MARIA ANDRIELLA O’BRIEN

Hello and welcome to Columbia Public Health Now, a podcast devoted to exploring the local and global implications of public health challenges in our communities. This Spring, we are focusing the series on the novel coronavirus, otherwise known as COVID-19, and its impact on our world and our health. I am your host Maria Andriella O’Brien and I thank you for listening.

With people being urged to stay at home with enough food for one to weeks - what do you do if you don't have the savings to buy those extra groceries? Or happen to be in a job where you can't socially isolate and still get paid? And since income and health often go hand in hand, what about people who are already struggling with both their health and their finances? Like many communities, the town I live in has a group Facebook page. This morning, someone posted a request urging those who are well supplied to avoid grocery shopping for the first few days of the month. The reason being is that low-income families receive WIC benefits at that time. And some expect a surge in grocery shopping since families' food supplies dwindled quicker than usual in the last few weeks with children home from school. And there is the added concern that some of those families are going hungry right now. The poor experience life very differently in this country. Perhaps we shouldn't be surprised that it's no different in the age of COVID-19.

Diana Hernandez is an assistant professor of sociomedical sciences at Columbia's Mailman School of Public Health, where her research looks at the intersection of housing, neighborhoods, poverty and health. A proud Bronx native, Dr. Hernandez is a keen observer of the challenges that the working poor encounter in this city and the policies that seem to hurt rather than help them. We asked Dr. Hernandez to join us to reflect upon how poorer and working-class communities are experiencing COVID-19 - and what that means for society as a whole.

DR. DIANA HERNANDEZ

There are many people in the U.S. and around the world that have been living on really meager resources pre-dating this outbreak. This outbreak will actually make this ever-more obvious because for people who don't have pantries full of food or the economic resources to buy up as much as they can, or to not work and still be able to have a means of income in a household. Those are the kinds of challenges that relate to poverty and to inequality in such an outbreak as the coronavirus, and essentially what we see is that poor and working-class families and households, they are anticipating this in a different kind of way. So, where many of us have kind of a nervous energy around being prepared, that's actually kind of what some people were feeling even before—this idea that, how am I going to pay the rent, how am I going to put food
on the table, how will I pay my utility bills—and all of a sudden, we’re asking families to stock up when they may not have been able to do so beforehand.

There are some people that will be right in the eye and we’re kind of expecting those folks to show up to work, to show up to clean when there’s a confirmed case, and that cleaning has to be thorough and turned around quickly so that things could be “back to normal” again. Who’s doing that work? These are shift laborers, these are wage-based employees that are paid by the hour. These are the folks that need to be on the train, and they range in the kinds of employment that they may doing: it could be the home health aides that are working with the highest-risk populations, the elderly that have to take a bus or a train to get to them, it could be the healthcare workers in hospital and clinical settings, it could also be the delivery people that we’re expecting to bring our packages right away as we frantically try and amass as much as possible. Then, it’s also the first responders. My husband, for instance, is a police officer. He can’t take a day off, we’re expecting him to show up to work and I’m grateful for the people that are committed to public service, but these are the folks that are on the frontlines.

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And many of those positions, the pay keeps them as working poor. So, whether it’s the delivery truck driver or other folks who we just—like you said—expect them to show up even when many of us are able to stay at home.

DR. DIANA HERNANDEZ

This is a bit unprecedented in terms of how we understand this kind of an emergency context. I had been doing some work around natural disasters, and talked about a resilience reserve. The whole idea around resilience is that we can bounce back to some place that we were in, assuming that place we were in was a good one, and the truth of the matter is that for the people for whom hardships was an everyday experience, they actually don’t have that reserve. There are people that are unable to breathe easy because they don’t have that financial cushion, essentially. The same thing is true for resilience; resilience is a resource and like any other resource, it is not unlimited. As we think about who is able to manage these circumstances and be resilient and see their way on the other side of it, it probably requires financial resources for sure, but also mental space to think about “well, what are the things I need to be prepared for this,” and especially in the context of financial constraints where people are working but they don’t have enough to make ends meet and they certainly haven’t been able to amass that nest egg, it really shows in these moments. It’s a different kind of a trap, but it’s one where we’re always expecting people that have little to be more resilient. The response
is we should make these communities more resilient—my goodness, how much more resilient can these households and these communities actually be? They need to be more secure so that when crises like this happen, they can be resilient. In this country we don’t have a comprehensive enough safety net that would provide access to good healthcare, access to sick leave, access to not just a living wage, but also a financial reserve, or basic income is another idea. Food—we don’t have enough of a safety net around food or utilities. Frankly, the idea that people are going to be working from home means that we are basically saying we have telecommunication services (a.k.a. Wi-Fi), we have utility services, our power isn’t going to go out, and we have water.

That’s different than a natural disaster, right because in a sense that’s also part of the reason why there’s frenzy around water, because the closest thing that we have is a natural disaster to compare. The protocols and preparation have been set from a natural disaster perspective. This is different, so as we’re preparing, are we relying on the same things around needing batteries and water and flashlights, and a phone jack situation or is it something different? And my answer is, it’s something different, but do we have the safety nets and also the protocols and protections in place to ensure that families actually do have the food that’s necessary for 14 to 30 days. There are people that rely on food pantries as it is, imagine in this context? What kind of relief services are we providing as a country, as a state, as a city, as local communities to ensure that people actually have those back-up resources in order to just hunker down? I do want to make one other point, which is to say that in some ways, the poor because they know how to manage with less, are I think in a position to teach us all something about what it means to be indeed resilient. Rather than romanticize the idea of how strong the poor are and all those things—and I would like to give credit to folks that are on the margins and managing with little, but at the same time I think that we actually as a society have to ensure that they can do more. That’s a minimal obligation.

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How do you see the lack of resources impacting health in these communities?

DR. DIANA HERNANDEZ

Well, what we do know already is that poverty and health is that the poorest folks have some of the poorest health outcomes, and are negatively impacted by health disparities in a number of domains: disease states, health conditions, health status, chronic health conditions, like hypertension, diabetes, respiratory conditions like asthma.
EPISODE 5: THE INVISIBLE TOLL OF THE PANDEMIC

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So, these are exactly the types of pre-existing conditions that they talk about as being risks for people who experience the worst cases of the coronavirus.

DR. DIANA HERNANDEZ

That’s right, I mean it’s folks that are living and already compromised in their health status or in their immune function that we have to be concerned about, and that’s heavily concentrated in low-income areas, and around people of color. I remember in 2015, there was a Legionnaires' outbreak in New York City, and the epicenter was in the South Bronx, and I live in the South Bronx, and I thought it was so ironic that there were so many deaths but as the public health community was understanding more about the Legionnaires' outbreak, it turned out that the deaths were attributable to the pre-existing health conditions; people were dying from those conditions. So, of course, you had one of the most fatal outbreaks of Legionnaires’ in the U.S. history happening in the South Bronx, which happens to be one of the unhealthiest places in the nation—certainly the least healthy county in New York State. So, as we think about coronavirus, I think my goodness, my neighbors yet again. My neighbors are precisely the people that I worry about because they’re the ones with all of the disadvantages on the spectrum of health disparities. There are, I’m sure, colleagues of mine that are in communities on the other end of the spectrum, where you have healthy, aging adults and their prospects for survival are much better. In this context, this is a matter of life and death and it’s a matter of life and death everyday almost, but it’s so much more pronounced under these circumstances.

This is about all of us caring about each other. I think about the neighbors that I have on the block and you know, well, what are the things that I can do and how can I be more helpful, how can I be more generous at this time? These are some of the questions that I’m asking myself and I think that, actually these are moments where, as my mom actually says, you have to think about your humanity and not just your humanity, but humanity in the most collective of senses. How are we contributing to humanity—it’s absolutely an opportunity to be conscious and conscientious, both. We have to work with our heads in terms of understanding the science, we have to work with our hands to the extent that we can do work, but we also have to work with our hearts—this also about other human beings. When that combination of the heart, the hands, and the head come together, is where we see the best of people and the best of circumstances come forward, especially when we don’t know the outcome.
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I’m curious about how access to healthcare plays a role in this situation.

DR. DIANA HERNANDEZ

The folks for whom accessing care is a barrier because, for instance, they think about the fifty-dollar co-pay before they take care of themselves, or they think about the bill that is inevitable should they actually have a serious health condition, need to be hospitalized etc. That is something that not only puts that individual at risk, but not seeking care because of these more structural barriers, puts larger communities at risk. This becomes a failure on a structural level to ensure that people have access to not just healthcare, but quality healthcare, and that they have reduced barriers to seeking that care, that all of a sudden can trip up an entire system and community. So, it is significant; I think there’s another piece to this which is about the labor market and how the labor market works, and whether or not there are sufficient sick leave policies in place. So, if someone does come down with something, they can take the time to take care of themselves, to self-quarantine, if they’re exhibiting any of the symptoms—that’s a luxury to some extent. It shouldn’t be a luxury to have to call in sick, if you are sick. Yesterday, I went to the supermarket and the woman that was packing literally large sums of food for people—I thought about her and I thought, could she actually not show up to work? It’s the people we’re encountering that are making our lives a little bit easier, and thinking—if they had a cough, what would they do? If they had a fever, would we still expect them to show up to work? It’s not fair, it’s an injustice that we actually still somehow have the expectation that some people are still showing up, even when some of us don’t have to.

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Which gets to the whole idea, we’re now being encouraged to practice social distancing, which is easy if you can telecommute, I can work 15 miles away from my boss or other coworkers, not so easy if you’re a blue-collar worker.

DR. DIANA HERNANDEZ

Yeah, I mean when we’re expecting the subways to be cleaned thoroughly and disinfected, when we’re expecting to get our packages delivered, all of these functions are functions of
manual labor and that’s different than manufacturing, that’s manual labor but that’s different, it’s a service economy kind of manual labor, but absolutely essential to getting things done. So, some of us can say, I’m going to put my family first right now, because that’s what matters. Guess what, that’s a privilege that not everyone has. As you’re thinking about taking care of your family, there’s someone behind that work, and who is that person? I think we have to be thinking about making those people more visible. They occupy a very invisible place in our society and yet so critical and so important.

MARIA ANDRIELLA O’BRIEN

So, what would be the most effective things that public health can do to promote, or advocate, whether it’s policy, programming, research?

DR. DIANA HERNANDEZ

So, public health is always about the short-term, mid-term, and long-term. In the short-term, I think this is really about, for me, from an equity perspective, it’s about ensuring that people have the basics for them to hunker down as they need to. It’s about having interactions with folks and honoring the kind of work that they’re doing and being more generous to the extent that we can right now. And I’m talking about in kind, and in financial resources, do that. I think in the short-term, it’s about advocating for protections, especially around wages and lost work. The economy looks like it is taking a downturn. Oftentimes, as I said before, without those kind of financial safety nets, it makes it harder to weather these storms and so I would say that the relief packages are necessary at the city, state, and federal level, are absolutely essential to create those pockets of protection. I think in the long-term, we really need to be thinking differently about sick leave policy, we need to be thinking very differently about government intervention at a time right now when the Democratic-Socialist parties are losing steam it actually is potentially right now when we need governments to step up and to create those social protections. This is not about making things political, it’s about understanding the value of that. When you have governments that are committed to ensuring that constituents are taken care of, that residents are taken care of. I think that’s also about reimagining the kinds of policies in work and labor that value, that honor, and that see the kinds of people that are actually doing this work, and make sure that they too have whatever it is that they need to live a basic level of comfort and dignity.

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And with health.

DR. DIANA HERNANDEZ

And, of course, healthcare—for sure. I’m such a sociologist and I think so much about the social determinants of health, but for sure, healthcare access and access to quality of care, all of that is really essential that we allow people to live well enough that they can avoid disease, but also that they can manage conditions as they arise because they have access to adequate insurance and healthcare coverage, as well as healthcare facilities because those are very different things.

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How optimistic are you that this experience might result in change of policy or perception of the working poor?

DR. DIANA HERNANDEZ

Well, time and again we’ve noticed that when things hit many people, or hit more than the usual suspects that are the kind of vulnerable populations that we expect to suffer, horrible as that is. So, I’m going to use the opioid epidemic as an example, when that kind of hit a broader population, and frankly speaking, a white and more privileged population, it was recognized as the public health epidemic that it is. I do think this will be an opportunity for us to re-think these policies as they relate to a number of segments of the labor market. I think it will necessarily imply that we have some protections that are provided by the government depending on how this shakes out and what the real impact is. I think many of us will be on some sort of line expecting the government to show up for us. That’s something that some people have already had to do it, it’s just a matter of whether or not this is personally felt by people that have louder voices and may be heard in a different kind of way.

MARIA ANDRIELLA O’BRIEN

Dr. Hernandez, thank you so much for joining us, this has been a wonderful discussion and we thank you.
EPISODE 5: THE INVISIBLE TOLL OF THE PANDEMIC

DR. DIANA HERNANDEZ
Happy to be here, thank you so much.

MARIA ANDRIELLA O’BRIEN
Columbia Public Health Now is a production of the Columbia Mailman School of Public Health in New York City. Visit: mailman.columbia.edu/podcast for more information on our show. Share your comments on social media with #PublicHealthNow. I am your host, Maria Andriella O’Brien and thank you for listening.