July | 2020

Evaluating Understandings of State and Federal Pandemic Policies Among Refugees from the Congo Wars in Tampa, Florida

Report prepared by:

Dillon Mahoney (dmahoney1@usf.edu)
Roberta D. Baer
Krista Billingsley
Renice Obure
Michaela Inks
Eugenie Umurutasate

Department of Anthropology
University of South Florida
Tampa, FL

This report was prepared with and for the Tampa community of Refugees from the Congo Wars and physicians/faculty at the Refugee Clinic of the USF Morsani School of Medicine.

Table of Contents

Executive Summary

1. **The issues:**

   This report addresses underlying inequities for resettling refugees that the COVID-19 pandemic has exposed: language barriers and access to public health information, food, healthcare, housing, and employment. We evaluated the extent to which the extremely vulnerable population of recently resettled refugees from the Congo Wars (RFCWs) in Tampa understand and can operationalize the state and federal pandemic policies and guidelines put in place in the wake of the spread of the Coronavirus. The issues include understanding of COVID-19 and how it is spread, understanding and ability to practice social/physical distancing, access to food assistance, helping children learn via online classes, and workplace disruptions, including the need to file for unemployment.

2. **Goals:**

   a. to document the situation within the RFCW community in Tampa.
   b. to determine community needs, link families to services/organizations.
   c. to recommend policies and programs that bring equity to these communities.

3. **Methods:**

   Phase 1— Detailed open-ended socially distanced interviews (using Zoom and WhatsApp) in Swahili, English, and French with 21 household heads.

   Phase 2— Collaboration with the RFCW community (remote or physically distanced participant observation) and community support as the virus began to infect RFCWs beginning in June 2020, one week after we completed phase one data collection.

4. **Key demographic characteristic of household heads:**

   a. Mean household income: $22,000 per year (range $4.000-35,000)
   b. Mean household size: 5.6 people, range 3-15
   c. Ability to fill out online forms: Fair/poor 43%
   d. Spoken English ability: Fair/poor 52%

5. Results/Conclusions

Knowledge about COVID-19:

Tampa RFCWs were concerned, fearful, and cautious. They had considerable knowledge about causes, symptoms, and treatments for the disease (including some traditional treatments to alleviate symptoms). There was a clear understanding of social distancing, but many families were unable to practice preventative measures like distancing to the degree they desired because of household size and employment obligations. This, in turn, created fear and stress as respondents felt that they could not protect their families.

Financial/Employment Issues:

The pandemic has only exacerbated other issues with which RFCWs were dealing with before the pandemic: poverty, a language gap, and cuts to their benefits/support from resettlement services under the Trump administration. Family obligations and the high cost of living necessitate living in close quarters with many family members. Many families lost all income and could not pay rent and bills (including for power and internet), nor were the majority (90%) able to complete an application for unemployment benefits using the online system. To feed their families and avoid eviction, people returned to jobs, considered "essential" (although low-paying), in industries such as fish processing, construction, and healthcare. These jobs make social distancing impossible, thus increasing risk for acquisition of COVID-19.

Schooling issues:

Remote learning policies for public schools, together with low technological literacy, have severely set back students already struggling to learn both educational materials and the structure of the US school system.

Testing:

We found fear/mistrust of hospitals and vaccines that shed light on individuals' reluctance to get COVID testing once the first members of their community tested positive. Other reasons included fear of dying if hospitalized, concerns about bills for testing/hospitalization, and a question of why testing was useful if there was no cure for the disease.

6. Recommendations:

A. State:

1. With the decline of refugee arrivals due to current US policies, as well as the pandemic, there may be attempts to further cut budgets for refugee services delivered through nongovernmental agencies. However, the refugees who are already here need continuation of the services promised to them so they can continue to integrate into US society and become productive and contributing members of our communities. Contracted services in Tampa Bay include employment services, legal/immigration services, adult education and an expanded youth program. While faith communities have funded donation drives, a rent/utilities assistance fund, and the project upon which this report is based, informal volunteer assistance is not enough to make up for continued Federal and State funding of programs.
2. Florida should follow Virginia, which has developed coronavirus business safety rules to protect workers from infections. This would make it possible for workers such as RFCWs to return to work with minimized infection risk. In Florida's service and tourist heavy economy, infections due to widespread contagion in the workplace will seriously damage the state economy if not addressed. (See Appendix B)

B. County:

1. HCSD (Hillsborough County School District): Public Schools--RFCW students have suffered more than most due to the transition to remote learning. While some programs have been created for summer 2020 (such as a new program being launched by Lutheran Services of Florida), they are not able to serve all refugee students. Provisions and extra services must be made available for refugee and other English-learning students who have fallen behind. As the state plans to reopen, alternative modalities of instructional delivery must be made available based on students' preference, health, and safety.
2. CARIBE ESOL program: This program is essential for teaching adult refugees English and other skills critical to becoming full members of our community.

C. City:

As with other vulnerable communities, RFCWs need continued support from the city of Tampa with respect to affordable housing and an increase in the minimum wage. The policies we recommend to protect housing, livable income, and safe communities include: freeze in rent increases, action against predatory housing investors, review of policing in minority neighborhoods, increased minimum wage, and mandates for sick leave/health insurance benefits within "informal employment" and low-wage jobs.

D. Health Educators and Providers:

When the virus did reach members of the Tampa RFCW community, it was not because of a lack of community knowledge or precaution. This is despite low levels of English and technological proficiency/access among many families. Attempts to conduct standard health education by emailing materials with links to other internet-based resources are unlikely to be effective or reach the neediest families. Some more culturally appropriate approaches include Swahili YouTube videos addressing key issues of our respondents—for example, does everyone who goes to the hospital die? We plan to include testimonials from RFCWs who have recovered, including those who quarantined in hotels to protect their families. The Witness Project, developed to address breast cancer screening in minority communities, is a good model for these types of culturally appropriate community education projects (Erwin et al. 1999; Erwin 2009; Shelton et al. 2016; Kreuter et al. 2007).

Materials available: Dr. Asa Oxner (Vice Chair, Department of Internal Medicine, Associate Program Director, Internal Medicine Residency, Medical Director, Patient Centered Medical Home--aoxner@usf.edu) and the authors created a Swahili-English COVID-19 FAQ sheet for RFCWs (Appendix C).

Acknowledgments: We thank the household heads who participated and Angie Uwimana, who helped with interviews. Special thanks is also due to Asa Oxner, Jason Wilson, Lynette Menezes, Carolyn Behrman, and Sheryl McCurdy. Funding for this project was provided by the USF Department of Anthropology, Radiant Hands, Rabbi Simon (Congregation Schaarai Zedek), Rabbi Rosenberg (Congregation Beth Am), and Pastor Wellman (Palma Ceia Presbyterian Church). The Cotton Patch Quilt Guild sewed the cloth masks we distributed to the RFCW community.

Introduction

This report addresses underlying inequities for resettling refugees that the COVID-19 pandemic has exposed: language barriers and access to public health information, food, healthcare, housing, and employment. Fieldwork in May-June 2020 evaluated the extent to which refugees in Tampa understand and can operationalize the state and federal pandemic policies put in place in the wake of Coronavirus Disease 2019 (COVID-19). The issues include understandings of COVID-19 and how it is spread, understanding and ability to practice distancing, access to food assistance, helping children do online classes, and workplace disruptions including the need to file for unemployment.

We focus specifically on the extremely vulnerable population of recently resettled refugees from the Congo Wars (RFCWs) (Mahoney et al. 2020). The applied anthropological goals of this project were to document the situation in the Congolese refugee community in Tampa, determine community needs, link families to services/organizations (including city/county governments and a local refugee clinic), and make recommendations for policies and programs to help these communities going forward.

This project is unique among anthropological writing on COVID-19 to date (July 2020) in that it is based on fieldwork conducted during the pandemic. In four years of previous work with RFCWs, we developed the networks and connections that enabled us to engage RFCWs in the design of this project and as interviewers (Baer et al. 2017; Baer and Holbrook 2017; Holbrook et al. 2019; Mahoney et al. 2020; Inks 2020). Our work contributes to approaches to anthropological fieldwork in pandemic situations and demonstrates the importance of critical language skills and in-depth anthropological knowledge for evaluating public health pandemic messaging and helping vulnerable populations.

Refugees from the Congo Wars, the Trump Administration, and COVID-19

RFCWs left their homes to escape the ethnic and gender-based violence and insecurity surrounding and following the First and Second Congo Wars (1996-2003) (COR Center 2013; Prunier 2008; Stearns, 2012). Most then lived in United Nations (UN) camps in East Africa for 10-20 years (Jansen 2008; Thomson 2012). Some basic challenges to successful integration for

RFCWs in Tampa include racial discrimination, poverty, underemployment, and a nutrition, diet, and lifestyle transition (Baer et al. 2017; Baer and Holbrook 2017; Holbrook et al. 2019; Mahoney et al. 2020). These transitions are complicated by language acquisition, online food assistance and benefits programs, and differing generational experiences (Baer et al. 2017; Hadley, Patel, and Nahayo 2010; Holbrook et al. 2019; Mahoney et al. 2020; Patil et al. 2010; Wilson et al 2010). Most RFCW's arrived in the US just at the beginning of the Trump presidency, a period in which the US has dramatically decreased budgets for refugee resettlement (Alvarez 2018; Amos 2018), increasing barriers to services that help refugees meet their basic needs.

Compounding the issues of timing of RFCWs' resettlement, in December 2019, officials in Wuhan, China, confirmed that dozens of people had become infected by a new virus. Florida's Governor issued a state emergency on March 9, and on March 13, the public schools were closed (an order that was eventually extended through the end of the school year; Gilmore 2020; Mahoney 2020). The governor's April 3 stay-at-home order started being lifted May 4, with conditions including "social distancing" (Mower and Klas 2020). Florida's May unemployment rate of 14.5% was more than a point higher than the 13.3% national average, and over two million Floridians had filed for unemployment benefits (Florida DEO). But the failure of the state government to process and pay either state or the newly approved Federal unemployment benefits left more than one million Floridians without any income and led to a Federal investigation into Governor DeSantis's "willful neglect" as working-class Floridians exhausted savings or went into debt during the first months of the pandemic (Daugherty 2020).

Not all Americans are equally vulnerable to COVID-19 and its social and economic impacts (Laurencin and McClinton 2020). Because linguistically accessible and culturally informed guidance has not been quickly made available to vulnerable populations, and because the economic safety nets necessary to make stay-at-home and social-distancing orders possible were compromised by politicians, public policies to mitigate the spread of the disease have left many refugees at much higher risk (Devakumar et al. 2020). Stay-at-home orders have led to work disruptions, a shift to remote learning, and an increased need for food assistance. Many RFCW families arrived with serious health issues including sickle-cell anemia, HIV, parasites, and post-maternity complications. Older RFCWs live in crowded extended family households. In addition to the risks of illness and death from the virus, all their issues and struggles with

housing, transportation, updating benefits through the online system, and integrating into the US school system have been compounded by the pandemic policies.

Despite challenges, RFCWs are finding ways to organize and support one another through connections to family, churches, volunteers, and ethnic networks. It is essential for applied researchers and service providers alike to acknowledge and understand the various informal strategies and channels through which different strata and classes within a particular refugee community are getting (and not getting) information and help with access to healthcare, education, transportation, and healthy food (Mahoney et al. 2020).

Methods

Our first phase involved detailed open-ended Zoom and phone interviews with 21 households. This was followed by participant observation and community support as the virus began to infect RFCWs beginning in June 2020, one week after we completed phase one data collection. Our questionnaire is based on our past experiences working with RFCWs as well as: explanatory models of disease (Kleinman et al. 1978), the Society for Medical Anthropology's pandemic suggestions (http://arhe.medanthro.net/call-to-action/), and questions from the local Hillsborough County officials' survey on community needs and disease prevention behaviors (https://www.tampabay.com/news/health/2020/04/23/hillsborough-seeks-public-input-on-coronavirus-response/).[1] The questionnaire was translated into Swahili by multilingual faculty and graduate students at USF with experience working with RFCWs and knowledge of code-switching among English and Swahili as well as French and other Central African languages such as Kinyarwanda.

We sought to interview one household head from each of 20 households in the community, balanced by gender (final n=21). Interviewers completed paper copies of the questionnaire during interviews, recording when possible, before delivering the hard copy of the answers and the recording to DM for review. After translation into English from the language(s) of interview (often a mixture), data were entered into Qualtrics and analyzed focusing on common themes reported by respondents. Our formal interviews were completed just as the protests related to

the murder of George Floyd began and just prior to identification of the first case of COVID-19 in the Tampa RFCW community.

Intensive participant observation support began as the first two RFCWs tested positive for COVID-19. We worked with RFCW families as well as local medical and public health personnel to get RFCWs treated and tested. Differences in behavior reported during interviews and actual behavior observed after the first RFCWs cases are discussed below.

Results

Sample Demographics

Table 1: Sample Demographics (n=21 households)

Household data		***Number***	***%***
Number of people in households sampled		118 (mean 5.6, range 3-15)	-
	Age range	0-69	-
Mean household income		$22,000 range $4,000-35,000	-
Home computer	Yes	17	81%
	No	4	17%
Home internet	Yes	11	52%
	No	10	48%
Heads of Household			
Age	Mean years	37	-
Education	Mean years in school	9.8	-
Education by age group:			
(20-29 years old; N=8)	Mean years in school	10.3	
(30-44 years old; N=8)	Mean years in school	11.3	
(45-69 years old; N=5)	Mean years in school	7	
Gender	Male	13	62%
	Female	8	38%
Children	Yes	16	71%
	No	5	29%

Spoken English	Good	10	48%
	Fair	3	14%
	Poor	8	38%
Written English	Good	11	52%
	Fair	3	14%
	Poor	7	33%
Ability completing online forms	Good	12	57%
	Fair	3	14%
	Poor	6	29%
Resettlement year	2012-2015	4	19%
	2016-2017	12	57%
	2018-Present	5	24%

Our sample of household heads consisted of more men than women (Table 1). Married men will generally take on the role of household head when answering questionnaires and representing a family. Six of our participants were unmarried women.

There is a bimodal distribution of household-head age, with concentrations around 24 and 42 years. The larger number of younger household heads is due to: (1) younger adults being more willing and able to answer the questionnaire for their households than their parents or older family members, (2) several households being headed by younger adults who either moved out of their families' households or came to the US in their 20s, and (3) families headed by older, less well-educated or non-English speaking adults having moved to other cities in the US where there are more jobs for non-English speakers and cheaper housing.

The variations in English literacy and education among household heads can be seen in the wide gap between the older men who do not feel comfortable filling out online forms and younger household heads who do. In addition to struggling to speak English, pay rent, and maintain employment, the five household heads over 45 (two women, three men) had poor digital connections to news media and community support networks. Sixteen (76%) families had internet in their homes, and even the six with internet but no computer had TVs and smartphones that connected to the internet; they frequently viewed East African, Swahili

language media. The four families who had neither internet nor computer at home were most isolated from news, information, and support.

Background Knowledge and Fear of COVID

Nearly all household heads interviewed were, beyond concerned, afraid of COVID-19. Only one household head was not concerned: "We know that God is there, so we are not worried. It is all in the hands of God." He continued, "This virus is a spirit (*pepo* in Swahili). It jumps and jumps into you. You can just depend on God." (male, 63 yo).

Overwhelmingly, interviewees expressed fears, concerns, and stress related to the new illness. Sixteen (76%) cited specific health issues and 11 (52%) mentioned death or the fact that the disease kills as the primary concern. Twelve (57%) mentioned unemployment or financial issues within the household, and three (14%) focused on their feeling "depressed," "stressed," "hopeless," and "lonely."

Death was not just a health concern but an economic concern: "We were really traumatized because we lack that equipment for washing hands, sanitizers, everything to protect people in our community. That's how they lose hope. If those … people had died, who would pay for all those funerals?" (male, 49 yo).

In the case of death in Hillsborough County, cremation is free, but burials are expensive. For RFCWs, burial in the ground is important, and many adults in the community expressed opposition to cremation because of memories of how fire was used against civilians during the war. Household heads mentioned concern specifically over *payment* for funerals and burials if people should die.

Our respondents also spoke to the connection between health insurance and employment. While 18 of the families (86%) had at least someone in the household with health insurance, one quarter (5--24%) of the household heads did not. Further, most of those who had health insurance at the time of interview said that it would soon expire if they were not rehired or did not find new employment. Some were afraid their insurance may have already expired.

> Most of the things come together, they work together. If one starts, another one follows. For example, if you lose your job, you get financial problems. You are not able to pay your bills, and that brings stress, and you are at home all this time because you are lonely… It is a new sickness that nobody understands with no cure. Everyone is hopeless, surprised, depressed. It's beyond the imagination... Tomorrow is no longer certain because you do not know when you can get the disease. You do not know if you have it already. It's a disaster. (male, 29 yo).

Others related their fears to the wars they had fled:

> I've grown up in war conditions where I was losing my hope every time… I was traumatized when I was forced to leave my country. When I got a chance to come to a country like this, I found my hope again. But this year I found … another war. I did not lose totally my hope. I learned from the war how to live in this condition where I am poor, where I do not have the means to take care of my kids and myself. I do not lose my hope anymore. But my fear is that we could lose our hope in our community… (male, 39 yo).

Virus Knowledge

Interviewers were careful to let respondents tell them about the virus, including its name. Of the 20 families who had names for it, 8 (38%) said either "Coronavirus," "COVID-19," or both; other variants reported were "COVID," "Corona," "Coronavirus 19," "COV-19," and "Corona 19." This indicates that most Congolese families are following the media, see flyers and guidelines in stores, and are discussing the virus. News via TV, radio, internet, or social media was the primary source of information (18--86%), while 12 (57%) had heard about it from friends from the community, work, or church:

> It is all over. I read the CDC guidelines online and then hear it from the news, social media, and family members. I also call and check on them to remind them that there is still an unknown enemy out there and to protect themselves. (male, 29 yo).

People were challenged to evaluate the truthfulness of what they were hearing. Five (29%) said they could not tell if information was true. Six (29%) argued that what is on TV is true. Others said that it must be true because people are dying and they see the death tolls. The younger and more well-educated men tended to have stronger opinions; one of the more well-educated men said, "You have to get the information from the right place. And you know the right place if the people giving the information have the authority to give it--if it is their job to give the information." (male, 29 yo).

Another man responded:

> About this information, for me, I can say it is true because it is a world pandemic. If it is not true, why did we stop jobs? Why are the kids not going to school? I think the sickness is there. But I find sometimes the paper news, they can misplace the information. And political issues can come in and try to affect this. We know over ten people in South Dakota who tested positive. And they used a type of local medication, but I don't know the type because I was not there. And they are now okay. And we are grateful nobody died. But they got it. My aunt got it. They are doing good now. Eight people were affected in that one house. But now they are okay… So me, I don't really believe. Like that news story that they tested all of these people positive but they were not positive, and then people who test positive and yet they are not sick, so you think, these people who are bringing these numbers, can you trust them? Me, I don't believe how someone can test positive and they are not sick. (male, 30 yo).

Respondents were even less clear on the US President's and government's responsibilities. When asked their opinion on the President's actions addressing the pandemic, most of the seven (33%) who said the President was doing a good job went on to talk about the actions of the government. One woman (42 yo) said, "I don't know because I don't know how a president should respond. I think they are doing the right thing trying to protect people, got us the stimulus check. If I knew what he was supposed to do then I could compare and say his job has been positive or negative, but I cannot judge." Two young men avoided the question saying, "I don't do politics" (23 yo) and, "For me this is about politics. I leave politics to politicians." (30 yo).

Others gave the President personal credit for the stay-at-home order, their stimulus checks, and their food stamps:

> He is doing very well. He saw that things were not well and issued stay at home orders and then saw that people could not make ends meet by staying at home, and he gave us the money. He is a good leader and he loves people. He gave money to everybody. …. Even our food stamps had been cut before this, but we got them back. So the government has been really good. (male, 57 yo).

One man compared the President to African presidents saying, "He is doing pretty well. He is doing better than any African president. He gave everyone $1200. No African president would ever do that." (male, 63 yo). Another 39-year-old man said, "I ask the President to open the border to refugees to come in. Only that."

Only one respondent, an unmarried woman of 45 with little education, was negative about the President: “The way I see it, he is confused and there is nothing he can do to fix the situation by himself.”

At the time of the initial interviews, the virus still seemed distant and surrounded by uncertainty. Eight (38%) were unaware of the cause of the virus, six (29%) linked the cause to its symptoms (cough, fever, germs), and another six (29%) only knew the virus came from China. Only four (19%) knew of someone personally who had had COVID-19, but these cases were still far away in Kentucky, South Dakota, and the DRC. Everyone they knew who had been ill had recovered, and in every case they reportedly used a traditional treatment, “local medicine”, or home remedy.

People knew more about the symptoms, and only five (24%) were unfamiliar with them. Cough (15--71%), fever (12--57%), and shortness of breath (10--48%) were all mentioned, as were headache (3--14%), runny nose (3--14%), and loss of taste (2--10%). Sixteen (76%) household heads said with certainty that the virus is spread through person-to-person contact, coughing, touching surfaces, sneezing, and through germs.

All respondents felt some were more susceptible to the virus than others. Fifteen (71%) mentioned older people and 11 (52%) said people with preexisting medical conditions. One stated that people were more likely to contract the illness in America. Another said “Africans don’t get it. I haven’t heard any cases of Africans getting it.” (male, 63 yo). Two (10%) interviewees, including a nursing assistant, mentioned that “White people” were more likely to become infected.

People had very mixed opinions about how to treat those who have recovered from COVID-19. Eight (38%) expressed fear of being near someone who had had it, while seven (33%) said they would have no problem being around someone who had fully recovered. The other six (29%) either said that they did not know or expressed some level of lack of control over the situation. One man told us you could just pray. Another who works as a driver for a Tampa hospital told us: “People are not afraid of the people with COVID, they are afraid of COVID itself because it kills. So to protect themselves they follow the guidelines. I have been in rooms with COVID patients, and it’s not easy.” (male, yo).

Over 75% of households reported taking extra precautions including washing hands, avoiding touching one's face, cleaning household objects, maintaining good overall health, avoiding public spaces, avoiding shaking hands, avoiding people who are sick, keeping physical distance, and staying at home more. Eighteen (86%) household heads said they regularly wore masks when leaving their home. Two of the three families not wearing masks lacked them, and the one family that reported that they were not washing and cleaning more to protect themselves said, "It is difficult to wash more with limited soap."

"Social Distancing"

Distancing rules were known and taken as law among our respondents. Twenty (95%) household heads had heard of "social distancing" (asked in English), 11 (52%) through news or media, three (14%) from work, and nine (43%) from signs in shops and public places. Two simply said the information was "everywhere."

All said "social distancing" meant keeping *physical* distance from other people. Eighteen (86%) specified that people should stay six feet or two or more meters apart to adhere to distancing guidelines. When asked if they had a word in their own language for social distancing, most answers translated to some form of physical distancing. Eleven (52%) gave us a reply in Swahili, two of which were simply "*futi sita*" (or six feet), and five (24%) of which included the phrase "*kukaa mbali*," or to stay far/away. Seven (33%) responded in French: "*distance entre les gens*" (distance between people) and "*distanciation sociale*" (an exact translation of the English "social" distancing). We received one answer in Kinyarwanda, "*kwirinda kwadura*" (to avoid/protect from contamination or infection).

We asked how respondents previously went to the store or to work and how that has changed. Fourteen (67%) had previously used a car, and all but one said their routine had changed. Many reported increased mask-wearing and wiping of door handles. As one man who owned a car said:

> I cannot give people as many rides. Instead of driving people to buy groceries, I will pick up their food stamp card and then just go shopping and bring them back the food so they do not go out. One man he said…, "Hey! I cannot go out there. Who will pay for my funeral!" So

> I just pick up the card from outside their door and then leave their groceries outside the door for them. (male, 39 yo).

Not shaking hands was identified as a challenge in a culture where physical greetings and shaking hands is common. As one man (69 yo) said, "Greeting at distance is now preferred. No More hugs." But as another man (57 yo) reflected, "This is very difficult in our culture… You cannot avoid shaking hands with adults. But you can have sanitizer or wash hands after."

A majority (13--62%) said everyone in their house was practicing distancing both within the household *and* when going outside. But ten (48%) said they are unable or do not need to distance in their own homes with their own family members; as one woman said, "We are family." Another man said, "People are not doing it in the house. And once they are outside, they are not worried. Once you are outside, you are just in the hands of God." (63 yo). Three (14%) said they could not distance in the house because of the number of people. As a man (39 yo) with 13 children living in his four-bedroom house told us, "This is work. Thirteen kids in one house (laugh). Imagine kids, not adults! They want to play! They want to dance! Parents go crazy!"

When asked if their neighbors were distancing, 14 (67%) replied yes, while five (24%) were unsure because behavior had fluctuated. As a 29-year-old man told us, "When it comes to keeping guidelines, in the beginning everyone was diligent. But people are not used to this kind of life, so now they are getting tired. Of course, there are people who think it is a joke and do not take it seriously because it has not happened to them."

Despite warnings, children and young adults regularly visited one another and slept over each other's houses during the pandemic. Some of the younger men took distancing less seriously as time went on. Our youngest participant (male, 20 yo) said he had been very worried but had since become less concerned with the reopening:

> To be honest with you, I was very concerned, but now no. At first, I was like, "God!" My hands were even shaking. I couldn't stand next to anybody at home. I was like, "Stay away from me!" Now if it is something I can get, I don't know what it feels like. I am not worried about anything now. If I want, I go to my friend's, I do whatever I want to now.

Treatments, Testing, and Vaccines

When initially asked about treatment for COVID-19, nine (43%) household heads answered they knew of no treatments; an additional six (29%) explained that there was no cure. Others mentioned treatments like malaria medication (4--19%) and overall immune health (2--10%). But when asked directly about home remedies, 15 (71%) had information. One woman (42 yo) said, "I am sure Africans are using home treatments, but I do not know much about them." Another man (69 yo) said, "I don't believe in home treatments." Three (14%) respondents mentioned kola nuts but could not tell us specifically how they were used. The most common treatment (mentioned by 7--33%) involved a mixture of ginger, lemon, and honey which was boiled and drunk. Five also discussed the importance of inhaling the steam while the mixture was boiling. Other herbs and additives such as garlic and leopard skin were mentioned. Most felt the treatment worked by helping open the airways, making it easier to breath. It was a remedy that had been in widespread use in Africa for colds and flu long before COVID-19. The treatment was also being discussed in the Tanzania media (Kombe 2020a, 2020b), leading to a variety of opinions:

> People since they are hopeless, and they do not know what to do, use some home remedies. Because people are coming from areas with low medical resources, the mothers they treat their kids with herbs when children have breathing issues. It is called *mvuke* (steam) in Swahili. …. They cover you and you breath the vapor. They tell you to open your everything, your nose, your mouth, your eyes and breathe it in. You can stay there for like ten minutes, so it goes inside your respiratory system and clears up. Sometimes I use this method to try because I don't know what will happen. Just to see if it can help. (male, 29 yo).

When asked what they would do if they thought they had COVID-19, 15 (71%) said they would go to the hospital or go see or contact a doctor:

> I would go to the hospital, but I'm worried about the hospital. People even with a small fever, they are told Corona. But people had small fevers before, now they are being told Corona. The best thing is you find self-treatment. That's what I believe. Corona is like other illnesses. You know we Africans have been through many diseases and viruses. But if you look at the regular ones, it's not too bad. But this one is bad and kills. If you look at HIV, when it was starting, people were so scared they would die in one year. For Corona, we need to chase away that fear. (male, 30 yo).

When directly asked about testing, all 21 said they would get tested if they thought they might have COVID-19. If positive, eight (38%) would try to stay in the hospital. Distancing would be a

priority for most; one woman would sleep outside if she tested positive, and three (14%) would immediately notify their families and keep a distance from them. Two (10%) said they would turn to God and pray. As one 29-year-old man said, "I do not know what I would do because for most people Coronavirus equals death. So it would be a good time to ask God for forgiveness and ask other people for forgiveness."

People are afraid not only of contracting COVID-19, but also of going to the hospital for treatment. Families reported past experiences receiving very large ($10,000+) medical bills after calling 911 and being taken to a hospital or emergency intake center. Fear of the hospital also overlapped with a broader fear of medical institutions and vaccines. When asked if they and their families would receive a COVID-19 vaccine if it became available, 16 (76%) said yes, three (14%) said no, and two (10%) were unsure. But six of those who said they would get the vaccine used a conditional "*if*" in their answer: *if* others got it, *if* it was government approved, or *if* a doctor could give it to a family in their house. A man (57 yo) explained: "We will hear what the doctors say. When they find something, they will bring it and announce it… Once we have been informed, you go and do it. You cannot say no." Two said they would not get the vaccine because they feared contracting Coronavirus from the vaccine itself. The third said, "So far we know that these vaccines are not to treat anyone but to control the population and eliminate the unwanted." (male, 23 yo).

The Economic Impact: Housing, Employment, Food, and Education

Of the 15 (71%) household heads who had been working before the pandemic began, seven (33%) worked either in food packing or at a factory, generally for minimum wage, four (19%) worked at a hotel or in catering, and four (19%) worked at hospitals or assisted care facilities, one as a driver for a hospital and three as nursing assistants. In total, thirteen (62%) reported someone in the household having lost a job as a result of the pandemic or pandemic policies. An additional four (19%) reported having their hours at work reduced, and two others were students and had already left a job before the pandemic began.

Prolonged unemployment meant difficulty paying bills and fear of eviction. Fifteen (71%) household heads said COVID-19 had made it more difficult to pay rent and other bills. Of the

remaining six (29%), four (19%) indicated that it had "not yet" made it difficult, indicating they were concerned about their future ability to pay. Only three (14%) household heads were not afraid of eviction, while nine (43%) said yes to varying extremes, and another nine (43%) answered with a conditional (six of whom used the word "not yet," *bado* in Swahili, in their answer). Concerns about rent are inextricably related to employment; people are not afraid now, but as a woman of 45 said, "If I cannot go back to work, I will be evicted." A man (23 yo) said, "If I lose my job, then yes I would be very afraid of eviction." Fear of eviction was serious. As another man put it, "We have learned that America does not value the person. If you just make a small mistake you will get thrown on the streets or in jail." (63 yo).

Of those who had lost their jobs, only two (10%) had received unemployment, while 16 (76%) did not know how to file for unemployment. While many explained that they had difficulties or got tired trying to fill out the online forms, another man did not bother after hearing of others' hassles. The problems with the Florida system and the large number not receiving unemployment created resentment among RFCWs:

> Both my wife and I applied but have heard nothing yet. I have been asking a lot, making calls, even signing a lot of petitions, but we don't have anything. People in other states are getting it. But there are a million people in Florida who are not getting their benefits (male, 30 yo).

Eighty-six percent (18) received stimulus checks, although some household heads reported that not everyone that should have received one did. Of those three (14%) who did not receive their check, only one knew how to follow up. Stimulus checks, food stamps, and additional help from refugee services had seen RFCWs through the first months of the pandemic, but the future was quite uncertain. Many people supplemented their income by taking part-time jobs; others disciplined their spending.

Among those still working, all but one were concerned about workplace safety. One 20-year-old man who answered on behalf of his family said, "My mom just started a job last week, and she is worried about going out there every day and then coming home to us." Another man said, "Yes, I am concerned. At work they have the sanitizer, so when you get there you use it to clean your hands. When you get back home, you wash the clothes and shower. But you cannot know if you have brought the infection back home or not." (male, 57 yo).

One man (63 yo) who was still working complained: "I work at a company where most people do not follow the guidelines and where you cannot social distance or constantly wash." He did not receive health insurance from the job and said only about half of the employees wore masks while working. "Social distancing is hard at work, and if you get infected there, you would not know."

With most family members now at home, school closings affected household food; all the school-aged children had previously eaten breakfast and lunch at school. Six (29%) reported they did not have enough food in the house for their families, and eight of the 15 families who had enough food said this was only because of food stamps. One man discussed his struggle with the food stamp system:

> It is a lot of stress. You get food if you have money. If I have no money, even the appetite for food I lose. My wife has food stamps, I don't. I hate food stamps. I don't like to have food stamps. You know sometimes when you go to apply, they ask all those questions. You can check in the system to see I lost my job. Why ask me those questions? (30 yo).

Only three (14%) families said they were not doing anything to get extra food for their families. Nine (43%) were relying on food stamps and six (29%) talked about having to continue working to provide enough food. None mentioned WIC as a supplementary source of food, even though many in the community qualify for WIC. Only three (14%) reported getting food from the Wednesday school food distribution organized by the county, although these families still noted that food was limited because the children were home all day. As one woman (22 yo) said, "The kids staying home are cooking too much food!" One household head with limited knowledge of English did not know about the school food initiative; another man (29 yo) knew of this program but opted not to use it because, "I did not want to be defeated and disciplined myself by creating the solution for myself by getting another job."

School closings created other issues for these families; the shift to remote learning was particularly difficult for RFCW students. Parents identified the language barrier, trouble using computers, and difficulty comprehending assignments as their major concerns. Of the 13 who had children in the K-12 age, only nine (69%) said their children were continuing with their work. Additional help was extremely important, and some teachers were notedly reaching out to the students. However, in families with little knowledge of English, the online education

system landed responsibility of monitoring progress squarely on the parents' shoulders. But some were not able to facilitate this due to their own limitations. One parent explained:

> They have not been doing well at all because they have difficulties using the laptop and accessing the schoolwork. The teachers call me but …as the parent who is supposed to oversee the work, we have a language barrier, so I am not always able to perform what is expected of me… I do not know what they expect of me and there is no one to translate for me when the teachers contact us about what the expectation is. I am not able to help the students because of my language issue, but also because I don't understand the school system. (male, 57 yo).

Even though some families reported their children were doing well, their success was not without difficulty:

> We need the kids to get an education, but they are not going to school. Since they get a computer from school, the kids until today are not able to log in and get the work from the teachers. I do not think the work is going to come through because they are doing nothing. Our kids did not get any benefits. (male, 39 yo).

Participation Observation/Community Engagement June 2020

On June 14, the first member of the RFCW community was diagnosed and hospitalized with COVID-19. Co-author EU remotely translated for her in the hospital—RFCWs generally dislike the hospital's "language line," which involves talking to a stranger speaking in a different dialect. DM and RB were informed on June 15 and immediately contacted the outpatient testing unit and offered the hospital and the Department of Health assistance in interpreting and contact tracing. The woman had apparently contracted the virus from another community member who drove her to work and who also tested positive. The husband of the first patient hospitalized, aged 69 with underlying health conditions, also reported being ill. Despite encountering wariness of hospitals and questions about the benefits of being tested, the family of the first positive case was tested, and the husband was able to get an oximeter to take home. Others who worked with those who tested positive also immediately got tested, and we were also able to help the wife find a quarantined hotel room when she left the hospital provided by a Department of Health program.

Attempts to set up testing for others in the community were, however, complicated by communication issues and by reports coming from other part of the US. The day after the first positive cases among RFCWs in Tampa, a man (39 yo) reported, “People are afraid to go to the hospital. We lost three Congolese in Illinois and two in South Dakota because they went to the hospital. After testing everyone, what will happen? Or what will be next? Because test is not solution or protection.” Simultaneously, the popularity and use of home remedies for COVID-19 proliferated, and we heard from RFCWs across the US about the ginger and lemon steam remedy. Local physicians generally viewed these approaches positively, and the physician who is head of outpatient testing at Tampa General Hospital included this treatment in the suggestions on an outpatient testing FAQ sheet, which we translated into Swahili (see Appendix C).

To deal with communication barriers, community leaders, a trusted local pastor, and the authors began efforts to create Swahili-language social media to address issues of communication and testing. In our initial questionnaire, 12 (57%) respondents (most of whom spoke no English) said Swahili language videos would be helpful: “because we really have not gotten any information besides what we heard in church to stay at home and from work. It would be wonderful to have someone who understands our language to call and inform us or stop by to inform us on any new developments.” (male, 57 yo).

Discussion

Tampa’s RFCWs were concerned, fearful, and cautious. But many families were unable to practice preventative measures, particularly distancing, to the degree they desired, due to household size and employment obligations. This, in turn, created fear and stress because respondents felt that they could not protect their families. For a culture where burial (versus cremation) is important but expensive, there was a particular concern about how families would pay for funerals and burials if people should die. When the first RFCWs in Tampa tested positive, it was not because of a lack of community knowledge or precaution. They were well informed and had needed only for very specific types of additional information, and in Swahili. A man (57 yo) complained, “Can we get someone who understands the language to go around and give us information? Because we are cut off and we barely have any information.” As such,

attempts to do standard health education by emailing materials with links to other internet-based resources are unlikely to be effective nor reach the neediest families. A more culturally appropriate approach is Swahili YouTube videos to address some of the key issues of our respondents--does everyone who goes to the hospital die? We plan to include testimonials from RFCWs who have recovered, including those who quarantined in hotels to protect their families. The Witness Project, developed to address breast cancer screening in minority communities, is a good model for these types of culturally appropriate community education projects (Erwin et al. 1999; Erwin 2009; Shelton et al. 2016; Kreuter et al. 2007).

It is important to recognize that the pandemic has only exacerbated the other issues with which RFCWs were dealing with before the pandemic: structural poverty issues such as housing, employment, and education, a language gap, and cuts to support from resettlement services (see Holbrook et al. 2019; AUTHOR et al. 2020). Distancing and quarantine mandates assume a certain level of privilege and capacity RFCW families lack. Family obligations and the high cost of living necessitate living in close quarters with many family members. Many families lost all income and could not pay rent and bills (including for power and internet). To feed their families and avoid eviction, people must work jobs, considered "essential" (although low-paying), in industries such as fish processing, construction, and healthcare, that make physical distancing impossible. Because help is generally sought in person, "social distancing" mandates have made getting help even more difficult for RFCWs. With limited access to computers outside of smart phones, the poorest are particularly isolated. Remote learning policies for schooling have severely set back students already struggling to learn both educational materials and the structure of the US school system (AUTHOR 2020). Taken together, these factors make it extremely challenging for RFCWs to follow public health guidelines.

There is also a layer of fear or mistrust of hospitals and vaccines that shed some light on why people who had said they would get tested became very reluctant once the first members of their community tested positive. Our use of open-ended interview questions gave us the advantage of collecting data beyond reductive multiple choice or yes/no answers, allowing us to capture the complexity of situations. For example, while all our respondents said they would get tested if they thought they had the virus, many hesitated at first, and eight (38%) answered the question as though they had already been hospitalized. Another man expressed fear of

learning he would test positive, as well as of the bill for the test, noting: "There is no cure, after all, so what would be the point?" It was only because we were able to capture such complexity through open-ended interviews that we could quickly and efficiently help the Department of Health and local physicians address community members' hesitations about testing.

Applied Contributions

Our project illustrates the applied role anthropologists can play during a disease outbreak (see for example, Hewlett and Hewlett 2007 on Ebola). Anthropologists with experience with refugees can fill immediate gaps left by budget cuts to agencies which would otherwise be working directly with the neediest families (see Mahoney et al. 2020). Anthropologists have the linguistic and cultural knowledge to engage in "immediate anthropology," brokering relationships between community members and physicians and public health officials.

Some of our specific contributions include:

1. Getting information of precautions being employed among RFCWs to the Hillsborough County Commission for their survey on pandemic needs of residents.

2. Relaying information about RFCWs' difficulties paying rent, applying for unemployment benefits, and accessing online forms to the head of the regional Refugee Task Force, who passed concerns to the local resettlement agency and created a special rent assistance fund.

3. Our data, collected just before the first positive cases in Tampa's RFCW community were identified, allowed us to immediately work directly with medical and public health personnel. We gave masks to the families who requested them and distributed bar and liquid dish soap to all families who were interviewed. Because we had already identified community specific needs and created an atmosphere of trust, RFCWs came to us for help and verified information. As DM wrote to several influential physicians and public health officials, including the County Medical Director for the Department of Health, the day after the first positive COVID test in Tampa's RFCW community: "Having just completed a 21 household survey among RFCW families on their knowledge of the virus, the community is not lacking in knowledge of the virus nor precautions. They are, I believe, taking more

> precautions and more knowledgeable than the average American. The issue is most people lost their jobs, live in extremely crowded households, and cannot afford to buy food, let alone soap. … It is important that this outbreak does not get blamed on the RFCW community, but rather on the state's failed unemployment program and a lack of protections for workers. Attempts to approach the community with health information, as if they just need to know more, will not be taken well by the community."

In conclusion, while RFCWs lack critical resources to address their risk of COVID-19, they are survivors--of the Congolese Wars and the refugee camps--and they hope to survive the current pandemic. But perhaps more than most, they are well aware of the power of disasters:

> "With the sickness, I could lose all the family in one day. The war was also like that." (male, 39 yo).

References

Alvarez, Priscilla. 2018. America's System for Resettling Refugees is Collapsing. The Atlantic, Sept. 9. URL <https://www.theatlantic.com/politics/archive/2018/09/refugee-admissions-trump/569641/> (June 22, 2020).

Amos, Deborah. 2018. The Year the Refugee Resettlement Program Unraveled. National Public Radio, Jan. 1. URL <https://www.npr.org/sections/parallels/2018/01/01/574658008/the-year-the-u-s-refugee-resettlement-program-unraveled> (June 22, 2020).

Baer, Roberta D., Dillon Mahoney, Emily Holbrook, Michaela Inks, Renice Obure, Linda Bomboka, and Kira Benton. 2017. School harassment/bullying among Congolese refugees in the Tampa area--Part 1 (Presentation, Tampa Bay Refugee Task Force meeting, Tampa, FL, July 30, 2017).

Baer, Roberta D., and Emily A. Holbrook (eds.) 2017. American Stories. Tampa, FL. Hillsborough County School District. Contact baer@usf.edu.

BBC News. 2020. Coronavirus: John Magufuli Declares Tanzania Free of COVID-19. BBC News Online, June 8. URL <http://bbc.com/news/world-africa-52966016> (June 22, 2020).

(COR) Cultural Orientation Resource Center. 2013. Refugees from the Democratic Republic of the Congo. Washington, DC: Cultural Orientation Resource Center URL <http://www.culturalorientation.net/content/download/2701/15651/version/2/file/CAL+Backgrounder+07+-+Congolese+FINAL.pdf> (June 22, 2020).

Daugherty, Alex. 2020. 'Willful Neglect': Florida's Unemployment System Gets Hearing in Washington. *Tampa Bay Times,* June 10 URL <https://www.tampabay.com/news/health/2020/06/10/willful-neglect-floridas-unemployment-system-gets-hearing-in-washington/> (June 23, 2020).

Devakumar, Delan, Geordan Shannon, Sunil S. Bhopal, and Ibrahim Abubakar. 2020. Racism and Discrimination in COVID-19 Responses. The Lancet Correspondence, April 11, 395(10231): P1194.

Erwin, Deborah O. 2009. The Witness Project: Narratives that Shape the Cancer Experience for African-American Women. In Confronting Cancer: Metaphors Advocacy, and Anthropology. J. McMullin, D. Weiner, eds. Pp. 125-146. Santa Fe, NM: School for Advanced Research Seminar Series.

Erwin Deborah O., Thea S. Spatz, R. Craig Stotts, and Jan A. Hollenberg. 1999. Increasing Mammography Practice by African American Women. Cancer Practice. 7(2): 78-85.

Florida DEO (Department of Economic Opportunity). 2020. Unemployment Rate, Seasonally Adjusted. URL <http://lmsresources.labormarketinfo.com/charts/unemployment_rate.html. Accessed. 6.22.2020> (June 22, 2020)

Gilmore, Marie. 2020. School Closures Across the State Extend Through End of School Year. Osprey Observer, April 18 URL. *https://www.ospreyobserver.com/2020/04/school-closures-across-the-state-extend-through-end-of-the-school-year/.* (June 22, 2020).

Hadley, Craig, Crystal L. Patil, and Djona Nahayo. 2010. Difficulty in the food environment and the experience of food insecurity among refugees resettled in the United States. Ecology of food and nutrition, 49(5), 390-407.

Hewlett, Barry S., and Bonnie L. Hewlett. 2007. Ebola, Culture and Politics: The Anthropology of an Emerging Disease. Cengage Learning.

Holbrook, Emily A., Roberta D. Baer, Dillon Mahoney, Renice Obure, and Florence Ackey. 2019. Applying Applied Anthropology: A Project with Applied Anthropologists, Congolese Refugees, and Refugee Service Providers in West Central Florida. Practicing Anthropology, 41(1), 15–19.

Inks, Michaela. 2020. African Refugee Experience in Florida Public Schools. MA Thesis, University of South Florida, Tampa.

Jansen, Bram J. 2008. Between Vulnerability and Assertiveness: Negotiating Resettlement in Kakuma Refugee Camp, Kenya. African Affairs, 107(429): 569–87.

Kombe, Charles. 2020a. Herbal Cures for Covid-19 Spreading in Tanzania Despite No Evidence They Work. Voice of Africa, March 22*. https://www.voanews.com/covid-19-pandemic/herbal-cures-covid-19-spreading-tanzania-despite-no-evidence-they-work.* Accessed 6.22.2020.

Kombe, Charles. 2020b. Some Tanzanians Resort to Bogus Steam Treatment for Coronavirus. Voice of Africa, June 8 URL <https://www.voanews.com/covid-19-pandemic/some-tanzanians-resort-bogus-steam-treatment-coronavirus> (June 22, 2020).

Kreuter Matthew W., Melanie C. Green, Joseph N. Cappella, Michael D. Slater, Meg E. Wise, Doug Storey, Eddie M. Clark, DJ O'Keefe, Deborah O. Erwin, K. Holmes K, LJ Hinyard, T. Houston, and S. Woolley. 2007. Narrative Communication in Cancer Prevention and Control: A Framework to Guide Research and Application. Annals of Behavioral Medicine. 33(3): 221-35.

Laurencin, Cato T., and Aneesah McClinton. 2020. The COVID-19 Pandemic: A Call to Action to Identify and Address Racial and Ethnic Disparities. Journal of Racial and Ethnic Health Disparities 7: 398-402.

Mahoney, Dillon, Roberta D. Baer, Oline Wani, Eka Anthony, and Carolyn Behrman. 2020. Unique Issues for Resettling Refugees from the Congo Wars. Annals of Anthropological Practice. (In press).

Mahoney, Emily. 2020. All Florida Districts to Close Schools for an Extra Week for Coronavirus, State Announces. Tampa Bay Times, March 13 URL <https://www.tampabay.com/news/health/2020/03/13/all-florida-districts-to-close-schools-for-a-week-for-coronavirus-state-announces/> (June 22, 2020).

Mower, Lawrence, and Mary Ellen Klas. 2020. Florida will start lifting stay-at-home order on Monday, Gov. DeSantis says. Tampa Bay Times, April 29 URL <https://www.tampabay.com/news/health/2020/04/29/florida-will-start-lifting-stay-at-home-orders-on-monday-gov-ron-desantis-says/> (May 29, 2020).

Patil, Crystal L., Molly McGown, Perpetue Djona Nahayo, and Craig Hadley. 2010. Forced Migration: Complexities in Food and Health for Refugees Resettled in the United States. Annals of Anthropological Practice, 34(1), 141-160.

Prunier, Gérard. 2008. Africa's World War: Congo, the Rwandan Genocide, and the Making of a Continental Catastrophe. Oxford, UK: Oxford University Press.

Shelton Rachel C., Sheba King Dunston, Nicole Leoce, Lina Jandorf, Hayley S. Thompson, and Deborah O. Erwin. 2016. Advancing Understanding of the Characteristics and Capacity of African American Women Who Serve as Lay Health Advisors in Community-Based Settings. Health Education & Behavior. 44(1): 153-164.

Shiundu, Alphonce. 2020. Fact-checking Tanzanian President John Magufuli on Inhaling Steam to Treat Covid-19. Africa Check, May 6 URL <*https://africacheck.org/reports/fact-checking-tanzanian-president-john-magufuli-on-inhaling-steam-to-treat-covid-19/*> (June 22, 2020).

Stearns, Jason. 2012. Dancing in the Glory of Monsters: The Collapse of the Congo and the Great War of Africa. New York, NY: PublicAffairs.

Thomson, Marnie J. 2012. Black Boxes of Bureaucracy: Transparency and Opacity in the Resettlement Process of Congolese Refugees. PoLAR, Political and Legal Anthropology Review, 35(2), 186–205.

Wilson, Alyce., A.M.N. Renzaho, Marita McCabe, and Boyd Swinburn. 2010. Towards Understanding the New Food Environment for Refugees from the Horn of Africa in Australia. Health & Place, 16(5): 969-976.

Appendix A: Questionnaire

Interviewer_____ Date_____

Consent statement
We'd like to talk with you today about the new disease that has caused businesses and schools to close. We would like to see how you and your family are doing and see how we can help you either find help or pass your information to those who can. You don't have to answer any of the questions if you don't want to. Is that ok?

Name _____ M F
Jina

Phone number _____
Nambari ya simu

What year did you come to the United States?

Ulikuja Merikani mwaka gani?

Where did you live before coming to the United States?

Uliishi wapi kabla ya kuja Merikani?

How is your speaking of English? Poor fair good

Kiwango cha kufahamu na kuongea kwa Kiingereza?

Age _____

Umri

How many years of school have you finished? Where was that?

Umemaliza miaka mingapi ya shule? Wapi?

How is your reading of English? Poor fair good

Kiwango cha kusoma Kiingereza? Chini sawa tu? Vizuri?

Do you have a computer? Y / N Internet? Y / N

Una kompyuta? Intanet?

Do you use email? Y/N

Unatumia email?

If so, how good at you are using email?	Poor	Fair	Good
Kiwango cha kutumia email?	***Chini***	***Sawa tu***	***Vizuri***

How good are you at going online and doing forms, applications? poor fair good

Unajua vizuri kwenda online kwa internet kufanya mafomu, nk.?

How many people (including yourself) live in your household?

Ni watu wangapi (pamoja na wewe mwenyewe) wanaoishi katika nyumba yako?

Does anyone in your house have a serious health problem? (Has a doctor told you or someone in your family that you have a particular illness or health issue? Do you or someone in your house take medicine regularly for an illness?) Who? Age? Gender? What is the problem?

Je kuna mtu yeyote katika nyumba yako ana shida kubwa ya kiafya? (Je daktari amekuambia wewe au mtu katika nyumba yako ana maradhi au ugonjwa fulani? Wewe au mtu katika nyumba yako anameza dawa kwa kawaida?) Nani? Umri? Jinsia? Shida ni nini?

Before coming to the US, did you learn about what to do in the case of a medical emergency? What?
Kabla ya kuja Marekani, uljifunza kuhusu jambo la kufanya ukipata shida za afya za kighafla? Nini?

A. Understanding of the disease (_____) and how it is spread

1. What do you call this new illness that everyone is so worried about?
   Unaita aje huu ugonjwa uliobuka unayopatia kila mtu wasiwasi?

2. Are you concerned about it? Why or why not?
   Unayo wasiwasi kuihusu? Kama huna mbona? Kama unayo mbona?

3. What do you know about _____ ?
   Unajua nini kuhusu _____?

4. What is the cause of _____?
   Ni nini inasababisha _____?

5. How do people get _____?
   Watu hupata ____ vipi?

6. Are there people who are more likely to get it than others? Who?

Je unajua kama kuna watu ambao huambikzwa na _____ Zaidi ya wengine ? Ni akina nani?

7. What are the symptoms of _____?
   Dalili za _____ ni gani? Unajuaje kama mtu ameupata?

8. What are the treatments for _____
   _____ ina matibabu gani? Inatibiwa aje?

9. Are there traditional or home treatments that are good to treat _____
   Je kuna dawa za kiasili au za kinyumbani unawezoweza kutumia kutibu _____

10. How do they work?
    Zinafanya kazi kwa jinsi/njia gani?

11. What other problem/s has _____ caused for you and your family?
    _____ imeleta matatizo gani mengine kwako na familia yako?

12. What part of all this has you most worried?
    Kata ya hayo mambo yote uliyotaja, ni gani ya hayo yanakupa wasiwasi sana/zaidi?

13. How do you protect yourself when you go outside, like to the grocery store? How do you protect your family when you come back home?
    Unajikinga vipi ukienda nje ya nyumba? Unakinga aje familia yako, unaporudi nyumbani kutoka nje?

14. How did you usually go to work or the store before _____? Has that changed? How?
    Kabla ya ____, ulikuwa unaendaje kazini au sokoni? Ulikuwa unasafiri vipi? Hiyo imebadilika kwa sababu ya _____ ?

15. How can you avoid getting _____?
    Unaweza kufanya nini usipopate ugonjwa huu wa _____?

16. Where are you getting your information about ____ from?
    Unapata wapi habari zako kuhusu _____?

17. Do you know anyone who has or who has had the illness? Tell me about what happened to them. Have they gotten better?
    Unajua mtu yeyote aliye na _____? Niambie zaidi. Wamepona?

18. What do people say about people who have had ____? Do you need to be afraid of them when they get better?
    Watu wanasema nini juu ya watu ambao wamepata ____? Unahitaji kuwaogopa wakati watakuwa washapona?

10. How can you tell which information is true about _____ and what is not true?
    Unajuaje kama habari fulani ni ya uwongo ama ni ya ukweli?

11. What do you think kills _____? What do you use to clean your house? Your hands? Do you think bleach kills _____?
Unadhania nini inaweza ua virusi vya _____? Unatumia nini kusafisha nyumba yako? Mikono yako? Unafikiri jik inaua ____?

12. If there was a vaccine for _____, would you and your family get it? Why or why not?
Ikiwa kulikuwa na chanjo ya _____, wewe na familia yako mtaipata? Mbona ndio? Mbona la?

B. Social distancing (*kutotangamana na watu, au kukaa mbali* na watu, au miongozo ya umbali wa kijamii)

1. Have you heard of "social distancing"? Where?
Umesikia watu wakisema neno "social distancing"? Wapi?

2. What does social distancing mean? If you have not heard of it, what do you think it means?
Hii "social distancing" inamaanisha nini? Kama hujaisikia, unadhani inaamanisha nini?

3. Do you have a word for social distancing in your language?
Mtu anaita aje social distancing kwa lugha yenu?

4. How do you do it?
Unaifanyaje?

5. When doing social distancing, how many feet do you stay away from others?
Wakati unafanya social distancing, kukaa mbali na watu, unakaa umbali gani kutoka kwa watu wengine?

6. Of the people living in your household, who is doing social distancing well when going out of the house? (like to the store or to work?) Who is not doing social distancing when they are ***out of the house***?
Kutoka kwa wale watu wanaoishi katika nyumba yako, nani anafanya social distancing vizuri wakati wanaenda nje (kama sokoni au kazini)? Nani hafanyi social distancing nje ya nyumba?

7. In your neighborhood, how well are people following social distancing rules (staying 6 ft apart, not gathering in large groups)?
Kwenye eneo unayoishi hapa Tampa, unadhania watu wanafuata miongozo ya umbali wa kijamii vizuri? (kukaa mita mbili kando, kutokuwa katika vikundi vikubwa vya watu)?

   Not well at all Very well

   Sio vizuri ***Ni vizuri***

8. Here are some things people say you should do because of _____. Are you doing the following? Why or why not? (for each)
Or if it's easier, rate these on a scale of 1 to 4 with 1 being not serious at all and 4 being very serious.

Yafautayo ni mifano ya mambo ambayo watu wafanya kwa sababu ya _____? Unayafanya yafuatayo wewe? Kwa kiwango gani

	Not at all seriously	**Not very seriously**	**Seriously**	**Very seriously**
Wash my hands more frequently with soap or hand sanitizer ***Osha mikono yangu na sabuni au sanitizer ya mikono***				
Taking extra care to wash my hair or keep my hair clean ***Kuchunga usafi wa nywele ili kwa kuitunza na kuisafisha zaidi ya kawaida***				
Avoid touching my eyes, nose and mouth ***Kutogusa macho, pua, na mdomo***				
Clean frequently touched objects and surfaces, like doorknobs? ***Kuzidisha kusafisha vitu watu wanagusagusa sana? Kama mkono wa mlango?***				
Practice other good health practices (e.g. sleep, eating healthy, exercising) ***Ishi kiafya (kula, lala vizuri)***				
Avoid touching high-touch surfaces in public places (e.g. elevator buttons, door handles) ***Epuka kugusa vitu katika maeneo ya umma***				
Not shaking hands or touching people in public places ***Kutosalimiana au kushika mikono na kutogusa watu wengine ambao si familia yangu***				
Avoid close contact with anyone with cold- or flu-like symptoms ***Epuka kuwa karibu na watu wanaougua ugonjwa kama homa ya mafua***				

Keep space between myself and others while out

Epuka umati wa watu. Weka umbali kati ya mimi na watu wengine ninapokuwa kwenye umati

Stay home more

Kaa nyumbani zaidi

Practice self-quarantine if not feeling well

Kaa peke yangu nisiposikia vizuri

Wear a mask when leaving home

Vaa mask ikiwa nitaondoka nyumbani

Avoid spending time with people outside my household

Epuka kukaa karibu na watu ambao si familia yangu

9. What would you do if you thought you had _____?
   Unaweza kufanya nini ukidhani una _____?

10. Would you go get tested for _____? Why or why not?
    Yes No

    Ikiwa wewe au mtu wa familia alikuwa anaonyesha dalili kama homa, kikohozi, au uchovu, je! Ungeweza kupimwa au kuwapeleka wapimwe? Mbona ndio? mbona la?

11. What would you do if you test positive?
    Ukipimwa ipatikane una____, unaweza kufanya nini?

12. Do you have health insurance? Does someone in your family?
    Una bima ya afya? Insurance? Kuna mtu yeyote kutoka kwa familia yako ambaye ana bima ya afya?

C. Workplace disruptions including the need to file for unemployment/stimulus checks

1. What kind of job were you (or your husband/wife) doing before these problems?
   Ulikuwa (wewe au mchumba) na aina gani ya kazi kabla ya hizi shida au kasheshe?

2. About how much money did you and your family make in 2019?
   Wewe na familia yako mlikuwa mnatengeneza kama pesa ngapi mwaka uliopita, 2019?

3. Have you or anyone in your house lost your job?

Kuna mtu yeyote kwa familia yako ambaye amepoteza kazi?

4. Have they filed for unemployment because of _____? Why?
   Wamefaili unemployment, au wameambia serakali juu ya ukosefu wa ajira? Kwa nini?

5. If not, do they know how to do that?
   Ikiwa sivyo, je wanajua jinsi ya kufanya hivyo?

6. If you have not lost your job, are you worried about going to work while others stay home? Why?
   Kama bado huenda kazini, una wasiwasi kwenda kufanya kazi wakati wengine wanabaki nyumbani? Kwa nini?

7. Have you or anyone in your family gotten a stimulus check?
   Wamepata au umepata stimulus check, ni $1200 iliyotolewa na serikali kusaidia watu na mahitaji?

8. If not, do they know how to get one?
   Ikiwa sivyo, wanajua jinsi ya kupata moja?

9. How are you managing with less income?
   Unaendeleaje bila malipo ya kazi?

10. What else do you need help with?
    Ni nini nyingine unahitaji msaada nayo?

D. Housing

1. Has ____ made it harder to pay rent? Other bills?
   Kulipa kodi ya nyumba imekuwa vigumu zaidi kwa sababu ya _____? Kodi au bill zingine?

2. Are you afraid of eviction?
   Unaogopa kufukuzwa kwa nyumba?

3. Is your landlord helpful? Is there anyone who helps?
   Mwenye nyumba anasaidia? Kuna yeyote anasaidia?

E. Access to food assistance

1. Does your family have enough food? Why or why not?
   Familia yako ina chakula cha kutosha? Kwa nini?

2. What have you done to get enough food for your family?
   Umefanya nini kupata chakula cha kutosha kwa familia yako?

3. What are you doing about getting food for your children's breakfasts and lunches that they used to eat in school?
   Unafanya nini juu ya kupata kiamsha kinywa na chakula cha mchana vya watoto ambavyo walikuwa wanapata shuleni hapo awali?

4. What do you need help with?
   Unahitaji usaidizi na nini?

F. What other information would you like about _?

Unahitaji habari gani zingine kuhusu ------ kwa wakati huu?

G. Overall, how well do you think the president of the US is doing in managing _____?
Unaonaje kazi rais yetu wa Merikani amefanya kusaidia wakati huu?

H. Would Swahili language videos about ____ be useful? Or some different way to get the information? What?

Video za lugha ya Kiswahili kuhusu maswala haya zitasaidia? Je kuna njia yoyote ya kusambaza habari hizi ambayo ungependa?

I. Children, daycare, and schoolwork

1. Do you have children?
   Una watoto?

2. Has ____ affected daycare for any young children?
   Je, hizi shida za _____ zimebadilisha vile watoto huenda daycare au childcare?

3. How are your children doing with their schoolwork?
   Watoto wako wanafanyaje na kazi yao ya shule?

4. What problems are they having?
   Wanayo shida gani?

5. What do you and they need help with?
   Ukizingatia maswala ya masomo, watoto wanahitaji usaidizi wa aina gani? Wewe unahitaji usaidizi wa aina gani?

6. Do you have a child in school I could also speak with? We would like to talk to a high school and middle school aged kid.
   Una mtoto ambaye naweza ongea naye? Tungependa kuongea na mwanafunzi wa high school mmoja na mwanafunzi mwengine wa shule ya msingi.

Appendix B: Virginia Emergency Standard for Workplace Safety During Coronavirus

7/2/2020 Virginia creates first emergency standard for workplace safety during coronavirus - The Washington Post
https://www.washingtonpost.com/business/2020/06/24/virginia-safety-rules-covid/

Virginia poised to create first pandemic workplace safety mandates in nation, as Trump labor agency sits on sidelines. The governor's office said the rules were prompted in large part by the lack of enforcement by the federal agency tasked with upholding workplace safety, the Occupational Safety and Health Administration. By June 24, 2020 at 5:15 p.m. EDT Virginia took a big step on Wednesday toward ushering in a new set of coronavirus era safety rules that companies would be forced to implement to protect workers from infection — a first in the country and potentially way forward for other states in the face of federal inaction. The state's 14-member health and safety board voted 9-3 to agree to create workplace safety rules that they would continue to work on and finalize in coming days. The emergency temporary standard was drafted by the state's Department of Labor and Industry, under direction from Gov. Ralph Northam (D) in late May. Two members of the panel abstained. The governor's office said the rules were prompted in large part by the lack of enforcement from the federal agency tasked with upholding workplace safety, the Occupational Safety and Health Administration.

OSHA has issued only one citation in response to more than 4,000 coronavirus related complaints, a jarring record that workplace advocates and former OSHA officials have criticized in recent weeks as a neglect of the agency's duties. "Millions of workers are terrified of going into jobs every day where they are not adequately protected from the coronavirus," said David Michaels, a former OSHA head who served during the Obama administration. "Thousands of workers have complained to OSHA, and OSHA has told them they're on their own. . . . State governments are stepping into the void." The draft of Virginia's standard that the board will either approve or amend requires that employers develop policies for workers dealing with coronavirus-like symptoms, while prohibiting those workers suspected of having the coronavirus from showing up to work. The new rules would force companies to notify workers of possible exposure to infected co-workers within 24 hours, while also mandating physical distancing as well as sanitation, disinfection and hand-washing procedures.

The regulations have drawn praise from unions, labor advocates and many workers. But they've also drawn sharp opposition from many businesses and industry groups, which say the new regulations are unnecessary in the face of existing guidelines from the state and federal agencies such as the Centers for Disease Control and Prevention and OSHA. Those guidelines are recommendations, which carry fewer legal ramifications than enforceable standards do. By contrast, Virginia officials said the state's inspectors will police the new regulations, under penalties of up to $124,000 and the threat of closure in severe cases. Members of the board, which includes corporate lawyers, industry representatives and labor advocates, spent most Wednesday mired in technical and procedural rules.

They spent much of the morning debating whether the public should be given more time to comment on the regulation, before voting no, and then spent the afternoon approving motions that declared the coronavirus a "grave danger" to employees and employers and another an "emergency situation," for legal purposes. They finally voted overwhelmingly to adopt the emergency temporary standard — although the specifics will be debated at another meeting. Many businesses said they were worried that the new rules could add a greater burden to their budgets during an already challenging time economically. "We urge you to not add more restrictions, guidelines and regulations to an already overwhelmed business community that is struggling to remain solvent," Richard Postle, the chairman of Blue Ridge Bread, which employs 750 workers, wrote in a public comment.

Nicole Riley, the Virginia director for the National Federation of Independent Business, said the proposal was already causing confusion. The group targeted a rule forcing businesses to classify workers according to four risk levels. The group also questioned when businesses would have to start abiding by the new rules, should they pass. "We're already months into covid-19, and a lot of employers have put in a lot of protocols to safeguard employees and customers," she said. "We think this is overkill. It sets up a lot of bureaucratic red tape for business owners to comply with, when they're already struggling with how to keep up their business and keep their employees employed." Poultry workers took a particularly central role in the debate. The proposed rules came about in part as a result of petitioning by the Legal Aid Justice Center, whose Project for Farm and Immigrant Workers works with poultry workers, according to Megan Healy, Northam's chief workforce development adviser. AD 7/2/2020 Virginia creates first emergency standard for workplace safety during coronavirus

Jason B. Yarashes, lead attorney at the Project for Farm and Immigrant Workers, said the new regulations are particularly necessary for workers in high-risk industries like meat-processing and seasonal agriculture, whose workers often live in close quarters. More than 350 poultry workers in the Shenandoah Valley have tested positive for the coronavirus, according to the city of Harrisonburg, which issued a resolution in support of the measure. "It's been obviously a long-standing issue here," Yarashes said. "We're hearing from workers that there was an insufficient response — late safety protocols, no social distancing. Defensive stances from plants saying that they're doing things. And victim-shaming, blaming folks in the community." The Virginia Poultry Federation opposed the rules, saying existing guidelines from the CDC and OSHA are adequate, its law firm Fisher Phillips wrote in a comment.

Healy said the state has received thousands of complaints from workers in other industries in the last few months. Some said they had been discouraged from getting tested for covid-19; others said employers failed to close and clean workplaces properly after co-workers got sick, Healy said. "We know people are scared to go to work for multiple reasons," she said. "We were looking for ways that we could do better." Yarashes said he was happy about what he called a "key protection" to prohibit retaliation against workers who raise safety concerns, don protective gear, or speak to government agencies or news media outlets about safety issues. Some worker advocates said they believe the proposals could go even further. Sarah Jacobson, an organizer with Unite Here Local 23, which works with

airport concession workers, wrote in a comment that she hoped to see requirements for plastic face shields and for plexiglass between workstations.

Labor advocates say that the state approach is laudable and may soon be copied by others, but that it still falls short of a comprehensive national enforcement plan by OSHA. Some expressed fear that a piecemeal approach will allow other states to compete against neighbors in a "race to the bottom," to offer businesses a more attractive environment at the expense of worker safety. OSHA has defended itself against criticism that it's not doing enough, by saying its existing regulations and guidelines are sufficient to handle workplace dangers during the coronavirus pandemic. "The claim that OSHA is neglecting its duty of keeping workers safe is inaccurate," OSHA said in a statement from spokeswoman Denisha L. Braxton. "OSHA is committed to protecting American workers during the pandemic, and has been working around the clock to that end."

CORRECTION An earlier version of this story misstated the title for the Virginia Poultry Federation.

Appendix C: Resources for the RFCW Community

RECOMMENDATIONS FOR PEOPLE WHO HAVE OR MIGHT HAVE COVID 19

USHAURI KWA WAGONJWA WALIOAMBUKIZWA AU KUSHUKIWA KUAMBUKIZWA NA VIRUSI VYA COVID 19

Your doctor and the people from the public health department will see if you can stay at home. If you don't need to go to the hospital and can stay away from other people at your house, you can stay at home. They will keep in touch with you and see how you are doing. They may give you a monitor to keep on your finger to watch the oxygen level in your blood and make sure you are not getting worse.

Daktari na wataalam wa afya wataamua ikiwa unaweza kupata utunzaji wa nyumbani. Wakisema si lazima ulazwe hospitalini, madaktari na watalaam wa kiafya watafuatilia maendeleo yako unapojitenga pale nyumbani. Utavalishwa kipimo kidoleni cha kuangalia hali yako inavyoendelea.

To keep other people in your house and neighborhood from getting sick, you should do the things below until the health department says you can go back to your normal activities.

Ili kutoambukiza wengine kwa familiya na jamii yako, fuatalia maagizo yafuatayo hadi idara ya afya itakapokuamuru kurudi kwa shughuli zako za kawaida.

1. Stay home except to get medical care

Bakia nyumbani ispokuwa kupata utunzaji wa kiafya

People who are just a little sick with COVID-19 can still give the virus to other people. You should not do anything outside your home, except for going to the doctor. Do not go to work, school, or be in public areas. Don't use buses, ubers, or taxis. Don't get rides with friends. Don't go to the supermarket--try to get others who are not sick to bring groceries or food.

Wagonjwa ambao hawajaonyesha dalili za hatari bado wanaweza kuambukiza watu wengine. Kama siyo lazima, jaribu kutofanya shughuli zinazo nya ya nyumba kama kwenda sokoni, kazi, shule na pahali popote pa umma. Usitumie basi, texi ama kushirikiana pamoja na watu ambao hawaishi pamoja nawe

2. Call before going to the doctor
If you have a doctor's appointment, call the doctor's office and tell them that you have or may have COVID-19. This will help them keep other people from getting sick or exposed while still taking care of you.

Ikiwa unashuku kuwa umeambukizwa na virusi vya korona, hata kama hujasikia mgonjwa, piga simu mbeleni kwa madaktari kujitayarisha ili mtu yeyote asiambukizwe.

3. Wear a Facemask : Vaa Mask
You should wear a facemask when you are around other people (sharing a room or car) or pets and before you go into the doctor's office. If you can't wear a facemask (if it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a facemask if they come in your room.

Vaa mask kila wakati ukiwa na watu wengine. Kama haiwezekani, jaribu kukaa mbali na watu wasio vaa mask hata kwa nyumba yako

4. Don't let people come and visit at your house, especially people who are over age 55 or who have health problems.
People who visit can get COVID-19 from you, even before you start having symptoms. People who are over age 55, have heart disease, diabetes, high blood pressure, or obesity can get very sick from COVID-19. These people should stay at home as much as they can. If they get COVID-19 they can get very ill and not get better.

Jaribu kutokuwa na wageni wengi kwa nyumba yako haswa wazee wenye miaka 55 au watu ambao wana madhari mengine ya kiafya wasiambukuziwe.

5. Clean your hands often
Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or cooking food. If you don't have soap and water, use hand sanitizer with at least 60% alcohol. Use sanitizer on all parts of your hands and rub them together until they feel dry. Soap and water are the best thing if your hands are very dirty. Don't touch your eyes, nose, and mouth with unwashed hands.

Safisha mikono yako kwa sekunde 20 ukitumia sabuni na maji hasa baada ya kugusa sehemu za uso, kutoka msalani na kabla ya kula au kupika. Tumia sanitizer ikiwa huwezi pata maji na sabuni karibu. Jaribu kutogusa sehemu za uso (macho, pua masikio).

6. Don't share personal household items
You should not share dishes, drinking glasses, cups, silverware, towels, or sheets with other people or pets in your home. After using these things, they should be washed very well with soap and water.

Jaribu kupatiana vifaa vyako vya kibinafsi kama vikombe, vyombo, nguo, vitambaa vya kuoga na shuka ya malazi. Kama watu wawili wanatumia kikombe kimoja, mtu mmoja anaweza kumwambukiza yule mwengine kwa urahisi.

7. Clean all "high-touch" surfaces everyday
Clean high-touch surfaces in the room where you are staying and in the bathroom you are using ("sick room" and bathroom) every day. Someone else in the house should clean and disinfect high-touch surfaces in other areas of the house. If another person needs to clean and disinfect the sick person's bedroom or bathroom, they should do as little as possible. That person should wear a mask, gloves and wait as long as possible after the sick person has used the bathroom. High touch surfaces are: counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean anything may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, and read what it says on the label. Labels tell you how to safely use the cleaning products, including ways to be careful when using the product, such as wearing gloves and making sure you have good ventilation during use of the product.

Sehemu zozote za nyumba ambzo huguswa mara kadhaa zafaa kusafishwa kila siku. Mfano ni kama,meza, milango, simu, kompyuta na pahali pa kupikia. Hakikisha kuwa choo na chumba cha kulala anachotumia mgonjwa vimesafishwa kila siku

8. Watch your symptoms
Call your doctor if think you are getting worse (having trouble breathing). You can call the USF COVID nurses at 813-974-7616. If you need to go to the emergency room, **before** going, call your doctor and tell them that you have, or might have, COVID-19. Put on a facemask before you go into the building. This will help the doctor's office keep other people in the office or waiting room from getting sick. If you have a medical emergency and need to call 911, tell the people who answer that you have, or might have COVID-19. If possible, put on a facemask before the 911 people arrive.

Ikiwa dalili zako zinaongezeka ama hali yako inazidi kuwa mbaya (kushindwa kupumua). Wasiliana na nurse na madaktari wa USF Morsani Center kwa nambari 813-974-7616. Elezea madakitari kuhusu hali yako ya COVID-19 na vaa mask ukifika pale. Ikiwa ni jambo la dharura piga simu 911 na uwaelezee hali yako ya COVID 19

9. Treat your symptoms at home with safe remedies:

Yafautayo ni aina ya matibabu ya dalili za COVID-19:

Fever → Use tylenol 500 mg three times a day for adults and for children follow the instructions based on how much they weigh.
Homa → *Dawa ya Tylenol inapatikana kwenye pharmacy. Tumia mara tatu kwa siku. Uliza kiwango ma maelezo ya utumizi wakati ukinunua*

Sore Throat → Drink water with ginger and lemon every hour. Don't drink alcohol, bleach, or cleaning products—they can cause more damage to your body.
Kuumwa na koo → *kunywa maji yenye tangawizi na limau kila baada ya saa moja, Usinywe pombe au masabuni yeyote*

Cough → Lay on your stomach for 10 minutes every hour. Also you can use Mucinex DM--1 tablet every 12 hours.
Kukohoa → *Lala kwa tumbo kwa dakika kumi kila baada ya saa moja. Unaweza kutumia dawa ya Mucinex – ulizia maelezo na kipimo wakati wa kununua*

10. Ending being isolated at home
People with COVID-19 should stay isolated at home until

- You have had no fever for at least 72 hours (that is three full days of no fever without using medicine that brings down fevers)
  AND
- other symptoms have gotten better (for example, when your cough or shortness of breath have gotten better)
  AND
- at least 10 days have gone by since your symptoms first started.

Walioambukizwa na virusi vya korona wanafaa kujitenga nyumbani hadi yafuatayo yatendeke.

1. *Kutokuwa na homa kwa siku tatu mfululizo bila kutumia dawa*
2. *Dalili za Corona zimepunguka na hali inaendelea kuimarika*
3. *Siku kumi zimepita tangu dalili za Corona zilipopatikana*

Always, **follow what your doctor and the public health people tell you.** Talk about the decision to stop being isolated with your doctor, especially if you have other medical problems.

Baada ya haya yote, fuatilia maagizo kutoka kwenye idara ya afya na madaktari wako ili kuhakikisha kuwa umepona.

This information come from the from CDC Guidelines available at: https://www.cdc.gov/coronavirus/2019-ncov/index.html