

Senator Rivera Podcast

Hello everyone, welcome to SBH Bronx Health Talk. My name is Gustavo Rivera and I represent the 33 senate district here in the North West Bronx. I'm a big fan of this institution. I'm happy to be here with you folks. COVID-19 has devastated communities across America, particularly communities of color and NYC. In fact these are some of the zip codes right in my district during the height of the pandemic. We look across the country, certainly here, we see the most impacted have been Latinos and Latin X were first hit. These are terms which I will interchangeably today. Let's talk a little about the Bronx. The Bronx is characterized by Latino majority. This is certainly not just by approximate, but by district as well. The fact that we are a majority of this borough, is actually unique to all the borough of NYC as well. As of 2017, Dominicans make up 22.4% of the Bronx population, and Puerto Ricans make up about 19.6%. Although, I was born and raised in Puerto Rico. I represent more Dominicans than any other state legislator in the country, because they got priced out of Washington Heights.

The Bronx has the highest concentration of both these Latino groups, this is not to mention Mexicans that are very well represented, as well as folks from Latin America and Central America. There is a reality that even prior to the pandemic, Latinos faced extreme challenges, like unemployment, homelessness and major health disparities, which I've been fighting against. So it should come as no surprise to us that Latinos were at higher risk for physical, mental, and financial problems due to the COVID-19 pandemic. Latinos in the Bronx contracted COVID-19 at much higher rates, then any other group. They experienced the highest rate of hospitalization and death. That was the reality of the pandemic, again, this is a way to say that there were things baked into the system that just made it worse unfortunately, and tragically for some many Latino families. So, there's a reason for this. Many Latinos work in section jobs like grocery stores, transportation, healthcare and manufacturing. Not only did they have increased exposure to COVID-19, but during the height of the pandemic, they were still working, they were getting on the trains every day. Most people in my district were getting on the trains every day. Just think about the national picture. There are laborers across the country that show 13% percent of Latinos have jobs that allow for telework. So folks like myself, we had our offices set up in our house during the entire pandemic. I think there are 13% of Latino folks nationally that have the ability to do that, while it's comparable to 27% of folks who are not.

They are less likely to have jobs that pay sick leave. They are at greater risk for the virus. They work in close areas and close quarters. Let's be honest. There is also a cultural component here. Our multigenerational families both for economic reasons and social reasons. The apartment I have is a one bedroom. The people that I have, this is a true story, the folks that live above me live in the same type of apartment. I live by myself in one bedroom. Upstairs, five, two parents and three kids, and that's not rare. So, when you take that all together, all this meant at the highest point where the pandemic was at its worst. Communities that had disparities was going to be worse. There's conditions like diabetes, asthma and high blood pressure, a lot of stuff that brought us to this point. So we're we're going to be doing for a little bit, and you heard me yapping for a while. I want to bring the discussion to the folks that are with us. We're going to be talking through, actually some of the ways we could deal with this, to realize where we are right now, and what we could learn from what has happened in the last year. So with us now, we have Fabian Wander and Shelina Hernandez, so I want to welcome you both

Well thank you both. Let's talk a little bit about, Mr. Wander, tell us how you, how is trauma, could you define trauma for us. This thing we've through in the last year could certainly be. Define that. Define trauma for us and how it's manifested, and how it could be unique in Latino communities. Tell us a little about that.

Fabian Wander

Sure, thank you for having me here Senator Rivera, and thank you St. Barnabas as well for hosting this important conversation. Well, trauma is an emotional response to a terrible event. It could be an accident, it could be a death of a loved one. A natural disaster, and immediately after that event, you'll experience shock and sometimes denial are typical responses. There are long term reactions that include unpredictable emotions. So you might just become sad in the middle of the day, and not realize it and or start crying or become very irritable. People experience flashbacks, maybe sounds from the traumatic event. May be smells, it could be flash backs. Many different things that bring that thought to your mind. It could cause strained relationships, sometimes people experience semantic symptoms, physical symptoms like headache or nausea. Thinking about a traumatic experience, that I experienced about a year ago. My family had a fire in the house, fortunately we all made it ok, in the middle of COVID. We had to end up renting an apartment, our house was full of smoke. As we were leaving the fire alarms went off. A month later at our rental, the fire alarms went on, we all kind of jumped. It was just a beeping sound. That triggered us, so we had that traumatic event. That's kind of an example of what trauma is, and how you could see it in different people.

Senator Rivera

So you certainly agree with me. First of all, I'm glad that you and your family are safe. I was hoping that you would be able to get back into your apartment. When you think about what happened the last year, not only the deaths we experienced with our families and friends, but seeing our communities go to a halt and hearing constant ambulances. This situation that we've all been through, we could say is a cause of trauma. The entire country, the entire world, certainly we could say will have an impact on communities that already had healthcare disparities. Will that be correct to say?

Fabian Wander

That's absolutely correct to say. To add to the trauma, there is something called vicarious trauma. That's like for healthcare providers. They gave out all those healthcare providers that were supporting COVID patients at the hospital, and really taking care of them. You start to be impacted by that in terms of vicarious trauma. Hearing that experience, you'll have to be aware of those symptoms. COVID definitely had an impact on the entire community. The Bronx having these health disparities and mentioned earlier, which includes higher death rates, higher hospitalization rates. There is a lot information, a lot of misinformation out there that isn't language appropriate, and kind of confuses people. That is currently what I've been seeing in the entire community.

Senator Rivera

Typically, based on your perspective, what are some of the things we had to deal with in the entire country? Tell us specifically in your context, particularly for young people, and how this is dramatic

Ms. Hernandez

I think working with children, the biggest challenge I've seen, they'll probably have to do remote learning. They had unique challenges with remote learning. A lot of them are first generation American. Language barriers are a huge issue, also younger siblings are relying on their older siblings with online work, also now that kids are home to and online. As I mentioned earlier, the factor of crowded multigenerational homes. It's really difficult for kids to work in that type of environment, they distracted and not focused, and they're not able to put out the same work as if they were in school in person. That is what I've seen a lot of, kids are really having a hard time with remote learning. I'm hopeful, crossing my fingers, thankful that we are near the end of this thing, and transition back to some normalcy. We have to move forward in a different way, but as we get near the end of this. So, as we get near the end of this, by the way I housed Moderna. You housed Moderna?

As kids go back to some level of normal, what do you think is going to be the consequence or repercussions of this whole new normal sort of speak, that they have to get used to. Now that are going to presumptions in September. We heard a couple of days ago, a new mayor. It's going to go back to in person learning. Maybe we should talk about if we should leave some options open? First and virtual learning, but at any event, what do you think are going to be some of the consequences of that last year? In transitioning back?

Ms. Hernandez

Right. Some of the consequences of the social distancing for kids. Asking a lot kids who have been very reliant on social media, the new games they connect with their friends. So, I hear a lot of my kids telling me I don't want to go back, I got so used to staying home. They're spending a lot of their personal days just using time. That's one thing I've been hearing a lot. Some kids around April were going back to school at 11:30. Actually, I've been seeing a big increase in referrals. I believe they have been having difficulty going back to the new normal. You know with kids it's not the same anymore, they can't fit in the lunch rooms anymore. They wear masks all day. They're also confined to one room, they can't move from one room to another. So they've been having a lot trouble just getting back to that.

Senator Rivera

So, I think we're all going to have to adjust sometime. So I want to kind of go down that road. So we set the stage. So we talked about the effect it's already having on children. Some of the challenges we're going to have to face the next couple of months, as we transition back into normalcy. Let's talk a little about specifically about the community that you serve every day, what do you think as we go back to some level of normalcy what are some of the things we need to do to kind of transition back? Transition back, make an educated guess about some of the challenges we face, and some of the strategies that might help individuals. We have to do this as well. It's a trick time, what are some of the strategies that you may help as adults, as we come back from this pandemic?

Fabian Wander

It's really important to provide that support for Latino communities. One of the things that we see is that Latino communities have a utilization rate of mental health services. So, Latino communities, when there is a mental health challenge such as anxiety and depression. They see it as something spiritual or physical problem as opposed to a mental health problem. This causes them to a physician rather than a social worker or psychologist. That I think is one of the challenges mental health has experienced with

engaging the Latino community. There are also changes in behaviors. Latinos are kind of warm, and they tend to hug each other, embrace each other and see each other. Now, it's like a different experience, and the cultural norm is something we have to pay attention to. People then feel that comfort, they have their vaccines and they could do that again. Again, I think there's been a lot of isolation amongst the community, especially the aging community where a lot of family members are fearful of interacting and getting their elderly parents sick with COVID. So they were isolated a lot, and that caused an increase in anxiety and depression amongst those particular people. So it really comes a lot of adjustments. Encouraging people to get the vaccine, now that they are vaccinated, we could start doing the things we used to do.

Fabian Wander

Bringing that health back to the community is extremely important. One of the challenges of course is language. Communicating to the communities. If they are not strong with the language, they will not understand the information. Engaging the Latino communities in their particular setting, as a mental health professional myself, I change up the way I try to do my work. I actually do a lot of work in the community, I do my work in parks. I do treatment in parks, walk and talk therapy. A lot has to do with meeting the person where they are, physically sometimes where they are, and not expecting them to come into your office and come see you, because they may not feel comfortable. Whether going to spiritual institution, park, or another area where people tend to be. I think that approach is a lot more effective, then expecting people to kind of come through your door saying I'm really depressed, I need help.

Senator Rivera

What would you say Ms. Hernandez, since you deal with a particularly younger population? There's already a stigma, as Mr. Wander was saying, mental health period. What do you have to add to Mr. Wander said?

Ms. Hernandez

It is definitely necessary to be as supported as possible, and have empathy for the Latin experience. I think the parents in order to help them readjust back to what's coming in September and beyond that. I think it is helpful for a parent to check in with their children, try to establish routines, very helpful. We spent a lot of time in survival mode. We've been in our apartments, we're not doing the things that we use to. I am starting to encourage families to try and do their best. Do things that you enjoy, and try to get things back to normal.

Senaor Rivera

I want to see how both of you agree. All of those transitions that we are making to somewhat of a decent normal. We need to approach this differently, from what we saw last year, there were so many systems that were supposed to serve us but didn't. We need to think through on we could support these systems, because God forbid we are in this situation again. Do you agree with me that we need this opportunity to reimagine the way we do this? Whether you have any suggestions, like a policy maker like myself, consider it lobbying. Do you have any sense of what you thing we should doing to reimagine how we do this?

Ms.Hernandez

Right, I think how we access is the most important thing. Now we are doing tele mental health. We're doing video sessions or role sessions. I find that families really like this way. They may like, you know, they could have sessions from the comfort of their home. They don't have to travel, some people don't have money to travel to the office, or they still have anxiety about going outside, because the pandemic is still going on. So I think just continuing this tele mental health is really good. It's working very well for my patients, and I think it will work well for most people to.

Senator Rivera

You kind of hit the nail on the head with that one. There are actually some proposals to keep some of the changes in telehealth because of need during the pandemic. Proposal that I carry to change the way we use telehealth and reimburse telehealth permanently. Precisely, because of what you said a lot of it was by need, but we found in certain cases that is helpful to expand access. So you're ahead of the curve on that one.

Ms.Hernandez

Thank you.

Senator Rivera

Mr. Wander, do you agree? Do you have anything else to add?

Fabian Wander

I'm going to go along with what you said. As you mentioned, there's a lot of inequities in healthcare in the Bronx. You see that a lot. A lot of that came out during COVID. Some people were getting healthcare, some people were not getting the same type of healthcare, or that access. There is systemic racism that is embedded into a lot of these systems. The systems weren't designed for people with poverty, or the different types of challenges within communities that we work and face. So, it's a good opportunity now to look at those systems and say how we could make it work better. How could we engage the communities that are underserved? What are they missing, that other communities have? How do we fix that inequity that we see in the healthcare system, whether it may be medical health, mental health?

Fabian Wander

So that's definitely important. I do a lot of telehealth, there are people who do not have stable internet service, that don't have the capacity. I work in the college, there are college students, you know, we're trying to link fine Wi-Fi hot spots that they could connect to and do their school work. It is a challenge, and it is a very good example of how these inequities exist. One could turn on a lap top and get their work done, while someone has to struggle or share a lap top with their three or four kids and their partner and take turns. It's like you're trying to get the same assignment done or project completed, but know you have to wait for everyone else to finish using that lap top. So, I am really happy that you're bringing that to light. It's super important, and what we've done, putting those band aids on, creating that lemonade. I think it's something that we need to see. We put the band aid on that cut we really didn't solve the problem. You did make lemonade out of lemons by dividing these programs. We have to

understand how to invest in these resources, especially when it comes to technology that's really important.

Senator Rivera

Doubling down on telehealth like Ms.Hernandez said, and I agree with you completely, not ignoring the lessons that we were taught. I should say the lessons that some people were taught. Because we do work in this community, we saw that these inequities existed. We saw them during normal times. We could still go to concerts, outdoor, indoor events etc. The inequities were still there, so we're saying not to ignore them. Make sure that as we are developing policies, expanding access to technology. Take that seriously, that we are actually solving, what the pandemic has shown us. I want to thank Mr.Wander and Ms.Hernandez, both of them do work here every day in the Bronx. I thank you folks for being part of this conversation today. I thank SBH for inviting me to guest host.