



BREAKING BOUNDARIES

(Counter) accounts during
the pandemic

Letters for future generations

ROMPRE LES BARRIÈRES

(Contre) rapports sur la
pandémie

Lettres aux générations futures

ROMPENDO BARREIRAS

Contra-relatos diversos
durante a pandemia

Cartas e mensagens para as
gerações futuras

ROMPIENDO FRONTERAS

(Contra) cuentas durante
la pandemia

Cartas para futuras generaciones

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contents conteúdo

contenuto contenido

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This book is in four different languages: English, French, Portuguese, and Spanish. To ensure impartiality, we have not standardized the order that languages appear. Where possible, we have translated content into multiple languages, such as through multilingual abstracts, but only present contributions in their original language. Each piece's original language is indicated in the top left corner on its first page. This book also has a mix of written, visual, video, and audio content. Symbols indicating the content type are in the bottom left corner on each piece's first page. We hope you enjoy this inclusive and unique approach.

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editorials

- 8. . . . Editorial (English)
- 12. . . . Éditorial (Français)
- 16. . . . Editorial (Português)
- 20. . . . Editorial (Español)
- 24. . . . Editorial message from Cheryl Lehman & Greg Stoner
- 33. . . . Message éditorial de Diane-Laure Arjaliès & Yves Gendron
- 45. . . . Mensagem editorial de João Paulo Resende de Lima & Sílvia Pereira de Castro Casa Nova
- 62. . . . Mensaje editorial de Paula Andrea Navarro Pérez & Mary Analí Vera-Colina

participantes

- 409. . . Fotos y biografías
- Photos and bios
- Photos et biographies
- Fotos e biografias

contents conteúdo

conteúdo conteúdo

1

71 Breaking our silence

Briser notre silence

Rompendo nosso silêncio

Rompiendo nuestro silencio

- 72 . . . Revisão dos códigos de existência 2020
- 76 . . . Who speaks for nonhumans? Reimagining accounting in the anthropause
- 80 . . . On the giving and receiving of accounts
- 84 . . . Chronic illness and the working from home fairy-tale
- 89 . . . Voces enmudecidas en tiempos de pandemia: Ausencia de la prostitución en la contabilidad nacional colombiana
- 96 . . . Maracá - Emergência Indígena
- 98 . . . Diverse voices on disability advocacy during the pandemic in the US
- 102 . . . Las voces de una nueva realidad
- 104 . . . Of viruses and men: the dangerous pandemic in the social sciences

2

109 Ouvrir les liens

Rompendo conexões

Rompiendo conexiones

Breaking connections

- 110 . . . Humains sans visage : Des formes et des frontières poreuses
- 113 . . . Once upon a time I was a refugee in lockdown
- 121 . . . La délation peut-elle être civique?
- 124 . . . Friendship and beyond: Unlocking boundaries for unleashing positivity
- 139 . . . Distanciation sociale / COVID-19
- 142 . . . O amor para contadores
- 144 . . . Agents of shield
- 147 . . . Coronavirus fear explodes on planet earth
- 150 . . . Borders, fences, red areas

3

153 Rompendo limites geográficos

Rompiendo fronteras geográficas

Breaking geographical boundaries

Transcender les frontières géographiques

- 154 . . . La suite du monde
- 163 . . . Les territoires du COVID-19 : Analyse d'une propagation virale au gré d'une mutation territoriale
- 168 . . . Pandemia desde que Brasil é Brazil
- 170 . . . Portal

4

173 Breaking our ways of expression

Réinventer nos modes d'expression

Rompendo nossas formas de expressão

Cambiando nuestras maneras de expresar

174 . . A letter to COVID-19

189 . . Époque de transiciones

192 . . How the COVID-19 pandemic made me into a researcher-activist for the arts

198 . . Un nuevo mundo

5

221 Expérimenter avec de nouvelles normalités

Irrompendo em um novo normal

Hacia una nueva normalidad

Breaking into a new normal

222 . . Coronavirus pandemic: Personal account from New Jersey, US

228 . . Isolation day 4

230 . . Genève au temps du COVID-19: Journal de bord d'un chargé d'enseignement

236 . . STOP!!!

238 . . O contador

240 . . De l'impensable au vécu : Comptabilisation des faits au service des générations futures

245 . . Instructivos para una cotidianidad reinventada por la pandemia

262 . . No meio da rua do mundo

264 . . Já não somos os mesmos de antes

266 . . Callousness & empathy

270 . . Art in the time of COVID-19

272 . . Les paradoxes de l'épidémie ; Une leçon pour la prise de décision

278 . . Le tableau de bord perd le Nord

280 . . It got us thinkin'

6

283 Rompendo com nossas práticas acadêmicas

Deshaciendo nuestras prácticas académicas

Breaking our academic practices

Réinventer nos pratiques académiques

284 . . The Seed(zine)

311 . . Uma pandemia na trajetória da pesquisa: Quando a casa torna-se o coração da sala de aula

317 . . Cartas do sentir - Cartas reflexivas pautadas na pandemia do COVID-19

322 . . Experiências e narrativas de um professor: Aprendendo a aprender adaptar-se na pandemia

331 . . Contadora contando la pandemia

336 . . Diário e sentimentos!

339 . . Professora na pandemia

342 . . Dias estranhos - Espera de dias melhores

347 . . Los efectos de la virtualidad en el pensamiento crítico de los estudiantes de contaduría

353 . . A contabilidade no aqui e agora: relatos de um pernambucano em doutoramento na Universidade Federal do Rio de Janeiro

7

357 Rompiendo el sistema

Breaking the system

Repenser le système

Quebrando o sistema

358 . . Lest we forget what contributes to our healthcare

362 . . Élever notre leadership collectif pour éviter d'être victime de la nouvelle comptabilité pandémique

367 . . El COVID-19 y el confinamiento: un test ácido para nuestras organizaciones

371 . . RSE em tempo de pandemia - um desafio para a Contabilidade e empresas

376 . . Accounting for COVID universities

378 . . A missão do contador nas crises

381 . . Oser la rencontre avec le monde pour le transformer : plaidoyer pour un désenclavement de la recherche en sciences de gestion

388 . . Balance de situación de la pandemia COVID-19 en España. Las cuentas de una sociedad quebrada

390 . . To lockdown or not to lockdown?

393 . . Entangled boundaries of health, politics, and class: Crisis American style as of August 2020

398 . . Un effet paradoxal du confinement

403 . . There was a time in which...

405 . . COVID-19 / Soutien



In October 2019, before COVID-19 hit our lives, Mary, Yves, Cheryl, Greg, Silvia and other colleagues gathered in Bogota for the QRCA conference. Months later, they keep working together in the Breaking Boundaries initiative and other projects.

Submitted by: Mary Vera-Colina
Credit: Unknown



Chapitre 5

Breaking into a new normal

Expérimenter avec de nouvelles normalités

Irrompendo em um novo normal

Hacia una nueva normalidad

Coronavirus pandemic: Personal account from New Jersey, U.S.

AUTHOR:

Adebisi Adedokun

ENGLISH ABSTRACT: CORONAVIRUS PANDEMIC: PERSONAL ACCOUNT FROM NEW JERSEY, U.S.

This article provides my personal account of the coronavirus (COVID-19) as witnessed during the early stage of the pandemic in the Northeast of the U.S. when New York and New Jersey were the two hotspots of the transmission and death toll. The account details the progression of the transmission and how it impacted my family and me.



Coronavirus pandemic: Personal account from New Jersey, U.S.

Early stories of the Coronavirus started emerging in the United States in late December 2019 and early January 2020. In late January, I was planning a trip to Glasgow to attend an academic event at the University of Glasgow, where I am a PhD part-time student. At that time, the seriousness of the coronavirus had yet to hit home because the news centered around the virus infecting people in Wuhan, China. On Saturday, February 1, I boarded a plane to Glasgow via Dublin. At the Newark International Airport, New Jersey, it was business as usual. There was no indication that the virus was of any concern to the authorities or passengers. When I arrived at Dublin early in the morning of Sunday, February 2, the situation at the airport was very calm given the hour of the day – it was around 5:30 AM local time. I had about a five-hour layover in Dublin and finally arrived at Glasgow at about 2:00 PM local time. I was scheduled to spend eight days in Glasgow, leave on Sunday February 9, and get to the US the evening of the same day. Unfortunately, due to a massive storm that swept across the UK on that Sunday, my flight was cancelled until the following morning. I finally left on Monday, February 10.

While in Glasgow, there was little news about the virus and most of the coverage was focused on the impending storm. I attended all the events I had scheduled without any concern about the coronavirus. Classes and events were held without any physical distancing or wearing of masks. People were going about their normal life without any worry of the virus. As is the case when I am in Glasgow, I availed myself of early morning runs in Kelvingrove park before attending events at the school. Running in the park is one thing I look forward to – it is a beautiful park and running along the River Kevin provides a sense of closeness to nature and makes the running more natural and fun.

The storm finally came on Sunday morning and was as bad as the forecast had predicted, causing floods and damage across the UK. Most flights were cancelled, creating a serious logjam at the airport the following Monday morning.

Meanwhile, in that same week of February, a cruise ship (Kakimoto, 2020) that docked at the port of Yokohama, Japan, with confirmed coronavirus cases was gaining news coverage. This necessitated the quarantining of most of the passengers on board the cruise ship. Aside from the news coming from Wuhan, the cruise ship continued to receive news attention because it carried people of many nationalities; home governments of those nationals were concerned about how to bring their citizens safely back to their homeland. At that time, I did not have any concern about the coronavirus because there were no reported cases of infection in the US or Scotland.

On my way home on Monday, February 10, when I got to Dublin in the morning, while passing through the immigration lane, the immigration officer who processed my reentry back to the US asked if I had been to China. I said no. That was the first time that it appeared government officials started paying attention to what was going on in Wuhan, China. Still, no one was practicing any social distancing or wearing masks at the airport. The question was probably a new screening guideline to determine who had been to areas of exposure to the virus. The flight back to Newark from Dublin was packed - no one was wearing masks. Like the rest of the passengers, I did not have any concerns about the virus.

As soon as I arrived home, the news of the coronavirus started picking up momentum and gaining wider coverage in the US press. At the center of this coverage was the concern about US citizens on the cruise ship.

There were 400 US citizens aboard the ship and 44 of them were infected according to officials at the Center for Disease Control and Prevention (Juhasz, 2020).

From that time on, the coronavirus spiraled out of control. Bad news was coming out of Italy and the daily infection rate and death toll were staggering. The World Health Organization declared the novel coronavirus an epidemic and later a pandemic. This further elevated the news coverage and it was now a 24-hour news cycle. Meanwhile, it turned out that an earlier case of the coronavirus had already been reported at a clinic in Snohomish county in Washington State. According to a report in the *New England Journal of Medicine* (Holshue et al., 2020), it was the first case of a person diagnosed with coronavirus in the US. Shortly after, a nursing home facility in Washington State confirmed infection cases and reported that some of those infected had died of the virus. This is when it dawned upon me that the coronavirus had found its way to US and I needed to start paying closer attention to the news and the CDC.

Not before long, another case was reported in Rochelle, New York, a town about 90-minute drive north of where I live. Few days later, many cases were reported in New York City and from that moment forward, it appeared we already had a communal spread of the virus. By early March, the situation had changed dramatically. By this time I was worried. If New York City was reporting confirmed cases, then it would soon be in many cities and towns in New Jersey closer to the City. Many people, like me, live in New Jersey, but work in the City.

Soon thereafter, various businesses, including the company I work for started putting measures in place to safeguard their employees' safety. Employees were asked to work from home if they did not perform essential services. That was the beginning of what would become a lockdown. I stopped going to work in the City and started working remotely.

The news from the tri-state area (Connecticut, New Jersey, and New York) was getting bad. The number of infected cases was increasing at an exponential rate and the death rate was climbing at an equally alarming

rate. The governors of the three states instituted a state-wide shutdown mandate from March. Residents were not permitted to leave their homes unless they needed to perform essential services such as working at grocery stores or hospitals. People could only go to buy groceries or pick up medication from the pharmacy. Wearing face masks was mandated whenever in public places. The stay-home mandate was enforced by police by issuing tickets to offenders. New York City, the city that never sleeps, became a ghost city.

As the situation got worse, my concerns were about my sons' safety and how to get them back home safely. All three of my sons were away at school: Cambridge, MA; West Chester, PA; Charlottesville, VA. I first went to pick my youngest son at West Chester. The following day, I drove to Cambridge to pick up the middle son. My oldest son drove himself back home by the end of March from Charlottesville. By this time, the situation in the tri-state area had reached pandemic proportions. New York and New Jersey became the two epicenters of the coronavirus infection and death cases in the US.

It is noteworthy that the pandemic started in the middle of the Spring semester. As schools closed, online learning became the only option to complete the semester. Hence, everyone had to pivot working and learning remotely. This had never been the case before; everyone was glued to computers either working or learning. We had to learn to accommodate each other and respect each other's personal space. Sometimes, lectures and meetings were going on simultaneously. To avoid stepping on each other's activity, accommodation and consideration had to be given to each other.

The most difficult challenge I faced was going to the grocery stores. That is the only place where I encountered many people. At the peak of the infection cases in New Jersey, April, May, and early June, going to the stores was a very daunting task. There was a lot of conflicting information on how the coronavirus can be transmitted to – surfaces, door handles, items on the shelves, close contact with each other, not wearing masks, and many more. This created significant

uncertainty and how one may contract the virus. It was particularly concerning going to the store. One could easily encounter asymptomatic individuals. It is worth noting that in March, April, and May there was a scarcity of general use goods such as toiletry, sanitization, and bottled water – most stores shelves were empty of these items. People hoarded them when they were available. To make the items available to more consumers, stores started placing a limit on the number of essential items that can be bought by a customer at any one time. Price gouging of essential items was reported across the board. On many occasions, I had to go to the stores very early in the morning to buy these items before they disappeared.

To go to the grocery store, I dressed up with an outer jacket, face mask, and gloves. I sanitized my hands before putting on the gloves and continuously used the sanitizer on the way to the store and while at the store. As a precaution, I stayed away from shoppers in the store as best as I could, even more than the 6-foot mandated for the shoppers to practice. Once I left the store, I would take off my gloves and toss them in the trash can. I would then sanitize my hands with the sanitizer. I usually carry sanitized wipes in the car so that I could clean the steering wheel. Once I got back home, we utilized a staging area to first put all the items from the store and wiped them before moving them to either the refrigerator, freezer, or cabinet. I sprayed the underneath of my shoes with disinfectant and placed the outer layer jacket in the staging area. I would then wash my hands. During these periods, I was the only one leaving the house to go get groceries. Thus, I had to take all necessary precautions to ensure I did not get infected.

Notwithstanding all the precautions, each time I came back from the store, I felt I may have exposed myself to the virus. This is because I sometimes felt a strange tingling sensation in my extremities. At the same time, I did not want to create any panic in the house, so I continued to monitor the situation to determine if it would get worse. I regularly took my temperature to determine if I had a fever. Even though I did not exhibit any of the

known symptoms, I was still not certain I had not been exposed to the virus. Back in April and early parts of May, testing was not widely available. People would queue in line for many hours or days to get tested.

As soon as testing became available in my town, I went to get tested on May 20. The protocol at the testing facility was adjusted to the prevailing situation. You could only sign in while inside and thereafter you are asked to stay in your car until a medical professional was ready to see you. Hence, your cars become the waiting area. After I went for testing, the result did not come back until five days later – it was a long five days waiting for an outcome that could make a difference for my family. Meanwhile, I still did not show any symptoms of the coronavirus. Finally, a medical professional from the clinic called and left a message on my phone that my result was negative. I heaved a sigh of relief.

During the first month of lockdown, my town, located about an hour drive southwest of New York City, with a population of about fifty thousand people, was a ghost town. Any time of the day when I would go to run, I would hardly see other runners or walkers on the road. And when I did encounter other walkers or runners, as soon as they saw me, they would quickly move to the other side of the road. A pattern that seemed prevalent during that time. I did the same as well.

By the end of May, New Jersey was second to New York in the number of coronavirus cases and death toll. At the same time, testing facilities were becoming more available and more people could go to get tested. By the middle of June, the lockdown was working and the cases in the tri-state plateaued and were coming down. Hospitalization of new cases and number of reported death cases were on the decline. The three states started seeing a shiny light at the end of the tunnel as cases and the number of deaths continued to plummet.

During the pandemic, I lost two people that were friends to my family. One died in April, within four days after he was hospitalized for coronavirus. The second person died in May with no confirmation of the cause of death but died within six hours of complaining of sickness.

One positive thing that the pandemic brought to my family is having all the family members at home at the same time for a very long period. It was a very joyful experience. We were together and able to do things that we normally do not have the opportunity to do. My older son, my wife, and I became both walking and running partners. Occasionally, we even brought the younger ones along too. Caring for the family was a responsibility that I cherished more than ever before. My primary focus was to feed the family and make sure that staying at home was not boring for anyone. Our kitchen became the busiest area of the house – the kids would visit to grab snacks in between classes and meetings. My wife held the family together by making everyone as comfortable as possible – she prepares food for the family, provides necessary support, and is constantly seeking ways to make the kids happier. She is a gem and without her, we would not be able to pull through the pandemic.

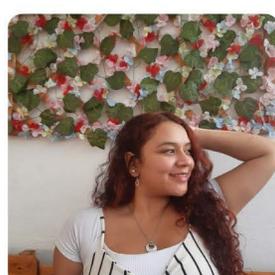
As of writing this piece, on August 7, 2020, COVID-19 rates of infection and death continue to rise in the US, most especially in the Midwest, Pacific West, Southwest, and the South. Some of the personal concerns I enumerated earlier persist. Because we do not have a national strategy to stem the tide of infection, we are in this for the long haul as students prepare to go back to school. No one has any inkling of what will happen in the fall. We can only hope that a safe vaccine will become available before the end of the year. If that happens, we may finally turn the tide against the unseen enemy that is ravaging the US and the world.

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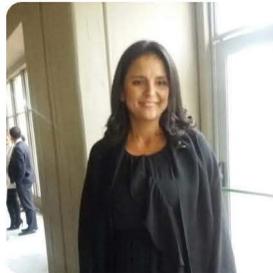
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Una forma distinta de aprender



Profesoras y estudiantes juntos en distintos lugares felices

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