

Latino, Latinx, Latine...What's in a Name? Who We Are and Why It Matters

Dr. Miguel Gallardo (Speaker 1, S1), Dr. Haner Hernández (Speaker 2, S2)

Transcription results:

- S1: 01:56 Thank you, Vanessa. Appreciate it. Thanks for dropping in to introduce us. Appreciate that. Thanks. Yeah. Bye. I'm Dr. Miguel Gallardo, and really appreciate folks being here today. And we're going to try to-- I'm a professor of psychology at Pepperdine University and also run a specific Latinx training program here at the university and have been doing trainings and working with the NADCP for many years now, actually, with the staff, training staff, drug courts across the country. And so I'm hoping we can provide some good information along the way. And so Dr. Hernandez, I'll let you chime in as well.
- S2: 02:42 Gracias, Dr. Gallardo. So I am Haner Hernandez. Pleasure to be here with everybody. We're happy that this many people have joined. I'm from Puerto Rico. I live in Massachusetts. Here, I direct a workforce development program for the Latino, Hispanic, Latine population. And I do some work through Brown University through the Addiction Technology Transfer Center there. I'm introduced as Dr. Hernandez. Yes, I have a PhD, but I also have a GED. And my GED, I got in prison. I am a person in long-term recovery, which, for me, means I haven't used a drug including alcohol over the last 36 years and 10 months that enables me to be here present today. So we look forward to your interaction through the Q&A and hearing your questions, pushback, anything you might have. And we hope that you come back for the other two sessions as well, so.
- S1: 03:37 Yeah. Thank you. Thank you. Yeah. So as Vanessa introduced us, she mentioned it's a three-part series. We're going to do one this month. Obviously, this is the first one. We'll do one in November and one in December. And we're sort of building on each of the different areas that we're talking about. We're going to lay a foundation today and hopefully provide some helpful contextual information as you begin to think about how to best serve our Latino, Latinx, Latine communities across the country, particularly in the treatment and drug courts settings as well. So I'm going to share my screen here. Let me do that so I can pull up this presentation. I think we're good. Yes. All right. Cool. Great. So Dr. Hernandez and I are going to just go back and forth and chime in and just jump in. And we like to do things somewhat organically and just kind of flow as we move along here.
- S1: 04:41 But we entitled this particular, our first one, Latino, Latinx, Latine. Hispanic, we can also really, I think, put in there as a term as well. So we're going to talk about what all these things mean, these terms mean, the language, culture, and really try to contextualize our communities in many ways. I like this quote by C.S. Lewis, who said, "What you see and what you hear depends a great deal on where you are standing. It also depends on what sort of person you are." And I have that there as a starting point, just simply because I think it's important to really kind of situate ourselves in these conversations. And so what are we bringing to this work, in general, but also to work cross-culturally with other communities? What have our experiences-- lived experiences, exposure to information we've received, half-truths we received, misinformation, whatever it may be, that may impact, in some ways, how we respond, how we see, how we think about, what we think are potential outcomes and possibilities for various communities. And so as we think about this work, we always

want to kind of bring it back to us as individuals. Where are we and where are we starting from? And what do we need? What is mine to kind of uniquely do in this work as we move forward? So wanted to start with that as a foundation.

S1: 06:22

We're not going to give tons and tons of statistics and data. I think that information oftentimes is fairly accessible, and people have that available to them. There are a few things that we wanted to highlight that we thought were important just to give some context. But these numbers, I think, are not going to come as a shock or a surprise to those who are attending today. But we're around 64 million here in the United States. We make up almost about 19% of the population. We are the largest racial/ethnic communities here in the US. So when we think about that, the need and the intentionality to really think about how to best serve our communities, I think, has never been more present and more important at this moment in time. There are 13 states with at least a million or more of community members, Latinx, Hispanic, Latino community members and residents. I have the states listed there. One of them is my own, California. I'm in California, based in California. And so we have Arizona, California, Colorado. You can see the states there. I would say that if your state's not listed there, you probably know this better than we do, but we are everywhere. We just may not necessarily be in large numbers in terms of total populations and whatnot. But we certainly are all over the country in different pockets, in different ways. So I think the relevance is certainly here and present.

S1: 08:01

There was a 2021 national survey on drug use and health that was conducted. And some of the things they found in that particular study was that approximately about 22% of our communities reported having some sort of significant mental health concern compared to about 24% of non-Hispanic Whites. So when you look at that, you think, "Okay. There's not a huge disparity in terms of those numbers." But when you look at the treatment and the services received, the inequity significantly changes. So they found that in this particular study, around 36% of us received some kind of treatment to address that mental health concern compared to non-Hispanic White communities, which was just a tad over 50% at 52%. So that's a big number. That's a big jump and a big gap in sort of having a particular concern that we, as community members, might be experiencing and then being able to access and go somewhere to get services that are going to be meaningful and relevant to us, which we'll come to in just a minute. And then past year, substance use among our community members was at about 16%. Our reported rates of illicit drug use was around 19%, and then those unmet treatment needs that we needed were around 15% as well. So there are some disparities and inequities there.

S1: 09:44

What I love about what NADCP does and, obviously, a lot of the work that Dr. Hernandez does as well in all the places he finds himself working in his own experiences is how can we help the systems that are treating our communities better prepare themselves to go out and make sure that services are accessible, that we're trying to reduce barriers, and when people actually come into our systems, whether it's a drug court treatment center, whatever it may be, that they're going to be received in a way that authentically affirms sort of the totality of their experiences and who they are in many ways. And then suicide, they found, was the third leading cause of death among our community members between the ages of 10 and 24 years of age and men, in particular, between 25 and 34 years of age. So there's something unfolding here in some ways. Dr. Hernandez, you want to jump in?

S2: 10:50

Yeah, a few things. And thank you for that, Dr. Gallardo. A caveat here in terms of census data. We know that the census data undercounts people of color, overcounts Whites. So when you look at these data, take it with a grain of salt, right? And we

encourage you to think about the diversity of the Hispanic, Latino, Latine community because we have been lumped together in many different ways. Now, the largest subgroup are Mexicans in the US, right, followed by Puerto Ricans. And then you see all of the other ones. So we encourage you to take a look further. And we also encourage you to take a look at what's happening in your community because that's where it's at, right? And there's different data sets to help you to do that, right? Look at public health data sets, local data sets. Look at the census data sets, right? Look at all of that, and then have an ear to the ground in the community because there's many people who go uncounted, who go unrecognized, unnoticed, but they still live and exist in communities. And then the census does something that's really important. They do projections out into 2040, 2050, 2060, and the Hispanic and Latino population grows exponentially when you look at projections looking out. Regardless of how people feel about those changes, the reality is that they're here and they're coming. And we, as people who are responsible for providing services that are culturally proficient, are charged with thinking about what those changes mean, right?

S2: 12:24

And then finally, I'll say this. We highlight here the data on mental health and substance use and that sort of thing. We know that there's other data sets around the impacts of opioid overdoses that is happening across the country. And Latinos are disproportionately impacted by that. And so there's a lot of intersectionality here, right? And finally, there's a difference between access and quality of care. Let's have that in mind as we go through today and during the next two sessions because there is a difference. You can gain access to something, whatever that something is, but not have quality of care. And all of us in this room have experience with gaining access to something, but we weren't treated correctly. Regardless of who we are, we were not treated in a way that we felt respected. And so that impacts outcomes.

S1: 13:24

Yeah, yeah. No, no. Absolutely. Yeah, yeah, yeah. Love that. I think that's really important. Yeah. Geographically across the country, things are going to shift and look a little bit differently depending on where we are. We're going to come to terms in just kind of what these different-- sort of how we have come to identify ourselves in different ways means in just a few minutes. So if some of you are wondering, Latinx, Latine, Hispanic, we'll come to that in just a minute. Before we do that, though, I want to show you some pictures, actually, of 10 families. And all I want you to do is, maybe on a piece of paper or even just mentally, however you want to do it, just write down for us what you believe to be the cultural backgrounds of these particular families. Okay? I'm not going to give you a ton of time to look at these families because you'll sort of overanalyze and overthink and maybe do too much thinking in that process. But I just want you to take a snapshot. I'm going to show you 10 slides, 10 families, and then just want you to identify the cultural backgrounds. And I'll let you define culture however you think makes sense. Okay? Here's family number one.

[silence]

S1: 14:56

Okay. Family number two.

[silence]

S1: 15:13

All right. Family number three.

[silence]

S1: 15:34

Okay. Family number four.

[silence]

S1: 15:52 Family number five.
[silence]

S1: 16:09 Number six.
[silence]

S1: 16:23 All right. Number seven.
[silence]

S1: 16:44 Number eight.
[silence]

S1: 17:02 Okay. Number nine.
[silence]

S1: 17:22 And family number 10. So I know that we can't see or hear all of you, but I'm wondering if you can put in the chat-- and I'm just going to go through a couple of the families, and if you can put in the chat how you identified some of these families? Let's start with this one. If folks can just put in the chat kind of how maybe you identified this particular family, that'd be great. Okay, Latinx. Katie, thank you. There's always some reservations when I ask this question. Mexican. Okay. All right. Central American. Thank you. Here we go. Mexican, hardworking, multi-gen business owners. Mexican. Okay. Central Americans. Humans. Okay. All right. Colombian people. Food. Okay. All right. Mexican. All right. Cool. All right.

S1: 18:34 Let's go on to a different one. Thank you. This is family number three. How about this family? South American. Indian. Bolivian. Guatemalan. Native and traditional. Guatemalan. Indigenous. Peru. Mayan. Peru. Peruvian. All right. Thank you. Good. Good, good, good. All right. Let's go with family number four, this family. Asian-American. Asian. Japanese. Okay. Korean. Asian. Asian. Honduran. Filipino. Asian-American fam. Asian-American. All right. Okay. All right. Thank you. And how about this family? It's the last one. This is family number 10. Caribbean. Indian. Dominican. African-American. Cuban. Hispanic. Cuban. Guatemalan. Dominican. Okay. All right. We got some New Yorkers in the house. Let's see. I see Chinatown, New York. I see some specific-- Puerto Rican. Hispanic. Dominican. All right. Cool. Thank you. Thank you. I really appreciate that.

S1: 19:51 Yeah. So all 10 of these families culturally are Mexican families. All 10 families culturally are Mexican families. Yeah. "Wow," Erin says. All 10 families are Mexican families culturally, culturally. So what does that mean exactly? Well, first off, let me just say this, that when I ask people to do this, sometimes they may get a little bit offended or maybe like, "Yeah, I know what you're trying to get me to do, but I'm not going to do it." And it's like, "All right. Cool. That's fine." But what I will say is that most of the time, as humans, we're automatically processing and making those assumptions and those biases and assuming we know who people are, where they're from, what language they speak or don't speak, whatever it may be. I mean, I think that we know from social psychological research that most of our behaviors as humans is automatic and involuntary in general. And so we're doing this. I just sort of, in some ways, kind of interrupted maybe and kind of put a pause in the process for some of you, right, in essence.

- S1: 21:13 But here's what I would say. So I think, in some ways, we have assumed that race and ethnicity is synonymous with culture, and I think those two things are not the same. Race and culture don't-- race and ethnicity are not synonymous with culture. Can race and ethnicity be encompassed within culture? Absolutely. Yeah, I like what Aaron says. It's kind of time to [reprocess?], maybe time to unlearn a little bit and kind of rethink some of these things a little bit. So I think, historically, we have-- and maybe even still currently, I think we would both argue in some ways that the current view of culture, more broadly speaking, is made synonymous with race and ethnicity, and it really kind of perpetuates these sort of consistent patterns of characteristics that are based on these binary or dichotomous views of people in many ways. So whatever we are, they are not and vice versa.
- S1: 22:24 The response that I would say to someone who said human and people, Dr. Hernandez and I are not going to argue that we want to be seen as human and as people. However, what I would say is that what we would maybe kind of gently push back on is that our life experiences are not all the same. And so we need to see people for the totality of who they are, both their challenges and their struggles, the beauty, the joy, the happiness, the pain, the suffering, the historical, the historicity. We are very ahistorical, I think, in general when we think about communities here in the US, etc. And so sort of I think, really, we've, I think, mistakenly so in some ways used these sort of overgeneralized cultural characteristics to, quote-unquote, "create just outcomes" for the people that we're trying to serve and understand in some ways.
- S1: 23:24 We would even argue that when we just use race or ethnicity as the sole variable or the primary variable for adapting or modifying treatment interventions, evidence-based practices, etc., that still is not going to be fully relevant for everyone you're trying to serve and meet the needs of because if we're just using-- it doesn't mean we shouldn't do that. It doesn't mean it's not helpful. But I think it's important for us to know that the delivery of services, it requires us to look beyond simply just race or ethnic variables as the primary means by which we sort of create services or try to adjust and adapt and modify services to meet communities holistically because it's still going to not quite hit the mark in some ways. And so we've moved away, in essence, from providing these overgeneralized assumptions and directives specifically. And we're trying to move away from that fixed lens, if you will, of communities that really kind of - and Dr. Hernandez mentioned this when we were talking about statistics and data - limits the capacity to examine the intersectionality of other variables, which [inaudible] class, gender, sexual orientation, disability, immigration status, acculturation, education, all these other areas that we're going to talk about today that are essential to, I think, the work that we really need to be doing to think about how to serve our communities, in essence, in many ways. Dr. Hernandez? Yeah.
- S2: 25:08 Yes. I would add, having said all of that, that human beings look for validation. What does that look like, right, in terms of who we are? And think about yourselves. You look for validation as well. Now, think about where you live in the country, in the city where you live, in the neighborhood in which you live, and then think for a moment that you're traveling somewhere else. And then you met someone from your state or from the city. What's that conversation look like? Where you're from? And then it gets more specific. What neighborhood are you from? Where did you grow up? That engages people in validation. And people are looking for that. We're all looking for that, right, not just Hispanic, Latino, or Latine folks. We're looking for those levels of connection. The other thing that I would say that was said earlier - I just want to

reiterate it - is that all human beings have bias and we have judgment. We do bias and judgment on a daily basis. If we go around saying, "I'm non-judgmental and I'm not biased," then there's nothing to do, and biases still come out.

S2: 26:20

So to the piece about, "How do we unlearn and how do we relearn some things?" right, there are some tools out there. There's such a thing as implicit bias. If you haven't been to the webpage on Harvard and explicit bias-- implicit bias, I should say, that's a way to look inward, to help us as human beings to take a look at who we are, what we bring as strengths, what we need to improve, that sort of thing. Also, the National Center on Cultural Competency out of Georgetown University has a number of tools that we recommend that you look at as well. And we do them. I do them at least once a year because I want to learn where my biases are and where they're at. I don't believe that we can eliminate bias or judgment because that's impossible to do, but it is possible to learn a little bit more about who we are, right, in that relearning process and unlearning things that are detrimental to engaging people as it relates to culture and other intersections.

S1: 27:18

Yeah. Yeah. Yeah. Thank you. Yeah. Thank you, Dr. Hernandez. Well said. Well said. So as we sort of think about reexamining culture and all the variables that are contained there-- and I'm thinking about Audre Lorde, who said that there's no such thing as a single-issue struggle because we don't live single-issue lives. Dr. Hernandez and I are more than just Mexican-American and Puerto Rican. I mean, there's a lot more to us that sort of makes up sort of the totality of who we are in some ways. Those are important aspects of our identity, there's no question, but there's a lot more around that that I think encompasses the essence of our humanity in many ways. And so culture is dynamic and changing. None of us have inherited the culture of our grandparents, our ancestors, etc. As people change, so does their interaction with the larger society, which changes culture, which changes what that looks like for us and who we are. And so as we start to think about examining culture and working with various communities, when we look at that as sort of this stable, fixed lens, if you will, kind of like looking through a keyhole and really missing everything else around it, not only does it sort of fail to take into consideration the intersectionality, which we're going to talk about in just a minute, but it also minimizes the social, historical, and the political processes that are always present, both historically and currently, that really shape how both tradition-- cultural traditions, family traditions, practices occupy a central place within culture.

S1: 29:06

Warrier's done some great work on this, particularly within the intimate partner violence literature in some ways. I have another slide with some of her work on it in just a minute. So when we think about culture, we want to include an analysis of those power structures and historical context, which is so important. And so in essence, we are always in culture. We're always in culture. And my favorite definition of culture is, "What people do when people aren't telling them what to do." My favorite definition of culture. So maybe that's a good question that we should ask the folks that we work with, like, "What do you do when no one's watching and no one's around? What does life look like for you in some ways?" So yeah. So if we think about the intersections of culture, here are a couple of examples that I think really kind of highlight the complexities. And I think we want to really be mindful about not simplifying those too much in some way.

S1: 30:03

So we have a lower-income, Asian-American woman experiences of familial stress in San Diego might have certain elements in common with how a lesbian, Italian-American experiences familial stress in Iowa, but not have much in common with how another Asian-American woman might experience familial stress in New York. So we

have gender. We have sexual orientation. We have geography. We have ethnicity. I mean, there's many variables here that impact the experiences and how people understand themselves, see themselves, experience the world, negotiate, navigate the world, etc. The second one, a fourth-generation Latino-American man growing up in Texas may share something in common with a young Latina-American lesbian living in Los Angeles and a young Iberian mother who just immigrated to New York. As a group, these three may also share something in common with a Chinese-American gymnast who is an atheist living in Des Moines, Iowa, or with a disabled 10-year-old Chinese-American girl growing up in Minneapolis, Minnesota. So we have, obviously, ability. We have religion and spirituality, again, geography, ethnicity, sexual orientation, gender, lots of complexities there that I think really matter in how we understand communities and think about communities. So yeah, Dr. Hernandez.

S2: 31:31

I would also have us think about how we travel from one culture to the next, even in a given day. You woke up this morning in your home. There's a culture operating there. Who created that? You and your family, the people that you live with. You come to work. There's a culture operating there, and it was created by the organizations, policies, procedures, ways of doing things, all of that. You come into this room. There's a culture operating here, right? There's a topic. There's a way of doing things, of speaking up, of putting things into the Q&A, all of that stuff, right? There's the culture of all of this. From here, we go into a different type of culture. And for us, for the most part, we travel from one culture to the next, and it's not that traumatic. Now, think about the people that we work with, and think about people who come in contact with criminal justice settings or people who live within a cultural environment that includes drug-using behavior or mental health issues and those sorts of things.

S2: 32:29

When I went from prison to treatment, not because I wanted to go to treatment but because I wanted to get out of prison, that was a huge cultural shock for me. Why? Because the culture of recovery, the culture of treatment is very different from the culture of being behind the wall. And transitioning from one to the next happens for people on a daily basis. Imagine what it looks like for people who are integrating into the US, depending on where they're coming from, the level of resources, the intersectionality that we've been talking about here. All of those things are important for us to take into account because we sell, for lack of a better term, recovery, wellness, right, as the next best thing. But people who come from a different culture, right, they might not see it as the next best thing. For me, recovery was not good. It was going into a place to talk about what? To talk about feelings? No, I come from a place where feelings get you into trouble, right? So all of those things are important to think about as we think about not just the intersections of culture, but how do we understand the movement from one culture to the next for everybody? And we all have experiences with those.

S1: 33:46

Yeah. Yeah, absolutely. Yeah, thank you. Yeah, yeah, definitely. So these are reasons why language matters. Language matters, and language also helps us-- it helps form, in some ways, how we think about ourselves, others, etc. So if we're limited in our language and our understanding, it's going to also limit how we perceive and understand others, in essence. And so we just have an example here that sort of kind of helps shift and kind of put this into context. So we have a Latino male who uses substances and from a positivistic perspective, which is the things that we can see and measure and touch and feel, the things that are measurable, the things that we can actually see and that are tangible and that's right before us, maybe is simply machista or this idea of machismo in many ways, manifesting what many outside of our

communities have deemed to be these sort of more traditional, quote-unquote, "Latino male characteristics" in some ways.

S1: 34:54

Now, if we just stop there in many ways, it leaves out the-- if we stop there in understanding, it leaves out the complexity of their essence, their being, and how their historical, social, and economic factors affect his role as an individual who uses substances. So I think oftentimes our sort of health status quo here in the United States tends to put the onus entirely on the individual as the full bearer of responsibility for everything that they experience, everything that they go through, their responses, their reactions, whether they go to treatment or not, whether they see treatment as viable. I mean, all that puts it all on the individual. And I think when we continue to do that and whether it's conscious, unconscious, we're reinforcing that status quo in some ways. And we're negating in many ways, I think, and limiting our capacity to sort of see beyond those limited definitions and ways of understanding people's concerns and challenges.

S1: 36:07

And so I think we have to kind of sometimes go beyond just what can be seen and measured and understood in that way and really think about these other contextual factors that I think are so important, which we're going to move to and talk about at this moment in time. I mean, there's even some folks who've talked about-- and even how we classify and label, if you will, people who come to receive services. What are the terms and labels that we're using? And are those lifting up, or are they further sort of stigmatizing and maybe unintentionally oppressing and further dehumanizing the people who are coming to receive services in some way? So I think language is of, I think, the essence and so important as we think about this work and not just with our communities but with a number of other communities as well.

S1: 37:05

So let's sort of kind of operationalize in some ways some of this Latinx intersectionality and what all this stuff means in some ways. So what's in a name? I think we've talked a little bit about this in some ways. I will tell you that I do not personally identify with Latinx myself. I don't identify that way. I don't identify with Latine. I identify as Mexican American. That's how I identify. And here's what I would say, though, around these terms. We know from research that the Pew Research Center does a lot of good research around just sort of looking at some trends nationally. Like Dr. Hernandez said, all data needs to be contextualized and understood because there's limitations. They're not without some bias and some leanings in some ways, so we have to kind of understand that when we look at the data and statistics, wherever that may come from.

S1: 38:10

But we look at sort of nationally. Nationally, we see that most folks in our communities are still leaning towards using the term Hispanic, I think, just more broadly speaking in many ways. Geographically, all that matters too, where you find yourself. Here in California, you don't hear the term Hispanic a whole lot, actually. I think the historical roots here, the Chicano, Chicana movement here, I think all the political, historical context here has really cultivated and, I think, really informed in some ways maybe the language and the ways in which people understand themselves within different Latinx communities. The term Latinx really was a term that was identified in many ways because it was really-- I think, in some ways, came into existence in many ways because there have been people in our communities who have felt invisible and unseen in our communities based on sort of being a non-binary gender, non-conforming spectrum, if you will. And so there were a lot of folks who said that the term-- because in Spanish and in English, when we're referring to a larger group of both men and women, we may use the term Latinos. And in general,

the O has represented masculine terms, and the A in Spanish has represented feminine, more feminine references in terms.

S1: 39:53

And so there's been a lot of, I think, discussion around just the Spanish language. Many argue that it's sort of genderless. I wouldn't say it's genderless, in essence, but I think there's certainly ways in which, I think, people felt that the language didn't really affirm their identities. And so I'll speak for me, and I want to let Dr. Hernandez chime in because we've both talked about this before in another time and another place as well. So it's really the term that often is used at this point to refer to persons of Latin American origin who might be on that gender spectrum in many ways. And it's imperfect. It's not perfect. When you talk to people in the community, particularly depending on-- some of this has to do with generation as well. So younger Latinos and Latinas in the United States are going to be much more inclined to sort of reference Latinx. Around my generation and older or so, many in our communities are going to really kind of say, "Don't call me that. I don't know what that means. I'm Hispanic," or, "I'm Mexican," or, "I'm Puerto Rican," or whatever it may be. So there's generational differences. I think all those things come into play as well.

S1: 41:13

And I think for many, the term has served as a reminder around the intersectional perspectives in our communities, which I think is really important. And then we have the term Latine, which was a term that really came into existence because feminist scholars in Spanish-speaking countries in Latin America really developed the term because many argued that the term Latinx didn't flow very well when speaking Spanish. And so Latine became that term in Spanish to try to honor the intention behind Latinx in English in many ways. And so I think there was a lot of, I think, pushback around Latinx. And I think there's still some pushback around that term as well. But gender non-binary and feminist communities in Spanish-speaking countries really develop Latine as a way to, in Spanish, capture that term in many ways. Interestingly enough, what we have here on the slide is that-- we mentioned this already. We got to look beyond sort of those static and rigid and fixed lens in many ways. But I always find it interesting. We use Spanish as sort of one of our markers for how X someone is or how Y someone is or whatever it may be.

S1: 42:43

And Spanish was the language of the conquistadores in many ways. And so why I mentioned that is because there were several thousand indigenous languages spoken before colonization happened. And there's still hundreds still spoken today that get absolutely no airtime, no recognition, no validation, etc. What was interesting, though, is that this is where we have to think about history. Many of those indigenous languages ranged from genderless to multi-gendered, really extending the binary in those times. And so we come from a language historically that many have argued, for some indigenous communities and languages, was genderless and multi-gendered. And in addition to Spanish, many Latine people in the US speak other languages, including some indigenous but also Portuguese, English, etc. And so language can really serve as both simultaneously as an oppressor and also a liberator of communities in many ways. And so I think that the terms are really-- for me, as I mentioned, it's really about how can I-- if there are people in our communities who are feeling invisible, unseen, and unheard, it's important for me to try to use a language of inclusivity to sort of create a sense of belonging. I don't personally identify myself in that way, but I use the term with a level of intentionality to represent many in our communities who feel that that's an important part of them to feel a sense of connectedness to who we are holistically. And I think that's important. Dr. Hernandez, I don't know if you want to chime in at all.

S2: 44:36

Yeah, a few things. First, Laura Alvarez, in the chat, thank you for that contribution there in terms of your experience. I identify as Boricua, right? I'm Puerto Rican, but Borinquen is the indigenous name for Puerto Rico. So that's the way that I identify. And I tell people in training and stuff like this, "I'm not hispanic, her panic, or anyone else's panic. Don't call me Hispanic." But I know plenty of Hispanics who are proud Hispanics. You see? And so I think about the practicality of what we're talking about for you as providers of services who want to learn more and engage and retain people in care and improve outcomes. What's the main takeaway from all of this? Because we've heard it. It can become confusing for people, so what do I call people? I don't even know how to pronounce that Latine thing that you're talking about. And like Laura, I have plenty of people in my family that you say Latine or Latinx, they look at you like, "What the hell is that? And who came up with that? I wasn't included in that conversation." Right?

S1: 45:42

Include my family in that also.

S2: 45:44

Exactly. And so Kevin, you hit it on the nail. Ask them how they identify. And I would back up from that and say to people, "When you introduce yourself, don't begin by asking. Begin by introducing yourself because that brings the tension down. 'My name is Haner. I am from Puerto Rico. I identify as Boricua. How do you identify?' And allow people to identify what they want, and then you validate that." Now, I know we are a country of boxes, and we have to fill out all of these boxes with data and information that we're collecting. But we don't have to do that in a mechanical way to get at collecting that data. Because what is most important, collecting the data and putting it into the boxes or the relationship that we're building with people so that we develop trust, confianza, respect, respect? Those things are way more important. In the beginning, trust is not a given, right? And so this is a part of that cultural piece around validation and communication, right? And so I love what's being put in the chat because you get it, right? You get that this has to begin with us, that quote in the beginning, right, "Who we are? What do we bring to this endeavor?" and then building on that piece around bias and judgment because I've heard people who want to impose these terms on other folk. And it doesn't go over well because you see that people are silenced, or they take on a posture of defensiveness, or they shut down altogether because, internally, what's happening is what? You don't understand me, and you don't respect me. Right? That's what's happening with people.

S2: 47:35

And so the other thing I would like to say in relationship to language, English is not my first language. My first language is Spanish. So I need for people to understand that I think in Spanish. I dream in Spanish. I feel in Spanish. And then I do translation to English. And I do that in milliseconds. And when I talk about difficult things, [foreign] because that is my first language, right? And it's easier for that. So you're working with people who speak different languages, and just understand that there might be a pause in the conversation. There might be a-- because people are looking for words and how to translate things from one thing to the next. And it's not always that easy. Now, you're no different from me. If your first language is English, you speak in English, you dream in English, you feel in English, all of that, right? And so we're not different in that way, but that is the dynamic that's happening within people, right? And if we're talking about engaging, retaining people in care, and dealing with people, it has to come with validation and acknowledgment that all of these terms are social constructs, and there's an evolution in terms, right? So who knows what's going to happen 10 years from now, what's going to be the next term or even the next year? Because there's people who are thinking about all of this and say, "I don't belong to any of that. I don't identify with any of it."

- S1: 49:02 Yeah, that's right. That's right. Yeah. Yeah. I mean, I think about that too. What are we going to be using 5, 10 years from now? As we change, we continue to evolve and move. As we have on this slide, identity is fluid. Culture is fluid. Language is fluid. When we think about this idea of intersectionality, I mean, I think more recently, Kimberly Crenshaw was the individual who really, in some ways, coined that term through her legal work and whatnot. But it's really this-- just so we define it just for folks who may be wondering exactly what that is. It's just sort of the lens through which we see where sort of both-- where power comes and collides and intersects and interlocks in many ways with different aspects of our identities. And so it's not just additive. It's not like, "Hey, so I'm this and that," but it's more like, "I'm Mexican-American. I'm an immigrant. Spanish is my only language. I'm working class," how those sort of intersections, both in some ways, depending on context and circumstance, might privilege us and might also, in some ways, further be oppressive in many ways for us in different ways. So that's sort of shifting in many ways of our various identities.
- S1: 50:28 And in general, I think what we've seen over the years is that some folks have called that sort of that first generation of intersectionality understanding, where we're thinking about these different social identities in many ways and how they intersect with each other. And I think more recently-- and I think this is important as we continue to sort of evolve, and part of what we want you to hear today in some ways is, how do we sort of think about all this and looking at not only these sort of descriptions of how individuals may experience holding multiple social identities but also to focus more on sort of dynamics of power in systems and institutions that perpetuate inequalities based on these identities in many ways? That's, I think, critical in understanding some of the challenges that our communities may face and also some of the challenges that the systems you work in may be trying to negotiate and deal with. And so anyway. So more [inaudible], how are people, in many ways, sort of-- how are they sort of positioned or framed as part of this larger sort of economic project, if you will, rather than encouraged to sort of self-identify and sort of maximize their own sort of self-potential and group potential, etc.? How are resources in our society distributed maybe in uneven ways to limit life opportunities and circumstances that certain individuals in certain social categories may experience?
- S1: 52:12 And so I think a lot of that is so important. So what's on this slide here is really kind of looking at some of those aspects, looking at the historical relationship that people have in their sociopolitical, socio-cultural lived experiences. We just have some examples here that we think are important. I think the most important takeaway from the slide, though, is just the fluidity and also the socioeconomic and sociopolitical context that really, in many ways, kind of situates many in our communities to sort of negotiate circumstances. How many of you know folks that work way harder than many of us do and their life circumstances never change? And I think we have to ask the question, "Why is that?" What's happening that I, with more privileges today than I ever have, can try to do more and maybe see some outcomes as a result of that? But I have family members and community members that I work with here in California that - I'll tell you what - they work harder than I do any given day in any given week, and their life circumstances may not change at all or very little. And so that's critical in our understanding. Dr. Hernandez, do you want to chime in?
- S2: 53:37 Yeah. Mike, I just want to point out what Mike put into the chat, that acronym, PINK, right, practice, intentionality, not knowing. So that comes from a very specific place in terms of the evolution of what we're talking about. So think about how people have

been trained in the country as it relates to issues of race, ethnicity, and diversity and all of that other stuff, right? First of all, we must acknowledge that we don't do a really good job talking about these things out loud, right? We talk at each other, over each other, and it's who has the loudest voice, that sort of thing. It's never helpful. And then I think about, at some point, there was sensitivity training. Remember that? People who were sent to sensitivity training is because something happened. They did something wrong, right? Then we started to talk about diversity and then multiculturalism. And then all of a sudden, cultural competence came into the scene, and people started to talk about cultural competence. And then scholars and practitioners on the ground, myself included, said, "Wait a minute. Competence denotes that I know everything there is to know about culture. And that is impossible. I don't know everything there is to know about my own culture, my own family culture. Never mind about everybody else's culture."

S2: 54:53

So we are moving toward a place about talking about culture humility as the approach, which is grounded in, "I don't know everything there is to know." And the most intelligent people in the room are the people who know that they don't know it at all, and the most arrogant people are the people who say, "Well, gather around because I'm going to teach you everything you need to know about this very specific culture or subject matter." And that is dangerous in terms of what we do and how we do things. And so in practical ways, if you don't know something, ask. I don't need to know it all because I don't. And when we are engaged with the people that we work with, when we ask them questions and they're able to give us their perspective, just know that it's a biased perspective as well because everybody's biased, right? But it comes - I come back to this piece over and over again - with some level of validation and some level of humility because we're seeking to what? To understand so that we can engage and retain people, right? Not so that we impose on people our own beliefs and views. We do have them, and they're going to come out in different ways. But I continue to think about, what's the approach? [The so?] what? What do we take away from it, right? Culture changes us. We change it.

S1: 56:10

Yeah. Yeah. Thank you. Thank you, Dr. Hernandez. Yeah. Well said. Well said. The other thing I would say too is that it's somewhat of a [inaudible]. We got to ask questions. We got to listen. We got to engage. And I think, also, we want to do a little bit of our own work to understand and learn, knowing that we can't overgeneralize and assume that what we're learning automatically, there's a universality approach where one size fits all. I would say you can't fit a square peg into a round hole. When you do that, you're going to cut off aspects of identity, language, historical experiences, whatever it may be. And so I think there's that rhythm. There's that rhythm in there in some ways. And so as we think about this, one of the things we want to also just contextualize because context matters is just trying to rethink some of these things. Again, we're laying the groundwork today. We're going to get into some more details in the next couple of sessions.

S1: 57:12

But this is a sign, actually, that existed really overtly. This was from a Dallas, Texas restaurant. I think the year was maybe 1940, 1950, somewhere in there. I'll have to go back and look at that again. But this is a sign, actually, that existed in Dallas, Texas. And we have this sign here because while we may not see signs like this, the messages still exist. And just even last week, there was a statement that said that immigrants are poisoning the blood of our nation. And so we're coming from mental institutions, jail systems, and so when I hear that, I hear we're trying to create fear. We're saying that those of us who are coming from Latin American countries, Mexico, etc., that we're coming from-- that we're unhealthy. We're unsafe. We're going to

commit crimes. We're going to take advantage of the system, etc. And so I think those messages are still there. Why does that matter? Well, I think it matters because, number one, I think as human beings, we are sort of hearing those messages, but our communities also hear those messages as well. So we may not have a sign specifically like this, but those messages continue to exist in more covert ways. And so to justify sort of the subjugation or the relegating communities to the margins, there have to be images or narratives that are created so that sort of dehumanization makes sense.

S1: 59:07

Elliot Aronson said that we're not rational human beings, we're rationalizing human beings in many ways. So we sort of justify and rationalize our behavior in many ways. And so there's these perspectives. There's these images, these narratives that are created that are still being created as recently as a week ago around many Latino, Latinx communities across the country. And so these images and these narratives, sometimes we can internalize those. We're breathing those in as community members as well, which can, I think, impact us in ways that aren't so helpful and contribute to some of the circumstances that we may find ourselves in at times. And so there are many images used. I think one universal image that was historically, I think, identified with many in our communities was that we were lazy. We were criminals. We're lazy. You could probably think of other adjectives in many ways.

S1: 01:00:09

But when we create those narratives, those images, those narratives become the explanation for the contextual situations that happen because they create inequitable and unjust behaviors, but it's justified. It's rationalized because they're not working hard enough and other people are, right? So if we didn't have those narratives and those images that were created, sometimes how we dehumanize and sometimes how we treat folks would be absolutely shocking to people, would be absolutely overwhelming to people. And to many of us, they are. They are. But to others, it absolutely makes sense. It absolutely just needs-- it just needs to happen. So bussing and sending people who are trying to come to this country for better lives, for better resources, and using them as political pawns is one of those sort of narratives and images that we create in some ways. And so it becomes the justification for those who maybe hold more privilege and power in society. And so, yeah, Dr. Hernandez, do you want to jump in?

S2: 01:01:27

Yeah. I would have us think about, for example, the pandemic, right? Remember, before the pandemic, there was all of this dehumanization of Hispanics, Latino, Latina community. All of us are coming over the border, pestilence, disease, crime, rape, all of that stuff, a huge narrative around that. And then there's policies that support all of this stuff as well, right, because there's laws on the books that continue to support all this stuff. The pandemic hits, and all of a sudden, there's a little shift in the conversation ever so briefly around essential workers, right, because now these people - listen to the terminology - they pick the fruit. They pick the vegetables. They work in these processing plants. They provide services that other people are not willing to. And so they're essential workers, right? And that happens in a blip in time and history. And there's a shift in the conversation in terms of how we're talking about that. But then we're back to-- right? We're back to square one in terms of dehumanizing, demonizing people, and speaking about people in different ways. And again, this validates preconceived notions that people have. It feeds, right, this piece on bias, on judgment. It feeds off of that. And that rhetoric and language just also feeds on people's fears. And people fear what they don't know, and we assume things about what we don't know, right?

S2: 01:03:02

And so this piece on implicit bias comes back up, right? There's explicit bias, and there's plenty of examples of that out there, but there's also implicit bias that lives

within all of us, not just a select few, but all of us, right? And all of this is playing a role in how people perceive health, health conditions, how do people seek care, access care, quality of care, how we provide care, how we plan and deliver care for people. Right? And think about it. We are talking with folks who work in the criminal justice space, right, in the justice space. And so most of the people that are in front of us, they're coerced, right, by different systems, by family members, by conditions on the ground in communities. That is all a part of what we're talking about as well because of the intersectionality of all of this, right? So it's complex. It's not impossible to understand, but it is complex.

S2: 01:04:05

And when we've been in these conversations, some people said, "Oh, you're just trying to get me to be politically correct with all these terms." I go, "No, no, no, no. That's not our goal. That's not my goal." I know that language matters, that certain terminology feeds stigma, and stigma is a fancy word for discrimination. So when we go around calling people substance abusers, schizophrenics, bipolars, right, we use terminology that has historically been alive and well in our field. Frequent flyers, pull yourself up by the bootstraps, all of that stuff has been around for a very long time, and our field embraced that. Listen, the Substance Abuse and Mental Health Services Administration, still with abuse in the title, right? And many organizations have changed their names because we know the impact that language has on people by way of discrimination and stigma. That's in part what we're talking about as well. So when people claim, "Well, you're just trying to be politically correct," no, we're not. We're trying to be good human beings. We're trying to do our jobs in the most professional, proficient way as possible, which includes how we interact with people and the language that we use.

S1: 01:05:20

Yeah. Yeah, absolutely. Absolutely. Absolutely. We don't want to leave you with-- Dr. Hernandez and I don't want to leave you with that heaviness, so we want to tell you that in spite of all that-- we like this Mexican proverb that, "They tried to bury us. They didn't know we were seeds." And so I think that, in many ways, really want to shift a little bit too. So we kind of laid some context around just trying to help-- I mean, hopefully, you kind of holistically put all this together in terms of as we're talking about it. But I think as we think about treatment, as we think about the areas that we need to shift to, I always like to say that, "Let's find out what's right with people before we identify what's wrong with them." I think that's critical. No matter who they are, where they're coming from, whatever the circumstances might be, let's find out what's right with them versus identifying what's wrong with them at the outset. And so why does all this matter?

S1: 01:06:21

Well, I think we have to think about this idea of sort of counter stories, allowing people to tell stories of those whose experiences are not often told and understood. I think the media and the influx of information we get is really good at perpetuating half-truths. And I think we are as influenced as much by what we're not told, by what we are told at times, and so I think we have to be intentional about that. If we're not actively, intentionally working against just assuming and kind of taking these things in, then we're sort of perpetuating maybe some of the exact things that we're trying to avoid in our work in many ways. And so counter-storytelling, understanding the other side, digging more deeply, kind of trying to reframe, in many ways, challenges some of those dominant discourses that are out there and some of the dominant discourses that may be dominating your own perspectives at times, maybe knowingly and unknowingly in the work that you're doing. And so that counter-storytelling is so important to really identify the strengths, the resiliency, the wholeness, the wellness in many ways. And then yeah, yeah. Yeah. And--

S2: 01:07:47

And so in terms of storytelling, we know that talking percentages and numbers not only objectifies people, but it alienates people, right, "30% of this, 20% of that, this, and that and the third." And that speaks to certain people, maybe like Dr. Gallardo and myself, who, right, look at data, work with data, and we get excited about that. But we know that the general population doesn't think that way. So what does change hearts and minds? It is personal stories, right, those narratives because then we see people at-- we begin to see people as human beings, telling their own story from their own perspective. I want to bring it back to the field very specifically of mental health and substance use disorders and the way storytelling is being used now. It's being used to overcome and address issues of stigma, right? So remember back to how I introduced myself earlier today. I didn't say, "My name is Haner, and I'm an addict." I said to you, "I'm a person in long-term recovery." What that means to me is that I haven't used a drug, including alcohol. You see, I'm telling a story because that leaves very little room in your head to think about, "That's Haner who sold drugs. That's Haner who did drugs. That's Haner with a criminal offender record."

S2: 01:09:00

There's all of that as well. But we know that when we use certain terminology, right, about certain groups of people or individuals, that sort of thing, that it conjures up some images because of bias and because of what we've been taught in the past. And so in the recovery space, right, we're utilizing stories and helping people to learn how to tell their stories in a way that have impact, right? And so this is all geared towards humanizing people, to reducing stigma and discrimination. And there's a lot of research around the effectiveness of this. Think about, for a moment, same-sex marriage in the country. Before it was law in the country, less than 50% of people supported it. And then people came out and started to tell their stories, not just people who are members of the LGBTQ+ community but families, members of from all stripes, from all walks of life. My niece, my friend, my neighbor, this, that, and the third. And then in subsequent polls around support for same-sex marriage, it was upwards of 60%. And so it can be traced to storytelling and how we communicate with one another because imagine if we were just talking statistics, right? What numbers would we be talking about? And how would we be further objectifying people as opposed to humanizing people?

S1: 01:10:30

Yeah, that's right. That's right. Yeah. Yeah. Absolutely. Yeah. And so as we think about the [humanizing?] people and humanizing communities, Yosso has this sort of models of community cultural wealth, which really is, I think, a nice framework for us to consider. It recognizes the assets that individuals from our communities may hold and use to navigate the systems that they find themselves in, including drug courts at times. And so Yosso identify these different capitals, if you will. And I'll just briefly go over those. I know we have about five minutes left. Aspirational capital she talks about is really the ability for us to sort of honor and help our community members maintain hopes and dreams for their futures in the face of real and perceived barriers and challenges. The linguistic capital, the storytelling that we oftentimes use in our communities to affirm our identities and our existence and whatnot. Familial capital, how do we as systems, as providers, recognize and help individuals kind of pull from the wisdom, the values, the stories from their home communities, whatever those home communities might be? And we know that sometimes there's challenges in those home communities. So home can be identified in a number of different ways for people. How do we create environments that maybe honor and invite those support systems to participate in the work that we're doing?

S1: 01:12:06

Social capital, in many ways, that idea of how do we-- maybe one example is, how do we engage with other individuals and community-based organizations to increase

accessibility, reduce barriers to the types of supports that individuals may need oftentimes? Navigational capital, how are we helping the individuals navigate our systems? Are we expecting them just to come in and figure it out? Or are we adapting and modifying and meeting and sort of making our services accessible? And then once they get in, as Dr. Hernandez mentioned earlier, that they're also being sort of affirmed for and validated for what they're bringing and who they are to the encounter in many ways. So what is the interaction with community members with the various levels of staff support when they get into the system? What do those interactions look like? What do the interactions with the peers look like in the system? How willing are we to acknowledge that our systems, many of our systems, if not all, both their structures and the cultures and policies in those systems, have a history of and, in many ways, are still unsupportive and even hostile in some ways to our communities? And how do we reenvision the systems in which we exist in many ways? And so those are the areas of capital that Yosso kind of thinks about. But those are assets. Those are assets that we can pull from and we can use to adapt, in many ways, those services.

S1: 01:13:42

And then we think about healing and wellness. We know that there are three primary sets of healing that needs to happen in many ways for many of our community members. There's personal. There's relational, and there's collective. And so the personals, some of those things around those aspirational capital, the hope, optimism, a sense of control, physical health, mental health, spirituality, meaning, relational support, compassion, meaningful participation in community and family, whatever that may be, whoever that may concern, collective, safety environments where people live and work and reside, adequate access to healthcare and other services, crime-free environments, just distribution of resources. And what Prilleltensky and colleagues would argue - and I think we would certainly affirm that in many ways - is that one does not supplement the other. You can't have one and not have the others. They all rely on each other for fulfillment and for sort of health and wellness and wholeness. So I think as you think about what that looks like in the systems, I think those are important variables. Dr. Hernandez, do you want to-- we just had this last-- we're just leaving you with some questions to think about as you reflect in many ways on some of this work you're doing. But Dr. Hernandez, anything else you want to say as we start to wind down here?

S2: 01:15:17

I've just enjoyed all of the interaction, the comments in the chat, the knowledge that all of you have brought to this interaction. And so thank you for that gift, right, because this is what it is because of your contributions to this as well. And as you reflect on these questions, we hope that they encourage you to come back to the next two sessions because we're going to get deeper in terms of application. We're going to get deeper in terms of what this stuff means. And for sure, we're excited about those conversations as well and everything that you put into the chat.

S1: 01:15:55

Yeah. Yeah. Thank you. Thank you. Yeah. So think about these questions, and maybe certainly send us other things that could be helpful as we come back next month and in December. So yeah. Thank you so much. I don't think we have any time for Q&A. I know around noon time, some folks had to drop off and go, which is all good. Thank you for those who stayed the whole time, and I appreciate it. Dr. Hernandez, always an honor and a privilege for me to share and be in space with you. So thank you.

S2: 01:16:31

The feeling is mutual, my brother. The feeling is mutual. Gracias.