An Ulster Publishing special section

Hudson Valley Health

OPIATES

The pandemic has caused a surge in overdoses. Government and health officials are reacting with new plans.



NATURAL REMEDIES

In an age of tenuous global supply chains, it doesn't hurt to know a little herbal first aid.



Abundance of caution

Many locals say they aren't eager to be first in line for a Covid-19 vaccine.



'Everyone is affected'

LOCAL MENTAL-HEALTH PROFESSIONALS TALK ABOUT THE IMPACTS OF THE PANDEMIC



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by Lynn Woods

T'S BEEN A TOUGH SEVEN MONTHS. There are children who haven't played with another child or seen their grandparents. Many singles living alone haven't touched another person. There's been more domestic violence. More fighting between couples. Seniors who feel completely isolated and depressed. Teachers, health-care workers and other employees fretting about the risks on the job, particularly if they are living with an elder or autoimmune-compromised family member. The deepening economic crisis is causing many people to lose their jobs and possibly their home and for young adults to miss out on a college education.

As winter approaches and the pandemic shows no signs of abating, mental health experts worry that the psychological effects will be long-term, particularly for children and young adults. They also noted a few positives: more bonding in families as parents work from home and spend more time with their children, more time spent outdoors in nature, a re-adjustment of values and a reckoning among many people of how to live a better life through more meaningful work and engagement with others.

But as the holidays approach, many people who are already fatigued from the social distancing, the lack of contact with others, the confinement of home—and who isn't?—face the daunting task of spending them alone. National health experts recommend avoiding gatherings indoors with friends and families, which have proven to be an effective spreader of the virus, but even for the most resilient of us, it won't be easy.

While fatal opioid overdoses are up a mind-bending 153 percent in Ulster County from January through September compared to the same period in 2019—nonfatal opioid overdoses are up 73 percent—Tara McDonald, Deputy Commissioner of the Ulster County Department of Mental Health, warns against attributing the increase solely to the pandemic. "There are so many other contributing factors," she said, noting that while suicides increased in April and May—she said

Continued on page 6

Helping hands

Local officials boost efforts to combat opiate overdoses as numbers spike

by Cloey Callahan

OVID-19 HAS KILLED OVER 200,000 Americans and upended the lives of millions more, causing unemployment, failed businesses, anxiety and social isolation. For those struggling with addiction, drugs can be a tempting way to cope. The result has been an increase in overdoses across the nation, including in Ulster County, where County Executive Pat Ryan declared a public health emergency after overdoses increased over 150 percent compared with 2019. In response, the county, together with local health-care providers, is expanding its outreach and support efforts to try to prevent further loss of life.

New and ongoing initiatives

Prior to the pandemic, things seemed to be moving in the right direction in Ulster. Deaths from opiates dropped from 56 in 2018 to 33 in 2019. This year, there have already been 46 fatal overdoses, as well as 325 nonfatal overdoses. This makes the total number of overdoses the highest ever recorded at 371. (In 2019 there were 303 total overdoses and in 2018 there were 296.)

County officials have turned their attention to the issue, with increased funding and partnerships across different departments. For example, the Ulster County Healing Communities



Undersheriff Eric Benjamin, District Attorney David Clegg, and County Executive Pat Ryan look over a graph showing the increase in overdoses.

Study(HEAL)team is partnering with the Ulster County's Sheriff's office to create a spike alert communications plan. The new plan gives real-time updates to treatment providers so they are aware of a spike in overdoses, which may indicate there's a bad batch of fentanyl-laced drugs in circulation. The HEAL team also created a public-





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education campaign on the risks of fentanyl.

"People are tired of talk, they want action from their government and law enforcement to combat this epidemic that is continuing to rip apart our communities," said Ulster County Sheriff Juan Figueroa in a press release.

An ongoing effort launched by Figueroa is the Opioid Response As County Law Enforcement initiative, or "O.R.A.C.L.E," a rapid-response team that was created in August of last vear. The team has worked closely with addicts to get help and assist family members who need support. The program was recognized in January with the New York State Sheriff's Association Innovation Program Award.

"There is a big stigma associated with people addicted to opioids that family members aren't going to call," said Figueroa. "When a family member calls law enforcement they're afraid they're going to have to pay for bail and an attorney if they're arrested for drugs. I had to do something about that."

Families can reach out to the hotline number at 888-996-0940, the cellphone number at 845-768-2410 or email oracle@ulstercountyny.com for help. If someone calls the O.R.A.C.L.E team and asks for treatment, they are then brought to the Ellenville Regional Hospital.

Following the declared public health emergency at the end of August, Ryan signed an executive order that established a new initiative, which places Narcan kits in 60 county buildings near the defibrillators and in high-risk locations in other parts of the county. All county staff will receive Narcan training. "It's so heartbreaking every time we lose someone," said Ryan. "But, it reenergizes us to keep fighting on this."

next step," said Victoria Reid, executive director of the hospital's Rural Health Network. "We came up with the idea for a High Risk Mitigation Team."

As with other initiatives, the stress with the team is on intervention and education- identifying addicts at greatest risk of overdose and helping them get treatment. The county executive is asking for increased funding to expand the team in his proposed 2021 budget, adding a care manager to serve Kingston. Meanwhile, the hospital would fund two additional care managers to serve communities outside of Kingston.

"Their sole purpose every morning when they wake up and before they go to bed at night is to just think about how we can help this group of individuals who are at the greatest risk right now," said Ryan. "They can personally, human-to-human, work directly with those struggling with addiction to make sure they are making progress on their recovery path."

The High Risk Mitigation team is divided into three parts. The first is the fatality review team, which is made up of medical examiners, death-scene investigators, coroners, and treatment providers. They analyze fatal cases to determine how interventions could have prevented loss of life.

The second sub-team is the overdose prevention response team, which includes community health advocates, peer advocates, and those with personal experience with addiction. This team works directly with those struggling with an addiction. "If we meet someone who is in treatment or using substances, we ask them if they'd like to be assigned a member of the team," said Reid. "It's to help them along their treatment plan." The final group is the overdose re-

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sponse team, which is O.R.A.C.L.E.

"We must double down on our efforts to combat the opioid epidemic," said Ryan "I am confident that these initiatives -- the High Risk Mitigation Team along with our strong partnership with Ellenville Regional Hospital-will help to save lives."

Steve Kelley, President and CEO of Ellenville Regional Hospital, called the new approach "innovative" and "the first true prevention program to monitor and respond to events that predict overdoses."

New funding would make it easier to attend treatment

Over the past two years, the county has put \$1.3 million towards opioidprevention spending. The county executive's proposed 2021 budget includes \$670,000 for this purpose.

"Like most budget documents, where you spend your resources shows what you take seriously," said Ryan. "We are taking the threat from the opioid epidemic very seriously."

The money would allow residents in need of a safe place to stay to obtain housing vouchers at local hotels when seeking treatment, provide childcare during appointments, and offset transportation costs.

"These funds will go a long way in helping to educate the public, provide needed treatment and support, and to ultimately save lives," said Ryan "Ulster County will not just talk about the issue. we are taking real action and putting funding behind stopping an epidemic that has ripped apart too many families in our community." In addition, the county received a federal grant of \$501.853 to be used over three years to help deliver a comprehensive intervention package to prevent the use of opioids, treat addiction and promote recovery.

Ellenville Regional Hospital also received federal money: \$635,000, to develop an overdose response and fatality review team serving rural communities in Ulster County.

Treatment at the jail

Ulster County Sheriff Juan Figueroa has changed the way the jail treats addicts, administering methadone and Suboxone to addicted inmates.

It was introduced toward the end of 2019 as a part of a three-phase anti-opioid approach. The strategy combines public education, direct outreach, and the introduction of "medically assisted treatment."

Last year, Sheriff Figueroa said it was time "to try a new approach." In 2019 it was reported that on any given day about 200 inmates are placed at the jail on pretrial detention or are serving sentences of less than one year. Ten to 15 percent self-reported an opioid addiction.

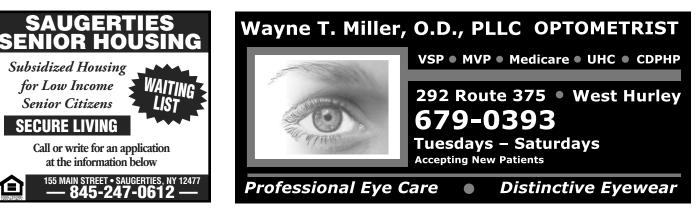
Before the change to medically assisted treatment, addicts were forced to with draw with only antacid and Motrin to dull the symptoms. Then they could decide whether to join a 12-step group offered within the jail.

With medically assisted treatment, patients use opioid replacements to "slowly wean themselves off of opioid dependence, or they may remain on a maintenance dose for years. "We have an unprecedented pandemic, but we still have an epidemic going on here," said Figueroa. "On top of bail reform, budget constraints, anti-law enforcement rhetoric, we're still going to press on. We are obligated to help people. It's easy to have someone here, lock them up and throw away the key. All they're going to do is keep coming back here. Our job is to correct that."

Partnership with Ellenville **Regional Hospital**

Talking with local officials, it becomes clear they view fighting the opioid epidemic as a collaborative effort. Ellenville Regional Hospital has been working actively with the county on this issue, particularly since receiving a grant from the Bureau of Justice Assistance in January, awarded around the same time the HEAL program started in Ulster County.

"We started talking about what's the





Abundance of caution

Many locals not in a rush to be first in line for Covid-19 vaccine

by Erin Quinn

York, questioned if that were possible. "Most vaccines take 12-15 years from lab to pharmacy," said Upright. "How can this vaccine be created within just a few months?" She said she "does not trust the organizations producing it. We have learned that our government cares more about profit/economy than public well-being and safety." Ulster County resident Jesse Walter also doesn't think a vaccine will be here soon. "It's going to be quite some time before we have an effective vaccine," he said. "I think we will need a variety of treatments and gene therapy going forward besides a variety of vaccines." Kristine Logan and Jules Traugot said it would be important for sources outside the federal government to vet a vaccine before using it. "I would be looking for confirmation of safety from organizations other than the CDC and FDA since those organizations have been compromised," said Logan. "Agreed," said Traugot. "I'd like to see

reviews by the Mayo Clinic, Cleveland Clinic etc... who would provide assurStephanie Lyons said that she and her family are "fully vaccinated," including the most recent flu vaccine, but said that she would not "put a rushed vaccine that has minimal testing into my body or my child's body."

Others were less hesitant to try the vaccine when released.

Dave Reid, of Highland said that he would "take it (an approved vaccine) for the simple reason of helping society reach herd immunity."

"I would take it the minute it came out," said Troy Kuveikis. "A vaccine is just a weakened or dead virus. It's not going to give Bill Gates my location or cause me to grow a third arm. And even if it did, that probably wouldn't occur for 30 years," he joked. "Save lives, the economy can re-open and we can begin to return to a sense of normalcy."

Sarah Gardner, who is 72 and semiretired, said that "if the FDA approves a vaccine, I will pray that Trump hasn't corrupted the approval process, and line up for my shot. I would encourage everyone I know to do likewise. I was a little kid when polio was ravaging my generation. The vaccine was a gamechanger for all of us."

Doctor's orders

Several respondents cited the leader of director of the National Institute of Allergy and Infectious Diseases as trustworthy.

"Only if Dr. Fauci says so!" said Lois Karam.

Ellen Munzer said that she "would need the green light from Dr. Fauci," and if he gave the signal, the answer would be "yes."

Others are consulting physicians they know.

"My husband is a doctor," said Munzer, "and he says he will wait to see how I do after three months and then consider it. I think that he and other people will change their minds based on what information is given, what testing has been done, the science behind it and who is providing the information to the public."

Dr. Stephen Weinman, of First Care Medical Center in Highland, said that from a doctor's perspective, "we are currently somewhere in the middle of the coronavirus pandemic, and experts feel that we may not be significantly through it until December 2021...I believe the director of the CDC was correct in his recent statement that masks and social distancing are going to be much more important than a vaccine. I don't imagine we will have a reasonably functioning vaccination program until the end of next year. I do think there are those that get carried away with how they deal with masking, but it is not rocket science. I don't think masks are necessary outside if you can be six feet away from others. It is a different story when it comes to indoor masking. The virus will be more problematic indoors." Dr. Allison Lucchesi said that many of her patients are hopeful that she has "some special insider knowledge about the vaccine ... but unfortunately, I have no magic information or answer," she said. "I'm all for a vaccine, as long as it is FDA-approved and properly vetted through trials." The buzz in the medical field is that there are several vaccines in Phase 3 trials and that some of the front runners need to be stored in below-zero conditions which would limit its availability to transport and store. "There will be many issues regarding if and when a vaccine is ready," Dr. Lucchesi said, "how to administer, availability limitations and who would get it first." In the meantime, "I recommend everyone get their flu shot this year and continue wearing masks," she advised.

Since THE SHUTDOWNS began in spring, it's often been said that life won't go back to normal until a Covid-19 vaccine is released. But as cases number have continued to grow, so too has skepticism about the vaccine. And it goes beyond the usual anti-vaxxer crowd: Prominent political leaders, including our governor and the speaker of the House of Representatives, have cast doubt on whether a vaccine produced under the current administration would be safe.

We reached out to readers to get their thoughts on this question. This story was being developed when President Donald Trump was promising that there could likely be a vaccine ready "within weeks," and that it would be distributed by the military.

Amanda Upright, a local RN who worked with COVID-19 patients during the first onslaught of cases in New ance about the safety, effectiveness and side effects. There is too much political pressure and billions being given to pharmaceutical companies to trust them totally."

Christina Vazquez said when the vaccine is released, she'll just keep doing what she's been doing. "My ability to practice good hygiene, socially distance, wear a mask, avoid crowded places and avoid sick people is on point and has been for years (not the mask part, but the rest)," she said. "I would be perfectly fine adapting my life to accommodate my lack of trust in a rush-to-market vaccine for a virus we know so very little about."

Lulu Bouchard of New Paltz, said that "being 83, living a good life for the most part, not involved with most medicines, I would not take this vaccine or any flu shots. I kind of believe in the 'thinning of the herd,' and might be 'thinning of the herd,' orientated."

A guide to herbal first aid

by Sparrow

HEN IT COMES to minor ailments, we are all doctors – especially if we're mothers and fathers of young kids. Modern medicine produces successful first aid medicines, but there are other, ancient options. I can guarantee that remedies are nestled in your lawn. When you're surrounded by benevolent healing plants, it seems a little absurd to drive 12 miles to a CVS.

Our foremothers and forefathers sampled every herb in the forest and meadow to assess its effects. Some of the experimenters perished, murdered by white snakeroot. (Nancy Hanks, Abraham Lincoln's mother, died just from drinking milk of a cow who had eaten this innocent-looking plant.) Others survived to prescribe health-giving herbs – and to invent their colorful names: sneezewort, turkey corn, toadflax, mother-in-law's tongue.

Ibuprofen is always a pill, but an herb may be imbibed in many ways. You can nibble its leaves like a rabbit, boil its roots like a Latvian peasant, tincture it in alcohol like a 19th-century chemist, juice its leaves like a millennial athlete, serve it in tea like an aging Saugerties hippie.

Last week, my friend Ana Silva gave me a bottle of calendula oil she made, by suspending calendula flowers in olive oil and exposing them to sunlight. In reply to an email, Ana wrote:

"We've used it in one form or another for many years for cuts, rashes, dryness. With my late mother, my stepdad used to make a Calendula salve with mortar and pestled fresh flowers, stovetop heat, beeswax and sweet almond oil that my mother's family swears by."

Ana also sent me a photograph of the joyful yellow calendula flowers drying in a wicker basket. Wicker is perfect for herbal collecting, allowing for liberal airflow. Stick blossoms in a plastic bag and they can easily mold.

I moved up to these parts 22 years ago because my wife was an herbalist. Violet gave "weed walks" to homeowners curious about the beneficial plants around them and made her own tinctures.

Generally, the fresher a plant, the better. As you become more advanced in herbal study, you learn when a plant is perfectly mature. I suggest you wash every herb before using it. Even in the



Mullein can treat a wide range of ailments, from flu to join point.



Jewelweed: The antidote to poison ivy.

in the 1970s. Only later did I learn that the leaves and root are used as tonics, strengthening the kidney and liver. (You may know the root as a coffee substitute.)

Jewelweed is the "antidote" to poison ivy, and often grows near it. Crush the hollow stem and rub the sticky, clear sap on your skin, and the itching will disappear. (It also alleviates stinging from nettles, and is recommended for athlete's foot.) The name of this plant may come from droplets of rain that glisten on its leaves like diamonds. Mullein is useful for a wide range of illnesses: whooping cough, tuberculosis, bronchitis, hoarseness, pneumonia, earaches, colds, flu, asthma, migraines, joint pain, diarrhea. I boil a leaf in water and use it for steam inhalation. I place the steaming pan of water, with the leaf still in it, on a table, drape a towel over my head and inhale for five minutes. Right now, it's late in the season, but a few thriving plants remain. Red clover and chicory are still in bloom! Let me quickly mention several herbs that are not common locally but well-suited to first aid. A number of essential oils work as insect repellents: pennyroyal, lavender, eucalyptus, citronella. Echinacea tincture strengthens the immune system. Thyme essential oil is helpful for toothache or sore throat – and used externally, repels lice and other parasites. "Rescue Remedy" is a combination of five flower essences

Broadleaf or greater plantain, which can be chewed up and placed on a cut to encourage healing.

your leaf-bandage with two or three strands of long grass tied in a knot.

A cup of herbal tea may be a calming finale to a first-aid intervention, even if you use entirely CVS-sourced materials. Personally, I like to brew extremely weak teas - made from hand-picked wild herbs - which have a subtle but exhilarant effect (unless it's all my imagination). Please don't take this essay as definitive medical advice. Be sure to consult your doctor before making any health decisions. [Note: This is a disclaimer, to ward off crippling lawsuits.] Sparrow's latest book is Small Happiness & Other Epiphanies (Monkfish). He lives in Phoenicia.



Common chicory, whose leaves and roots are used as tonics, strengthening the kidney and liver.



crystalline purity of the Hudson Valley, car exhaust and acid rain intrude.

The willow weeps for humanity and offers its skin as a panacea. The bark of the willow tree produces the medicine we call "aspirin," which the Algonquins called "kinnikinnick." It's used as a pain reliever, for headaches, and for weight loss.

A common weed in lawns is plantain. I'm not talking about the species of banana; this is *plantago major*, whose broad leaves and narrow green flower spikes are familiar to anyone who's ever sat in a field of grass. If you have a cut or a scrape, chew a leaf or two, place it on the wound, and tie a bandage over it. The young tender leaves may be eaten in salad.

My favorite flower is the loyal and vigorous chicory, found beside roads throughout our valley. In fact, I fell in love with this radiating blue flower while hitchhiking throughout the USA that clarifies the mind after a small – or large – mishap.

And don't forget your spice rack. Ginger alleviates stomach aches, menstrual cramps, morning sickness. (Fennel is also recommended for these conditions.) Cayenne will stop bleeding – though it stings.

Today I burned my finger on a hot roasting pan of zucchini, and immediately appealed to my wife for help. "I'm not too good with burns," she said, then typed a few words into Google and announced: "Aloe!" We both ran to the kitchen, where a large aloe plant is growing. She cut one leaf, squeezed the inner juice on my finger and... my pain disappeared.

Of course, some accidents happen in the woods, particularly on hikes in the Catskills – and often we forget to carry a first-aid kit. Leaves may be used in place of bandages, plantain leaves possibly being the best. Secure



Continued from cover

there is always a higher incidence of suicides in the spring—there were none in August and September. (So far this year, there have been 20 suicides, the majority by men and half by people age 41 and older, which is older than usual, she said. Her department is responding by pivoting its suicide-prevention communication methods to include more traditional media such as radio and newspapers.) Despite the mixed messages of these statistics, there's no doubt the pandemic has resulted in people feeling more stress, say mental health professionals.

The call volume at Family of Woodstock's 24-Hour Crisis Hotline (845-338-2370) has increased overall since March and at times has doubled, according to Tamara Cooper, team leader of the hotline and head of agency training. "People want to hear a human voice," she said, noting that thanks to the Internet there are more callers from outside the region; she predicts that as the cold weather sets in, the volume will increase even more. "There are a lot of external things people are responding to. One driver is the perception of loss—of connection, financial security, and your job," Cooper said. "The subset of this is loss of family and friends. There's a loss of connection around the political system. People are feeling more desperate."

What therapists are seeing

Nina Schmidbaur, a Kingston-based psychotherapist who treats both children and adults, said people who live alone are affected the most. "Many are experiencing symptoms similar to [those of]solitary confinement and experiencing extreme bouts of depression and an increase in suicidal thoughts," she said. "The lack of physical touch is severe. It has an impact similar to that revealed in studies done on infants raised in an orphanage."

Schmidbaur is particularly concerned about the isolation experienced by children under the age of 12, who, perhaps because they or their parents have a condition that makes them vulnerable to infection, have not seen another child in eight months; some have not even left the house. "They're not interacting," she said. "Children who used to be extremely creative in their play in my office now want to watch a video. I'm worried about the long-term impacts on young children who are internalizing this lack of contact. There's a natural need for us to be more hyper-vigilant of those around us, which means the need to brace and feel tension in the body as a survival mechanism is much more present. If children are normalizing feeling tense in their body in every social circumstance, that creates long-term physical and mental impacts." (As with all sources quoted in this article, Schmidbaur is conducting her sessions remotely.)

Psychiatrist Ernest Shaw, also based in Kingston, said he's similarly concerned about the physiological effects on people as the virus lingers and possibly intensifies over the winter. "Acute stress doesn't kill us, but chronic stress does," he said. "Older people are feeling very lonely and isolated, which puts a stress on their mental health and cognitive functioning. People who live alone are also under a lot of duress... I'm seeing a fundamental anxiety and often a kind of despairing sense of hopelessness." While the pandemic "affects everything," the disease "finds its foothold where there's poverty and people are more crowded and some can't even buy masks. Single mothers are pretty overwhelmed caught been the economics of having to work and take care of their kids."

Teens are perhaps best able to navigate the technology that now defines much of our lives, Schmidbaur said, though she's observed "nihilistic beliefs" among this group that "was not the case before....they were looking forward to living independently and now they're feeling there is nothing ahead." College-aged teens and young adults "in some ways are having the most devastating time. This group is typically the most idealistic, but now their hope for the future is very minimal," she said.

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Most at risk from a physical safety perspective are "certain populations living in violence. Their ease of access to a safe person out of their home is thwarted. Children who used to rely on school lunches and breakfast have been impacted, though most local school districts are making a huge effort to provide food," said Schmidbaur.

While more financially secure people obviously are at far less risk than the poor, "everyone is affected," noted psychologist Andrea Grunblatt, who employs 18 therapists, four of them fulltime, in her Kingston-based practice. The combination of the impacts from the pandemic with the nation's deep political divide and economic insecurity has been lethal: "There's a huge amount of dissension in families and couples. Now that people are staying home and having financial difficulties, those differences have escalated. There's a lot of domestic violence and drinking,"Grunblattsaid. "People don't have contact with other people, which further multiplies those differences. And the financial strain is much bigger. The feelings of isolation and depression are huge, even in families and couples."

Those who are still going to work outside the home have to deal with the anxiety of "doing what they don't want to do. They may have to deal with co-workers who aren't very cognizant about wearing masks. Some like to confront others, while others suffer in silence." Besides the bitter fights people are having over what's real news versus fake, "if there's any kind of prejudice it's exaggerated. Some people are convinced they need to have food rations in the house," said Grunblatt. "Others feel they have the liberty of using a gun. It's just a mess...people are more aggressive and scared."

Plus, some people who've been laid off cannot find affordable local housing. "I had a patient who was in sales and his complete income source is now gone. He got some unemployment for

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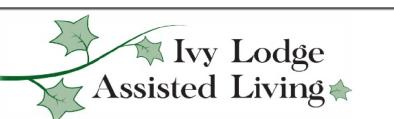
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Seniors in particular "are horribly isolated. Some have not seen their grandchildren or children in eight months," said Sharon Murray-Cohen, executive director of Jewish Family Services of Ulster County, based in Kingston. "They're fearful because they are at high risk." Jewish Family Services serves approximately 500 seniors; prior to the pandemic, her agency's licensed clinical social workers would meet with seniors in their home to help them deal with transitions, such as moving in with a son or daughter or into a senior residence, but now that contact has been limited to phone calls. Many seniors aren't computer literate, which further limits their access to the outside world, Murray-Cohen said.

To reach out, her agency, along with the Ulster County Office of Aging, does "warm calls"—calls by volunteers to the seniors that occur at least once a week, just to check in and see how they're doing. Her agency is also encouraging them to "start developing contacts to reach out and call people they know. It would be good if they could organize phone chains." A student intern suggested setting up weekly Zoom meetings at which people could play games and otherwise interact with others-a wonderful idea, said Murray-Cohen, if

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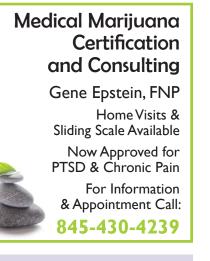
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only the seniors could get up to speed on the technology.

A silver lining?

As mentioned, there have some positive outcomes from the pandemic, such as more family togetherness with members playing board games, baking, and otherwise bonding with each other; more engagement with nature; and a reset in values. "The pandemic is leading people to more wellness, more connection to family and loved ones, more ease in their body," noted Schmidbaur. "It's allowing people to access a part of themselves they haven't had to before."

Besides more hiking and walking, they're also cooking a lot more, garden-



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they live," said Grunblatt. "The epidemic is a helpful time to understand to be there for each other," said Shaw. "A lot of us are paying attention to life where we are and slowing down. We find life where it is. Because we feel vulnerable, we open our hearts and mind more and life becomes more alive."

Different approaches

The therapists said the impacts from Covid-19 have resulted in some shifts in their practice. For Schmidbaur, "there's much less talk and more body work. I'm working with [my patients] on the way trauma manifests in the body. Somatic work enables people to experience a release and tap into the innate wisdom and strength of the body." She guides people toward "co-regulation and self-regulation, a self-soothing technique in which you use one hand to cradle yourself in a hug position...hugging pets has been a huge comfort for people." In finding ways to help people ground themselves, she's also encouraging them to be out in nature, "to take off their shoes or do gardening to connect with the earth."

To help couples and families, Grunblatt has them do "sand tray" work, in which they create a replica of their life using miniature figures. The exercise enables people to take a step away from their perceived attacks and gain some objectivity. She also recommends people write out their issue on a piece of paper and give it to their partner.

Shaw encourages his patients to "break down the details of what they have do in the moment...if we observe the moment we can be with it instead of worrying about the moment to come or those past." He quotes Camus, who wrote in *The Plague*, "the only treatment for a pandemic is human decency." Put into action, that means you should "care about your neighbor, call people who you know are lonely," Shaw said. "Therapy is an ethical and moral task. It's a way of feeling our interconnection with all of humanity."

Ultimately, the pandemic presents individuals — and society — with the chance of moving toward a more caring, liberating experience, Shaw said. How people utilize their internal resources "seems to be predicated on their ability to be flexible and adaptable," noted Cooper. But challenges such as loss of income and one's home, which are out of people's control, point to systemic problems that demand "we as a society look at issues differently" and come up with more equitable solutions, she said.

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Ulster expands Mobile Mental Health Team

LSTER COUNTY'S DE-PARTMENT of Mental Health maintains a call-in service called the Mobile Mental Health Team. Two teams, each consisting of a clinician and a peer "who has lived experience with behavioral mental health issues," according to Tara McDonald, Deputy Commissioner of the department, are on call from 10 a.m. to 10 p.m. seven days a week. Typically, "a neighbor or family member will call the unit when there is a concern that a person is at risk of hurting themselves or others," said McDonald. "The team will reach out to that person and do an assessment on the phone. If the person is at risk of hurting themselves or others, the team can order a 945, which allows the police to transport the person to the psychiatric ER."

In most cases, which do not entail such risks, the team makes an assessment and refers the person to the hotline or textline of Family of Woodstock, which can help with a range of issues, including housing, domestic violence, and food insecurity, or one of five state-licensed mental health clinics in the county: Family Services, Inc., Astor Services for Children and Families, Institute for Family Health, Pine Grove Clinic, and Rockland Children's Psychiatric Center clinic. Another resource is Catholic Charities' Center for Treatment Innovation, which helps people with substance-use abuse receive both long-term and short-term help with recovery. The county also has two clinics licensed by the New York State Office of Addiction Services and Supports: Step One and Bridge Back. Contact information for each clinic and a complete list of resources can be found at the following link for the Ulster County Department of Mental Health: https://ulstercountyny.gov/health/mental-healthdepartment.

McDonald said that the Mobile Mental Health Team is increasing its capacity: while the two teams have been on call from noon to 10 p.m. and only one team on call from 10 a.m. to noon, the service will be expanded to a second team on call during the morning hours. Beginning in 2021, the Mobile Mental Health Team will also include a dispatcher at the 911 call center. According to McDonald, the dispatcher "will be a licensed clinician who will assist the 911 center operators in determining the appropriate intervention needed to respond to calls from individuals reporting on a behavioral-health-related issue. The dispatcher will have the capacity to triage calls utilizing the clinical assessment and if deemed appropriate, directly engage the Mobile Mental Health Team," reducing visits by the police.

McDonald added that Ryan has been lobbying Westchester Medical Center Health Network (WMCHealth) / HealthAlliance of the Hudson Valley for Westchester to return the 40 inpatient mental health beds that were moved from its facility in Kingston to Poughkeepsie back in April to make room for a potential regional Covid-19 specialized care center. Although the move was supposed to be temporary, Westchester Medical Center Health Network has not committed to restoring the beds after the pandemic and Ryan said representatives, have explicitly told him they don't plan to. "The utilization rate for those beds over the past five years was 80 percent," said McDonald, who noted that the populations of Greene and Delaware counties, which lack mental-health beds, also relied on the unit. "We hear repeatedly [the beds] are just 20 miles away, but that could be a 45-minute or hourlong drive. You're disconnected from the services."

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The lord of the ringing

If tinnitus is killing you, let it

by John Burdick

INNITUS. MINE TURNED ON with sudden violence, like a brash, bare light bulb or a shrill phone call popping into a darkened bedroom at night. And the on/off switch-some kind of single-use neurological relay the evolutionary purpose of which will never be clear-then disappeared from the wall, along with all means of egress, gone where neither herbalist nor otolaryngologist, neither white coat nor life coach, shall ever find it. The light is just on now, and the room doorless, forevermore. What do you mean you can't see it?

By all rights, my tinnitus should have come from too many years of standing on cramped club stages with my head on a level plane with the crash cymbals of exuberant or unskilled drummers, and if I had to estimate the percentage of tinnitus cases due to intemperately struck Sabians and Zildjians, it would be in the low double digits. (Aside: young players, always use at least an earplug in the drum-facing ear-it will help with your vocal pitch as well). At least I could have claimed it as a battle scar, to the extent that anyone cares to hear the rock stories of an old man, but no. My one-note soprano companion debuted-stridently, like a diva assuming the stage-in the fall of 2007, the apparent result of an ear infection or, more likely, of the combined antibiotic and steroidal drops used to treat one. And there she was, of pure, unwavering, pitch, an infinite pedal point, breathing circular through a delicate mouth always open, electric eves fixed on me, her one true one. Why, shhh, you can hear her right now as soon as this truck passes, or as soon as this peeper cycles through its coded phases. But you can't, and that really gets at the mystery of misery of this condition. Our consideration of the causes of tinnitus is per force tentative and speculative because, on some profound level, there is nothing there, nothing to detect, nothing to study. The medical discussion of tinnitus has been based almost entirely on the anecdotal reports of patients, medical science's dirtiest and least favorite kind of data.

No trained ear will ever register this sound in my head, nor any high-tech pressure-detecting needle budge in response to this the song of my life. It is hard to express the sickening, isolating effect of this fact. No one else will ever perceive it and share this round room with me. As if I didn't already feel enough like a solipsistic universe unto myself, subject to the gravitational influence of other nearby rotating bodies that I can't quite make out in the blackness of space. I am lord of the ringing.

But If you start to sentimentalize and tragedize your tinnitus-"for I shall never taste the silence of the night sky again"(pronounced ah-GAYN), then you're really in for it. You're ruined. Instead, I recommend considering all the rest of your reality as something equally unverifiable and incommunicable. Imagine all you perceive as your brain and sensory apparatus involved in a complex act of imitative modeling based on incomplete input, and not as the direct experience of creation through the open, undistorted tubes of your eyes and ears. Yourtinnitus-this broken theremin, this single, looped measure of bel canto, this alarm of life-is probably as close as you are going to get to the music of the spheres. No one ever said it would be beautiful by human aesthetic standards, certainly not 21stcentury American human aesthetic standards.

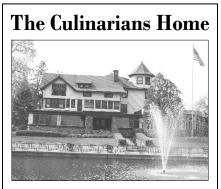
exactly thirteen years. My tinnitus is diagnosed as moderate to severe — no gentle flauting of the fringes — and is accompanied by significant wear and tear hearing loss in the busy 2.5 kHz range, wherein lies, among much other information, the articulation of human speech. Fact is, as much as it grieved me for years, as much as it got worse and worse while I enjoyed what may be the pinnacle decade of my life as a performing musician, I was born for this affliction.

A white noise source gets me through the night, and I can get by without it. The grueling programs of habituation, in which one trains one's brain to not notice a particular stimulus, didn't feel worth it to me. I've walked by every tinnitus virtual quack stand in the world without even bothering to look at the pamphlet. There are sides to me paradoxically sanguine and pre-defeated. In my head, I see myself as a broken thing accumulating injuries and scars, dragging a gimpy leg (both legs are fine), spitting and

offering a few curses as he continues to do whatever the hell he pleases.

A new study by Hubert Lim, et al., at the University of Minnesota, reports promising results from a tinnitus treatment that targets brain cells that are firing abnormally. And zapping them. Studies in both humans and animals seem to confirm that stimulating touch-sensitive neurons in the tongue or face can activate neurons in the auditory system and that pairing these zaps with sounds appears to rewire brain circuits associated with tinnitus.

Ok. I do care. Maybe one day, ashen and bent, I shall taste again the still silence of the winter night sky. I am not holding my breath. I just assume and accept that this telephone in my head rings always and only for me.



If tinnitus is killing you, my only advice is let it. Let it kill, specifically, the part of your brain that cares. Worked for me.

I joke, but with the authority and the jaundice of someone who's ears have been ringing continuously for almost





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Stressful semester

For local college students, remote-instruction, increased workload, and lack of time off has been a grind



Students make their way to and from limited in-person classes at SUNY New Paltz on October 22, 2020.

WILL DENDIS

by Cloey Callahan

ARAH BALE PACKED her bags on a Friday night and decided last-minute to tag along on her parents two week-long trip to Weld, Maine. Seven hours away from the SUNY New Paltz, it would be sure to give her at least a taste of the relaxation she was long yearning for.

When all your classes are online, that is the kind of thing you can do.

Instead of being crammed into her small room off-campus, she set herself up in a cabin where there was just enough WiFi to submit her assignments to Blackboard. But despite the change of scenery, relax-ation was still out of reach. Now back in town, Bale, a third-year student studying English with a minor in political science, says this semester continues to be an adjustment. "I've tried my best to adapt," said Bale. "It's been hard not having those in-person interactions because I am completely remote. Since we're back in New Paltz I feel like things should be normal and I have the same expectations for myself. I feel that I should be doing the same amount of work and at the same level I used to. But we're still living through a pandemic." The residence halls at SUNY are operating at reduced density with about 2,900 students total. Priority was given to first-year students, international

students, and students in programs with labs, studio, and equipmentintensive classes.

SUNY New Paltz's classes don't look the same anymore either. While one class might be face-to-face, others are completely online. Some professors make the in-person aspect optional, with the professor teaching live to the students in the room and to students tuning in on Zoom. Entirely remote classes are more common.

No rest for the weary

Like many other universities, SUNY New Paltz did not give students a fall break and classes remained in session

breaks until we were mid-way through the semester," said Bale. "It doesn't sound like a problem when you think of future semesters. Now being in it, and going through midterms, I think it's necessary for people to have breaks especially during this stressful time for the whole world."

Fourth-year student Emily Trama, who is also living off-campus in New Paltz, agreed.

"I've been at school for two months and it's been nonstop," she said. "I haven't had one day where I don't have class. I want to feel like I can take a day for myself and not be behind. Not decided to stay home on Long Island. For her, it didn't make sense to spend money on housing to attend remote classes. But despite the familiar surroundings, she's finding it harder to concentrate.

"Part of me feeling overwhelmed comes from being at home," said Taylor. "I have less environment space to work in. When I'm in New Paltz I can go to the library or Wooster Hall - there's so many options. At home, it's a lot more limiting."

To destress, she will exercise in the middle of the day to get outside or drive over to her boyfriend's house for

having a break makes it feel like I'm

'School can be stressful in general. Now with everything in a totally different format and it being new to everyone, I am on edge all the time.

on federal holidays, including Labor Day and Columbus Day. The idea was $to\,minimize \,the\,amount\,of\,travel\,to\,and$ from campus. With more instructional days jammed in, the semester is ending a few weeks early, with campus closing before Thanksgiving and finals being conducted remotely over the following couple weeks.

But students say the lack of breaks, paired with the isolation of mostly remote instruction, has been trying. "I didn't think about us not having constantly going and I'm never going to catch up."

Trama said the workload is higher this semester than usual.

"I think professors think because we're not meeting face-to-face they need to compensate with more work."

Overwhelmed, stressed and always adjusting

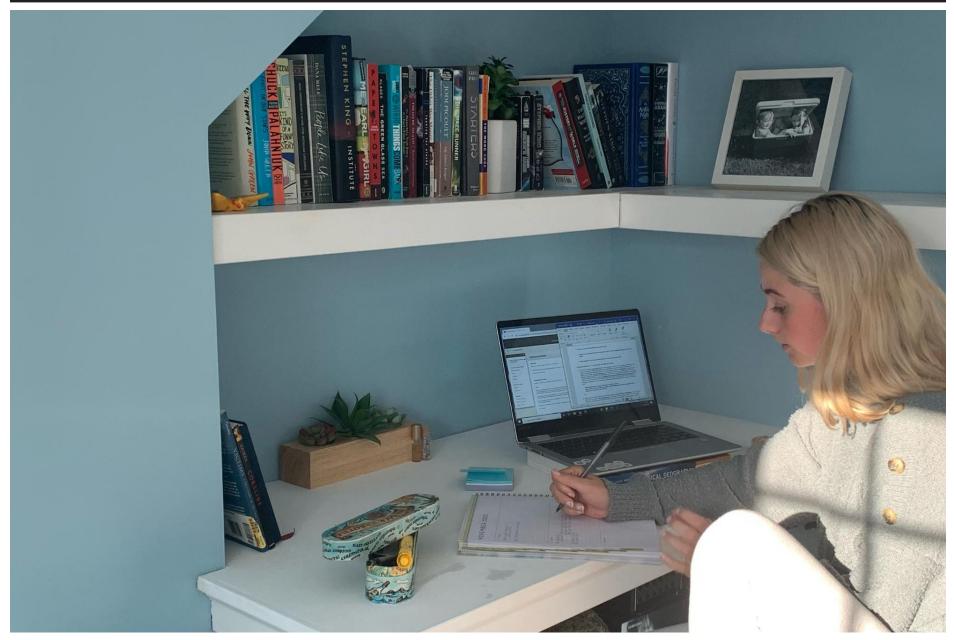
Third-year student computer science and linguistics student Taylor, who preferred not to give her last name, a necessary change in scenery.

Trama is in New Paltz but the feelings are the same for her-overwhelmed, stressed and always adjusting is how she puts it.

"School can be stressful in general," said Trama. "Now with everything in a totally different format and it being new to everyone, I am on edge all the time."

Marist student and resident assistant Shannon Donnelly has not only also felt the stress of the pandemic college experience herself; she has seen it among her residents. As at SUNY, no outside guests are allowed in Marist's residence halls.

The isolation has affected Donnelly more than anything else. After days without face-to-face contact, she notices an effect on her mood. Like Taylor, escaping to enjoy the outdoors is one



SUNY student Emily Trama characterized this semester's feeling as: "overwhelmed, stressed and always adjusting"

way she copes.

This semester, Donnelly held an educational program for her residents on Zoom where Dr. Marisa Moore, a mental health specialist at Marist, offered tips on how to combat loneliness and stay mentally aware during isolation. Only one resident attended. The

"The feelings of isolation and depression are huge..."

r e m o t e world has not been good for clubs, organizations and programm i n g . (Trama, also a member of a school club, has



noticed that participation is way down compared to years prior.)

On top of feelings of isolation, the pandemic has changed her outlook on education and her school work. Now she doesn't value it as much.

"At this point, I'm trying to get out early if it's possible," said Donnelly. "I was always looking forward to senior year." Now she's considering squeezing in her last seven credits over winter break or staying at home for the spring semester.



Other options to cope

Colleges have recognized the problem and have been reaching out to students to help. SUNY New Paltz's Student Psychological Resilience Project is a a peer-to-peer resource for students who want to talk about what's stressing them out and offer one another social support. Different days have different themes, including "We're In This Together Tuesdays," "Free Time Friday," "Self Care Sunday" and "Mindfulness Mondays."

"We are very limited in the ability to have in-person gatherings," said professor Karla Vermeulen, who oversees the project and is the deputy director

Taylor, a SUNY New Paltz student, decided to stay home on Long Island because her classes were all remote

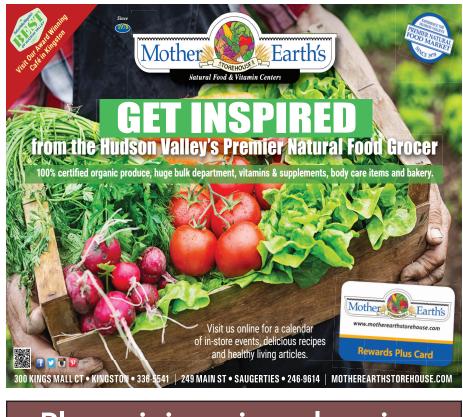
of the college's Institute for Disaster Mental Health. "So we can certainly do a lot of online programming like Zoom workshops, but the students in general are so overwhelmed. Those who are attending remotely, we are finding the last thing they want to do at the end of the day is get on another video call."

Caitlin Pastore, a graduate student

and one of the ten student resilience advocates, said she has struggled with many of the same issues as her peers. "I will go days without leaving my apartment because there is no reason to leave," said Pastore. "This contributes to the feeling of isolation and being stuck."

Being an advocate means she can be a resource for fellow students. Going through it herself, she is able to provide insight and tips to help others.

"We want to help students on campus," said Pastore. "We want to promote mental health, help with stress management and provide anxiety management techniques. We hope to create a sense of community and show students there are resources on campus they can utilize."



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SUNY New Paltz also offers other services like the Psychological Counseling Center and the OASIS peer hotline. Both are seeing increased use.

In any given academic year, the counseling center usually sees around 730 students. As of mid-October they have had approximately 225 appointments. Director Dr. Gweneth M. Lloyd said the numbers would be even higher if not for a few extenuating factors.

"We have less than half of the students living on campus," said Lloyd. "Others may be home and some of their social $support\,might\,be\,their\,family.\,Students$ are also overwhelmed with their academics and their mental health might be taking a back seat."

With the second half of the semester in full swing, she expects to see an uptick as the academic pressure mounts.

The center is still offering its popular "Let's Talk" sessions, which are happening both in-person and online. The staff provides an informal, brief consultation for students during these drop-in sessions.

Lloyd had a number of other suggestions for students to cope with their mental health.

"Instead of texting, talk," said Lloyd. "Have that human connection. If they're on campus, meet in a sociallydistant manner and take a walk with someone. Meet with a friend for lunch outside. Self-care is really important too. Get up, get dressed like you have a destination for the day, take a shower, comb your hair - even if your classes are just remote."

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