Experiences of Life in a Pandemic:
A university community coping with coronavirus

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The genesis of our project
COVID-19 disrupted all our lives, upending and, in many cases, suspending our normal routines. Those of us fortunate enough to be able to "shelter in place", found ourselves unable to participate in life outside our homes and, often, felt real anxiety and fear as the pandemic spread around us. This paper discusses preliminary findings from a convenience survey we undertook during the spring 2020 lockdown period, designed to learn how our faculty, librarians, and staff were managing the pandemic.

Like so many others during the period of lockdown, we were trying to make sense of all the changes happening around us, living with uncertainty and disruption. As sociologists, we focus on the intersection of personal biography and social history but, often, to learn how disasters impact communities and individuals, our only option is to look back, since many disasters are fast-moving events (hurricanes, earthquakes, tsunamis, etc.). Normally we are relegated to looking at the past, reconstructing people's ideas and feelings through their memories or written texts, but during March and April we realized we had the unique opportunity to get a sense of how individuals were feeling as normal lives were upset.

Early on in the pandemic, our university leadership began writing emails saying, "We got this!" as a way of encouraging positivity and commitment to our work, possibly endeavoring to impose a sense of purpose and community (Burrow and Hill 2020). Many people, though, were working from home, trying to balance full-time employment with emergency homeschooling or daycare of their children, and others were worrying about their health, their jobs, or their partners' or family members' health and jobs.

For many of us, "We got this!" in no way represented how we actually felt during that period of time (or feel still). Yet, were we to look back at email and text communications, we might get the impression that our university community had come together, finding strength in our work and commitment to our students. Over time, it is possible that this positivity might override individual memories or, at least, smooth their sharper edges. Assmann (2008) writes that once

individual memories are shared, in the form of a narrative, they become part of a symbolic system outside the individual which can be changed, contested, even usurped. Furthermore, "it is sometimes notoriously difficult to distinguish what one has experienced oneself from what one has been told and afterward incorporated into one's own stock of autobiographical memories" (50).

To understand how people were feeling, we decided to conduct a convenience sample survey of faculty, librarians, and staff at our institution during Massachusetts's intensive surge of COVID-19's first wave. By conducting a survey during lockdown, we captured a moment in time, a moment of extreme uncertainty, when our community members were mostly physically isolated from each other. We wanted to ensure that we captured people's feelings and experiences while we were 'in the thick of it' and before our individual and collective understandings and experiences moved beyond the intensity of that first wave. We also felt that these initial findings would provide a guide for qualitative interviews that we plan to conduct in the fall of 2020 and spring of 2021 to see how people's feelings and memories have or have not changed.

In this working paper, we explore the most interesting preliminary findings of our survey. We focus primarily on a few general themes: experience of the virus, public health measures, and trust in government information; faculty and staff differences during the lockdown; and gendered and parenting experiences of the pandemic.

**COVID-19 in eastern Massachusetts**
It is important to understand how coronavirus affected the region where our university is located at the time in which people responded to our survey. Massachusetts, particularly eastern Massachusetts, where we are located, was hard-hit by the virus early in the first wave, having the third-highest death toll of all states as of May 26th (Reilly 2020). We entered our "surge" in early-to-mid- April and though it had begun slowing by the end of April, we were not out of our surge until mid-May, as seen in Figure 1. Plymouth, the county in which the campus is located, had very high rates of coronavirus and nearby counties, including Suffolk County (metro Boston) where many faculty and staff live, had the highest rate in the state (Dashboard 2020).

At the beginning of the crisis, our university took one extra week of spring break (March 16-20) and went online March 23rd. The governor of Massachusetts ordered the closing of all non-essential businesses and public spaces on March 24th, asking people to stay home simultaneously (Press Release A 2020). We distributed our survey May 1st, one week after Massachusetts saw its greatest number of new cases, 3,079, on April 23rd, about six weeks after the closing of businesses, and when the rate of coronavirus in our county was between 1,078.1 and 1,520.7 per 100,000 (Dashboard 2020). Massachusetts residents were ordered to wear masks in all public places beginning May 6th, 2020 (Press Release B 2020). Thus, faculty and staff took our survey when they had been home, isolated for a month and a half, and were living with daily updates of very high numbers of new cases.

Exploring feelings and experiences: data and methods
Bridgewater State University (BSU) is a mid-sized, regional, state university in southeastern Massachusetts that draws students from the greater Boston area, Cape Cod, and other New

Figure 1
Coronavirus cases Massachusetts, April 1-May 15, 2020 (Dashboard 2020)
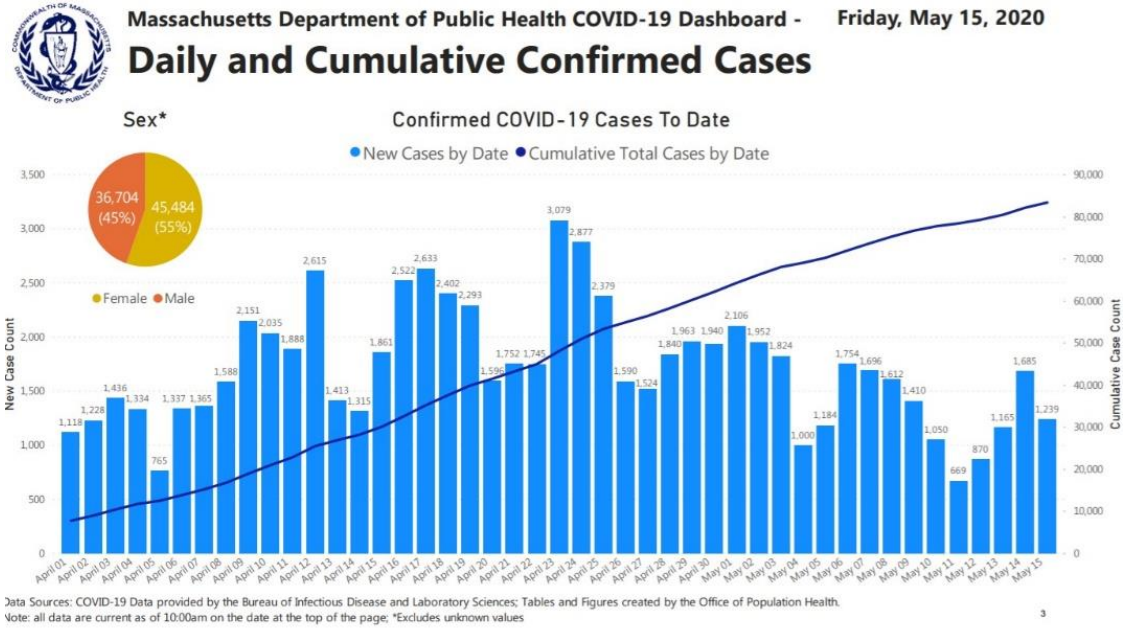
England states. BSU enrolls just over 10,000 students annually, has 36 undergraduate majors and 80 graduate programs, employs 354 full-time faculty, 434 part-time faculty, and 726 staff and administrators (Office of Institutional Research 2019). We deployed the survey using Qualtrics and distributed it using campus listservs for faculty and staff as well as through employee unions. Given bureaucratic issues, we sent the survey out only once and received 291 responses with 254 complete surveys for analysis. Of the 254 complete surveys, 113 faculty or librarians and 141 staff responded, a response rate of about 14.3% and 19.4% respectively.

While we focus on faculty and staff generally, there are times we look at differences within these groups. Staff at our university are divided into two union categories, professional – Association for Professional Administrators (APA) and classified – American Federation of State, County, and Municipal Employees (AFSCME) staff. These distinctions are not exact but professional staff often have higher status roles (for example, admissions or residential life) whereas classified staff are typically in clerical and facilities positions. Out of 141 staff responses, 73 respondents were professional staff and 60 were classified staff. Additionally, 113 faculty participated but our university, like so many others, relies on part-time faculty and we surveyed full and part-time faculty; 43 part-time faculty and 62 full-time faculty participated. The remaining staff and faculty members did not identify their specific status.

Table 1 breaks down the categories that provide the guide for our analysis. Twenty-six percent of respondents identify as men, 68.5% of respondents identify as women, and 8% of respondents identified as another gender category or preferred not to answer. We provided multiple categories for race in our survey but decided to condense survey results into two racial categories – white and non-white – because keeping racial categories separate could lead to the identification of a particular staff or faculty member. As such, 87.4% of our respondents identify

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as white while 12.6 % identify as non-white. Similarly, we combine faculty and librarians into one group for two reasons: they are part of the same collective bargaining unit and distinguishing librarians might allow one to identify a certain librarian. Our sample slightly undersamples the faculty but largely represents the racial and gender divisions within the faculty, librarian, and staff ranks. Finally, because of media focus on school and daycare closures and the experiences of parents during the pandemic (McClain 2020; Strauss 2020) we asked questions about individuals' parenting status. Thirty-six percent of our respondents have no children, 45.3% have minor children, and 18.6% have adult children.

Table 1
Relevant participant demographics (percentages)

	Faculty and Librarians n = 113	Staff and Administrators n = 141	Total n = 254
Gender			
Men	26.5	25.5	26.0
Women	65.5	70.9	68.5
Other	8.0	3.5	5.5
Parental Status			
No Children at Home	56.4	53.2	54.6
Children at Home	43.6	46.7	45.3
Job Role and Status			
Staff – Professional (APA)	-	51.7	28.7
Staff – Classified (AFSCME)	-	42.6	23.6
Staff – Not Identified	-	5.7	3.1
Faculty or Librarian – Full-Time	56.6	-	25.2
Faculty – Part-Time or Temporary	38.9	-	17.3
Faculty or Librarian – Not Identified	4.4	-	2.0

Our survey consisted of personal demographics and questions relating to individuals' experiences, including how often individuals or those in their household leave the house and whether they follow advice to wear a mask and keep a six-foot distance from others when out. We asked about how much people have been touched by coronavirus, how much knowledge they have, how they get their information, and who they trust. In addition, we included questions about how the pandemic has affected their levels of stress and anxiety, concerns for personal safety, larger societal issues, and specific questions for their experiences as staff members, faculty and librarians, and parents. Finally, we allowed for an open-ended response for additional information and asked if people would be willing to take part in qualitative interviews about their experience at a later date.

This paper highlights several interesting preliminary findings from our survey. We show that the overall knowledge of and adherence to coronavirus advice is high in our sample and is boosted by a high rate of personal experience with COVID-19. After examining the general trends in coronavirus experience, we look more exclusively at social roles that impact individuals' responses, including staff and faculty roles, gender, and parental status. People's day to day experiences are influenced by their societal roles and expectations, and inequalities that exist in "normal" times do not disappear during a pandemic; rather, they are likely exacerbated. We

underscore those areas where these differences and inequalities are most visible, highlighting how these differences may impact individuals' experiences of the coronavirus shut down. An intersectional approach suggests that different experiences are not divided along single dimensions, such as gender, work status, or parenting roles, but this approach is extremely effective in identifying differences within our sample and pointing us to the ways that these roles impact experience and perception.

We also provided space for open-ended responses and asked if the respondent could be contacted for a qualitative interview. Forty percent of respondents included comprehensive open-ended responses and 49.2% were willing to be contacted for interviews; the high rates of response to these options suggest that people are interested in telling their stories of the pandemic. We plan to use these preliminary findings to guide our future in-depth, qualitative interviews. By incorporating a qualitative component, we hope to better understand how these various roles intersect to impact individuals' experience of the pandemic.

**Knowledge, trust, anxiety, and adherence**
Given high rates of coronavirus in Massachusetts at the time of our survey, the newness and total uncertainty of the spread of the virus, and the large amount of news coverage, we anticipated that many respondents would be keeping up with information about the virus, trying to make sense of our new quotidian reality. People may be critical of, or develop cynicism toward, the media and/or government which can impede belief in news of a pandemic or public health adherence (Davis et al. 2014; Wei et al. 2018). Additionally, social media allows for unimpeded sharing of information and research has shown that false information tends to be shared more widely than factual data (Pulido et al. 2020; Seymour et al. 2015). As a result, we were curious about how much people were consuming news as well as the extent to which people trusted government officials with regards to the pandemic, believing this might impact people's willingness to participate in public health measures. While universities are presumed to be extremely liberal, and we are located in very blue Massachusetts, our university is located in a red part of the state: Trump received 49.2% of votes while Clinton received 44.6% of votes in our town (Fujiwara 2016). Though faculty also live in Providence, Rhode Island, or Boston and its suburbs, many faculty *and* staff live in this area and we wondered how this conservativism might influence trust and adherence.

To examine this, we asked respondents how much they trust coronavirus information from the national government (the Trump administration), national agencies (CDC, NIH), and one's state government. There is a significant difference in trust of the Trump administration with classified staff showing the most support, rating their trust in the government at 1.56 on a 5-point scale, compared to much lower professional staff and faculty trust at 0.47 and 0.31 respectively (p<.001; see Figure 2). However, even with this higher level of trust among classified staff, these ratings are very low compared to trust levels for national health agencies (p<.10) and regional state governments (p<.05), which ranged from 3.14-3.80.

The high level of support for national agencies and state governments as compared to the national government may lead to more adherence to public health guidelines to wear masks, physical distance, follow stay-at-home orders, and wash hands more frequently. As we have seen in the U.S., adherence to these practices is decidedly uneven and may be linked to political

viewpoints (Aratani 2020). Among all our respondents, however, we found that adherence to physical distancing and masking orders was high. Approximately 61% of faculty and 72% of staff responded that they always/usually wore masks when leaving home. High adherence and low trust was especially striking, particularly among staff who viewed the national government

Figure 2
Trust in state and national leadership by job status
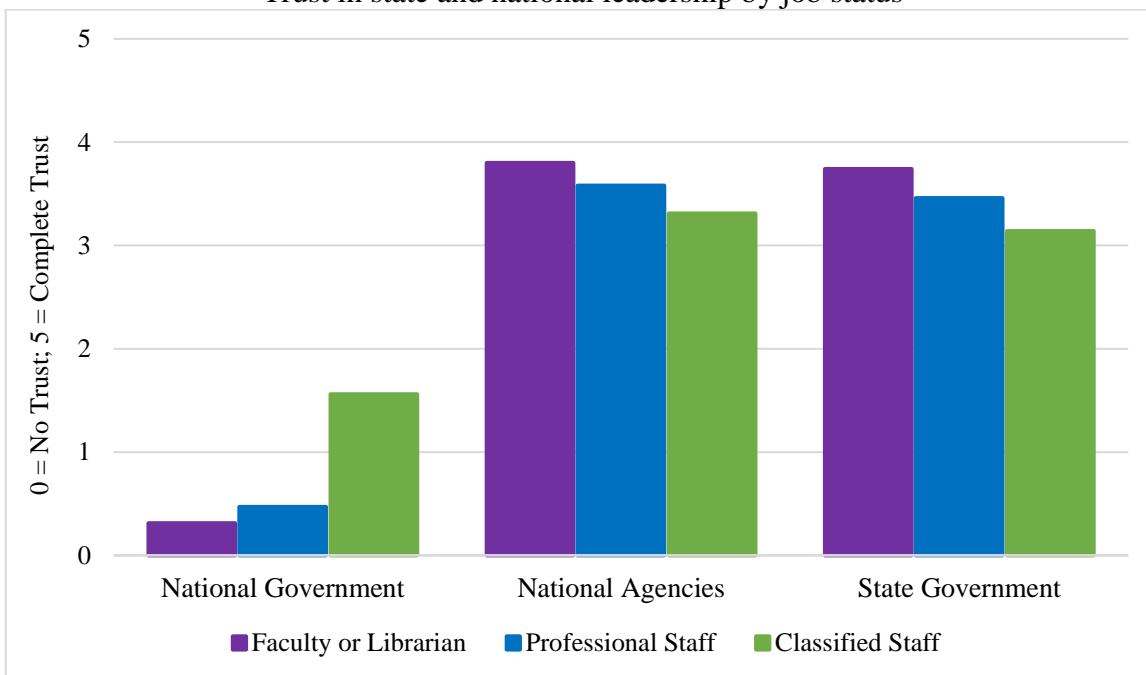
more favorably. While this defies easy narratives about left-right politics in the age of coronavirus, it may also be because of people's personal experiences with COVID-19.

One of the greatest surprises in our data was the high numbers of respondents who knew someone who had COVID-19. More than half of the sample (57.1%) responded that they knew someone who *thought* they had coronavirus but was not actually tested for it. At the time, testing was hard to access; only people with very specific symptoms or travel histories were able to access COVID tests. Given fear of the virus, it is unsurprising that many people might think they had the virus without knowing for sure. But, more incredibly, 69.3% of our respondents said they knew someone who *had tested positive* for coronavirus. Even given the rates of coronavirus in Massachusetts, this high response indicates just how "real" the virus was to people taking our survey. Indeed, in response to an open-ended question, a staff member wrote:

> I know of 3 people who have died from COVID. It has made the pandemic 'hit home' and caused my family to take the disease/safety precautions/attention to hygiene/social distancing/NOT venturing from my house for any reason/NOT venturing into public very seriously. Real people who had lives, jobs, family and friends, futures to look forward to are painfully ill and too many suddenly DEAD.

While some parts of the United States were seeing few cases, questioning how serious the virus was, we were truly in the midst of a horrible outbreak. Above all other personal concerns, including losing one's job, getting the virus oneself, or one's children getting the virus, the greatest fear for all respondents was an adult family member or friend contracting the virus, with mean responses of 4.12 for both faculty and staff, indicating to us that people were very worried about the virus, particularly the well-reported dangers for older people.

Given community members' lived experience with coronavirus, we expected that the virus could be causing stress and anxiety for people, albeit in varying ways. We asked several questions about how strongly respondents agreed or disagreed with whether the virus was causing anxiety. There were no statistically significant differences in responses to these questions between faculty and staff overall or between full-time and part-time faculty and librarians; however, we did find statistically significant differences between staff roles and gender (see Table 2).

Table 2
Mean differences in feelings about coronavirus

| | Work Role | | Gender | |
| | Professional | Classified | Men | Women |
	73	60	66	174
Coronavirus causing Anxiety	2.90**	2.57	2.59**	2.87
Being at Home is Stressful	2.41**	2.03	2.32*	2.09
Too Much Time Alone	2.03	1.88	2.09*	1.86
Stay Home Longer is Okay	3.12	3.15	2.95**	3.22

*$p<.10$; **$p<.05$

More professional staff report heightened anxiety as a result of the virus as opposed to classified staff (2.90 to 2.57; $p<.05$) and greater stress at being at home (2.41 to 2.03; $p<.05$). One staff member, who worked remotely, wrote:

> I don't think employers genuinely appreciate the stress staff are experiencing. They are being expected to perform even more despite all of the additional pressures now placed upon them. It's made me as stressed, depressed, and anxious. There is little joy in life right now. Just an awful groundhog day repeated every day. I don't enjoy the time I have with my family because of the amount of pressure and stress I feel.

Differences among staff roles are interesting because it suggests that classified staff are feeling less stress and anxiety than professional staff, even though more classified staff are considered essential and, therefore, still going in to work. We wonder if this may be because, by keeping a semi-normal schedule, essential staff are able to connect with people at work and feel less isolated than those at home. Physical distancing, while curtailing viral spread, also creates psychological distress (Osofsky, Osofsky, and Mamon 2020).

Some differences in anxiety might also be connected to media consumption. As one staff member wrote, "I believe the short and long term effects of high-frequency media exposure, discrepancies in messages received from national, federal and local agencies, and the constant need to plan and manage personal and professional responsibilities without consistently reliable

information is and will continue taking a significant toll on everyone's well-being." We examined this possibility by looking at those employees who identified as essential and needed to go to campus regularly versus those who were working from home. Anxiety about the virus was lower among essential employees than other groups and, interestingly, there are significant differences in time spent online, with essential, on-campus staff, spending less time online (just over 3 hours versus 5 or more hours for non-essential employees; p<.05). We also see a low to moderate (0.293) positive relationship between anxiety and learning information from TV news for non-essential workers. Potentially, people staying home have more time to be online and keep up with the news which may heighten their anxiety.

It is clear that while a majority of respondents know someone who had COVID-19 and everyone was experiencing a new reality in the pandemic, people were experiencing the virus differently. In this section we showed that there was general anxiety about the virus among our respondents but there are additional anxieties and stressors caused by the pandemic, and the response to it, that may be felt differently by people in varied demographic groups. In the next section, we consider how people's standpoint may have impacted their experience of the shutdown.

Same virus, different experience: job status, gender, and parenting
As we showed in the previous section, anxiety about the virus among our respondents was significant and, conceivably, was connected to the high likelihood that people knew someone who tested positive for COVID-19. But in this section, we explore how job status, gender, and parenting identities likely influenced people's experience of the pandemic. While overall anxiety about the virus was real, anxieties related to people's different roles were equally real and, importantly, broke down along already-existing inequalities such as job security and gendered expectations.
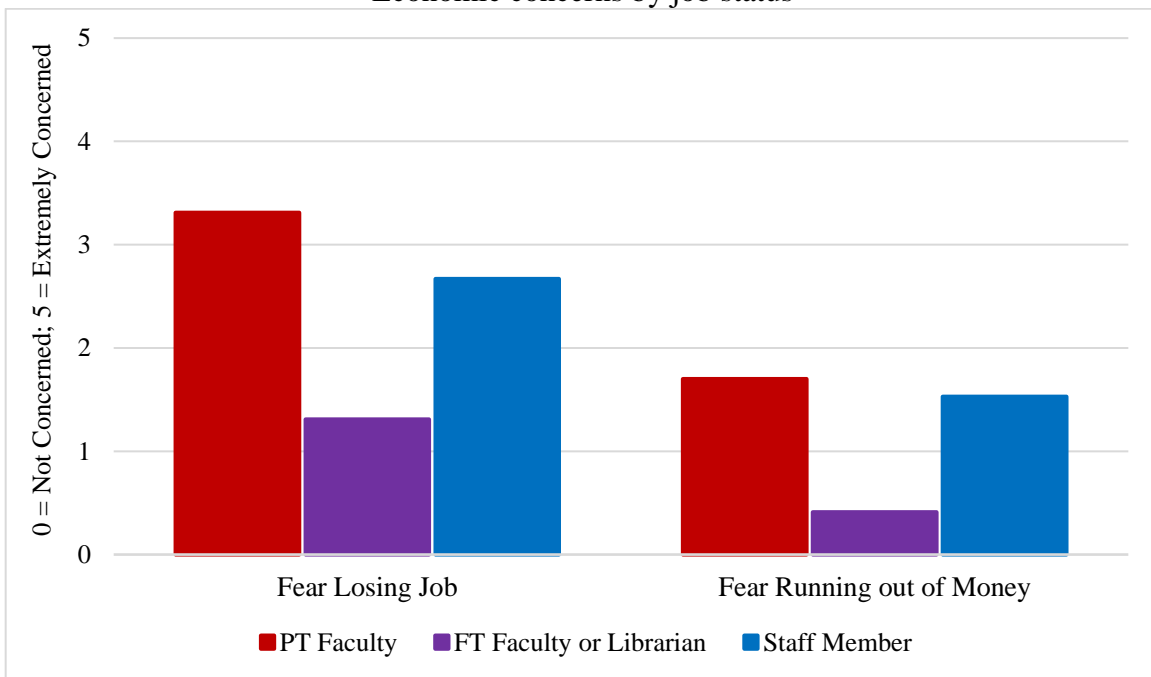
Job status
Different job status, work responsibilities, and contractual disparities helped create uncertainty and anxiety among our respondents. Our data indicate that some of people's anxiety about the virus was connected to their position at the university. When we asked about various personal fears, staff reported greater concern about losing their jobs than faculty (2.67 to 2.23; p<.10) and were more concerned about running out of money (1.53 to 1.08; n.s.). This is not surprising given that faculty are somewhat insulated by tenure.

Looking at full-time versus part-time faculty, an even starker inequality is accentuated. Part-time faculty were more likely to report worry about losing their jobs than tenured or pre-tenured full-time faculty *and* staff. Part-time faculty reported fear of job loss a full two points higher than full-time faculty (1.31 to 3.31; p<.001) and .64 points higher than staff (n.s) and reported worry about running out of money nearly 1.3 points higher than full-time faculty (1.70 to 0.41; p<.001; see Figure 3). A part-time faculty member wrote, "As a long-time part-time faculty member, the messaging by Admin. that many of us will likely lose our positions, without knowing for sure, has been incredibly stressful and demoralizing as I pull out all the stops and work long hours to make my students' online education worthwhile." And another wrote, "I am positive I will lose my PT teaching job at BSU, which will put me in a financial bind…That is the scariest part of this virus is the financial implications for a lot of folks."

Even while part-time faculty were struggling to migrate courses online, craft quality classes for their students, and remain responsive to students' needs, they were receiving messages about the tenuousness of their positions. While the difference between full-time and part-time faculty is hardly surprising, the fact that part-time faculty are far more worried about job loss than staff emphasizes not only the privileged position of faculty who have (or are on track to have) tenure but also the potential power of unionized labor among staff as well. Still, while on union contracts, staff do not have the same job protections as tenured faculty and report greater fears about losing their jobs.

Figure 3
Economic concerns by job status

Lastly, with relation to job status, it is important to note that while faculty (both full-time and part-time) were not considered essential and worked from home, some staff and librarians were considered essential and, thus, were not able to remain at home every day. As we discussed above, because the virus was so present in our respondents' experience, it likely impacted how they responded to news as well as precautions they took against the virus. For example, classified staff were more likely to leave their homes daily or 2-3 times per week to shop for essentials (such as grocery shopping) than professional staff or faculty and librarians. In fact, none of the faculty and librarians responded that they left the house daily and only 10 percent left more than weekly, while nearly 30 percent of classified staff left the house more than weekly (see Figure 4). It is likely that these classified staff members were leaving the house more regularly for work and were then more comfortable or resigned to leaving the house or shopping for essentials while out.

For staff who had to go to campus, there were limitations on how much control they had to ensure proper public-health procedure. Upon leaving home, faculty and librarians were likely to interact with fewer people than staff. Almost 28% of staff came within six feet of three or more

people when they left the house compared to about 14% of faculty. So even though staff reported greater adherence to masking, they were not able to physical distance to the same degree as faculty. Lohm et al. (2015) write that people appreciate virus protection measures because they provide a sense of security against the uncertainties of risk. Masking may be one way that staff felt they were able to protect themselves.

Stress levels varied based on people's job status and role as our campus shut down and many people stayed home while others could not, a choice made by administrators. One staff member

Figure 4
Percentage leaving the house for essentials in the last 4 weeks by job status
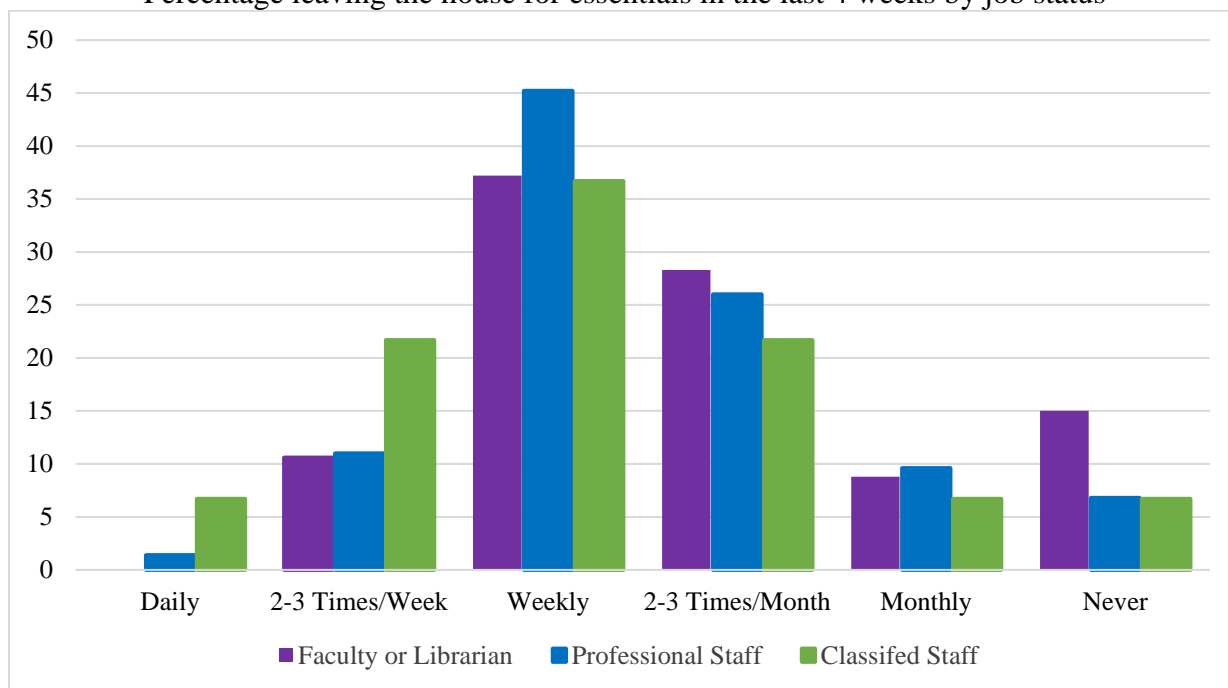
wrote, "As an essential employee I don't believe my health or my loved ones at home has been valued by management," and another said, "Lack of communication and consideration of staff safety (requiring reopening or pushing being back on campus too soon) has been a greater stress than getting sick." While part-time faculty were much more worried about losing their jobs, staff were more likely to be facing difficult choices in coming to work—coming into contact with more people and having to leave the house more often. Though staff and part-time faculty experienced stress, fear, and anxiety about the virus, their experiences differed based on their job status with part-time faculty being most job-insecure but with essential staff the most unable to ensure a safe environment for themselves.

Gender and parenting
Among various differences reported by our respondents, our data show that women report greater worry and concern with what we call "global" or "societal" issues—those things that impact people beyond the individual or household. Women reported greater levels of concern than men about high levels of death and suffering as a result of COVID-19, health system overload, an unknown end to the pandemic, and a lack of recovery in the United States. While

the differences are not extreme, they do point to an interesting synchronicity with gendered norms and expectations namely, that women are more empathetic and "others-focused" than men are. These gendered expectations are well-known, and it has even been suggested that women-led countries have fared better during the pandemic because of women's "empathic" leadership (Taub 2020).

Despite, or perhaps because of, traditional gender roles, our overall findings show that women experienced less stress being home than men (2.09 to 2.32; p<.10), were less likely to feel that they were alone too much (1.86 to 2.09; p<.10), and more likely to agree that extending stay at home orders would be okay (3.22 to 2.95; p<.05). However, these general differences do not account for the different impact that stay-at-home orders had on parents.

As parents were beginning to work remotely, their school-age children were beginning to learn remotely. And parents who, heretofore, had childcare, found themselves caring for young children while trying to work at the same time. This meant an abundance of togetherness and a sometimes-difficult transition to a vastly new work-life balancing act. Research suggests that though men participate in childcare more than in the past, women still do the yeoman's share of childcare and housework in most heterosexual partnerships (Bianchi et al. 2000; Bianchi et al. 2012; Fetterolf and Rudman 2014; Hook 2017) and the pandemic has likely exacerbated that reality. As a staff member wrote:

> I'm either neglecting my children or neglecting my work. I feel tremendous guilt on both sides and am very concerned at the emotional effects this is having on my children… Even though my husband and I both are working full time from home, I'm bearing the brunt of caring for the kids which results in my putting in less work hours… my work gets pushed to the side more. I try to work late at night but much of my job is supposed to be student facing during the day so I conduct those virtual appointments but then the rest of my work (projects, etc.) gets pushed back and I feel behind. This feels impossible.

Much of the parenting narrative suggests that working at home while raising and teaching children has been particularly detrimental for women (Cohen and Hsu 2020; Frederickson 2020; Lewis 2020; North 2020; Perelman 2020), and while we do not dispute this, our data show a parallel story. Separating respondents by parental status, there are significant differences between individuals with children at home and those without. Unsurprisingly, parents with children at home expressed more difficulty getting work done because of family responsibilities (2.70 to 1.83; p<.001) and other work (2.17 to 1.76; p<.001) but no significant difference between the stress of the coronavirus on completing one's work (2.47 to 2.29; n.s.), underscoring the impact of parenting on one's work-life (see Figure 5). These responses indicate that men *and* women with children at home felt that family responsibilities, general stress, and other work all negatively impacted their university work far more than men and women without children at home. Since care and family responsibilities go beyond childcare, we did ask about other types of care, specifically elder care, but few people reported elder care responsibilities (9.8%). Therefore, we focus on the issue of childcare which was predominant for respondents.

Interestingly, family responsibilities and other household labor created more difficulties for men, indicating again that women's everyday "invisible labor" aided women's transition into the

pandemic lockdown while, for men, who don't see that labor or shoulder that burden, the transition was more dramatic. There were no gender differences in ability to get work done for those individuals without children at home but we find that men were slightly more likely to respond that they had trouble completing their university work due to stress from the coronavirus (2.53 to 2.42; n.s.) and family responsibilities (2.90 to 2.61; n.s.). As one faculty member said, "Working from home for full-time job makes focusing on teaching from home difficult. The

Figure 5
Issues impacting work by gender and parental status
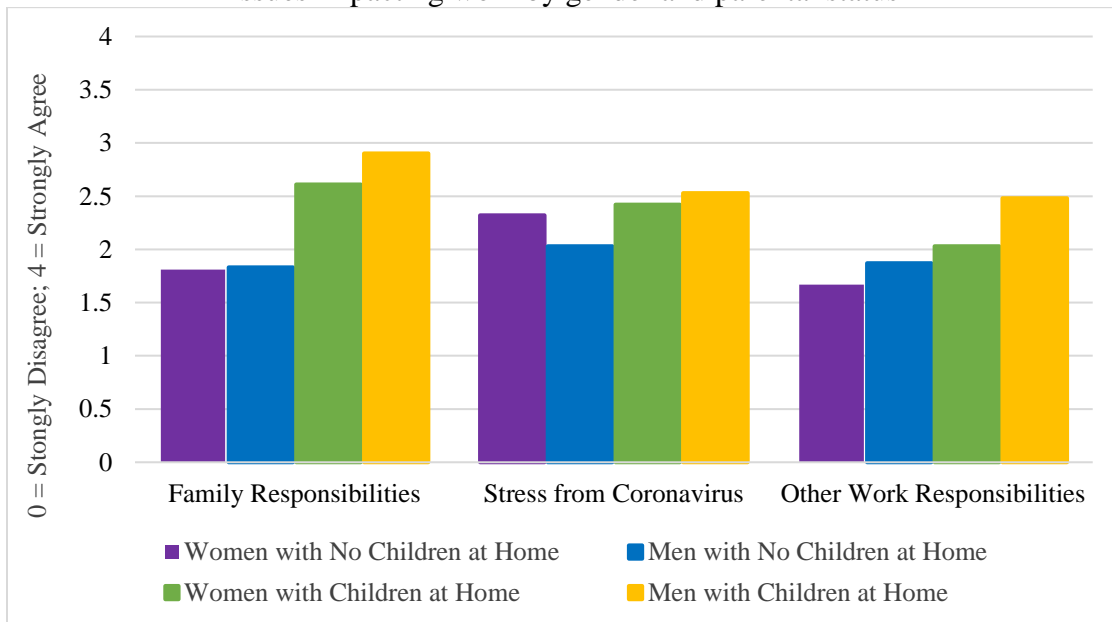
noise level between my wife, kids, [elderly family member], and pets while I'm working makes performing essential tasks infuriating." Most curious, however, is "other work" where men with children at home expressed more difficulty completing their university work than women because of other responsibilities (2.48 to 2.03; p<.05). We cannot say conclusively what "other work" is but suspect that it may indicate housework, childcare, or household chores, given that most of those answering our survey are full-time employees of the university. We surmise that though women likely found themselves doing even more household labor and childcare than normal, they are also more accustomed to this imbalance in gendered work and, thus, possibly experienced less of an initial shock than men did. We are curious to explore these issues in interviews, learning how parenting roles and stresses have or have not changed.

Summary and future research
These preliminary findings cover some of the most interesting information gleaned from our survey of faculty, librarians, and staff at the height of the first wave of coronavirus in Massachusetts. And while much of what we've discussed here is not surprising—many of our respondents know someone who had coronavirus; faculty and staff experience job security differently and part-time faculty are the most job insecure; women and men are balancing family and work in new ways but men report more stress as a result— it is important to note that inequalities in "normal times" seem to be exacerbated during this extraordinary time in our

history. Our survey data provides a sense of how faculty and staff were experiencing the move to remote work – where possible – and the inequalities in these experiences.

Because we used a simple convenience sample, our findings are not generalizable; that was not our goal, however. Going forward, we intend to use these results as a guide to conduct open-ended, in-depth interviews with respondents who offered to participate. Our interviews will allow us to get a more nuanced perspective of different people's situations such as job experience, parental status, stresses related to taking care of (or not being able to see) elderly relatives, social identities, and those without social supports at home during the pandemic. As Anwer (2020) argues in this issue, work-life concerns of "non-normative academics – single women and mothers, Black, Indigenous, and People of Color (BIPOC) and international scholars, queer and trans professors" were likely "always-already-skewed" and should be acknowledged and addressed by university administrators. Our interviews will tease out the experiences of these academics and the inconsistencies and speculations we raised here by getting a deeper sense of how individuals are handling work and life during the pandemic. We are curious to find out whether people's recollections of their anxieties differ from our data, given the passage of time. Because while we in Massachusetts have made it through our surge, it is clear to us that many faculty and staff did not feel like "We got this!" during the surge and we believe those voices can help us better understand inequalities and social realities, not just during a pandemic, but when we are finally past it as well.

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