

An Interview with Councilwoman Olivia Diaz

Perspectives from the COVID-19 Pandemic: Leadership and Learning in Nevada

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Each interviewee had the opportunity to review their transcript. All measures have been taken to preserve the style and language of the interviewee. This interview features Councilwoman Olivia Diaz, Councilwoman for City of Las Vegas, and was conducted on 8/2/22 by Magdalena Martinez. This interview covers topics including reflections on leadership, organizational challenges, and opportunities for collaboration.

## **Interview with Olivia Diaz**

**Date: 08-02-2022**

**SPEAKERS: Magdalena Martinez, Olivia Diaz**

**Magdalena Martinez [00:04]**

So, today is Tuesday, August 2<sup>nd</sup>, 2022. I'm here with Councilwoman Olivia Diaz. And before we get started on the questions, I just wanted to confirm that you consent to be a part of this research study, one, and two, that you're okay with the recording, and three, that I can attribute any quotes from you to you.

**Olivia Diaz [00:27]**

Yes.

**Magdalena Martinez [00:28]**

Yes, if you agree with all three of them. And actually, one other thing, I will be sending you a hard copy. One of our goals is also to archive this with UNLV Library so that there can be a record of how the region and the state dealt with it, but I will send you a user consent form later for archival purposes.

**Olivia Diaz [00:51]**

Sounds good.

**Magdalena Martinez [00:53]**

All right. Well, thank you so much, Olivia. I really appreciate you. And I'm wondering if we could just start off by talking about, as a municipal elected official, how did you see your role and the role of the city during the pandemic.

**Olivia Diaz [01:07]**

Well, first it was confusing because all of a sudden, out of the blue, we go into this shutdown and the lockdown that the governor announced. And so obviously, we're a municipal government, and we need to also make sure that we are following the orders that are coming from our state government. And so initially, there was a lot of confusion because some folks felt that it was an overreach, and they didn't want to comply with those mandates. But at the end of the day, we took an oath that said we were going to follow the law of the land in the Constitution and how things flow in government.

And so we needed to make sure that we were a part of keeping our employees here safe because as a city government, we have a lot of employees. And then we had to also figure out what that meant for all of the folks that work for us on a daily basis, and how to keep everyone safe. No one had been through an exercise called the pandemic, right, in recent history and in recent years. And so, none of us – if anything, we did have a city management team that had gone through the previous recession, and knew how to weather economic downfalls or lack of resources coming in.

But from a health lens, we kind of were trying to make sure, one, we kept our families safe; we kept our employees safe. And then we were in line following what the state was asking us to do – because they were hearing very closely from other channels from the federal level and that we needed to do what was right by the majority of our folks and their health and well-being. And knowing, also, I think a key piece to this was just our – I think the biggest concern throughout most of the pandemic was our hospital resources, the availability of beds, and how many patients we could realistically care for at one time. And seeing what happened in New York City really tugs at your heart; to know that people get turned away, there's no more room, and people are dying very quickly because they don't have access to healthcare. And just learning about how quickly people were contracting it. And some folks not faring and not being able to overcome it was something daunting, and then not knowing when the vaccine was going to be ready for distribution.

So there were so many things, I think, from a municipal-elected standpoint, so many unknowns and scary thoughts. And especially, some of us who have older parents and who have significant others with underlying health issues. And when you heard that they were the most at-risk, that also ensured me that I needed to be prudent if I wanted to keep on checking on my parents, and also making sure I wasn't bringing something home to my husband who has a heart condition, right?

**Magdalena Martinez** [04:36]

And you talked about just the unknowns and not having enough hospital beds. Does the city have any say over any of those types of medical infrastructures? How did you use your position to try to help facilitate or-

**Olivia Diaz** [04:57]

So, in the beginning, I do remember, we tried to – our city management team was in tune with the regional calls. So there were these regional leadership calls happening that were led by Commissioner Kirkpatrick when she was a chairwoman of the Clark County Commission. So she was calling all of the health professionals from UMC and the folks that cared for the unit. She was calling, I think, our first responders that, for her, were heavily on her fire department team. I'm trying to remember, there were at least council members from other jurisdictions – obviously, not in violation of an open meeting law – but she would just make sure that someone from North Las Vegas, Henderson, City of Vegas was on these calls, so we can, as a region, be on the same page and growing in the same direction, to be just cognizant of every step of the way, how we should be handling and managing the situation.

And so, it was on those calls that we were hearing the feedback from the hospital folks and the capacity. I can't remember what else I wanted to bring – can you articulate your question again – because I know that there was something else that I wanted to raise, and now I've kind of gone awry.

**Magdalena Martinez** [06:26]

I asked if the municipal government had any oversight over any of the medical-

**Olivia Diaz** [06:29]

Oh – so then, in these conversations with the county, and as we heard feedback from the different realms and folks interfacing with this, obviously, the health district was another key player in knowing what our positivity rates were in the communities. And eventually, it got to a point where they could tell, by testing the water, where these were hotspots already. Where people had COVID, or they could basically detect it in the water.

So then the county and the city basically said, "What can we do to offer an alternative for folks that don't necessarily need to enter our hospital system but may need a place for respite care or isolation that may not have one because they may be homeless." So we didn't know, for example, for our homeless courtyard and that shelter space, what was going to happen as a result of COVID being out there and were going to come down at higher rates than others despite the nature of being in encampments or being in the shelter corridor space.

And so I do remember setting up Cashman Field jointly as a recuperative care center of sorts, where the goal was to isolate folks depending on where they were with COVID at the time, and we staffed it with people from the city and from the county to operate it 24/7 for the time that it was. Because we just didn't know what was going to come our way, and we'd rather be overprepared than underprepared.

So that was the one instance in which we set something up in that vein, but obviously, we were working with the health district on figuring out a path forward, and maybe setting up something with them that would also be another space for folks that may need it. Because we were also thinking about scenarios and situations of family and multifamily households; people are low income, and now they have to not be around their family, right? So how do they isolate? How do you provide them with a space where they can be? And that also – we figured out a path forward, through the health district, of how to maybe potentially bring a space, for seniors and for different scenarios where people might need to be in isolation away from the family, but don't have the means to necessarily book themselves a hotel room. So we were looking at all of these different moving parts and pieces that could affect us keeping the spread under control as much as we can and offering opportunities and spaces for people to be.

**Magdalena Martinez** [09:21]

Mm-hmm. Okay, that's very helpful. And in terms of this collaborative effort between the municipalities in Clark County, you mentioned Commissioner Kirkpatrick, and I know the two of you were in the state legislature together – and she served as a mentor. I recall you talking about your first year in the legislature, and how she was a mentor to you and many other new legislators. Tell me about how that added or didn't add to your ability to work with her and Clark County.

**Olivia Diaz** [10:04]

I think that an existing relationship of having worked together in the legislature made her comfortable including me in the conversation. She, I think, knows that I am someone who wants to be helpful and wants to make sure that all communities are informed and aware. And obviously, she saw me as a very important part of getting the word out in the Latino/Hispanic community, where we were seeing high rates of COVID infection. So she wanted to make sure

that we had folks who could speak the language and who looked like a lot of the folks that, unfortunately, didn't have the opportunity to work from home. And in order for them to keep a roof over their heads and food on the table, they had to continue to show up day-to-day in person for their work. They couldn't do any of this remotely.

**Magdalena Martinez** [10:58]

Mm-hmm.

**Olivia Diaz** [11:00]

And hence, why they were the ones coming down with COVID a lot more than other communities of different ethnic backgrounds. Because their work tends to be more of the work that has to be carried out physically and in-person, versus over the computer, like you and I are having this meeting.

So, I think her knowing me, knowing my work ethic, and knowing that I'm very community-minded and driven, gave her that comfort in drawing me into the conversations, and trying to be as helpful as we could, every step of the way. Initially, obviously, it was getting the test sites up and going, and informing the community how to access COVID tests. How it was super-important that, if they felt the symptoms, they did get tested. And if they tested positive, to stay isolated. And easier said than done – but we had to go on a lot of PR campaigns to just share this information, and how it was free and accessible to anyone. And how, really, regardless of status, nobody was asking you for health insurance or for any kind of – we just needed to verify that your name matches who you are, and that's about it. And sometimes, we would take something as simple as a bill on paper that said you were somebody, but we just wanted to make sure there were no barriers in place to test our community members.

So initially, it was a lot about finding those safe spaces, places, and partners for pop-up testing. Where can we offer them? Getting people educated about making sure they *were* getting tested, so that we could be in front of it versus behind it. And so that was one of many different things that we had to coordinate. And obviously, at the county level, they have the whole valley, right, to take care of.

And then, at a city level, it was really, for me, pressing to then tell my city manager and my neighborhood services team that we needed to do our best to create these pop-up opportunities by which we created ease of access to testing. Because it was brought to our attention that people couldn't make certain hours or – then we had to wrap our heads around what does that mean? Where do we bring it? How do we bring it about? And obviously, we didn't hit the mark all the time, but we did our best within what we had, and the folks that we could deploy to do a lot of this work because a lot of it was on the shoulders of our fire department and other city employees; that their line of work was redirected through this pandemic.

**Magdalena Martinez** [13:57]

And so, you started to get to some of this in terms of the timeline. So, if you can, to the best of your recollection, walk me through some of the kind of key points in the timeline. We know the shutdown happened in March 2020. And if you could just narrate, from again, your recollection, what were some of the key points in that first year perhaps?

**Olivia Diaz** [14:26]

I'm going to owe you the timing of it because I can probably go back and trace it through email. But I do remember that the very first conversations were about setting up testing sites and making sure that we knew that. Also, having conversations with the health district about contact tracing and how to make sure we had the folks ready to deploy to do the contact tracing work. It feels like contract tracing was always a little bit difficult because people don't necessarily always engage with the people reaching out to do the tracing. And so I don't know; I have mixed feelings about it, but I think we did our due diligence, and we tried to do as much of it as possible. But some things are out of our reach when we're calling numbers, or people aren't reaching back out.

I think one of the challenges with just even – I remember that we had to really drill down with a lot of community orgs and figure out best practices on how to test folks. Because first, I believe – I can't remember if it was by appointment, and then our folks aren't that sophisticated in navigating online systems. And so it just really made us become super-strategic and creative. And then, when I pushed anything out into my ward, I made sure that my staff was there to assist, and – if someone was showing up for a test, that they got the test, and the bureaucracy, the check-in, and the registration wasn't a problem.

And so we really did have to work our way through those kinks, so to speak. And then just having to be cognizant of the fact that not everybody receives information in the same way too. So you can blast things on social media. You can send emails. But I think that there's – and then, in terms of language access, there's, even more, to unpack there. So I feel that most of our folks responded and knew because they were watching it on TV through the news source, maybe hearing about it on the radio. But just the expectation of having them schedule their appointment, that didn't seem to be a very good fit. I'm just speaking from Ward 3, where there's a high Latino population. That didn't seem to be very effective.

And then I remember the very first test sites that we were setting up with the Clark County and Southern Nevada Health District, to kind of showcase it. I remember how we had hundreds of people turning up or getting a ticket to have access to being tested. But then us only having so many test kits and so many tests that – also, our labs were set up to process. So, obviously, we could only take in so many tests a day, and make sure that we were turning around the results in a timely manner.

So then lab capacity became another issue in the beginning, when we only had UMC, or we only had certain Southern Nevada Health District labs to run the tests and get the results. And so then, obviously, we realized, oh, my gosh. The need is so much greater than the capacity that we currently have. And so that was something else that had to be built on over time.

I'm trying to think of what else – after testing – it was just a lot of making sure that we were – it was the face mask-wearing too. A lot of why it was important to wear the face mask. Why that was such a critical piece of protection to curb the spread? So we had to do a lot of educating the community on wearing your mask. “Wear your mask. Wear your mask.” There was a point in time where the city had to also – this was at the very beginning part of the shutdown – well, it was probably when we opened. Let me take that back.

So, probably, when we reopened, we had to form teams that were checking in on businesses' compliance on this issue. Because we weren't seeing the numbers come down at the rate that we needed them to remain open, and this is where we had partial reopening, right? Where the governor said, "We're going to reopen the doors, but you have to be at 25% capacity." And so we were still concerned about the balance, making sure the hospital system wasn't going to be overwhelmed, and people were going to get treatment. And not turned away and that the economy would be able to slowly ramp up.

And so I know from the city, because we were in the calls with the county, we developed teams, and we deployed folks to check in on businesses. And obviously, nightclubs were checked in on, as supermarkets, small businesses, and mom-and-pop shops. So we deployed a lot of our city employees that got redirected to do a new job and a new role, to be checking in on compliance, are they asking their customers to come in masked? Are they themselves masked? Are their employees masked when they're prepping food?

So there are so many different things that you have to be checking in on. And so I know that our City Manager then, Scott Adams, made sure those teams were working and were deployed, because the county was just adamant that they were getting reports of non-compliance, and people just doing rote things. And that wasn't going to help us make out of this, and be able to reopen to greater percentages, right? We wanted everybody to get from 25 to 100 really quickly, but we all needed to be responsible for putting the pieces in the puzzle in place in order for it to happen.

So that was another thing, is just talking about the importance of wearing face masks, where you should wear them, and why you should wear them. And then to really drive the point home because it takes a while until people really get comfortable in the practice and understand it. And then there was highlighting stories, right, of unfortunate realities where, you know, the Latino community is probably one of the minority communities that have multi-generational households. And so, how does that impact when you have los abuelitos [the grandparents] living with the grandbabies, and then you know, the grandbabies just making sure that we know that they're spreaders because they don't wash their hands as frequently?

And so, just hearing sad stories of unfortunate outcomes in the community. We needed to highlight – we tried the positive way of educating, but then we had to bring in real stark stories and contrasts to the community as well. And there was a whole PR campaign behind that; “Esta en tus Manos” led by Erika Avilés. So there was some money put behind also making sure the awareness piece and component were out there.

Then, I think after doing all of that, time kind of – the timeline with the governor evolved; he allowed for a higher percentage of occupancy in businesses– it started very low, then it started getting better. And then we started to finally see, a year later, that the vaccines were right here and were going to be able to be at our disposition.

Another challenge that we navigated was when schools shut down and kids had to access the school via online. And so we know that in so many parts of our community, access to broadband is not the same. So the city went into navigator mode, and we had our youth – YDSI – Youth



Development and Social Initiatives team, they became navigators for the community, where I canvassed with them sometimes, door-to-door, just because kids weren't showing up online, and we were trying to find out why they weren't connecting to their classrooms. And we just wanted to make sure that it wasn't because they didn't have a router, a hotspot, or something to that effect. And so we just went and checked in on them, we got the lists from the schools about the students that weren't in attendance or hadn't shown up.

And so we did mount this effort when school started in the fall of 2020. We went to do that, and the folks who needed a hotspot, we provided a hotspot. But then we also found out "Well, I have many kids here, and they all try to get online at the same time, and it seems like it's not holding up for the demand." And so we got to learn, really quickly, about the woes of not having the best broadband in the community. And then sometimes it's unaffordable; if it's \$100 a month for our low-income families, that sometimes is not going to happen, and they're not going to have access to the online classes. And so we had to learn about all the intricacies of that.

Then we had to go through food security battles. Because obviously, people who now were laid off, weren't at work and got less hours, the impact on their economy in the home was devastating. Then they had to save their resources to keep as many bills paid, and food security became real. And we started to partner with the Culinary Academy. They got a grant for providing food to the community, and we started doing food pop-up events. And I can't tell you how long the lines were, and we sometimes popped up with 500 meals, and the 500 boxes would fly. And then sometimes we would steer maybe to get 700-1,000 out. And there was a point in time that whatever meals we were securing were the meals that were being distributed, and the county and the city partnered to get the word out, and we were getting people from county and city coming in their vehicles for these drive-through services. And then we had to get really creative and do all of our events drive-through. So that Halloween, I remember, we did a "Trunk-or-Treat," and it was drive-through style because we felt like kids needed some sense of normalcy in their lives and some kind of joy. Something to look up to, at least. They were just coming through our parking lot at Baker Park for a Trunk-or-Treat, and we were all dressed up in costumes and so were they. But just trying to do the best to make sure that we weren't putting anyone at risk. Because at that point, we didn't have access to vaccines, and I'm talking about October of 2020.

So I'm kind of going all over the place, but you can probably – I'll follow up with a timeline – because it's not really clear – now, thinking about it, almost two years after, it's kind of incredible how quickly we've come to be in a better place. But then at the same time, it's like wow, we went through a lot. Wow, we were going through it. And I don't know if you have any questions, and then I'll think of what else to comment on. Because there were just so many different parts and pieces we were playing a critical role in.

**Magdalena Martinez** [26:37]

That is really, really helpful, Olivia. I mean what you shared with me is really helpful. And please don't feel like you have to go through a more extensive timeline. I'm really just interested in hearing from your recollection of what stands out, right, to get an understanding of what your experience was as an elected official. So that's really helpful, and I appreciate you touching on just a broad array of different pieces: everything from education to food security, to collaborating

with Clark County nonprofits, the mask mandates, and public service announcements. It's a lot, a lot happened in a very short amount of time. And this collective trauma that many people have coined going through it – how you were trying, as an elected official, to try to bring some normalcy – for example, through trick-or-treating, right? Drive-through trick-or-treating. So that's really helpful.

And I think you started to get at some of this, but from your perspective, which groups do you think were the hardest hit?

**Olivia Diaz** [27:45]

Definitely, our working class and a lot of our Latino families didn't have the luxury of staying home. And if they didn't go to work, there wasn't anything waiting for them. There weren't any unemployment benefits. There weren't any kind of resources steered their way. And so obviously, the undocumented community was one of the hardest hit in our valley; ravaged by COVID but also by the decline in work, and the inability to maybe have access to the stability they had before the pandemic.

And so, I really feel that they are, and then with that comes our working class. Because even if you're a resident or a citizen, and you're working-class, the expectation was that you showed up to your job on a day-to-day basis. And I heard so many times, especially at the very beginning of the pandemic, months in, that a lot of people were threatened by their bosses. That if they didn't show up to work, they would be fired. And so, for folks who are already hard-pressed, have no savings; are living paycheck to paycheck, you don't have the luxury of saying, "Well, let me keep myself and my family safe." What you're going to say is "I want to keep food in their bellies and a roof over their heads. I'm just going to have to weather the storm." And I feel that they are the ones that really were the ones facing all of these.

And then if you really think about some of the populations that I just mentioned, many of them may not have access to healthcare, and that's even harder. Because then they're afraid – they're going to the ER when they can't breathe, and sometimes that's beyond that point of care that they will have a positive outcome, right, because it's gone. So they could have treated and prevented so much, maybe.

And then also, I think the treatment for COVID also went through an evolution. And I don't think the doctors really knew how to treat it in the beginning as well as we know now – what our best practice is, what should be done? And I just feel like a lot of people knowing that their elderly were going to the hospital, they just freaked and panicked and said, "They're not going to come out alive." I can't tell you how many times I heard that from community members saying, "I don't want to take my family member, my loved one, to the hospital because I know that I won't see them back out alive."

And so there was this fear that going into the hospital meant you were going to die from it. And so that was more collective trauma and more to then, also – the sentiment was out there, and that was even harder, in trying to just try to do the best by public health across the board. Because you had all of these myths going out there that, oh, if people died from COVID, then the hospital would receive monies because it was being categorized as a COVID death, and they were

receiving money from the federal government. I mean these are all things that I've heard articulated along the way, and cause the communities some pause for concern, and not wanting to go until it was too late for many of them, unfortunately.

And then, some of them *did* make it, but then it's like, why do we have to learn the hard way? Why do we have to learn from somebody else's negative experience; when we can wash our hands; we can stay masked up if we're sick and not go to work. Let's just not spread it.

And then everybody's body handled it very differently, too, right? And so some people said, "Well, I felt just very few flu symptoms," and people were taken out for a couple of weeks, lying in bed, being so weakened by it.

**Magdalena Martinez** [31:36]

Mm-hmm.

**Olivia Diaz** [31:37]

So it was just all over the board, and it kind of boggles me now that I think about all of the testimonies and stories that got shared along the way. But I would say, Latinos, and then, after Latinos, it was the African-American community. Because I feel that there is this distrust of government, and I think that folks don't feel that we government officials have been as transparent and helpful to working the working-class community as minority communities. And I think that there wasn't that confidence in what we were trying to relay to them or share with them in the moment of dire need. There isn't that trust factor. And so it's unfortunate because then we know that we have, as two minority communities, we have a lot of underlying health conditions like diabetes, heart, high blood pressure, and the list goes on and on, right?

And so right there, we already know that we're most at risk, too, because of those other health risk factors that go right there with those. I would say those were the two most impacted. And then, after them, it would be the AAPI, and then after them, it would be, I think, the Caucasian and white community, based on my recollection of the updates that we received from the Southern Nevada Health District.

**Magdalena Martinez** [33:08]

Mm-hmm.

**Olivia Diaz** [33:09]

Because not only were we being briefed on positivity rates, but we were also being briefed on mortality. And it seemed that in terms of the ones that were dying the most, I think the higher percentage if I remember correctly, was African Americans and Latinos. We weren't at the top. We were maybe second or third place. So it might have been elderly Caucasians, African Americans, and Latinos. But I mean all of that data's there at the health district. But I just remember, wow, we are contracting it at high rates, but yet, somehow, we're not dying. And it may be because we were a younger population that was contracting it, and that's probably what saved some of our folks.

**Magdalena Martinez** [33:52]

Yeah, that makes sense. You started to get at some of this, Olivia, in terms of the different levels of government. And now, thinking about it a little bit more, from the federal, state, to local, what do you wish the different levels of government would have or could do differently during COVID?

**Olivia Diaz** [34:14]

I don't know. I'm in this role, and I'm trying to do my best to be accessible – to have a connection to the community, for the community to really call my office and ask questions about anything. It could be from COVID, to "Where do I get my Social Security card?" to – I mean we're really here to help them navigate. But I feel like that connection isn't established, as much as I'm trying.

**Magdalena Martinez** [34:43]

Mm-hmm.

**Olivia Diaz** [34:45]

I'm not blaming all electeds because I think that some of us are really trying, but somehow, there's no reciprocity. Like I'm extending my hand, and I'm not able to get very many other hands to join in and trust us.

And so I keep thinking about how we should be working better with the community. And I think I don't know. I think about okay, when I grew up, we didn't have all of these widgets, gadgets, and social media platforms. And I feel like increasingly, a lot of people are tuning into certain channels, right? When we were growing up, we had public television broadcasts. And my parents couldn't afford cable, so watched what was on public television. And you had these PSAs come, and then you would kind of identify with the folks that were coming on because you, in a way, didn't have a choice to tune out the commercial; because you wanted to continue watching whatever program you were about to watch.

I feel like now, everybody's kind of in the on-demand, I'll consume whatever I want to consume. And then there are all these conspiracy theories that are put out there, that I don't know if we're going an efficient job debunking. Because then we try to debunk them, but then somehow, our persona and personalities being in the political spheres kind of come through. And so then there are other stories that derail the ability to trust us as voices for the community.

So I just feel like we're navigating very difficult times with a lot of noise, and it's really hard to reach people in a more clear and effective way. Because I remember growing up, you knew your mayor because you saw her on TV. You knew your electeds because, you know, who didn't know Harry Reid?

**Magdalena Martinez** [36:56]

Mm-hmm.

**Olivia Diaz** [36:59]

And I feel like increasingly, it's just becoming harder and harder to make those connections. We are trying our best when we hold community events. But then sometimes we hold them, and not

everybody comes to the door, too. And so, I guess it's increasingly harder for people to really know you as a person and to trust you, and we all get painted as politicians with one stroke; that we're all corrupt, we're all about ourselves, and that there isn't this care for the community. I could tell you that Commissioner Kirkpatrick spent many a day just going call after call, after call, trying to figure out what the best foot forward was. And I don't know how many people really can appreciate all the time, effort, and sleepless nights that some of our elected officials went through throughout this whole thing.

**Magdalena Martinez** [37:55]

So I think what I hear you saying is, in terms of – the question was, what could have, or what can the different levels of government do, or done during COVID? It sounds like what you're saying is that these external factors have really shaped the relationship that local electeds and even state electeds have with their constituents because it sounds like so many communities are siloed in different ways.

**Olivia Diaz** [38:27]

Yes.

**Magdalena Martinez** [38:28]

And they're listening to the message that resonates with them to further support their own way of looking at the world, right?

**Olivia Diaz** [38:37]

Yes.

**Magdalena Martinez** [38:40]

And so this idea of how you build trust seems like it's a recurring idea, you know, and that's really interesting-

**Olivia Diaz** [38:58]

It's a work in progress. I can tell you; I've been elected three years to the city council position, but I can't tell you with certainty that I've gained the trust of my constituents. I did my best to always be visible and helpful, and share information to the best of my ability through the whole pandemic. And I hope that some folks trust me, but then sometimes you have to make a decision that then leaves them with – they're not 100% happy with your decision. So then that can affect that relationship. So I try to make a lot of deposits, obviously, and try to come off as someone who's trying to think about things with a level head, a level perspective, and put the best foot forward. But then sometimes there's something that I may do that maybe, they see me as unfriendly, or they know someone who is not fond of me. And so then the information that comes from me can be tainted by just the fact that they're coming across other information. So I think the way you laid it out is very apropos.

**Magdalena Martinez** [40:13]

Mm-hmm. So thinking about what you've shared with me, what is it that you think we can learn from the COVID crisis or could be used as lessons for future crises? What are some of the lessons learned?

**Olivia Diaz** [40:29]

Lessons learned – there's so much. I think we're still in learning mode. Because even though COVID may not be as lethal or – you know, this very into that strategy right now in the community. We know we have a high positivity rate, but we don't have the hospitalization rates that we did in the beginning. It's because the variants are changing, but we also have the vaccination, right? And so those of us who've been vaccinated and boosted – that was another part of the equation was when that became available. How to make it available to everyone equally across the board and remove barriers. Again, just like the testing sites were an experiment, so was vaccinating. But I just think that – I know that we tried to do our best to ensure that we had stakeholders and community members talking to the folks. So I'm trying to figure out if I feel like we missed the mark, and I know that even our health district has put in some resources to continue to do advocacy.

So I guess one thing that I would try to advance us in the Southern Nevada region is to maybe be more proactive with primary care. Because if we establish that relationship with – you're checking in on a monthly, bimonthly, or quarterly basis with your primary care provider, then maybe your doctor is a trusted voice, and we could be reaching our residents in a better way. Because I know, so many times, people are like, "Well, what do you know? You're not a doctor." And then there were surveys that were conducted in which, probably, people my age and younger said, "Well, I want to hear it from the horse's mouth, and the doctors, the scientists, and the people who are really experts at COVID," right?

And so sometimes, it doesn't come off as genuine from us, even though we're equally as concerned for everyone. But I would try to see if we could make some inroads in making sure people start accessing primary care, we already know that our system is challenged in being able to support all of the people who have insurance. And that there are so many other people who don't have access; so how can we get more FQHCs to provide more services at a rate that is affordable to other families that may not have access to traditional insurance?

I'm trying to think. I just really feel like, for example, in the Latino communities, we don't go to the doctor until sometimes it's way past due or overdue, and we're feeling horrible, and we're about to die, and that's not the point – we need to start going to the doctor. So I feel like it's something that probably had an impact on the way the pandemic played in people's lives and the fate that they had. So I would want to see us really making sure that public health and preventative care is a priority, and maybe try to articulate that.

**Magdalena Martinez** [44:03]

Mm-hmm.

**Olivia Diaz** [44:07]

What else? I also feel that from the minority community's perspective, as information came out, it wasn't readily accessible in Spanish, per se, and other languages. And so how can we do our due diligence; so when the governor was going to make an announcement, how can we be aware that there are Spanish media channels, and there are English channels? And if there are Tagalog-speaking channels, how can we give them the information that we're about to release in multilingual ways and fashions? So that then, there's not all this time invested in multiple people

trying to translate these press releases and these best practices? And I feel like we still need to get with the times in terms of providing the information in multiple languages in real-time. We're doing it in English mostly, but how do you make sure it's being spread far and wide at the time it's being released?

And I know that we lean on a lot of our Spanish-speaking media to do it, but it would be nice for them to be able to internalize the information as it's being conveyed, and then have it right there for them to refer to. But I think the responsibility was put on many different community stakeholders' shoulders to do.

And I think that we also have to be very thoughtful, especially having gone through the testing and then setting up appointments with vaccinations, about the differences in populations. And so it's not just about the immigrant community not knowing how to use a computer or going online to set up an appointment. But what about our seniors? I have parents who are not as versed. And so I think we constantly have to be questioning the systems we put in place. Increasingly, we're leaning so much on digital to do everything that it's not necessarily compatible with everyone. Yes, can all of us who have been through school do it? Yes. But there are other populations that it's not their strong suit, and they kind of get left behind because you know, we have to figure out who can help them bridge that digital divide.

And so I feel like we have to be thoughtful about not leaving anyone behind, and you have to really have to have thought all of these different things, you know, about okay – what if somebody doesn't know how to read and write? How are we going to help that individual? They don't know how to access a computer. They don't know how to set up an appointment. So we should have different ways and avenues for folks to receive the services regardless of them being able to do it on their own. So that we should have a call line and all of that set up and established well in advance.

And I know one of the highlights was that we set up a line here in the city. And we had operators giving information, to the best of our knowledge, 24/7. And so I feel like those kinds of channels, where people have the ability to do 2-1-1 in Español and get legitimate information from folks about where to go to get tested. I think the dissemination of information was something where we were constantly saying, how do we get it to trickle all the way to all levels, and make sure that everybody receives it?

So I think it's just about bolstering our base across the board. We know that we've leaned on a lot of faith-based leaders and the schools, and I think we have to be a more coordinated community group and coalition way in advance, and not try to get everybody to harmonize or be in synchrony in a time of demand. I think the onus is on us to be talking to each other way in advance, and not just when times are rough and tight.

**Magdalena Martinez** [48:23]

Mm-hmm. So could you say a little bit more about the innovative ways that the City dealt with the challenges of the pandemic? You talked about setting up this line – were there other things that stand out for you?

**Olivia Diaz** [48:39]

Yeah. So by the time we got down to – there were people who were underemployed and not getting the hours, and we knew they were in arrears with their rent. And by the time we got the monies to provide – CHAP funding or to make them current with their rent, we recognized that a lot of these processes required folks to upload documents and do it digitally.

**Magdalena Martinez** [49:06]

Mm-hmm.

**Olivia Diaz** [49:08]

So we recognized that this isn't going to work for the community that needed the funds the most. And we then set out to partner with nonprofit agencies, so that they could interface with the community, help them upload, and get them all of the documents they needed in order to facilitate them receiving the monies that would keep them in their residences because they were in arrears several months.

So one of the partners for the city was Immigrant Home Foundation. I need to remember the other two – we had one in Ward 3, which was Immigrant Home Foundation, and I've got to look up who our other two – I can't remember if it was – there was one in Ward 5 and there was one in Ward 1. I can't remember if it was like the YMCA or the Boys and Girls Club. I don't know. But there were another two nonprofits that provided us with the same ability to have a place to then recommend the people go to receive this one-on-one assistance. And I then started to articulate it a lot at the health district, on my housing authority boards, and to say there may be people in our community that can't do certain things for themselves, so we need to make sure that we set them up to be able to be successful. And even if that means we step in and we facilitate.

**Magdalena Martinez** [50:32]

And along those lines, can you think of any policies at the state, federal, or local level? I think you mentioned some of these – the ones for rent assistance – that had an impact on people, whether positively or negatively.

**Olivia Diaz** [50:54]

So repeat the question again just so I know what you're asking.

**Magdalena Martinez** [50:58]

So any specific policies at the state, federal, or local level that were implemented that you noticed impacted people, whether it was positive-

**Olivia Diaz** [51:05]

Absolutely. So rental assistance was key in keeping a lot of people in their homes. I think the stimulus money helped a lot of people, and it would have been nice for everyone with an ITIN to have received money too because they're filing their income taxes, but I don't think everyone got the stimulus money. Obviously, all of the funds that we got – the ARPA dollars – are supporting us now in making sure that we learn from the hard times, and offer opportunities to reinvest, and to make different entities whole again. So Clark County got ARPA dollars. We got ARPA dollars



based on population. I think ARPA has been really helpful in helping some nonprofits that may need it, and some businesses that may need it moving forward.

I'm trying to think what else came through. And obviously, all of the resources that came to support our health district in terms of being able to set up the testing capacity, and also the vaccination efforts, and just making sure that we knew we were a tourist destination, and we needed to gain the confidence of tourists for them to come back. And we knew that some of these jobs may not come back live if we don't see tourism coming back.

**Magdalena Martinez** [52:38]

Mm-hmm.

**Olivia Diaz** [52:39]

And so there were so many things in that realm that needed to happen as well. And I know that the legislature having the special session – you're probably more knowledgeable because I'm not in the space anymore. And so there were certain things that happened during the session that they hoped would help weather the storm as well, and be extra accountability for keeping employees safe, and always doing the navigating between those sides. Because yes, we need tourists, but we also want to keep our workers safe at the same time. So there was a lot of that work that happened in the 2021 Legislative Session.

**Magdalena Martinez** [53:15]

Okay, very helpful. Last question. Are you hopeful? And if so, what are you hopeful for?

**Olivia Diaz** [53:24]

I do remain hopeful that we all learn from best practices and avoid highly-contagious viruses and diseases. Right now, we're dealing obviously with the monkeypox, and I feel like, oh, no! Here we go! (laughs) But I hope that there's more knowledge and awareness, and to trust science. Because at the end of the day, I would talk to Dr. Luis Medina at UMC, who ran the COVID unit, and he would say, "Councilwoman, if the vaccine was available for me to purchase at this point in time for my entire family, as an infectious disease doctor, I would purchase these vaccines and make sure that my family was safe from the spread, from getting COVID, or contracting it.

And so it was a lot of these conversations talking to our health experts at the health district. It's just that we need to trust science. We need to also trust our government. I know that we're not infallible and that we make many mistakes. But at the end of the day, we're nothing without our people, and we do care. Some of us are up here because we really care about our communities. We're invested in seeing that our communities are held harmless. And then we're trying to make sure that we're getting the word out to everyone. And I know that some people are kind of "up to here" and *ad nauseam* about hearing about it. And at a certain point, it's "Oh, here we go – COVID again." Well, the numbers weren't dropping, and the spread was still happening.

And for some of us, the choices we were making were still kind of holding us in that pattern. And so I just hope that people know and see that there are many public servants that really are that at the core. We're public servants, and we're trying to do the best by everyone, in the time

that – we don't know if the sky's really going to fall, and we don't know what resources are going to be provided along the way. But we are advocating at the levels that we are in and communicating, and I think, you know, I'm very thankful for Commissioner Kirkpatrick for making sure that at the federal, state, and local levels, we were trying to be as educated, informed, and thoughtful in how we could all contribute in putting the best foot forward and putting manpower behind doing what we could, each in our region, right?

**Magdalena Martinez** [56:01]

Mm-hmm, very helpful. Thank you. I will stop the recording right now.

**End of audio: 56:04**