ground and through the air. And that defense was really been but don’t break. I was wondering if Mercedes has any players that are being recruited at the moment? If so, what will college recruiting look like? Have any scouts contacted the head coach about being able to attend games? Are they inviting students on official visits, or will video highlights be used in order for the students to showcase themselves?

J.H: Yes. Okay. So, God, good question. You have Mercedes, uh, one, Mercedes is rich of tradition. Uh, not only is it, has one of the, it's one of the oldest football programs in the Rio Grande Valley. Uh, it's full of tradition, you know, they, and a winning tradition, they have been known to, you know, as far as make the playoffs. So almost every other year they've been, uh, in the old days as well. They've been to the quarter finals of the state, and there's a lot of rich winning tradition. You know, what, when they wear, when you put on that, that pride, that burnt orange and white, uh, it's, it's, it's almost like religion. It's almost religion here in, in Mercedes to play football. And it's, it's, uh, passed down, you know, through the uncles, though, through to dads to sons. And so, when you put on that jersey, you wear it with pride, and there's a lot of pride here in this town. As far as the players recruited, there is a couple of guys to be honest, uh, that are, that are being looked at those as far as, small, smaller divisions. Uh teams. But, you know, I, I would say that, they are submitting, what's called like the video stuff, you know, uh, through Huddle and things like that, as far as, uh, who's what schools and what athletic director and, uh, head coach could tell you that.

Uh, probably, but I know there are some smaller schools, uh, you know, Mercedes is a small town and I'm not going to lie to, you know, we don't have the biggest guys, you know, I'm not going to lie to you. We don't, we're not going to have the biggest, fastest guys in the state. We've had a couple of All-State guys and these past couple of years, and, but we're known our guys have a lot of heart. You know, McHi was a bigger school, a bigger team, and we took them down and there, because again, it's because of the pride, when you put on that jersey, you don't, you don't just represent the Mercedes Tigers, you represent your family and these kids they'll fight tooth and nail to represent and put on that jersey. It's, it's just, and that's why I love being here and playing for this and, or coaching here in this, in this community. Cause there's just so much pride. I mean, these kids will, will, will go to battle. With you and you being in the service. I think you can relate to that. You know, that pride for your country and these guys will fight tooth and nail, uh, to represent and it's, you know. Yes, sir!

T.L.J: So, it's important to point out, that while the NBA did not allow for players outside of a team to interact, that the NFL is still gathering at the end of the game. Thursday's game ended with the opposing teams facing each other on opposing hash marks. That's a change from the norm. How has the team and those that you have played so far adapted to the changes that the COVID-19 pandemic has brought to us?

J.H: Yeah. You know, and it's crazy. And, and, uh, like I said, it's different, it's different because one, it, that's sportsmanship. And so, what we do after the game is, we move up, you know, to, uh, we all get in kind of a line and they, they move up a little bit. And of course, we stay, you know, there's that big ole space in the middle of the field. So, we, we move up, you know, to about the hash to the hash mark, you know, to the numbers. And we just kind of wave in a good game and give them everyone a thumbs up or, "Hey!" you know, and, uh, it's about respect, you know, what the old times line up on the, on the fifty and, and touching hands and, and hey good job. And maybe a couple of guys, you know, kind of exchanged, exchanged some words here and there. Ha, you know, those, you know, that's, you know, the little things that made it fun as far as, you know, being a player, you know, respectfully, you know that this season it's different, you know, it's, it's, it's more of just a hi.

And, and then the whole other special part of the game that's been taken away is, you know, after the games, when you can take a picture with it, whether your girlfriend or your mom or dad after the game on the field or on the bottom of the bleachers and, and celebrate the

victory and, and, and have that memory, that memory, that special moment with your family, you know, when you're with your brother, you know, uh, after that game, you know, with a scoreboard in the back, perhaps, and, uh, these kids will not, uh, will not ever have that that's been taken away because of this virus. There is no pictures after the game where your family, there's no pictures in the, after the game with, with your loved ones, with your girlfriend, uh, because of the social distancing it's after the after, after the players say bye, great, good game and give each other a thumbs up, uh, if they required to go right into the locker room, change, uh, and, and get on a bus, uh, they're not allowed to interact with the fans. They're not allowed to interact with your family, uh, your brothers, your sisters, nobody. And rightfully so, you know, it's a different time, but there's a lot of special moments that have been taken away from, from our kids, from the game, from our youth, and a lot of things that we maybe took for granted. You know, I remember a picture and I still have it right here, you know, uh, with my dad, uh, after a game. I hope that maybe at some point, these kids will be able to do that, but right now that's, they won't, and I'm hoping they'll have some type of picture, some type of memory of playing football.

T.L.J: What is the outlook for the Mercedes Tigers football season and what goals the team set for themselves?

J.H: Well, right, currently there are ranked in the Valley in the top five, I believe, in, in the region. They're one of the top teams in the region, believe it or not they have, it's a great program. Like I said, uh, they're expected to not only win, or we're expected and are still expected to win their conference and what they do. They divided their district. See so normally it would be, you had about eight teams right, or six teams, they divided it now into two. And so, the winner of this, this little section and this little section we're going to meet up, and then from here, they'll move on to the playoffs. And so, we are, are obviously, you know, predicted to win our, our little area or our little section far as the district side of the, of the district. And then we move on as, as, as well. However, again, one of the favorites on the other side, has been hit by COVID again.

Uh, this was just recently a couple of days ago, so we don't know the outcome. We're still waiting. We're just hoping and praying that things don't get out of hand as far as, you know, this COVID situation. We're praying and hoping that everything is okay. Again, if we're able to suit up on Friday nights or Thursday nights, or on a Saturday, whatever, where our games are scheduled, uh, we're lucky, you know, and we're blessed. But at the end of the day, every week is like a flip of the coin because we don't know. We really don't know, like I said, that game, that, that game that they had last week, got, one of those teams got canceled. They got, they canceled because of COVID. And so, unfortunately, I mean, let's say we were scared to play. That team our, our game would have been canceled. So, it's a believe it or not I am not going to lie to you. Uh it's every game is, is, is a game-to-game, day-to-day. So, there is really no, you know, at any point of the UIL or even our district A.D.s can just pull the plug and say, you know, that's it. And we understand that, you know, we, we said, okay, I mean, but yeah, so we're, we're walking on eggshells here.

T.L.J: I hear that. All right. Well Coach Howell, that completes the questions I have for you at this time and our interview. I want to thank you for taking the time to talk to me about this issue. I hope you have a great day and that the pandemic does not affect you any further than it already has along with the students and the staff of Mercedes High School.

COVID-19 and the *Colonia* Legacy in the Rio Grande Valley

Michael Mireles and A. Colleen DeGuzman

A. Colleen DeGuzman partnered with her colleague and student at Brown University Michael Mireles to write this essay for his course titled *Democracy and Inequality*. This assignment was to write about anything related to inequality unveiled during the pandemic. It evolved into a thorough analysis of the *colonias* in the Rio Grande Valley of Texas, and the healthcare disparities that have risen.

COVID-19 hyper-charged the severity of healthcare disparities in the Rio Grande Valley, the four-county region that makes up the southernmost tip of Texas. While these challenges have been seen all over the world, the unique history of Cameron, Hidalgo, Starr, and Willacy County (the Valley) illustrates how residents here are fighting a different battle against the COVID-19 pandemic. Hidalgo County is the largest of the Valley's counties with a census population estimate of 868,707 and offers a holistic case study of the region's challenges and responses, so much of this essay will touch upon data and stories from this county in particular. The demographics of this region as a whole are fairly homogeneous. Hidalgo County's population is 92.4% Hispanic, with 20.5% of the population estimated to be non-citizens; 31.2% of the population in Hidalgo lives below the poverty line,[1] and only about 19% of the population aged 25 and older has at least a bachelor's degree. Before COVID-19, 22.5% of children were found to be food insecure.[2]

A snapshot of the pandemic's spread in Hidalgo County is updated daily on the county's COVID-19 website. As of December 15, 2020, the death toll in Hidalgo was registered at 2,137. On that same day, 24,585 people had already died in Texas due to COVID-19 related issues, meaning that Hidalgo County made up 8.7% of all the COVID-19 related deaths in the state in one day. This is significant when we take into account that Hidalgo accounts for only 3% of the state's total population. There are special factors that need to be considered when asking why the virus has been so devastating in one county — the most prominent one being the history of *colonias*, impoverished neighborhoods in the Valley. According to *Las Colonias in the 21st Century*, a review published by the Federal Reserve Bank of Dallas, the poverty rate of *colonias* in Texas is 42%, compared to the Texas average of 17%, compared to the national average of 14.3%. Citizenship status also varies. Undocumented residents make up 39.2% of the people in Texas *colonias*, 13.4% in Texas, and 8.6% in the U.S.

My hope in relating the history of *colonias* (poor housing areas) and its legacy on healthcare and food accessibility, is to present a story beyond the statistics. These themes flow through the Valley's transnational demography, weaving together a delicate relationship between the difficult realities border residents confront every day. To challenge the virus and existing inequalities today, we must acknowledge and incorporate these vulnerabilities into broader federal and state policies, following the lead of community organizations that work daily to uplift Valley residents.

[1] https://datausa.io/profile/geo/hidalgo-county-tx#economy
[2] https://childrenatrisk.org/wp-content/uploads/2020/04/Food-Insecurity-Hidalgo.pdf

Colonia History // Pancho y Maria

The contemporary conditions of the Rio Grande Valley were set in motion long before the emergence of COVID-19. The Treaty of Guadalupe Hidalgo marks a special moment in the history of the Valley. Ceding Texas to the United States in 1848, the treaty set the stage for a legacy of inequality that continues to impact Mexican-American populations along the U.S.-Mexico border. We can consider Article V and IX of the treaty, and their failed maintenance, as starting points for this legacy. Asserting that the annexation of territory would not encroach on the lives of the Mexican people living on the borderlands, Article V protected Mexicans by allowing them to "[retain] the property which they possess… [without] being subjected… to any contribution, tax, or charge…" Similarly, Article IX mentioned that Mexicans "shall be maintained and protected in the free enjoyment of their liberty and property."[3] Neither of these original articles, however, made it into the final version of the treaty. Article IX was amended to grant the U.S. the ability to decide when these protections for Mexican-Americans would take place (an arbitrary and intentional stipulation), and Article X was struck out altogether. Because of these legal precedents, *Tejano* ranchers of Mexican descent faced many challenges moving forward. Tax increases were horrendous for the land-rich but cash-poor ranchers, forcing them to sell their land to affluent Anglo immigrants; in some instances, *Tejanos* were driven off their land at gunpoint by civilians and Texas Rangers.[4] The inevitable loss of legal protection, property, and opportunity for generational wealth placed Mexicans and many future Mexican-Americans living on the border in a subordinate socio-economic trajectory.

Between 1910 and 1920, more than 187,000 acres of land were transferred from Tejanos to Anglos in Hidalgo and Cameron county.

In the 1930s, the Valley underwent massive improvements in irrigation and transportation infrastructure. These investments, as well the Valley's position along a coastline, made this area a promising agricultural center, spurring an influx of immigration from both midwestern farming families and Mexican immigrants.[5] This ongoing migration dramatically increased the populations in these counties. Immigrants coming from Mexico and Central America soon became the majority in each county, attracted to the Valley for its widespread need of day-laborers, picking produce ranging from carrots to citrus. The housing situation in the Valley for agricultural workers was not ideal; costs were high, and utilities such as clean water and electricity were not readily available across the region. Following the collapse of the cotton market in the 1960s, the wealthy Anglo farmers who held much of the Valley's economic power were forced to sell portions of their land to low-income immigrant families for cheap (Hispanics were once again able to claim South Texas soil for themselves). Guarantees of future public utilities in these undeveloped, unincorporated lands were made to many immigrant-buyers, and unfortunately, similar to the articles in the Treaty of Guadalupe Hidalgo, these promises were not kept.[6] These unincorporated, utility starved neighborhoods, or *colonias*, currently house more than 240,000 people in the Valley.[7]

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[3] https://immigrationhistory.org/item/treaty-of-guadalupe-hidalgo/
[4] https://qz.com/1353805/how-anglo-farmers-brought-an-end-to-latino-ranching-in-the-rio-grande-valley/
[5] https://www.tshaonline.org/handbook/entries/rio-grande-valley
[6] *Ibid.*
[7] https://www.utrgv.edu/som/research-symposium/_files/documents/research-symposium-program-booklet-2018.pdf

While the call to assist families living in these *colonias* by extending city services is urgent, the scattered households and small tax contribution of *colonia* residents make widespread utility projects a costly and low priority. In 1979, for example, El Paso (a border-city north of the Valley that is also majority Hispanic) halted the supply of water to its neighboring *colonias* to refinance other city-planning projects. Consequently, 28,000 *colonia* residents were left without running water.[8] Poverty, of course, is central to the longstanding existence of *colonias*. Inherited assets in *colonias* are small. *Colonia* housing is a medley of cinder-block housing and RV homes, some connected to electrical lines and water pipes — others not. Typically, it is the older *colonia* residencies that could petition for basic infrastructure, whereas new housing structures on unincorporated lands still lack the know-how and longstanding voice to fight for these necessities strategically. In 2014, of the estimated 2,294 *colonias* in Texas, over 300 still lacked drinkable water and wastewater disposal.

Overall, considerable progress has been made to improve utility access and transition some *colonias* into more suitable neighborhoods. Several *colonias* in the Valley have been able to progress into city charters. A great example of this is the city of Alton, located in Hidalgo County. In 1978, a population of 2,400 people, many of whom lived in *colonias*, chartered what would become the city of Alton. The city's administration worked aggressively to bring resources to Alton, building partnerships with state agencies to fund the development of a drainage system, water lines, gas lines, and low-income housing.[9] Existing *colonias* in Alton were slowly integrated into Alton's infrastructure, making way for the growing population that today exceeds 18,000 residents. While it can be easy to glaze over an established city's public utility offerings, the addition of the Alton Public Work Solid Waste Department is a testament to the independence and resource scaling that can occur in *colonias*.

In 1965, Francisco and Maria Mireles crossed over from Reynosa, Mexico to the United States, traveling to the state of Washington to pick apples, peaches, and grapes. For 10 years they sheltered in the makeshift housing made available to migrant workers, waking up early to board the buses that would take them to the farms for a long day's work. After the birth of their youngest son in the city of Sunnyside, they returned to Reynosa to resume life in a country that remembered their names. In 1986, their desire to give their kids better educational opportunities brought them back across the border, this time to a burgeoning county in South Texas: Hidalgo. Moving in with an uncle, Francisco and Maria continued working as agricultural laborers, traveling to different cities in Hidalgo depending on the season — melons in Edinburg during the summer, citrus in La Joya during the winter. After accumulating $1,000 in savings, they placed a deposit on an undeveloped plot of land in the then town of Alton, where Francisco and his sons built a skeleton of a home. In the years that followed, they, along with their five children, would continue to work in farms across the country, using their earnings to slowly build what would eventually become the home where I grew up in.

It's important to note that *colonias*, while lacking in many resources, have a strong sense of community, and as such, many residents work together to ensure that others in the *colonias* are not homeless. David Arizmendi, a community activist and South Texas College educator, notes that "in the Mexican culture, you have not lived until you have your little

[8] https://www.tshaonline.org/handbook/entries/colonia
[9] https://alton-tx.gov/wp-content/uploads/2019/01/History-of-Alton-Texas.pdf

piece of land. It is your identity; it is who you are... In a *colonia*, the process of homeownership begins with the purchase of a small plot of land. To say, 'The land I'm stepping on is mine!' is referred to as the American Dream." [10] These community ties mean that, instead of homelessness, many housing structures in *colonias* are multifamily. Ann Williams Cass, executive director of Proyecto Azteca (a non-profit construction company that serves low-income families in *colonias* in Hidalgo County), explains that *colonias* "don't have people living on the streets… and that has a lot to do with the culture of the people. You'll find two or three or four families living in one dwelling. They're just not going to allow their relatives to be left out." Other non-profits like La Union Del Pueblo Entero (LUPE, founded by César Chávez and Dolores Huerta) have used advocacy to bring more state and county resources to *colonia*. With their backing, House Bill 3002 was passed in the Texas legislature to create a process for cities to collect fees from *colonia* residents to pay for street lighting. Afterward, they secured a deal with Hidalgo county to foot the installation costs of the street lighting and allow *colonia* residents to pay $30 annually for this utility.[11]

Quality of life in *colonias* on the Texas-Mexico border has progressed because of multilateral effort from state agencies, nonprofits, community organizers, and elected officials. Challenges remain, however. The needs of *colonias* and of families who have transitioned out of *colonias* reveal the wide disparities in other facets of life that make the Valley an especially vulnerable region.

Healthcare // Pan Dulce /// Pierna Rota

Dr. Adolfo Kaplan, a critical care physician who works at Doctors Hospital at Renaissance Health in Hidalgo, knew the pandemic was a serious threat to the Valley, stating bluntly that the pandemic's arrrival was "a time bomb."[12] Prior to COVID-19, the Valley was fighting longstanding epidemics, including diabetes, heart disease, and cervical cancer. High rates of chronic diseases in *colonias* are expected for several reasons. Precarious housing affects translates into poor sanitation, making communicable diseases much more likely to spread; limited access to local primary care physicians can make minor health issues worsen; limited incomes mean limited food options. While living in a *colonia* is not a prerequisite to experiencing poor health in the Rio Grande Valley, the region's transition from rural to rapidly urbanizing has left many communities unequipped to address pre-existing epidemics, the most prominent being diabetes. In the Valley, 27% of the region's residents is diabetic, or nearly one in every three people. For the state of Texas, one in every 10 people are diabetic, meaning that Type 2 diabetes prevalence in the Valley is 30%, which is about 20% higher than that of Texas.[13] In reality, diabetes and other noncommunicable diseases such as obesity are prevalent in every Valley county.[14] The role diabetes plays in the outcomes of COVID-19 patients is inextricably linked. COVID-19, a vascular disease, restricts a person's blood flow. Because all body systems depend on

[10] https://www.dallasfed.org/~/media/documents/cd/pubs/lascolonias.pdf
[11] https://texashousers.org/2015/11/18/colonia-organizations-win-groundbreaking-street-lighting-victory-in-hidalgo-county/
[12] https://www.nytimes.com/2020/07/19/us/coronavirus-texas-rio-grande-valley.html
[13] https://www.valleycentral.com/news/local-news/rate-of-diabetes-in-the-rgv-remains-high-health-officials-urging-healthy-habits/#:~:text=Diabetes%20is%20about%2027%20percent,in%20the%20Rio%20Grande%20Valley.
[14] https://www.utrgv.edu/newsroom/2018/11/29-get-out-and-go-running-utrgv-s-south-texas-diabetes-and-obesity-institute-working-to-bring-attention-to-diabetes.htm

reliable and adequate blood flow, and because people with diabetes already have to be wary of poor circulation, the disturbance COVID-19 adds has detrimental, harmful effects on all systems. A cocktail of both COVID-19 and diabetes is a deadly combination.

In Cameron County alone, spending on diabetes-related treatment has hit an annual $182 million,[15] a sobering statistic that prompted the making of *Diabetesville, USA,* a feature-length documentary chronicling the diabetes epidemic in Cameron.[16] Poverty, in this context, perpetuated by the existence and legacy of *colonias*, remains the ultimate culprit of these poor health outcomes. According to local news station Valley Central, up to 54.8% of residents in the region live in poverty. An important aspect of poverty is that households with limited incomes have to prioritize their spending. In some cases, the need for food, plumbing repairs, school supplies, trump spending a bulk of income on routine healthcare. These choices are a necessary gamble for many families living in poverty, and medication for physical ailments is not always the priority; a hungry stomach is more difficult to put off than treating an expensive disease such as diabetes.

Adequate nutrition plays a big role in the Valley's health outcomes, but having a balanced diet is difficult to achieve when half of the Valley is considered a food desert.[17] Food deserts — areas that are more than two miles or 15 minutes away from a grocery store — exacerbate the risk of obesity by making it more difficult for people to purchase fruits and vegetables.[18] The paradoxical relationship between starved choices and excess calories fuels malnutrition in a way where hunger and obesity go hand-in-hand; for some families who live *colonias*, the nearest food sources are drive-thru convenience stores, dollar stores, and small meat markets. Before the pandemic, almost 40% of Hidalgo County residents were enrolled in the food-stamp program.[19]

Since COVID-19 reached the Valley, the "demand for food increased seven-fold and the number of clients served by the food bank more than doubled from 64,000 to upwards of 142,000."[20] The effort needed to undo this correlation is difficult. Food stamps have been challenged in Texas legislature before, with South Texas representatives such as Terry Canales petitioning for greater restrictions on which foods (healthy vs. unhealthy) people can purchase with food stamps. This initiative, however, was met with intense scrutiny for several reasons and did not succeed.

Foodbank days were the best days in my household. Pan dulce and juice bottles were the prized items, and my brother and I always raced to get our share. I think most of the food that went into our pantry came from those cardboard boxes, but with a house of five, there was no cardboard box big enough to last more than a few days. I remember the times when, at the dinner table, my grandma would ask me to finish her food. I don't know if it was a tell on my face or a general read of the room, but my grandma always knew when I was still hungry. Without any reluctance, she'd offer me her bowl with a smile and assurance that she was full. But I knew that was never the case, and from what I remember,

[15] https://www.unitedwayrgv.org/health#:~:text=According%20to%20the%20County%20Health,diabetic%20care%20in%20our%20county.
[16] https://www.mysanantonio.com/hdn/hrlm/p/callback.html
[17] https://salud-america.org/turn-latino-food-desert-healthy-food-oasis/
[18] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5708005/#:~:text=1.1.&text=Living%20in%20a%20food%20desert,obese%20%5B6%2C10%5D.
[19] https://www.washingtonpost.com/sf/national/2013/11/09/too-much-of-too-little/
[20] https://www.themonitor.com/2020/12/12/demand-remaining-high-rgv-food-bank-now-braces-shortages/

I would rarely say yes. Even then, she'd get up and scrape off portions of her plate onto mine. This was something I couldn't fight her about. When I got older, around the time I was in high school, moments of having to ration would still occur, although not as frequently (food stamps and weekend trips to the food bank became our best friend). These conversations (note, my grandma does not speak english) would typically go like this: Me: 'Is there more food on the stove?' Grandma: 'No, but here take my food, I'm already full.' She was always the last one to finish her meal because she would continue to heat tortillas for us while we ate. Me: 'No it's OK, I'm not hungry.' Grandma: 'Are you sure? Seguro?' Me: 'Yes, I was just checking.'

The ability to treat pre-existing chronic conditions is restricted for uninsured residents living in poverty. According to the New York Times, "up to half of Rio Grande Valley residents have no health insurance, including an estimated 100,000 undocumented people."[21] The fear of unpayable bills and even possible deportation deters many Valley residents from seeking treatment, typically forcing them to wait to "seek healthcare until they're much sicker."[22] Even those who do have health insurance, roughly 75%, only do so because they qualify for Medicaid or Medicare.[23] The inability to get coverage, however, also stems from misinformation about the healthcare enrollment process. Mixed-status households are common in the region and overlapping concerns about whether enrollment for an eligible household member would put undocumented household members in jeopardy. Anne Dunkelberg, associate director of Every Texan, an Austin-based policy research and advocacy organization, associates this confusion in households with the current anti-immigrant administration, stating that it has "deliberately changed federal policies to actually make it harder for families to access benefits… increas[ing] the amount of fear and misinformation."[24] Raids by Immigration and Customs Enforcement (ICE) to detain and deport undocumented people in *colonias* are not unusual.[25]

The transition to telehealth due to the pandemic has brought new pressures on healthcare accessibility. Hope Family Healthcare Center is a nonprofit organization that provides medical services to uninsured Valley residents. Their experience working with patients during the pandemic is telling of the way telehealth has impacted routine operations by diminishing and increasing patient intake at the center. A lack of access to the internet and proper technology poses a barrier for physicians to reach patients. On the other hand, the focus on virtual health appointments has made it easier for people to seek counseling services, circumventing the stigma that goes along with it. According to Roxanne Pacheco, the interim executive director of Hope Family Health Center, "appointments for medical services have decreased by at least 25% while counseling appointments have increased by about 30%."[26] Beyond its impact on healthcare accessibility, the pandemic's impact on charity work has also been significant. Pacheco mentions that an annual charity event that the center benefits from, the "Fishing for Hope" tournament, was canceled due to COVID-19 concerns. The event would typically raise over $300,000 in funds for Hope's services.

[21] https://www.nytimes.com/2020/07/19/us/coronavirus-texas-rio-grande-valley.html
[22] *Ibid.*
[23] *Ibid.*
[24] https://www.themonitor.com/2020/11/28/misinformation-covid-19-create-barriers-healthcare-coverage/
[25] https://www.usnews.com/news/healthiest-communities/articles/2018-05-16/a-battle-for-community-health-in-texas-rio-grande-valley
[26] *Ibid.*

Looking forward, Pacheco is anticipating that the new administration will open up more opportunities for grants to support the center.

My grandpa's doctor's appointments during the pandemic are all on my calendar. Driving to the house from my apartment, I'd sit down with my grandpa and grandma in the living room, grabbing my grandmother's phone to set up the call. "A ver mijo, ponle ahí para que se vea la doctora." Emails, links, turning the camera function on, troubleshooting audio — all of these were routine aspects of the telehealth appointments. I was useful in this chapter of my grandparent's health. I knew when they needed to see their doctor, what their doctor was explaining to them, and what they needed to do to take care of their preexisting conditions. Facilitating their health appointments now has been relatively easy but having a hand in their health is something I've been longing to do since I was young. I remember as a kid hearing my grandpa's groans at night from the arthritis pain in his leg. As if a shadow of my grandparents' laborious past, physical pain was common in the household. Because my grandpa was always working with his hands, it was normal for him to come into the house with a hammered, swollen thumb, or a cut down the length of his arm. His diabetes was something we had gotten used to, with routine blood sugar checks throughout the day. But his leg, the one without a clear source of pain, would keep me up at night. My grandpa would sigh and groan as he shifted and stretched his leg throughout the night. On the bad nights, my grandma would wake up and go to the kitchen, turning on the kettle to make my grandpa tea to help him fall asleep. My grandpa's leg pain was never muffled by the barks and cicadas echoing outside the house. As far as treatment went, there wasn't a lot we could do. We couldn't afford to get to the root of my grandpa's leg pain, it was a mystery that required too many doctor's appointments and too many expensive tests. It was a special kind of guilt I felt knowing there was nothing I could do about his leg.

Improving access to healthcare, as well as informing Valley residents about the services available to them, is an important aspect of the work community organizations do to curtail chronic diseases. Evelia Castillo, a coordinator for the Working on Wellness Program, a branch of Texas A&M University's Healthy South Texas initiative, recognizes the Valley as "ground zero for Texas" when it comes to investing in health interventions.[27] Healthy South Texas prescribes a multidisciplinary approach to educate residents in the Valley about managing chronic diseases, also offering community exercise programs and information on affordable medical treatments. Cultural sensitivity is necessary for these programs. Diet in the Valley has strong roots in Mexican cuisine, which highlights corn and meat products. LUPE, an organization dedicated to community aid, conducted its own diet and exercise programs. Through their efforts, they emphasized the importance of working with the food products available in people's pantries to create healthier meals. Rather than simply throwing everything out, they encouraged "embracing the cultural vein that courses through the Valley."[28] Farmer's markets have also joined in spreading health awareness, with some allowing Valley residents to pay for fresh produce with food stamps. Food is just one piece of the puzzle. Small, federally qualified health clinics, including mobile clinics, are spread throughout the Valley, offering low-cost medical services for low-income residents. One thing that is important to recognize is that the effort that community leaders

[27] https://www.usnews.com/news/healthiest-communities/articles/2018-05-16/a-battle-for-community-health-in-texas-rio-grande-valley

[28] *Ibid.*

put into combating chronic disease and healthcare accessibility is not the final solution. At a fundamental level, poverty and marginalization prevent people in the Valley from achieving healthier outcomes.

Conclusion

The pandemic — in a harsh, unforgiving way — has served as a reminder to the Rio Grande Valley about how critical it is to address the vulnerabilities that affect the various communities of the four counties, particularly those who reside in *colonias*. It's difficult to paint a nuanced picture of these vulnerabilities when the Valley consistently ranks the worst in measures such as poverty and non-communicable diseases, relative to both Texas and the U.S. However, in assessing these weaknesses through the context of *colonias*, it is easier to understand the challenges and community efforts that make the Valley resilient and pragmatic. The consequences of taking land away from Mexicans in the early annexation of Texas into the U.S. began a cycle of poverty that has permeated into the Valley's present. The fractured legal protections forced people to give up their property, eventually pushing them to repurchase the same, undeveloped property decades later. As urbanization continued, communities on the outskirts of the Valley's cities have been close to forgotten, leaving some residents isolated from the further development of municipal resources. It's important to note that the issues I touched on in this essay are just one of the litany of challenges the Valley has had to confront during the pandemic — one being the educational disparities that exist at a large level. In Hidalgo, households with a computer were estimated at 81% and households with a broadband internet subscription were estimated at 68%. And just like in healthcare, people in *colonias* were less equipped to deal with the circumstances of online learning.

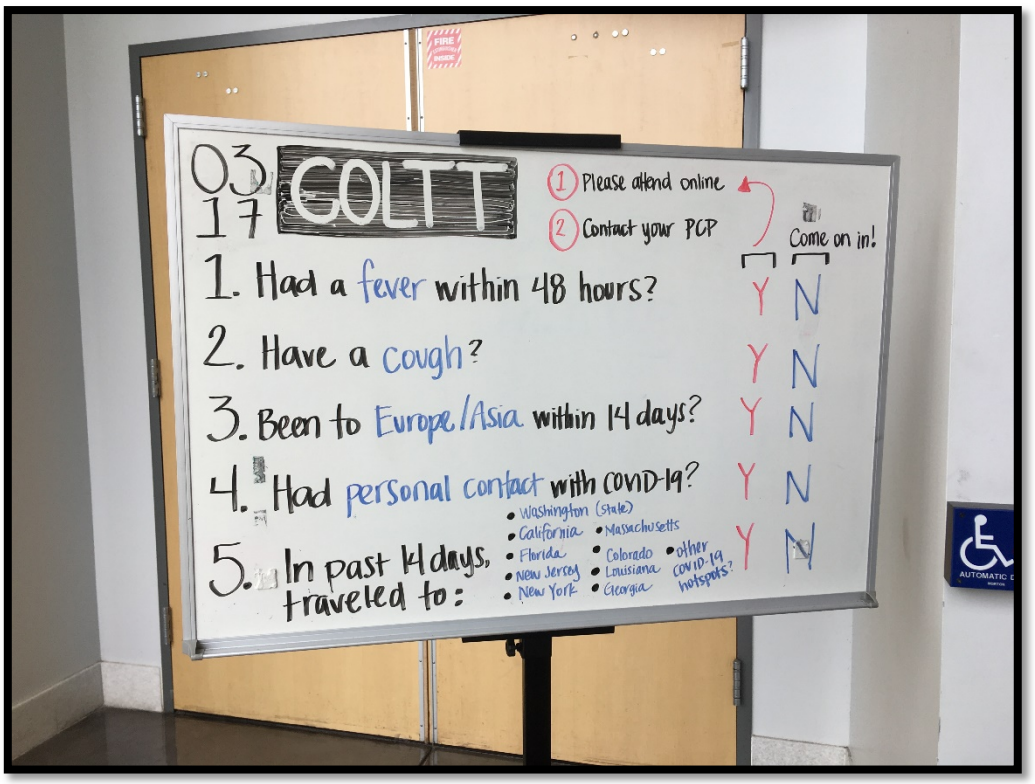
As community organizations continue to champion interventions to address these challenges, I believe that the ultimate solution for an equitable fight against these vulnerabilities is by extending the resources necessary to transition *colonias* into incorporated status, connecting them to cities, and providing new sources of funding. And while it may sound like the final answer lies in simply having more money to embark on this transition, the nuance of this issue becomes clear when we include the effect of legal status on the state of affairs of border communities. There is a need for reparations on several levels. Incorporating *colonias* into neighboring cities should be the state's priority, all the while protecting the livelihoods of people during this state-funded transition. This means significant safety nets have to be put in place to ensure people can receive affordable healthcare, families are not being separated, and people don't need to worry about where their next meal is coming from.

Ephemeral Material Culture of the COVID-19 Pandemic

Roseann Bacha-Garza and Russell K. Skowronek

On Friday, March 6, 2020, the University of Texas Rio Grande Valley announced an extension of the spring "Texas Week" to prepare the campus response to the COVID-19 pandemic. New terms in the common lexicon included, "social distancing," "hand washing," and "mandatory masks" were added in weeks. Campus parking lots were transformed into open-air COVID-testing sites. Classrooms which regularly were occupied by over 100 students were limited to 24. Couches were taped off to ensure social distancing. The regular detritus of campus life-bottles, cans, candy wrappers, and paper disappeared, and instead lost or discarded masks littered the otherwise empty sidewalks, classrooms, and buildings. The Spring 2020 commencement was postponed until May of 2021. In June of 2021 most of the evidence of the campus transformation was removed.

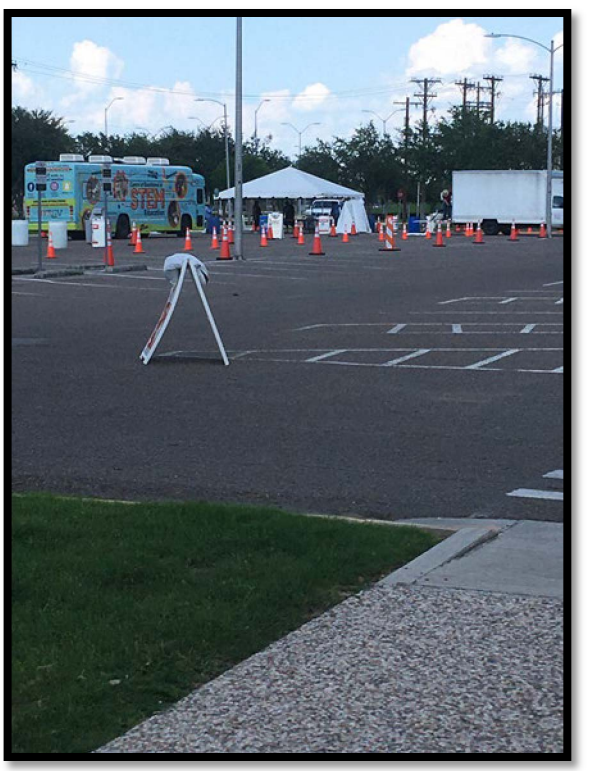
The following images record some of the ephemeral material aspects of the pandemic at UTRGV and the larger community.



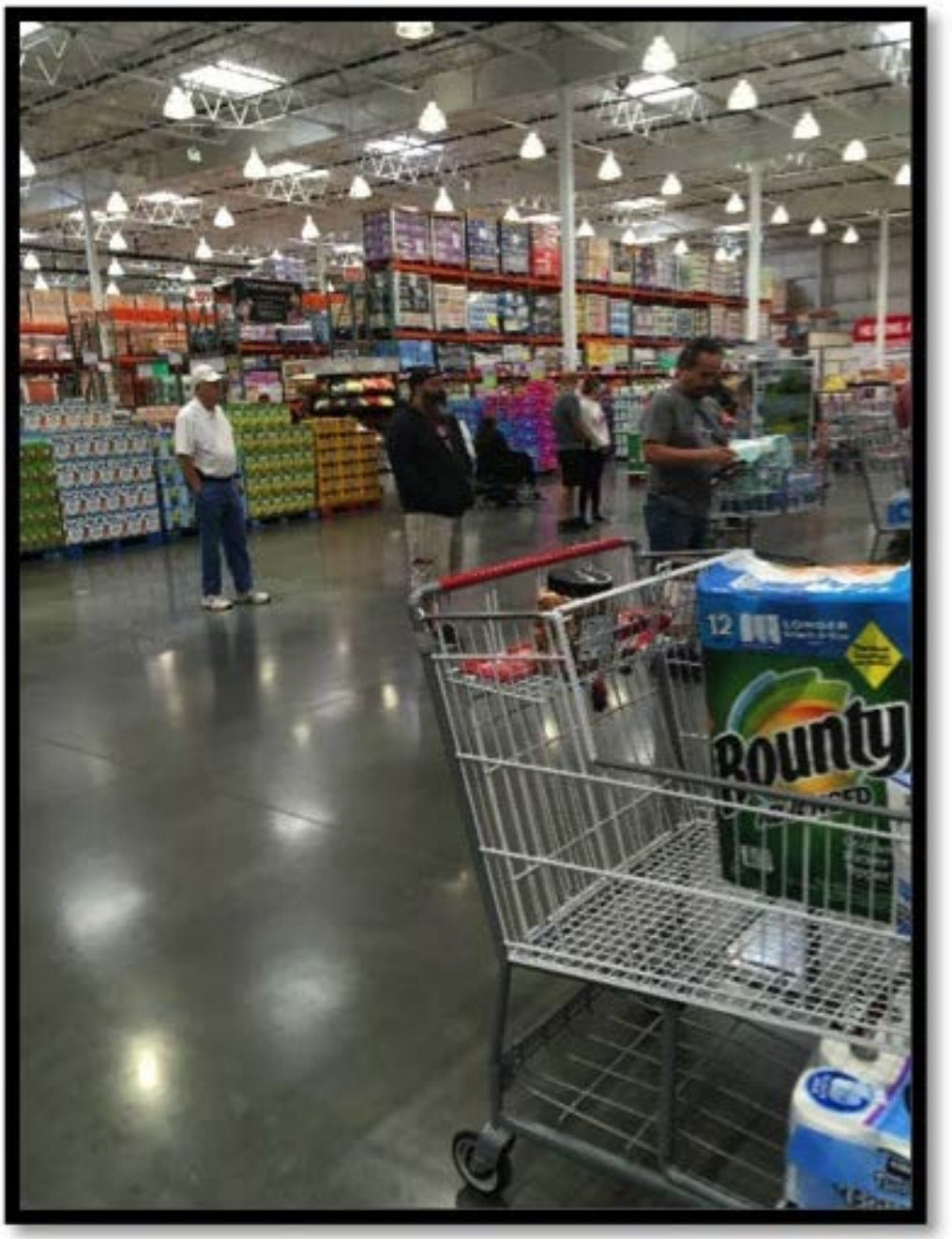
March 17, 2020

March 20, 2020

March 29, 2020



June 23, 2020 - Waiting on Van Week Street for COVID testing



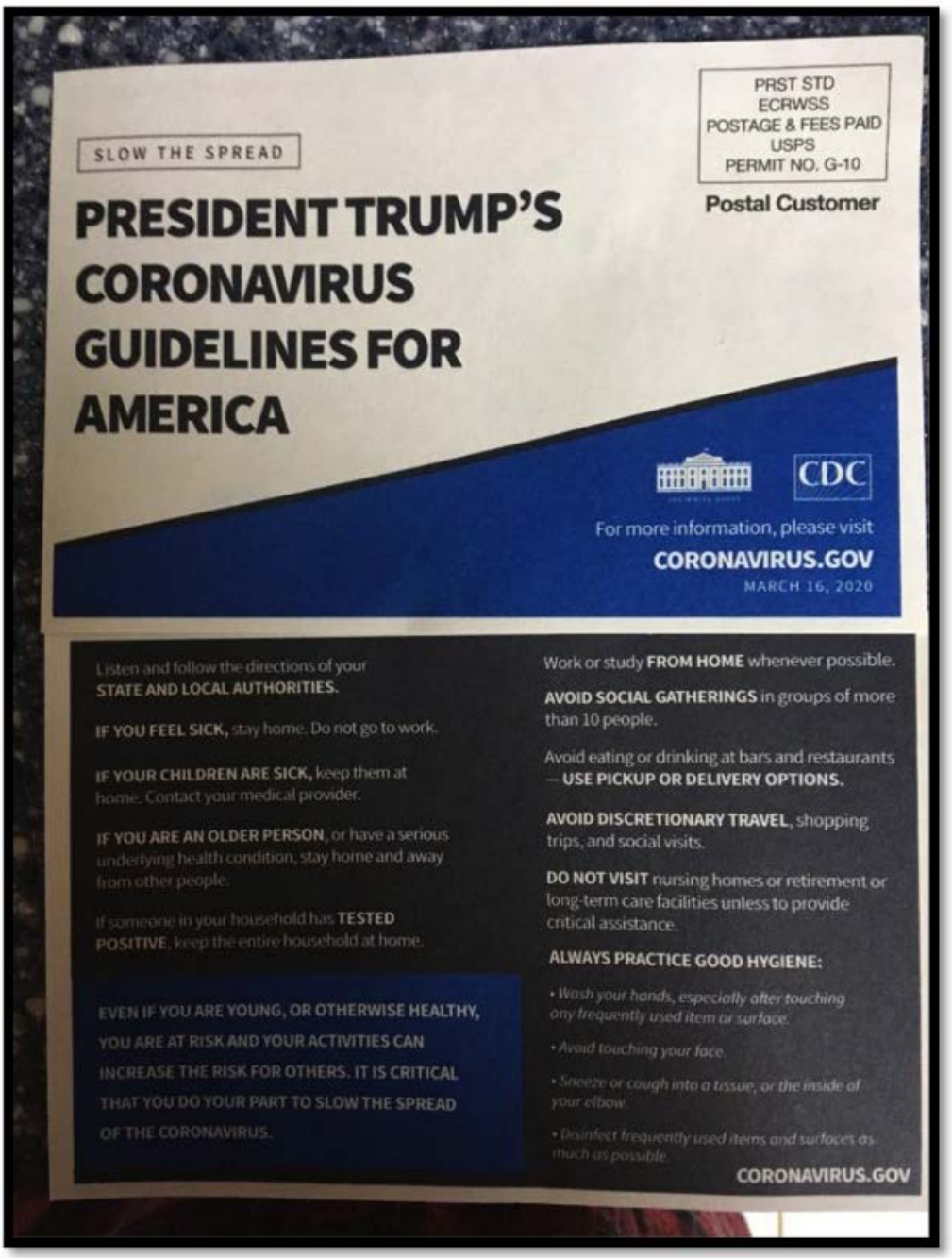
March 22, 2020
Social Distancing but no masks - COSTCO in Pharr, TX

March 22, 2020

April 8, 2020

Travel bans lessened demand for gasoline at COSTCO in Pharr, TX

March 28, 2020
Warning painted on sidewalk in McAllen, Texas



March 28, 2020 Warnings came in the mail.

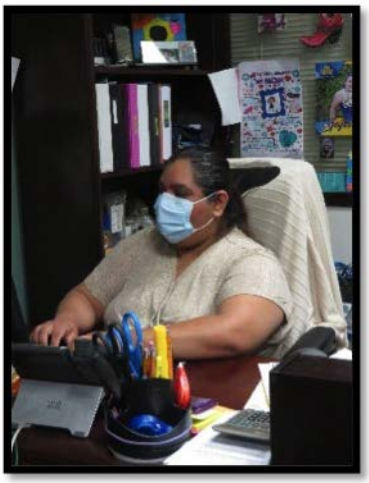
On April 3, 2020, UTRGV gave away toilet paper to students, staff, and faculty.

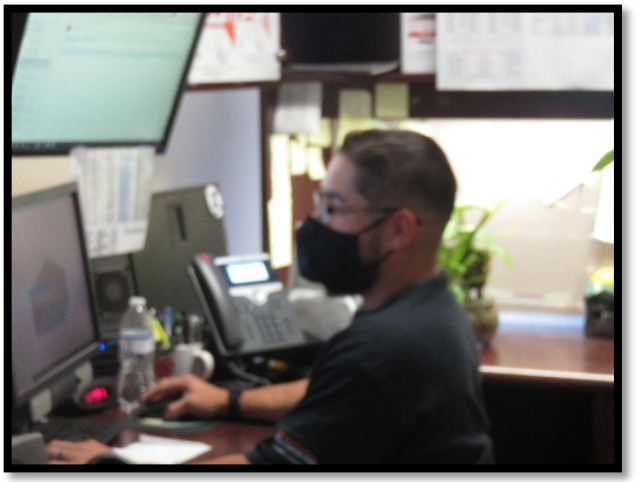
April 5, 2020

May 13, 2020

August 24, 2020

August 25, 2020





Maria Cano (History), Jesus Medina (Anthropology/Sociology), and Elena Reyna (College Liberal Arts) work at their desks.

July 24, 2020 - Coping with the Pandemic - “Gallows” humor sold a lot of beer.

STOP!
DO NOT ENTER
WITHOUT A
FACE MASK

MASK
REQUIRED
Thank you for helping
us keep UTRGV safe!
STAY ENGAGED.
STAY SAFE.
#RollyTheValley

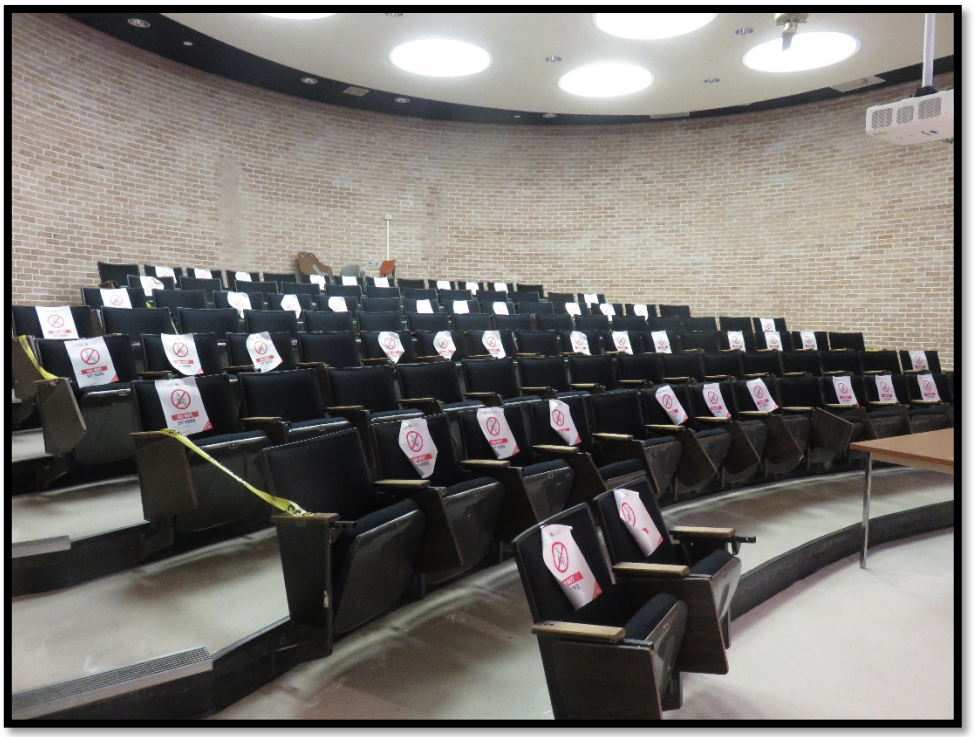
Signs encouraging people to wear masks.

NOTICE
MASKS MUST
PROTECT YOURSELF
REDUCE THE SPREAD
BE WORN

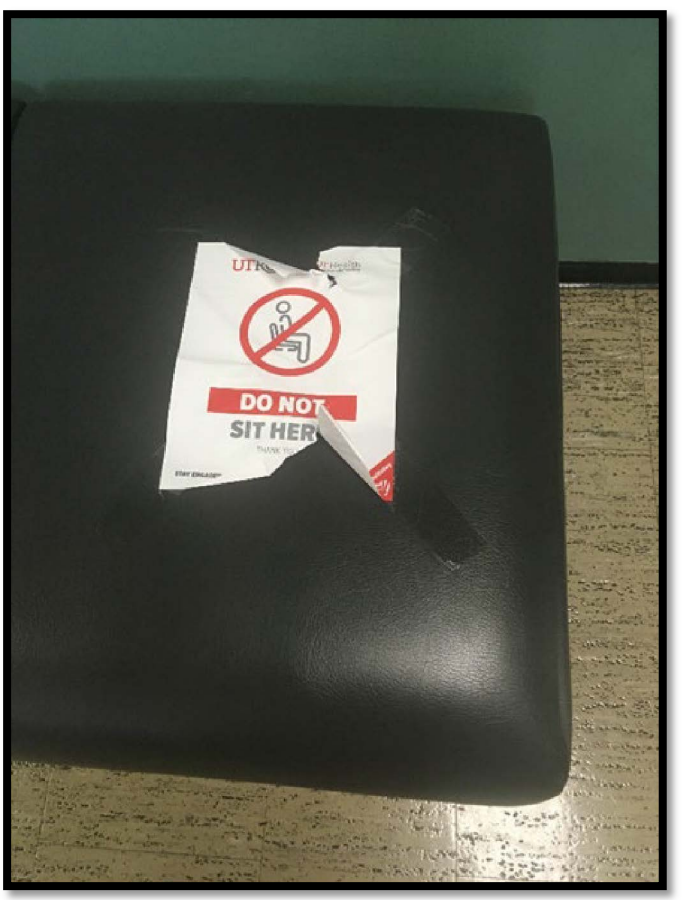
UTRGV
UT Health
PRACTICE SOCIAL DISTANCING
Protect yourself and others!
KEEP AT LEAST 6 FT. APART
STAY ENGAGED.
STAY SAFE.

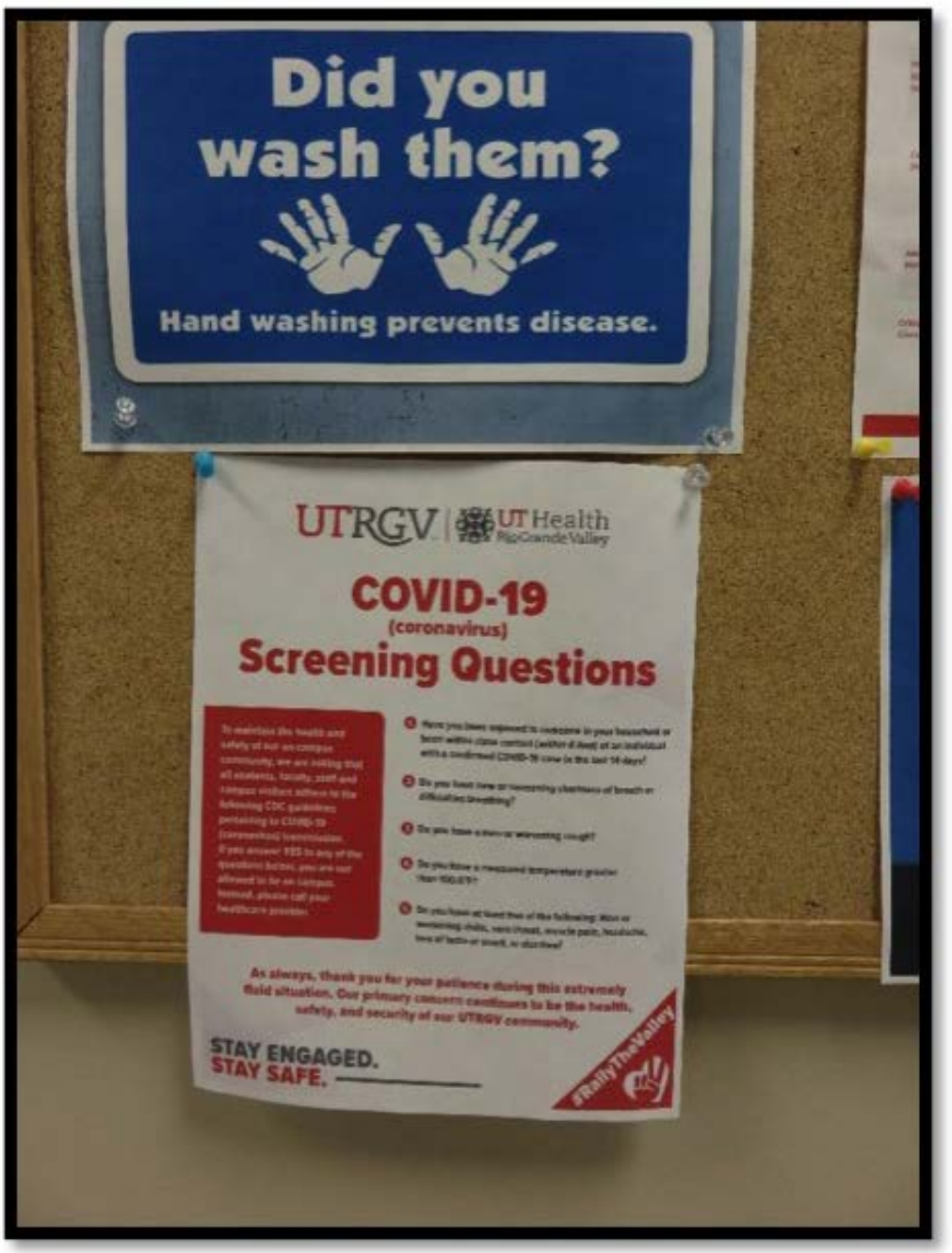
UTRGV
UT Health
PLEASE STAND 6 FT. APART
STAY ENGAGED. STAY SAFE.
PLEASE WAIT HERE
THANK YOU

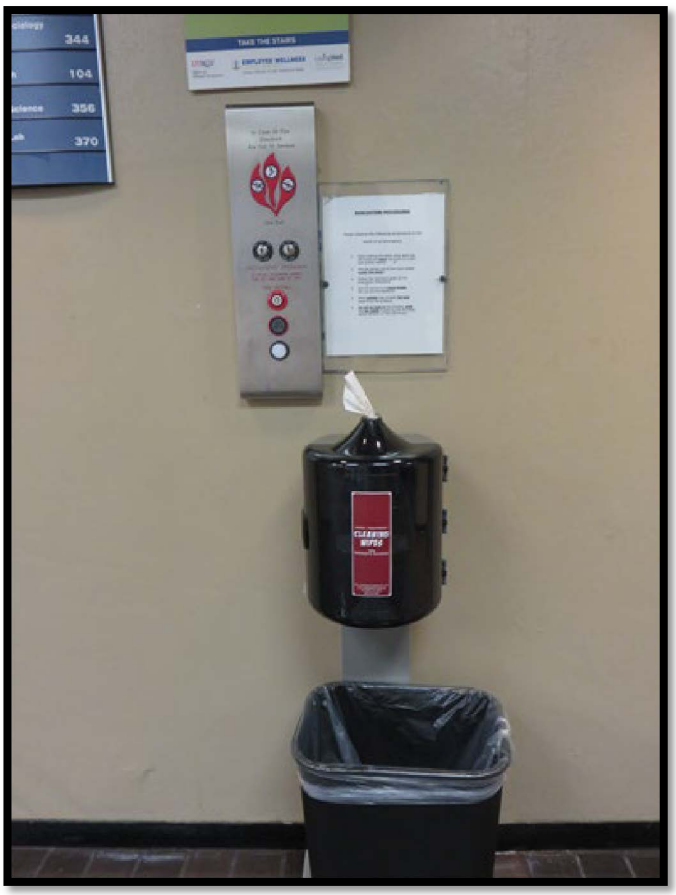
Transforming Classrooms to ensure social distancing



ELABN 111 reduced down to 25 available seats.


DO NOT
SIT HER


Did you wash them?
Hand washing prevents disease.
UTRGV
UT Health Rio Grande Valley
COVID-19
(coronavirus)
Screening Questions
As always, thank you for your patience during this extremely fluid situation. Our primary concern continues to be the health, safety, and security of our UTRGV community.
STAY ENGAGED.
STAY SAFE.
#RallyTheValley



Signs - Washing and sanitizing hands

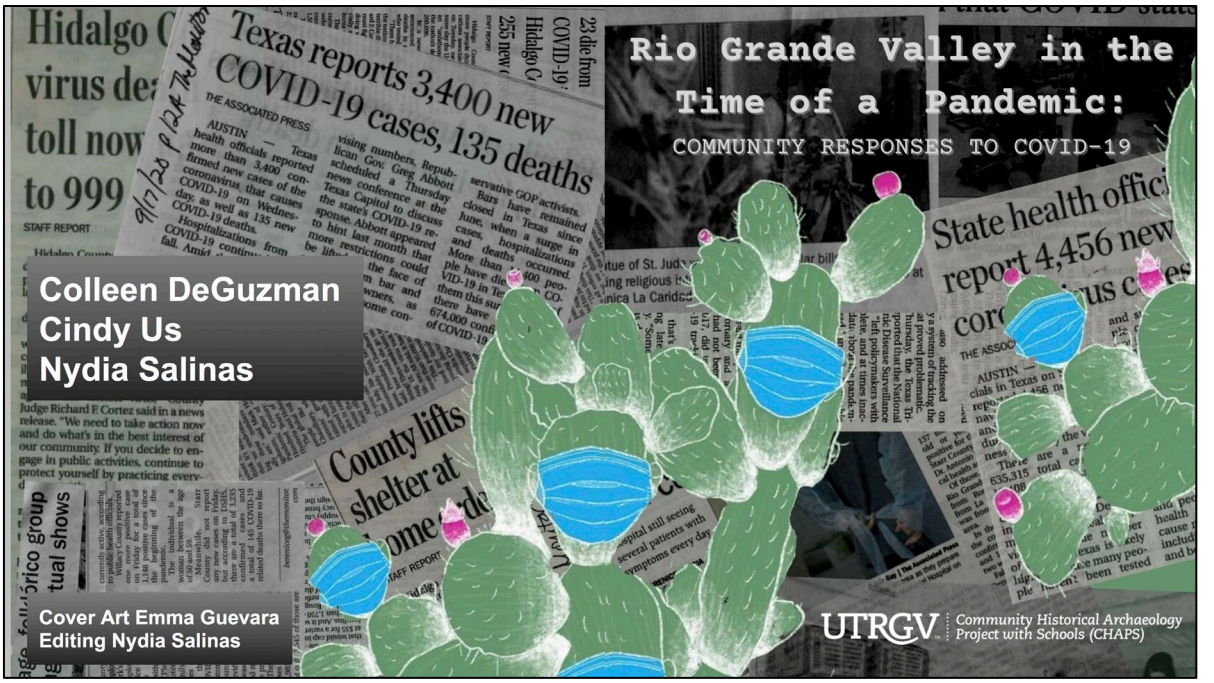
Drinking fountains were “turned off”

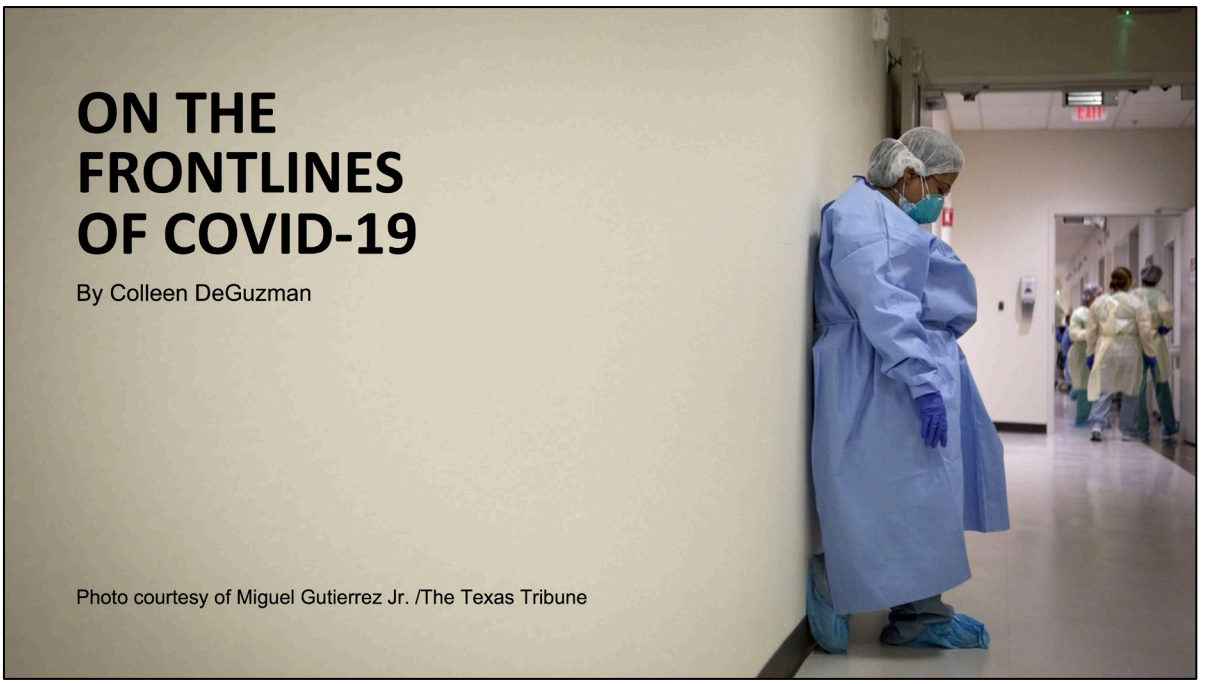
September 17, 2020 - The lack of paper towels in ELABN meant it was impossible to open the door to exit restrooms. This was a health issue that never was adequately resolved.

UTRGV Festiba 2021 Flyer

Media and Public Information

Festiba Presentation given by Nydia Salinas on February 25, 2021.





WHY HIDALGO WAS HIT SO HARD

As of Feb. 19, 2021...

Hidalgo County:	**Texas:**
72,723 cases	2,590,000 cases
2,584 deaths	41,981 deaths

- Hidalgo County accounted for 2.8% of Texas' COVID-19 **cases**
- Hidalgo County accounts for 2.99% of Texas' population (868,707 ; 29 million)
- Hidalgo County accounted for 6.16% of Texas' COVID-10 **death toll**

Dr. Ivan Melendez: "At least 70% of the people who have died because of the virus in the Rio Grande Valley were fighting either diabetes or obesity."

DIABETES

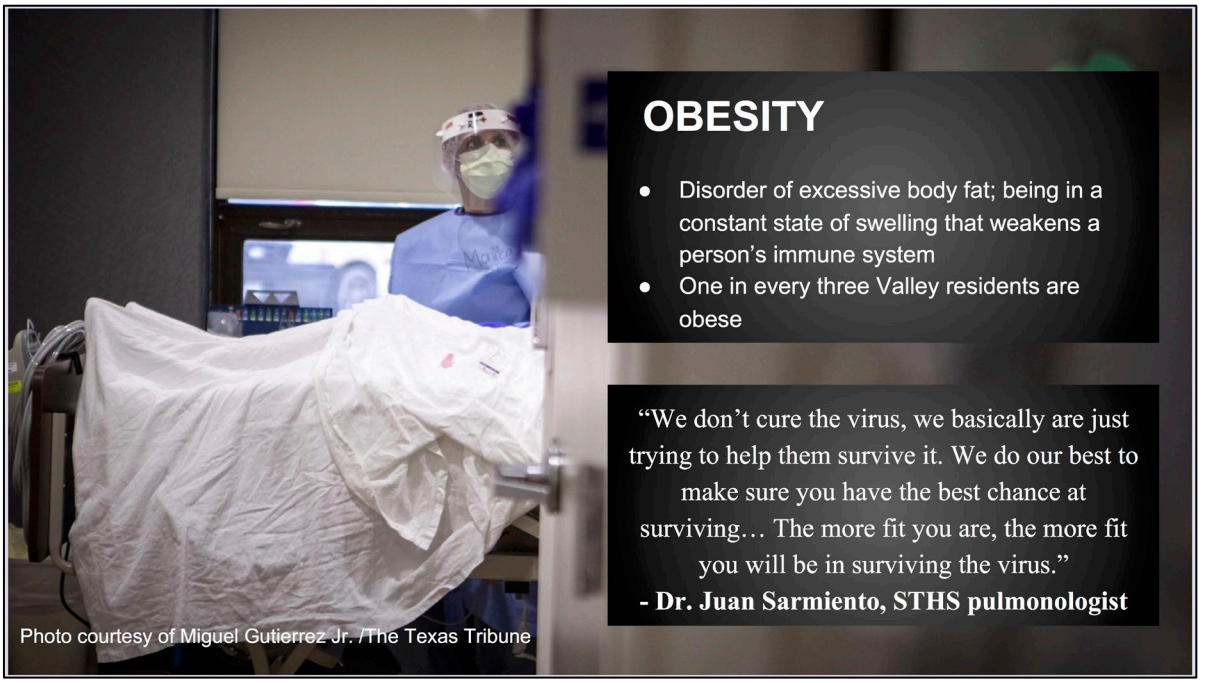
- Occurs when a person's blood sugar is too high, and thier pancreas fails to produce enough insulin

Rate of diabetes in Texas:

Rate of diabetes in the Rio Grande Valley:

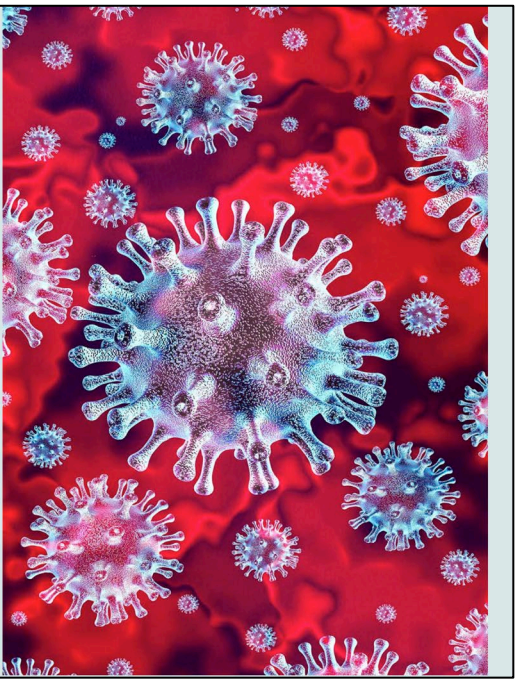
DIABETES PREVENTION PROGRAMS
RIO GRANDE VALLEY

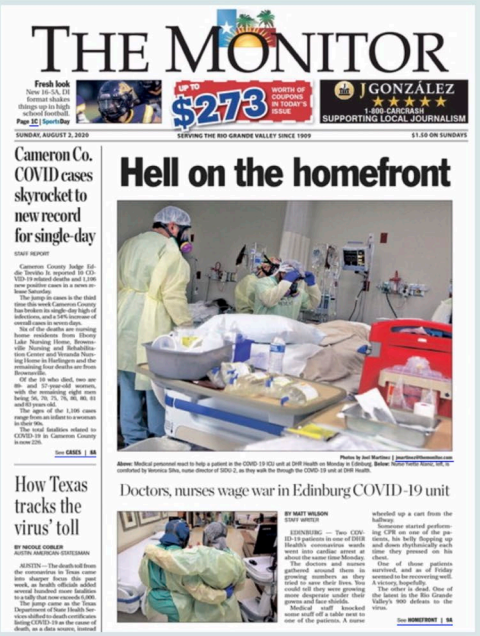
Rio Grande Valley DIABETES ASSOCIATION



HOW COVID-19 ATTACKS

- Virus latches onto a person's healthy cells
- Hijacks the cells it gets a hold of and multiplies
- Disrupts blood flow, and thus oxygen





THE MONITOR

Fresh look
New 16-5A, DI format shakes things up to high school football.
Page 1C | SportsDay

UP TO $273 WORTH OF COUPONS IN TODAY'S ISSUE

J GONZÁLEZ
1-800-CARCRASH
SUPPORTING LOCAL JOURNALISM

SUNDAY, AUGUST 2, 2020 — SERVING THE RIO GRANDE VALLEY SINCE 1909 — $1.50 ON SUNDAYS

Cameron Co. COVID cases skyrocket to new record for single-day

STAFF REPORT

Cameron County Judge Eddie Treviño Jr. reported 10 COVID-19 related deaths and 1,106 new positive cases in a news release Saturday.

The jump in cases is the third time this week Cameron County has broken its single-day high of infections, and a 54% increase of cases reported in July.

Six of the deaths are nursing home residents from Ebony Lake Nursing Home, Brownsville Nursing and Rehabilitation Center and Veranda Nursing Home in Harlingen and the remaining four deaths are from Brownsville.

Of the 10 who died, two are men and 57-year-old women, with the remaining eight men being 56, 70, 75, 76, 80, 80, 81 and 83 years old.

The ages of the 1,106 cases range from an infant to a woman in their 90s.

The total fatalities related to COVID-19 in Cameron County is now 226.

See CASES | 8A

How Texas tracks the virus' toll

BY NICOLE COBLER
AUSTIN-AMERICAN-STATESMAN

AUSTIN — The death toll from the coronavirus in Texas came into sharper focus this past week, as health officials added several hundred more fatalities to a tally that now exceeds 6,000.

The jump came as the Texas Department of State Health Services began reporting probable deaths listing COVID-19 as the cause of death, as a data source, instead

Hell on the homefront

Above: Medical personnel react to help a patient in the COVID-19 ICU unit at DHR Health on Monday in Edinburg. Below: Nurse Yomi Nino, left, is comforted by Veronica Silva, nurse director of SICU-2, as they walk the through the COVID-19 unit at DHR Health.

Photos by Joel Martinez | jmartinez@themonitor.com

Doctors, nurses wage war in Edinburg COVID-19 unit

BY MATT WILSON
STAFF WRITER

EDINBURG — Two COVID-19 patients in one of DHR Health's coronavirus wards went into cardiac arrest at about the same time Monday.

The doctors and nurses gathered around them in growing numbers as they tried to save their lives. You could see sweat dripping down doctors' brows under their gowns and face shields.

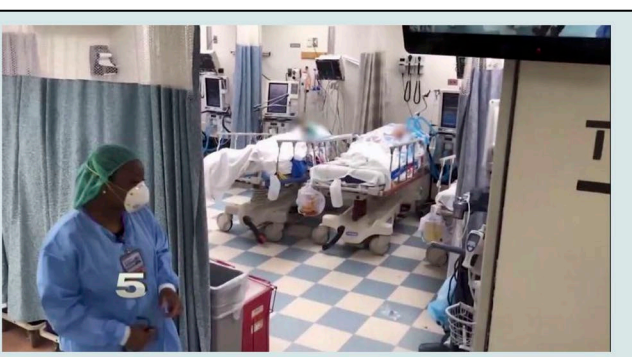
Medical staff knocked some stuff off a table next to one of the patients. A nurse wheeled up a cart from the hallway.

Someone started performing CPR on one of the patients, his belly flopping up and down rhythmically each time they pressed on his chest.

One of those patients survived, and as of Friday seemed to be recovering well. A victory, hopefully.

The other is dead. One of the latest to the Rio Grande Valley's 900 defeats to the virus.

See HOMEFRONT | 8A



THE SUMMER 'TSUNAMI' OF CASES AND DEATHS

"Several months ago, I warned of a potential tsunami if we did not take this more seriously. The tsunami is here."

- *Hidalgo County Judge Richard F. Cortez on July 9, 2020, when 1,724 new cases of the virus were reported*

THE SUMMER SURGE

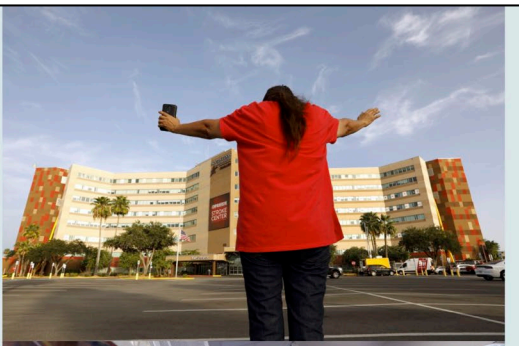
Snapshot of COVID-19 in Hidalgo County on…

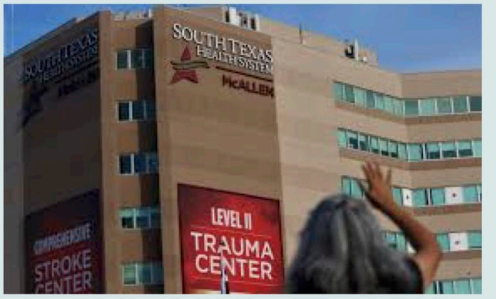
June 1:
Total cases: 575
Death toll: 10
Hospitalized: 26 (3 in ICU)

June 30:
Total cases: 3,542
Death toll: 35
Hospitalized: 257 (18 in ICU)

July 31:
Total cases: 17,006
Death toll: 644
Hospitalized: 813 (234 in ICU)

August 31:
Total cases: 27,538
Death toll: 1,171
Hospitalized: 322 (128 in ICU)





THE MONITOR

Help arrives, more needed

Valley's coronavirus death toll at 112; 416 new cases found

Nurses bussed in, but officials express urgency for more

Feds planning

"What was it Sir William Osler said, 'A good doctor treats the disease; a great doctor treats the patient with the disease,' That's what we can't lose. We can't lose the ability to treat the person with the disease, and that's the empathy part," said DHR bariatric surgeon Dr. Armour Forse

EDUCATION IN THE TIME OF COVID-19

By Colleen DeGuzman

SUPPLYING MEALS

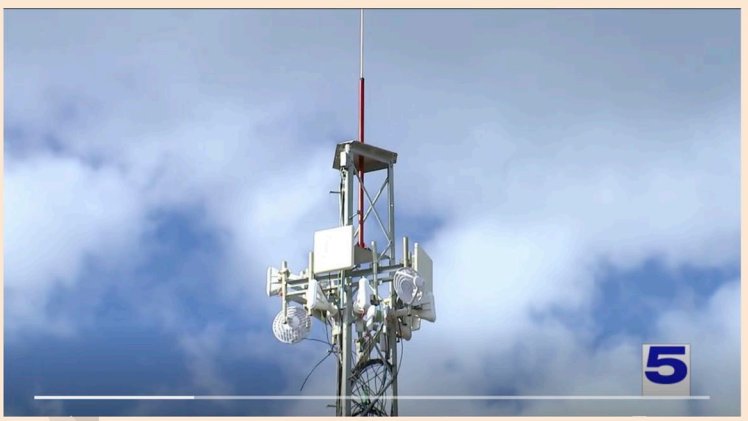
- Lines at the RGV Food Bank have multiplied by seven, serving around 142,000 people a week
- Every school day, 128 Edinburg CISD busses go on routes, stopping in more than 300 neighborhoods and serving more than 35,000 meals a day
- Edinburg CISD covers 945 square miles of the country — which is larger than Rhode Island
- By the end of 2020, the district distributed more than 4.5 million free meals

"Our primary function in transportation is bringing the kids to school for them to learn, but given the time we are going through with the pandemic, what we are doing is bringing the school to the kids."

- *Eloy Pulido, the ECISD transportation coordinator*

- Sharyland ISD gave away more than 100 pairs of desks and chairs to children across the district in August

SUPPLYING INTERNET CONNECTIONS



- 52% of Donna ISD's student body said they don't have internet connection at home
- District is spending $3.7 million on a dozen Wi-Fi towers to be installed across the city
- Each tower will provide internet access within a 1-mile radius

FUNDING

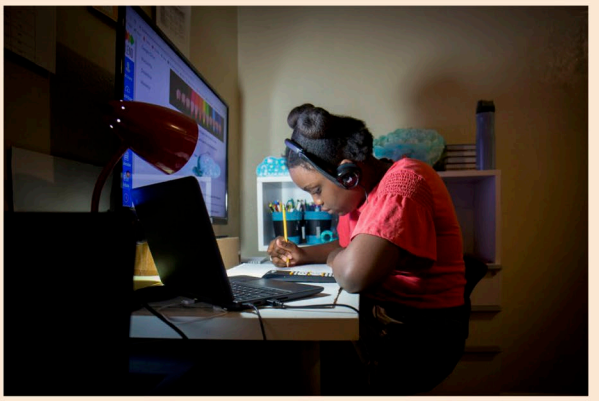
- Enrollment dropped by 1,500 students this school year compared to the last
- TEA gives districts around $6,160 per student, the drop could cost Edinburg CISD about $9 million

WORRIES OF STUNT IN SOCIAL DEVELOPMENT

- Teachers also teach social skills
- 7% of a message's meaning is conveyed through words, while 93% is taught through nonverbal communication signals, such as tone of voice and hand movements
- Hands-on acitvitites are imperative for developing intellectual maturity
- "Children associate online with fun — humanistic fun, not learning fun," said Edward Acosta, a psychologist
- Inability to play outside
- Disruption in daily schedule

MENTAL DISTRESS

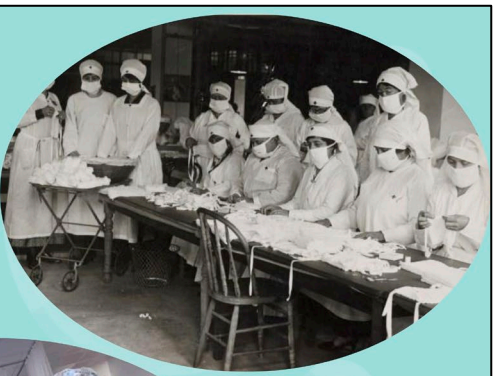
- Natitonal rise in ADHD diagnosis in children; the calls nonprofit Children and Adults witth Attention-Deficit/Hyperactivity Disotrder (CHADD) received rose by 62% since the pandemic started
- Naitonal rise in depression diagnosis in children



- Zoom fatigue: the extreme exhaustion that comes with the sudden heavy adaptation of a technology-based way of working. “If they are tired, they are not going to learn.”
- Beginning in April, mental health-related visits to a large sampling of emergency rooms in 47 states increased 24% among children ages 5 to 11 and 31% for those 12 to 17 compared to 2019.

Similarities and Differences Between the 1918 Influenza Pandemic and the Current COVID-19 Pandemic

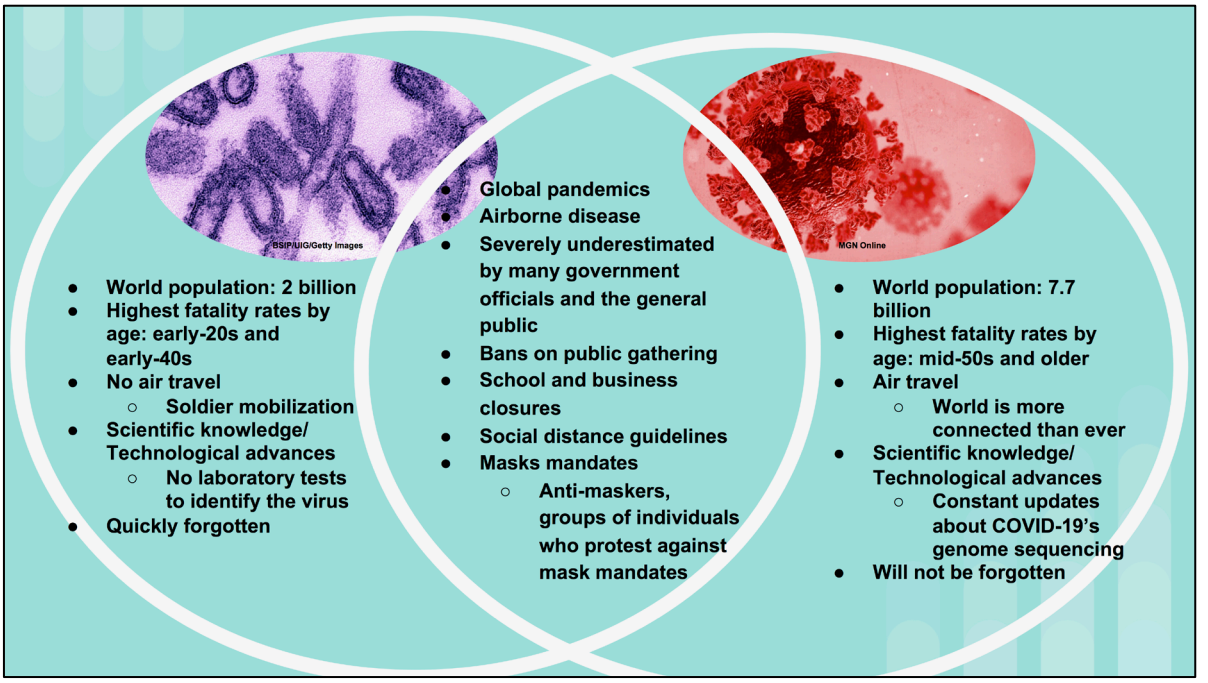
By Cindy Us



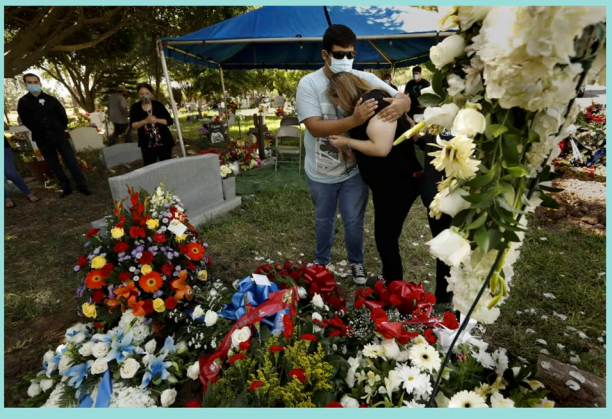
Local Identifier: 165-WW-269B-26
https://unwritten-record.blogs.archives.gov/2018/03/13/the-1918-influenza-pandemic-photos/

Photograph: Carolyn Cole/ Los Angeles Times/ Getty Images

Photographs: Amanda Lopez for UTRGV The Newsroom



News Coverage about the RGV's battle against COVID-19



Carolyn Cole/ Los Angeles Times

- **Jose L. Garcia III, "Chisme" (Gossip)**
- Big news outlets like Vox, the LA Times, and the NY Times have cited the Rio Grande Valley as a hotspot for COVID-19.
  - Confirmed cases: 121,561+
  - Confirmed deaths: 4,367+
- Many of these articles constantly state the same reasons as to why the RGV has suffered from COVID-19 pandemic:
  - chronic illnesses [diabetes & obesity]
  - Poverty
  - pachangas [family gatherings]
  - close-knit community
  - high Mexican/Mexican-American population

- COVID-19 Awareness
  - Lack of media coverage in Spanish
  - Language barriers in public spaces
- Socioeconomic status
  - Undocumented immigrants
    - First generation
    - Frontline workers
      - Working safely from home? Not a possibility
        - Heavily contact related
          - Essential workers
    - No unemployment benefits
- Poor access to healthcare
  - Documented or undocumented immigrants may not be eligible for healthcare insurance at all, predominantly U.S. citizens.
  - Many who lack health insurance decide not to get treatment until it's too late.
  - Lack of information and financial strains.
    - U.S. citizens? Sometimes, "Your insurance doesn't cover this procedure…"

Speaker: Nydia Salinas

IMMIGRATION

HUNGER STRIKE AT PORT ISABEL DETENTION CENTER

equal voice

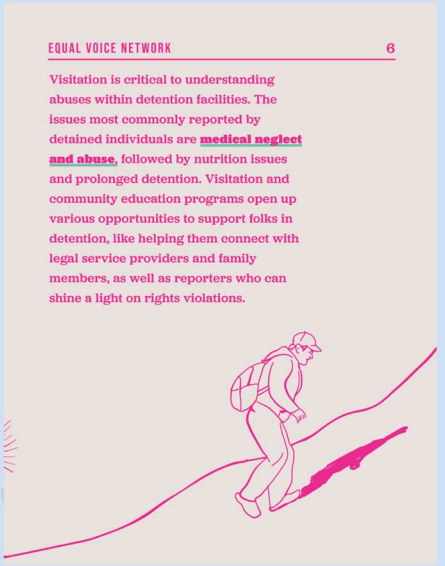
Fearing COVID-19, Cuban Men at Port Isabel Detention Center Go On Hunger Strike. Over 900 people were/ are detained at the Port Isabel Detention Center where the first confirmed cases were made public in May 14th, 2020.

Speaker: Nydia Salinas

People being detained by a private company in the Hampton Inn McAllen, TX. Signs say, **"We don't have phone" and "we need your help."**

- Fatima Garza
  - Title 42 Process: "Shadow Expulsions"
  - Interviewee Roberto Lopez of the Texas Civil Rights Project

Speaker: Nydia Salinas



- Chelsea Sandoval
  - Medical Tourism
  - Medical Migration
  - Final Public Charge Rule
  - People who seek healthcare in Mexico are saving 40 to 60 percent on services.

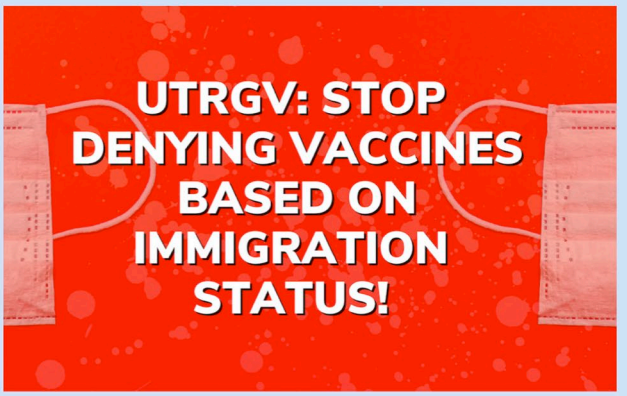
Artist Alexandria Canchola with RGV Equal Voice Network: *A Real Look at Immigration*, digital illustration, 2019

Speaker: Nydia Salinas

- David Cantu
  - Nero Rodriguez, 33 affected by Muscular Dystrophy
  - Daily trips to Mexico to receive their fathers financial assistance- altered by the pandemic.

Artist Alexandria Canchola, *El Viaje,* gouache on paper, 2019

Speaker: Nydia Salinas



- UTRGV needed to make it clear how long the policy asking for immigration status was in effect, why it was implemented, or how many people they denied.
- Have most recently stated that 14 people were denied the vaccine- but have now been rescheduled.

AFTER BEING IN LINE 4+ HOURS, @UTRGV DENIED MY FATHER THE COVID VACCINE BECAUSE HE'S UNDOCUMENTED. HE'S 60+ WITH UNDERLYING CONDITIONS. THEY SAID THEIR WEBSITE MENTIONS IT BUT IT'S A LIE. via @_AbeDiaz_

Restaurants

March 19, 2020

Texas Governor Greg Abbott issues executive order that prohibits eating and drinking inside restaurants and bars, but takeout is still available. A day later, Abbott announces that small business can apply for long-term, low-interest loans from the U.S. Small Business Administration

May 2020

Under Executive Order GA-17, restaurants are allowed to reopen at 25% capacity on May 1. By May 22, restaurants are allowed to operate at 50% capacity under Executive Order GA-23. By May 26, an extension of Executive Order GA-23 allows food courts to reopen.

June 2020

On June 3, Executive Order GA-26 states all businesses can operate at 50% capacity. This order also allows restaurants to expand to 75% capacity on June 12. On June 26, Executive Order GA-28 is published. Due to COVID-19 cases and deaths escalating, all bars are to be closed and restaurants are to reduce their capacity to 50% on June 29.

September 2020

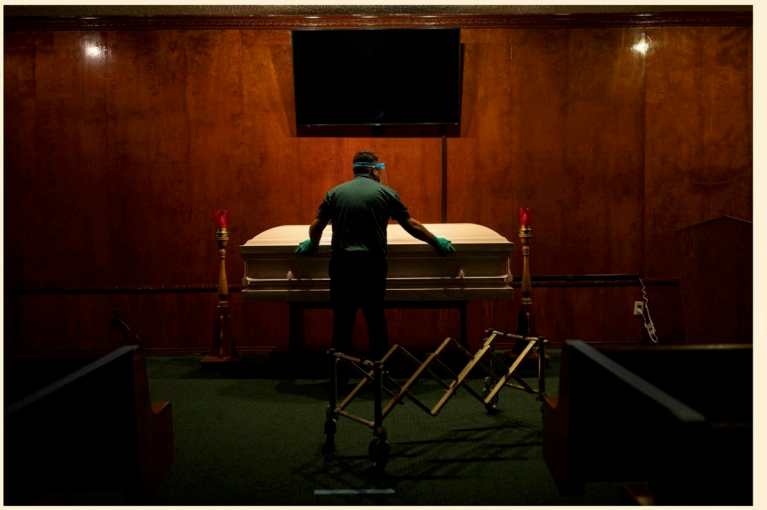
Published on September 17, Executive Order GA-31 allows for restaurants and other businesses to maintain a 75% capacity, except for three hospital regions, the RGV, Laredo, and Victoria. This was due to hospitalizations in those areas reaching "the danger zone," places where COVID-19 patients made up 15% or more of all hospitalizations for seven consecutive days.

February 23, 2021

Hidalgo and Cameron counties have announced that businesses can now operate at 75% capacity, and bars can now operate at 50% capacity. This is due to the decreasing number of COVID-19 patients in the RGV region.

- Unemployment benefits.
  - With sudden closure of numerous businesses, restaurant employees found themselves unemployed. Many quickly applied for unemployment benefits online.
    - Since many people were applying for unemployment benefits at the same time, the website continuously crashed.
    - Before the pandemic, about 16,176 Texans had applied for unemployment benefits. A week after businesses closed due to the pandemic, that number increased to 155,657 Texans (860%).
- Small businesses have been competing against big corporations. Now? Big corporations and COVID-19.
  - Small businesses account for over 44% of the economy.
  - U.S. government has provided relief through the Small Business Administration loans.
    - Pay employees
    - Pay rent/bills
    - Adapting to the "new" normal
      - Hand sanitizers/Lysol
      - Masks and gloves
- Ramon Navarro's, "Small business, Big Battle: How small businesses are adapting to the impacts of COVID-19."

Speaker: Nydia Salinas



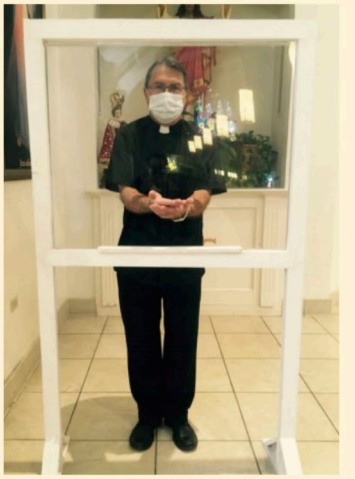
S O C I A L GATHERINGS

Mr. Salinas positioned a coffin.
Credit...
Tamir Kalifa for The New York Times

Speaker: Nydia Salinas

Bishop Daniel Flores

- Gabriel Ozuna
  - Fr. Greg Labus demonstrating how a communicant would receive Holy Communion through a socially distanced Plexiglas divider at St. Joseph Catholic Church.
  - 75 persons/ 25 percent capacity.



Speaker: Nydia Salinas

FROM DISCOVERY TO KICKOFF

- Tommy L. Johnson and Jonathan Gutierrez

March

Students across the country are forced out of their schools at or about the time of Spring Break. For athletes at all levels this meant that sports were coming to an end. But for how long?

June

UIL allows high schools to return to practice. Then on June 28, 2020. Then seven days later UIL resented that decision for valley schools.

August

From the August 15-28,2020, Two major collegiate divisions decided to forgo a fall sports season, as would La Joya ISD.

This caused outrage within 500 La Joya families and would lead La Joya to reverse course and allow fall sports.

September

It's found that of the three La Joya ISD high schools, only one team has enough players to play. The same parents that wanted fall sports now felt that playing would be too dangerous.

Most valley High Schools return to practice on the 28th.

October

RGV Football resumed on October 15th. Seven of Eight games were played. The eighth was canceled due to a positive COVID-19 testing.

Resilience!

Speaker: Nydia Salinas

- Megan Olmedo
  - Voting in the 2020 Presidential Election
  - Interviewee Jeff Shue
  - Mail-In Ballots
  - Census Extended: March 12th- October 15th, 2020

Photo by Brenda Bazan of the Texas Tribune, Brownsvilles Main Branch Library on October 21st, 2020

Speaker: Nydia Salinas

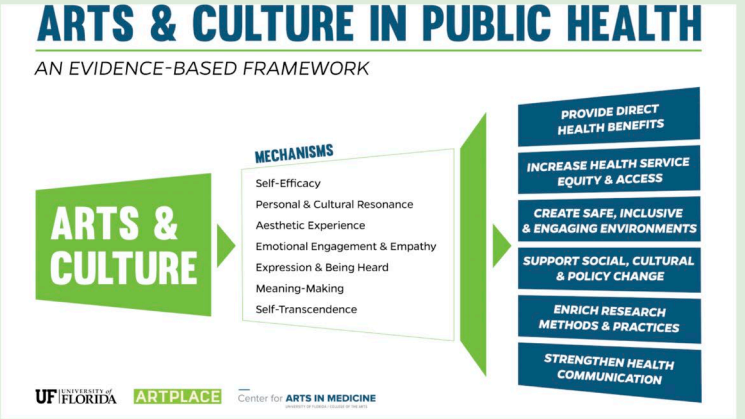
ART AND CULTURE

Los Frutos de Nuestra Tierra by Virginia Contreras, woodcut print 2018

Speaker: Nydia Salinas

The University of Florida

- Harvard Professor Dr. Felton Earls, “Collective Efficacy”
- Harvard Alumni Dr. Meghan Venable Thomas



Speaker: Nydia Salinas

Social Media

- Billingual Infographics
- Accessible Information
- Representative Imagery

Eases dialogue about difficult topics.

Digital Graphics by Las Imaginistas

Speaker: Nydia Salinas

Local Organizations: LUPE RGV, RGV Equal Voice Network, Las Imaginistas, Trucha RGV(previously NETA), Angry Tias and Abuelas, RGV Mutual Aid, UTRGV Texas Rising

UT RGV · RISING

RGV MUTUAL AID

Las Imaginistas

equal voice for America's Families
Rio Grande Valley Network: 10,000 Families

Angry Tias and Abuelas of the Rio Grande Valley
ROBERT F. KENNEDY HUMAN RIGHTS 2019 Award Recipient

LUPE

Trucha

Speaker: Nydia Salinas

"Braceros: A Legacy of Triumph mural is San Juan, Texas

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Ramon Navarro
Meagan Olmedo
E. Gabriel Ozuna
Maxwell Perkins
Matthew Rodriguez
Nydia Salinas
Chelsey Sandoval
Mark Trejo
Cindy Us

Student contributors to this project:

Classroom Learning Opportunities

Guest Speakers and Key Lectures:

- Dr. Amy Hay
  The Other Great War: 1918 Influenza & the RGV
- Dr. Isidore Flores
  Responsibilities to Our Collective Health
  International Valley Health Institute
- Dr. Ann V Millard
  Syndemic: Diabetes & COVID-19 in the Valley
  Fellow, International Valley Health Institute
- Dr. William Donner
  A Social Scientific Perspective on Risk: Understanding COVID-19 Action & Inaction
  (Disaster Studies)
- Dr. Russell Skowronek
  Epidemics and Pandemics in the Western Hemisphere and Effects on Cultures & Effects on Ethnic Population
- Roseann Bacha-Garza
  Cultural Evolution of South Texas Populations

Discovering the Rio Grande Valley:
Rio Grande Valley in the Time of the Pandemic
ANTH 4315 / ANTH 6315 and HIST 4315

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