Region 1 Disaster Preparedness and Response
Evangelical Lutheran Church in America
GOD'S WORK. OUR HANDS.

REGION 1 HAMMER & DANCE

August 5, 2020

United for Ministry in the Days of COVID-19.
The Social Service Agencies
and Synods of Region 1.

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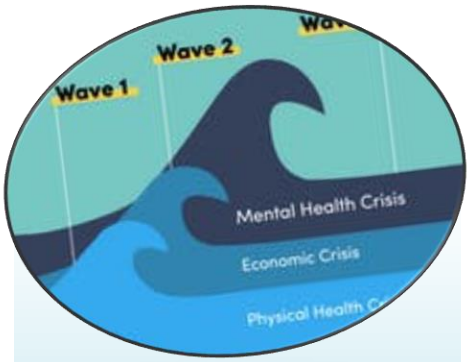
Early on in our dealing with the coronavirus we talked about "waves" – as in (March and April) *'this many only be a first wave. There may be a second wave (of infections) in the fall.'* As it turns out we haven't really experienced these kinds of waves. Perhaps what we're experience is more like "sloshing." First here, then there, then back to this side of the tank, then over the edge onto the floor.

The waves we apparently *are* experiencing are really various layers of a slow motion disaster. First, we dealt with immediate public health concerns. Then, in addition, we started to wrestle with economic concerns. These also continue to grow, and now we're noticing a growing mental health crisis.

Today I wish to thank Dr. Pierre Morin and the staff of Lutheran Community Services Northwest in Portland for their ongoing work with immigrants and refugees. These communities are dealing with all of the challenges just listed, not least of all Mental Health challenges.

Dave Brauer-Rieke



COVID Wave Action

1. **Physical Health Crisis**
   Infection rates continue high
2. **Economic Crisis**
   Benefits are running out and Congress seems to be at a stalemate
3. **Mental Health Crisis**
   The impacts of not knowing, not having and isolation take their toll
4. **Will we experience a Spiritual Crisis?**

Four Principles of Culturally-Specific Behavioral Health Services

Dr. Pierre Morin, MD, PhD, works as the Clinical Director for Lutheran Community Services Northwest's (LCSNW) Multicultural Community mental health program and as a teacher at the Process Work Institute. LCSNW resettles many refugees and immigrants that have experienced trauma. Pierre is trained as a medical doctor and brings over 25 years of clinical experience in medicine, mental health, and addiction services.

COVID-19 aggravates the trauma experienced by refugee and immigrant populations. Our thanks for LCSNW for their work with these communities and for this articulation of basic principles to follow as we minister to the Behavior Health needs of all our clients and congregants. Disasters know no cultural or ethnic boundaries, but they do spot light on the most vulnerable among us.

With a diverse client base, the Multicultural Community Services (MCS) based in Portland uses four principles to address the behavioral health needs of refugees.

"We work with people who come from very different backgrounds, cultures and histories," says Dr. Morin. *"We work with refugees from all continents."* From newly-arrived to those who have lived here for more than 10 years, many refugees need help processing trauma and history. Pierre said refugees on Medicaid are underserved because there are limited services with culturally-specific programs and staff to meet their needs.

"We have respect for diversity in our community," Pierre said. *"We are supporting equity, not just pushing the idea of equity. When you serve the cultural and language needs of diverse communities, it leads to better outcomes."*

The four principles of the MCS Behavioral Health staff are:

1) **By the people, for the people.** This reflects the understanding that individuals and communities know what is best for them. *"We bring the professional expertise so the individual can process trauma,"* Pierre said. *"What is different is we adjust the way we provide services to accommodate specific cultural needs."* A care team's primary provider is often someone from the client's culture. That provider helps others understand the dos and don'ts

of a culture, and helps providers meet clients where they are at. MCS also creates advisory panels to help professionals work with specific cultures. As an example, if there is an Arab-speaking client, the team will work to understand how the client might process information differently.

2) **Transdisciplinary.** Behavioral health teams are made up of staff with different roles and expertise. Those teams strive for a collaborative approach where no one member dominates how services are provided. Who takes the lead in different aspects of an individual's care is often based on cultural understanding instead of a provider's education level. This helps meet all the needs of a client who is adjusting to a different culture.

3) **Inclusion of Peer Support.** A Peer Support Specialist who is bilingual and bicultural is an essential member of a care team. The specialist is often from the same culture as the client, and has a lived experience of fleeing trauma, resettling to a new country, and adjusting to our culture. "*Peer support specialists are allies to individuals, communities and clinicians,*" Pierre said.

4) **Deep Equity.** Equality is where everyone is treated the same. Equity is where people reach the same outcomes. Deep Equity is the realization that some people need more resources to improve outcomes. A one-process fits all does not work, and some refugees need more resources or "affirmative-type actions" to improve outcomes.

This article was submitted by,

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I am a "Newsletter Sin" when there is too much of me, and a "Sabbath Sin" when absent.

What am I?

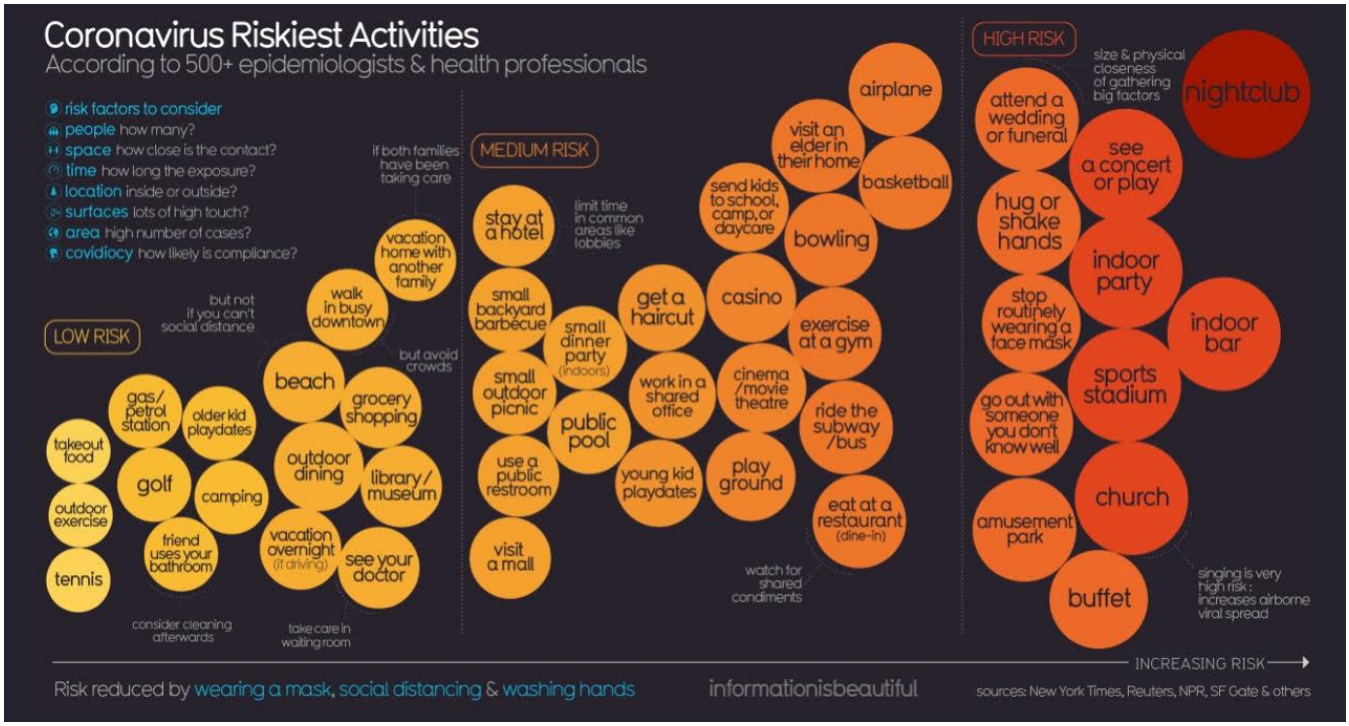
Note from my Dentist

(Dave's Dentist - Really!)

"Overall patients we have seen recently have been taking good care of their mouths during this pandemic. We are however seeing more broken teeth and more clenching and TMJ issues with increased stress and tension in people.

Remember to keep your teeth apart, tongue up and muscles relaxed."

Right up there with Nightclubs!



How do you weigh your personal, family and public health risks in a world of COVID-19? Here's a sample of my last few days. Always I social distance indoors and out, and mask indoors. How about you?

- This morning I went out for my morning bike ride, just me, about an hour and half. **LOW RISK.**
- Yesterday my wife cut my hair – at home – **LOW RISK.**
- I did some grocery shopping recently – **LOW-ish RISK.**
- Monday I got a massage. That's a totally optional luxury! My masseuse has screening questions one has to answer before going in. We were both masked. Clients wash their hands before going into the office. Windows are open. But – **MEDIUM HIGH RISK!**
- I went at a colleague's home last week. We met outdoors, backyard, socially distanced, but another member of the household walked up to me, into my space, and shook hands. Neither of us were masked at the time. This was unexpected. I'm not worried, but . . . **HIGH RISK!**
- I live in an intentional community of 38 people, a co-housing condominium. Most of us mask in our common spaces, especially when using the stairwells. We've talked about this. Just this past week we agreed to allow professional house cleaners in to clean the units of those who use them. It's been four months, but the infection rates in our county are worse than when we agreed to not have outside people in our space. I don't know – **MEDIUM RISK?**

Life is imperfect, inconsistent, frustrating, blessed, confusing, unfair, joyful and hard. Remember those you serve live in this world with all the rest of us. You and I are among the privileged. Thank you for caring in all the ways you do!

Dave Brauer-Rieke