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Coronavirus Essay

I first heard about the Coronavirus towards the beginning of Winter Quarter, in mid-January. I had been taking a Geography of China taught by Professor Justin Zackey, wherein he mentioned an outbreak of a major virus in the Chinese city of Wuhan. At first, I paid this little mind, as one normally would over a virus in an obscure city of China. I had read previous headlines about bizarre diseases occurring in China, mostly from contact with exotic animals, and considered this just another outbreak. My nonchalance persisted, even after the first case was discovered in Los Angeles and governments around the world began to restrict travel to the PRC. The situation only became semi-serious for me when I heard, at the beginning of March, that UCLA would be considering cancelling class for the next month. In fact, I was so dismissive of this virus' strength that I was still not concerned even when UCLA's closure was officially announced, and just thought they were just being extremely cautious. When UCLA extended this closure to the rest of the school year, I became concerned, but still believed that everything would return to normal within a few months. Like many other Americans, my poorly-conceived predictions would soon be swept away by the sheer magnitude of this pandemic.

The closest thing I have to a "coronavirus experience" myself was pretty benign, yet still emotionally harrowing for me. Towards the end of March, when I got home from school, I regularly jogged on the streets and trails close to my house. Running, at this time, provided me

with both crucial physical activity, and a chance to relax, get some fresh air, and still obtain some sort of outdoor experience. During one of these runs, after a particularly difficult stretch of trail, I wandered into a mostly-empty park, and, lacking any forethought, decided to take a gulp of water from a water fountain, pressing the circular metal button to do so. As I continued running, a small voice in the back of my mind told me I had probably made a bad decision. When I got home and told my Mom about the water fountain episode, I immediately understood what she thought. She told me to get right in the shower while she began Cloroxing the whole house. I was then ordered to stay in my room for the next two weeks, being allowed to touch only a few things in the house. Upon receiving this news, I immediately plunged into a wave of anxiety and despair, wondering how I could get through two weeks of isolation. Even worse, I imagined scenarios of what would happen to me should I contact COVID-19 myself. Although I eventually got used to it, being restricted to my room (and the bathroom) for two weeks was quite the miserable experience, which certainly taught me that I needed to take coronavirus more seriously. I was seriously afraid that my life would significantly change. My anxiety persisted to such an extent that I still continue to sanitize snacks and groceries from the store long after my “isolation” period ended, fearing that even unthinkingly touching an inanimate object would cause me and my family to get sick, not to mention the fun activities I miss, such as hiking or hanging with my close friends, which would make me happy and relieve my anxiety and depression.

While coronavirus became scary for me, it has actually posed an increased risk to some of my close family members as well. One way in which the pandemic has been quite difficult for my family is that we need to keep my 91 year-old grandfather (“Grandpa”) safe from any hint of disease. We regularly drop off groceries and other important items, on his front doorstep,

because he lives only five minutes away from our home. The problem is that Grandpa is quite energetic and active for a man his age. He initially believed himself immune to the forces of life at the outbreak of COVID-19, taking numerous “unauthorized” trips outside his house. Luckily for us, Grandpa did not show any symptoms in the two weeks after his trip to the store, and, after receiving a stern lecture from my parents, he has been far more careful in his behavior. Other family members, who work in the medical field have witnessed this pandemic up close and personal. They have had particularly intense experiences because they all live in or near New York City, which has been hit particularly hard by COVID-19. My cousin’s wife has been working three twelve-hour shifts per week in the COVID ICU of New York Presbyterian Hospital. While her routine work assignment is not in the ICU, she is helping the hospital treat the very sick because she is trained to do so. In fact, her bravery extends far beyond the COVID ICU. When she returns home she has to contain her fears regarding a potential infection to herself, her husband (my cousin), and their one-year old daughter. Another relative, my Mom’s cousin, who had actually contracted COVID-19 after travelling to Europe a month or so earlier. Luckily for us, she has fully recovered. In spite of our luck, the personalization of the situation has made me realize how the virus could affect any one of us.

Enough about me and my family. I am not *that* much of a narcissist. This coronavirus will clearly have a much larger and damaging impact on many Americans and citizens around the world, more so than in my own, upper-middle class personal bubble. As of this writing (in mid-May), the death toll from COVID-19 has been over 85,000 out of 1.5 million total confirmed cases in the United States, with the death toll being 315,000 out of about 5 million cases worldwide (Johns Hopkins). Additionally, not all groups have been bearing the brunt of this pandemic equally: the virus’ fatalities disproportionately affect the elderly (over the age of

65), particularly those who live in nursing homes, males, the poor, and racial minorities (Feather). This virus has also taken an intense, physical and emotional toll on our doctors and nurses, working around the clock to help and care for its victims. I am lucky to be writing this in California, which has had a relatively low rate of cases and deaths. For reasons that scientists still do not understand, New York City and its environs have been much harder hit by the coronavirus than the rest of the country, with around one-third of all cases occurring there (Higgins-Dunn). There are serious non-physical ramifications of this virus as well, with over 30 million Americans having lost their jobs due to extended stay-at-home orders (Horsley). Unfortunately, my own father has been temporarily laid off from his own job, although he is very lucky in that the company has promised to rehire him once the economy begins to get back to normal.

Major pandemics have always wrought considerable damage through the loss of life and economic activity, and have created major societal changes. In Spain's Centuries of Crisis: 1300-1374, historian Teofilo Ruiz describes the destructive path of the fourteenth-century Black Death plague throughout the realms of medieval Iberia. In an eerie similarity to our present-day situation, Ruiz notes "how individuals and authorities reacted to its onslaught differed from place to place", and that its "consequences also depended on a whole host of circumstances", much in the same way Georgia has responded to the coronavirus differently from California, and how New York was affected far more severely than any other region of the country, showing how pandemics are usually volatile and unpredictable (Ruiz, 2011, 28). However, some forms of devastation in historical pandemics were far more severe than anything that has occurred in this crisis. Northern Castile would be particularly hard-hit, with a substantial minority of villages being completely deserted by the mid-fourteenth century (Ruiz, 2011, 33). Neither of these pandemics spared important figures and leaders: in 1350, Alfonso XI of Castile died during his

siege of Gibraltar, whereas Boris Johnson, the Prime Minister of the United Kingdom and one of the world's most powerful leaders, contracted a severe case of COVID-19 and had to spend weeks in the ICU (Ruiz, 2011, 44, Russell). This pandemic could possibly be much worse, and we are lucky to have the advantages of modern medicine such as vaccines. Another tragic outcome of a historical pandemic was the high death toll of indigenous peoples in the New World due to European-introduced diseases such as smallpox since they did not have any natural immunity (Ruiz, 4/27 Lecture). The pandemics caused by the European Conquest of the New World destroyed entire societies and cultures, making them lost to history (Ruiz, 4/27 Lecture). This is a level of destruction that I cannot foresee happening in this current crisis even in the worst-case scenario.

One experience I have enjoyed throughout this pandemic is watching videos on social media sites showing New Yorkers cheering nurses and doctors as they head to their shifts every night, and others featuring Italians singing from their apartment windows. These videos show the appreciation for doctors and nurses' exposing themselves to risk every day to help others. It brings me comfort to know that we are working together to get through this difficult time. On the contrary, the backlash to such prosocial behavior has been discouraging. Numerous protests have occurred throughout the county, imploring governors to end the lockdowns and re-open the economy, among the largest of which took place in Huntington Beach, only 25 miles away from my home (ABC). These protests have been especially scary with the appearance of Confederate flags, Nazi slogans, or even men carrying arms. Some have gotten so violent that the Michigan state legislature has officially shut down their remaining sessions, and yet they have even gotten mild support from President Trump (Jackson). I have also read of conspiracy theories appearing on my own Facebook feeds, some from people that I know, stating absurdities such as that

COVID-19 was deliberately created in a Chinese lab, that the virus does not really exist, or that Bill Gates' efforts to develop a COVID vaccine are actually attempts to sterilize or poison the global population. The protests and strange theories have not made me feel secure over the prospects of American democracy, as it shows that our society is lacking in the trust needed to implement bold and innovative changes. I have lost confidence in the ability of America to handle such serious crises. Since we are the wealthiest country in the world with many of the top research centers and medical facilities, I thought we would be immune to or prepared for the sorts of illnesses which often afflict other nations. Unfortunately, I have learned that these major advantages still cannot save us from unexpected illnesses handled with poor leadership and incompetent decision-making.

Once this pandemic abates, I predict there will be changes in the behavior of individuals and in the way business is conducted. I suspect people will be somewhat cautious when leaving their houses, keeping their distance from people and washing their hands more often. International travel, cooperation, and trade will significantly decline due to fears, both justified and unjustified, over the spread of contaminating goods, viruses, and bacteria, with relations and travel to China particularly deteriorating. I predict we will see a shift to a permanent work from home situation as companies will have an opportunity to analyze productivity of employees when working from home. If the productivity is equal or close to equal, companies may determine that the savings derived from the decreased need for real estate coupled with the benefit to employees and the environment warrant maintaining the work from home arrangement. While the situation brought on by coronavirus has certainly brought hardship to many, it just may also expose some practices that could make lives and the environment better in the future.

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