

AROUND THE WORLD, PANDEMIC SHOWS NEED TO FOCUS ON WELL-BEING

As this edition of *Health Progress* explores ways to support resiliency in health care workers, I wanted to see how members of the international community are coping mentally, physically and spiritually during this time. It felt like a good opportunity to look at wellness from a more global perspective to better understand differences around our world. As the pandemic has impacted each person uniquely — families, communities, cultures and livelihoods — no one individual’s experience and impact on their mental health is the same. Inequity plays a starring role.



**BRUCE
COMPTON**

To offer some viewpoints from communities where U.S. Catholic health care serves, I invited four colleagues to answer questions. Please read and sit with their answers. And as you consider re-starting, renewing or beginning global activities, remember that our experiences of the pandemic and vaccine access have been startlingly different.

Please describe your current role, and how the pandemic may have affected your work.

Darren Streff

PeaceHealth Country Coordinator for El Salvador

PeaceHealth ceased medical missions using volunteers from the U.S. This forced us to change our model in El Salvador. I currently work on missions from San Salvador with local personnel and volunteers, which is great, but now that my work is self-contained in-country, I’m facing issues of professional isolation that I didn’t before. In addition, before COVID, officials from PeaceHealth would visit the mission regularly, but I haven’t had a colleague visit in over two years, and that is tough on me professionally. The sense of isolation I feel has negatively impacted my emotional well-being.

Sr. Blanca Quintana, RSM

Runs a Sisters of Mercy health ministry in rural Chimbote, Peru

My ministry is located on the outskirts of the city

of AAHH Lomas del Sur and surrounding areas, where there is still no drinking water or sewer service in homes; in some areas, water must be purchased from tank trucks. It’s eight hours north of Lima, Peru’s capital. The pandemic has made the precarious health care system we have more visible. It has also shown the precarious “economic prosperity” (purchasing power) that existed in Peru and the inequity of relations between men and women at home and at work, among other things.

Those directly affected by all this are the people with whom we work. They have informal jobs, do not have savings to face the eventuality of a contagion and have to make use of the health care system that does not respond with the immediacy and urgency necessary (due to lack of organization and resources). They are people who have not been able to quarantine because they have to go out to find the “daily bread” (go out to houses to ask for food) in order to eat, at least once a day. And for those whom the quarantine forced to stay at home (because there was nowhere to work) in a room of 8 meters by 5 meters in diameter, which was inhabited by five or six people, family violence and sexual abuse (toward women and children) rose exponentially.

Therefore, the supposed “well-being” fell apart and disappeared for them. If they were healthy, there was nowhere to work (even now, work is undervalued, scarce and precarious); and those who were infected had a harder time due to fear, the uncertainty of not having the attention needed for care and the constant thought of dying. This caused an increase in anxiety and depression in both children and adults. The loss of a mother, father, grandfather or grandmother has left open

wounds in addition to grief that has not been able to be processed properly.

Girls and boys still do not attend school and continue in virtual classes. This is also a critical point. Internet service is not possible for the vast majority of these families. The fact that the children are at home has doubled the work of women who now have to be “teachers” and because many of them have not completed high school, teaching their children increases stress, anxiety and impotence.

It is also true that the pandemic has given the opportunity to realize the importance of emotional, mental and spiritual health. Thus, the spaces we promote to talk and manage stress, anxiety and emotions are now being valued and appreciated. We believe a God of hope accompanies us in this journey and makes us trust that better times are ahead. We need to do our part to help God make His dream come true for all, and we are all called to have and enjoy a full life.

Jude Marie Banatte, MD

Catholic Relief Services, Country Representative for Rwanda

I am based in the capital city of Kigali, where I have been living for the past three years. Being confined at home and not being able to see other people (coworkers, friends and family members) only added to the anxiety. I personally reached that point where my routine for an extended period of time was only about eating, working and sleeping, and that was not easy. I have adopted some coping mechanisms that helped me manage my stress during that period. I did more cooking, gardening and reading, and this was very helpful.

At least my basic needs were met, and I wasn't stressed about what I was going to eat the next day. I am sure for my neighbors or other community members — who were not so sure about how and when they would be able to get back on their feet to provide for their family — the situation was even more stressful and affecting them in all three aspects: body, mind and spirit.

Dianne Jean-François, MD

Catholic Medical Mission Board, Country Director in Haiti

Sleeping disorders and anxiety were my main

problems. Why? Thinking too much of what could happen if myself, family members or staff contracted COVID. I'm based in Port-au-Prince, and we serve the most vulnerable. Life in Haiti was already not easy with the political turmoil, insecurity, kidnapping, robberies and murders; COVID made it more difficult. There are no more social activities. One has to stay home now for double reasons.

How has the pandemic created challenges for people to thrive?

Darren Streff

El Salvador was a very early adopter of strict COVID protocols, and those included home quarantine/confinement. Although this likely saved tens of thousands of lives, it also had a profound effect on people's ability to work and provide adequate food for their families. Many people suffered deep economic wounds in El Salvador, got into deep debt and are now struggling to dig their way out. In El Salvador, a “good life” is generally defined in terms of freedom from violence, adequate income to eat reasonably well, a decent home and strong family bonds. All of these things were tested during COVID.

Dianne Jean-François, MD

At a general level, people attribute living a “good life” or thriving as basically having a house or place to reside; economic capacity to afford food, health, education and some recreation; and having water and electricity services.

However, currently as we are going through this pandemic, we realize that to have a healthy and good life, families need to have internet service because it allows access to an education via online connection. Many Haitian children do not have access to this service because there is no capacity to pay for an internet package and generally the family has a cell phone for perhaps three children. They use a cell phone because they can't afford laptops. This reality is deepening and sharpening the learning disadvantages for children with fewer resources.

Jude Marie Banatte, MD

Before the pandemic, Rwanda was a country where people were really thriving. The country saw its GDP grow steadily. However, the economic impact of the pandemic hit hard on everyone in all

walks of life, most particularly the hospitality and tourism industry. It was a setback for many, and you could see that with the number of businesses shutting down during that period. You would not see many street beggars in the pre-pandemic time — you would hear about petty theft in some neighborhoods. The impact of the pandemic was felt so hard that it impacted the sense of pride that I witnessed when I first arrived in Rwanda. Today, street begging and petty theft, for example, have increased.

The lockdown and social distancing measures, critical to controlling the COVID-19 pandemic, sharply curtailed economic activities in 2020. GDP fell by 3.4% in 2020, the first recession since 1994. The headcount poverty rate is likely to rise by 5.1 percentage points (more than 550,000 people) in 2021, compared to the non-COVID scenario.

Dianne Jean-François, MD

In Haiti, people continue to live the same life, as issues related to insecurity and political instability already existed pre-pandemic and were not caused by COVID. The people continue their regular activities, even going to church, despite the fact that instability is rampant and the risk of being kidnapped or killed is very high.

In the United States, mask wearing and vaccination unfortunately have become politicized. How are those measures to contain infection perceived where you live?

Darren Streff

A mask requirement placed an unfunded mandate on impoverished Salvadorans who live hand-to-mouth and had no disposable income to purchase masks. However, once the country became flooded with inexpensive masks, the requirement to wear them became less of a burden yet still costly for the very poor. The Salvadoran government did an excellent job in obtaining the vaccine early and setting up a system to deliver it as quickly and efficiently as possible. Fortunately, neither mask wearing or getting vaccinated became political or caught up in a “personal choices” debate in El Salvador. They understood early on that living together means you must take steps to protect your neighbor when an emergency hits — even more so because El Salvador is a small and very densely populated country.

Sr. Blanca Quintana, RSM

It has been a huge challenge to get people to put on masks and get vaccinated. As has happened in most countries, there is an anti-vaccine group that misinforms people with ridiculous messages, such as “the vaccine is like a chip to control people,” that the pandemic “is just psychosocial, that the virus does not exist” or even “this or that vaccine is not efficient.” Currently 49% of the target population is vaccinated. A few days ago, the government decreed that people over 45 who do not have two doses will not be able to move from one city to another.

Jude Marie Banatte, MD

Mask wearing has been an issue everywhere. However, where I live in Kigali, it has been made mandatory very early (mid to end March 2020) and is still mandatory in public. The government of Rwanda has taken very stringent measures (extensive lockdown, quarantine of travelers in designated hotels and most importantly contact tracing) to curb the spread of the virus. As a result, Rwanda remains one of the countries with very low human impact in terms of death toll.

Access to vaccines was an issue at the beginning. However, Rwanda rolled out its vaccination campaign early on, ensuring vaccination of most at-risk populations early last year. It's one of the rare African countries with a variety of vaccine availability (Pfizer, Moderna, Johnson & Johnson and AstraZeneca), and there has been little resistance to it thanks to the heavy campaign about its benefits and the realization of its advantages. Today a large portion of the population is fully vaccinated and continues to practice preventive methods such as always wearing a mask in public. My entire team is fully vaccinated, and it is the same for many other institutions in all walks of life, particularly in the main cities.

Dianne Jean-François, MD

Mask wearing and getting the vaccine have been serious challenges in Haiti. People don't believe COVID exists. They believe it is a disease of the rich. Masks and personal protective equipment have been available at all times in Haiti. A half million doses of vaccines became available in July 2021, but hesitancy is so high that even with awareness campaigns and the engagement of different sectors, only 30% of the vaccines had been administered by August 30, 2021. That's in a coun-

try of about 11 million people, where about 60% of the population is currently eligible to receive the vaccines.

Any final thoughts?

Jude Marie Banatte, MD

Such a small, even invisible creature (the virus) showed us once again that we — human beings — are among the most fragile creatures on this planet. Science can take us to explore the most remote points of our galaxy, yet we remain very vulnerable to a simple virus that is not even a cell. Another point that struck me is how adaptive we can be as human beings. We all adapted

very quickly to new ways of doing business and realized several things we took for granted — like hopping on a plane to go visit or take a vacation — could disappear very quickly. During the lockdown periods, many jobs were taken, and those living on the margin were the most affected. I could see lots of solidarity to provide much-needed support to those who earn their living on daily wages. While the pandemic contributed to the gap between the rich and the poor, it also taught many of us, particularly in underserved populations, a greater sense of solidarity.

BRUCE COMPTON is senior director, global health, for the Catholic Health Association, St. Louis.

PAUSE. BREATHE. HEAL.

Both Day and Night

For just this moment, bring your attention to your breath.

INHALE deeply and settle yourself into your body.

EXHALE the stress and tension you feel.

On your next inhale, pray, Both Day And Night

And as you exhale, Belong To You

Both Day And Night

Belong To You

KEEP BREATHING this prayer for a few moments.

(Repeat the prayer several times)

CONCLUDE, REMEMBERING:

Even now, God is with you, as near to you as your breath.

Continue giving yourself the gift to pause, breath, and heal knowing you are not alone.

The day is yours, and yours also the night; you established the sun and moon. PSALM 74:16

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