

Finding the epicentre: NY virus narrative a tale of two cities

By Dhanpaul Narine

It was a bad time to die. Empty streets. Closed storefronts. Spotlessly clean subways. Zoom classrooms. Virtual funerals. Flatten the curve. The city that never sleeps is a wasteland. Liberty Avenue looks like a ghost town. And, yes; the deaths.

Your mom complains of breathing problems. A compromised immune system leads to the hospital. It's a world of masks and ventilators. You leave with a heavy heart, and then the unthinkable happens. A nurse has mom on Skype. The patient mumbles a few words; there is a wave of the hand; and a final goodbye. You want to give mom a proper send-off, with the relatives and priest present. But you can't. The coffin is sealed. You are not allowed near it. You don't know where they are taking mom, but they promise to send the ashes. This is the new normal.

The months of March and April, 2020, were dark, never-ending, and frightening. The information on Covid-19 was scanty. What was this virus about? Where did it originate, and how long would it last? As the days rolled into weeks, we learned that one could get the virus from holding doorknobs and by breathing it; the virus lasts for an estimated three hours in the air. What was even scarier was the fact that a person could have it and not know it, and pass it on to others.

It was all so different in February. The trains, buses, and avenues were busy. Children were in school, the markets did brisk business, and everything was normal. There was even a planned Phagwah Parade on Liberty Avenue. Then the lives

Zip code inequalities, poverty emerge in Covid-19 onslaught

of many came crashing down. Dr Anthony Fauci, President Donald Trump, Dr Sanjay Gupta, and other medical personnel, kept appearing on our screens, often with the doctors saying one thing, and Trump another.

It became clear that of all the Boroughs, Queens was rapidly becoming the epicenter of Covid-19. How and why did this happen?

In Elmhurst, Jackson Heights and Corona, the incidence was high. There was an estimated 8,000 cases in the first few weeks in March. Daniel Dromm, the Councilman for the area, said that Elmhurst and Jackson Heights were "the epicenter of the epicenter". The statistics showed that Latinos with 34 percent comprised the highest number of infections in the City. The death rate for Hispanics was around 22 per 100,000; 20 for Blacks; ten for Whites and eight for Asians.

New York is often described as "tale of two cities". This means that poverty and inequality can be identified on the basis of zip codes. In some of the poorest neighbourhoods, access to health care was low even before the arrival of Covid-19.

A breakdown of the figures by the Department of Health and Mental Hygiene shows that the frontline or public workers are from the minority populations. These were the bus and train drivers, the deli owners, and other categories of workers that did not have the option of staying home. This population, largely Blacks and Hispanics were often at risk of contracting the virus.

The figures for Queens make stark reading. There were 616 cases for every 100,000 persons and half of this number for Manhattan. By mid-April, the crisis was intensified. The calls to the Emergency department increased in record numbers; it averaged around 5,000 per day, for a week. Each day, the Governor and Mayor would give the grim news of deaths from the previous night as the population cringed in fear.

The news from officialdom was often confusing, and may have contributed to the high mortality rates. For example, Trump said that once it gets warmer the virus would disappear, and that there was nothing to worry about. Dr Fauci, on the

other hand, stated that the curve was not flattened, and New York should brace itself for the worse. It turned out that he was right.

When the cases reached the local hospitals the unfolding narratives of need were horrifying: a shortage of ventilators, masks, and sanitisers, all of which were essential to keep a person healthy. At a number of city hospitals, entire floors had to be converted to treat Covid-19 patients.

There is no question that density was one of the main reasons for the spread of the virus in New York. The population density in New York is 28,000 per square mile that makes it one of the highest in the US. The fact the people were living "on top of each other" and lacked insurance, and were getting mixed messages concerning the coronavirus, contributed to a spike in the numbers. It does not help that a good number of the affected were undocumented, and who did not bother to get tested because of their undocumented immigration status.

What about the Covid-19 and its impact on the Indo-Caribbean community? There has been no definitive study on Indo-Caribbeans, or the Caribbean population in general. There are estimates that suggest a high incidence of fatalities among Indo-Caribbeans. The director of a funeral home in Queens said his facility was responsible for final rites of over 100 Indo-Caribbeans; other funeral homes have also stated a high number. In early June 2020, Indian Diaspora Council president, Ashook Ramsarran, convened a virtual meeting to discuss the impact of Covid-19 on Indo-Caribbeans in the US.

Shanaz Hussain chaired the meeting. She is a media personality that also manages a dialysis center. The presenta-

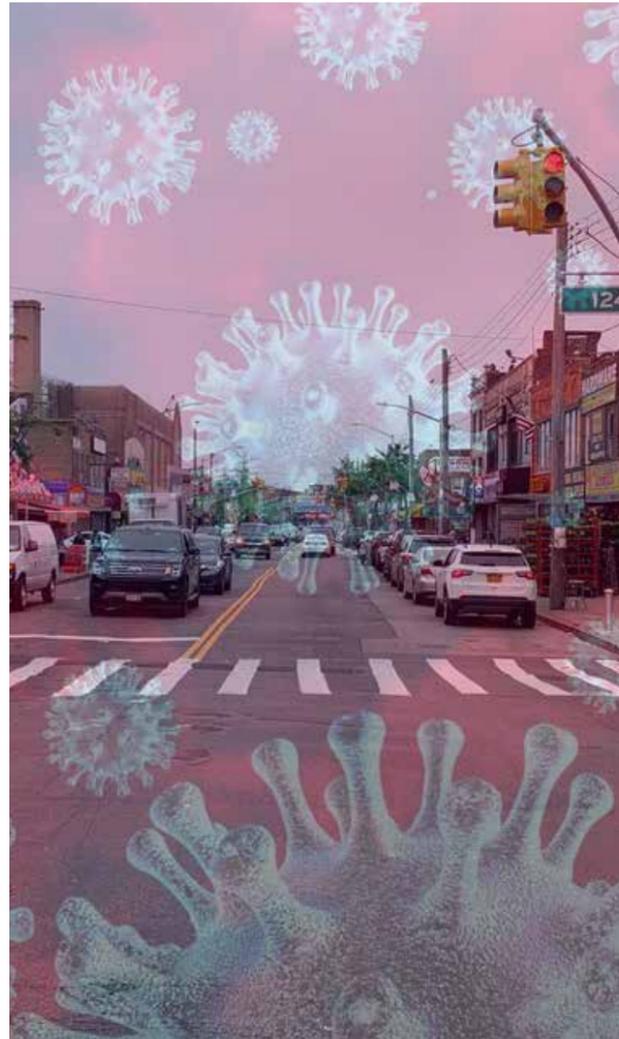
tions commenced after prayers by Sataram Dukhbhajan. Dr Sharla Khargi, a Clinical Neuropsychologist at St John's University, said that Covid-19 has been very traumatic for the Caribbean community. She said that, among other things, Covid-19, "took away temperament, emotions, and the way information is processed. Moving forward, it is going to be this way". Professor Paul Mohabir from Stanford University said that since Indo-Caribbeans do not fit existing categories, there is no data that tracks the impact on the community.

Ms Annetta Seecharan, Executive Director of Chhaya, said that Covid-19 has led to housing insecurity, and that around 35 percent of persons are unable to pay their rent. She urged the community to fill the Census forms, and to vote to bring about change. Dr Dhanpaul Narine, teacher and educator, said that Covid-19 caused dislocation; a new language, social distancing, had to be learned. He recommended that the IDC do a study to examine the impact of the virus on the Indo-Caribbean community, and he commended the frontline workers for their efforts.

Pandit Ganeshwar Ramsahai of the Shri Trimurti Bhavan, stated that satsangs, or prayer meetings, had to be cancelled, and this has caused a lot of stress. Vishnu Mahadeo, from the Senior Center in Richmond Hill, said the seniors were the most vulnerable, and that more has to be done to help them.

Dr Vishnu Bisram, educator and journalist, pointed out that the pandemic affects all and that more planning should be done to accommodate the needs of the seniors. Businessman Stanley Raj wants to see a better way of informing the community about prevention.

The IDC should be commended for its efforts to hold such a meeting. The lesson is clear: once there is adequate information, then most people will follow directions. The good news is that Queens is no longer the epicenter. In fact, the rate of infections is decreasing in New York, when compared to some of the other states. New York is about to open up another phase, but nothing should be taken for granted.



March and April saw a bustling Liberty Avenue in Queens, New York, turned into a viral minefield, driving the city into lockdown.

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