Providing Cultural Relevant Behavioral Health Crisis Services During COVID-19: Part 1

Presenter: Albert Thompson
Recorded on April 22, 2020

ANN: Hello. Welcome to our webinar today, Providing Cultural Relevant Behavioral Health Crisis Services During COVID-19, presented by Albert Thompson. Today's webinar is brought to you by the Great Lakes ATTC, the Great Lakes PTTC, the Great Lakes MHTTC, and SAMHSA.

The Great Lakes ATTC, MHTTC and PTTC are all funded by SAMHSA. This presentation was prepared for The Great Lakes ATTC, MHTTC, and PTTC under a cooperative agreement from SAMHSA. The opinions expressed are those of the speaker and do not necessarily reflect the official position of DHHS or SAMHSA. They are all funded under the following cooperative agreements.

Just a few housekeeping details. Today's webinar is recorded and is currently available on The Great Lakes ATTC, MHTTC, and PTTC web pages, and the Great Lakes Current YouTube channel. There will be no CEUs or certificates of attendance available for this webinar. Please send any general questions you have regarding online resources or recorded webinars to the Great Lakes ATTC. You can find a lot more information about our technology transfer centers by following us on social media.

ALFREDO CERRATO: Thank you, Ann. My name is Alfredo Cerrato, and I'm the senior cultural and workforce development officer for the Mental Health Addiction and Prevention Technology Transfer Centers at the Center for Health Enhancement Systems Studies, otherwise known as CHESS, located at the University of Wisconsin in Madison. Today, I had the privilege of introducing to you Mr. Albert Thompson. Albert Thompson is a war conflict and peace historian and an instructor of history at Northern Virginia Community College. He holds a master's in military history from Norwich University, where his research focused on troubles in Northern Ireland.

Albert Thompson is currently pursuing his PhD in history at Howard University, where he focuses on post-Second World War American identity. He is also a Fellow of the Royal Society of Arts. Mr. Thompson will take us in an in-depth look at some past issues related to trust and mental health disparities and immediate responses and stressors we're experiencing in our

1

www.attcnetwork.org/greatlakes
www.mhttcnetwork.org/greatlakes
www.pttcnetwork.org/greatlakes

present, and a look at a re-imagined future of behavioral health care and community engagement. Mr. Thompson, thank you, and welcome.

ALBERT THOMPSON: All right, thank you, Alfredo, for that introduction. What I'd like to talk about today is how we've developed a society that has particular ways of viewing health care and health care disparities-- whether it's mental health, whether it's epidemics-- through a lens of conflict. And how this impacts our community trust networks, and also prevents us from having appropriate responses to problems that affect us all, and of viewing them as conflictual between human beings of one community or another, rather than human beings uniting in solidarity against the health concern.

What I'd like to begin with is how this began to change. It began to change in what we call the early modern period. You can think of the period after the Baroque art era. After the Scientific Revolution, you began to have a change in elite culture in Western Europe in particular, in Great Britain, and in France.

What began to happen, is that in 17th and 18th century England and France, people began to abandon the traditional Roman Catholic and general Christian viewpoint of the poor as sinners in need of charity, redemption, aid, and help. And it began to change towards an attitude that fits neatly with some of the modern views of meritocracy-- the idea of the poor as lazy.

One of the ways this was reflected and changed is that if the poor were in need of moral reform, this was transitioned into the poor were in need of instruction, and perhaps training, and support, to help them to be able to work. But if this did not work, then clearly the problem-- to the thinkers of this time period-- was that the poor were lazy, and they might require confinement or forced labor. So you began to have policing and criminalization for merely being poor.

It didn't help that during the same time period these ideas were developing-- as in the rich viewing themselves as morally superior, hardworking, industrious, and the poor as no-accounts in need of control-- that there were revolutionary ideology emerging, that you had the emergence of peasant revolts. You had conflict between the crown and the aristocracy. And so the control of the poor became linked with the idea of order. Simultaneous to that, we also had the codification and the hardening of the racial caste structure in the colonies, particularly in British and French North America.

This entailed in the codification of laws against the African-Americans. This entailed laws against the Indigenous people restricting their movements, the taking of Indigenous land, the subjection of the African-Americans, the view that people were getting what they had coming to them-- that the Africans were in need of civilizing, that the Indigenous peoples were inferior because they had not properly used the land that had been allotted to them, and

therefore, they could be dispossessed of their land because they had not improved it as Europeans improved their land.

You find this in the writings of such famed authors as John Locke. What this meant, however, is that you had the creation of a negative view of the poor alongside this harmful view of other races of other peoples. Increasingly, this was affected by urbanization-- where people were losing land, losing jobs, moving to urban areas-- and then vagrants and beggars being subject to arrest, deportation, and control, particularly in France and then later in Britain as well.

This is to show how we were beginning to form these ideas of not looking at other communities charitably but as people to be controlled. And that this would later enter into the way that the United States coming out of this culture would view both the poor, and ethnic minorities, and immigrants. One particular early example of this was during the horrific time period in the early American republic of the yellow fever epidemic of 1793.

At the time, Philadelphia was the capital of the republic, and people were trying to come up with ideas of how to deal with this issue-- how to help secure Philadelphia from this epidemic. At the time, you had racial ideas that had emerged and had begun to influence scientific theories to the extent that even Benjamin Rush-- a famed doctor, signer of the Declaration of Independence, and one of the leading medical minds of the time period-- came to believe that African-Americans were uniquely physiologically and biologically different from White Americans and that they were somehow immune to the yellow fever.

In response, he went to leaders of the African-American community and implored them to help the sick Whites, to help them to deal with the issue, to be nurses, and to aid them. African-Americans answered the call. Many of them began to help out in Philadelphia to try to aid the community. Philadelphia had a notable freed population that took the lead in helping people. They worked as nurses.

They worked as, what we now call, physicians assistants and even as grave diggers dealing with the bodies of those who had died of the disease. However, as we now know, and as they found out all too sadly, the racial views were nonsensical. African-Americans died just as much as Whites from yellow fever. Many of the leaders who had led this effort became sick and were lucky to survive. One problem they had, however, was the aftermath.

In the aftermath, the African-Americans who had helped out during the yellow fever were not viewed as heroes. They were not treated as equals, instead many began to scapegoat them-- to view them as people who had profited from the suffering of others, that they had taken advantage to get jobs and

employment as medical workers, rather than viewing it as a form of community solidarity.

Here, an opportunity was lost, the chance for people to come together in the face of an epidemic, instead, it recreated and repeated many of the denigrations that African-Americans have suffered during this time period-- the idea that were they part of the community or not part of the community? This limbo is one of the primary stresses that continues in the United States today when we discuss health care and health care disparities.

And of course, this produces stress on individuals as they attempt to work out their position within the society. Should they participate in national relief efforts, should they not? Should they help out their community, should they not? Should they help their neighbors, should they not? And if they do help their neighbors, will they be viewed as people with whom they are working in solidarity, or will they be scapegoated as people who are taking advantage of them?

This also became an issue in the 19th century doing the cholera epidemics. And the cholera epidemics were produced, in part, by early versions of globalization-- trade increasing between India and South Asia and the Western World. And as it was being spread by travel and by the unsanitary conditions in the cities, immigrants-- particularly Irish immigrants-- could be viewed as people who were bringing the disease in-- newcomers are coming in, trade is coming in, the disease might follow a great period of migration.

Rather than linking it directly to trade, trade would continue to boom during the cholera epidemics of the mid-19th century. Instead, it would be immigrants, particularly the Irish, who would be viewed as the carriers of the disease. And this would then become a way of pathologizing immigration, so that immigrants are not viewed as people adding to the country, but as a threat.

And this, of course, is an antecedent of many of the issues we see today with the return of views against Asian-Americans and others with respect to threats from the outside. But this was a part of a view that had been long-standing. It didn't help that many of the American elite were Anglo-Americans. They were descendants of the English and the Scots who had negative views of the primarily Catholic Irish already.

And so as the epidemic sweeps through particularly the northern part of the United States during this period, they projected these fears onto the immigrants. While we've talked about epidemics, I might also be remiss if I didn't mention the Civil War. The Civil War provides us another way of looking at how American society dealt with certain issues.

Great Lakes (HHS Region 5)
ATTC
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Great Lakes (HHS Region 5)
MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Great Lakes (HHS Region 5)
PTTC
Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

For example, during the early part of the war and throughout the war, there wasn't a lot of attention given to what people might do with POWs, to the extent that because of a lack of foresight, a lack of administrative capacity, unawareness, you had untold death in the PO camps of the United States and of the rebel South. POWs were not given the adequate care, ventilation, the support they needed to survive.

Many of them continue to languish in hard conditions for the entirety of the war. Perhaps the only time you had someone executed for treason directly connected to the war was actually the head of the Andersonville prison camp that was run by the Confederacy, as the fact that it was so horrific that people felt that someone had to be punished for what had happened there. But the reality is that northern camps are not that much better, even among those who were not POWs such as the freed African slaves.

The enslaved African-Americans freed themselves by fleeing from the Confederacy. They sought refuge with the union. But the United States government-- the army-- had not properly planned for how to deal with this influx of freed people who were leaving the confines of the rebels, and by depriving the rebels of their labor we're actually seeking freedom for themselves and aiding the American war effort. But many of them also suffered and died in camps.

They were shuffled back and forth. Attention was not given to their needs. Often, you had people in charge who lacked either training or regard for the freed people. And many died of sickness and deprivation while they were in a space of freedom. It's not that we are recounting this history to point out failings, but to show tendencies towards not fully regarding other peoples in the community, or mental health and physical health, as issues that need to be taken seriously and dealt with directly energetically, in the same way that we would deal with the prosecution of the war itself, or industrialization, or many of the other ways we have tackled national problems.

One of the issues we had during the Civil War and during the First World War was the idea of the soldier's heart-- what we would now call post-traumatic stress disorder-- where soldiers were viewed as people who had gone to war and they came back changed or different. And people tried to come up with ideas for why they were changed or different. Some of these were thought to be psychological, others were thought to be physiological.

There was a dispute over what it meant. Some just chalked it up to cowardice-- the soldiers were cowardly and were not manly enough to deal with the strain of combat. There was a feeling that they just needed to toughen up. That if they could not toughen up, that there is a moral failing within themselves. This continued even into the First World War where people began to say, well, they're shell shocked.

5

www.attcnetwork.org/greatlakes
www.mhttcnetwork.org/greatlakes
www.pttcnetwork.org/greatlakes

And up until that point, for the American army, shell shock was viewed as a form of cowardice. We can think even in the Second World War, where people are probably very familiar with the story of General Patton.

I'm sure many people are also familiar with the movie about General George S. Patton and the famous incident of him slapping a soldier for cowardice. The reality was that many people at this time still regarded these signs as moral failings-- that weakness, that anything that made you appear vulnerable, was not manly, masculine, or soldierly.

What it meant was that we were still not treating people who suffered from these, what we now call, illnesses, diseases, conditions, people who have suffered trauma, we are not treating them as human beings who were deserving of treatment of care, of compassion, but as people who have failed in their duty and should be treated affirmatively in actions of shaming.

Similar to the way we have come to regard the poor, similar to the way that people had come to regard the Indigenous, African-Americans, the immigrants, as people who were just inferior, who were weak, and deserved what they got. It was a conditional lack of compassion, based upon either their position within society, or their ethnicity, or their moral behavior according to others.

At the same time as you have these issues, we have to also think about the emergence of Social Darwinism and eugenics in the 19th century as ideologies and pseudosciences that also supported the view of the elite, of those who are deemed better or superior people-- superior races-- not needing to regard the effects of national policy or the effects of national views of health-- of morbidity and mortality-- on the inferiors as something of their own importance.

That as long as they were not affected, or infected, or contaminated, by impact with these other peoples, that all was fine. So it was conditioning heartlessness into either scientific theory, racial theory, political theory. It was all coming together. None of which helped to provide the Western powers-- the great industrial and scientifically advanced nations of the world-- with the ability to deal with the pandemic of 1918.

In particular, I'd like to highlight some of the behaviors that we can see repeated today that appeared in the United States, San Francisco being one notable example, but other places as well. You see, in San Francisco, you had early success in dealing with the flu pandemic. You had had the health director telling people to wear masks. People saw a dip in the cases, but they felt that there was a chance that people coming from outside the city would lead to a resurgence of the disease.

They claimed that there was proof that the masks were working, and that we just need to stay the course. However, people began to protest. Americans began to organize. There was an American restlessness-- a desire to get back to work, to get back to normalcy-- that resisted the influence of the health inspector, their power, and their authority to say we are not going to do those things. You have to endure things you don't want to endure.

Part of this was a misappropriation of the American theory of liberty where liberty meant being able to do what you want-- that was a sign of your superiority. And that restrictions tended to be viewed as negative just on their face. And that it was a sign of people's ability to be free that they didn't have to listen to these sort of things. And that those who were not free were inferiors-- ethnic minorities, et cetera-- who had to deal with restrictions imposed on them by the majority, but that the majority largely shouldn't face restrictions on their activity.

And this began to be organized with people even creating an organization called the Anti-Mask League-- such an amazing name that sounds almost like it should be out of some kind of dystopian novel-- but was actually created by Americans in 1919 to protest San Francisco's continued ordinances on public mask-wearing to the extent that in January of 1919 people were able to actually put together an event-- an ice-skating event-- of over 4,000 people showing up to protest the wearing of masks and to show that they had absolutely nothing to fear.

And of course, what happened later is that the city bowed to their pressure. By February, it began to lift the ordinance, only to come to regret it much later as there was a resurgence of the disease, the flu pandemic of 1918 to 1919. That story should give us kind of a cogent warning about what kind of opinions we value in society, about our eagerness to get back to normalcy in the face of clear public health stratagems to keep people safe, in the face of a clear public health directive that the worst is not over yet, that sometimes the thing we fear is the unknown, and that the taking of precautions, while not guaranteed to be successful, the reason you take the precautions is because the situation is unknown.

But instead, people chose another response, and it led to great tragedy. But we also have to think of the fact that in America, the condition of race and caste is also conditional on class to the extent that people who are Indigenous and African-American in the early 20th century, are because of their racial caste system segregated, segmented, shunted aside, and are poorer than the overall majority.

And this leads to different responses to the pandemic for them. For many Indigenous peoples, it was actually quite horrific. American Indians and Alaska Natives died in very high numbers. Part of this was because of the restriction on the different allotments of Indigenous people, what in the United

States referred to as a reservation system. Many of them lived in close quarters, so that if one person got the flu-- they lived in smaller homes that were closer together-- entire communities could be affected.

Many were in student housing run by the government which also impacted them-- whether in boarding schools and hospitals-- so that they died in high numbers. There were some Indigenous communities where almost everyone died. It was great horrific suffering that had been imposed on them by the condition of being subject to the reservation system. African-American communities actually suffered differently, however.

See, the African-American communities-- disproportionately located in the South during this period-- were already affected by the conditions of poverty within public health. They dealt with the local medical community having racial theories-- black biological inferiority. They suffered from all sorts of barriers to their education in the medical profession and access to medical care.

And one of the responses of African-Americans was that they began to actively create their own medical networks out of nothing for many of them and to actually be able to reduce the suffering of African-Americans from the flu pandemic of 1918 and 1919, by creating their own areas and their own medical networks separate from the majority community.

However, even in that case where you can point to people being able to do that, their meager resources were then overwhelmed by the flu. So they were able to reduce their suffering, but because they started with little, and they were able to build something, even that they built up was overwhelmed. And so you didn't have the kind of solidarity that you needed so that all Americans could have come together during the pandemic.

It was very much along community lines, with the majority dealing with it one way and then to African-Americans and Native Americans being the two principal ethnic minorities-- racial minority groups at this time period-- having to deal with and suffer in their own manner of speaking. Some respects the African-Americans were able to do better. For the Native Americans, because of their conditions, it was very much a horrific experience.

But it should be noted that this was not due to any kind of moral failing of their community. It is because they were subject to defeat, conquest, segregation onto the reservation system. This induced them to poverty and conditions that made them uniquely vulnerable to the pandemic of 1918.

Now, thinking about the past that I've gone over, the point is that there is a legacy that we're all dealing with. We're all dealing with the reality of what happened in the past. It is not so much to dwell on the bad things of the past but to remember that there are consequences for the present-- that there is a lack of coordination, lack of regard, lack of solidarity, and lack of trust.

One of the problems that we had is after the Second World War, the United States emerges as a superpower and a globe bent on Cold War. The world is divided between the Soviet Union and the United States, their allies, their satellites, and the different countries of the Third World caught between them as areas of competition. There is fear-- fear of attack, fear of new weapons.

One of the fears led to the United States to experiment on the public in what becomes known as the military medical experimentation. For about 20 years, the United States government, through the army, conducted-- as far as the public knows now-- around 239, perhaps more, experiments in germ-warfare testing. And this was done on the people of the United States without their consent.

One such place that was affected was San Francisco where San Francisco was subjected to military testing of germs. The population had no clue that the military was spraying germs into the fog off the coast of San Francisco to try to see how a population might have to deal with a biological attack. There were experiments on the New York subway system. In particular, areas that are believed to be highly trafficked by African-Americans where people tested germ in the reaction to germs there in the 1960s.

What happened, however, is that as people learned about what was happening, it not only broke public trust in what the government says for many communities, particularly African-American's trust in the US government but even for many White American communities, especially of the poor that became aware of this, became very distrustful of the government.

Many of these communities had had long-standing issues with the government that had gone back for generations and different cultural problems for trusting the government. And the activities of the government that normally we would have treated as conspiracy theories, these things were actually true, documented, that occurred.

And so it fed into this idea of distrust, of a lack of solidarity, of preventing people from coming together, so that if we do not take that into account, then many behaviors, again, today, can seem strange or can seem just out of nowhere. But we're dealing with communities that have suffered real problems. One of which was the Tuskegee Study of Untreated Syphilis in the Negro Male, as it is often called, where for 40 years, teams of scientists and doctors monitored adult African-American males with syphilis.

And even after readily available treatments for syphilis became available, they continued to not give these men treatment so that many of them suffered and died with the disease, never actually being treated or cured. And that this went on for so long, that it led to complete transformation within the way the United States conducted medical trials.

Because this was something along the line of a Nazi experimentation-- that it was viewed as the Americans have pretty much learned nothing from Nuremberg-- that they had found a new way to denigrate and mistreat African-Americans to use them as laboratory experiments rather than as people in need of care, and that it served no scientific purpose.

And that was the other thing that really galled people, is that the study continued when there was absolutely no scientific benefit to be learned from it-- that people just continued with this almost a form of torture of these individuals by denying them care, and that it violated all established medical ethics. And again, because this actually did happen-- it was not fabricated, not made up.

This was actual behavior of people funded by the government during this study towards American citizens, that it just further fed into the idea that there were certain groups in charge-- certain people in authority within the medical profession-- that should not be trusted. This continues into the African-American community because what happens is that you end up with the memory of this happening-- the memory of vulnerability-- the idea that this was politics, not health care.

And so that people from these communities are then more likely to distrust developments, received wisdom, truth, not because they are uneducated, not because they are morally deficient, not because they don't have the faculties to understand what's happening, but because their lived experience and experience of their community is that they were mistreated because of who they were for the benefit of others. And that there was no solidarity.

There wasn't a move towards promoting the public health, that it was exploitation. And being aware of that-- skepticism of the official line-- isn't conspiracy theories. It's a form of self-protection when you're dealing with individuals who have shown a desire to do great harm to you and to your community and a lack of regard for your well-being.

But we can also think of the other problem. That because in the United States within our identity politics of oppression, introduces as a stress to people of wanting to represent their side well.

Because if your people-- your group, your community-- is affected disproportionately by a health care crisis, then this gets used by your opponents within the society who do not mean you well to denigrate you for the ultimate purpose of going back to the 17th century, saying that you deserve your fate, that you are not in need of aid, you're not in need of help or charity, that you should not receive support, that this is a problem endemic to who you are-- to your identity group-- and therefore you're dealing with the consequences of who you are, your inferiority.

We can think of that even more recently with the introduction of AIDS and HIV into the public imagination, the public memory, where at first, many people portrayed it as merely a problem for people from the gay and lesbian community. That people who were called sexual deviants, who were suffering because this is who they are, and they should not receive aid, this should not be treated as a public health crisis, that these people are different and therefore they are getting their just desserts.

That was very much part of the conversation. It was only later when it began to move into the heterosexual community that people began to treat it as a real public health crisis that should be addressed as a public health crisis and not something that you just allow homosexuals to suffer from and a denigration of the gay and lesbian community.

That they were not viewed as fellow Americans in need of help, but for many people, they were viewed as deviants who were suffering and, therefore, it was not my problem. In many respects, this was also carried on through the war on drugs. It was viewed as a problem affecting ethnic minorities, Latinos, African-Americans, Native Americans, and therefore, it was treated harshly.

Rather than treating drug addiction as a case where people required charity, aid, and support, compassion, it was criminalized, much in the way that they had criminalized poverty in the 17th and 18th century. That charity was not the answer. Order and control was the answer. So that when we hear calls for law and order, it's really a call for a desire to control many people rather than aiding them.

Whereas aid, and charity, and support, would be seen and could be seen as better and the national interest in the community interest because of the results it would achieve, that was not actually the way our culture was oriented. It was oriented more towards control and domination, and therefore it was dealt with that way. But we also have seen how this began to affect many of the white American communities as well, especially with deindustrialization.

Just as in the 17th and 18th century, increasing urbanization dislocated the rural poor and led to their poverty and then the criminalization of their poverty. So we had a deindustrialization of the 1950s, 60s, 70s and into the 80s began to dislocate many of our rural communities in the United States. And we are beginning now to see how they have been affected by the opioid crisis and what have been called the diseases of despair, so that as you have poverty and then the racial caste system being linked with poverty, creating unequal morbidity within various American communities.

But this is then running up against a national attitude of self-sufficiency-- of doing for yourself, of individualism-- and that this has always been paired with the idea of exploiting the inferiors, and not having to regard them as people

deserving of compassion, charity, of humanism, but as those who are suffering either due to their own fault, their own condition, their own inferiority. And that if they can't make it, that's on them, as opposed to the situation they find themselves in.

But this also produces stress on the members of those communities because often to admit vulnerability or to discuss vulnerability outside the group, is to either play into stereotype or to let the community side down. So that that becomes what I call the stress of fitting in. That communities often feel that there is an incentive to hide maybe some of the things they're going through, not because they are unaware of it because they are afraid of what the majority response might be directed towards them.

That it's not likely to be a response of compassion or reform, but it is very likely to be a response of denigration. And they do not want to give the people who are their political, social, and economic opponents an argument or an excuse to be used against their community because cynically, it often has been used that way. However, we do have some aids, a change-over in our technology. The internet has been very helpful.

The internet is helpful in overcoming, what I call, the misnomer of social distancing that we're going through-- well, it's really physical distancing, right? We want to be physically distant from people, not socially distant. And the internet has helped people to adhere to medical directives, to listen to governors and to municipalities, and to remain connected to communities through using digital technology, social networks, et cetera-- that these have kept people, frankly, sane and connected.

The internet is great in mobilizing public information, and both getting information to and from the public-- when from the public, what I call, crowdsourcing community intelligence-- so that people can't communicate with their health care professionals the stresses that they or their neighbors are going under, to communicate where outbreaks may or may not be happening.

And this also helps logistical support, so that weeks of view technology is being an aid and a support during this time period as people deal with their stress, they deal with their mental health, they deal with being out of work, as they deal with family members who may be coping with the disease. That people who in the past would have had to let their family members suffer separately-- you might not be able to visit them-- now we're actually able to do that online.

That we can communicate through digital technology, through the internet, and have video conversations with relatives who may be sick or in a place where you really shouldn't be around them, but you can still communicate with them. This is a benefit that previous generations of Americans did not have,

and we should embrace this as a way to really help people to cope through this time period.

But we should also be aware that the internet can also become an aggravator for what I call negative affinity groups-- the idea that you do have groups that are promoting biases, agitation, negativity, prejudice against others. And that the internet is a way for them to spread misinformation. It's a way for them to get together and coordinate protests against public order. But then there's also the economics of it.

There are websites and people who make their money by spreading misinformation that medical professionals have to then plan for, right? That people have to think about that there is a negative economy out there, whether it's clickbait or et cetera, there is a negative economy out there that deals in misinformation. Also, the internet can give us a false sense of connectedness because it hides the communities who are not in fact connected-- communities that are underserved, communities that are deprived.

It gives us the illusion that we're all connected. We use that word connectivity a lot. But it highlights how many Americans actually don't have access to reliable internet, don't have access to broadband, don't have access to things that people in many urban areas-- such as myself in Washington, DC-- may take for granted, and even hide the fact there are communities even within the urban areas that suffer from deprivation and do not have the same connectedness that we think is normal but for many people actually is not.

There is an information overload that happens. We're receiving data and input from all these other vectors of society that it serves to hide disparity. This serves to hide the differences in the way people are experiencing this crisis.

Now, the history that I've just gone over regarding the past and the present shouldn't make us hopeless, rather I believe it should make us hopeful. And the reason is because having learned from the past, being aware of the conditions, we find ourselves in, and the context in which we live, we can begin to plan with that knowledge in mind, and we can think about the future-- or what we would call reimagining health care, community engagement, and technology.

You see, what I mean is imagining solidarity. Let's talk about knowledge in public policy. If we're aware of this past, aware of the way different minorities have been treated, the way in which poverty has been criminalized, the way in which people have been mistreated and disaffected, then when something like this happens, health care professionals, the government, should immediately plan for an information campaign to overcome these issues.

We know that there are communities that have been negatively affected because of previous public policy. We know that there is a reason that people do not trust the government. We know that there is a reason that people are skeptical about reaching out for help to their neighbors, and that these reasons are true and real-- that they're not fabricated.

And we also are aware that there are those who would deliberately spread information-- those who have bias and animosity against people of what they perceive as being other groups, or inferior groups-- and that therefore you plan for that. You introduce immediately and early on, clarity into your communication. You begin to target the areas where you know people try to spread misinformation for the purpose of introducing chaos-- of causing harm, for malicious intent.

But then you're also culturally aware. What kind of language should you use to respond to this community or that community? How should you work to effectively overcome language barriers understanding that people will be skeptical of people showing up from the government on the basis of their own experience with the government here, or on the basis of their experience with the government and health care professionals in their country of origin.

So keeping that in mind, you go in with a sensitivity-- that you plan, I know we're going to meet these objections and that these objections are real. I was once involved in a project where people were discussing reaching out to the African-American community, and it was a project that would involve collecting DNA. And they immediately contacted me.

Because they knew that I would automatically understand the objections that they were going to hear of why African-Americans would be very, very skeptical of collaborating with any kind of study where someone wanted to collect their DNA because of the history of that being used either against them, of their DNA being stolen, or of them receiving mistreatment where they believe they are receiving treatment.

And that you can't rewrite the history, you can't undo the past, but you must respect the past, respect the evidence that is there, and adjust your approach and win the trust of people. Communication technology I believe is one of the great ways that we can begin to create new community engagement, whether it's due to development of apps, whether it's through the development of new portals of communicating with people, and then also we have to begin to map underserved communities.

That's part of overcoming suspicion. It's one thing to go into those communities cold. And it's another thing to go into those communities having mapped the communities to understand where there are areas of deprivation, where people speak one language and not another, where people have

access to the internet maybe at certain times of the day based upon their work schedule.

Or maybe they only have limited access in terms of their broadband and the amount of data they can actually deal with, and that will change whether or not you want to do a video engagement with them or an audio engagement with them.

These are the sorts of things where I believe if we take this history seriously, and we desire solidarity-- we desire the community coming together-- whether it's in the local community, states, nationally, we began to plan and engage with this awareness, we can bring people together so that when we have pandemics, epidemics, we have outbreaks of new diseases, and we have new mental health concerns, new diseases of despair affecting various areas, that no one has to deal with it alone.

And that health care providers don't have to go in there cold or uninformed. And that they don't have to go in there with people viewing them suspiciously, but viewing them as also members of their community-- maybe of a different ethnicity, maybe a different class, maybe from a different neighborhood or a different background, what have you, but as being part of that community together because they are serving together, working together.

That's my belief for the future. And I believe we can achieve that. I believe we have the technology. I believe increasingly, we have the awareness that this is a problem, that it affects us all. I believe that more and more, we're seeing people on the local level reaching out to their neighbors, taking the risk of doing this. That this is something that health care providers, that mental health professionals, can take the lead on for themselves and for their neighbors. And we can actually build a better future.

So that is my presentation-- some of this history of how we developed some bad social habits regarding one another through the denigration of those who are different from us or of those who are poor, how we have created a system of skepticism that has not allowed for the kind of solidarity that we should have. That we have allowed bad things to happen.

We have caused bad things to happen, but that we actually are in control of our future. And we can come together to make things different that is better for our neighbors, better for ourselves, and for future generations of Americans who will hopefully not have to relearn the lessons of the past, so thank you.