

streamline

Reducing Moral Injury in Year Three of COVID

An Interview with Kaethe Weingarten, PhD

By Claire Hutkins Seda, Senior Writer & Editor, Migrant Clinicians Network

CCOVID-19 has dramatically and repeatedly altered the daily lives of health care workers, and a day in a clinic or hospital today is not the same as it was a year ago when vaccines were first introduced. In this interview, MCN's Claire Hutkins Seda, Senior Writer and Editor, sits down virtually with Kaethe Weingarten, PhD, MCN's Director of the Witness to Witness program to better understand the landscape of moral injury among health care workers in recent months, and strategies to alleviate or comfort clinicians and patients as the health care setting remains overwhelmed and full of conflicting pressures. This interview has been edited for clarity and brevity.



CS: *We're entering year three of COVID in the US. What are you seeing now among health care workers, that is different than, say, six months or a year ago?*

KW: From our vantage point, there are significant differences, and the Witness to Witness program is really trying to reflect

back, in an accurate and empathic way, what we're seeing.

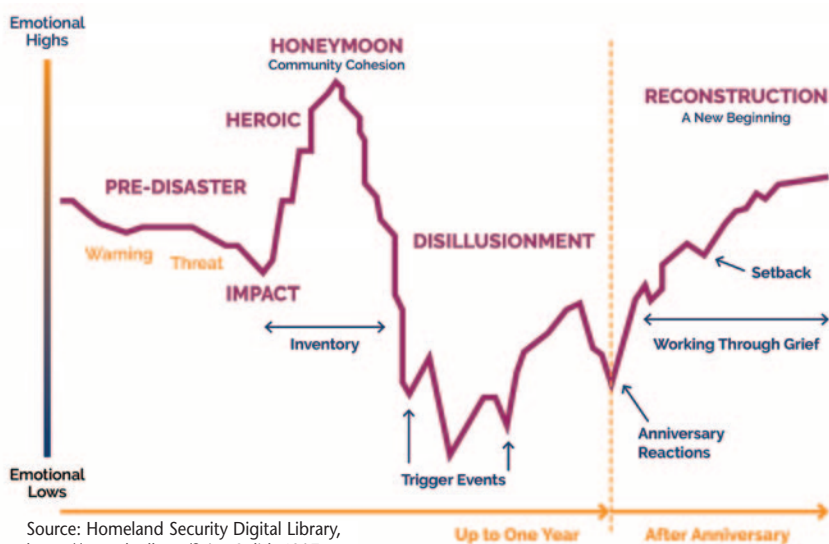
There's a visual graph that I've been using at the beginning of many of the online seminars that W2W does. [See graph below.] We've been using it for about a year, and it charts what happens in a disas-

ter in terms of the community's response.

[First,] there's a heroic phase. Health care workers will remember what it was like in the first few weeks, when they were treated as heroes. Then, the honeymoon phase — and it's actually called that, the honeymoon phase — ended, and there was a downward slope, you can see it in the way the graph is drawn. It begins to pick up again at about the one-year mark, and it enters what's considered to be a recovery or recuperation phase. I think we thought, in the beginning of last year, in January [2021] when vaccines became available, that that was going to be the scenario. And I think that many health care workers had an expectation that things were going to get better. They were going to be less stressed. People would come together, vaccinate for the good of the community even if they were hesitant, and that herd immunity would happen — and that scenario, for the most part, has not come to pass.

What we are now seeing is that health care workers are clearly overwhelmed. They are no longer being treated as heroes. They are on the receiving end of many different kinds of abuse: verbal abuse, physical abuse, threats. And it is taking a toll in many ways, including that we now have one of the highest attrition rates that the health care workforce has ever experienced. The survey data for nurses shows that a majority of nurses

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are contemplating either leaving their jobs or leaving the profession in the next year.^{1,2,3} They are also dealing with greater frequencies of microaggressions, both from colleagues and patients. The term ‘micro’ doesn’t mean that the interaction is minor; it means that it is a daily occurrence. When people are worn out and exhausted, all kinds of hurtful comments can be thoughtlessly made.

CS: *That rate of contemplating leaving the profession, that’s incredibly high, more than 50%. Has this happened before, to this level?*

KW: There’s no precedent. So, what is the day-in and day-out experience of a health care worker like, and how is it different from a year ago? A year ago, people were stressed, they were overwhelmed, they were dealing with shortages of PPE, they were dealing with moral injury. And they were having to make choices, essentially triage who was going to get what level of care, and that violated people’s principles, but they were not angry, they were not feeling abused. They were not worried about being attacked, they were not worried about their own physical safety or the safety of their family member from others. The safety issue they contended with was from a virus, not a person.

Now what we are seeing is that all of those factors are still present, but people are in a very particular quandary: they’re working with people who continue to deny that COVID exists. They’re intubating people who are perhaps going to die and who are saying, ‘vaccinate me now.’ People who are unvaccinated and hospitalized are taking beds from people who have gotten vaccines on time, but had other medical or surgical issues and they now can no longer be hospitalized. Doctors and nurses are no longer working on units in the area they were trained for; they are working in COVID ICUs.

I heard an anecdote over the weekend about a 75-year-old who’s been walking around with a painful hernia for three months. He cannot get a bed to have the procedure because there’s no room and no surgeon available.

People of all ages are not able to access medical care and the health care workers are in the position of telling people, ‘no, we can’t serve you’ or, ‘it’s going to be six months before you can see somebody.’

[And there are other types of shortages as well.] The surgeon general, as you probably know, declared a pediatric mental health emergency. The ratio of mental health providers to the population that needs [mental health care] is completely out of whack.

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Health care workers are suffering because they're trying to provide adequate health care within a system that cannot stretch to do it. So then what do they do? Do they become part of the problem, or do they say at a certain point, 'I have to take care of myself and I can't participate in a system that's broken, and I can't allow myself to be broken?' It's a very different situation than what we were looking at, really, even nine months ago. In some states, they have called in the National Guard to help communities with massive shortages.

CS: You mentioned briefly moral injury. Can you describe what you mean by that, and how it's changed over time?

KW: Yes. In the 1980s, there was a term 'moral distress.' It was developed in the nursing literature, and it was specifically talking about the experience of a nurse who had to follow through on an order from a physician or a surgeon that he or she didn't believe was the correct order.

In a completely other context, of returning veterans from the Vietnam War, in the early 1990s, Jonathan Shay, a psychiatrist, developed the idea of moral injury as a category distinct from, and with a different symptom picture from, post-traumatic stress disorder. He noted that when returning veterans talked about some of their experiences, they spoke about obeying orders that violated their moral code. And when they did so, they felt betrayed by either their unit commander or the overall strategy of the war itself.

The term "moral injury" made clear that what had been violated was the returning soldiers' moral code or moral values, and it turned out that there was quite a different kind of treatment that was necessary to heal or, better, comfort people or validate their experiences.

In the context of health care, I think there's always been both moral distress and moral injury. It's just that before COVID, while an experience like that might have occurred once a week, now it might be happening every few minutes, and it's almost impossible for people to stay present and process, one, the frequency with which moral dilemmas arise, and two, the intensity.

So, just to give you an example I've heard over and over again from health care workers: [health care providers are having to] present a phone or an iPad to somebody who is dying [of COVID in the hospital in isolation] and being the intermediary between them and their loved ones. There's



a two-minute window when the patient and loved ones can say goodbye. This is so profoundly in violation of what any caring person wants to provide [during] the transition into dying and death.

CS: It seems there are two ways to address the witnessing of these traumatic events. There are systems that need to be altered, and there are individuals' responses. Let's start with this systems-level. What needs to happen?

KW: At a systems level, I think that one of the primary actions that leadership — from the CEO all the way down to the unit manager — can take is to acknowledge that this is happening. The very act of saying, 'we know this is so, and we have tremendous gratitude for the work that you are doing. We are incredibly appreciative. We know it's extremely difficult.' That's one piece that leadership can do.

Second, I think it's really important — and this is something that I've built into all of the [W2W] work, [including online] groups and seminars — to be clear that burnout is not the best term for what people are experiencing. So again, at the level of leadership, noting that moral injury is very different from burnout, that burnout has an unfortunate implication that an individual is inadequate in some way, is lacking some internal resource which, if they had that resource, they'd be fine.

[Third,] to have leadership acknowledge that burnout is a consequence of failures of the work situation itself. It's a transform of

problems in the workplace. Ninety percent of burnout is about conditions in the workplace that are experienced by individuals. What we are experiencing is mostly not burnout.

On the individual level, what are the daily actions that we can take to cope with moral injury? The frames that I'm using are several.

One is that people really need to remind themselves on a regular basis that it's the systems that are producing circumstances that create harm — it's not individuals. There's no intention to harm.

Two, if possible, people [can develop] a buddy system so that during the workday, they're able to quickly debrief with somebody so that they're not putting every episode in their emotional 'backpack,' and by the end of the shift, it's 100 pounds...

Third — you can see that I'm contextualizing what individuals can do when working with colleagues — so, at the end of the shift if possible, or at the end of a workday, [work colleagues can] offer acknowledgement and appreciation, just do a little huddle. It doesn't have to take more than two minutes. It's doesn't need to take a lot of time, but if I call out somebody and say, 'I really appreciated when you did this,' and there's that kind of acknowledgement that happens, it really does help.

Then, of course, there are many biological or physiological re-regulating practices that we do, including just managing the breath

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Urgent Care During Migration, Interrupted by a Hurricane

Climate change increases migration, but it also disrupts it. Health Network Associates are learning to provide virtual care in the midst of an emergency.

By Claire Hutkins Seda, Senior Writer & Editor, Migrant Clinicians Network

The 2020 Atlantic hurricane season was unprecedented, with 30 storms receiving names, requiring the naming agency to circle back to the beginning of the alphabet. With the exception of just one county, every county along the entire Eastern seaboard – from Texas to Maine — had at some point in 2020 been under tropical storm or hurricane watch or warning.¹ Climate models disagree as to whether climate change increases the frequency of storms, although each of the last six years has recorded an above-normal number of storms.^{2,3}

Climate models are clear, however, in demonstrating that the number of intense storms will continue to increase, with higher rates of rainfall due to slower-moving and warmer, wetter storms, and increased storm surge as sea level rises.⁴

These climate impacts are felt not just here in the US but throughout the Americas. Health Network, Migrant Clinicians Network’s virtual case management system for migrants and asylum seekers, has served several patients who report that the decimation of croplands and the associated reduction of economic stability as a result of hurricanes factored into patients’ decisions

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Nahiely “Pinky” Garcia cradles a newborn baby whose asylum-seeking mother received assistance in finding prenatal and postpartum care as she moved to her new community.

to migrate – along with other push factors, like violent threats from gangs, political instability, and deep poverty. This was particularly noted after two hurricanes hit rural poor regions of Honduras in 2020.

Some of these same asylum seekers, however, find that the climate impacts are unavoidable, no matter where they move. Marisa* gave birth at a medical center in Texas near the US-Mexico border shortly after requesting asylum. She and her newborn were seen at a local immigration shelter a few days later by Annie, a midwife with whom MCN works. Annie referred Marisa to be enrolled in Health Network. A Health Network Associate at the immigration shelter completed enrollment for Marisa, and passed the case to Nahiyeli Garcia, whom we call Pinky.

As Marisa traveled to join family members on the East Coast, Pinky worked to establish a medical home for Marisa and her baby so they could quickly begin care at a health center close to their new home, without disrupting well-baby and postpartum care. Pinky tried to set up an appointment for Marisa, but the health center refused because their protocols required Marisa to call on her own behalf. Pinky did manage to transfer medical records from the hospital at the border and the immigration shelter to the new clinic.

Just weeks after Marisa moved to the East Coast, Hurricane Laura approached. That same week, Marisa reported to Pinky that she was still bleeding as she had for weeks after delivery. Pinky responded quickly by working with her to get her into care. The following day, Pinky called Marisa's local clinic and set up an appointment for her that week. Pinky called and sent multiple text messages to Marisa to inform her of the appointment. But, as the appointment date approached, Marisa was not responsive.

"I was really concerned, and decided to make a last attempt via WhatsApp," an app that is highly popular among migrant and immigrant patients from Mexico and Central America, that allows messaging via WiFi and doesn't require cell service. Marisa responded, with a string of sad emojis. "A hurricane had hit her state, and they were out of electricity and phone signal. The only source of communication they had was through WhatsApp because they could pick up WiFi," at nearby locations that had power, Pinky recorded in the notes to Marisa's case.

Marisa had missed her appointment because of the hurricane. Pinky worked with her and the clinic once more to reschedule. She also sent her more information about postpartum care via WhatsApp. With Pinky's help, Marisa's newborn had regular well-child visits and Marisa's postpartum concern was quickly addressed, after the dangers of



Nahiyeli "Pinky" Garcia assists a patient in registering with Health Network.

the storm passed and Marisa once again could communicate.

Disruption of care due to migration can be compounded by disasters and emergencies that destabilize receiving communities. To address some of these concerns, Migrant Clinicians Network is looking to introduce Health Network as a tool to track and find care for displaced patients during emergencies, including through MCN's disaster management projects in Puerto Rico. These efforts presently assist health centers and community organizers in mapping out communities to determine which community members could potentially require the most assistance after disaster, either because of chronic illness, rural locations, language barriers, or health inequities that elevate their vulnerability should they be cut off from a health center. The Puerto Rico team hopes

to expand these efforts by integrating Health Network to provide virtual assistance to a community when disaster strikes.

As climate change progresses, virtual care coordination will become a critical component to ensure equitable responses to disasters. Health Network is at the forefront of these efforts.

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Photo courtesy of PMO Barbados

MCN Learning Collaborative Builds Connection, Spotlights Promising Practices in Battling COVID

Robert Kinnaird, Special Projects Associate, and Amy K. Liebman, MPA, Director of Eastern Region Office and Environmental and Occupational Health, Migrant Clinicians Network

Over the last two years, grassroots community organizations, outreach teams, and community health workers across the country have had to refocus their efforts toward fighting COVID-19 and the misinformation that has spread about the virus and vaccines. Though many have greater expertise working on other social and health issues that affect — and continue to affect — their communities, these organizations have become key actors in ensuring that the most at-risk communities — communities of color, essential low-wage workers, immigrants, and migrants — have access to support and information about the virus.

In the fall of 2021, in recognition of the evolving science and the need for culturally contextual and multilingual resources to promote accurate information, Migrant Clinicians Network developed a new learning collaborative for organizations across the country to learn about the latest science and guidelines, access resources relevant to their communities, share best practices, answer

common questions, and connect with medical and public health experts, in order to help them best serve their communities. There are great challenges in reaching underserved, rural communities, and the vital work of grassroots organizations and health care workers within these communities has been key to reach historically marginalized and presently at-risk populations and help them safely navigate the pandemic.

MCN's learning collaborative regular meetings brought together more than 60 representatives from organizations spanning the United States and Mexico, with members hailing from Maine to California to Puerto Rico, Oaxaca, and Chiapas — all of them grappling with unique regional and local challenges. Many of these organizations are members of two US-wide groups, the Rural Coalition and Alianza Nacional de Campesinas, who worked with MCN to build the learning collaborative. Their member organizations represent many rural and agricultural worker communities that are

attempting to reach essential workers and their families within communities that are particularly at risk of COVID-19.

Throughout the 18-session learning collaborative, participants shared the solutions they have found to the diverse challenges they faced, but many of the same key techniques that were highlighted can be applied in rural communities across the United States. Common narratives included: fears that the vaccines can't be trusted; concerns that the vaccines are dangerous, deadly, or undertested; and misinformation that the vaccines would cause infertility or contain a microchip. While many people may not believe in misinformation, the introduction of doubt can play a large role in decision-making. Language barriers can also make it more difficult to counter these narratives, as much of the news and positive messaging around the virus and the vaccines are produced in English first and may not be avail-

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able to low-income, rural, isolated communities.

These communities can also be hard to reach without such organizations. For migrant agricultural workers, all of these difficulties can intersect. Vital gaps in information and incorrect narratives need to be addressed and countered. These community organizations bring us the concerns of their community and do the legwork to make vaccination events happen within their community. In turn, MCN helps them connect to each other, shares information and changes in the scientific consensus, and provides unique, multilingual resources that can help organizations communicate effectively and efficiently with their communities.

MCN hosts these educational events via Zoom, offering simultaneous interpretation in all of the learning collaboratives. Each week, MCN combs through the latest science and CDC guidelines to pass relevant and up-to-date information on to our partners and to answer their questions accurately and quickly. MCN utilizes a robust evaluation process to ensure the content that is brought to the meetings is useful for and responsive to the concerns within the communities these partners serve. Through a weekly online questionnaire completed by all attendees of the learning collaborative, MCN gives partners opportunities to assess the sessions and to bring concerns they hear in their community to the experts. Many of the challenges brought to MCN at the collaborative meetings stem from real conversations these community health workers have in the field. This avenue of communication from partners to MCN helps MCN to address misinformation quickly and advise partners on how they can help their communities. It also provides real-time concerns that MCN uses to update resources which are then distributed to communities nationwide, such as MCN's award-winning FAQ on COVID-19, available in English and Spanish.

Between all participating partners, the learning collaborative content is shared with over two hundred community health workers who are on the frontline of this pandemic. Partners share MCN resources and information to these community health workers, who use them to promote COVID-19 vaccinations.

By supporting existing networks and helping to foster new connections between similar organizations spread throughout the country, MCN and its partners are able to benefit from the accumulated knowledge of the whole collaborative, and best practices are able to be shared widely and adopted by several organizations. Coalition building is an effective strategy for addressing health issues on local levels, allowing for trusted community groups to use their existing connections

Organizations' Promising Practices

During each learning collaborative, one organization provided an overview of their community's top struggles during COVID and ways that the organization worked to support their community. These presentations illuminated the breadth of concerns that community health workers and grassroots organizations are having to address and uncovered creative promising practices that other organizations could learn from.

In California, *Lideres Campesinas*, a grassroots network of women agricultural worker leaders that operates throughout California, has worked to conquer the sheer size of the state by building a robust network of California-based organizations, health care providers, and community leaders to help the state improve vaccination rates among its agricultural worker population.

In the South, the Alabama State Association of Cooperatives (ASAC), an affiliate of the Federation of Southern Cooperatives/Land Assistance Fund, is finding ways to get positive vaccine messaging into faith-based organizations, in response to widespread negative messaging around vaccination at churches and other places of worship in Alabama's Black Belt.

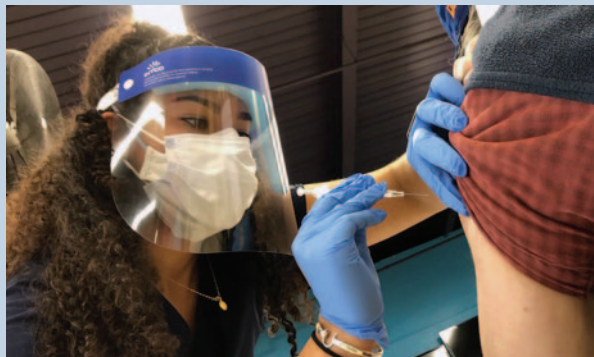


Photo courtesy of New York National Guard

ASAC struggled with influential faith leaders that were against vaccination but has found success with other religious groups and public events within their community.

In the Southwest, *Campesinas Sin Fronteras* broadcasts a bilingual radio station with news about the pandemic to populations on both sides of the US-Mexico border that are often without internet or TV and only have radio as a means of entertainment. The station broadcasts breaking news, PSAs, and other important information for people to protect themselves between songs and talk shows. CSF also runs vaccination clinics in the area, making the vaccines accessible to rural populations in Arizona.

In the Midwest, the Kansas Black Farmers Association (KBFA) works to help communities across the entire state of Kansas, where mobile clinics have allowed for a large range of space to be covered by this organization. Over the course of the collaborative, KBFA has been able to acquire a mobile clinic of their own. KBFA has dealt with significant hostility from people who disagree with vaccination efforts. Their input on de-escalation, as well as effective best practices in their community, has been informative for other members of the collaborative.

Challenges are unique in different environments, but many of the same key techniques were repeated across the country. Some of the approaches that learning collaborative partners shared have been highlighted in more detail on MCN's active blog, *Clinician to Clinician*. Visit www.migrantclinician.org/blog to read more.

in the communities while benefiting from the shared knowledge of organizations with a longstanding focus specifically on health care. Many of these groups focus primarily on providing resources to rural, agricultural worker communities, and have connections to essential workers and their families and others particularly vulnerable to the effects of the pandemic, in remote and isolated areas that local health clinics may not sufficiently serve. Many of the organizations involved in the learning collaborative have partnered with mobile health clinics in order to bring vaccines to the populations they

have long served before the pandemic, meeting people at their place of employment and other important community locations.

By pairing MCN's public health and clinical experts and diverse selection of resources (as well as our ability to generate timely and relevant resources throughout the pandemic) with local organizations that understand the needs of their communities, the learning collaborative has created opportunities for growth and shared knowledge that help to encourage vaccination and help communities make it through the pandemic.



**Yotyoty i yok juntikil aj su'b tya'n
("Sandalia de una Misionera")**

Cada vez que veo las sandalias recuerdo cuando caminaba por los cerros y veredas. Sin ellas. Aunque me gustaría andar sin ellas ahora les he agarrado cariño.

Every time I see the sandals I remember when I walked the hills and paths. Although I would like to go without them, I am now fond of them.

Anita

Tu Voz Importa participant, Women's Group

Making Space for the Perspectives of Agricultural Worker Women & Youth in Sacramento Valley

By Claire Hutkins Seda, Senior Writer & Editor, Migrant Clinicians Network

In the northern end of the Sacramento Valley of California, the world's biggest struggles and tragedies are played out in rural agricultural neighborhoods, and in the lives of everyday people. By the end of August 2021, a climate-strengthened drought complicated by growing populations and agricultural water mismanagement had impacted groundwater levels and dried out forests. Many people who rely on wells for drinking water found their wells mostly dry, the water coming out their pipes gritty with sediment. Meanwhile, skies were once again blotted out with smoke, as wildfires raged in the foothills just beyond the valley, a scene that has become almost an annual event. A low uptake of vaccines in the region caused local rural hospitals to once again fill up with COVID-19 patients, a deadly spike that would last through September.

These overwhelming tragedies slowed down, but did not overtake, Robin (Robyne)

Hayes, a photographer who specializes in storytelling and the concept of photovoice, giving voice to marginalized peoples' stories through their photography. For two years, Hayes had been coordinating with Jillian Hopewell, MPA, Migrant Clinicians Network's Director of Communication and Education, to launch *Tu voz importa*, a photovoice project in which Latina immigrants and Latinx youth from northern Sacramento Valley could reflect on their lives and their communities through photography, sharing insights with the larger community. "There are so many negative ideas around immigrants," and so one of the primary goals was to "show we're all similar, regardless of where we come from," Hayes noted. "But also, it's important that people see their own stories reflected in the stories in general. The fact that we're hearing from immigrant women, I hope that other immigrants see themselves in this, and realize their stories are powerful and important, too."

Fires in 2020 and ongoing COVID infections had already forced the cancellation of the start of in-person workshops in fall 2020. In June 2021, two groups finally began the long-delayed bimonthly in-person sessions. During the first class, participants received cameras and training on how to use them. They also covered issues like photo consent and how to take anonymous photographs. Then, classes shifted to more creative assignments for participants to explore their notions of family, self, and community. *Las Promotoras*, health promoters with Northern Valley Catholic Social Services, coordinated the participation of nine immigrant women participants, most of whom work at a local cannery, and five Latino youth, ages 13 to 15. The local county's Office of Migrant Education recruited two additional groups, coordinated as part of two summer school English writing classes,

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that met on Zoom. Cameras were donated or borrowed, and in-person class participants also received a meal at every class, generously donated by local businesses. The most important aspect of the workshops is the discussions. In between workshops, participants take photos of their lives and their stories, and then return to the group to discuss their favorites. The in-person classes got off to a good start, but midway through the summer, Hayes noted the women participants flagging a little. "I think they didn't know exactly where it was going," she said, noting that "they have a lot of hours at work, and a lot of responsibilities." They also hesitated on some of the assignments. A request for self-portraits was not fulfilled by many of the participants, for example. Hayes suspects that this is partly due to how much time and effort they spend working for others, at work and at home, and partly a reflection of their culture, which is not as centered on the self as "individualistic America," she said. "But at the end, they all enjoyed coming, they all stayed longer [after class], and they had fun."

The youth groups varied in engagement. The in-person group thrived. In sharing their perspectives through photos and conversation, "I think they didn't realize that everyone has the same thoughts" as they do, and enjoyed finding others who share similar struggles,

Hayes noted. "It made them feel less alone."

Fifteen-year-old Gabby Lacy agreed. Lacy, as the daughter of a *promotora* who helped coordinate the workshops, did not necessarily volunteer to join the group. "My mom wanted me to do it. I was okay with it – I didn't really mind," she admitted. At first she was nervous, as the youth came from across the northern Sacramento Valley and she didn't know any participants, except her sister. Soon, however, the class coalesced around the topics Hayes presented, that the young participants explored through photography. During the workshops, they found common ground. She recalled a fellow participant's photos of family members, and her contextualization about the difficulties and joys of caring for and spending time with extended family members. "I really understood that. Even though I'm the youngest [in my immediate family], I have little cousins, and I understood her struggle – how crazy they could get, or annoying. But then, they can also be cute and friendly-ish."

One of Lacy's favorite photos generated during the workshop is a self-portrait where she set up the camera and jumped over it, producing a "cool effect with the sun," she said. In addition to the photography skills she gained, however, she says the group also learned about their communities. The project "really put our lives in a perspective, of

how we can affect the community," she said. It also spawned conversations around needs in the community, including around growing homelessness in the region.

The online groups were more difficult to assess. Those classes were comprised of migrant students, many making up high school English credits as a result of school interruption as their families moved for work. The classes ran into many of the same issues that online schooling has faced throughout the pandemic, including internet bandwidth, no space in the home for private calls, a lack of engagement due to discomfort and distraction. The Zoom-based students rarely shared photographs or participated in discussions. "As with so many low-income students, the many challenges they faced with COVID, Zoom courses were not a good solution, but there was no opportunity to hold classes in person," Hayes said. The groups finished out the project as part of their coursework, but did not prepare photos to share in the group exhibits.

Then came August. In the final sessions, in-person participants were to select and caption their favorite photos, to be used in formal, public exhibits, as well as an exhibit and celebration for their family and friends.

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Zona de incendios

Cada lugar tiene sus propios desafíos, las zonas como Oroville, Paradise, entre otros, sufren los incendios forestales. La imagen de la naturaleza devastada y a la vez reverdeciendo nos invita a soltar lo que se ha perdido y a recibir la nueva oportunidad.

Each place has its own challenges, areas like Oroville, Paradise, among others, suffer from forest fires. The image of nature devastated and at the same time greening invites us to let go of what has been lost and to receive a new opportunity.

Antonia

Tu Voz Importa participant, Women's Group



However, there was an outbreak of COVID-19 in the community and the wildfires were once again severe. Even outdoor classes were unsafe. The final classes had to be pushed back a month.

The pressing themes that define the times, and that interrupted the classes – disaster, isolation, destruction – were not the defining sentiments in the photos that participants took. The challenges of low-wage work or immigration were also absent. Instead, among the women, Hayes saw recurring themes of solace and rejuvenation found in nature, the importance of family, and remembrance of their homelands. “A lot of them were thinking about home – where they grew up, their families, life and death,” Hayes said.

For the youth, many reflected the challenges of sharing different faces at school and at home, about “feeling like they have to present themselves in a certain way, and live up to gendered social expectations in school, but feeling like a different, freer, and more genuine person at home,” Hayes said. “During this really hard age, they were able

to have a space where they could talk and share and be empowered by their stories,” Hayes shared. “It sounds cliché, but it was really a space for them to have fun and make friends and realize they’re going through the same thing.” The youth group went further, moving their discussions into the realms of advocacy. “They wanted to address homelessness. They talked about vaccine hesitancy,” Hayes recalled.

Now that the classes are over, the next step is to develop the exhibits to share their work, which are slated for this spring. The posterboards with favorite pictures will be presented to family and friends during a private exhibition. Their favorite photos will be framed and mounted and accompanied by the stories the participants wrote in English and Spanish for a more formal public exhibit at California State University, Chico.

“The *Tu Voz Importa* photovoice project is an opportunity for the public to meet people in our community whose stories they may not know,” emphasized Heather McCafferty, Faculty Curator at the Valene L. Smith

Museum of Anthropology, at California State University, Chico, where the formal exhibit is to be held in late February. “Your Voice Matters is the translated title, which conveys to participants that they belong to this community and empowers them to tell their stories through photography, a medium capable of capturing the ordinary and extraordinary of daily lives. The museum hopes to provide a safe place for participants to share a glimpse into their lived experience – through the lens and through their captions printed in Spanish and English.”

“The important part of the process isn’t just the photos, it’s their stories and captions as well,” Hayes emphasized. In the exhibits, “their photos and captions are woven together to create their personal narratives.” Hayes also hopes to provide smaller exhibits at more intimate settings where the photographers’ communities can easily enjoy them around Chico, like at local community housing. The efforts also are set to expand with a new grant from the CDC Foundation to work with local Latinx youth and adults to



Leap of Faith

When things get hard you take one step and at time, but when you feel like you can't go on, it takes a leap of faith to continue.

Gabby

Tu Voz Importa participant, Youth Group



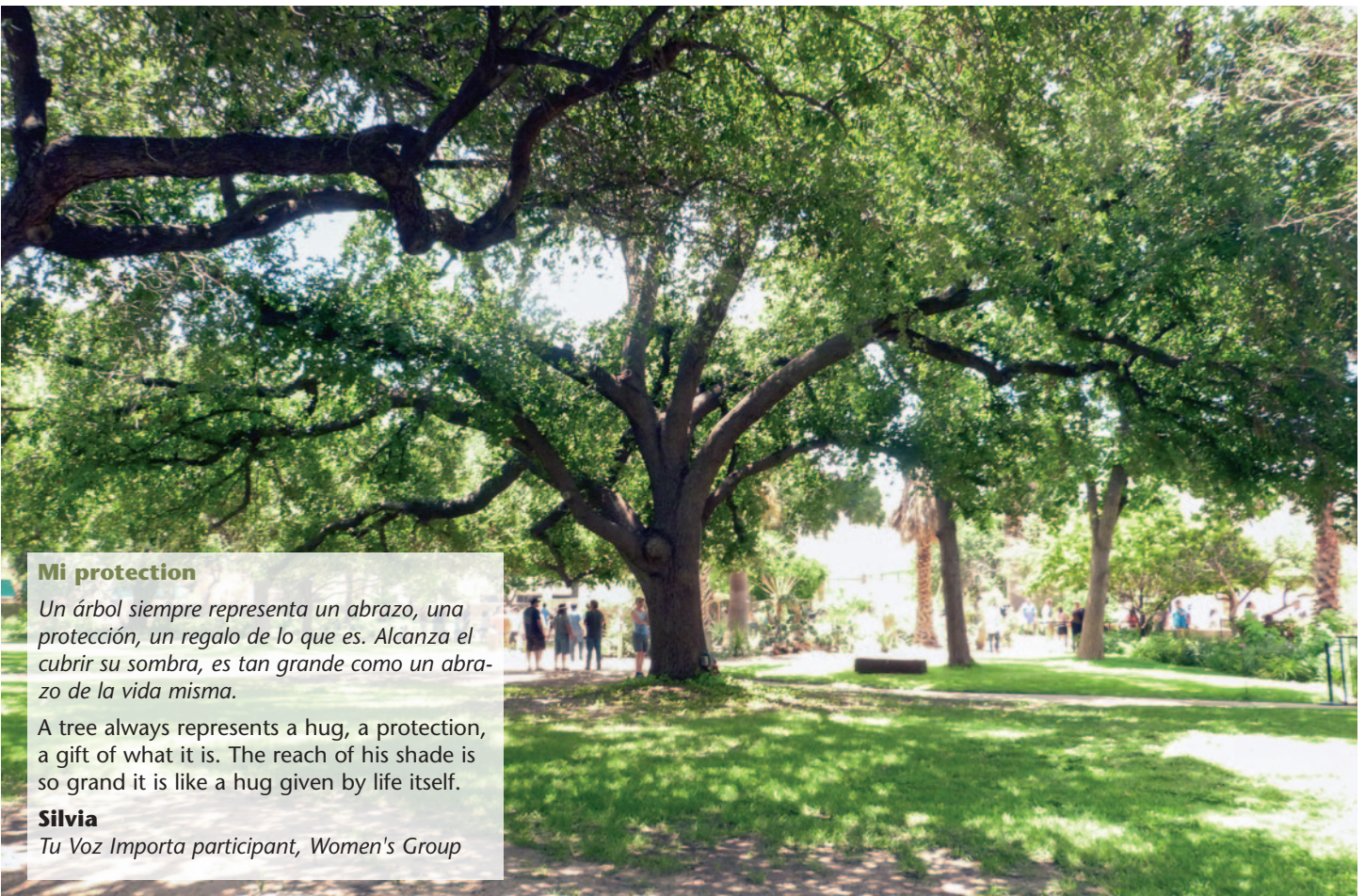
Una noche con un amanecer florido

Hay momentos cuando piensas "para que?" levanto los ojos así arriba, cambiar de actitud y ver que la noche se puede transformar en día.

There are moments when you think "for what?" I lift my eyes up like this, change my attitude and see that night can be transformed into day.

Elena

Tu Voz Importa participant, Women's Group



Mi protection

Un árbol siempre representa un abrazo, una protección, un regalo de lo que es. Alcanza el cubrir su sombra, es tan grande como un abrazo de la vida misma.

A tree always represents a hug, a protection, a gift of what it is. The reach of his shade is so grand it is like a hug given by life itself.

Silvia

Tu Voz Importa participant, Women's Group

create a photographic representation of the impact of COVID on daily lives. The novice community photographers will then work with graphic designers to create educational materials to help combat vaccine hesitancy.

This article includes a selection of the photographs and captions created during the photovoice project. See many of the photographs and their captions on MCN's Instagram and Facebook accounts: <https://www.instagram.com/migrantcliniciansnetwork/>; www.facebook.com/migrantclinician

Learn more about Robyne Hayes' work at: <https://www.robbynehayes.com/>

Learn more about MCN's photovoice project at: <https://www.migrantclinician.org/your-voice-matters>

In the Trees

The breeze swaying me to sleep. The Warmth of the sun on my skin and the peacefulness of being outside. It makes me calm like no other place can.

Iveth

Tu Voz Importa participant, Youth Group



■ Reducing Moral Injury in Year Three of COVID continued from page 3

by [doing] simple breathing exercises.

CS: *So we've been talking specifically about what health care providers can do for themselves, but then they also have the responsibility of taking care of their patients who are changing as well as a result of the pandemic, for example, you mentioned the mental health crisis among children. So are there some strategies that clinicians can employ or innovate in their work to keep up with these changing times?*

KW: I think I'm leaning on two ideas. The first being acknowledgement and the second, that clinicians are in fact witnesses. They're actors, but they're also witnesses. And to have somebody listening compassionately to your experience and having some verbal exchange about it as the actual provision of medical care is happening makes an enormous difference for people.

[Individuals] can tolerate an enormous amount of distress if it's in connection. Health care workers are in a prime location to offer that kind of connection. And two things we say over and over again: One, this does not take time. The acknowledgement and attuned listening and reflecting back to a patient can take one minute.

Second, it's really important for health care workers to understand that something, a gesture that they do that maybe in the big picture [seems] small, is radically different from it being trivial. Small things that we do matter. It's important to realize that you never know what the ripple effects out are going to be.

CS: *A lot of Streamline readers are at health centers that specifically serve historically marginalized populations including migrant agricultural workers. As you know, many people have compounding barriers to accessing health care and some put aside their health while they are migrating, or the health provider may only see them once as they are moving and not see them again. Are there any other comments that you want to add, specifically for clinicians serving those type of communities?*

KW: I think anytime a clinician is in that circumstance, offering appreciation and praise for the person having gotten themselves to a health care center is a number one priority. You don't know what the obstacles were in the way of the individual showing up, so acknowledging that, likely, there were many obstacles and appreciating the

person that they arrived, that they were attending to their well-being — I think that is a key step in the clinical encounter.

Resources:

Dr. Weingarten has developed, and continues to develop, numerous resources, most available in English and Spanish, for health care providers. Three of these resources, on moral injury, anger, and restoration of equanimity, are included in the following pages. Download these and many other resources at: <https://bit.ly/3IYbPLg>

Visit the Witness to Witness webpage to learn more about peer groups and online seminars: <https://www.migrantclinician.org/witness-to-witness>

Visit our Archived Trainings page to watch recent webinars that you may have missed: <https://www.migrantclinician.org/archived-webinars.html>

Dr. Weingarten publishes one blog post each month discussing topical mental health concerns and W2W strategies, on Clinician to Clinician, MCN's active blog: <http://www.migrantclinician.org/blog>

References

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2. https://nam.edu/wp-content/uploads/2020/08/Clinician-Burnout-Infographic_FINAL_print.pdf
3. <https://www.nursingworld.org/~4aa484/globalassets/docs/ancc/magnet/mh3-written-report-final.pdf>



Coping with Moral Injury

1. Start each day by remembering that your intention is to offer compassionate, competent care.
2. Notice sensations in the body that are signaling that you are in distress. Pause and take a few full breaths.
3. Listen for your internal self-talk. If it is harsh, judging you negatively, blaming or shaming you, kindly tell that inner critic that you and everyone else are doing the best they can under challenging circumstances.
4. Create a buddy system for each shift and check in, even briefly, with your buddy regularly through your shift.
5. Think of how much a loved one cares for you every time you wash your hands.
6. Recognize that circumstances, not you, may produce harms.
7. Repeat: Everyone, including you, is just doing the best that one can do.
8. Be kind to others and yourself whenever possible.
9. Designate someone on each shift or at the end of a work day to offer a brief appreciation to those who have served. Preferably the acknowledgment and appreciation can be observed by at least one other person.
10. When you leave work, take good care of your body, mind and spirit. Sit in silence to allow your soul to catch up with you.

Kaethe Weingarten, Ph.D.

The Witness to Witness Program | <https://www.migrantclinician.org/witness-to-witness>

Anger Amidst the Care: Tips for Clinicians on Dealing With Anger

By **Kaethe Weingarten**, PhD, Director of Witness to Witness, Migrant Clinicians Network

For many people the unprecedented conditions they are facing during the COVID pandemic are requiring a set of skills minute to minute that they had every reason to believe would be rarely necessary but now are routine requirements. One such skill is rapidly defusing an intensely angry feeling in order to interact with people who are upsetting you in a socially appropriate way. Here are a few suggestions that may be helpful.

1. Practice recognizing your personal ways of feeling anger. We all send ourselves cues when we are angry. Are your cues signals in your body, like a constriction in your throat? Are your cues remarks to others that are out of character? Are your cues slippage in conduct that wouldn't happen unless you were distracted by your anger?
2. Once you become aware of your anger, ask yourself whether you are in the right space and time to deal with it now. If yes, think about the who, what, when and where that would be most beneficial for the situation.
3. If not, PAUSE. PAUSE can have several parts.
 - a. Take 5 slow breaths in and out.
 - b. If there is nothing you can do now to be effective in changing the situation, think of a person to whom you will tell everything to when the time is right.
 - c. Imagine a beautiful box into which you place your anger, knowing you will take it out and process it at another time.
4. If possible, take a few minutes alone away from your situation, even if only for 5 minutes. Since self-regulation breaks are more and more necessary these days, on your own time, make a list of five activities that help you "cool off." These may be watching a funny video, looking at family photos, listening to a piece of music you love, or running up and down stairs three times. Make an easily accessible folder and place the names of your five "cooling off" activities in it so you don't have to think about what to do each time you need an anger break.

Last, and so important, offer yourself compassion.

- You are not alone; everyone is more easily irritated and triggered into anger than ever before.
- These times are unprecedented, and strong emotions are a natural response to the emotional toil, and the long-term wear of the pandemic.
- Everyone makes mistakes. So be it. You can always apologize or repair or correct or just move on.

Learn more about Witness to Witness, access resources in English and Spanish, or sign up for an online webinar: <https://www.migrantclinician.org/witness-to-witness>

A DAILY PRACTICE TO RESTORE EQUANIMITY

1. Start each day by remembering that your intention is to offer compassionate, competent care to those you serve.
2. Notice sensations in the body that are signaling that you are in distress. Pause and take a few, full breaths.
3. If possible, create a buddy system so that you are able to check in with someone about what is challenging for you.
4. Take a moment at a specified time each day – brushing your teeth in the morning, at lunch –to think about how much a loved one cares for you.
5. Recognize that circumstances, not you, may produce harms.
6. Repeat: Everyone, including you, is just doing the best that one can do.
7. Be kind to others and yourself whenever possible.
8. Find one thing that one person did that day and offer a verbal, brief appreciation. It's particularly good if this acknowledgment and appreciation can be observed by at least one other person.
9. When you leave work, take good care of your body, mind and spirit. Take a moment of silence to allow your soul to catch up with you.

Kaethe Weingarten, Ph.D.

The Witness to Witness Program | <https://www.migrantclinician.org/witness-to-witness>



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calendar

February 16, 2022

Pediatric Leukemia and its Impact on Children of Hispanic and Latino Origin:

MCN Online Seminar

<https://www.migrantclinician.org/trainings.html>

February 14-16, 2022

Policy & Issues Forum

Virtual

<https://www.nachc.org/conferences/policy-and-issues/pi-registration/>

March 28-30, 2022

Midwest Stream Forum for Agricultural Worker Health

Austin, TX

<http://www.ncfh.org/midwest-stream-forum.html>

March 24-27, 2022

National Hispanic Health Foundation Annual Conference

Arlington, VA

<https://www.nhmamd.org/>

April 11 –13, 2022 (Rescheduled)

Western Forum for Migrant and Community Health

Portland, OR

<https://www.nwrpca.org/page/westernforum>