



Finding Our Way, Together

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When people asked me how I was doing during the pandemic, I found myself frequently turning to the famous first line of Charles Dickens' *A Tale of Two Cities*. With each articulation I offered examples, illustrating how apt the statement was for my family.

It was the best of times. My girls and I rocked certain parts of our COVID existence. We consider ourselves a resilient bunch and met the initial changes with great enthusiasm. The shift to homeschooling offered opportunities for picnic lunches and nature walks to break up our Zoom-filled days. We developed new rituals to navigate the challenging times and became adept at hosting socially distant backyard gatherings. We expanded our backyard flock with six baby chicks, planted a garden, adopted two rescue kittens and invested love and hope in our little "farm." Mommy loved the Zoom cocktail hour, the girls scheduled online playdates and eventually virtual meetings were the next best thing to being in-person. We spent more time together and increasingly appreciated everyday activities.

The opposite also was true. As a week of homeschooling became a month, we lost interest in the flexible structure and Zoom reality. Just as we adjusted our routine, things changed: the school schedule, the online platform, where we could go, what we could do, our sitter's availability and how we balanced safety with keeping our house stocked and running. Each housemate neared her edge multiple times during confinement. One child burst into tears on a science nature walk, declaring she hated COVID and all its repercus-

sions. The other experienced utter despair over her wardrobe as she transitioned to hybrid schooling in January. We sobbed in the vet's office as we said goodbye to three young chickens who didn't make it. I said, "I don't know how much longer I can do this" several times just in the last month. Things that once caused mere frustration brought us to tears instantaneously.

The Dickens quote is cited often for a reason. It quickly sums up how a time can be both deeply challenging and contain joy. It became my organizing principle for the pandemic and a way for me to sort experiences. As I repeated it to others, there was nodding of heads. Others also had found moments of great joy, connection, creativity and relief during the pandemic. Simultaneously, individuals felt they were nearing the edge of a precipice. Communities and countries were rocked by the same pandemic and the global focus on injustice and disparity. As an adaptive species, many learned to manage what initially were inconceivable situations. Then new things emerged, further testing our resilience; we struggled to find health and happiness.

Health and happiness. These were things I thought I knew and could pursue. But through the pandemic, they were elusive, continuing to evolve as our reality has. Just as I think we are approach-





ing one or the other, things change, and we feel lost again. This has invited me to a new level of theological reflection on aspects of health and health care. I engage in this reflection from where I am — a single mother of young girls, a health care executive and a community member — all of which shape my reality and reflection.

I've become more aware that happiness can be a difficult, if not untenable, pursuit if one is unemployed, homeless or food insecure. What I realize, now more than ever, is one's health and happiness are truly intertwined in the web of our lives—our family relationships, workplaces, schools, communities, our country and even our world. For individuals and families to flourish, change is needed at the individual level, but also within health care systems, our communities and world. There are a few reminders that may help us as we engage in this pursuit.

HEALTH TRANSCENDS THE BODY

Catholic health care has long recognized that health and healing are about more than the body. Gospel stories show Jesus tending to more than physical ailments. He sees a person in their fullness, mends broken relationships, brings the outsider back into the community.

The Ethical and Religious Directives for Catholic Health Care echo this, recognizing the mental, social and spiritual elements of health. We practice this in our facilities, integrating holistic care as well as honoring the web of relationships and support that provide hope and healing. But oftentimes, individuals and organizations don't address social and emotional aspects of health until some part of the body goes awry.

Each member of my household experienced health challenges during the COVID pandemic. My older daughter, confronted with all the changes wrought by the pandemic and a new serious relationship in her dad's life, experienced crying fits and sleeplessness. My younger daughter's struggles with school evolved into anxiety, emotional outbursts and physical symptoms that landed us in the doctor's office. After packing on the COVID 10, then 17, then more, I find myself in a place where my clothes and health metrics need adjustment. Each of these bodily manifestations have a whole host of mental, emotional and social aspects, but I wasn't proactive in addressing them until the bodily symptoms presented.

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Once they were identified, we had to determine who could best address the issues, and there was no common solution. For my oldest daughter, returning to the counseling nonprofit for children of divorced families made sense. My younger daughter's issues launched us on a pinball-like trajectory that included our pediatrician, several school personnel and now a psychologist who can hopefully illuminate issues with some psychoeducational testing. After a failed attempt with Noom, I want a health coach who encourages healthy eating, devises workouts and holds me accountable. For each family member, there was no single provider — no holistic solution — to help us, nor did many of the resources we tapped exist in the traditional health care sphere.

Though we are finding our way, the process has been disjointed, frustrating and siloed. How we would have welcomed a common coordinator to help us sift through issues, identify what to address and then direct us to the appropriate provider or resource. Could resolution come faster if providers were in conversation with each other instead of each being a separate conversation or visit? What if wraparound services happened at one location, allowing us to pursue health and

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happiness? That feels far off, but having more connected and holistic services is a good first step in addressing our health in ways that could lead to greater happiness.

As I detail our journey through these months, I am aware others suffered more acute anguish. Tragic disconnects happened as loved ones were separated and could not say goodbye. Hospital and nursing care policies, as well as travel restrictions, trumped social and emotional needs in the name of safety. Some lost family members and friends to COVID, and others will experience challenges for months after recovering. Exhausted staff lacked energy to engage mental health needs because being present at work drained what little energy they had. Many staff will experience post-traumatic stress disorder for years to come.

In all of these cases, we must remember a

coordinated approach that focuses on all aspects of health can better lead us to healthy and happy individuals and communities.

BANDING TOGETHER FOR SOLUTIONS

Our COVID experience not only highlighted the interconnectedness of health needs, but also our reliance on others in ways previously unexperienced. Beyond the imparting of intellectual knowledge, education also provides healthy meals, connection with social services, exercise, habit development and socialization. All are important parts of the school experience, contributing to overall health and happiness. All were gone overnight. I struggled to complete my own work and shepherd two children through online assignments. My younger daughter fell behind quickly in kindergarten without reading support, and her anxiety increased without regular social services. Now in first grade, we suspect learning disabilities may be present, but that's hard to detect via Zoom or hybrid learning, when teachers can't spend as much time with children. As the pandemic months wore on, we, like many families, broadened who we turned to for support.

On the community mom blogs, people discussed food insecurity, lack of social services and increasing depression. Parents, disproportionately women, were stepping out of the workforce because education also serves as child care. Needs were palpable and online conversations escalated as members approached topics like the return to school from very different perspectives. Stress plagued many, including those balancing working from home and homeschool, those who feared for their safety daily and the suddenly jobless now struggling to purchase needed supplies and maintain housing. Health and happiness were so intertwined, and it became clear that everyone needs help at times and any measure of kindness could go a long way.

Existing community resources shifted, and new ones emerged. The community center created learning spaces during parents' work days where children received online schooling support. A neighborhood grassroots effort sprung up, using crowd sourcing and other ways to provide multiple types of assistance. Schools continued to provide free lunch while not in session and other food-related resources emerged, including Bless-

ing Boxes that popped up in strategic locations across town, providing places where people could pick up donated food resources and personal supplies. Some solutions created problems in the community: neighbors complained the Blessing Boxes encouraged homeless people to loiter at bus stop and parks. Overall though, creativity surged, connections developed, and we came together. But will these resources vanish when the pandemic passes? What happens to the families who still need support? Might we need to deepen our concept of community if we want individuals and families to flourish?

WE CANNOT FORGET WE BELONG TO EACH OTHER

Though some understood that working together was critical to weathering the pandemic, not all were familiar with the concept of the common good. Some hoarded supplies and overused health care resources. There was varied understanding of essential services. Many at the margins found themselves without work and feared loss of housing, but landlords also had bills to pay and busi-

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nesses had commitments. Some prized personal freedom over community safety. Existing health disparities translated into racial and ethnic minority groups being disproportionately affected by COVID. At times individual primacy won the day and disparities raged. If our communities were graded on how well they treated the most vulnerable among them, many would have failed.

In an opinion piece in *The New York Times*, David Brooks claimed we would need to move beyond social connection to social solidarity. He stated: "Social solidarity is more tenacious. It's an active commitment to the common good ... this concept of solidarity grows out of Catholic Social Teaching. It starts with a belief in the infinite dignity of each human person but sees people embedded in webs of mutual obligation — to one another and to all creation. It celebrates the individual and the whole together, and to the nth degree." If we were to emerge from the pandemic together, we could not forget others' health and happiness were inextricably connected to our own.



To achieve health and happiness, everyone had to practice solidarity. People needed to stay home and take precautions, and businesses had to reinforce guidelines. Family gatherings and planned vacations had to pause, preventing further spread of the virus. Consumers could buy only what was needed. Great creativity and compassion emerged during this time as examples of how we could care for one another. Ordering takeout from local restaurants preserved employment. Regional groups stepped up to bridge gaps in services, food inse-

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curity and housing. When the common good was clearly in focus, health and happiness became increasingly attainable for more people.

Health care had to pivot as well. Providers had to look beyond their patients and market share to prioritize community need. Non-emergent services had to step aside to accommodate the surges. Vaccines had to be administered to the most vulnerable first, meaning health care systems had to abide by guidelines and individuals had to wait their turn. Serving the poor and vulnerable translated into identifying at-risk zip codes, providing outreach for vaccine registration and sending vaccine vans beyond service areas. Health care wasn't only a provider, but an employer as well. Identifying and subsidizing childcare resources for parents, creatively working with local hotels

to provide housing for health care workers who couldn't risk infecting their families, and setting up food and supply options became part of employee support.

As individuals and communities recognized their interdependence, connections emerged, and health increased on many levels. More work is needed to extend connections and further evolve the sense of common good, addressing disparities that surfaced during the pandemic, allowing health and happiness for more community members in the future.

CONCLUSION

As the pandemic subsides, I wonder what the future will look like. Reconnecting with those I love and our first vacation will be joyous events. But disparities still exist, and things may return to their pre-pandemic state. What remains powerfully present to me today is health and happiness are intertwined. If we are to have healthy and happy families, we — individuals, communities and health care providers — must pay attention to all facets of health. Our view of health must include mental health and wellness as well as the basic human needs that influence our lives. Hopefully if we can remember health transcends the body, and we belong to each other, health and happiness can be found.

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QUESTIONS FOR DISCUSSION

Laura Richter, mission integration vice president for SSM Health, writes that the pandemic strengthened her realization that health and happiness are intertwined, and that we need to continue to take a holistic approach to body, mind and spirit health.

1. Reflect for a few minutes on your own shifting emotions during the COVID-19 pandemic. Have you experienced more of some emotions than you normally do? Think about which ones. Have there been times when anxiety, fatigue or grief made it hard to find happiness in 2020-21? Was there a bright spot or new realization that allowed you to shift toward happiness?
2. She writes about how health care had to pivot during the pandemic. What good and lasting changes have come during the past year when it comes to providing health care? Have you seen new partnerships, new ways of working that are efficient and achieve better outcomes? What new approaches would you most like to see remain operational in health care?
3. Has your understanding of community shifted because of the pandemic? How so? What aspects of community can be effectively harnessed to reduce disparities and divisions?

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