

[00:00:00] **Stephen Calabria:** From the Mount Sinai Health System in New York City, this is Road to Resilience, a podcast about facing adversity. I'm Stephen Calabria.

[00:00:11] Today on the show, we welcome Alyssa Ramos, a language interpreter at Mount Sinai South Nassau Hospital. In her work, Alessa helps patients, families, and staff navigate language barriers that arise in healthcare.

[00:00:23] The journey to get there was difficult, as Alyssa was born with a lifelong medical condition that would normally serve as an obstacle to greater success. Alyssa's chosen course is a case study in resilience for medical professionals and anyone else facing adversity. We're pleased to welcome Alyssa on the show.

[00:00:39] Alessa Ramos, welcome to Road to Resilience.

[00:00:43] **Alessa Ramos:** Oh, thank you. It's great to be here. Thank you, Stephen.

[00:00:45] **Stephen Calabria:** If you would, please give us a primer on your background.

[00:00:49] **Alessa Ramos:** Sure. So I am a medical interpreter and I interpret for Spanish, but I also help coordinate language services for Mount Sinai, South Nassau.

[00:00:58] It's in Oceanside ,on Long Island. So with them, I've been a volunteer since 2016, and then eventually I started working under the language services department in 2020. And then from there, I've been working under the manager of language services and also diversity, equity, and inclusion services.

[00:01:15] We've been managing language-related interpretation services, but also things related to diversity, equity, and inclusion, such as awareness regarding LGBTQ initiatives or disability initiatives or anything else related to social health related care needs.

[00:01:31] **Stephen Calabria:** Now, having grown up bilingual, what was it like around the house?

[00:01:36] **Alessa Ramos:** So, growing up bilingual was interesting because you feel like you're living two sides of, I mean, you have two different cultures to dive into. So in school, you know, you engage in your regular curriculum and

I would have friends who would only speak mostly English, but then you would have this other area where you could go home and just speak Spanish to your parents and it felt like you just understood each other on a different level.

[00:01:57] My father was bilingual so he can speak English and Spanish but my mother only understands Spanish. Living here for so long now, she can juggle both but when we were younger, she would only stand by Spanish.

[00:02:09] **Stephen Calabria:** Now, you were born with neuroblastoma. What is that exactly?

[00:02:13] **Alessa Ramos:** So, neuroblastoma is a cancer. It's a tumor that happens in the spinal cord, and for me, it was in the lower half of my spinal cord. It usually happens in development, like when you're still a baby, when you're still in the womb. So that's when mine hit, and it wasn't really detected until I was born. So it wasn't known that I was ill from when I was still growing in my mother's womb.

[00:02:31] It was only known afterwards when I was born. I don't know the details since I live in my own country and my mother also was fuzzy on the medical details, but it was that I moved my legs for a little while, but then eventually there were some analysis that they would do to kind of test your muscle strength, and apparently I failed those and then started to deteriorate even more.

[00:02:52] So that's when they did deeper analysis when I was still a newborn and they discovered that I had a tumor in my spine and it had grown pretty big. So they had to begin chemotherapy and radiation right away, and I spent, I think, six months in the, the NICU.

[00:03:07] **Stephen Calabria:** And that led to paraplegia.

[00:03:10] **Alessa Ramos:** Yes, so, with paraplegia, it was something of a permanent consequence. So, after we finished all of the treatment, I could no longer walk, I could no longer move, so all of those neurons that were there in the spinal cord on the lower half region, where the cancer was, were all diminished. And so I can't move or feel anything from the waist down. And that was for forever.

[00:03:30] **Stephen Calabria:** Now, elementary school and middle school can require a great deal of resilience for anyone, let alone those with paraplegia. How did you navigate all of the challenges you faced?

[00:03:43] **Alessa Ramos:** Sure, so definitely, I think for anyone even, you know, growing up with younger children, we all had our own stuff going on when it was elementary school or middle school and things have just, you know, growing up in any scenario, whether you're disabled or not, but particularly with being in a wheelchair, I started off going to a different school where I was able to be with other children who are also in wheelchairs or having their own medical conditions that were longstanding.

[00:04:07] I went to like a different, I think it was called Hegarty School. And I was there briefly, but then we did a different kind of assessment where they decided that I didn't belong there, that I should join a different curriculum, a more mainstream curriculum, because I would be able to learn stuff that I wouldn't be able to learn there, and the only thing that was really setting me aside from the regular class was just that I had to use a wheelchair to get around, but everything else was at the same level that everybody else was learning at.

[00:04:30] So that happened in elementary school, and that's when I finally went into a classroom that others didn't have a wheelchair, and I was the only one in my hometown who was in a wheelchair from when I was in elementary school to middle school.

[00:04:41] So yeah, it was a lot to have no one that really looked like me or that I could speak to about things that were more related to my being in a wheelchair than just being a regular kid who was going through stuff. But to navigate it, I would say there was big support from, like, my family. So, from growing up with my mom, who was also very, she was a very empowering kind of figure.

[00:05:03] And she was always very supportive about, you know, don't mind that you're in a wheelchair, that shouldn't make you feel any less than anyone else. You know, you can still have fun. Look at when we go out with our family, or when we go out with our cousins, or when you have friends who stick to you, you know, what do you do with them, and just, just stay in that area, you know, you don't have to worry about other stuff that you can't do, worry about what you can do.

[00:05:23] So I guess that kind of helped me not get hung up on, you know, looking at things of being so limited, you have more capacity than you think you do, so just focus on those, make the best out of those, make those develop as much as you can.

[00:05:34] **Stephen Calabria:** And so some of those things that you wanted to do and could actually do, you went out and did them. What were examples of that?

[00:05:41] **Alessa Ramos:** When I was younger, I used to do wheelchair basketball. So wheelchair basketball was something we got into. I had a gym teacher when I was in elementary school who was very supportive of also letting me engage because I would always say, you know, I wish I could play more.

[00:05:55] When they would do gym classes or specific sports that were for specific seasons, I would kind of get pushed aside to this, it was called like a remedial class where we would basically do either weightlifting or I would sometimes play video games. You know, they would kind of find other activities that I could do because I couldn't necessarily participate in something like kickball or baseball.

[00:06:14] But, you know, I always wanted to stay with the class because it's nice to be with people. If you already have friendships, I wanted to stay with them. And if I didn't, then it would be nice to kind of be with them more than to feel like you're excluded or being told that you have to be in a different class because we're all, you know, follow each other anyway.

[00:06:28] So when I couldn't play those sports, she would be the one, I forget her name, I think it was like, Mrs. Caserta. It She was very supportive of, like, trying to find adaptive sports. So, I think she had a connection to some kind of tournament that took place in our area where I could go and meet people who were, who were in adaptive sports.

[00:06:46] Either they were already in their own teams or they were looking to join teams. So, they would do a competition to see if they were good at that particular activity. So, I think I did swimming. I did, like, a track. And then there was, basketball. And that's when I found one of the coaches. Who was in the area.

[00:06:59] Back then, I think they were called Lightning but I think now they're called the Rolling New York something. But yeah, so that's how I joined, and then from then on I started playing with them from when I was in the junior team to the varsity team, and then I eventually graduated from high school and had to go to college, and I didn't want to be a student but also an athlete, so I didn't want to take the college track to also play wheelchair basketball.

[00:07:21] I wanted to just focus on school and not do that, so I just, I ended after high school, but I was playing from when I was in elementary until high school, just playing adaptive sports. Basketball was the main one. I didn't necessarily stick to training under swimming or training under track.

[00:07:36] **Stephen Calabria:** Now, you mentioned that you were the only one in your community in a wheelchair. We find this happens a lot with underrepresented communities that they grow up not seeing people who look like them, whether it be in their own communities or in wider popular culture, I guess. Who were your role models then, growing up?

[00:07:57] **Alessa Ramos:** I don't know if I had anyone who necessarily looked like me to be a role model. I think it was either my mother, because she was just right next to me, and somebody I could look up to from my own house, and I could see every day.

[00:08:08] I think I eventually became my own role model. I don't think I was looking toward anybody else. I think eventually I liked the strengths that I gained, over time and I think I just wanted to keep moving forward in my own way because the thing is, like, looking at somebody else as a role model, sometimes you want to model yourself after them, right?

[00:08:24] You want to fit yourself into what they can do or what they've established or follow their footsteps. But I don't want to see it that way, because I feel like it's kind of limiting, you know, there's only so much that I can do to be like somebody else, before you kind of have to take your own, your own wind, just kind of find your own path.

[00:08:38] And maybe you do some steps that are similar to theirs, but then you maybe, you alter it to make it fit more your own style. So, I think I grew up with mostly looking up toward my mom, but then eventually putting different pieces together of things that maybe I enjoyed from watching people I'd never known.

[00:08:52] **Stephen Calabria:** After you graduated high school, was it always on your radar to pursue healthcare?

[00:08:59] **Alessa Ramos:** Yes, so I was really interested in health care from when I was younger, just because there were pieces of my own story that I didn't understand, and there was only so much that my mother could explain before you just kind of inquire about, why did this happen that way? But why was it that we couldn't do this, and could have that have fixed it, or could that have been some kind of remedy that we could have done, or, you know, things

like that, you just begin to inquire, and she wouldn't have the answers, so I figured, you know, there must be some way that I could figure this out.

[00:09:23] And then in school you eventually learn more about biology and with us in our high school we had something called like an allied health track where you could pick your own electives and you could model them more into a sort of health care and medical basis and I remember I really enjoyed those classes or whenever we had projects or presentations to do in that area I remember I really enjoyed it so I was like okay I have to do something.

[00:09:42] And that's because it's clearly speaking to me. So after high school, I knew that I wanted to do something in medicine. I didn't know how I wanted to approach it or what way I wanted to interact with the field, but I knew that it was something that, not only did it answer my own question, like help investigate questions that I had about myself, but also because you meet more people or you meet like whether it be, you know, a direct family member who was going through something and I then, after I got questions about myself, I had questions about what they were having and what was going on with them.

[00:10:08] Or it could be, you know, friends that I had made, in the wheelchair basketball team and then hearing about their stories and then being one, then wondering about what was causing their, their condition or what had happened to them. Whether it be after they were, you know, already older or whether it be something that happened when they were born, like it was happened for me.

[00:10:25] So I remember having questions like that was something that led me, to pursue the medical field and to pursue healthcare as it relates to also helping people like me. The sense that I received so much, support from whether, from either direct phone numbers or from people who actually cared for me when I was still ill, then having a way to kind of reciprocate that, to kind of put that back, whatever I received, put it back so that somewhere, somewhere along the line, somewhere down the line, someone like me could also benefit and could also learn something and could also feel better about what's going on with that.

[00:10:54] **Stephen Calabria:** As far as the building of a community and being around people who share your mission, who share your goals, who share your values, would you say that when you got to Sinai and when you started working in healthcare generally, that that was something that you found?

[00:11:11] **Alessa Ramos:** Yeah, definitely. I would say that specifically something about where I was working at, I think maybe because you run into

people who are also going around your town. You know, you work and we work with people that also live in the area where I grew up in.

[00:11:24] And so they've seen, you know, most of what I've seen or have grown up maybe in the same schools or have kids who have gone to school with me and then, you know, we get to kind of interact with each other of coming from the similar backgrounds, but also striving to accomplish similar goals and that we want to make sure the community feels good and whoever we're treating, we kind of treat them like family.

[00:11:43] And which gives back to the same goal that I always had that I wanted to kind of impart some kind of wanting to care for wanting to tend to people who I felt needed me most or what I felt that I could help the most because I've seen or have gone through a similar situation that they have gone through or face similar challenges that they're facing.

[00:12:00] So specifically working there and then also I would say directly my manager was somebody who gave me a lot of strength. I had a lot of doubts from when I first started, even just as a volunteer, just because you never know who you're going to interact with and you never know what people are going to assume about you just because they see you in a certain way.

[00:12:14] You know, what you appear like may limit what you can actually do. And she was somebody who was very, from the beginning, I remember she was somebody who was willing to extend that hand without, you know, all that judgmental prejudice can come about when someone just doesn't really know you that well.

[00:12:31] It was almost felt that she, just from the beginning, could just see something that even I myself couldn't see within. But she was willing to just, let me grow in that, in a safe space where I could feel that it's okay to feel the doubt, but it's okay to kind of let yourself grow out of that and that there are strengths that you can learn about yourself that you don't see right now or that you can, or like encourage you to kind of step out of your comfort zone and to still interact with the field that would make me feel like I couldn't really engage, you know, the idea of being at bedside with other patients or working with other staff members who have a very busy or, you know, always moving around in a very, hectic kind of schedule or, you know, in an emergency room where it's so crowded and you feel like you're in the way.

[00:13:12] You feel like, I can't be at the bedside, maybe I can't help right now because I won't fit in their room, or I won't. But actually, I would work with

them and they wouldn't mind, you know, moving things around. You know, I can just move the cart, or I can just move this chair out of the way. Or here, come closer to the patient so that they can hear you.

[00:13:25] Or we can lower their bed so you can be next to them while they're getting their exam, but you can still interpret, or you can help do this and third. So working in that, you know, made me feel like, wow, I was worried about nothing. I don't know why I was worried that all of this would never work out, or that I would be some sort of burden, rather than being somebody who can actually in part some kind of help and how to actually be a part of the team rather than feeling like you're excluded or that you can't really participate.

[00:13:47] I had all of these ideas that I wouldn't be able to kind of work anywhere outside of, like a front desk or something like that, but actually being able to go around and all the different units, and be with all the different team members from all these different specialties and have them being welcoming to me and not feeling like, Oh no, she can't do that, put her somewhere else, or I don't think that she can part, no, call her, let's, let's bring her in because she can actually do this or that, or the patients respond to when she communicates in this fashion, so, feeling welcomed in that sense was definitely a big sense of community that I'm very grateful for at the, at the, at the hospital.

[00:14:17] **Stephen Calabria:** So you mentioned people being judgmental, people having prejudices. Is that something that you encounter a lot?

[00:14:23] **Alessa Ramos:** Sometimes you have this sort of blinded face. I don't know where it comes from. I don't know if it's because I grew up in a sense where, you know, it just brushed off or just maybe it comes in through one ear and out the other ear where it may impact somebody else in one way, but it doesn't impact me that way.

[00:14:39] You know, so is it possible that yes, it comes around, but do I pay attention to it? No, because if I did every day for the rest of my life, you know, it would be a very hard And sad life, and I wouldn't be able to see the good parts. You know, I would be kind of drowned by all of this constant pressure and all of this judgment in the way.

[00:14:58] **Stephen Calabria:** So after you completed your undergrad, that's when you got into healthcare, is that right?

[00:15:03] **Alessa Ramos:** Sure. So, I, I was volunteering since I was in undergrad, and then I, towards the later half when I was in my sophomore or

junior, it was like almost sophomore to junior year is when I officially started working. And so I, towards the later half of my undergrad, I was still juggling also, working under language services for the hospital.

[00:15:24] **Stephen Calabria:** And after you became a full fledged hospital interpreter, how do you think your perspective on healthcare changed?

[00:15:32] **Alessa Ramos:** I think that maybe it reinforced to kind of dive into it a lot more deeply, since I had more time on my hands and more energy to kind of focus in on the tasks that I could do under interpretation since I wasn't juggling other stuff in between.

[00:15:46] Or, to being language concordant, so if there are bilingual staff members who want to become interpreters and want to learn what it's like, then I can hold the training sessions for them, and I can engage them, and we'll complete their application, and then do the whole training course and exam with them, and then while we're doing the training course, is kind of the idea, the, the time to share what the stories are, and share, why we still do this and why it's so important and why our patients benefit so much from having somebody there by their side when some things are very difficult or if they're very vulnerable at that time.

[00:16:17] And to have somebody who speaks a preferred language be there rather than something cold like a phone or some video screen, you know, yes, in a pressed time, that's what we have, but If you have the ability and you're right there and you're able to kind of assist, it's all that much more important and more significant for you to be an interpreter and to have an interpreter badge so that you can be right there with them, to explain what they need and to really guide them through that difficult process.

[00:16:42] **Stephen Calabria:** What's one example where you drew upon both your personal and your professional experience to achieve a breakthrough for a patient?

[00:16:51] **Alessa Ramos:** I remember something that was really daunting to me when I first started was doing interpretations that can last anywhere from maybe 40 to an hour, maybe even longer.

[00:17:00] But these kind of tend to take place for something called palliative care. So it would be for our palliative care team who has to have family meetings where maybe many family members are engaged because the patient maybe is not able to vocalize their own wishes.

[00:17:13] So there are many other, maybe they have a lot of siblings or it can be children that they have or it can be their spouse and their children and there's a lot of people involved and they care very deeply for that loved one.

[00:17:23] But they also have all differing opinions on what they want to do. They all want someone to take this route, someone to take the other, and we're not really sure what the next step is going to be, and sometimes, unfortunately, you're pressed for time, because the patient is, you know, rapidly getting worse and worse, and you kind of need some answers a lot sooner than you can push them off.

[00:17:40] So in those cases, I remember something that I would draw on from personal experience was just either speaking about, whether it be personally, you know, somebody close to me who also passed away in a similar fashion that their family was going through and what helped us kind of come to the conclusions that we had to where it be, you know, you know that patient as a family or as their spouse or as their siblings or as their children, you know them so much more deeper than we do.

[00:18:05] You've grown up, you've seen them when they were able to still talk and they were able to still engage in conversation, you know, what do you think they would have said if they were here right now, if they were able to talk to me?

[00:18:16] And if I could understand them in their full language, you know, all the way from when they were growing up, or in whatever sense that you want to, that you want to take it, you know, what would they be able to tell me?

[00:18:26] Because that will help guide you on what you want to pursue moving forward. You know, it's a lot to handle because you're all going to have your own wishes, but just trying your best to put those aside. And try and think about if your family member, if your loved one, was able to speak right now, and you know, they weren't going through all that, maybe they were as healthy as they can be. What would they want for them right now?

[00:18:45] What would be living for them? Would they be happy just resting in a bed? And if they were, then that's great. But if they would feel like they are not really ready to have all of these months where they can't really move or engage with anyone or tell you they love you or hug you or go out with you or engage, you know, move around and going shopping or whatever it may be, whatever was important for them.

[00:19:04] Maybe they were really big painters or they were hikers and they weren't able to do that anymore. Would you feel like that's happy for them? Would you feel like that's something that they want? And, you know, whatever the answer may be, then that's great.

[00:19:16] But being able to engage in that kind of conversation more comfortably where, you know, you're not pressing them to follow any path. You're just kind of saying, okay, just openly tell me what, what would they want to tell me? Try and draw on whatever they could be able to say for themselves.

[00:19:30] If they had the ability to, what would they say? And then just tell me whatever you want to say. Just let it flow freely so that I can tell the providers. What you're feeling and then, as you tell me, you know, the providers will have more answers and more options for you on how to approach those desires that you're describing.

[00:19:45] **Stephen Calabria:** In your training for language interpretation in a hospital setting specifically, what is the process that they teach you on how to interact with patients. Like you walk in the room and then what happens?

[00:19:58] **Alessa Ramos:** So some things that we speak about is firstly, the terminology itself can be a lot to handle. I would say it's something that you kind of have to set some time aside just because something that we couldn't necessarily cover and teach you an entire glossary of all the Spanish medical terms.

[00:20:12] But it's definitely different than just speaking regular Spanish, you know Just because you can handle or you have regular conversations in Spanish doesn't necessarily say you can you know talk about polycystic kidney cancer kidney disease or all of these different complications that can happen neurologically or healthcare proxy, things like that.

[00:20:28] There's going to be little technicalities in between the things that you have to express. That may not be something you're familiar with because it's not something that we necessarily talk about in everyday Spanish. So just the terminology itself, I would say, is something that you just kind of have to throw yourself into and just continue to practice.

[00:20:41] And so, it's something that we always say to our interpreters is like, of course, even if I have been doing this for as long as I have, there's going to be times where I stumble upon a word that I haven't heard of, you know. Or it's

something that you use all the time. I remember when COVID first started saying the monoclonal antibody therapy was something very new and it was something I didn't have before.

[00:20:59] So it was something I had to go and learn, but I would ask the provider, you know, can you describe it to me? And then I can interpret the definition of it. So maybe I don't know the specific term, but I can describe it. Or at the very case, you know, sometimes patients can even, even though I say what an angiogram is, they may not know what I'm talking about.

[00:21:13] So they may even ask, okay, but what is that? And so we explain it anyway. So, in that sense, you know, whenever you run into a word that you're not sure about, you can kind of ask the provider or the healthcare team, whoever you're with, to kind of, can you describe it for me, simply, and then I can interpret the definition so I make sure that they understand.

[00:21:29] And then we can search for the term at a later date if we have to. So that's something just for yourself, as long as you continue to interpret as precisely as you can. And then, for some reason, if I don't remember that term at that time, or I haven't heard of it before, I can go and search up, okay, how do you say monoclonal antibody therapy?

[00:21:45] In a Spanish dictionary, so I know it for the next time, and every interpretation gets that much better. And then in the experience or the process itself, sometimes that we always, or what I learned. is that first you want to kind of get an idea of what the topic is going to be. So you can kind of just stop by the provider and just say, what are we going to be discussing?

[00:22:02] And so they'll tell you, okay, we're going to do a discharge, or we're going to do an initial intake, or I need to tell them the results for a lab, or I need to tell them about the results from an imaging that we took. And then the reason for that is that you never know what the topic is going to be.

[00:22:13] So it's kind of maybe if you just immediately walk into the room or go to the bedside and start interpreting, but it's going to be something very sensitive. And you're not sure about it beforehand, you know, it may kind of put you in an awkward position where you may not give the best interpretation because it may give, it may stimulate in an emotional way where you may not be ready to discuss that topic.

[00:22:33] You can imagine if you're about to tell a family member that they have a really terminal illness, or that they are not responding to chemotherapy

the way that they should, or that they not found a mask, that they're not sure what it can be, you know, things like that can be very sensitive to kind of discuss.

[00:22:46] And if it's going to hit some kind of target in you, where you have had a family member, or you have had a pretty, extensive case in the past that you're not really ready to discuss, then you kind of want to know that beforehand, because if you feel like you can't interpret for that, then you can help either them find a different device to interpret for them, or you can find a different staff member to help you out.

[00:23:04] I know that we sometimes like to give the example, my manager always told me when I was first training that always stuck with me. Sometimes we get called to interpret on maternity. And say if you yourself was carrying a child, but you were trying to explain to another mother that her child is not going to make it, that's a very difficult thing to have, you know, it can put a lot of stress on you.

[00:23:20] Which can in turn impact your own child, or it can also impact the way that you're trying to describe to another mother that their baby's not going to make it while you're currently carrying a baby.

[00:23:27] So just things like that would be stuff that we kind of bring up. So you just want to get briefed on what it looks like on the topic, and then once you go in, you just kind of explain, I'm going to interpret it for you today to the patient, hello, my name is, and then you explain I'm here with the pulmonologist, and we're going to talk about X, Y, and Z, and then you just begin interpreting along the way.

[00:23:44] And then as you interpret it, for some reason, something goes on later that you wanted to discuss, you can always reach out. We always encourage that they reach out to, like, language services if they feel that something bad about the situation that they want to bring up to us.

[00:23:55] But for the most part, that's about it. You just kind of know the terminology and then you jump right in and you start interpreting and every interpretation gets better and better.

[00:24:02] **Stephen Calabria:** Resilient people often have to exercise cognitive and emotional flexibility. Flowing with the wind, bending but not breaking. You in your position, have had to exercise that, I imagine, to even greater extent. How do you navigate that?

[00:24:22] **Alessa Ramos:** I know that, from what you're describing, I would say it comes on both ends. So whether it be in healthcare or wherever you interact with people, you know, just taking a step back to kind of see what's happening in their shoes that's making them respond to you the way that they are.

[00:24:35] So maybe just taking a chance to put myself in their position. You know, maybe they haven't dealt with people who are in wheelchairs or who have a disability the way that I do or who look the way that I do or who work the way that I do, you know, maybe they just don't have that exposure, maybe they just haven't had that much, whether it be growing up or whether it be later in their adult life, whatever it may be, they just don't have that experience.

[00:24:57] So it's the same way that maybe, if I was a chef and someone told me, you know, make all these different dishes. But if I've never tried to, or I've never engaged with those flavors, you know, maybe I wouldn't know how to approach it. I wouldn't know how to make it. It might not come out looking that great.

[00:25:10] But if I did, then it would be a whole different story. I would have all of this knowledge and I would have all this comfort because I've seen it so often that it wouldn't seem so odd to me. So in a similar sense, somebody who may be engaging with me in a particularly negative manner, or it may be, you know, saying some comments in me that are not that great.

[00:25:28] I would kind of try to take a step back and say, okay, there might be a reason why they're doing it. Maybe there isn't a good reason if they're just doing it to do out of spite, or there's something about me. Or just in people, yeah, maybe just people in general just have joy in being negative.

[00:25:41] But for the most part, I would like to think that not everyone finds joy in living that way. And that others who do it and don't realize they're doing it or who may have other intentions, you know, maybe they just need some help. Maybe they just need to speak with me a little bit longer or to interact with me a little bit more.

[00:25:59] The more that they interact with me, or the more that we speak, and the more that we work together, you know, you'll see, for yourself, and then that can be unspoken to. It doesn't have to be necessarily me telling you, okay, this is the way you're going to treat me, and this is the way, X, Y, and Z. It can just be something that naturally happens because you just find that there's no reason to, you know, it treat me differently than anyone else, because I'm working the

same as everybody else and just the only other difference is that I bring my own chair. Naturally, the more we interact and the more they gain that exposure with me and I gain more exposure with them, we'll both learn how to treat one another in a positive way.

[00:26:32] **Stephen Calabria:** You emerged from particularly challenging and adverse circumstances to succeed in your chosen career.

[00:26:42] You don't seem to have developed a great deal of bitterness or anger towards the world, about being born into the situation you were, or at least you're not conveying it openly. What advice or message would you give to people facing adversity or limitations in pursuing their dreams?

[00:27:00] **Alessa Ramos:** So I wouldn't say I never get bitter or angry. I think it definitely depends on the day. And it depends on the situation.

[00:27:05] You know, there are days where you feel weaker than others. So there are days when you wake up and you think, okay, yeah, the chair is a constant reminder of stuff that I'll have to drag around every day.

[00:27:14] And then depending on, you know, what's going on in your life, you know, you may have moments where you feel more bitter or more resentful for why these things happen to you and why does it have to be this way and why can't I figure out a different way to do this?

[00:27:25] You know, why can't I just wear some kind of robotics that can help me, you know, run and walk and... And skip and do whatever I can and you know, when I can't take the elevator because it doesn't work and I just wish that I could just walk up stairs. So stuff like that, it just depends on the day and so I wouldn't say that I'm totally perfect every time.

[00:27:40] But for the most part, I would say to anyone that's going through adversity and what's helped me is just to not think that things will always be the way that they are forever. Yes, this condition will always be, yes, I will have paralysis for the rest of my life, but that there will be strengths that I will find down the road.

[00:27:57] That I will find more support and I will find new ways to do things and I will find that I can exercise, you know, my own skills in my own way. Sometimes I go and I kind of sometimes I don't even realize and I don't kind of forget that I'm in a chair because I'm just moving around perfectly fine and it doesn't bother me.

[00:28:13] So just to remember that things won't always seem so daunting and it won't seem like it's such a heavy thing to carry because you'll find that you have more strength and you have more abilities that you can to manage yourself and to kind of move forward in a whole different way than you may have been able to do so.

[00:28:30] If you continue to have, you know, your full capacities, maybe there are, there's things that you can achieve and there's roads that you can take that maybe wouldn't have opened themselves to you if you had full abilities.

[00:28:39] Maybe there is things that you haven't engaged in, that you can engage with now, because you have what you have or because you've gone through what you've gone through and so to just remember that, yeah, that there's going to be good days and it's going to be bad days.

[00:28:51] But just, remind yourself that you have a place here and if anyone deserves a good life, it's you. If anyone deserves to continue to, to be their own team player and to be their own, the MVP, the most valuable player, it's yourself.

[00:29:03] **Stephen Calabria:** That's it for my questions. Was there anything else you wanted to say?

[00:29:07] **Alessa Ramos:** No, I would just like to say thank you so much for the experience. You know, I was nervous beforehand, but I'm thankful to have to have the discussion and to share my story.

[00:29:15] **Stephen Calabria:** It is our pleasure to have you here. Alessa Ramos, thank you so much for being on Road to Resilience.

[00:29:20] **Alessa Ramos:** Thank you.

[00:29:22] **Stephen Calabria:** Alessa Ramos is a language interpreter at Mount Sinai South Nassau Hospital. If you or someone you know needs language and communications access services, visit mountsinai.org and search for language and communication access services.

[00:29:36] That's it for this episode of Road to Resilience. If you enjoyed it, please rate, review, and subscribe to our podcast on your favorite podcast platform. Road to Resilience is a production of the Mount Sinai Health System. It's produced by me, Stephen Calabria, and our executive producer, Lucia Lee.

[00:29:51] From all of us here at Mount Sinai, thanks for listening, and we'll catch you next time.