

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY

NEW BRUNSWICK

AN INTERVIEW WITH DEBORA LA TORRE

FOR THE

RUTGERS ORAL HISTORY ARCHIVES

INTERVIEW CONDUCTED BY

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TRANSCRIPT BY

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Kathryn Tracy Rizzi: This begins an oral history interview with Debora La Torre, on March 5, 2021. I am Kate Rizzi, and I am in Branchburg, New Jersey. I am interviewing with several students. Yazmin and Charlene, in that order, please state your name and where you are located.

Yazmin Gomez: My name is Yazmin Gomez, and I am currently located in Highland Park, New Jersey.

Charlene White: My name is Charlene White, and I am currently located in New Brunswick, New Jersey.

KR: Ms. La Torre, thank you so much for joining us today to do this third interview session.

Debora La Torre: Thank you for having me.

KR: Can you please state for the record where you are located?

DL: Yes, my name is Debora La Torre, and I am located in Lyndhurst, New Jersey.

KR: When we met early last year for your two oral history sessions, it was the pre-pandemic world. Today, we are going to focus on talking about the pandemic. I would like to start off today asking you, when was Covid-19 first a blip on your radar?

DL: That's a good question. I know I'd heard about it, even in the medical world, we were hearing about something coming around in the China area, but it wasn't anything that we were particularly concerned about in the United States until, I want to say, early 2020, like January-February timeframe. It was becoming something of a concern, the risk it could be coming to us in the United States, from what we'd been hearing from our colleagues overseas. That's when it became something that we really should be concerned about.

In my personal radar, it really didn't become real until almost March, and why that timeframe specifically, it's I think because we didn't have those criteria and restrictions enforced or really available until then. I know when I started seeing patients in an urgent care setting, I had a couple of exchange students from China early on in late January, February and they wanted to know if they could get tested because they had some symptoms, and it's just like, "We don't have anything to test what you're talking about." At that time, we just tested them for the flu. They either tested positive or negative for flu, and depending on their actual symptoms and when they started, we would give whatever the recommended treatment was for a viral infection. So, it became more real in March, for me, personally, because that's when everything started shutting down, and me, working in an urgent care setting, we didn't. At that time, the company that I worked for, they didn't really even have N95s in play. We had gowns, but N95s were not a part of our normal formulary that we can just order. When they started ordering in bulk those kind of equipment, it was a little scary. [Editor's Note: Covid-19 first emerged in China in December of 2019. On January 21, 2020, the United States reported its first case of Covid-19. On March 11, 2020, the World Health Organization (WHO) declared Covid-19 a pandemic.]

I'm not sure if Kate has told you, I'm a military family nurse practitioner as well, and I know what it's like to be in a mass cal [mass casualty] situation. I know what it's like to be in a time of crisis and what normal steps the government takes to move when it has to happen quickly, especially when issues like that, of distress, happens within a community or a country. I saw it coming and I was just like, "Oh, this is going to be bad." It's that gut feeling. After seeing it once or twice, you're like, "Okay, this is happening." I was also supposed to be on a mobilization in March, at the end of March, and that didn't happen. I got my orders cancelled literally three days before I was supposed to go because at that time the military even deemed it, "It's not safe for you to go yet, especially if you're in the fight currently," which we were, as an urgent care provider.

It's very scary knowing we have these patients coming in, and they are just as fearful as we are and we don't really know what we're dealing with. Initially, the company that I work for started doing pre-screenings, just as recommended from the CDC [Centers for Disease Control and Prevention] and the WHO, the World Health Organization, and they pretty much gave us the best guidance that they could with the knowledge that they had. My company was working off of that guidance and we were pre-screening patients just to make sure certain symptoms that we knew what we were getting ourselves into. If they were coming in for a tuberculosis placement or a reading, we know they were "safe," but we were still required to wear our masks and everything else. We'd get patients who were like, "Hey, I literally just need a vaccine because I'm pregnant and I still need to get my vaccine, as my OBGYN says, and no one is willing to see me." In a way, it was really nice knowing that I was there for those patients, because in the medical world, a lot of primary care offices shut down to the point that they were only doing telehealth medicine. For someone that is sick and you're scared, telehealth sometimes isn't the best way, and you really need that face-to-face interaction. You need to feel and know that someone is there to take care of you, and as a nurse, it's very hard to do, hold the hand virtually. It was nice knowing that I was able to do that. I was able to still be there for those patients when they were really scared to go to the doctor because they didn't know what to expect. They didn't know if there were going to be lines of people coming to see me or anything like that.

I've had patients that I've pre-screened--I've had a guy almost collapse on me because it was like from the door of the entrance of my clinic into the patient room, it exhausted [him], he couldn't breathe. I have a little over ten years of emergency trauma training, and I know a guy who has to go to the ER [emergency room]. I know, I see that. Of course, he had to go to the emergency room. I called the ambulance. Seeing the EMTs [emergency medical technician] come in, in their hazmat suits, I'm sure it not only terrified the other people who were waiting to be seen, but it's very scary for me as a provider to be like, "Okay, this is a guy that may or may not have Covid, and I don't know if I'm going to hear from him. What do I tell his spouse?" It's very hard to relinquish that care and really not know what to say to these people, that especially early on, "I don't know if you are going to be okay. I don't know if you're coming out of this alive. I don't know." It's very frustrating as a provider to do that because you really want to be able to be upfront with your patients and let them know what you know, so they get a good, clear picture of what they're facing, whether it's the good, bad or the ugly, and with this pandemic, it really has been very difficult, I know in the beginning, to do that.

KR: I want to follow up on a couple of things that you just said. You talked about the unpreparedness across the country for Covid-19 and then you also talked about the burdens placed on the healthcare system and you described your own situation in your urgent care center. Describe to us what it was like during the early pandemic, March, April, May of 2020, and then how things evolved to provide treatment to patients but also to take care of healthcare workers.

DL: Okay. Yes, it's a loaded question. [laughter] Like I initially said, overall, the medical world knew something was coming. It just kind of was like we were watching it from afar, especially when it hit Europe and the Far East, so it definitely gave us some time to prepare. I just don't feel like logistically it was enough time to prepare. The supply-and-demand chain were definitely stressed and overwhelmed. You're talking about, I want to say, over a million orders for masks, gloves, gowns overnight. It's very overwhelming and frustrating knowing that I don't have enough gloves, I don't have enough masks, I don't have enough gowns to see my patients. I know when I was taught in nursing school, you wear your PPE [personal protective equipment], you throw it away because you don't want to contaminate yourself or others. It was kind of like one and discard. Now, everyone is telling you different, and this goes against everything that we learned in school. It put a lot of--I don't want to say distrust, it's not distrust, but it made us very wary of what some supervising agencies, whether it be government, federal, state, or even company-wise, I feel like it made us very wary, like, "Are you really having our safety as your best interest?" because, unfortunately, from this pandemic, we've lost a lot of healthcare providers. I know me, personally, I've lost four. It's hard, it's hard. I'm trying to think what the other parts of your questions were.

KR: Can you trace the evolution of how Covid has been treated, in your experiences?

DL: Logistically, yes, that was one of the big issues. I feel like we've definitely gotten better with time, of course. I feel like the supply-and-demand chains have definitely gotten better, but I feel like we're still seeing something very similar now with the Covid vaccines. Unfortunately, there is not enough. The way that some government agencies are dealing with it is to the best of their ability because, once again, this is something that we are not familiar with. I feel like the evolution, the process of the vaccine was actually very well played out. I feel like they wanted to let us know as soon as possible if certain vaccines were going to be acceptable and accessible to the public, which I really did appreciate that, because I am definitely one of those individuals who I have to read it to believe it. I need to see these trials, this data. I need to see what exactly I'm going to be telling my patients. That's one thing I've told a lot of my peers and my other younger professional nurses is, "Know what you're talking about when you're telling people about the vaccine." It's one of those things that I tell people too, is you need to know this disease as best as your ability because it's not just your patients who are going to be asking; your family members, peers, everyone is going to be asking. I feel like we've definitely gotten better with the knowledge across the board, yes, but I feel like some minority groups haven't really gotten the full potential of that. I, myself, am still advocating and still trying to inform individuals within the Latino-Hispanic communities of what exactly is this virus and what it means when we get the vaccine and everything else. I know there's a lot of doubts with the vaccines, but we just have to try to get to the masses as best as we can so we can get that herd immunity.

As for providers, from the beginning, I feel like, yes, we were on the frontlines. I feel like we definitely put a big emphasis on public health now. That's one good thing I can say that came from this pandemic is the fact that the eyes of the world have been pretty much put on public health and made people realize the importance of it and how prevention honestly can be the key sometimes. That's one thing I really can thank the pandemic for. Public health, unfortunately, it's not one that gets really greatly funded. It's not one that there's a lot of public health officers out there advocating for the communities and stuff because it doesn't pay well. It's almost a disservice to that specialty, but it's one of the most important ones. I feel like this pandemic put a lot of emphasis on that. Hopefully, it let some of our legislators know the importance of it, and hopefully, crossing fingers, they get more funding. As in other preparedness, I feel like we've definitely gotten better from logistically, equipment, to vaccines, to even getting testing as rapid as within fifteen, twenty minutes.

I remember those lines of being at these mega-sites for Bergen and for down in Central Jersey, everywhere, I remember not just family members but friends and even some peers are waiting eight hours just to get tested. To me, I couldn't believe it. It was definitely a very scary time.

I'm no longer in the ER. I stopped being an ER nurse technically in 2018, spring of 2018. I still have a lot of close friends and family members who work in the ER. It was very difficult for me to not want to go back. I felt like, "I've got to help out my other family." The ER, especially my two ERs that I used to work at, they're my family, and I knew they were suffering. Even now, when we got the second wave, I see my friends and I see my peers and I see them suffering and I know the burden. Being in that critical care role for so long, you experience burnout sometimes more than what you want to. I know I did, and that's one of the reasons why I left. I can honestly say that I contemplated going back just so I can help out, just so I can give some relief or anything I could do to help them. I remember one of my peers even told me, and it just scared me because they're like, "Deb, they're running out of oxygen in the hospitals." I'm like, "What do you mean? The cans? The small little cans that go behind the stretchers?" He was like, "No, Deb, the cylinders, the big giant ones." He's like, "It's very scary not knowing if I have enough even oxygen for my patients, and that's what they need to survive. It's scary when I'm triaging people and their O2 sat [oxygen saturation] is barely sixty because you know they're either going to get intubated or they're going to die that night." Hearing these [stories] from my friends, I hear not only anxiety, but I hear their frustrations. It hurt me so much to the point that I did contact one of my old emergency room managers, and I let her know, I was like, "Hey, I'm thinking about coming back. How bad do you need me?" She responded, "We need you, but if you're not ready to come back, don't come back." I appreciated that from her because she knew why I left in the beginning, and she was like, "It's not any better than what it was, and it's far worse."

I've had family members unfortunately pass away from this, not close ones, but like distant and family friends, and it's hard to know that you cannot say goodbye to your family members, especially within our culture. We need that. We need to touch. We need to feel. We need to hug our loved ones, especially in their time of need and when they have to go away. Because of all the requirements, I feel like our nurses and medical professionals, who have had to be at the bedside, have had to put on that extra burden. I've been at the bedside in the ER and I've held the hand of a dying man before because their family literally couldn't come because they were across

the country. I've done that. I've done that probably more times than I'd like. But to do it every day more than once or twice or over a year, yes, that's a lot.

From the beginning, I knew how bad it was going to be within the profession. I knew the mental health of healthcare professionals was going to be put on the line, and it's such a big important thing that we need to do. I remember when I was talking to one of our state legislators last year, I want to say, in November, October-November timeframe, I let him know the truth, I'm like, "Sir, our nurses are seeing our communities dying. There needs to be something done in order to prepare us to not only prevent possible burnout but to help us heal in the process." The nursing profession unfortunately is already in high demand, and they definitely are short staffed. I don't think there's a place in the world that has enough nurses to suffice the patients and the patients' needs, and we're going to be dropping out at a higher, accelerated rate because of all this.

The thing is too, I see our new nurses coming into this profession and I feel not bad for them, but I feel, "Oh, my God, what are we putting you through?" Most of them are very young and they're just happy to get a job in nursing but not realizing the physical and mental challenges this all brings, and it's very hard to see. I can say this now as a seasoned nurse. It's very hard to see our young nursing professionals going through all this and knowing in two to three years from now, they're going to be pretty much like, "I'm done with the profession. I can't do this anymore." Overall, I feel like we're heading towards more of that aspect. The vaccine, I know for a fact it's given me personal hope that we can get back to normal, and I feel that it's doing that for other providers as well. I feel like that's why a lot of us are advocating for the vaccine because it's an extra layer of protection on our end, not just us as providers, but for communities and for those that we're serving, so we can hopefully get back to our normal lives and being able to see each other without masks and in person and not have to worry about this. I feel like that anxiety is definitely something that is going to be something long term for our profession.

Overall, I feel like the evolution of treatment has definitely gotten better as we have learned more from the virus. It's very hard to "fly a plane while it's getting built." I feel that it's definitely gotten better. There are still a lot of things we don't know about the virus, especially when it comes to our pregnant population, the ones who are immunocompromised and certain things that really make it difficult for us as providers to be like, "I don't even have enough data to know how to treat you." The experimental medications that have come out and now have gone into current practice for treating Covid, like even knowing that, "Hey, changing our patients, as intubated, putting them to supine," that hasn't really been done before. [Editor's Note: This refers to prone positioning, in which a Covid-19 patient is turned from prone (chest down) to supine (chest up) in a synchronized pattern to improve oxygenation.] Seeing all those things for the first time, it's been something new as a professional I have learned and I'm like, "Wow, they say we're always learning, but I feel that it's been an amazing journey just being through this pandemic and knowing what to do." It's a lot of lessons learned on our part as medical professionals and also in the government as well because we were not prepared.

I've read a couple of studies, most hospitals have enough ventilators to suffice their normal ICU [intensive care unit] patients but not when their normal daily status of ICU patients has doubled, tripled or even quadrupled. The thing that some people don't know is, ventilators are not all created equal. They have to have certain criteria in order to work. There's adult ventilators and

then there's pediatric ones. You can use a pediatric one on an adult. You can't use an adult one on a pediatric. There are certain things that you have to [know], like the settings are all different because of the pressure. I knew that was an issue, as professionals, that we had discussed because there wasn't enough ventilators in the United States to hold this kind of population that had Covid. I feel like that's another reason why we were thinking the ventilators cannot be the only solution. There has to be other ones. I feel as the medical world kind of united, we started coming up with solutions and what's the best thing for it. Now, I hear on the news they're even considering lung transplants for certain patients. I want to look back ten years from now and kind of see how it all evolves overall, because it's a very interesting journey when you look back.

Even in the military, for us, we've learned a lot of stuff from previous wars, especially from Operation Enduring Freedom and Iraqi Freedom that research has taught us, "Hey, we need to really take care of A, B, C." The training has changed and everything. When I went to deploy, we did not train on vehicle rollovers and all that stuff because we didn't have to worry about that in the past as much, but with the new weapons of IEDS [improvised explosive devices] back in 2004 to '05, I did a training exercise before Covid and we did vehicle rollovers for people who were going overseas. Being the provider, I was like, "Sure, I'll go, why not?" [Editor's Note: Operation Enduring Freedom was the official name for the Global War on Terrorism after the September 11th terrorist attacks. It is commonly used to reference the War in Afghanistan. Debora La Torre deployed with the U.S. Army's 58th Military Police Company to Bagram Air Base in Afghanistan in 2004.]

Definitely, we had a lot of lessons learned coming from Covid, and it was very similar to what I've experienced in the military as well. Even when I was working actively with the urgent care setting, I did get those calls from Uncle Sam and they were stating, "Hey, we need you to go to these makeup clinics and makeup hospitals, so we could start helping and everything." But they didn't want us to leave a current active site to go to another one. Since I was actively "on the frontlines of Covid," they were like, "Ma'am, you're okay. You can stay put for right now," which was great because I did get to stay with my family. It's been something that has been very interesting, that military aspect as well, because a lot of my peers were shipped to Texas, they were shipped to, I want to say, up north, to Massachusetts, Boston. They were sent there. I've had people just flying everywhere, especially California, just so they can help. I remember one of my soldiers was asking me, "Ma'am, you're not going to join us?" I'm like, "Not this time. I've earned my combat patch. I'm good for right now." It's definitely interesting how all the moving pieces have kind of been put into play when it came to Covid.

KR: Let us turn to Yazmin for a question.

YG: You mentioned a lot of burnout and issues with just being frustrated on the job and of course the burden placed on nurses and healthcare professions at this time. I am just curious, how are you and other healthcare professionals taking care of yourselves mentally and physically during the pandemic?

DL: Yazmin, that's a great question. Believe it or not, I know nursing professional organizations, medical organizations, and even public health organizations have kind of joined forces. I know ENA, which is the Emergency Nurse Association, the American Psychiatric

Nurses [Association], the emergency trauma doctor organizations, they've all kind of joined forces to advocate for our professionals on a wide scale. They've written letters to Congress because they know the burden of burnout, what it can do to the medical professions. It's definitely something that overall they have definitely put into our government and let them know that our voices need to be heard on this issue because it's not going to be a band aid that they fix overnight, "Here's some breathing exercises, and take care." It's something we have to consider long term.

Actually, I was helping out with one of the policy statement letters. What we did was pretty much let people know that it's just not the government overall, like, "Hey, here's some money to go get therapy." It's pretty much having facilities made aware and hiring those specialties that they need to to assess their providers and know who's greater at risk and do a follow-up every so often just to make sure that they're doing okay and they're not just, "I'll be fine, I'll be fine" and just carrying this on. This is something that needs to be done throughout the whole enterprise. It can't be just one hospital. This has to be done within clinics, within our professionals on the frontlines, and maybe even extended to our fire departments and police officers because they're seeing the brunt of this too. It's definitely something that we, as multiple organizations, are collaborating together to take care of our own and also letting Congress and our legislative leaders know that this is very important to us. They definitely have heard us. I feel like some of them know my name [laughter], but I definitely feel that with everything like that, one of the biggest things is time and money. Yes, the money can be there, but how do you take one person out of the fight to help them but still not help all of them? It's very hard to do, and that's something even the military has some difficulty with. Sometimes, it's not until after the fight is over that we can actually truly heal.

We are assessing our own. I'm currently the chapter president for the National Association of Hispanic Nurses in New Jersey. We've set up multiple mental health workshops for our members and for those who are not our members. We've extended it to EMTs, police, fire department and everything, because we know that we all need this help. We all need this access to resources because we don't want to lose any medical professionals to not just Covid but to the challenges that come after it. It's very similar to PTSD when the veteran comes home. Do you want to have another Vietnam era but only now with medical professionals? You want to have those resources there and available from the very beginning. Otherwise, you're kind of leaving us to fail in the aftermath of this, especially with the second wave, when it came through. I'm hoping there's no third wave. [Editor's Note: The National Association of Hispanic Nurses (NAHN) is a national professional association that was founded in 1975. The New Jersey Chapter of NAHN is dedicated to the recruitment and retention of nurses and to improving health in Latino/a communities. Debora La Torre, MSN, APRN, FNP-BC, has served as the president of the NJ Chapter of NAHN since 2020.]

It's very, very difficult to find the motivation to [say], "Hey, I need to go and get help." Trust me, I have worked through this pandemic, I think the longest I've worked non-stop is sixteen days straight, and that's not like, "Hey, you have an eight-hour shift and you're done." This is ten to twelve. The day that that gentleman almost collapsed on me, I worked almost fourteen hours that day, and it was a lot. It was a lot because you need more time than just eight hours to catch up on sleep and be like, "Okay, I'm ready to go back into the fight to do this again." One thing I

stress to a lot of medical professionals and nurses, especially our younger nurses, when you need a day off, take it. They will survive without you for one day because you really can't put so much burden on yourself to keep going if you really are not mentally ready. It's not good. Mental health definitely affects a lot of our physical health. I've told my supervisors, I've told a major, I'm like, "Ma'am, I can't, I'm done. I am done. I cannot do anymore." I've told my supervisor, "I physically can't, I need a mental health day." I really do need it. They understand because of the stressors that we are currently facing, and like I said, they'll learn to live without you for one day. I rather have one day extra to recoup than have maybe two to three weeks of like I really can't function because of all the trauma mentally I've had to deal with for the past year or two. So, I'd rather just miss one day and just kind of really recoup and do that. Unfortunately, some providers don't take that day like they should. I feel like that just increases the risk.

There are studies out there. There's now, I think, a couple hundred studies that pretty much focus on the likelihood of mental health and Covid [being] related and they will actually increase not only the burnout, PTSD, depression for those who already have it but also the increase of having our medical professionals turn over. That turnover is non-stop, especially when we have travel nurse companies and travel medical companies wanting to pay this abundance of money, so they can go travel across the country to do the same thing they would have done at home.

It's very, very tempting. Me being in New York, being in New Jersey, I was really contemplating being a NP [nurse practitioner] in New York City. Getting my New York NP license wouldn't take more than a month, and I could go and help out. It's pretty much twice my salary, and I was just like, "Oh, my God, that's amazing." I was talking to one of my peers and she lives in Upstate New York and she was like, "You think we can quarantine for six weeks away from our families to do this?" I'm like, "I really don't know." I mean, we really were like, "We'll call tomorrow and see if we can do it or not." One paycheck with them can pay for almost a month and a half of my mortgage. Who says no to that? [laughter] I'm kind of happy I didn't because I have heard some stories as well about some of those nurses who were in those travel health agencies. They weren't working the capacity that they were contracted to, but they were moved to other areas, so it was very hard to manage them. I'm kind of happy I did not take that. But the burnout is real. It's an ongoing issue, and it's going to be a long-term issue. It's not going to be something that's going to be relinquished anytime soon, just like Covid.

KR: Charlene, do you have a question?

CW: During the pandemic, have you encountered any people or had experiences with people who denied the legitimacy of Covid?

DL: Yes, definitely. Someone will come in, no mask, no nothing, and I'm just like, "Ma'am, where's your mask?" I think she brought in a family member or something, and she was like, "I have a medical condition." I'm just like [makes a disbelieving face]. In the provider's mind, if you are that fragile to not wear a mask, I don't think you should be out. Even shopping at my local retail or pharmacy, I've seen individuals pull out the exemption card. I'm in awe. What do you say to that? When I see patients, if I go in the waiting room or anything else, or if some of my patients see me about town, I don't mind talking to them, but we're keeping our distance. I

am very, very particular about the six feet. I tell them, "I need six feet, please. Thank you." Initially when we were in the pandemic and there were lines to Costco and lines to Walmart and lines to our local supermarkets, there would be individuals who were trying to creep up on me, and I was just like, "I'm sorry, but can you please back up?" They would give me this weird look, like, "I'm not that close to you." I'm like, "I need the six feet. I'm a healthcare worker, and if I have anything, I really don't want to get you sick." That's when they realized, oh, my God; that's when a lot of people realize you really have to distance yourself. You have to really do that. That was my biggest thing.

Unfortunately, my father did contract Covid. He's fine now. I didn't go over their house. My daughter didn't go over their house. It definitely was very difficult. I live ten minutes away from my parents, so it's very difficult, especially within our culture. God forbid, I not go for Sunday brunch to my mom's or at least call my mom on the weekend or something because I will get hell. Not to do that for almost a whole month and a half was very difficult.

My sister was more in denial with the fact that our father had Covid, and she thought it was just allergies because it's March and Dad gets allergies. Allergies don't cause fever. I actually remember putting my PPE on. My dad was in bed. He was quarantined. Before he got his diagnosis of Covid, I remember putting on my gown, my mask, my head wrap, I had my face shield, I had my nursing gear, all that stuff, ready to go. I saw my mom. She looked at me and you could tell she was scared. I assessed my father. I had no problem. I wanted to know because at that point the doctor says to go get tested. That's what he says. I'm like, "Did he do a telehealth visit?" "Yes, they did." He has no idea what his lungs sound like right now, and I'm like, "I have to assess my father," just for my wellbeing. I needed to know what was going on within my own family, so I assessed my own father. He was okay. My clinical impression was, "Dad, you need to get tested. I think you have Covid." My dad was just like, "No, I'll be fine." I'm like, "I think you have Covid." At that time, they wanted patients to do Mucinex to dry off any secretions and everything else. So, that's what I recommended to my father and to take fluids, to drink soup, to do these things, to stay home and quarantine and not go out. My father was very stubborn, and I think after him seeing me in my getup, he realized how real it was. I think my mom's nagging probably helped too because she was scared and she was like, "We can't lose your father." I'm like, "I know this." I think she embedded it in him that, "You really have to pay mind to what she's saying because you don't want to leave our family this way." I'm happy my dad listened. He did get better, thank goodness. He did another telehealth visit with the doctor because he had a persistent cough, but his O2 sats and everything definitely improved.

He still had to quarantine. According to those guidelines, at that time, it was fourteen days after he was fever free. My dad, in all his wisdom, decided to fix things around the house. He painted the garage, he did this, which was great. My mom loved it. He even got on to the roof to check the shingles on the roof, and during that time in March, it was very windy. The ladder fell. He wasn't on it, but he was stuck on the roof for almost an hour, screaming, yelling to people, "Hey, I'm stuck on the roof," while my sisters were downstairs not realizing. My one younger sister, she was doing class virtually at the time and she just remembers hearing the thud of the ladder and being like, "What was that?" and then didn't hear anything until she realized my dad was screaming. [laughter] Then, she goes out, and my dad's been stuck on the roof. These are the things that we can laugh about now.

My father was not the only one that I assessed. I assessed my uncle. My uncle actually, he was diagnosed with Covid, I want to say, in October, and same thing, and the thing is my family knows I'm a nurse practitioner. Of course, like any other family, they try to be like, "What medicine do you think?" I'm like, "My consultation fee is ..." and they realize they need to be an established patient. My cousins confided in me that my uncle had a passed-out kind of thing because he was that weak. They had tried the Mucinex and everything. The doctor recommended oral steroids and even an antibiotic, all virtually. I feel like they needed the reassurance of an actual someone at home to really assess him. They asked me, and of course, I went. He's my uncle. He's definitely been there throughout my life. I feel like just having that reassurance for those who do have Covid and knowing that they're home alone and quarantining and doing the right things, they're like, "I have no one. How do I know I'm not dying right now?" I feel like that definitely helped. I listened to my uncle and I assessed him, and I told my cousin what I thought and what my clinical impressions were, "If he does not improve within the next twenty-four hours, let me know who is his primary care doctor, I'll give him a full report of what I heard, saw, everything, and if he needs to go to the hospital, we'll do that." But at that time, I didn't feel like there was a necessity.

I did the same thing for my aunt who ended up getting Covid. It was right around Christmastime. At that point, my cousins only confided in me. They didn't want to tell my mother because my mom kind of took it really hard knowing that one of her brothers had gotten Covid. It's just a lot. We've had a couple of family friends die of Covid during that timeframe. I think mentally, it was affecting a lot on her end. For that aspect, we didn't tell my mother until after the fact that I assessed my aunt and gave my clinical impressions and what we needed to do for her and whatnot. My mom was a little upset with me [laughter] afterwards because I didn't tell her, and I let her know, I'm like, "Mom, I did not know, and plus also I didn't want to violate my aunt's privacy," because my aunt had asked me not to tell my mother and I told that to my mom. I'm like, "Unfortunately, I couldn't violate my aunt's trust. Yes, she's your sister." Overall, when that provider hat goes on, you really have to be there and do what you can do for your patients, even if it is keeping that kind of information from the family.

It was hard seeing my family like that, and doing those things, I wouldn't second guess [myself], I would do it all over again, because they need that "home visit." They need that provider. They need that sense of security. There's a reason why our profession is one of the most trusted for over two decades now. It's because we do things like that. We take care of our families, our communities, our patients, to the best of our abilities, and that definitely wasn't going to stop with my family. I feel like that is another reason too why our mental health issues are going to be prolonged because we know that if we are taken out of the fight, who's going to take care of our patients?

KR: With your father getting Covid last March, I am curious what his experiences were in terms of getting tested.

DL: Where did he go? This was still really early on. My two younger sisters and my mother [and father] live in the same household. No one had symptoms except for my father. Now, we're learning men of color are more higher at risk that we know of. My father ended up going

to one of the mega-sites. I want to say it's the one in Bergen Community College. My mom and dad left, and then my sisters followed in another carpool right behind them. So, I want to say they left around five-thirty in the morning, six o'clock in the morning to get tested that Saturday after I saw them. When they came home, it was like ten. So, it wasn't too bad, but what my mom had told me is that it was definitely just sit and wait, just sit and wait, and that's all you can do.

I'm very fortunate that they have me because they didn't know where to go. They didn't know online, like, "Do I have to make an appointment? Where do I go for testing?" Having those pathways early on, I feel were so vital, yet they weren't there initially. Now, it's promoted everywhere, where you can get a Covid test. I feel it's the same issue with the vaccines unfortunately. The pathways are not there, and because of where I work, people are asking me, "Are you giving out the Covid vaccines?" "Do you know who has the Pfizer ones? Who has the Moderna? Anyone get the Johnson & Johnson one yet?" I'm like, "I don't know yet." It just really depends on the logistics of everything. I feel like those pathways were needed a little earlier in time. But when something happens like this, you don't know what it is or you really don't know how to create a pathway to do that, especially among minorities and immigrants. Also we're having issues with our bedbound patients who can't leave. I know the State Department of Health is already having a game plan on how to do that and how to take care of their people within their counties and those who are on ventilators at home, and how do we protect them from their families who want to visit them? So, I feel like there is definitely a good game plan in play now, but I feel like that should've been done a little earlier. At that point, we didn't know that we were going to have to do all these things.

Last year, around this time, yes, it became more real, but I don't think at that point we were thinking, "What pathway can we give these people to get tested?" It was more just like, "Go get tested." I'm like, "Okay, but how?" Analyzing the situation and assessing the situation and the resources, it was very "Public Health 101." You have to know your communities. You have to know who you're serving and know what resources to provide for them. On a government level, that's very hard to do because we have such a huge, diverse population within our country. I feel as if maybe the Department of Health could have communicated a little bit better or not have had all the burden just on them with the positive Covid cases that were coming in, contact tracing and everything else, but they needed probably more staff from the very beginning, along with funding. But that goes hand in hand with what I said earlier. Hopefully, the government and state officials can see the necessity of public health and why they need so much manpower and why they need so much funding.

KR: What have been your experiences as a working parent over the course of the pandemic?

DL: Virtual learning is difficult. [laughter] Initially, the school district where I live, they thought it was going to be a two-week thing and then come back. They gave my daughter some worksheets and handouts, and I think I had talked to Kate earlier, last year, how great that experience was. I had to go to my local CVS and buy printer ink. [laughter] I think around that time, we lost power because of bad storms. That was another great thing that did not help the pandemic; Mother nature was definitely interesting this past year.

I feel now they are definitely well prepared. Initially, they didn't have any virtual classrooms set up. They did not have any real means of communications besides the teacher email. I didn't know if they had received her homework or not. Another thing was because they thought initially they were going to return back within a two-week period, my daughter and some of her classmates still had their materials and their books and whatever they needed in their desks still. Eventually, they ended up getting the Zoom classrooms, and at that time, I was very happy that my daughter had access to my laptop and to other places so she can do her classroom activities.

Once that physical school year ended, I feel like the Board of Education within my town definitely stepped up a lot. They started doing surveys about the likelihood of hybrid versus all virtual and everything else. They really took command of what they wanted to do for the students within the town, which I really do commend them for, and I actually wrote to the Board of Education letting them know that they are doing a phenomenal job compared to other towns that I've seen that have just virtual and they don't even have enough laptops for their students or iPads for their students and whatnot. I know some towns are even providing free Wi-Fi access with a code with certain companies. I feel like overall it definitely has gotten better, yes.

I remember when my daughter had to go pick up her stuff from her classroom in, I think, June or July, and they were very adamant, this grade picks up from this time to this time. There will be six feet between them. Masks need to be worn; gloves are optional. They will be in the building no more than fifteen minutes, and they were very, very articulate. As a parent, I appreciate that.

We got to go see her pediatrician for her annual physical. Mind you, my daughter's birthday is in April. We got to see her at the end of June--no, July, we saw her on my birthday, and she got to do her annual physical. The pediatrician had asked if I wanted to run antibodies for my daughter. I said, "Yes." My daughter was negative for antibodies, which was good, but still it was definitely something very fearful for a parent, "God forbid my child gets Covid."

Now, with this school year, as great as they have been, the school, I get the email that my daughter's been exposed. The first time, it was very scary. I wanted to test her that same day. I wanted a test for myself the same day. I wanted to make sure as a parent that she is not compromised because as a parent it's very scary. You do everything you can to protect your child, your children, and when that is taken away from you, it's very, very scary. Me working and everything, my parents have been really great, after my dad had been off quarantine, but other than that, my daughter stayed at home. She's thirteen years old, going on fourteen; she's a big girl.

My sister has a now sixteen-year-old. At the time at the beginning of Covid, she had a barely four-year-old and an eighteen-month-old. Doing virtual school with them was very difficult. The thing is, for my niece, it was very, very amusing at first because she was taking her little iPad all over the house, like, "This is my house," and showing off. All of her friends are like, "Oh, she has all these toys." Now, they've gotten in that routine.

Overall, children should have human interaction. Over the summer, when she wasn't in school, we would go to Hoboken, masks and all, just to go outside and just walk and get some fresh air and get some Vitamin D from the sun, like anything to be out of this house. That was a big

thing. My daughter's a homebody, as she laughs, and she actually joked about it, like, "I figured out my lifestyle. My lifestyle is quarantine. This is how I normally live." I'm like, "No, you can't live that way." So, I do try to take her out of the house and have interactions, and that's why opted to have my daughter more in a hybrid for this school year. But with that came risk, and throughout the year so far, the school was very good. If anyone, especially if the staff had a positive case of Covid, they shut down the school for two weeks to not only clean but to make sure that everyone was okay. So, my daughter has had a lot more virtual than hybrid school. Every time they go back, she's there for two, three days and then she gets a notice, "Hey, she may have been exposed." I'm like, "Here we go again with another test and everything." For me, I feel bad because she's just trying to go to school and learn and do what she wants to do. Unfortunately, she's not a fan of taking the Covid test, but we have to abide by that. She's quarantined now and I think that she's just happy that she doesn't have to walk outside in the cold.

It's very hard, as a parent, to make that decision. As far as me working, I feel like my daughter's kind of used to it. In some circumstances, she grew up with me being in the military and her father being in the military. She knows when Mom and Dad have to work, she understands, but she has my parents close by. She has my sisters close by and she has her cousins close by. They're not that far and she has constant communication with them. I feel like now we're a little bit better off because of all the restrictions being lifted and they're not as tight as they used to be initially. She does have human interaction with family members.

I remember, one time, I picked her up from school. One of her friends was talking to her, and I had offered a ride to his house because it's not far from ours. Everyone wore masks in the car, as I was listening to a nursing conference. He asked, he's like, "Hi, Ms. La Torre, one of these days, can I come over and hang out with Lucy?" I have no problem with that, but I told him, I'm like, "Tell your mom, make sure she's okay. Tell Dad. If they're okay, I'm going to make sure that Lucy gives you my cell phone number, so they know who I am." I'm still very safe and everything else. One of the major reasons why I'm redoing my basement is so they can hang out down there. [laughter] Definitely, I want her to have that human interaction but as safely as possible. It's just very hard.

To this day, my work shoes stay outside, downstairs. They do not come upstairs at all. As soon as I come home, I still take off my scrubs and my clothes that I work in, like my lab coat. All that stuff gets taken off because I don't want that in the house. I don't want that exposure. It gets laundered. After being vaccinated, I feel like it's not complacency, but I feel like it's okay to interact with people a little bit more. I have no problem doing that, but it's mostly been family. Everything else has been still virtual, like today. [laughter] Definitely, that's one of the things I tell other nurses and other parents is we really can't be complacent when it comes to everything and why the need for vaccination is so great, because we want to get back to this normalcy.

Yes, virtual school has been interesting. I myself am doing virtual school. I'm getting my doctorate degree in nursing practice, and what should have been a hybrid program, unfortunately, has been nothing but virtual. It's been very interesting on my end because we were supposed to go to D.C. in the fall and we were supposed to do all these events to help with advocations and everything else for the communities that we're serving and to meet my cohort, my professors.

Even to this day, we don't know--I graduate next year--and we don't know if we're going to be able to have a graduation ceremony, like an in-person [ceremony] yet. So, it's been interesting.

KR: Is this the program at Johns Hopkins?

DL: Yes.

KR: Oh, well, congratulations ...

DL: Thank you.

KR: ... Because when we met last year you were waiting to hear if you got in.

DL: Yes, I did get in. I ugly cried as soon as I found out. Mind you, I was alone in the clinic and I was supposed to get an email that Friday and I didn't get the email and I was like, "Okay, I'll give it until Monday." Apparently, the admissions office tried to call me, but I was in between patients and they left a message. A good acquaintance of mine from admissions, she was like, "You need to call me now." I was like, "Oh, my God." When I called her, she was like, "Oh, I wanted to tell you the good news," and tell me also that there was a glitch in the system, that everyone's emails was not sent out. I'm like, "Okay, good, here I am thinking I didn't get in." But, yes, I did, I made it in.

I'm almost halfway. I'm actually going to, after this today, I'm just finishing up my proposal presentation for class, yay. It's been an interesting journey. We'll say that, because I was doing bio stats and as much as I didn't want to talk about Covid, that was one of the assignments. That's how I know about the ventilators and all that stuff. They've been nothing but great resources, especially during this. As some of you know, Johns Hopkins developed the Covid tracker, and I'm actually doing my elective courses through the Bloomberg School of Public Health, which is great. It's such valuable information, and the professors there are nothing but anything I expected. I expected having so much availability to knowledge and having all these experiences, it's been so great. I couldn't expect anything more from them. I've been very fortunate to have my advisor, and it definitely has opened up some ideas and pictures on what I want to do in my profession overall. [Editor's Note: The Johns Hopkins Coronavirus Resource Center (CRC) is a database of Covid-19 pandemic statistics. It was created shortly after the pandemic began.]

Especially for the organization [New Jersey Chapter of the National Association of Hispanic Nurses] that I am with, it is definitely something that I want to continue further to help the Latino communities, not only in the State of New Jersey, but on a bigger scale as well because we definitely need nurses within our profession. I've actually lectured, I've been a guest lecturer for a university in Peru and letting them know what we've been doing with preventing Covid and the vaccine and also letting them know about research. Unfortunately, the literature or the databases are not available because, of course, they all cost money, and with the different currencies, that can be very expensive even for the schools to let the students have. In the United States, we're very lucky and blessed to have those resources available. The university that I was a guest lecturer, I was talking about research practices that we're doing and the methods and stuff, and

they were just kind of like, "Where has this all been?" They're just starting that cultivation of getting databases, access to them, and a lot of research is actually English-based and not translated into Spanish, so it's very interesting. A colleague of mine, actually she's a mentor, she did a sabbatical there, and she was the one who introduced me to the university. They've actually translated a research book from English to Spanish, so then that way, their doctoral and master-prepared nurses can have at least a book in their language and know what we're talking about when it comes to research. It's definitely something that I would love to improve care overall in that country, especially [because] it's where my family's from. It hit home pretty well. I still have family there, so I have to think about in the longevity of things, if I help out the nursing profession there, they one day could be taking care of my own family members. We definitely want to prepare them to provide the best care for the communities that they're serving as well. [There will be] a lot of projects hopefully coming up after I'm done with this degree.

It's interesting, Covid has definitely tested my barriers and I feel like it tested everyone overall. It's not just us as a profession but my family members as well, but they understand. I wear many hats, and eventually I will take some of them off. The doctoral degree will be done next year, and hopefully by 2025, I will be retiring from the military. I did the calculations. I'm supposed to get my retirement letter in 2025, but we shall see--within that region--so we'll see.

KR: As is well documented, Latinos, African Americans and Native Americans face higher rates of Covid infection and also higher death rates. From your vantage point as a healthcare provider and also president of New Jersey NAHN [National Association of Hispanic Nurses], what are you seeing in communities that you serve?

DL: One of the things that we see is the Latino and Hispanic communities have a lot of misinformation and they do not know if the shot is very safe. Also, with Covid, they don't realize what the risk is. Unfortunately, Latinos, it's our culture, we provide for our families, sick, hurt, it doesn't matter, we continue on to provide for our families, and that's just pretty much how our culture is based. I understand, I'm guilty of that as well. The problem is their accessibility to primary care is not the best, and that's why they put them at a higher rate because we, as a culture, are higher risk for obesity, cardiovascular issues, like high blood pressure, cholesterol, diabetes, and those are all comorbidities that Covid loves to attack. If you're not knowing that you have these issues and you're just constantly working, yes, the typical "cold" is not bad, but if you're waiting, "You know what, I'll get rid of this cold, I can't lose work ..." especially for, I think, eighteen percent of Latinos within New Jersey are essential workers. That's a huge, huge, labor force that if they were sick for a day, we will feel that as a state. I feel that we definitely need to educate our Latino communities, to maintain that social distancing, to keep washing our hands and everything, and also letting them know when to seek help and creating those pathways, so they know when to go for help.

Unfortunately, I feel like they don't go into hospitals until it's a little too late, and that's not just with Covid. I think that goes on with pneumonia. That goes on with other medical conditions, that they feel like, "I will take care of it myself. I'll go to the doctor when I can. I'm not ready." It's mostly family members that are taking them because they're concerned at that point. It's very hard, as a provider, to get people to come in to get educated because they don't want to lose work. That's one of the things with the vaccine, they're scared of the side effects. Will it cause

me to not work that day? I've had a patient--we were doing Covid testing in the clinic before they had me floating to a different area--we were doing Covid testing, she was a factory worker, and it was the beginning of Christmas and she tested positive. She was asymptomatic, which means she had no presenting symptoms, but she knew she had to quarantine. At that time, it was still the fourteen days. I think they didn't turn into the ten days until later on. She was so scared because she carpooled with her husband and two other coworkers to work that day. She has her mother-in-law and her two young children doing virtual school in this all one household in Paterson. Now, she's technically quarantined. She can't work for the next two weeks, so that Christmas money that she was hoping for is now gone. She began to cry. As a provider, I felt, "Oh, my God, I can't help you and I don't know what else I can do for you." I told her, "You definitely want to get the rest of your family members tested just to make sure and try to isolate as best as you can from them if you can." But it's hard to do when you have six people living in a two-bedroom house or apartment. I don't know if they were documented or not. How do you do that? How do you do that, when you need two incomes to survive and knowing that she wasn't going to be able to get hers for the next two weeks because she wasn't working? It puts a lot of hardship on us as providers, especially for nursing, because we really do think more holistically, as in the patient as a whole. It's not like me just writing a prescription and I'm like, "Here, take it to this pharmacy because it's cheaper." It's more like, "Okay, this is what we need to do and develop a plan, so you can somehow still be able to get paid and still be able to survive."

We've seen it. The statistics don't lie. Food insecurities and job insecurities definitely had a rise during Covid. It's just very scary as a provider, like what do we tell our communities, "I'm sorry, we can't help you"? We can just tell you, A, B, C, D. It's very hard to do that. I feel because of instances like that that have happened, it puts the Latino community as, "I don't even want to get tested anymore because they're going to just tell me I can't work, and then what can I do?" The same thing goes for the vaccine. "I don't believe it. I don't know if it's really going to protect me. I can't miss work." The resources are not there for later on at night or even on the weekends sometimes to get the vaccines. Or maybe they don't even know that there's accessibility on the weekends during their time when they're off of work. Then, of course, we have the issue of getting an appointment, and I feel like that has been a statewide issue overall.

Myself, I tried to make an appointment to get it as a provider because at that time, my clinic was not offering it to employees. Literally, it took me three attempts with my local board of health, and because I worked in Essex County, I was able to go through their site and I was able to get it through there. I'm a healthcare provider. It was very interesting how to navigate the system. I feel sometimes the system, it reminds me of almost an airplane check-in, like, "Hi, do you have baggage?" "Hi, do you do this, that?" "Okay, we'll call you. We'll let you know. We'll send you the email." There's no opportunity to really call until recently, that they had the hotline established. Initially, I thought that was something that was very difficult to navigate and I feel like they may have gotten it a little better, but it's the appointment lines and of course the weather hasn't been all that great, so they've had to cancel. It's a lot. It's a lot to do, and for someone who doesn't know the system, it's even harder.

KR: Yazmin, would you like to go ahead with a question?

YG: Yes. I am curious, what do you think the future of healthcare will look like after the pandemic is over?

DL: Oh, wow. [laughter] I feel that the future of healthcare, what I hope the future of healthcare is, that there's more emphasis on public health, there's more emphasis on minority disparities and how to decrease them. We as a nation have learned how one virus can jeopardize what we really stand for as a nation, and I hope that our legislative leaders are listening when it comes to these things. Other countries put a lot more emphasis on preventive care than reactive care, as they say. I feel like overall the healthcare system needs to be reanalyzed and readjusted to fit what we currently have as a population. My hope is that they do so. It's not going to be something easy to do, but I hope it gets done. What I hope gets to be done too, I do hope we get to go back to our normal state and worry about the "chronic comorbidities," so we can help decrease that as well. But I feel, unfortunately, that medical professional organizations, we're still going to be shorthanded. We're still going to be in great need. Now, we don't know the long-term effects of Covid, as in the children who have been asymptomatic. We don't know their lung capacities, if it's going to be something that's affecting them. Does it put you at an increased risk of COPD [chronic obstructive pulmonary disease] or emphysema? We don't know anything like that yet, because it's too new still to find out. What I'm fearing is that we're going to have a population that may be on disability because of that. I feel like there's going to be a great need for medical professionals still. I feel like that will be the long-term wave that we have to deal with as medical professionals because we don't know the lung complications that Covid has had on that.

One of my nephews, he got Covid twice. He's twenty-one. Twenty-one, asymptomatic, no symptoms, nothing at all. He's living his life as any twenty-one-year-old would be. He's smoking the hookah and he's smoking all this, and I'm like, "You have no idea what your lungs have gone through. I have no idea what your lungs have gone through. I have no idea if this is going to be a long-term issue for you." No one knows that at this time, unfortunately, just like we just don't know what happens with those who get vaccines of Covid-19 and are pregnant. We don't know if there's going to be any complications from that; we don't know.

What I'm scared about is more [that] Covid's issues are not going to be resolved after we reach herd immunity. I feel like it's going to be a long-term thing that we'll have to deal with, and I just hope to God that we don't have any infomercials late at night ten years from now asking us if we've been affected by Covid-19, please call this, you may be compensated. That's what I'm scared about [laughter], because you know what, I feel like it just may open up another Pandora's box long term, like twenty, thirty years from now, and medical professionals are going to have to figure that out, "Wow, we didn't know that Covid did this to our lungs." Who knows? That's my only fear right now, the stuff that we don't know about Covid and the long-term effects of it. I'm hopeful the healthcare system will emphasize more on public health, but I'm just scared of the long-term effects that it's going to have on our populations who've had it and also on the medical professionals who are going to be treating those.

KR: Charlene, I will turn to you for a question.

CW: I need a second to think how I want to compose this.

DL: It's okay.

CW: People have been talking a lot about going back to normal, but do you think we can ever really return to normal? For example, how long do you think people will continue to social distance, even after everyone has been vaccinated?

DL: Believe it or not, I've been getting that question often. They're like, "Deb, when are we going to get back to normal?" I honestly don't think there is a normal that we can go back to, but I feel as if--will we have a day without masks? Will we have a day that we don't have to worry about Covid? Yes, we will have that day, just not today. [laughter] What I am hoping for is by 2022, definitely 2023, we'll get back to "that normal" because just like anything else, it takes time. It takes time. I kind of reverted back to the emphasis of seatbelts in the automotive industry. I believe in the 1940s and '50s, cars still didn't have seatbelts, and it took a while for people to realize that they actually save lives. I feel like even the same thing goes with smoking. I remember growing up, and I'm sure Kate can attest to this, you used to see cigarette commercials and I think Camel had membership points or something. For the more cigarettes you smoked, you were able to get gear. Now, you don't see anything like that at all. You're talking about over a thirty-year span. I don't think Covid is going to take that long, per se.

I think we still have a couple of years ahead of us of dealing with this. Yes, we might reach "herd immunity." Do I feel like Covid-19 may still be out there? Yes, but I feel as the years progress and it becomes less likely, we'll end up getting complacent until the pandemic happens. It may take a hundred years. It may take two hundred years. The last pandemic in 1918, that lasted, I want to say, up to three years that they had to meet those criteria under those conditions, and that's why we ended up with the Roaring '20s. It was over, and we were able to be free and all these restrictions were lifted. I feel like in that aspect, history is repeating itself. [Editor's Note: From 1918 to 1919, the H1N1 influenza virus spread worldwide, killing an estimated fifty million people. In the United States, the virus killed over 650,000.]

I was telling my other peer providers, I'm like, "The summer is coming and restrictions are being lifted. Please make sure you have enough sexually transmitted infection antibiotics on hand, and make sure that you are familiar with your Paps [Pap smear] and all that stuff." Every summer, we usually at least get one; I wouldn't be surprised if I get three this summer. It's inevitable. I feel like everyone's cooped up in the house, and everyone just wants to be out and kind of live their life. I just feel like there's still certain instances that complacency is going to spike up, and I feel like there's going to be maybe not as many Covid cases as there have been. I feel with the vaccine we won't be hearing of as many Covid-19 deaths. I feel like Covid-19 is still going to be out there. I just don't feel like the deaths and that danger that we've been feeling for the past year and a half will be there. Again, I'm guessing late '22, early '23 is when we'll technically go back to normal, and we'll hear the, "Oh, do you have the flu, or do you have Covid? Which one do you have?" Or, "Which vaccine do you want, the flu or the Covid?" I feel at that point, we'll be pretty set with that, yes.

KR: I would like to ask you about your time as president of the New Jersey Chapter of the National Association of Hispanic Nurses during the pandemic. How has the New Jersey chapter of NAHN responded over the past year to Covid-19?

DL: Our organization has seen a big, big change because of Covid. We initially had had a plan for our sponsors. We had a sponsor in Pfizer to do an educational brunch with our members in April of 2020; that did not happen. All of our events that we had planned, of course, had to be dropped. Most of our members are working in a hospital, so there was very little participation until we started getting into the end of May, when I thought it was a necessity to have a mental health workshop because we started seeing those issues with mental health arise because of Covid, a lot more. Nurse's Week and Nurse's Day is in May. It was one thing that we as an organization wanted to make sure that they knew members were valued, so we ended up sending off little wine glasses and mugs to our members, with certain necessities, band-aids, a mask at that time, Chapstick, anything to provide some comfort during their shift, a little bottle of hand sanitizer, which was very hard to get, by the way, during that time, all those things, so they had it available to them. We may not be doing something like that this year. I haven't decided yet what we're going to be doing for Nurse's Week this year, but we wanted to emphasize our members for everything that they were doing because we were all feeling it. Covid was hitting our profession very hard.

Seeing our members taking care of the communities, especially within the Latino community, it was very hard because they were seeing their own people dying. Sol Muniz, she's our president-elect, she's an ER nurse as well and she works nights. We vented a lot to each other. She was, at that time, a new ER nurse when Covid hit. She really got to see the burden. As a leader, it's very hard to hear all these stories, and even as a provider, it was hard because I couldn't do anything about it.

We as an organization did really come together. Our annual gala was supposed to be in Miami in July, and unfortunately because of Covid, that had to be switched to virtual. Virtually, it was great. It was a great turnout, but it wasn't the same. I feel, as an organization, nationally, we really miss being together. It's part of our culture. We need to hug people. When we enter a party with family members, we have to greet each and every one of them because God forbid if we don't. I would hear it from my mom or my dad. We're very similar in that aspect within our organization. When I go to a NAHN annual conference and gala, I see these members throughout the nation and they're family to me. I see a representative from New York. I see the chapter president from Oregon or I see [people] from Texas or even Chicago, and I feel like I'm seeing distant cousins. The same thing goes with our chapter. I have members down by Princeton. I have members up in Union City. I have members up by Sparta and Dover. I feel like the lack of us uniting in person really put a toll on the chapter because we were so used to doing stuff.

In November, we were approached by the City of Perth Amboy and Robert Wood Johnson to provide flu clinic. Of course, Robert Wood Johnson would be supplying vaccines and doing that and everything else, and we jumped at it. I had twelve members show up for the event, which was great. Then after that, we were able to go [to] local restaurant down in Perth Amboy, and we were able to just have lunch together. That was on the chapter because we were not able to do our normal nurse's night out event. We were not able to do so many events and we needed to see each other. We can virtually meet all day long, but seeing each other and interacting with each other and just being with each other was something that we as a chapter needed. That was

one of the things that we missed a lot because of Covid, and I feel as if the members really appreciated that and it really made them excited, like, "When is the next event? When's the next volunteer event? I want to help. I want to do these things."

Also, interacting through social media helped out a lot, and it spread the word out about our organization and doing those things. We recently have gotten a lot of exposure because of Covid hitting the Latino communities [inaudible] (words?) Latino and Latina meant during the pandemic. Myself and some of our board members were panelists and having interviews. Me and Dr. Gina Miranda Diaz, who is my public health guru, we were on Univision, which is a big Spanish speaking television network, and we were discussing the misinformation that sometimes can happen with our Latino communities. She and Evelyn Javier, who is one of our family nurse practitioners down in Perth Amboy, they were panelists on the New Jersey Department of Health a vaccine town hall for Covid-19. They had the town hall in English and in Spanish. Having those resources available for our communities is so essential. Actually, we finally got the links for everything, so we're putting that up on our website and promoting that through our social media. One thing that I do know about our culture and our communities is, usually the younger kids or the younger people know more about the social media and if they hear something about it, more than likely they'll tell their moms, dads, grandparents, aunts, uncles, all that stuff and they will be able to hear that going on. Contacting Univision was great because we were able to be on the news and I actually got a couple text messages from family members and family friends, letting me know that they appreciated the representation because it's very hard to find somebody that looks like you, knows your culture and everything, and to get their perspectives about the Covid pandemic and the vaccines and everything. We've been busy as an organization recently because of that and advocating. I think I have another interview with Univision for one of their weekend sessions in two or three weeks. I have to see what the date was.

Yes, it's great advocating and representing the communities and also representing Hispanic nurses throughout the state because it's not an easy job. Within our profession, there isn't much representation that actually reflects the communities that we're serving, especially here in New Jersey. There's at least a thousand Hispanic nurses in the State of New Jersey, and our membership doesn't even reflect that. It just makes me wonder, "Where is the fault?" Where are we hiding and why are we not networking as we probably should? But I'm hoping social media does that a little bit more. I mean, it has definitely increased a lot more, a lot more hits on our website, but I'm hoping that we can continue as an organization. We've been around for over ten years now and I'm hoping to see more events and opportunities come to the organization because of Covid, so we can communicate with our communities.

KR: I would like to ask you about your military service, but before I do that, let me turn to Yazmin and Charlene. Does anyone have a question before we talk about the military? No, okay. How do you think Covid-19 has changed the military?

DL: It's definitely put a lot of things on hold, as in initially, it put a lot of training on hold, getting new recruits in for training because we technically are the government. We still have to abide by their guidelines and what they set forth, so there was a lot of movement going on with those things because we want to make sure it's safe for our soldiers at all costs. We don't want to lose the fighting strength, as they say. It just put a big emphasis on being medically ready, and

it's something that I can attest that we've been trying to do for a very long time. Being a military provider, that's one of the things we've been preaching from the very beginning, of course, but I feel like Covid put a lot more emphasis on that and let them know that, "Hey, my health kind of matters." I'm like, "Yes, you may be young, but we still need to make sure that you're doing okay and not just physically but mentally."

On the Reserve side, we are working civilian jobs and we have the military as another one, so it's another responsibility we have to adhere to. Just like I have evaluations at work, I have evaluations in the military. A lot of things go hand in hand. Medically, it put a lot of emphasis on that. I know with reporting and stats and everything, I know our leadership has instructed, if we had contracted Covid, we had to contact our chain of command to let them know because it's something as serious as if a soldier is missing almost. We have to report it. It's not something like, "Oh, I'll wait" kind of thing. It is something they are not taking lightly. They want to make sure that we are okay, and if there's anything that they have to put you on a mission for, they know that as of right now, if you have symptoms and you have Covid, you're not deployable, you're not mobilized, because we don't know the long-term effects that Covid could have on that soldier, especially if they're older and they have comorbidities. It changed the military's aspect in training and making sure that they were ready to fight if needed.

I ended up going down to Fort Dix as a provider to do physical exams on soldiers because we had a group of soldiers who were leaving and deploying to Germany. So, they had no choice but to be screened, and of course, at that time, we were not able to have a big logistical health event because of the restrictions with Covid. So, there's a lot of technicalities and permissions we have to get, just like anywhere else. In order to run an event of that size, we had to get permission from the base general. We had to have a protocol instated for Covid in our clinic when we were down there. It's very similar to what we've had to do on the civilian side just to make sure that everyone's safe.

I know they were trying to implement a new physical fitness test. There is no physical fitness test, thank goodness, for this past year because usually, our physical fitness tests are taken in groups, and if they're taken in groups, now you get a risk of getting Covid. So, it's gotten to the point that if you're overdue or you have so much time since your last one, you have to come in to the base and do an individual one and they'll do no more than five people at a time. They're not going to do that. So, they didn't want to increase anyone's risk of getting Covid.

I feel overall the military has definitely gotten better with certain aspects. I've seen a lot of leaders step up and advocate for their soldiers, one of them being that Navy commander who ended up getting relieved. Those things need to be addressed, and that's one thing that I feel that as a military leader you have to, even if technically it does put your job on the line, you're there to protect those who are serving underneath you. I say the same thing to my soldiers and my fellow officers; we wouldn't want anyone to put us in harm's way and the same thing is expected of us. [Editor's Note: In March of 2020, at the onset of the Covid-19 pandemic, sailors aboard the aircraft carrier USS *Theodore Roosevelt* tested positive for the virus, leading to a major outbreak on the ship. One sailor died as a result. The ship's captain, Captain Brett Crozier, had written an email to leaders asking for additional help. The email was leaked to the press, causing a public outcry. Captain Crozier was later relieved of his command and reassigned.]

I had soldiers who had to deploy to Germany, and they were not compliant with their high blood pressure medicines and I said, "I physically can't send you to 'fight' if you are not taking care of yourself now." You get some soldiers that are like, "I need to go on this mobe [mobilization]. I need to do this." I'm like, "You are not going to be able to, because of your complications." It's not like I would've done anything different. As a provider, even if it wasn't Covid, I would do the same thing, because we have to be there to protect those that are serving and if you're not physically fit to fight, then why would I put you in harm's way? That's one thing that I appreciated from our leadership. We have several providers and they've all been down range, have done what they needed to do, and they know and they understand the complications that happen as a provider when you're down in the fight and then you have something that could have been prevented or alleviated in the States, but now you have to deal with something here with less resources, less accessibility and less time to really make sure that this patient is getting what they need. We, as providers, that aspect has not changed; it's more of our training that has changed in all.

I feel that the military may want to increase their behavioral health specialists, knowing that this is coming with Covid and burnout, and I feel like they may want to expand that. Just as some of our civilian counterparts have, I feel that is going to be coming. There's probably going to be a big push for recruitment for mental health specialists, psychologists, psychiatrists, social workers, all that. I feel like that's all going to be really big, because it's big on the civilian side. I'm pretty sure if it's not already, it will be, you know, psych NPs [psychiatric nurse practitioner], all of that because it's something that we need to address and have the resources available. Like I said, Covid, the burnout, the history of PTSD, depression, all that, that puts us at a high risk and now being in a military environment, where you have a less support from family and local stuff, you need those resources there very early on. So, I wouldn't be surprised if that happens. I haven't heard anything yet.

I'm currently no longer the medical readiness officer for the unit, so I was very happy to get that hat off my head. I have two great officers who took lead on that, and they still ask me questions and everything because I'm still kind of the guru on that. They're doing a great job so far on upkeep and everything because even as a Reservist, we usually go through a civilian company to kind of help us out with that, but even they lost twenty percent of their providers due to Covid because they are fearful. They feel maybe overwhelmed with the patients that they have already. So, that's one less access that we have as military on the Reserve side. So, they've been calling providers in to help out, and that's what I've been doing, from time to time as well as on technically my days off, but not today. Today, I get to relax. [laughter]

It's a lot of things as in learning how to adapt and overcome with Covid versus actually changing things for Covid because, I mean, the training is still going to happen; we're just going to have to modify the time and modify the space and do that. That's one thing that we, as individuals, I feel like even the military will not change. The training still will go on, certain things will still go on. It's just depending on the locations because every state is different, different criteria. So, it really just depends on what the criteria is for the location where we're at.

Personally, I've been on base just to do the physical exams for the soldiers, but for us to meet as a group, we have not had that since February of 2020. That was my last logistic health event that I had, and I had seventy-five personnel at the time. So, this past February, those seventy-five people were due for their annual exam, so that was fun [laughter], not really. Myself and some other providers were coming in and doing those physical exams on a one-to-one basis because that's all we were allotted to do, versus like five at a time kind of thing. So, it was very interesting to do. It took a little longer, but we did get it done to the best of our abilities. We're still getting stuff done a little longer, that's it.

KR: Since you have finished your time being the medical readiness officer, what is your current title?

DL: My current title is just being a captain in the Army for right now because my commander knows I'm getting my doctorate and my leadership knows and they understand and they're like, "This is probably the best time to do it," because we're not deploying anywhere or anything else like right now. Even ranges and stuff are hard to do because even the bases won't let that amount of people on the base. There are only so many people you're allowed to have in a certain building or a venue or anything like that, so it's very interesting when it comes to that. I'm hopeful that we'll have virtual battle assembly in, I want to say, the fall, and I guess they're going to see how Covid happens. What they've been doing with some individuals is they've been doing is hybrids. Only the people who need to be in for a max of twenty people can come inside the building. Everybody else has to do their battle assembly at home on the computer, and you're doing courses and stuff online. Yes, it can be a little tedious and monotonous, but we're still able to "train" and do that. I did like the fact that on the checklist, they had put on physical training for one hour, and I'm like, "How do we know people are doing this?" They're like, "They have to send a screenshot of themselves either at the gym or of their watch that they did an activity." I'm like, "Oh, that's cool." I count my one hour with my trainer as that, and I'm like, "I'm done, I'm good." She definitely kicks my butt, but, yes, it's been interesting.

I've been very happy that I have very understanding leadership to allow me to do what I do, and I feel they know I won't be in the military forever because now I'm starting to say, "You know, I do retire in four years." [laughter] I'm giving them a heads up for right now. Before Covid, I was already looking and seeing retirement briefings and when they were going to be held and what I had to be signing up for. My daughter got a little too excited. She's like, "Wait, you're retiring in May?" I'm like, "Not this May. The class for retirement is in May." I see it. She grew up with a military family. Mom and Dad are both military, and she's had to live it. She knows what it's like when both Mom and Dad are away, and it would be nice to know that we'll be able to be home. Her father retires next year. He's been active duty for almost twenty years now. He's actually deployed in Colombia right now. He swears he's going to retire up here in New Jersey, and I'm just like, "Why?" [laughter] Then, I retire four years from now, so technically neither of her parents will be in the military in five years, so that's going to be a new journey for her. She's probably going to be like, "What am I going to do? You guys are here all the time." [laughter] But she's been a good trooper and overall knowing these things.

It's been interesting. She's handled Covid pretty well as a teenager and learning the things that are happening. She's very privileged to see these opportunities from a military standpoint, child

of a healthcare worker, and just being a kid in the school system during Covid. She has a lot of thoughts and stuff like that too. Yes, it's nice just to be a regular captain in the military right now.

KR: In September, we are going to be commemorating twenty years since the 9/11 attacks. Reflect on that, what does that mean to you?

DL: I cannot believe time has gone by that fast. I was telling my daughter, I think last September 11th, why that day is so important and how it changed my life and her father's too because he was a young gentleman when he joined and he joined right after September 11th. It's definitely very interesting to know everything that's happened because of it. I think if September 11th didn't happen, I don't think it would've changed my path severely, but I would've retired already. I literally would've retired in the summer of 2020 if I would've stayed active duty. The people I've met, the people we've lost, the technology, everything that came from it, overall improved, not just myself, but military, government, teaching, education, it did improve. There's been so much literature and studies from it. As for me personally, I live maybe twenty minutes outside of New York City. I see Freedom Tower outside my bedroom window. It's hard not seeing the Twin Towers there sometimes. I caught up with a childhood friend of mine that I used to "cut school" with sometimes to go in to Chinatown, and I remember going there with her and seeing those things and it was just a carefree time. Knowing that twenty years have passed by, I just can't believe it. It's not that it's hard to take in; I feel like I was just there. I don't feel like that much time has really passed. I look older, yes, but mentally, I don't feel like that much time has passed. It's something that I'll never forget, the day that it happened, the aftermath, all that. I mean, that's still very fresh and new in my mind.

It's definitely an experience that I don't mind talking about, but I do it more for educational purposes, especially with some of our young soldiers who are very eager to deploy and go into a combat zone area and who want to be GI Joe American hero. I forgot who sings the song, but when he sings "Vienna," I'm like, "Your time will come. Don't be in a rush. It's not what it's cracked up to be." [Editor's Note: Billy Joel's "Vienna" begins with the lines "Slow down, you crazy child/You're so ambitious for a juvenile ..."] It really isn't. When you lose friends due to combat and stuff, it's not.

I feel like when I went through that and seeing and hearing that some of my nursing friends died because of Covid, I felt a very similar loss and I felt as if history is almost repeating itself again. New York was devastated after September 11th. New York was devastated after Covid-19. Yes, there's unity there, but I feel like these feelings are very similar. It definitely takes me back to what we have to do. I remember telling my supervisor, when they had recently cancelled my orders last March, and I'm like, "I just feel like its history repeating itself all over again." Certain things that, A, the government was doing and, B, the military were doing, it's just kind of like this is how it plays, this is how it goes, this is how it's done when catastrophe hits and this is what we're doing again.

September 11th, it made me really grow up a lot younger and faster than I intended to. Now that I am--not really reliving it--but some similar feelings have come up again through Covid-19, I feel like I'm a little bit better prepared at this age than I probably was when I was younger.

Twenty years ago, how old was I? [laughter] I was still a baby. I was not even twenty-two. It's crazy to me how everything happened. It's still in awe to me, I remember exactly what I was thinking the morning of, what I was feeling the day of, and the week after September 11th, what I was doing. I remember it very, very vividly. If we ever go back to Hawaii again--I took my daughter there for her tenth birthday--even when I was back in Hawaii and being in that very similar environment, it made me happy knowing that I didn't have to be there under those circumstances but just kind of reliving certain things, like seeing some roads and seeing the base and seeing some things, it just kind of always takes me back. Yes, it just takes me back to that time a lot.

Covid touched a lot on those same feelings, but if I were to be in Hawaii during Covid-19 and how probably the base shut down and everything else, I think that probably would have triggered me a little bit more from some issues from then, because it would really, really be like, "Wow, it's happening all over again." I think that may happen to other individuals coming up for September 11th because it's very similar. When was the last time Broadway was closed completely? I really don't remember a time when all that stuff was happening. It's a different circumstance or different catastrophe, but the feelings were very, very, similar to that. Yes, it's a good way to put it. It's very similar, almost like a twenty-year reflection on certain things.

KR: I have reached the end of my questions. Let me turn over to Yazmin and Charlene. Do either of you have questions?

YG: I don't have any additional questions.

CW: Neither do I.

KR: At this point, Debbie, do you have anything that you would like to add that we skipped over or that we didn't talk enough about?

DL: Actually, no, I don't, because I think we've touched on great points, and I want to thank you guys. Kate, when we did our first two interviews, it was just an amazing thing for me, and I want to thank you for that. I feel like this interview process is almost like a self-therapy in a way [laughter] because it makes you really self-reflect a lot on that and I just want to thank you guys for this opportunity.

I have the CDs from my first interview, and I think when my daughter is a little older, I'll have her play it so she can see because it's very hard to capture all that history and to not be able to hear it. There's certain things you can always read, but when you hear it or even see it from the person, it's something I wish we had done personally with our grandparents and stuff like that because I wish I would've been able to hear from them and see their expressions and stuff like that, of what their life was like, especially my grandmother. Now, there's stories of like, "So-and-So came first," but my mom swears that she came through up by Mexico and she was the first one through. I would've loved to have heard her experience, and I want to thank you for capturing mine. It's been really, really great. Thank you.

KR: Well, thank you. Thank you for taking the time to talk with us and for sharing your experiences. I cannot wait to see where you go in your career.

DL: Yes, I'll keep in touch definitely, and any new revelations, I'm always happy to talk to you guys. Yes, it's always been great. It's a great experience, and if you need anyone else, I'm more than happy to contact you with those individuals I've mentioned in the past and definitely if I know of anyone that you're looking forward to interviewing, let me know. I usually can find them. It's a great thing to capture all of this rich history.

KR: Well, thank you so much. Have a great rest of the day.

DL: You too, guys. Take care, be safe.

KR: All right, you too, be safe.

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