



HEALING COVID-19 AND RACISM:

BRIDGING BEHAVIORAL HEALTH GAPS TO BUILD HEALTHY COMMUNITIES

JULY 2020 REPORT

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OVERVIEW OF EVENT

Amplify, Inc. partnered with the UConn Health Disparities Institute (HDI) and Ministerial Health Fellowship (MHF) to organize a 2-part virtual event to gather community feedback about how to address behavioral health during the dual Covid-19 and racism pandemics.

The first part of the event was a June Town Hall that brought about 250 registrants and gave participants an opportunity to learn about how Covid-19 disproportionately impacts Black, Indigenous, and People of Color (BIPOC) who struggle with behavioral health. The Town Hall featured a presentation by HDI's **Dr. Wizdom Powell** and a facilitated discussion moderated by MHF's **Reverend Robyn Anderson**.



The panel included:

- **Andrew Woods** from Hartford Communities That Care
- **Lara Alatise** from Windsor Health and Rehabilitation Center, and
- **Ellen Boynton** from the Connecticut Department of Mental Health and Addiction Services (DMHAS) – who spoke on behalf of DMHAS Commissioner Miriam Delphin-Rittmon due to a last-minute scheduling conflict.

The second part of the event was a July Fishbowl Forum, which brought together about 175 registrants and gave participants an opportunity to discuss the issues. The unique format of the Fishbowl Forum allowed the discussion to center solutions in the community voice. The Fishbowl Forum started with five conversation starters from the community – all BIPOC who ranged in age – and allowed youth and elders to speak freely about their concerns with the pandemic as it relates to racism and behavioral health concerns. The event then proceeded with five conversation starters who represented health care leaders, including the DMHAS Commissioner Miriam Delphin-Rittmon, and who reflected on what they heard and shared ideas about some policy solutions to address community concerns.

These conversation starters helped center our behavioral health concerns in the community voice:

- **Youth, elder, and community member conversation starters:**
 - Denise Best
 - Alan Coker
 - Jennifer Henry
 - Diana Martinez
 - Precious Price
- **Healthcare, policy, and justice-related-leader conversation starters:**
 - Ellen Boynton
 - Miriam Delphin-Rittmon
 - Alice Farrell
 - Daryl McGraw
 - Bernard Thomas

In addition to the qualitative feedback from the rich conversations between community members, UConn HDI administered a separate survey as another platform for feedback. The survey link was disseminated in a follow-up email to event participants. The following report summarizes information imparted during the event and via the survey.

KEY FINDINGS:

- As a result of participating in the events, hundreds of community members learned about ongoing efforts to address Covid-19 and racism in order to improve behavioral health care.
- Participants appreciated the chance to weigh in on current strategies to address the pandemic in minority communities, and some community members expressed interest in future community efforts to address behavioral health concerns.
- Participants reported feeling inspired, articulated that they were more energized by the Fishbowl Forum than any other event, and felt heard.
- One woman wrote, “Yesterday’s [Fishbowl Forum] event was among the best things I’ve listened to/attended since the pandemic began. I entered with the intention to listen and learn from the wisdom that already exists in our communities and I was blown away.”
- Community members highlighted that churches are healing spaces for many Black folks; churches are places of storytelling and community, and this movement uplifts the importance of churches and spirituality.

But, communities and individuals of color will not be able to hope or cope their way out of racism. Systems have to change, policies have to shift, practices have to be reimagined.

RECOMMENDATIONS:

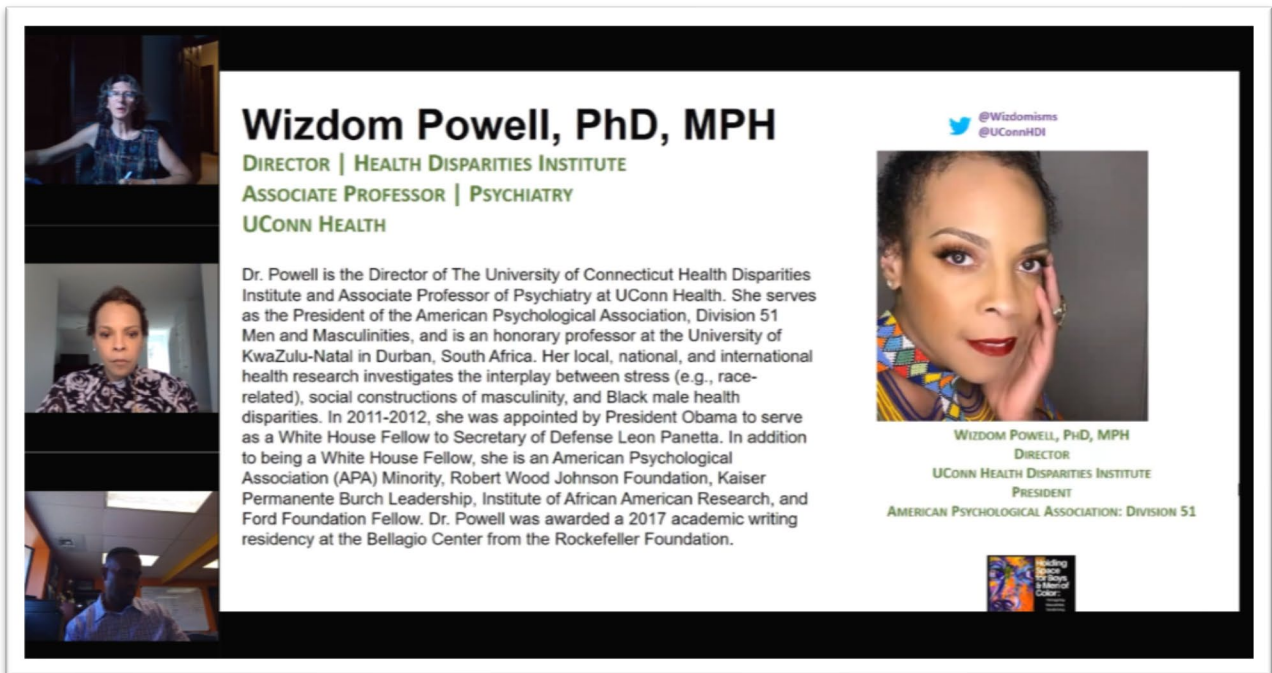
- Youth and elders can and should learn from each other. Listen to elders’ stories. Pour love into young people.
- Ask what the community actually needs. Work on meeting community needs.
- Encourage our communities to be more politically engaged; voice our concerns at the Legislative Office Building.
- We need more Black, Indigenous, and People of Color (BIPOC) healthcare providers.
- Focus on a “Radical Healing” agenda by doing the following:

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- Learn about BIPOC culture by focusing on BIPOC art, music, literature, and film that celebrate BIPOC. Learn about BIPOC history in the U.S.
- Focus on optimism, self-affirmations, and journaling.
- Call out racism and tokenism when we see it.

SUMMARY OF DR. WIZDOM POWELL PRESENTATION AT JUNE TOWN HALL:

Dr. Wizdom Powell gave a presentation about how we can heal from Covid-19 and racism, and bridge behavioral health gaps to build healthy communities.



Wizdom Powell, PhD, MPH
DIRECTOR | HEALTH DISPARITIES INSTITUTE
ASSOCIATE PROFESSOR | PSYCHIATRY
UConn Health

Dr. Powell is the Director of The University of Connecticut Health Disparities Institute and Associate Professor of Psychiatry at UConn Health. She serves as the President of the American Psychological Association, Division 51 Men and Masculinities, and is an honorary professor at the University of KwaZulu-Natal in Durban, South Africa. Her local, national, and international health research investigates the interplay between stress (e.g., race-related), social constructions of masculinity, and Black male health disparities. In 2011-2012, she was appointed by President Obama to serve as a White House Fellow to Secretary of Defense Leon Panetta. In addition to being a White House Fellow, she is an American Psychological Association (APA) Minority, Robert Wood Johnson Foundation, Kaiser Permanente Burch Leadership, Institute of African American Research, and Ford Foundation Fellow. Dr. Powell was awarded a 2017 academic writing residency at the Bellagio Center from the Rockefeller Foundation.

WIZDOM POWELL, PhD, MPH
DIRECTOR
UConn Health Disparities Institute
PRESIDENT
AMERICAN PSYCHOLOGICAL ASSOCIATION: DIVISION 51

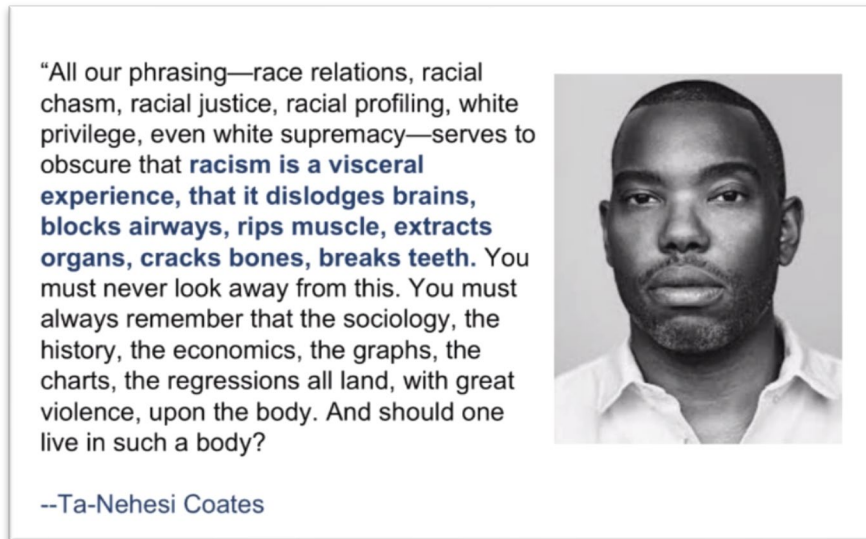
In the presentation, Dr. Powell proposed that transformative healing is required to deal with the trauma around addressing the pandemic health concerns, burying our loved ones, and struggling with racism in trying to access health care. She highlighted how populations of communities of color face disproportionate outcomes and treatment gaps. In particular, behavioral health disparities for Black Boys and Men of Color come at significant costs – over the past 6 decades, there has been a labor decline in these men due to opioid use or mental health challenges. Moreover, physical and social environments impact behavioral health decisions. People of color face unique racialized stress that can compromise socioemotional well-being and increase risk for behavioral health disparities.

Dr. Powell defined racism as:

- “Racism is a system of structuring opportunity and assigning value on the social interpretation of how we look (which is what we call race). Racism is institutionalized, personally mediated, and internalized” – Dr. Camara P. Jones (2003)

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- “[R]acism is a visceral experience, that ... dislodges brains, blocks airways, rips muscle, extracts organs, cracks bones, breaks teeth.” – Ta-nehisi Coates

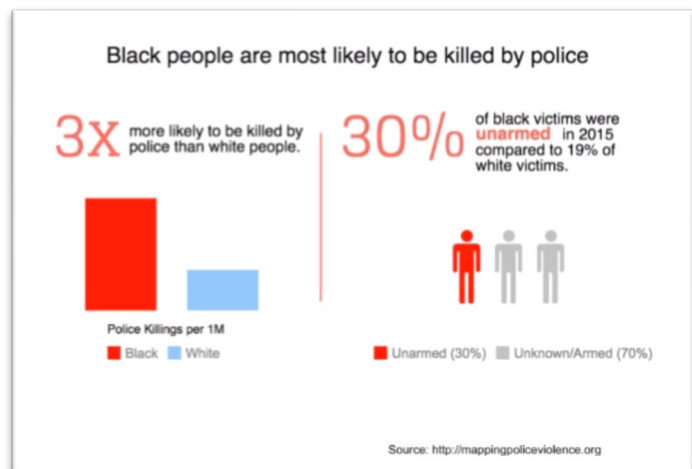


In a study conducted by American Psychological Association, nearly half of U.S. adults report they have experienced a major form of unfair treatment or discrimination, including being unfairly questioned or threatened by police, being fired or passed over for promotion or treated unfairly when receiving health care. These acts of discrimination are associated with higher reported stress levels and poorer reported health.

Racism has fatal consequences. Researchers at Harvard have documented that over the past 50 years, Black men have faced significantly greater risk of being killed by police than White men.¹ Racism disrupts sense of physical, spiritual, and psychological safety. Racism produces trauma responses and symptoms.²

Signs and symptoms of racial trauma include:

- Emotional symptoms: anger, helplessness, shame, despair
- Cognitive/physiological: re-experiencing, numbness, hyperarousal
- Relationship dysfunction: lack of interest in partner(s), over-controlling, fighting, arguing
- Self-medicating: binge eating, drinking, substance abuse



¹ Krieger N, Chen JT, Waterman PD, Kiang MV, Feldman J (2015) Police Killings and Police Deaths Are Public Health Data and Can Be Counted. PLoS Med 12(12): e1001915. doi:10.1371/journal.pmed.1001915

² Bryant-Davis & Ocampo, 2005; Butts, 2002; Carter, 2007; Comas-Diaz & Jacobsen, 2001; Helms, 2016; Loo et al., 2001; Scurfield & Mackney, 2001.

Dr. Powell said that anger is a legitimate response to social injustice. She stated that anger is psychologically healthy when expressed, and less so when it's suppressed.

The Fierce Urgency of Re-membering

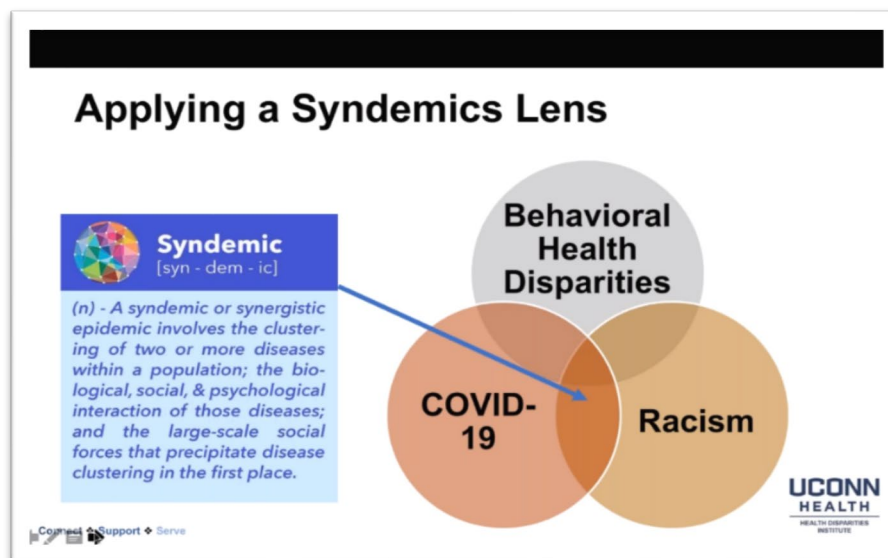
“The past, with its retinue of harrowing memories in tow, inexorably and unremittingly infringes on the present and loosens one’s grip on one’s immediate reality. It ensconces the self in an amber-like temporal capsule that drifts in an interstitial limbo state of mental torpor. The memory that fissures constitutes:

an erasure of the self, which then survives by following old patterns in which recognition is both essential and elusive. The old pattern can only repeat and reinstate itself; **it cannot change because it cannot be historicized.**”

Source: Harbawi, S. (2008). Against All Odds: The Experience of Trauma and the Survival in Edwidge Danticat’s Breath, Eyes, Memory. Wasafiri, 23(1), 38-44.

UConn HEALTH
HEALTH DISPARITIES INSTITUTE

To address racism, Dr. Powell proposed using a “syndemics lens.” A syndemic epidemic is when two or more afflictions interacting synergistically are contributing to disease in a population. We need a syndemics lens to look at COVID-19, racism, and behavioral health disparities.



Dr. Powell said that this crisis makes a case for “Radical Healing.” She defines “Radical Healing” as “being or becoming whole in the face of identity-based ‘wounds,’ which are the injuries sustained because of our membership in an oppressed racial or ethnic group.”

Dr. Powell defined wounds to also include “the ways in which our parents and their parents were harmed and traumatized by racist policies and practices, such as being denied the right to vote,

being forced to attend assimilation schools, or being denied citizenship.” These also include deep wounds that “our ancestors experienced, including broken treaties, stolen lands, enslavement, colonization, exploitation, internment camps, and the attempted erasure of these histories from public memory.”

A Case for Radical Healing

“Radical healing **involves being or becoming whole in the face of identity-based “wounds,”** which are the injuries sustained because of our membership in an oppressed racial or ethnic group. Wounds also include the ways in which our parents and their parents were harmed and traumatized by racist policies and practices, such as being denied the right to vote, being forced to attend assimilation schools, or being denied citizenship. These also include deep wounds that our ancestors experienced including broken treaties, stolen lands, enslavement, colonization, exploitation, internment camps, and the attempted erasure of these histories from public memory.”

Source: French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2020). Toward a psychological framework of radical healing in communities of color. *The Counseling Psychologist*, 48(1), 14-46.

Connect ♦ Support ♦ Serve



Setting a Radical Healing Agenda is pushing systems, individuals, and communities to move from a trauma-informed to a healing-centered approach. Shawn Ginwright posits that “a healing-centered approach views trauma not simply as an individual isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively.”

Setting A Radical Healing Agenda

Trauma-Informed vs. Healing-Centered

“A trauma-informed approach is defined as a program, organization, or system that **realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma** in clients, families, staff, and others involved with the system; and **responds by fully integrating knowledge about trauma** into policies, procedures, and practices, and seeks to **actively resist re-traumatization.**”

-SAMHSA

“A healing centered approach is holistic involving culture, spirituality, civic action and collective healing. A healing-centered approach **views trauma not simply as an individual isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively.**”

-Shawn Ginwright



A Radical Healing Agenda seeks to align strategies and amplify collective impact in the healing process. It would increase, leverage, and coordinate investments necessary to address racial violence, and increase healing at the population level. It would involve investing in incubating and accelerating rapid cycle health equity innovations that could help us achieve the goals of a truly unified nation state community. It would enhance youth and community-led policy action around

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these issues. It is an agenda that would leverage all of the creativity and energy that exists in communities of color, leveraging art and centering youth voice.

Overall, Dr. Powell proposed that we have to create *intergenerational* dialogue for healing. She also shared that we as a society must reshape our policies to help people heal from COVID-19 and racism. Dr. Powell stated, “Communities and individuals of color will not be able to hope or cope their way out of racism. Systems have to change, policies have to shift, practices have to be reimagined.”



Reverend Anderson Statements:

Rev. Anderson stated that we cannot treat behavioral health without treating trauma, and specifically racial trauma for people of color. Rev. Anderson talked about the need for more Black, Indigenous, and People of Color (BIPOC) to become doctors and therapists in order to provide care, so that BIPOC can see themselves in their providers. Rev. Anderson said that the community needs to be at the table, to have their voices heard, instead of having other people make decisions for them. Finally, we need to consider children’s behavioral health needs and ask them what they want and need. Rev. Anderson asserted that racism affects our health—mentally, physically, etc. She believes that Black people got very comfortable after the civil rights movement and did not continue to demand for the right and access to equity. Now, she wants a systemic shift, especially in health care and behavioral health systems, led by BIPOC.



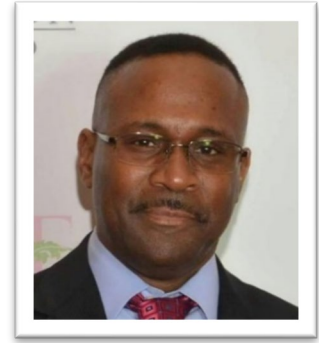
Andrew Woods Statements:

Andrew Woods talked about how COVID-19 exacerbates behavioral health issues, and how race can play a role in people’s access to care. When people are packed in the home with very little resources, and they lack job prospects, it makes sense that their behavioral health issues worsen. When COVID-19 started, providers were not meeting the need of community members and the trust was not there to offer meaningful services. In order to address these needs, we must include

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community voices in crafting policy solutions. During the pandemic, many people are talking on all levels about what could be designed by communities of color. However, very few BIPOC are actually invited to the table to adjust policies to assist our communities.

Andrew Woods believes that people are dealing with race issues in a superficial way, but we are not ready to take on the challenge of what racism and racist policies do. We have the opportunity to seize the moment right now to put forth policies that we know will be supportive to our communities.



Mr. Woods also highlighted the Leadership Academy at Hartford Communities That Care, which gives young people opportunities to examine health disparities and consider different policy recommendations. He believes that we need to pay attention to these young people. We need to stop devaluing the voices of Black and Brown young people.

Lara Alatisé Statements:

Lara Alatisé, who runs a nursing home, acknowledged that a lot of CNAs are people of color and they take care of our elderly and disabled. The staff are being isolated with the patients to ensure their safety. If you look at the lives being lost, it's mostly people of color who are on the frontlines.

Many of the patients in nursing homes are there not because they want to be there, but because they have to be there. The nurses do their best to provide support and help. Nurses know that losing family members in a pandemic is devastating.



However, Ms. Alatisé believes that the government doesn't do enough for the nursing home industry or provide a good amount of funding to make sure nursing home workers are adequately paid. The CNAs are working 2-3 jobs to provide for their families. When COVID-19 started, even with the grants, the CNAs were worried about how to take care of their children when daycare and schools closed, and in dealing with the worries about getting sick. These issues impact people's mental health.

Many nursing home workers feel alone – no one is advocating for nursing home workers. Deaf ears are turned to the calls for PPE. Ms. Alatisé wonders whether the government did not respond because of who she represents, or whether a true PPE shortage exists. She believes that we need to correct health inequity, to make sure people have the same care regardless of their socioeconomic background or race. To do this, we have to keep sounding the horn so that people can continue to address the issues.

Ellen Boynton Comments:

Ellen Boynton highlighted how DMHAS has addressed racism and behavioral health during COVID-19. DMHAS looks at how racism affects their clients. They have conversations with clients about their grief and the trauma of losing their loved ones during COVID-19. DMHAS realizes that Black and Brown people are especially impacted by this epidemic, and that the systems in place are not doing enough to address these specific issues. DMHAS is also looking at the needs of the staff who are trying to do the work amidst all the trauma that they're dealing with. DMHAS understands the

importance of addressing the needs on a community level – to make sure there are resources in the community; to work with faith leaders and other community leaders – so that we do not have to always rely on police to address behavioral health issues.

Ms. Boynton highlighted how DMHAS is currently working on diversity and inclusion in their office. She discussed how they are working on providing coaching for DMHAS's behavioral health provider CEOs and staff so they can be accountable, and creating committees to address issues of race, not only for them but for clients. DMHAS has a multi-faceted approach and they have interventions. The DMHAS Commissioner is very committed to addressing racism to make sure that we can move forward and make sure people feel respected and included so that DMHAS can deliver better services to clients. Because of what happened to George Floyd, people are hypersensitive. Everyone is impacted by what is happening, so DMHAS is strategizing and collaborating so that we can have the radical changes and healing that can happen. We can do things better together.



Summary Statements:

Dr. Powell acknowledged that everyone is engaged in a heavy lift in this moment and suggested that we have to go beyond performative allyship by doing the work to be anti-racist.

People can start to inform themselves by reading the books on anti-racism – these books are the roadmaps. We have written about the solutions – use the solutions and leverage your privilege in this moment.

Next, we have to look at the policies. We know we need to increase access to high-quality care for each person. People cannot be healed if they cannot get the care they need. One policy we should focus on is to build the workforce to serve our diversifying population. We need to recruit more people of color to be therapists and psychologists and doctors. Where there is political will, there is legislative way.

The myth of complexity must be debunked: we have mapped the human genome, we have sent people to space, so we can solve racism. What is hard is our ability to have the difficult conversations. The radical conversations cannot just involve people of color – my liberation is bound in yours, my healing is bound in yours, and when people begin to see that and move a causal link in that direction, we will have the system change necessary to create a better democracy.

Reverend Anderson reiterated: “The only one that is going to save us is us.” Any way we can save each other, we should do it. And we need to demand changes. We need Community Health Workers that look like us. We need to be before our legislators and hold them accountable. This is just the beginning – we have much work to do. We have to stop operating in silos. We must come together and work together. We will continue this process of radical healing. This is a continuous dialogue that is ongoing.

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Someone in the audience asked, **“How do we start the conversation with someone who is White and from privilege – how do we help them understand and connect with the issues so they move toward solutions, rather than being defensive or worse, complacent?”**

Ellen Boynton responded: Be in conversation with White folks, address your own trauma, and learn. Be in conversation with people who can do something. Make sure we provide resources that can inform people about how the laws in this country were created for the purpose of oppressing Black people. Help people understand the root of racism and get people to utilize their privilege to provide access. Instead of feeling guilty, people can learn what the issues are, learn what is their sphere of influence, and help other people learn about how to help. We need to understand these stories from someone else’s perspective.

Rev. Anderson added: We cannot talk about health equity without talking about racism. Be willing to have a difficult conversation about the perspective of a person of color, and how the residual impact of slavery is still with us. Looting and rioting is about people wanting their voice to be heard.

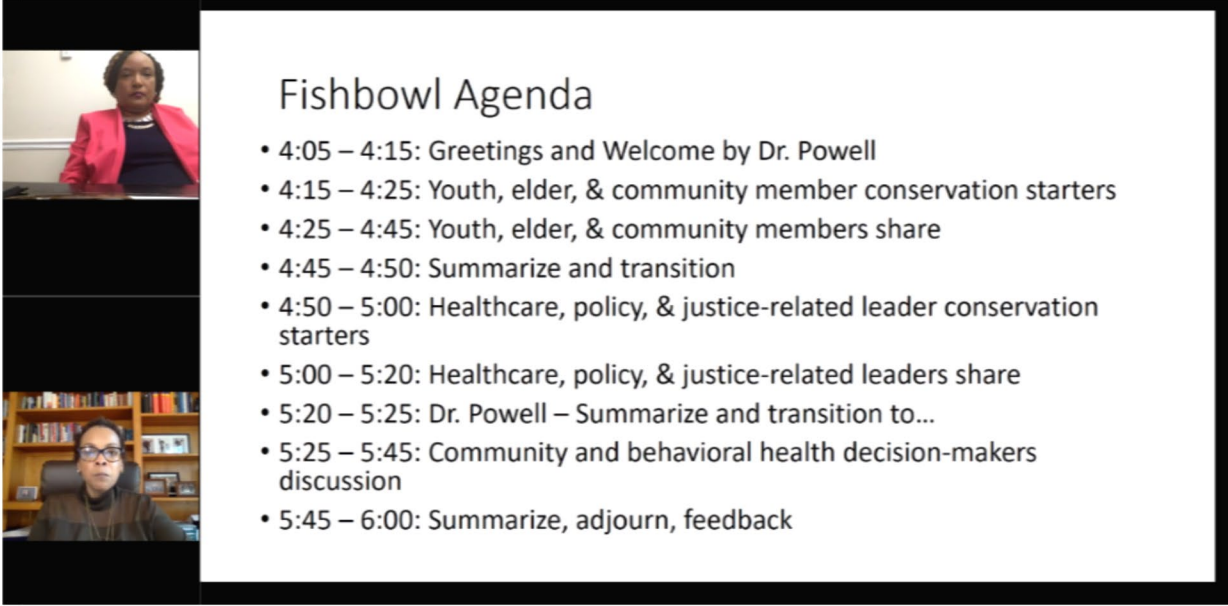
Dr. Powell concluded: Be aware of the burden on people of color – there is now an onslaught of people who want to talk about racism. She recommends reading the book *White Fragility* and to do the work yourself from the front end, so that the conversation is not about the fundamentals but about how we can mount collective action to address these issues.

Setting A Radical Healing Agenda

Create Brave Spaces for Racial Trauma Healing & Recovery



JULY FISHBOWL FORUM:



Fishbowl Agenda

- 4:05 – 4:15: Greetings and Welcome by Dr. Powell
- 4:15 – 4:25: Youth, elder, & community member conservation starters
- 4:25 – 4:45: Youth, elder, & community members share
- 4:45 – 4:50: Summarize and transition
- 4:50 – 5:00: Healthcare, policy, & justice-related leader conservation starters
- 5:00 – 5:20: Healthcare, policy, & justice-related leaders share
- 5:20 – 5:25: Dr. Powell – Summarize and transition to...
- 5:25 – 5:45: Community and behavioral health decision-makers discussion
- 5:45 – 6:00: Summarize, adjourn, feedback

In the first fishbowl, BIPOC community members ranging in age spoke with each other about their concerns. One elder community member highlighted concerns about the youth who aren't taking COVID-19 seriously and talked about family members who are dying. The community members also talked about the need for better leadership and a more comprehensive plan to address COVID-19. An elder expressed concern that Black lives don't seem to matter to those in power – to politicians or business people. Another elder acknowledged the need to fix the issues that have been there for years. He shared his anger that we haven't fixed the racial issues. This elder asserted the need to let young people lead. He stated that we can be here to help the young people, but they are the ones that will fix the problem.

A young person affirmed that young people are taking the pandemic seriously, especially since they're living in multi-generational homes with vulnerable parents and grandparents. This young woman also felt that young people are working on issues of systemic racism and advocating for their communities.

Dr. Powell reflected that there are many paths to the revolution. Some people's protest path is staying home to take care of their mom, but there are other ways of protesting. And everyone can bring a different perspective and a different strength to the work.

Community members agreed that we have made progress, but not enough, and they want to see young people stand up and speak up. Another young woman shared the need to connect with elders, especially during COVID-19, because the loss of community due to deaths from the coronavirus, and the increased need for physical distancing to protect elders has been difficult for everyone. She believes that we can make changes because we do not have a choice.

Dr. Powell affirmed that anger is a rational response to social injustice and that it is psychologically healthy to get angry. Anger suppressed is far worse than anger that's expressed, so we need to figure out ways to catalyze that anger in our communities. Dr. Powell also stated that folks are not hardwired to misuse substances or engage in unhealthy behaviors except in the face of stress.

Moreover, certain environments shift the way people respond. Dr. Powell asked the audience how racism manifests in behaviors in communities where people live, play, pray, get educated, and get health care.

One young woman responded by sharing that COVID-19 has not shown Black community members anything new in terms of racism. The same people who struggled before COVID will struggle after the pandemic. In some ways, this does not seem like a crisis because Black people have always been in a crisis. But now that everyone is struggling with COVID, this is bringing forth how much Black people have struggled in this country.

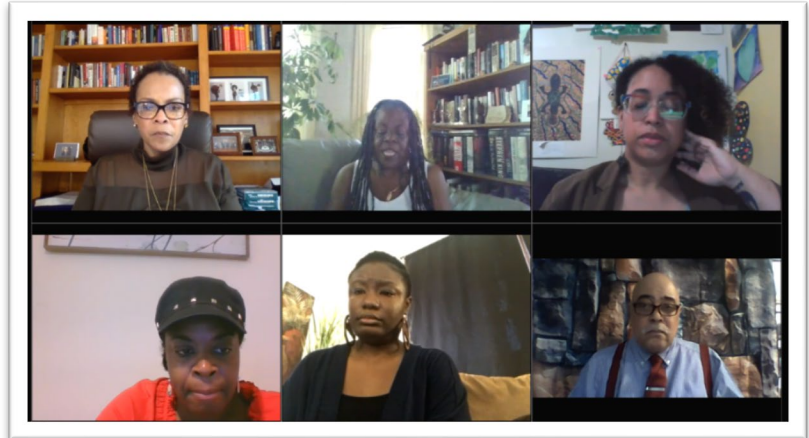
Another community member shared that the pandemic made apparent the issues that Black people have always known: that BIPOC struggle with health disparities, institutionalized racism, mental health and economic issues. This forces us to pay attention to these issues. COVID-19 highlights that it's our time to shine. Therefore, we need to take the time to mentor younger people and invest in the future. They need the wisdom of the elders and we need the young people's energy. Their day is here, and it's our job to support.

A Black community member said that to catalyze all that energy and wisdom and move the needle on some of the issues that COVID-19 has laid bare, including structural and interpersonal racism, we need to share our history. She said, unless you know the foundation, you cannot tackle the issues. Therefore, we need to tell our stories to youth, and we need to unpack and peel open the story. We cannot afford to let other people tell our story because they will dictate whether we were there or not, whether it was credible or not, or whether something happened.

Dr. Wizdom reminded us that the #BlackLivesMatter movement was a love letter to Black people. This starts with loving our children and our youth.

A young woman shared that part of loving young Black, Indigenous, and People of Color (BIPOC) is teaching our children our history, and doing it in a way that makes people feel like they are not responsible for the history. Telling young BIPOC how we got here, and how to mitigate racism, but that the conditions that we are in are not the fault of BIPOC.

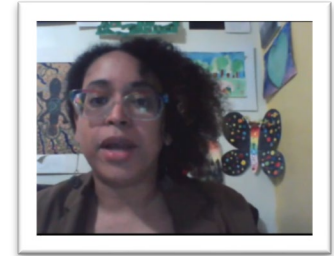
Also, a young woman raised the concern that when crises like COVID-19 happen, the system is good at telling communities what they need. She proposed that we need to flip the script and ask people what they want, and have people identify their own needs. For example, with COVID-19, she reflected that the government gave people money so they can figure out what they need in their



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own lives. However, the overall system infantilizes people so they have not had the opportunity to figure out what they need. Therefore, we need to center the conversation around what BIPOC need.

An elder shared her concern about young people dying due to COVID-19. She wants young people to err on the side of caution, so that they can be safe and survive. She sees too many of them not being safe and she is concerned about losing young people, because she supports the movement and wants it to continue. She wants the movement to continue safely.



A few community members highlighted the importance of faith and religion in this work. They asserted the importance of faith in the Black and Brown communities, and in healing.

Some community members think that the education curriculum in secondary schools needs to include the contributions of Black people to building the country. America's history needs to be shared in totality. Without Black people, the U.S. history is lacking. Dr. Powell agreed that it's not only the stories that are told, it's the framework; it's that Black people are not given opportunities to share their stories.

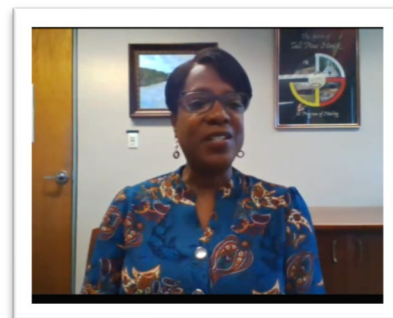
A young woman shared that we need to reimagine our system. The system does not have to look like anything that exists now. An elder agreed and said we need to rip up the Constitution and start over again. She said that the country was built for White people, and so they cannot imagine what it would be like to be on the other side. The question is how do BIPOC come to the table to do what's best for all of us. We are good at marching when we are mad, but what is the follow through? What happens after the crisis?

Dr. Powell agrees that we need to have frank and open conversations about racism, and racism isn't pretty so the conversations might not be what we want to hear. She said, "But we have to name it and claim it before we can actually do something about it!"

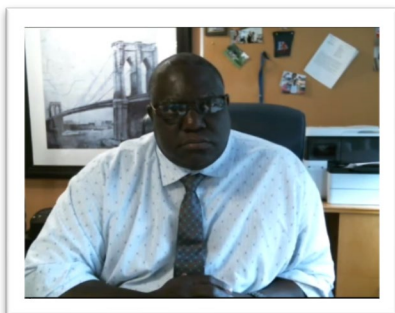


Health care leader comments: DMHAS Commissioner Delphin-Rittmon reflected her appreciation for what she heard and that it's important to reimagine what is possible in health care. She reflected that she appreciates opportunities to reimagine with community members what could be possible for a better behavioral health system. Now is the time to make changes because we don't have a choice. She also acknowledged that everyone is stressed. There is urgency in this moment. Young people are engaged and involved, and she's encouraged that there are so many people

across the age spectrum. She sees hope in this moment. However, she agrees that we have to do something now. She also expressed her appreciation about the comments around grieving and concerns about elderly parents. She shared a story about her elderly father who lives in New York, and her concerns about his safety due to COVID-19. The Commissioner said what all this brings up for her is the question of how to use her role to support the community. How can we make what we have in place – the services and programs at the community level or in our state agencies which are embedded in communities – contribute meaningfully to the community needs. She stated her openness to ideas about what can be done to address these concerns.



Bernard Thomas, a Community Health Worker, shared that crises help bring people together, but after crises, people go back to their normal ways. He also uplifted his concerns about the Black youth he works with, and highlighted his concerns about how they are seen as threats. He shared that he has to teach his children about how to keep safe and react



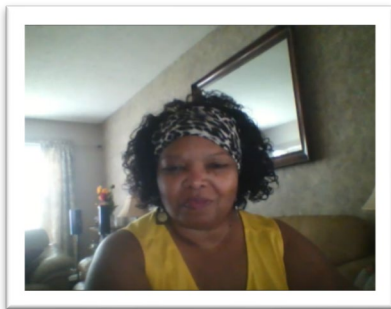
in a non-threatening manner when stopped by police officers. He highlighted personal health concerns with asthma during COVID-19, and how he lost 3 family members during the pandemic. He had a cousin who lost her husband and father within a few days. Bernard Thomas said, “if every person helps their neighbor, then none of us would need anything.” His policy proposals are that we have to focus on rental assistance, help with utilities, and food to help people survive during this time. Dr. Powell agreed that communities living at the margins are living with compounded trauma.

Daryl McGraw shared that he was a street guy, and he was incarcerated for 10 years and struggled with addictions while in the Department of Corrections. He felt that that Black community members have dealt with many struggles including slavery and racism for hundreds of years, so an issue like COVID-19 is just another struggle. He talked about “Post Traumatic Slave Disorder” and how that affects Black people. He brought up trauma as a major issue in the Black community. He said he didn’t realize he was a trauma survivor until he was 40 years old, because violence and shootings were the norm in his community. He did not have a dad but that was the norm. Therefore, he feels that the Black community cannot rely on other people to solve our problems. He said, “We cannot wait for the system to decide how much help people get; we have to take on the work ourselves.”



Dr. Powell brought up historic traditions of mutual aid for communities of color. She wanted to make sure that people understand that BIPOC have always been able to “make a way out of no way.” Now, she is interested in understanding how the system can match what communities need.

Ellen Boynton started by quoting James Baldwin: “Not everything that is faced can be changed, but nothing can be changed until it is faced.” She talked about the gifts and talents that each of us bring, and we need to understand where White folks are coming from, and how we can share perspectives and cherish each other and do the work. She said that all of us need to do the work.



Ellen Boynton affirmed that “we as a people have come together to share our stories, because we share so much, and we need to focus on the gifts and talents that we bring so that we can face [our issues] and change things.” As an example of youth talent and our ability to change, she talked about how youth created a rap about voting, and how young people are sharing this rap to encourage their peers to vote. Boynton acknowledged that George Floyd’s death helped many White people see and understand what Black people have known about racism for a

long time. Now, White people have the privilege and opportunities to support a shift in racism. We need to be aware of the issues, and bring our unending determination for a change, because we need to pull together and address the humanity.

Dr. Powell acknowledged that when people say that Black people “just want to use drugs” or “eat too much fried chicken,” they don’t realize that many Black people live in food deserts where there are only package stores or mini-marts at each corner but no fresh fruits or vegetables. She thinks it’s problematic that we design individual-level interventions when a systemic intervention would work better to address community concerns.



Dr. Alice Farrell shared that as a clinician, she hears from 16-year olds that they don’t feel like they are going to live past age twenty. This concerns her and makes her feel that time is of the essence. From a micro standpoint, Dr. Farrell believes that pouring love into our young people and into our families is important – there are so many struggles, isolation, and disconnection – and we must focus on healing. She acknowledged the heightened level of anxiety and fear, due to concerns around COVID-19 and racism, and the constant flow of stress hormones and fight-or-flight mode. We see the disparities and self-medication, which impact people’s feelings of hopelessness. Therefore, she believes that we need to mentor youth who are standing up right now, who are trying to advocate for change. We need to invest and mentor and pass the baton, but we also need to not exit because the intergenerational connection is essential for passing



forward the wisdom. We need people at all levels – faith leaders, social workers, youth – to work on these issues together. She stated: “Whatever your contribution – it’s most important at this point.”

Dr. Farrell believes that providers need to look at diversity and inclusion and dismantle systemic racism. The system needs to revamp and use holistic care; we need to understand and utilize strength-based, asset-based, and person-centered care. She asserts the need to ask community members what they need,

instead of only surveying them for information to write grants – because that is “raping” the community instead of empowering them. Understanding the trauma is understanding that relationships are important. We must have difficult conversations about racism instead of accepting a mediocre surface-level understanding of race.

We need our behavioral health and health care workforce to understand how spirituality and faith influences BIPOC in their thinking about their challenges, their disease, and illness. Spirituality and

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faith also play a part in [BIPOC's] desire for treatment. So many clinicians, practitioners, and case managers do not know how to engage in critical conversation about race and culture with humility.

Dr. Farrell concluded by sharing that we have to change the system, because every time her son, a Black doctor, encounters police – he is anxious. She does not want her son to be anxious when he is headed to the hospital to tend to people struggling with COVID-19. We need all our doctors to be healthy so that we can address the healing.

Rev. Anderson said “the only ones who can save us, are us.” This healing has to be intergenerational and we have to come together. She acknowledged how each of us have been impacted by the pandemic and racism, so we need to help others heal. We must heal as a community. We also have to demand that systems change. We need to overhaul the system because it is not meeting our needs, and it is perpetuating the pandemic of racism. We need to stop operating silos, we need to check our egos, and we have to do this together for the good of everybody. Things have to change.



Rev. Anderson asserted that the church is a part of the [BIPOC] community. Instead of leaving us out, see us as a resource. We all need boots on the ground. Let's get busy – there's a lot of work to be done. Let's work together.

Commissioner Delphin-Rittmon agrees that everyone can lean into this moment. She said that we need to work together and we have to get radical about our healing. We have to have an intensity about this. She affirmed that DMHAS is committed to community partnerships and meaningful connections across different sectors.

State Representative Jillian Gilchrest from West Hartford shared that she learned a whitewashed history and that she didn't start learning about [racism] until 5 years ago. She talked about the importance of addressing institutionalized racism by discussing property taxes and other issues in the state of Connecticut. She is interested in continuing to listen and learn, and consider how we can start to really break down what Black Lives Matter means in terms of state policy.

SURVEY FEEDBACK

OVERVIEW:

UConn HDI developed a survey using their university web platform. The survey contained 9 optional questions and did not require disclosure of any personal identifying information to maintain the anonymity of respondents. Questions included multiple choice, rating scale and open-ended formats. A total of 16 surveys were submitted for the June Town Hall, and 8 surveys were submitted for the July Fishbowl Forum, though not all questions were answered by each of the respondents.

SURVEYS:

- June Town Hall: 16 responses
- July Fishbowl Forum: 8 responses

LESSONS LEARNED FROM THE JUNE TOWN HALL: *"What did you take away from the conversations?"*

- Learned about Radical Healing, new resources.
- A lot. As a White person, I heard that I need to do more than empathize. Among other things, I will order White Fragility tonight. I want to work on this together.
- I really appreciated the behavioral health connection. There has been a lot of discussion about health disparities (esp COVID) and race, but this brought the behavioral health piece in too. I want to go back through the slides and chat and will share all of these resources. :)
- The take-away for me is to have an increase awareness of how racism is traumatic and how to incorporate radical healing.
- This was an amazing opportunity; as a Black person who worked in the public health system for over 13 years, I greatly appreciated all presenters' viewpoints. Dr. Powell was amazing. Talking about/ facing racism is exhausting; this reignited my light in why I am where I am professionally and to push my White counterparts to move to building strategies of radical healing to ensure equity. Thank you!
- Made the linkage that perceived racism can be a traumatic event, which we all know can trigger mental health conditions. I had never thought of it that way before.

SUGGESTIONS FOR FUTURE TOWN HALL SESSIONS: *"In future conversations, what would you want to talk about?"*

- More healing and not blame.
- Radical healing
- How can we dismantle the systemic racism at a Macro and Micro level?
- More concrete policy changes that we can advocate for. Ideally, things that are evidence-based.
- How to shift the focus in health care's research and response to COVID-19 from statements (example: Black people are X times more likely to be infected/die from COVID compared to White people), and towards solutions and ways to address this in real time. Right now, it seems as if the health care sector is focused on highlighting these disparities, but not addressing the root cause: implicit and explicit racism within the health care field and structural racism's lingering impact on the health of Black people in America. We know these disparities exist, now let's talk about how to combat them.

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- Just about staying the course and following through to the end for a result. Supporting our youth and working with them as they lead the charge on injustice. Under gird their efforts.
- Ways to collaborate with the panelists and their organizations.
- Specific areas to address current racial and COVID 19 concerns. Social Media impact, Hate groups such as KKK, White Supremacist groups. Mental health issues and treatment for police and mental health training
- Action steps, available resources, examples of successes/accomplishments

Setting A Radical Healing Agenda

Leverage Art & Center Youth



LESSONS LEARNED FROM THE JULY FISHBOWL FORUM: *"What did you take away from the conversations?"*

- The need for more inter-generational conversations/understanding is large.
- That we need to have these conversations on a regular basis.
- What Radical Healing looks like for the panelists: keep God in the conversation; keep the community and leaders involved; importance of voting; education about the history of the Black/African American community; legislation changes; and being open to looking at things differently.
- Need to let the youth handle this they will do it better
- I felt so lucky to be invited into "the house" which felt like an intimate family circle because I am White and just beginning to learn and realize how little I know about racism and its tragic and traumatic effects. I learned so much because of the raw honesty, passion and lifetime experiences of all of the participants who were so generous in their open sharing. There were so many lessons in the welcoming, supportive, inviting and caring manner in which all participants were valued and their truths reinforced by Ms. Powell and the others. A profound and simple lesson about love.
- I was very pleased to learn of the individuals and resources that are available to us as providers. The resources shared on this email is great.

SUGGESTIONS FOR FUTURE FISHBOWL FORUMS: *“In future conversations, what would you want to talk about?”*

- Strategies
- How we can work together to create positive change
- Specific hate groups the government does not
- I welcome any and all experience and wisdom, guidance and advice, and inspiration you are able to gift to those of us who need to listen and learn and live your blessing.