

Interview with
DIANA HEINTZ

November 30, 2020

**THE PANDEMIC YEARS: COVID-19
ORAL HISTORY COLLECTION**

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DIANA HEINTZ

Diana Heintz was interviewed by Matthew Heintz on November 30, 2020 via a recorded phone call. She related her COVID-19 pandemic experiences.

DH: Hello.

MH: This call is being recorded. Hi, Mom. This is Matthew.

DH: Hi.

MH: Hi. Alright, and just for the record, uh, this interview is for November 30th, 2020. This is Matt Heintz. This interview is for an oral history on one person's perspective during the COVID-19 pandemic.

Can you state your name and date of birth for me please?

DH: Diana Heintz, October 11th, 1945.

MH: Alright, and where are you from?

DH: South Dakota.

MH: And where'd you— [crosstalk]

DH: I grew up on a farm.

MH: Okay. Okay. Alright, and until right now, uh, do you, are you living with anybody, a spouse or a roommate at all?

DH: No. I live alone. I don't have anybody living with me.

MH: Okay. And what, if anything, do you do for a living, or are you retired?

DH: I guess I would consider myself retired. I take care of my grandson in the afternoon while his parents are working at school. But I'm somewhat retired. Um, I feel like I retired this year because of COVID-19. If it ever goes away, I'll probably go back to work.

MH: Okay. So semi-retired?

DH: Yeah, I guess so.

MH: Okay. And what, so what was your day-to-day life before COVID?

DH: Well, I worked with special education students at a junior high five days a week. I was around students, sometimes 30 to 35 students in a room, um, close contact, sitting at desks with them, right across the desk from them. Which, that's the main reason that I quit working, because that was an uncomfortable situation for me with the virus.

MH: That makes sense. Can't really be close to students now. And—

DH: No, and I was, I was right across the desk from them, from them or right beside them all the time. And, um, the students that I worked with, weren't very careful about whether they wash their hands, or if they covered their mouth when they coughed a lot of times.

MH: Yeah.

DH: Being the, you know, the, um, the students that they were in. Um, and then they would borrow a pencil from me and stick it in their mouth and then give it back to me. So it, it just, wasn't a good thing for me to go back to that type of work.

MH: No, that makes sense. Yeah. So, at the beginning of the pandemic, did you expect such a drastic change in your life and then the world?

DH: Well, I guess I did, because, from what I heard on TV, I was visiting family in March in Utah and I heard while I was there about the pandemic. And then as soon as I, I got home [in the] middle of March, the schools closed, um, Mesa Public Schools closed. And so I was still paid, but I stayed home and helped students who were online or I helped teachers find materials that they could use that would work for remote learning. And I w— I helped them make lesson plans and so forth.

And then at the end of that period of time, when COVID in Arizona started to get worse and worse and worse through the summer, May, June, July. And it was really bad. That's when I made my decision to retire and stay home rather than going back into that situation. I'm looking forward to a vaccine. So maybe that'll help. And I had— the reason I, I believed science, I guess, partly because I've read a lot about the Spanish Influenza in history, and I knew how fast things like that can spread. And that concerned me. So I never really ever doubted that it would happen.

MH: Okay. And so you said you live in Arizona, where in Arizona?

DH: I live in Mesa.

MH: Okay. And then, so what's your life been like during the pandemic? Does your day-to-day life look differently now? Or what, what's, what does a day in the life of Diana look like?

DH: Okay. So, I said that I took care of my grandson in the afternoons. I take care of him from two o'clock to 4:30, five o'clock, something like that. But, um, my mornings are spent with crafts, which I've always wanted to do. So, that's okay with me. I also have spent

many hours doing genealogy work, which that's okay with me, too. That's something I've always wanted to do. So, the retirement probably is welcome to me right now. Uh, as far as the feeling of the, the virus, the pandemic doesn't affect me very much because I just order my groceries.

I don't go out very much. Um, when I do go out, it's usually to a store, go in and get what I'm doing, come back out. And I feel like in Mesa right now, I see very few people that don't wear masks. It's not a mandate, but the stores that I go in, everyone has a mask now. They're not always wearing it properly because they don't put it over their nose. I would say maybe 5 percent, don't, but I feel pretty safe. Um, I have not attended church since March, because it was recommended by our church that if we're over a certain age, just don't go because you never know what's going to happen.

And, um, they make church available on, on YouTube so we can watch and listen and so forth. So that's okay. Um, as far as my life, I don't, I don't feel as though my life has changed that much. I do stay home more, but that's not a bad thing, a good way to save money. So I'm not, I'm not too unhappy about that. It has changed the life of my family and the fact that I can't see my family that are far away from me or something that has changed. And that, that's a bother; it's a disappointment and it's, you know, it's, it's upsetting, but, um, I'll live with it and it'll be over soon, I hope.

MH: Yeah, me too. I think a lot of people are going through that similar situation and they're not able to see anybody and this whole thing has kind of made everybody stranded in place.

DH: I've been, I was really disappointed that Thanksgiving, um, with the news, they talked about how they were discouraging people from air travel or traveling to see families and gathering in large groups. And our news here in Mesa showed several pictures and videos on, from the news about, how busy the airports were. And they were crowded. There were people standing in line and they were not standing six feet apart.

They were standing quite close. And that's a disappointment because I feel as though that's going to cause a surge again, in whatever state they went to, or when they're coming back. Those people were asked to quarantine themselves for fourteen days, but I'm sure they're not going to do that. They have jobs or they have kids going to school. They're not going to quarantine. And then that's just going to make it even worse.

MH: No, that's, I think that's true. And so you said something about your age group earlier. What, how old are you again? I know I'm not supposed to ask that. [Laughter]

DH: Well, you asked the date of birth, so that's okay. Um, I'm 75 and I don't have a lot of underlying health conditions, but one of the conditions that was listed as you being able to be home from your job and not be fired was high blood pressure. That's one of the illnesses that you can have or conditions that you can have. I have high blood pressure. So, if I had chosen to push that, I believe that the school would have to rehire me, but I'm

not afraid of that because I know they'll rehire me anyway. If they, you know, if I want to go back, I'll have a job when I'm done. So I'm not concerned.

Um, I am concerned about the kids spreading the illness at school, and the teachers in a neighboring city, close to Mesa, Scottsdale, Arizona there; they had to close five schools today. They couldn't open five schools because there weren't enough teachers to man those schools. There are enough teachers that are sick or enough teachers that traveled over Thanksgiving. And the school itself made a rule, if you traveled over Thanksgiving, you couldn't come back to school for fourteen days. So for fourteen days—

MH: Wow.

DH: — those schools, those five schools will go completely remote or not have school at all.

The other problem they have is, um, having enough substitute teachers, if a teacher gets sick, this is, I'm talking about Mesa district. Now the teacher gets sick and has to miss school. That school has two on-campus substitutes. Those two on-campus are busy all the time, so that teachers have to substitute for their colleagues during their prep time or something like that. So, that means that they are exposed, then, to another set of students.

MH: Right.

DH: So, it just puts them more in danger, I guess you'd say, of, of contracting the virus.

MH: Well, that's kind of scary. Um, so, living alone and then, and I don't, I don't like to use this term, but being elderly, is it difficult to not have as much human-to-human interaction?

DH: Well, I feel like I have the human interaction that I want to with technology and so forth. I mean, there's, you can FaceTime with people. You can, um, you can have Zoom conferences or meetings with people. I have some callings in my church. That'll, that keeps me in contact with people. 'Cause I have to call people to bring meals or I have to, uh, contact people to help somebody. And therefore I'm in contact on the phone with people, lots of times during the day. So I don't feel isolated at all.

MH: And you said that you take care of your grandson—

DH: Right. Mm-hmm [affirmative].

MH: Are there any special precautions that you take with that?

DH: There was at first, at the beginning of the year, when he would come home from school, he would come through the garage, into the laundry room, take off his contaminated clothes and his mask, put them in the hamper, go put on some clean clothes, wash his hands, and then I could, then come and talk to me. As time went on, because there were

no, um, cases in his school. And there were only out of his class of eight or ten kids, only two or three came back to in-person school. The rest of them are doing remote.

MH: Hmm [affirmative].

DH: He was only exposed to those two or three kids and his teachers, and his school is really, really careful. I mean, when they eat their lunch, they have to sit six feet apart. So, I finally decided that that was something that I didn't need to do. Besides, when my daughter and my son-in-law would come home from school, they had been exposed to way more kids than he had, and they didn't change their clothes and they were around me. And I just said to them, it makes no sense to have Ethan change his clothes when you guys aren't. It's kind of a hint for them to do it, but [it] didn't turn out that way. So—

MH: Mm-hmm [affirmative].

DH: Anyway, I'm, I don't, we don't take much of any precaution. He puts his, he does take his mask off and he goes and washes his hands right away. And he's in the habit of doing that now. So that works out pretty good. Um, he still likes to sit really close and talk kind of close to my face sometimes. And I kind of have to tell him to sit back a little ways. And I said, one day, I said, "If you don't do that, Ethan, then grandma's going to have to start wearing her mask when she's around you, do you want me to have to do that?" "No." I said, "Okay. You got to listen then." So I've had to make him try not to sit quite so close and breathe in my face for me as an elderly person. I do have an underlying fear of this virus. I think—

MH: Mm-hmm [affirmative].

DH: I think I'm probably maybe more afraid of it than what I need to be. I don't know. But I, I do have a fear of it because I've seen news reports and stuff. And what happens to elderly people who can't breathe, who can't, um, and what happens to them and how fast it can happen. And I kind of like my life on this earth and I don't particularly want to have something like the virus take me out.

MH: No, that's true. Lots of, kind of, uh, the news and everything. Just statistically, that's who it hits more, is the elderly, which is—

DH: Right. Mm-hmm [affirmative]. Or people who are overweight or in bad health, otherwise for other, because of that. Diabetics are really, I mean, I've heard that. And then I just, um, read about a y— a man. He was-wasn't old. He was probably in his thirties. Um, [he] had a cough when he went to bed and in the night he realized he couldn't breathe, and his wife took his temperature and he had a fever and it was very high and his breathing was getting worse and worse. And so she called an ambulance.

Uh, no, she decided not to call them, she's just going to take him herself. She took him to the hospital, they took him into the hospital. She couldn't even go in the hospital with him. She had to be outside. And they told her to go home and she was supposed to remain

in quarantine. Well, she didn't want to do that. She wanted to be able to see him. So she went to the hospital, so, and she stood under his window, right? So that he could see her. But he couldn't see her because he couldn't get out of bed.

By that time he was, they had him on oxygen and everything. Um, the doctor came in and said to him, "We're going to let you talk to your family on an iPad, because we're going to have to put you on a ventilator." And the man knew that when you go on a ventilator, that's, um, that means you're going to die. I mean, four out of five times, you know?

So— are you still there?

MH: Yeah.

DH: Okay. I thought something beeped and I thought I lost you.

So they, they did that. He got to talk to his daughter, but he didn't get to talk to his wife because he died. That fast. And it was like from one night to the next day, practically.

MH: Mm-hmm [affirmative].

DH: So, it can happen. That can happen really, really fast. It doesn't happen to everybody fast like that. I've heard that. Some people don't even know they have [it], but they end up with long-lasting effects from it, heart murmur you know, or some type of health problem because of it. That doesn't always happen either. But that's the scary part, because you don't know how it's going to affect you.

MH: Yeah. Especially, as someone that's in that age category, I think—

DH: Mm-hmm [affirmative].

MH: — it would be kind of scary, just because there are people that you hear about on the news that even if they are in their 70s to 80s and onward, that they get the virus and then it can be, if not—

DH: Mm-hmm [affirmative].

MH: — you know, lethal, it can kind of leave them with lasting health issues.

DH: Right. I know two people in my church ward have died. Um, and it's because they had underlying conditions. One lady was on dialysis. She was very careful, but they feel as though she picked up the virus at the place that she was getting dialysis, because her husband and her daughter who lived with her don't, um, didn't get it at all. And, um, yeah. And so, that's very scary. I have a neighbor right across from me here where I live, who has been sick and in and out of the hospital a couple of times. And, um, I don't, I think she's in the hospital now. She's, there's nobody there. So I don't know, they

haven't come to say that, that she died or anything, but, um, I hope that didn't happen to her, but she was not in good health. And so I'm kind of afraid that she got COVID.

MH: Hmm, and so you said that you still stay connected with family and friends and, and everything. Um, so how do you, you do that through technology?

DH: Yeah. Through, um, just talking on the phone. Um, um, our family is quite spread out from Kansas to Utah to Arizona. And so, I do talk to everybody on the phone at least once or twice a week for the most part, except for my son who doesn't call me. But, um, [laughs] okay, that was a jab.

MH: Mm-hmm [affirmative].

DH: And, um, then we have a newsletter that we have, a weekly letter and I just feel like we stay connected. Um, I do like to spend time with my family, but I'm hoping that if people will listen to science and wear a mask and that social distancing and not— Here they're thinking that the first thing they're going to do here, the next thing that'll happen here in Arizona will be that the bars will close. They will close them down completely because people are not listening.

MH: Hmm.

DH: They said that was their next, their next step. Probably any place that serves liquor or anything like that. The only place they'll be able to have even a meal there, is going to be outside. I don't know if it will get that drastic, but it's because people don't pay attention.

MH: Yeah. The response from the public has been kind of mixed. I think there are some people that are taking it seriously, but then there's a chunk of people—

DH: Mm-hmm [affirmative].

MH: — that really—

DH: Mm-hmm [affirmative].

MH: — don't take it seriously at all.

DH: My home state of South Dakota. It's not taking it seriously at all. The other day, I read that they had as many deaths in South Dakota to this point— I thought that deaths or cases, I think they said deaths, to this point as New York city had.

MH: Oh, wow.

DH: And that's pretty staggering because it's a small state. But they're having a lot of deaths because it's a state that has thought that, because we are so far apart from each other, because we don't live close, there's not a lot of big cities, that we don't have to be

careful. So therefore, if we want to go and have a drink or we want to, uh, socialize at a bar, which is, everybody's very close together, they're very friendly, very talkative, lots of, lots of talk going on. Wherever there's a lot of talk going on, there's more chances that the air would be filled with, um, I don't know how would you say it, with whatever comes out of your mouth, with those germs? That's where they come from, is from those passages, nasal and mouth. You can't get it from sitting on a toilet or you can't get it from, uh, the, on the bottom of your feet, unless you touch your foot and then stick your hand in your mouth. That's, they've told us that that's the way that it is spread.

So, if people aren't listening, if they're not going to listen to the science part of it, we don't have a chance. That's the way I feel. If people are not going to start listening, it's going to go on and on and on. Now, I think there are people that are just hanging in there, waiting until that vaccine comes along, that's going to save everybody. But it really isn't. Because if you're already have the virus or if you've been in contact with someone with the virus, that vaccine is not going to take away that germ, if it's already there.

MH: Right. Mm-hmm [affirmative].

DH: So yeah, there's just, people are, people are just foolish. You know, they're just foolish. I, um, I was talking to somebody online today, back and forth about how— how it, if people would, they're always saying that their freedom is being taken away from them when they're made to wear a mask. But they're only thinking of themselves. They're not thinking of the fact that when they don't wear their mask, they take away somebody else's freedom.

MH: That's true.

DH: Because they could be takin' away their life, or they could be taking that life away from a family, where they can be doing something that's takin' away somebody else's freedom. So, when they say their freedoms are taken, being taken away, they're only thinking of themselves. They're not talking about my freedoms or your freedoms or anybody else's freedom. They're talking about themselves.

MH: So you said, I think earlier about, talk a little bit about, locally, how they were doing things with, how is your local community responded to the pandemic?

DH: Well, I don't think—

MH: What, what kind of guidelines did they put in place, I guess?

DH: The, the only guidelines they were putting in place was that if you ran a business, your employees all had to wear masks. And your, if you went into that business, you had to wear a mask. Almost all the businesses have a sign on the door. Um, the signs don't say, you must wear a mask. They say, a mask is recommended. A lot of them say that. Now the gyms and stuff like that down here, um, they were supposed to close their doors completely. Several of them haven't and they've had legal action taken against them, but

they don't seem to care. It doesn't matter. They're, they're given a fine or whatever. And that's about all. And nobody comes in and puts a chain on their door and says, you can't open. They just fine. Well, they don't care because the business will keep coming to them. And that's fine. We'll get paid for through their business. I feel as though that's the, to me, that's the biggest thing right now, is businesses are not being forced to limit the number of people or limit their hours or stuff like that. I think most businesses and restaurants here closed now though, instead of staying open till midnight or whatever, I think most of them are closed at ten o'clock and things like that. But, um, I don't—
[crosstalk]

MH: Yeah, I think that— Go ahead.

DH: I don't see it affecting business. You know, they're talking about how businesses are closing and whatever, but I don't see very many of those small businesses. My, the places I go are larger businesses, Target and Walmart and, and bigger places. So those are definitely not affected, I don't think. In fact, I just heard something about Black Friday. They said Black Friday sales were more this year than they were last year because they're counting, they're counting online business, too.

MH: Ahh. [Understanding]

DH: So it's not affecting large businesses. It will affect small businesses. Probably lots of them that I've heard have gone out of business, but I'm not, I don't go to them. So, I don't see that very much.

MH: Mm-hmm [affirmative]. Yeah.

DH: But I do think we have, um, in the community that I live in, we have a large percentage of Hispanic people. Hispanic people by nature are family-oriented, big families, close-knit. Um, everybody, when they have something going on in their home, the whole family comes; that's hard for them not to do that. That's part of their culture. And so I, I see that as being not harmful to the rest of us, maybe, but to them. But yet, I can understand them not wanting to do that. That's their life. That's the way, that's the way they've lived forever. And if they had to say that their family couldn't come and see them, I think they'd just as soon get sick rather than have, you know, I just don't think that they, um, I don't think that it's a big deal for them. I think they are, they're, they're pretty okay with that. Um, because that's their life. That's what, that's what they are. I mean, it, and there are lots and lots of families down here that they have three generations living in a home. Grandparents live there, parents live there, and their kids live there.

MH: Hm—

DH: So, I think it affects them more and I might be wrong—

MH: Hm—

DH: — but I think it does affect them.

MH: Well, it's not just the generations like that. It's families that have probably crossed the border that are trying to make a living or trying to live.

DH: Yeah. Mm-hmm [affirmative].

MH: And then they can't afford to do that, because somebody gets sick or they get sick and they don't have health insurance. So—

DH: Mm-hmm [affirmative]. Oh, I'm sure it is hard for them. Um, there are lots of lots and lots of things going on here in the community, more than last year I think, where people are adopting a family and taking a meal to them. Or, um, like my daughter and I bought a bunch of Christmas stockings and we made Christmas stockings for about eight kids. And then those will go to an organization and they'll be handed out. And then her, her teaching group at school, there are social studies teachers, the group got together and adopted a family and they, each one of them got a member of that family and they bought Christmas gifts for that member of that family. So, everybody in that family will get what's on their Christmas list.

MH: Well, that's cool.

DH: But there's a lot of things like that going on. A lot of, I remember one night you told me that you thought that people should help people more than the government should help people. That if people would give of themselves, that would be better than having a welfare state, which is true. I mean, that's what we should do, but a lot of people don't see it that way.

MH: Yeah. I think that we, regardless of how that happens, you need to take care of people no matter what. And I don't think if you're worried about spending money, you should probably spend it on helping people, too.

DH: Yeah.

MH: So, it's getting kind of to— [crosstalk]

DH: Well and— Go ahead.

MH: I was just going to say, we're getting kind of to the end of my questions. Um—

DH: Okay.

MH: So, my last one here is, how do you think this pandemic will affect our country, uh, both now and in the future? How do you think, how do you think it's going to be looked at either in history or like, by people that live through it?

DH: Well, I think in history, it's going to have somewhat the same effect in history of what the Spanish flu did. People are going to talk about how it's, how many people died and how it affected families, but even more than, than back then, because people are so— Um, their lives aren't based on finances anymore. It's not so much close family takin' care of each other or whatever. Like back then, I've read, read about how families would take care of each other. And their, they didn't have anything anyway. You know, their, um, finances were not great for them, but I think that financially it's going to hurt, our country is really going to hurt for a while because so many people are out of work.

So many people don't have jobs and nothing is being done to help them. They are losing their homes, which causes them to crowd in with somebody else. The whole, the whole dynamic of that is going to be remembered in history as a time when people were, were hurt and more, almost more financially or as much financially as they were by the death of loved ones, because they just don't have enough money to get by.

And landlords who, who rent to them, if they don't, if they're not getting money from one person and they need the money, they're going to raise the rent for somebody else. I know that's happened. So they're trying to have their income supplanted by raising, raising the price for somebody else, which is, is hurtful then double, because it's hurting the people that got booted out of their home and it's hurting the person that can pay their rent because they have a job and, and, and um, whatever. So it's that part of history. I'm thinking it'll be a, it'll be like a black, a time, a black mark in history and not, not necessarily against us, but the whole pandemic thing, to my way of thinking, was not handled right away.

I do think that if, if something had been done, if, if we had had something in place to, to know what to do, to have a plan, you can't go through time. I mean, you know that these things are going to happen. Um, you need to have a plan of what's going on. What are we going to do if this happened? And I don't think this will ever happen in history like this now. People, uh, the government is learning that this is something that you have to plan for, even if it's this type of virus or whether it's, whether it's, um, germ warfare, you gotta have a plan of what you're going to do to protect your people. That wasn't done. And so, I think, I think it'll go down in history as a time when something should have been done, at least in a way I hope it does, because I do think it could have been not prevented, but it certainly could have been a less problem. And you can't, you can't blame another country for it. Maybe that's where it came from, but you can't blame another country when you didn't take care of it yourself.

MH: Yeah. Viruses don't really know a country or race or religion or anything like that. They're just— [crosstalk]

DH: No, not at all.

MH: — breed by themselves.

DH: Yeah.

MH: Alright. Well, Diana, that's all I have question-wise for you.

DH: Okay.

MH: And this concludes our interview, and thank you for your time.

DH: Well, thank you. I hope I didn't talk very much.

MH: No, it's okay.

DH: Alright.

MH: Alright.

DH: Okay. Mm-hmm [affirmative].

MH: Okay. Bye.

[END OF RECORDING. END OF INTERVIEW.]