

Resilience in Rhode Island: Cape Verdeans Coping Creatively with the COVID-19 Crisis

ABSTRACT: In this article, we profile the exceptional ways in which Cape Verdeans in Rhode Island implemented relief efforts during the coronavirus pandemic to assist the Cape Verdean population of the state, including many individuals who are undocumented. Paying special attention to specific cultural norms, a team of volunteers assembled and distributed hundreds of hygiene and food packages as well as Cape Verde (CV)–themed face masks. They also produced CV Kriolu oral and written translations of critical information and health guidelines regarding the virus and vaccines. In the second year, the group coordinated with the Rhode Island Department of Health to host community vaccine clinics featuring CV Kriolu interpreters and COVID-19 fact sheets in CV Kriolu. To support their efforts, a new coalition coordinated these projects and raised substantial funds through private donations as well as eight grants. Partnering with foundations, state agencies, and diverse CV groups, the coalition’s efforts have demonstrated that collaboration can make a dramatic difference for immigrant communities of color—even in moments of crisis, and even for immigrant groups with significant internal diversity.

RESUMO: Neste artigo, traçamos o perfil das formas excepcionais como os cabo-verdianos em Rhode Island implementaram esforços de assistência durante a pandemia do coronavírus para ajudar a população de cabo-verdiana de Rhode Island, incluindo muitos imigrantes cabo-verdianos indocumentados. Dando especial atenção às normas culturais de Cabo Verde, uma equipe de voluntários montou e distribuiu centenas de embalagens de higiene e alimentos, além de máscaras alusivas a temas Cabo-verdianos. Eles também produziram traduções orais e escritas em CV Kriolu de informações críticas e diretrizes de saúde relacionadas com o vírus e com a vacina. Mais recentemente, o grupo coordenou com o Departamento de Saúde em Rhode Island para hospedar clínicas de vacinas comunitárias com intérpretes de CV Kriolu e fichas técnicas COVID-19 em CV Kriolu.

Para apoiar seus esforços, uma aliança recém-criada coordenou esses projetos e engariou fundos por meio de doações privadas, bem como oito subsídios. Em parceria com fundações, agências estaduais e diversos grupos de CV, os esforços da Aliança

demonstraram que a colaboração pode fazer uma diferença dramática para comunidades de imigrantes africanos, mesmo em momentos de crise, e até mesmo para grupos de imigrantes com diversidade interna significativa.

Introduction

Barely a few months after a novel coronavirus hijacked the planet in early 2020, US journalists began to document that communities of color were falling sick, suffering, and dying from the devastating virus in disproportionate numbers when compared with Euro-Americans. In many places, death rates remained two to three times higher among Blacks, in particular, relative to whites (Eligon, Burch, Searcey, and Opper 2020; Villarosa 2020b); for Blacks aged forty-five to fifty-four, death rates were seven times higher (Ford, Reber, and Reeves 2020). Scholars have pointed to a variety of troubling factors, mostly tracking with poverty, that produced this disturbing disparity. In this article, we focus on Cape Verdeans of Rhode Island (RI) as one community that has suffered deeply—both medically and in other ways—as a result of the pandemic.¹

Although not all Cape Verdeans identify individually as Black, in US society at large, they tend to be included under the “community of color” rubric—insofar as they are acknowledged at all. That socio-racial association is far from perfect. The very notion of “communities of color,” and the particular groups it includes, is a recent US construction that sits uneasily with the complex socio-racial profiles encompassed by many immigrant groups. Of course, all racial categories are cultural rather than biological, but such cultural constructions create their own sociopolitical, economic, and emotional realities. In the current social landscape, it is fair to say that most Cape Verdeans in the United States are perceived, at least loosely, as belonging to a “community of color.” As such, they joined other groups of color in having suffered disproportionately from COVID-19.

That said, on the nine inhabited islands of the archipelago as well as in the diaspora, Cape Verdeans are a strikingly diverse group. The two factors that mark difference initially are an individual’s island of origin and that island’s distinct dialect and speech style. Beyond these foundational distinctions lies a host of others, including a given family’s ethnic heritage; education level and socio-economic class; religious orientation (Catholic majority vs. Protestant minority, with varying levels of underlying Jewish background); racialized identity (which

operates differently in Cape Verde than in diasporic nations); and, in the diaspora, legal status.²

Given this multilayered diversity, Cape Verdeans in RI offer a unique perspective on the pandemic. They reveal how one strikingly heterogeneous immigrant group, despite that heterogeneity, managed to forge impressive strategies for aiding—and uniting—their multifaceted diasporic community in the face of a medical, economic, and social emergency.

Poverty and racism coproduced this constellation of crises. Over the long months of the pandemic, which coincided with a new national conversation about the continuing effects of racism in American life, many scholars and journalists astutely analyzed the multiple factors conspiring to produce disproportionately high rates of COVID-caused suffering and death among communities of color. Here, we want to underscore two factors that prove especially relevant to Cape Verdeans in RI.

Poverty forces many immigrant families of color to live in crowded quarters, often with three generations cohabiting. Overpacked apartments or houses lack the luxury of extra bedrooms or “guest rooms” in which patients could recuperate safely at home, without infecting family members or housemates, during a pandemic. This housing challenge caused the highly contagious virus to spread easily among many CV families in New England, sometimes infecting eight or more coresident family members.

Poverty also compelled many CV Americans to work during the pandemic, even if underlying medical conditions made them susceptible to grave outcomes if they contracted COVID-19—and even if they tested positive for the virus. To pay their rent or mortgage, car loans, and credit card bills, let alone buy food, hygiene supplies, and other necessities in the modern world, they needed to work. Staying home to avoid medical risk (to themselves or to others) was not a financially viable option in the absence of employer-provided sick leave or other sources of government-funded support.³

The scholars and journalists who have analyzed the sociohistorical foundations of such COVID inequities—inequities documented by public health scientists—have critically highlighted deep-seated, persistent racial injustices in North America.⁴ Bracketed by growing reports of police violence against Black people, socio-medical accounts documenting the racialized impact of COVID-19 have further awakened the nation to the structural nature of racism, whose systemic effects can only be effectively counteracted systematically.

At the same time, accounts of the suffering of communities of color from the pandemic have largely elided the extraordinary resilience that marks some of these communities. In this article, we profile efforts undertaken by a recently formed coalition of Cape Verdean groups in RI to mitigate the effects of the pandemic. Garnering funding from public and private agencies, and actively partnering with local and state organizations, this coalition successfully assisted medically and economically vulnerable Cape Verdeans—both legal residents and those who are categorized as “undocumented.” The group created networks to distribute both food and hygiene supplies as well as scientifically grounded information and advice in a language readily accessible to immigrants not fluent in English. In the face of the disproportionate suffering of Cape Verdeans vis-à-vis the white population of RI, the efforts of this coalition of CV organizations in RI are notable. We argue that these efforts were inspired by particular cultural practices that Cape Verdeans learned in their homeland and carried with them in the diaspora. These include both the Cape Verdean version of African collective work parties, termed *djunta mon*, and the exceptionally high level of remittances that diasporic Cape Verdeans regularly send back to relatives in their homeland. Both of these homeland-oriented practices inspired diasporic relief efforts required by the extraordinary challenges of the pandemic.

By no means do we dismiss the devastating impact of COVID-19 among Cape Verdeans. Rather, that impact serves as a backdrop to our account, which complements accounts that emphasize suffering. We take inspiration from the work of Black photographer Tyler Mitchell, whose recent book of beautiful photographs, *I Can Make You Feel Good* (2020), insists on the political importance of documenting not just pain but also the quotidian joys marking ordinary Black lives. Mitchell’s tactic embraces the broader strategy of advancing what scholars in fields such as education, psychology, and social work refer to as a “strength-based approach” (e.g., Adams and Grieder 2005); in finance and accounting, authors similarly evoke an “asset-based approach” (e.g., Young 2020). We apply this perspective to appreciate the creative and focused solutions that one affected Lusophone community of color has crafted to cope with the pandemic. That theoretical approach echoes a practice, at the ethnographic level, that Cape Verdeans term *djunta mon*—a practice of sharing work burdens among households in times of need. (In a later section of this article, we highlight the role that a model of *djunta mon* has played for Cape Verdeans of Rhode Island coping with the COVID-19 pandemic.)

The challenges that Cape Verdeans face in adapting to life in the United States are not only numerous in quantity and varied in type but also culturally unique. Their singular history includes the fact that they were the first group of Africans to arrive in America as free rather than enslaved people. Their singular geographic profile linked to an archipelago often produces an identification with their island of origin more than with the nation. Lack of efficient transportation linking all the islands compounds the sense of isolation felt in any island community. As Waltraud Coli and Richard Lobban have written (1990, 3), “The difficulties of interisland transportation and communication led to limited contact among the islands, causing each to develop its own cultural and linguistic distinctiveness.” That sense of independence can sometimes transform pride in one’s home island into competition with other islands and, from there, into a sense of superiority over those from other islands. All Cape Verdeans are well aware of these island rivalries, although they often remain unspoken. Indeed, in some contexts, they become virtually taboo to discuss.

Yet, these inter-island tensions cross the Atlantic. When Cape Verdeans move to New England, they frequently make their way to neighborhoods largely inhabited by former residents of their own island, as they recognize each other by name, ancestry, and island origin. There, they may find themselves interacting predominantly with people from their island networks. Institutionalizing this personal tendency, social clubs have sprung up in diasporic CV communities in RI and elsewhere that recruit members from a single island. In this way, micro-communities of former residents of each CV island often replicate some version of life back home. This familiarity reproduces a sense of proximity and safety within communities—one that risked undermining COVID-19 prescriptions of social distance. Conviviality among neighbors is often spontaneous, making social and physical distance harder to maintain.

While that level of familiarity may prove comforting, it can also produce its own adverse dynamic, re-creating inter-island rivalries in a new land. In the US diaspora, acute awareness of island identity has long impeded the development of pan-CV cooperative projects. Instead, philanthropic projects proposed in the diaspora often aim at improving life on only one CV island. In effect, the geographic barrier separating the CV islands—in the form of ocean currents—has become symbolically duplicated in a new land lacking such a maritime feature.⁵

Given these centrifugal tendencies, it is all the more striking that, during the COVID-19 pandemic, a newly formed coalition in RI galvanized volunteers to

serve diasporic Cape Verdeans from multiple islands. The motivation included a desire among CV Americans to finally make themselves visible in a state in which, despite their significant population, they have remained virtually invisible to others. Under COVID-19, that invisibility threatened to have fatal consequences.

Challenges of Representation

“Cape Verde . . . ? Oh, you mean Cape Cod!” Such is the reaction of many perplexed New Englanders on first meeting Cape Verdeans in the United States.

Although CV men began migrating to the United States as early as 1765 with the whaling trade, then centered in Boston and New Bedford (CV women began arriving in 1864), and nowadays maintain a large presence in Boston, one of the nation’s major cities, Cape Verdeans remain a virtually unknown group in the United States outside of their typical ethnic enclaves.⁶ While they occupy many regions across the United States, in 2000, some 87 percent resided in southeastern New England (Halter 2008, 39). A recent demographic study reveals that RI is the state with the largest proportion of CV residents (1.9 percent), followed by Massachusetts (1.1 percent) (Byrnes 2020). Even in this epicenter of the CV diaspora, the group remains largely imperceptible to outsiders.

Ironically, one mark of this invisibility is demographic, insofar as exact population figures for Cape Verdeans in the United States vary wildly. As Jane Spear (2014) has written, “According to the 2010 United States Census, 91,000 people report having Cape Verdean ancestry. However, the actual number is thought to be much higher. The Cape Verdean Embassy, for example, estimates that close to 200,000 people of Cape Verdean descent live in the United States.” In 2007, *New York Times* journalist Jason DeParle (2007) wrote of 265,000 CV Americans, based on an estimate by geographer Jørgen Carling; in 2009, historian Marilyn Halter estimated the population at “several hundred thousand” (Bishop, Halter, and DePina 2009).

These population figures diverge so wildly for a multitude of reasons.⁷ First, since the CV community is not widely recognized in the United States as an ethnic group, virtually no surveys include Cape Verdeans as a category. It is impossible to count accurately those who are unnamed and culturally unrecognized. Some twenty-five years ago, José Figueiredo Ramos (1998) argued that the recognition of “Cape Verdean” as a distinct ethnic category in the United States was overdue. At the same time, those CV Americans whose ancestors disembarked many generations ago may no longer categorize themselves primarily as “Cape Verdean” but instead as “American.”

A third reason for their invisibility concerns race. Given that individual Cape Verdeans recognize a wide variety of ethnic as well as racial backgrounds, they sometimes find it difficult to locate themselves among standard US demographic categories. On surveys, some Cape Verdean-Americans check boxes for “Black” or “African-American”; some check “White” or “Caucasian”; some check “European” or “Euro-American” or “Portuguese”; some check “African”; some check “Mixed”; and some simply check “Other.” As anthropologist Richard Lobban has written (1996), “Capeverdeans compel you to see the hopelessness of placing people into archaic categories of racial taxonomy.” Nevertheless, those “archaic categories” persist in contemporary North America, poorly accommodating Cape Verdeans’ complicated heritages.

A fourth issue is more parochial. As a former colony of Portugal located in the North Atlantic between 283 and 448 miles off the coast of West Africa, the small Lusophone, island nation of Cape Verde itself remains largely unknown in the United States. Few Americans could locate the archipelago on a world map.

Finally, legal complications conceal segments of the diasporic population. An unknown number and proportion of CV immigrants currently reside in the United States without legal standing, mostly from having overstayed short-term visas. Together, all these factors challenge any accurate count of the CV population in RI (and elsewhere). Recursively, the lack of precise demographic statistics further contributes to Cape Verdeans’ invisibility.

In the absence of cultural recognition of their identity in the United States, Cape Verdeans are often misperceived either as African American or—as the premier CV American filmmaker Claire Andrade-Watkins put it in her highly regarded documentary, *Some Funny Kind of Porto Rican?*—as Latinx. This long-standing sociological invisibility has threatened the very well-being of CV Americans. At no time was the risk of their invisibility highlighted so dramatically as in the early days of the COVID-19 pandemic.

Once COVID-19 was publicly identified as a danger in the United States in January 2020, government officials and scientists began proposing a variety of behavioral changes to reduce the spread of infection. Yet the novelty of this coronavirus meant that scientists had much to learn about the new pathogen and its effects on humans. As both scientific understanding of the vectors and the pace of contagion deepened, recommendations for how humans could best stay safe changed. The speed of emerging knowledge produced frequent updates. With new data and safety measures emerging almost daily in the early months of the

pandemic, non-English speakers were easily left in the dark. In New England, the CV community struggled to receive adequate translations of new information. One major reason: the country hardly knows that CV Americans exist. In RI, those government officials who knew of the CV population in the state assumed that Cape Verdeans could understand the Spanish or (more rarely) Portuguese translations of COVID-oriented documents that were starting to be produced. Some Cape Verdeans can read and understand Spanish, but it is far from their mother tongue. Nor is Portuguese fully understood by all Cape Verdeans.

Language

The first language spoken by virtually all Cape Verdeans is CV Kriolu.⁸ With its historical roots in the colonial empire of Portugal, Kriolu vocabulary predominantly derives from Portuguese. However, CV Kriolu also reflects the history of how the previously uninhabited archipelago was first populated, beginning in the fifteenth century: it incorporates words from quite a few mainland West African languages (belonging especially to the Mande and, to a lesser extent, West Atlantic language families) as well as from some other European languages (especially English and French). Moreover, its grammar departs from that of Portuguese in significant ways.⁹ The high number of shared cognates with Portuguese conceals abundant differences, which often combine to confound CV students when they begin schooling in Portuguese.

As a result of this colonial history, Portuguese is the official written language of the modern CV nation and is thus the language of education. However, those who leave high school before graduating—about 44 percent, as of 2013 (Braham 2018, 4)—rarely achieve full fluency in Portuguese. No matter how many years of Portuguese-based schooling they complete, the language in which most Cape Verdeans continue to feel most comfortable, both at home and abroad, is their mother tongue, CV Kriolu.

Of further relevance to the diaspora in New England is the fact that many CV emigrants leave their homeland as infants or children. Depending on the highest grade in school that they completed before leaving Cape Verde, some migrants have little to no competence in Portuguese when they arrive in the United States, where they continue speaking CV Kriolu with family and friends. Thus, during the COVID-19 pandemic, cities with significant CV populations across New England (especially Boston, Brockton, New Bedford, and Pawtucket) housed many CV residents who struggled with language as a barrier to receiving reliable updates.

In March 2020, scientific information about COVID-19 began spreading across multiple platforms in RI, both online and in print. RI's then governor, Gina Raimondo, began holding daily press briefings with up-to-the-minute knowledge and recommendations, accompanied by informative press releases. However, in the early months, neither oral events nor reliable texts were translated into Spanish or Portuguese, let alone CV Kriolu. Highlighting this issue, few Cape Verdeans who tested positive for COVID-19 early on were confident English speakers or readers. Indeed, one of the first challenges that CV leaders in RI noted was not that CV families in RI were intentionally ignoring safety directives recommended by scientists or government officials, but that they literally did not understand those directives.

Many CV families live in three-generation households with variable degrees of English fluency. Adding to linguistic challenges, then, were additional sources of misunderstanding about COVID-19, depending on the medium of communication. While direct channels of reliable communication were not reaching the CV community fast enough, social media—used by virtually everyone in the community—contributed to the dissemination of conflicting and sometimes misguided epidemiological information.

Translating scientific data and expert-recommended health practices regarding COVID-19 into CV Kriolu therefore became a priority early on for leaders in the CV community of RI. To coordinate and consolidate these and other relief efforts, they tapped into the recently created CV Coalition of RI (see below). Leaders ranked the translation of reliable information about COVID-19 into CV Kriolu as one of the group's most urgent goals.

Going Live

After a few meetings, the group's leaders decided to host a live online meeting in which CV medical professionals based in RI would provide information in CV Kriolu, sharing knowledge from their areas of expertise concerning the pandemic. On April 9, 2020, a Facebook Live event was held on the online Zoom platform. Native CV Kriolu speakers included five health professionals,¹⁰ who were joined by a CV community organizer as well as one non-CV doctor with a special interest in the diasporic CV community.¹¹

The six CV presenters all spoke in CV Kriolu; when the one non-CV participant offered comments, another participant (Elizabeth da Moura Moreira) interpreted his remarks into CV Kriolu. Allotting time for questions from the

audience, the panelists invited listeners to seek clear information and advice on topics ranging from safety and preventive measures to medical insurance, unemployment, and food insecurity, as well as the emotional costs of isolation. This two-hour live session was shared on so many websites frequented by Cape Verdeans that it was viewed in real time by more than two thousand community members. Clearly, Cape Verdeans in the North American diaspora welcomed the information they received from trusted experts from their community. For the first time since the pandemic had invaded their lives, the CV community of RI felt “seen.” Moreover, since social media have such a global “ripple effect,” these measures contributed to the dissemination of trusted information across the CV diaspora.

Soon after that presentation, the organizing team received an abundance of positive feedback, encouraging these community leaders to plan a second online event. For the follow-up Facebook Live session (held on April 23, 2020), participants from the first panel were joined by four additional CV professionals.¹²

Although these two livestreams proved welcome, the leaders of the CV Coalition of RI recognized the need to complement these fleeting verbal events with written translations of updated, published texts about the pandemic. In April 2020, representatives of the Coalition had joined BEAT COVID-19!, a newly formed, statewide organization of government agencies, private companies, and community leaders to combat the pandemic in the two cities in RI with the highest COVID-19 infection rates: Central Falls and Pawtucket (see below). When non-CV members of the BEAT COVID-19! team learned how many Cape Verdeans in those two cities neither spoke nor read English (or Spanish) comfortably, they quickly understood one obvious reason for the rapid spread of the coronavirus among this population.

The committee recognized that information, flyers, and government-issued press releases needed to be available in CV Kriolu in order to slow the spread of the disease. One CV member of the BEAT COVID-19! team, Elizabeth da Moura Moreira, sought assistance from CV community leaders in Boston to identify qualified translators. As the BEAT COVID-19! initiative lacked funds for such emergency translations, unpaid volunteers from a number of CV organizations in MA and RI offered their translation services. While few Cape Verdeans have received formal training in translating and interpreting into CV Kriolu, many have received such training for Portuguese, and several were able to apply their skills to translating printed and online information about COVID-19 into CV

Kriolu. Finally, reliable printed information began to reach large numbers of CV families in RI and beyond.

Anyone translating written information into CV Kriolu immediately faces two formidable challenges: which spelling system and which dialect to use. Initially, different translators in the CV Coalition suggested different strategies. Given the inter-island competition referenced earlier, such conversations could well have turned bitter. Indeed, the multiplicity of ways to respond to these questions of spelling and dialect may be one reason that few written Kriolu translations of important government and scientific information have been produced anywhere.

The basic question of spelling looms large. In 2009, the CV government approved a standard orthography for CV Kriolu (based on the International Phonetic Alphabet, or IPA) that a team of linguists developed in 1979 and called ALUPEC.¹³ The fact that it took thirty years for the national government to formally recognize this alphabet hints at its fraught foundations. Moreover, that governmental recognition is, in effect, only a suggestion. Portuguese remains the nation's official language.

Many Cape Verdeans remain unaware of the existence of the ALUPEC spelling system. Among those who know about this alphabet, many reject it, and for diverse reasons. Those who have completed high school in Portuguese and have learned Portuguese orthography often prefer to apply standard Portuguese principles for writing CV Kriolu. By contrast, those who have not completed high school in Portuguese often write Kriolu as they hear or speak it, with multiple spellings for a given word.¹⁴ Regardless of their level of education, quite a few Cape Verdeans simply find the novel spelling of many words incomprehensible.¹⁵

Nevertheless, those who translated information and recommendations about COVID-19 opted early on to (more or less) use the ALUPEC (or AK) writing system. Their rationale was that the alphabet is consistent, was developed thoughtfully by trained linguists, and is conceptually simple. Indeed, despite island-based regionalisms, ALUPEC has gained more acceptance in the United States than in Cape Verde (perhaps due to the hierarchy of diasporas).¹⁶ For these reasons, it made sense that the group opted to use ALUPEC, even if imperfectly. Some Cape Verdeans in RI who do not enjoy reading Kriolu with the ALUPEC writing system complained about this decision, but they made their peace with it.

Alongside the question of orthography looms the equally important question of dialect. The CV archipelago is often divided into two geo-linguistic regions: the Barlavento (i.e., windward) Islands to the north, with five occupied

islands—Santo Antão, São Vicente, São Nicolau, Boa Vista, and Sal—and the Sotavento (i.e., leeward) Islands to the south, with four occupied islands—Santiago, Brava, Fogo, and Maio. Although two basic dialects have been identified that correspond to these two zones (and are named as such), further dialectal variations distinguish each island (Lima 2014).

Speakers of each dialect often perceive their island's speech style to be the "real" Kriolu, adding stereotypes about other dialects. Broad generalizations include the widespread perception that the southern dialects have more West African language foundations while the northern dialects have deeper Portuguese language roots. In turn, these linguistic observations sometimes bring with them broader, two-way claims about racial identity that can often feel hurtful. When it comes to translating written documents, the choice of dialect thus carries implications of wide import. Yet, given the geo-linguistic diversity of the archipelago, no single decision can satisfy everyone. Recognition of this vexing issue has surely contributed to the CV government's reluctance to adopt a single standardized version of the archipelago's first language.

Nevertheless, any written translation inevitably requires a decision about dialect. Quite simply, which dialect should prevail? Regarding coronavirus updates, could all documents be produced in two dialects—one from the windward islands, another from the leeward islands?

Given the emergency of the pandemic, translators working with the Coalition opted for expediency. Doubling all translations into northern and southern versions would require doubling the time necessary to produce them. The real-world misery produced by the coronavirus argued against that labor-intensive option. Instead, translators used the dialect most familiar to them from their home island. As it happened, the three most active translators were most comfortable with the Sotavento dialect from Santiago. Thus, for reasons of efficiency rather than any ideological preference, that island's dialect became the standard for written documents about COVID-19.

In short, when discussions about both the "best" orthography and the "best" dialect to use in translating written materials into CV Kriolu threatened to slow down translation, the translators operated on the principle that, as the saying goes, "the perfect is the enemy of the good." Working with an alphabet and a dialect that, by definition, would not be accepted with equal enthusiasm among all Cape Verdeans—given their allegiances to nine separate dialects—the translators forged ahead with translations that would, at least, be intelligible to Kriolu speakers, if



Fig. 1. A trilingual translation of information about Covid-19 disseminated by the BEAT COVID-19! initiative.

not universally loved. There was widespread recognition that allotting time to correct orthographic inconsistencies or mistakes, producing multiple translations to accommodate dialectical variations, and writing in more than one spelling system were all unaffordable luxuries. The life-and-death urgency of these translations was palpable. While they may never win translation awards for technical consistency, equal comfort across dialects, or literary merit, these translated documents—which were often created (literally) overnight by unpaid volunteers, only some of whom were formally certified translators—may well have saved lives.

Two Coalitions: Ethnic and Geographic

Although it is the smallest state in the United States, RI contains not only the nation’s proportionally largest CV population but also a surprisingly large number of CV organizations. Amazingly, dozens of CV organizations and informal clubs exist in RI, both large and small.¹⁷ How could a pandemic harness the energy of these multiple entities?

The Cape Verdean Coalition of Rhode Island

In April 2018, CV educator Silas Pinto determined to unite the larger groups into an umbrella organization to serve the CV community with greater and more coordinated impact. Deploying multiple skills and networks drawing on his doctorate in psychology from the University of Rhode Island, his teaching at Tufts University in Boston, his running of a martial arts studio, and his chairing of one of the larger CV organizations in RI, Pinto created the Cape Verdean Coalition of Rhode Island. With the onset of the pandemic, it became clear that this newly formed Coalition might demonstrate its efficacy in life-saving ways. The constituent organizations that have partnered most actively in the Coalition have

specific foci, but all share a commitment to strengthening the CV community in RI. As Pinto explained (pers. comm.): “The Coalition is not an organization but a mentality. It’s about coming together to do even greater things.”¹⁸

Once the scope of the pandemic became clear, Coalition members understood how the newly created umbrella structure could prove effective. Given the alarming spread of COVID-19 both locally and globally, a coordinated coalition could undoubtedly achieve faster and more significant progress than any individual association might in reducing the virus’s calamitous effect in the CV community.

In creating the Coalition, the leaders of all the constituent groups had recognized that the centrifugal force of the archipelago nation’s nine inhabited islands continued to be a sociological pressure point in the diaspora. Given that the very point of a coalition is to unite people, the group’s leaders had deliberately sought to transcend the usual insular divisions. The Coalition has intentionally resisted focusing on one island, both in leadership and in outreach, and it has welcomed team members who grew up on multiple islands in the Barlavento and Sotavento chains.

Early in the pandemic, leaders from the seven constituent organizations met; later, additional CV organizations joined the Coalition’s work.¹⁹ The urgent need for help with food, unemployment compensation, and rent had already emerged from conversations with CV families. All these major needs, while palpable,

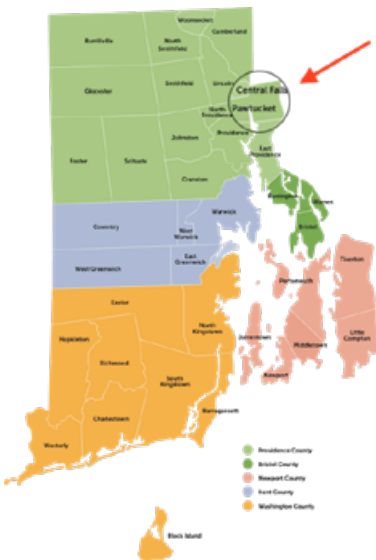


Fig. 2. Map of RI’s main cities, with Central Falls and Pawtucket highlighted. Source: “Resources: Municipal Fact Sheets,” RI Food Policy Council, <https://rifoodcouncil.org/municipal-fact-sheets/>.

felt beyond the capacity of the as-yet-unfunded Coalition to address. However, Coalition leaders also reported the need for hygiene products and personal toiletries. Purchase of these more modest items for families in need seemed a feasible goal. Accordingly, Coalition member Ineida Rocha conceived of an initiative to buy and create “care packages” with essential hygiene items.

Once all Coalition members had approved the initiative, the group began fundraising in order to implement the program as quickly as possible (see below). After receiving donations, volunteers began buying the items most sought by those requesting assistance. Simultaneously, the Coalition joined forces with a multiagency initiative centering on residents of Central Falls and Pawtucket, two peri-urban cities on the northern edge of Providence.

The BEAT COVID-19! Initiative

From the earliest statistical profiles of COVID-19’s ravages, the cities of Central Falls and Pawtucket stood out for having high numbers of positive cases—numbers comparable to those of New York’s heavily infected Bronx. Increasingly nervous about the local spread of the pandemic, city officials from both of these RI cities contacted a strikingly diverse group—including community leaders, medical professionals, National Guard officers, police chiefs, and local business owners—to brainstorm ideas that might have a significant impact in slowing the spread of disease. Together, these leaders created an innovative initiative. For the first several months, the BEAT COVID-19! team met online daily (later, weekly) to establish a plan to disseminate accurate information about the novel coronavirus, including testing, isolation options, and relief sources. For over two years, the initiative helped CV and other minority families in Central Falls and Pawtucket gain access to medical and other essential resources.

Indeed, the initiative became a model of active, sociologically attentive, public-private cooperation. Focusing on immigrant families and others with limited means, dozens of volunteers felt motivated to organize, assemble, and input data to spreadsheets, make initial and follow-up calls to patients, and refer patients to testing sites and other resources.²⁰ At least one representative of the CV Coalition typically joined the Zoom meetings, providing invaluable perspectives to government officials and medical personnel about the pandemic’s lived realities in the two cities. In turn, the BEAT COVID-19! initiative informed the Coalition of new funding sources that could help CV organizations do the ground-level community work of effectively disseminating information and supplies to curtail the pandemic.



Fig. 3. BEAT COVID-19! team meeting on Zoom, December 30, 2020.

Funding

Before state and local funds became available, the Coalition recognized the need to raise funds for urgently needed relief. The group began with appeals for the Hygiene Package Project.

Online Fundraising and Donations

Executive board members of two of the Coalition’s groups (RI Cape Verdean Heritage [RICVH] Subcommittee and Capeverdean American Community Development [CACD]) initiated a fundraising campaign through personal donations. A broader appeal followed for the other Coalition associations. With sufficient funds received, Coalition volunteers began purchasing toiletries and delivering them to families in need.

With the Hygiene Package Project an immediate success, the Coalition recognized the necessity for continued funding to alleviate hardships that would clearly continue for months. Accordingly, in early April 2020, the Coalition promoted the campaign on a larger scale. To attract donations from the general public, the group established a portal on the CACD website (see fig. 4). Importantly, the objective was explained in CV Kriolu. Coalition members shared the web

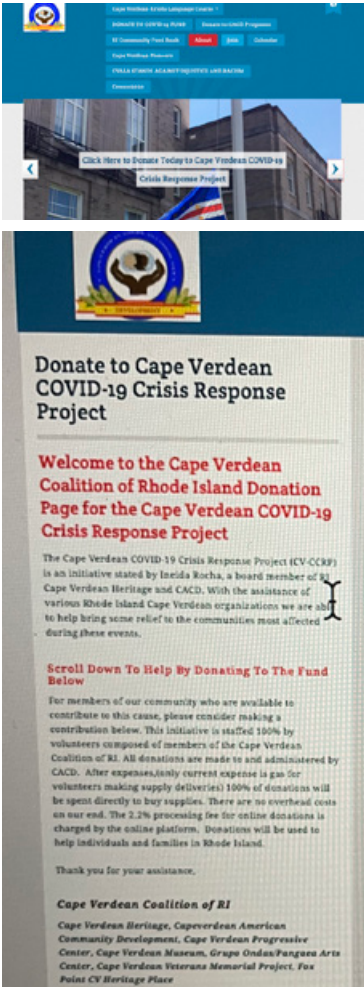


Fig. 4. Donation page on the CACD website.

page widely on several social media platforms (Facebook, Instagram, e-mail blast). We believe that the decision to explain the project in CV Kriolu on the website contributed to the dramatic and rapid success of the fundraising campaign. Within several weeks, the Coalition had raised over \$11,000.²¹ The donations allowed the Coalition to sustain the Hygiene Package Project for some two months.

Despite the generosity of the CV community in supporting this charitable project for the less fortunate among them, the Coalition anticipated that privately donated funds would run out before the need for pandemic-induced help abated. Grant-writing teams decided to seek funding from both public and private sources.²²

Grant Writing

In March 2020, CACD brainstormed ways to access relief funds for CV families seeking assistance from our community center. With the pandemic already taking its grim toll on health, jobs, and family budgets, a variety of COVID-19 relief sources quickly

became available. The first opportunity came from the Rhode Island Foundation, the state’s premier nonprofit grant agency, which announced a fund for COVID relief for which nonprofit organizations might apply. Taking into account the needs of the CV community, as assessed by calls and requested referrals for resources, CACD’s grant committee learned that hunger already loomed large. Later, data collected by the RI Food Bank confirmed these impressions: in 2020, “[r]acial and ethnic disparities played a huge role in food access as 36 percent of Black households and

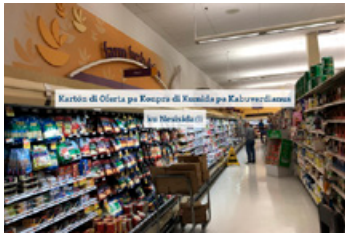


Fig. 5. Screenshot of the CACD website publicizing, in CV Kriolu, one initiative offering supermarket gift cards.



Fig. 6. Application portal on the CACD website, written in CV Kriolu, for \$50 supermarket gift cards.

40 percent of Latinx households were food insecure [in RI] compared to 21 percent of White households” (Rhode Island Food Bank 2021; emphasis in original).

Hearing heart-wrenching stories of hunger firsthand, the CACD grant committee applied for funds to support a Food Gift Card Giveaway. This project would supply COVID-affected CV families with gift cards to local supermarkets in their neighborhoods. The grant especially prioritized undocumented families who, by definition, were legally excluded from government-funded relief programs.

In May 2020, CACD received \$35,000 in funds from the RI Foundation.²³ CACD invited families in need to follow COVID-19 safety measures in entering its community center building to apply for a gift card. The application was short, simple, and written in CV Kriolu. All individuals and families received at least one \$50 food gift card; anyone who was undocumented or for other reasons did not receive government assistance, or whose household contained more than five people, received two gift cards. By June 2020, CACD had distributed 568 gift cards of \$50 each to CV families in RI.

The first set of gift cards could be used at a large supermarket chain with a wide variety of products. After learning that some recipients found the supermarket’s prices too high, project organizers purchased remaining gift cards from two discount supermarkets that offered less product variety but lower prices. Clearly, being able to stretch food dollars was a strong priority for recipients, and the Coalition responded accordingly.

Although the Food Gift Card Giveaway ended, hunger in the CV community did not. Later that spring, CACD sought additional funds to continue aiding CV families under stress. In July 2020, CACD received a Community Development



Fig. 7. CACD–Elisha Project collaboration flyer designed by the Elisha Project marketing team.

Block Grant (CDBG) of \$20,000 from the city of Pawtucket. Originating in the US Department of Housing and Urban Development, these funds came with many federal guidelines. To accommodate complicated bureaucratic strictures, CACD partnered with another local organization, the Elisha Project. A nonprofit organization founded in 2011 by George Ortiz to feed the hungry, the Elisha Project uses repurposed foods donated from vendors, organizations, and companies across the United States to distribute to communities most in need—typically five thousand families each week. Partnering with the Elisha Project, CACD split the CDBG funds into two projects: half supporting

the Coalition’s Hygiene Care Package Project, the other half supporting food packages prepared and offered by the Elisha Project.

On September 20, 2020, CACD and the Elisha Project co-organized a distribution day for two hundred residents of Pawtucket to receive both a hygiene package and a food package. Following appropriate COVID-19 safety precautions, Pawtucket residents drove to the distribution site and waited inside their vehicles, receiving packages in their trunks via contactless delivery.

Although two hundred food and hygiene packages were available for distribution that September day, more than two hundred cars arrived, and many families left empty-handed, despite waiting in the car line for hours. The success of the food and hygiene package projects revealed the urgent need for continuing food distribution.

Thankfully, back in July 2020, CACD had sought additional grant funds from another agency—the Local Initiatives Support Corporation (LISC), the nation’s largest community development support organization, whose local office has operated in RI since 1991. Within LISC, the Health Equity Zone (HEZ) had recently forged a four-year initiative with RIDOH to “reduce health disparities for the residents of Central Falls and Pawtucket.” In July, CACD received \$20,000



Fig. 8. Jacinto Fernandes (from Sabor di Terra) and colleague unloading food boxes for distribution to CV families affected by COVID-19, August 7, 2020. Photo by Alessandra Soares.

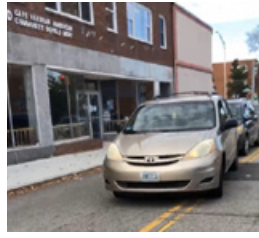


Fig. 9. Cars lined up awaiting distribution of food and hygiene packets in front of the CACD building, Pawtucket, RI.

from LISC to further support the Hygiene Package Project and to add a new Food Package Project.²⁴ With these funds, the CV Coalition was able to distribute an additional 571 hygiene packages and an additional 250 food packages.

In September 2020, RIDOH inaugurated a new funding opportunity: the Crush COVID-19 Mini-Grant program to aid businesses and organizations in promoting COVID-19 safety measures and distributing information (via flyers and posters) and protective items (masks, hand sanitizers). CACD submitted a plan to provide masks to families in Pawtucket and Central Falls through the existing COVID-19 relief projects, targeting local businesses and institutions identified as prime locations frequented by Cape Verdeans in RI. Within a few weeks, CACD had received \$4,900 to fund this new project. Volunteers from the Coalition worked together to produce and distribute the informational flyers and masks.

Of course, the substantial funds received from multiple agencies to support these various projects proved critical. But financial support was not the only requirement for success. Equally critical was attention to the cultural expectations and values of those who would receive the relief products made available through the funds.

Three Major Supply Distribution Projects: Shaping Relief Efforts around Cultural Norms

Inspiration for the Hygiene Package Project came from a CACD and RICVH board member who raised the idea with the CV Coalition.

Hygiene Package Distribution

Early in the pandemic, CV community leader Ineida Rocha was being contacted by CV families in Pawtucket and Central Falls who eagerly sought the hygiene supplies that scientists and government officials promoted as crucial to controlling the virus. Although government assistance for RI families in need increased and food pantries expanded their schedules, essential hygiene items were neither offered at the food pantries nor often available on store shelves due to “panic buying.” Even when spotted in stores, for families experiencing a COVID-19-related loss of income, such items were often out of reach: they were ineligible for purchase with an EBT card provided by the government SNAP and WIC food assistance programs on which many of these families relied.²⁵ (For their part, undocumented families remained ineligible for all such government programs.) To support purchases of essential hygiene products for all of these families, Coalition members created an online chat group to plan fundraising, marketing, purchasing, assembling, and distribution for essential hygiene supplies.

A web page describing the project in CV Kriolu was created on the CACD website and shared on numerous social media platforms. A simple application invited families to select the hygiene items they needed. Paying attention to early requests made to Coalition members, the items initially offered included dish and laundry detergent, infant and adult diapers, wet wipes, shampoo and conditioner, lotion, toothpaste, bar soap, deodorant, razors, and menstrual products. Later, the Coalition added hand soap, hand sanitizer, toilet paper, and bleach, while eliminating razors and feminine hygiene products (due to lack of continued demand).

Coalition leaders and CV community volunteers logged the requests, bought supplies, and packaged them weekly in the CACD building before making contactless deliveries to the homes of requesters. The CV Coalition served an average of forty to eighty families each week with this initiative. Once a strong list of more than five hundred families was established, the Coalition closed the application portal and continued to serve those families on a monthly basis. Each week, forty to eighty of the approximately five hundred families were served in rotation; additional families might call or walk into the CACD offices any time to request a bag.

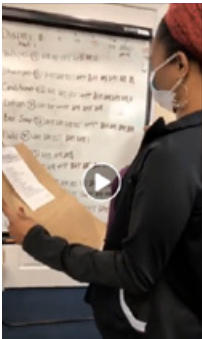


Fig. 10. CV Coalition volunteer Ineida Rocha logging hygiene package contents before distribution.



Fig. 11. Coalition members Ineida Rocha and Rosy Tavares assembling hygiene packets in the CACD building to distribute to CV families in need. Photo by Alessandra Soares.



Fig. 12. Hygiene and toiletry items ready for delivery to CV families affected by COVID-19. Photo by Alessandra Soares.

This system proved fluid and dynamic enough to respond to changing needs and, at the same time, predictable and structured enough to prove a reliable source of relief for more than five hundred (mostly CV) families. Supplying brands and product types familiar to recipients added a further layer of comfort during this stressful time.

Food Package Distribution

Throughout the spring, Coalition members were hearing from many CV families who continued to seek food resources despite the many food pantries and other food programs in RI.²⁶ The reason? CV families had tired of receiving foods that they did not normally eat, could not eat due to dietary or health restrictions, or, in the case of prepackaged foods, did not know how to prepare, not being used to cooking industrially produced foods they found foreign and confusing. Simple foods that were identifiable to the CV community, such as rice, beans, and canned fish, were rarely offered in the food pantries. Families wondered what they could do with prepackaged ravioli, frozen taquitos, or dried bread stuffing.

As anthropologists have long documented, all humans consider food far more than a simple source of calories. Foods also contain social histories, economic foundations, political orientations, and religious and other assumptions shaping values. In effect, all foods originate and live in culinary landscapes shaped by a myriad of social factors that classify some items as edible and others not. Thus, it should come as no surprise that Cape Verdeans declined to accept, cook, and/

or eat certain foods offered to them at no cost. Some packages simply did not fit their culturally shaped definitions of “food.”²⁷

CACD took these concerns seriously and shared them with potential funders. The grant-reviewing team at RIDOH encouraged the conversation, and the CV Coalition created a list of familiar foods that all CV families could recognize (including jasmine rice, canned tuna, dried beans, powdered milk, and tea). RIDOH ultimately awarded CACD an additional \$4,000 in December to buy and distribute more foods that would speak meaningfully to the CV community. With a culturally legible list in place, Coalition members contacted a local CV vendor, Sabor di Terra (“flavors of the homeland”), which sold the group a selection of favorite CV ingredients at a deep discount. This partnership built on community ties and helped a small business, in contrast with large-scale food assistance programs that are often linked to major supermarket chains.²⁸

Socioemotionally, food package recipients appreciated that some items came directly from Cape Verde, with reminders of “home” providing a level of comfort. Financially, the Coalition appreciated buying all these items from a sympathetic CV small-business owner at wholesale prices, allowing grant funds to stretch to accommodate more families. Once the items were purchased, CACD hired youth from Pawtucket to assemble the packages. In the end, CACD distributed 250 boxes filled with CV-friendly foods to CV families with one or more member(s) who had tested positive for COVID-19 and were at risk of going hungry.

Beyond food supplies, the Coalition also prioritized culturally appropriate responses to mask-wearing. Attracting funding to support this priority proved more challenging.

Mask Production and Distribution

The increasing politicization of mask-wearing by the Trump administration was countered by growing pleas by public health experts for everyone to wear masks while outside and, especially, while indoors anywhere other than in one’s home. Resistance to this message nevertheless remained widespread across the United States—including in Central Falls and Pawtucket. Why were Cape Verdeans reluctant to wear masks?

From our observations, few Cape Verdeans rejected mask-wearing for the political or ideological reasons that journalists were reporting for other groups (supporting notions of “individual liberty”). Instead, CV leaders deduced other reasons. One was a simple lack of access. Especially for financially stressed

families, buying masks was perceived as an unaffordable expenditure. Other Cape Verdeans may not have understood the importance of mask-wearing because of insufficient information available in a language they could read.

A further consideration lay in the diasporic experience of new immigrants. Mask-wearing was not being promoted actively in Cape Verde itself. Cape Verdeans in the United States saw images online of unmasked CV attendees at popular parades and political campaigns—and did not see mask-wearing role models from “back home” who might encourage emulation.

Another factor may concern the nature of ethnic community making. Many diasporic Cape Verdeans live in neighborhoods populated in large part by fellow Cape Verdeans. In a new land that often proves inhospitable to immigrants of color not fluent in English, Cape Verdeans have found “sticking together” an essential mechanism for emotional survival. In this context, wearing a mask in the presence of fellow Cape Verdeans may intensify feelings of alienation already present in a sometimes hostile climate. Racially disproportionate policing (“racial profiling”) and inappropriate blame for the COVID-19 pandemic added new anxieties about wearing masks in Black and Asian communities, respectively (Kahn & Money 2021).

Given these challenges, encouraging individuals to wear masks in New England required out-of-the-box thinking. The CV Coalition decided to submit an application for a Crush COVID Mini-Grant from RIDOH and propose a cre-

ative approach. This grant program had access to tens of thousands of industrially made masks distributed by the US Department of Health and Human Services, and the unit had invited proposals from community organizations hoping to distribute these masks in places frequented by members of specific ethnic communities. The CACD leadership suggested a different tactic. Since so few Cape Verdeans had embraced mask-wearing, CACD proposed turning mask-wearing



Fig. 13. Blondina Neves, a CV seamstress and founder of Custom Designs & Styling for Royalty, wearing a mask—featuring the CV flag—that she designed for this project.



Fig. 14. Flyer written in CV Kriolu to promote distribution of the CV flag-themed masks.



Fig. 15. CV man in RI wearing a CV flag-themed mask while preparing boxes of medical supplies and personal protective equipment to send to Cape Verde in collaboration with Project Health CV, a project directed by Elizabeth da Moura Moreira (director of operations at Project Health CV and public health and equity leader for the City of Pawtucket). Photo by Elizabeth da Moura Moreira.

into a way to display pride in one's CV heritage. Tapping into long-standing frustration with invisibility even in the state with the largest proportion of CV residents, wearing a mask that displayed CV identity could become a means of challenging that invisibility: any Cape Verdean wearing such a mask could become, literally, the face of Cape Verde.

With this in mind, Coalition representatives worked with Blondina Neves, a talented CV seamstress based in RI, to consider several designs that would readily represent Cape Verdean identity. In the end, the CACD leadership chose masks featuring the CV flag. Accordingly, CACD applied for state funding to support large-scale production of hand-sewn masks featuring the colorful CV flag, easily recognized from afar by any Cape Verdean.

Given that RIDOH already had access to large quantities of industrially produced masks at no cost, the government grant committee initially discouraged such a proposal. Nevertheless, the committee

invited our submission and, in September 2020, awarded CACD \$4,975 to support this custom-designed mask production. By the end of the project, CACD had distributed 800 hand-sewn masks sporting the CV flag, complemented by 1,950 generic, industrially produced masks donated by RIDOH.

Among the five grants received to curtail the pandemic, we consider this grant as having the most symbolic weight. Wearing these masks, Cape Verdeans in New England simultaneously announced that they understood the science behind mask-wearing to reduce the spread of the coronavirus; felt emotionally comfortable participating in a public health campaign to promote safety in their adopted homeland; and publicly declared pride in their CV heritage. We judged RIDOH's welcome decision to fund this initiative to have positive implications for other

ethnic minority communities in RI, too, beyond Cape Verdeans. Indeed, we envisioned it becoming a model in other COVID-affected states with significant minority populations reluctant to don masks.

An African Model of Mutual Aid

In actively partnering with both private foundations and state agencies, the CV Coalition of RI demonstrated that coordinating efforts made a difference for communities of color in moments of crisis. This coordination did not come without its challenges. As discussed, the inter-island rivalries among Cape Verde's scattered Atlantic islands have tended to emerge in diasporic spaces as well. The Coalition began with a goal of avoiding reproducing insular fragmentation. Like the leadership team of the CV Coalition, recipients of aid offered by the Coalition hail from across the CV archipelago. At the same time, volunteers distributing supplies often did not know a recipient's island of origin, further underscoring the extent to which island identities have been downplayed in this project.

What might account for the successful structures of coordination we have highlighted here that offered significant solace for Cape Verdeans in RI during the devastating pandemic?

***Djunta Mon*—“Join Hands”**

The collaborative efforts we have profiled in the foregoing pages have counterparts in rural practices in Africa. We suggest that village-based practices from historical homelands may well have served as deep historical roots, implicitly providing meaningful models from which contemporary Cape Verdeans have drawn in forging urban public-health projects across the Atlantic.

In many sections of rural Africa, anthropologists have long documented forms of collective labor—sometimes dubbed “work parties” in English. Traditionally, these efforts mobilize large numbers of individuals to work collectively on a single project. Among the Beng people of Côte d'Ivoire, for example, each village chief directs all villagers annually to sweep and weed paths throughout the village as well as paths leading from the village into sections of the forest where farmers cultivate their crops. Weeding plants to keep paths flat and clear eliminates cover for snakes, scorpions, millipedes, and other dangerous wildlife.²⁹ Among the linguistically related Bamana people of Mali, individual farmers may mobilize collective labor for their own fields by offering copious amounts of food and drink to seventy-five or more able-bodied men on a given day (Wooten 1997).³⁰

Traditional social institutions such as these collective rural work efforts may well have served as models for the first generations of Africans who were brought by force from the mainland to the previously uninhabited islands of Cape Verde. On the archipelago, a practice known as *djunta mon*—“join hands”—developed as a model for collective farm labor on shared tasks. The practice still exists as “a loosely organized mechanism to distribute labor during peak periods of the growing season” (Weeks 2012, 7). It has also been adapted to CV women’s house-building work (Burgo 1997), and one scholar has suggested its relevance to cooperative musical practices in the Cape Verdean dance, *batuku* (Lopes 2020).

In recent years, researchers have noted that such rural social formations for work projects in Africa—along with the basic value underlying them, which prizes collective labor—have sometimes found their way to urban settings. For example, Thomas Kimeli Cheruiyot and Patrick Onsando (2016) note that in Kenya, this model (where it is known as *harambee*) may undergird local efforts encouraging corporate social responsibility concerning business dealings in urban Kenya.³¹ Closer to our case study, cultural anthropologist Samuel Weeks has argued that in Portugal, the rural CV institution of *djunta mon* has been transposed to a major European metropolis. In Lisbon, he notes, “Cape Verdean immigrants . . . have adapted the mutual-help practices of rural Cape Verde to a new, transnational context” (Weeks 2012, n.p.).³²

Although Weeks does not focus on the question of whether the Lisbon self-help associations replicate specific island networks, he writes that the mutual-help groups to which a given individual belongs typically feature “a combination of ties initially made in the islands with others formed on the Lisbon periphery,” with “island of origin [and] . . . Kriolu dialect” often determining the constitution of these associations (15). Similarly, Weeks notes that participation in the related CV version of “rotating credit associations” (*totokaxa*) in Lisbon is frequently constituted by “people with strong communal ties based on kinship or common identification with a place of cohabitation or island of origin” (59). In other words, one’s island of origin remains a powerful force in CV migrants’ self-help networks in Lisbon.

Following Weeks, we suggest that *djunta mon* serves as a model for the sorts of mutual-aid mobilizations we have seen operating among Cape Verdeans coping with the current pandemic in RI. However, the transposition is not isomorphic: rural cooperative efforts confined to small villages on a single island are hardly identical to diasporic urban efforts linking individuals from multiple islands.

Indeed, in RI more than in Lisbon, efforts to transcend island identities came to the forefront in the recent COVID-19 Coalition efforts. In that sense, *djunta mon* not only crossed the Atlantic but expanded in scope, as its efforts intentionally transcended not only household projects but also island divisions—aiming, instead, to support the CV diasporic community as a whole.

Indeed, in New England, the CV Coalition rejected an “island mentality” in favor of an archipelago-wide model for cooperation. Despite this sociological innovation, we suggest that the traditional practice of *djunta mon* has, nevertheless, provided a historical foundation to valuing shared work efforts. With historical roots in the structure of collective rural work in the islands, the CV Coalition of RI may be living out a proverb noted a century ago for the CV island of Fogo: “One is like none” (Parsons 1923, 195).³³ In RI, that basic principle—highlighting the key value of collaborative labor—now transcends island identity.³⁴

Remittances to the Islands and Back Again

In recent years, the nation of Cape Verde has extricated itself from the highest levels of poverty and its associated forms of extreme human suffering.³⁵ Nevertheless, Cape Verde is still a country engaged in developing its potential and improving the quality of life for most of its citizens, and much economic development on the islands is funded by remittances from the diaspora. According to the US Central Intelligence Agency, “Cape Verde annually runs a high trade deficit financed by foreign aid and remittances from its large pool of emigrants; remittances as a share of GDP [gross domestic product] are one of the highest in Sub-Saharan Africa” (United States, Central Intelligence Agency 2020). World Bank economists have estimated that in 2020, remittances constituted 12 percent of Cape Verde’s GDP—the fourth-largest share among sub-Saharan African nations (Ratha et al. 2020). Beyond financial transfers, many Cape Verdeans abroad regularly send clothes, household supplies, toiletries, food, and other items, packed in large metal or plastic barrels (called either *tambor* or *bidon*), back to family members on the islands. Broadly, one might argue that these remittances represent part of a commitment to *djunta mon* as a model of “giving back” to the community—albeit a community of memory located in a place that is distant in both time and space, while remaining close at heart.³⁶

We suggest that these remittance commitments signal the extent to which diasporic Cape Verdeans have felt motivated to retain active connections with their homeland in ways that encompass both emotional and financial ties. In New England, we

propose, the CV Coalition has drawn on the model of sending trans-Atlantic remittances to the home country, returning that model back to the United States. While they have expanded to welcome inter-island cooperation, the effective ethnic aid networks we have described in this article, loosely modeled on a form of rural collective labor common in the homeland, may evoke for diasporic Cape Verdeans a sense of the quintessential feeling of *morabeza*. Referring to the expectation of offering a high level of hospitality to guests, *morabeza* encapsulates a deep-seated CV value that remains salient in the diaspora.³⁷ In fact, before the pandemic swept the planet, one of the key organizations involved in the COVID-19 efforts described here, CACD, named its occasional newsletter, *Morabeza*. Yet, if the new, US-based variety of *djunta mon* evokes the feeling of home as embodied in the quintessential CV concept of *morabeza*, it also embodies a significant innovation in both institutions with its insistence on cooperation irrespective of one's island of origin.

Concluding Thoughts

Early in the pandemic, officials at state agencies in RI expressed frustration over their efforts to contact some ethnic minority communities and persuade them to follow scientific guidelines for reducing the spread of the coronavirus. These officials lumped together all these groups as “hard to reach.” Prime among them was the CV community.

The term “hard to reach” implies a community that is geographically remote and inaccessible in other (less tangible) ways as well. Yet, as we have argued in this article, Cape Verdeans of RI are, indeed, “reachable,” when approached in terms that make sense to them. It simply requires sociologically informed and collaborative efforts.

In the first instance, clear communication literally entails a language that is intelligible. During the COVID-19 crisis, once adequate translations into CV Kriolu were made available (both orally and in writing), more metaphorical translations became possible. “Meeting Cape Verdeans where they are”—an anthropologically founded perspective ideally adopted for any public policy effort—inspired the CV Coalition of RI to prioritize offering supplies that made sense to CV migrants living in the state. For families in severe financial distress, these included basic hygiene supplies, indispensable in a pandemic spread by a highly contagious virus, and foods that embodied the sensory qualities of longed-for meals. For all families (not just those needing financial assistance), the relief efforts also included commissioning the production of protective masks that

depicted the CV flag as a means of displaying pride in CV heritage, worn in a foreign land not always welcoming to immigrants.

Taking these concerns seriously requires resources. Any state agency committed to respecting its multiple minority communities can only hope to be effective if it commits funding to support outreach efforts. Dare we suggest that a line item for translation—linguistic as well as cultural—should be included in all state budgets? Beyond such direct funding, promoting social justice also requires actively recruiting Cape Verdean (and other immigrant) candidates for staffing positions in all relevant state agencies—from political offices and schools to health, social service, and other agencies.

Among Cape Verdeans themselves, forging the various COVID relief efforts outlined here required transcending multiple barriers, both external and internal. Perhaps the most unexpected barrier derived from afar—the geography of Cape Verde itself, an archipelago whose nine inhabited islands tend to reproduce insular distinctions among diasporic communities. In the face of a lethal pandemic, Cape Verdeans of RI forged a new sense of shared identity that transcended their island particularities. Whether that sense of national identity remains strong after the bitter memories of the pandemic have fully receded is a story yet to be told. But for now, we signal broader lessons applicable to heterogeneous ethnic enclaves elsewhere.

As a community of color suffering disproportionately from the effects of the novel coronavirus, Cape Verdeans in RI crafted viable self-help strategies by partnering both with public and private agencies poised to offer help, and with one another. Their resilience has special historical roots and significance. Cape Verde's unique history, as a society created *de novo* on previously uninhabited islands, reminds us (perhaps more dramatically than most places) that identity is, above all, a social construction. As a CV American scholar, Lelia Lomba de Andrade, once wrote of racial issues on the archipelago (1997): "The most important lesson that the Cape Verdean experience can teach about race is that this powerful and destructive concept is not necessarily a fixed and factual human dimension that can not be challenged. It is rooted in a social and cultural reality that we create every day in our interaction with each other." For CV Americans, that lesson expands beyond race. During a global health crisis, re-visioning ethnic identity to transcend island distinctions and forge a new sense of community via a coalition is one way that Cape Verdeans in RI demonstrated the life-and-death value of resilience at multiple levels—conceptual, emotional, linguistic, sociological, and, yes, racial.

Update, November 2023

Since completing this article, we have observed many changes in the lives of Cape Verdeans in Rhode Island. We acknowledge the economically devastating and personally tragic effects of the pandemic on some CV families. At the same time, we are heartened that the pandemic actually produced some positive changes. We believe that the multiple grant proposals that CV organizations submitted to both governmental and private agencies in the state have contributed to some of these welcome changes. They include:

- RIDOH and some other agencies and private organizations are now making noticeable efforts to recognize Cape Verdeans as a culturally distinctive community in the state, rather than subsuming them as part of broader heterogeneous groups, whether Latinx, Black, or Portuguese.
- More specifically, the assumption that all Cape Verdeans in RI speak and read Portuguese (or, even less accurately, Spanish) has now been acknowledged by key government agencies as unfounded. Efforts to approach members of the CV community with intention, using the CV Kriolu language, are increasing significantly by RIDOH and other state agencies. The mayor of the city of Providence now meets online monthly with a group of Cape Verdeans—convened during the pandemic as the Cape Verdean Ambassadors Group—to discuss mutually relevant issues, challenges, and opportunities.
- Clear and useful information about health is now being offered at many CV community events and gatherings.
- The first CV American health liaison, Elizabeth da Moura Moreira, was recently hired to work full-time for the city of Pawtucket to address health equity issues in the RI city that houses the largest number of Cape Verdeans.
- A CV surgeon affiliated with the Brown University Medical School and School of Public Health, Dr. Carla Moreira, had a significant impact on promoting health equity among Cape Verdeans through her energetic advocacy efforts. Thanks to her clear communication in the CV language during the pandemic, many Cape Verdeans embraced mask-wearing, vaccines, and social distancing at public events, at social gatherings, and in other community spaces.
- Despite the triple challenges of poverty, structural racism, and xenophobia, many Cape Verdeans in RI feel proud of their resilience in surviving the pandemic. For its part, as a community center, CACD learned the importance

of advocating firmly, strategically, and publicly for Cape Verdeans' interests. Following CACD's multiple grant proposals and relief projects, many new doors have opened with new ideas and opportunities, encouraging Cape Verdeans to feel even more comfortable emerging from ethnic shadows and making their voices heard.

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The above individuals and many more have contributed enormously to this project and to our thinking about it. Nevertheless, we alone bear full responsibility for the analysis offered herein.

NOTES

1. The government of Cabo Verde urges all Anglophone speakers and writers to use the Portuguese terms (“Cabo Verde,” “Cabo Verdeano/a”). However, in this article we use the English terms (“Cape Verde/an”) to reflect common usage among Cape Verdeans of RI.

2. Nuanced discussions of racialized identity among Cape Verdeans on and off the islands include Fikes 2007, Gibau 2005, Halter 1993, Meintel 1978, and Pilgrim 2015.

3. US federal law lacks any requirement for employers to pay workers to remain at home while sick (US Department of Labor n.d.). In RI, state law does require some employers to offer some workers five days of paid sick leave—far fewer days than the ten- to fourteen-day quarantine period recommended for COVID-19 patients. Moreover, RI businesses with fewer than eighteen employees must only offer unpaid sick leave. Part-time workers, self-employed workers, and those who work in the “gig” or informal economy almost never enjoy paid sick days (Rhode Island Department of Labor and Training n.d.).

4. Illuminating discussions of these disturbing socio-medical correlations include American Psychological Association 2012; Chapman, Kaatz, and Carnes 2013; DeWitte 2020; Eligon and Burch 2020; Maxwell 2020; Shonkoff 2012; Thames et al. 2019; and Villarosa 2020a.

5. On island mentalities among Cape Verdean women in Lisbon, see Lam 2021; for a provocative essay on the tone of contemporary island life in general, as shaped in response to global tourism, see Baldacchino 2012.

6. Historical accounts of CV migration to the United States include Coli and Lobban 1990, Halter 1993, and Meintel 2002.

7. For an expanded and still relevant discussion of these issues, see Carling 1997.

8. Also spelt “Crioulo,” the language is sometimes referred to more simply as “Capeverdean.” Some linguists prefer the latter term for technical reasons concerning the nature and development of creole languages (e.g., Pratas 2019). Other Cape Verdean scholars reject any version of the term “Creole” because of its racist roots in colonial history. A further reason to refer to the language of CV Americans as Capeverdean (rather than Kriolu) is to avoid confusion with Haitian Creole; in southeastern New England, especially in and around Boston, a large number of Haitians speak the French-based Creole as their first language. While recognizing all these points, we use the term “Kriolu” here because it is how the vast majority of Cape Verdeans refer to their native language.

9. For illuminating discussions of Portuguese and African language influences in CV Kriolu, see, respectively, Rodrigues 2016 and Quint 2012.

10. These were Ana Novais, the deputy director of RIDOH; Dr. João Tavares, an infectious disease specialist; Dr. Carla Moreira, a vascular surgeon; Elizabeth da Moura Moreira, then director of operations of a Boston-based charitable organization dedicated to improving the health of residents of CV, Project Health CV; and Maria Fatima Barros, a registered nurse.

11. These were, respectively, Rosy Tavares and Dr. Michael Fine, a family medicine physician who previously served as director of RIDOH.

12. The additional CV participants were Lidia Gomes and Regina Monteiro, two nurses; Dr. Mariza Goncalves Lopes, a licensed clinical therapist; and Nancy de Macedo, a community leader from Brockton, MA; they were joined by Tatiana Vicente, a (non-CV) registered nurse working with COVID-19 patients in Boston.

13. Decree-Law No. 8/2009. ALUPEC stands for *Alfabeto Unificado para a Escrita do Caboverdiano*, or Unified Alphabet for Cape Verdean Writing. This orthography is now called simply AK (*Alfabetu Kabuverdianu*) by some. In theory, each character in an IPA-based alphabet represents only one phoneme, and each phoneme is represented by only one character, although ALUPEC contains a few exceptions to this ideal. On the IPA in general, see the International Phonetic Association website, <https://www.international-phoneticassociation.org/>.

14. For a thoughtful discussion of ALUPEC usage in the context of the New England diaspora, see Pratas 2019. For a related discussion of ethical considerations involved in presenting a first dictionary of the West African language of Beng using the International Phonetic Alphabet, see Gottlieb and Murphy 1997, 151–55.

15. Frequent complaints concern the absence of the letter *ç* in ALUPEC—with *k* used for a hard *ç* sound and *s* used for a soft *ç* sound—and the use of *x* for the “tch” sound. An entire paper could be written on the CV disgust with *k*!

16. In the US diaspora, ALUPEC has been taught in bilingual schools in Boston and at several universities in New England, including Harvard University, University of Massachusetts at Dartmouth, and Bridgewater State University.

17. For a discussion of the numerous CV associations that proliferated in RI through the twentieth century, see Coli and Lobban 1990. Some cut across island affiliations through religious, gender, age, or political affiliations, but many have explicitly or implicitly attracted fellow islanders (or even fellow hometown villagers).

18. As of this writing, the seven large organizations that constitute the Cape Verdean Coalition of Rhode Island are the Rhode Island Cape Verdean Heritage Sub-Committee, Cape-verdean American Community Development, Cape Verdean Progressive Center, Grupo Ondas/Pangea Art Center, Cape Verdean Museum, Cape Verdean Memorial Project, and Fox Point Cape Verdean Heritage Place.

19. For example, staff from Project Health CV, which had previously focused on providing medical resources and services for CV island communities, contributed Kriolu translations and distributed information and masks.

20. For additional background on how the BEAT COVID-19! initiative was formed and has operated, see Nilsson 2020.

21. The site raised more than \$12,500 in donations.

22. In this article, we focus on grant activities undertaken by the grant-writing team from CACD, with whose proposals the authors have been directly involved. Several other CV organizations both within and outside the CV Coalition (including RICVH and Project Health CV) also applied for, and received, grants to cope with the effects of the pandemic in the CV population of RI; although we do not detail those grants here, we signal their importance.

23. The Foundation funded this project from \$4 million received from the Nonprofit Support Fund portion of \$1.25 billion received by the state of RI through the federal CARES Act for COVID-19 Relief (Milkovits 2020).

24. For further discussion of the history, goals, and activities of these two worthy organizations, see the RI website for LISC (<https://www.lisc.org/rhode-island/>) and the associated page for the HEZ (<https://www.lisc.org/rhode-island/our-work/health/pawtucket-central-falls-health-equity-zone/>).

25. Electronic Benefits Transfer (EBT) cards are used in stores to buy food with funds supplied by federal food assistance programs (e.g., the Supplemental Nutritional Assistance Program, or SNAP, and the Women, Infants and Children program, or WIC). The cards resemble bank debit cards and were introduced to avoid the stigma some welfare recipients felt when paying for food with “food stamps,” which were more readily identifiable. For basic information about these programs, see the US government’s “Food Assistance” web page (<https://www.usa.gov/food-help>) and the USDA Food and Nutrition Service’s “What Can SNAP Buy?” page (<https://www.fns.usda.gov/snap/eligible-food-items>).

26. For a user-friendly list and map of food pantries in RI, see the Rhode Island Food Bank’s “Find Food” page (<https://rifoodbank.org/find-food/>).

27. An early articulation of this perspective was offered by the British anthropologist Mary Douglas (1972). Since then, the anthropology of food has burgeoned. Journals include *Anthropology of Food*, *Food, Culture & Society*, and *Food and Foodways*. For a discussion of the importance of traditional CV foods circulating as care packages across Europe, see de Oliveira 2018.

28. According to research conducted for the Washington, DC-based Center on Budget and Policy Priorities, “over 80 percent of SNAP benefits are used at larger stores, including superstores (like Walmart, Target, and Costco) and supermarkets (like Food Lion and Safeway)” (Bolen and Wolkomir 2020). In 2014, Walmart alone accounted for some 18 percent of all food stamp revenues (Clark 2014).

29. Unpublished field notes (Alma Gottlieb).

30. For another discussion of collective farmwork projects in southern Africa, see Kuckertz 1985.

31. Independence leader Jomo Kenyatta introduced “Harambee” as the motto for the new nation of Kenya. The word’s disputed etymology may include derivation from *halumbe*, a term from the local Mijikenda language meaning “to pull or push together,” and/or from

a reference to Hara, the divine power of the Hindu god, and Amba, the Hindu goddess of strength (as invoked by Indian workers building the Uganda Railway) (Musau 2020).

32. For a discussion of CV men's *djunta mon* efforts in house building in a CV neighborhood in Lisbon, see Sampaio 2013 (cited in Lam 2021).

33. CV Kriolu/Portuguese: "Um é sima ninhum" (translation by Alma Gottlieb).

34. Sociologist Redy Wilson Lima (2020) has recently noted a contemporary version of a self-help association uniting urban youth (*djunta mon transcomunitário*) in Cape Verde's capital city, Praia.

35. In 2007, Cape Verde exited the United Nations list of "least developed countries." Currently, the Human Development Index, which ranks all countries on a scale of 0-1 by measuring life expectancy, education, and *per capita* income, lists Cabo Verde at 0.651 (United Nations Development Programme n.d.). That number puts Cabo Verde among the group of countries categorized as "medium human development"—the second of four ranked options. But its rank of 0.651 also puts it at 126th among the 189 countries listed.

36. For a discussion of the two-way social foundations of remittances from diasporic Cape Verdeans, see Åkesson 2011.

37. For a recent critique of the concept of *morabeza* as rooted in a racist and colonialist fantasy concerning Cape Verde, however, see Redy and Robalo 2019.

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