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Training as a Latino in the Era of COVID-19

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Spreading like wildfire, it was just a matter of time. I watched the news every morning before heading out to my clinical rotations, and I lived in fear and hopelessness. It became inevitable that severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) would soon set foot in my community. In the blink of an eye, my in-person rotations were canceled, stores were shut down, and life would never be the same. There were so many questions at the time and such limited resources for those who spoke Spanish that I was afraid, and so was my Latinx community. As a fluent Spanish-speaking Latino who trained at a medical school in Guadalajara, Mexico, I owed it to my community to spread awareness about the impending public health emergency.

When healthcare guidelines initially became available to the public, I saw the confusion in many of the faces of my Latinx community. I realized that many were unaware of the seriousness of the disease because of the lack of information available in Spanish at the time. We were accustomed to greeting others with a hug and a kiss on the cheek and emphasizing facial expressions to communicate; thus social distancing and masking were socially and culturally awkward. Being a group-oriented culture whose members look to one another for the sharing of information, the inability to gather created a sense of isolation and a loss of trusted sources in our community. As a Latino, I understood the confusion and sympathized with my community. While rotating in a rural pediatric clinic in Nevada at the start of the pandemic, I worked with the bilingual medical clinic staff to educate them about SARS-CoV-2, and staff members then used my presentations to teach the large Spanish-speaking community they served.

When clinical trials for vaccines started, my Latinx community did not trust the

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novel vaccines. They were hesitant to receive the vaccines, as much of the public information available at that time was in English. Seeing this health inequity play out in my community was frustrating and sad, particularly as I continued to hear about my Latinx family and friends who had lost their lives to SARS-CoV-2. Led by this frustration, I was determined to help my community make knowledgeable decisions. In partnership with the National Institutes of Health, I helped produce informational videos in Spanish that addressed issues surrounding vaccine hesitancy (1). These videos portrayed Latinos (including myself) discussing scientific facts about SARS-CoV-2 and coronavirus disease (COVID-19) vaccine clinical trials and were uploaded onto the National Institutes of Health YouTube channel (2).

There was also a sense of mistrust within patient–physician interactions. I noticed that speaking Spanish with my Latinx patients fostered an environment of trust and opened opportunities to educate and improve health literacy. Topics not otherwise discussed at home, such as the impact the COVID-19 pandemic has had on mental health, physical activity, and diet, were addressed. When conducting medical visits in Spanish, I found it easier to start by sharing my COVID-19 pandemic experiences with my patients. I learned that patients were a lot more receptive when I could relate in even the simplest form. In a particular patient encounter, an initially cold and distant demeanor turned into an amicable and productive visit after we started our conversation by talking about our love for *pan dulce* (Mexican sweet bread). Conversely, it became obvious that patients were often dismissive of facts or suggestions about the COVID-19 pandemic if a degree of trust had not been established.

Language and cultural barriers were not the only issues in my Latinx community during this pandemic. Hispanics are the largest uninsured racial and ethnic group within the United States (3), and I began to realize that many Latinx families would avoid seeking medical care because of their lack of access to health care. They were afraid they would incur the cost of the vaccine or would need to provide proof of health insurance to receive the vaccine. As a Latino, it was sad to see my community be disproportionately affected by COVID-19 (4). Hispanics experience higher rates of SARS-CoV-2 infection, accounting for approximately 25% of all cumulative cases in the United States (5, 6). We are also at risk for more severe COVID-19 outcomes because of preexisting comorbidities such as diabetes and obesity (7–9), and we have higher COVID-19–related mortality rates compared with other racial and ethnic groups (10).

We all have the power to affect our community. At my residency program, many of my patients accepted some type of assistance (counseling services, resources for mental health, food distribution centers) or agreed to be vaccinated when extra time was spent in a visit to offer these services. I will never forget a father who said, "Doctor, we all got our COVID vaccines now, thanks to you," with a huge smile on his face. As a Spanish-speaking Latino training in the era of this COVID-19 pandemic, seeing the impact I make on my Latinx community drives me to continue advocating for us and to inspire and motivate the next generation of Spanish-speaking physicians.

Author disclosures are available with the text of this article at www.atsjournals.org.

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