The City of Angels/COVID California's Center-Stage County

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Los Angeles

*The City of Angels/COVID California’s Center-Stage County*

– Olivia N. R. Leyva

June, 2020

I remember reading a comment in early June about how residents of Los Angeles were behaving as though we had all simply grown bored with the coronavirus that we collectively decided to start act like it no longer existed. This theory seemed plausible, when on every street families could be seen walking around without face masks and young adults were suddenly socializing again in close physical proximity to others who clearly were not members of their households. Bars, beaches, and gyms began to reopen as Southern Californians seemed eager above all else to “get back to normal.” On June 24, however, with more than 88,500 residents diagnosed, Los Angeles officially become the county with the highest number of confirmed COVID-19 cases in the United States (Gutman et al, 2020). Furthermore, as of June 22, the U.S. itself was currently registering the highest number of deaths from COVID-19, despite accounting for only 4% of the world’s population (Eiflein, 2020).
As the largest state in the U.S. with a population of over 40 million people and the *world’s* 5th largest economy, it is important to note how California and its leaders have been responding to the recent pandemic. Our state’s governor, Gavin Newsom, reported during his June 25th news conference that COVID-19 hospitalizations had jumped 32% in the last two weeks alone (Newsom, 2020). He urged Californians to wear face masks and practice social distancing, but interestingly did not reinstate the initial restrictions of his March executive “stay-at-home” order, nor roll back the state’s current scheduled re-openings. Newsom said at the conference, “I cannot impress upon people more the importance at this critical juncture, when we are experiencing an increase in cases that we have not experienced in the past, to take seriously this moment” (Luna, 2020).

For now, it seems, we find ourselves pushed forward by a desire to resume our lives as authorized by our government to start doing so, yet simultaneously pulled back by the impact of the newest data and by the fear of what may happen if our advancement is not properly measured.

**The Warning Signs**

My husband Nick and I live in Pasadena, a city in Los Angeles County about 20 minutes northeast of downtown L.A. I work as a realtor in the City of Los Angeles, and Nick as a CAL FIRE firefighter-paramedic. Of course, he and I had been keeping up with the news of the novel coronavirus as it spread aggressively throughout China and then carved its tragic path through Italy. However, even when Governor Newsom officially declared a state of emergency on March 4, the virus still somehow felt distant to many of us.

Reflecting on it now, I think this may have been indicative of the main message that we Americans were consistently getting straight from the top; President Donald Trump, in a well-documented series of comments, kept most of his early discussion about the coronavirus within the general spirit of this partial tweet: “The Coronavirus is very much under control in the USA.” In fact, he repeated those exact words on several other occasions throughout January and February.

Funnily enough, the very first thing that I distinctly remember making the coronavirus start feeling closer to home for me was...toilet paper. Shortly after, the Southern California real estate market began to plummet. I suddenly started noticing dramatically bare grocery store shelves that had been ransacked by panicked shoppers. Southern Californians were starting to get scared — and that fear was palpable.

Nine days after Governor Newsom had already done so for our state, President Trump declared a national emergency in what many viewed as a notable shift in tone (FEMA, 2020). The gravity of the situation only intensified for us personally, when Nick ran his first 911 call on a suspected COVID-19 patient.

**The Day the Old Ways Died**

March 19 stood out as the first day of the “new normal” in Southern California. It was on that day that Governor Newsom issued Executive Order N-33-20 — a stay-at-home order for the entire state of California which is still in effect today (albeit in a new “phase”). The order mandated all residents to immediately heed the directives of the state’s Department of Public Health in order “to protect public health and safety, and ensure that the healthcare
delivery system [was] capable of serving all, and prioritizing those at the highest risk and vulnerability” (Newsom, 2020). We were told to stay in our homes except to obtain necessities such as food, prescriptions, and health care. When anyone had to leave, the order specifically instructed us to practice “social distancing.”

The stay-at-home order also highlighted the federal government’s identification of 16 critical infrastructure sectors. A linked website page in the order provided a complexly laid-out list of “essential” jobs: jobs considered absolutely necessary for people to keep working while the country was on lockdown. Nick’s job was considered essential. Mine was not.

On the evening of March 19, clients called me to cancel a real estate closing. They were afraid of how difficult the stay-at-home order would make the closing process (the County Recorder’s Office building had already been shut down, for instance) and how difficult the order would make their move (could they even hire movers during this time?). Furthermore, the U.S. economy was tanksing, and they had no idea what would become of the stock market – as well as the outlook for at least one of their jobs. I saw this as a bleak forecast of real estate market viability – and of the general California workforce and economy – to come.

**Testing, Testing 1 2 3...**

Both the cities of Los Angeles and Pasadena released their own versions of a stay-at-home order. I stayed home while Nick went to work as usual, only now he was dealing with multiple COVID-related 911 calls a day. On March 23, he transported his first patient to die from the virus.

It was during this time of heightened fear that I began to feel ill and experienced high fevers for about three weeks. My doctors told me to assume that I had COVID-19 and ordered me to self-quarantine for two weeks. These initial weeks of lockdown were an incredibly lonely time for everybody, but especially those who were sick and quarantined, those who discovered that their loved ones had perished in hospitals and nursing homes without the ability to connect one last time, and those who simply lived alone. One became acutely aware of how important human touch and physical interaction really were.

Despite my symptoms, my doctors did not offer me coronavirus testing. As far as I knew at the time, there were a couple of testing facilities in Los Angeles County, but there were hurdles pertaining to who was actually allowed to get tested. Some places, I was told, would only test symptomatic patients who lived within a very close radius of the testing facility. Others were apparently only testing symptomatic members of the “at-risk” population specifically, such as the elderly or those with compromised immune systems.

Even my husband’s fire department had strict rules about which employees would receive tests. There was one period of time when they would only test firefighters who were themselves symptomatic and whose face-to-face patients had not only tested positive for the virus, but whose complaints warranted hospitalization. The obvious issues with such a policy were that 1) the vast majority of patients with COVID-19 symptoms were being instructed to stay at home under self-quarantine rather than go to the hospital (where they might infect others); 2) testing was being done so infrequently that many of the symptomatic 911 callers in Nick’s community never even received an official test in the first place; and 3)
the virus was known to be present in completely a-symptomatic patients for days, or longer. Nick never received a test.

It was shortly after my symptoms starting disappearing that Los Angeles greatly expanded its testing capabilities. I had to wait a week for the first opening, however, and by then my symptoms had resolved. I tested negative. Since then, testing capabilities have greatly improved both in Los Angeles and throughout the nation, better revealing the harsh impact of this pandemic, and giving Los Angeles County and the nation the dubious roles of being the world’s current COVID-19 new case and recorded death epicenters.

**Coming Back to Life**

Feeling better, I started to notice certain things in L.A. doing the same. It appeared that others were returning to work with some adopting a new service-at-home strategy. Business owners had taken a financial toll, particularly in a city where so many people hold hourly jobs or work in restaurants, in nightlife venues, and within the entertainment industry.

I’ve been showing homes again – in-person (the government changed my job to “essential”). There are strict new rules in place, however, including extensive COVID-19 disclosures that must be signed by every single visitor to every single property. We all wear masks, and my work tote is now full of hand sanitizer and disposable nitrile gloves for my clients.

As people were beginning to shed their precautionary behavior, Governor Newsom reemerged in his official capacity on June 18, and made masks mandatory for all Californians in public places (with a handful of exceptions). The rule is currently legally enforceable, and one can be charged with a misdemeanor for failing to adhere to it.

Perhaps the biggest resurgence we are witnessing in L.A. is the traffic. It had been so unbelievably nice driving down “the 134” or “the 110” during the early days of the pandemic, when the freeways – and the air – were both clearer than I have ever seen them in my 16 years in this county.

**A Teaching Moment**

The COVID-19 pandemic offers us some important lessons, if our county, state, country, and world are willing to learn them. I’ll briefly highlight just three.

First, we have witnessed the undeniable need for socio-economic safety nets. For so many people who were living paycheck-to-paycheck before the onslaught of the pandemic, the sudden cessation of their jobs threw their finances into full-blown crisis mode. In an ideal world, of course, we would all have significant savings accounts upon which to fall back. Practically, however, this is not always possible. Measures like the $1200-per-person stimulus checks proved effective, but they did not come soon nor frequently enough to provide consistent relief. I saw former restaurant coworkers of mine – waitresses, managers, and bartenders – post on Facebook their Venmo account usernames alongside ashamed pleas for help buying groceries that month. A society such as ours should not have to simply “rely on the kindness of strangers.”

This brings me to a second, related takeaway: the utmost importance of healthcare, and our need for a healthcare system that is affordable (and, ideally, free) for absolutely every American citizen. Of the 36 industrialized countries that make up the Organization for
Economic Cooperation and Development (OECD), the United States stands as the only nation not to offer its citizens some form of universal healthcare. So, what happens if you are hospitalized from COVID-19, but you are uninsured? You might have been lucky enough to live in a state that expanded Medicaid under the Affordable Care Act, or you might be one of the 2 million people living in the 14 U.S. states that did not. Healthcare – like the guarantee of a living wage or protection from eviction due to financial hardship during a pandemic – should not be a game of chance.

And, finally, many of us have learned the lesson of gratitude. How grateful we are to have had homes in which to quarantine, pantry goods on which to stock up, and – for so many of us – jobs we could continue working, either from the field or at home. The task ahead of us seems to be to take this gratitude and let it guide us into creating more of the same good fortune for the rest of our neighbors, for if and when another pandemic strikes.

References


About the Author

Olivia Leyva is a realtor for Keller-William Encino-Sherman Oaks in Los Angeles County, a free-lance writer, and a former writer for the Jewish Journal. A U.S.C. graduate, Leyva’s research is primary concentrated on real estate patterns in the Southern California area as well as nationally, especially as they relate to economic and energy trends.

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