



Centre Migrant and Refugee Health 2021

COVID-29

**The Panel of Community Expert
sand Academicians Forum,
Transcript**

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Dr Richard Mafuriranwa
Dr William Abur**

Academicians and university lecturers facilitated a panel of Community Experts and Academicians Forum during COVID-19. The forum aims to address the help gap and challenges during COVID-19 pending existing health factors, including genetic, cultural, environmental, and religious issues.

Flora Chol and other team members facilitated the forum from the Centre for Migrant and Refugee Health.

The academicians include:

- **Dr Charles Mphande**
- **Dr Richard Mafuriranwa Dr Williams Abur**

Questions and Answers

Dr Charles

Page | 2

1. What are the pre-existing risk factors or social determinants of health affecting multicultural communities before COVID-19?

Medical practitioners will look at certain situations from a medical standpoint. They do not necessarily view the whole being with an isolated point of care in mind. As for sociologists [s], they may seek out societal data to determine a person's needs.

In most ethnic or multicultural communities, we fail to understand "good healthfully". As refugees, our experiences and journey through life have shaped us. These experiences have not only had an impact on our physical health, but they have warped our view of what is considered "good Health".

The process of immigrating has laid bare many health concerns that may have been overlooked. Past traumas, chronic illnesses, signs of physical trauma, or disfigurements from war have journeyed with us. Unfortunately, these traumas have left us with a disregard or a sense of complacency regarding our overall health and wellbeing.

As well as these experiences, colonialism has played a significant role in our view of the world and our understanding of health.

In terms of health, colonialism tore at our belief system. As Africans, our colonisers looked down upon spirituality/spiritual connection and regard for natural health and therapy with herbs and plants.

As such, we began to adopt a western system of health and medicine. We viewed our traditional/Indigenous practices with doubt and suspicion.

We are currently seeing a shift in paradigms, where western medicine or health practices are taking an indigenous approach somewhat like our Indigenous practices, pre-colonisation.

2. How has the pandemic affected individuals or communities' mental health during COVID-19 restrictions?

A History of suspicion surrounding vaccinations is understandable. Past medical experiments on people of colour have exacerbated our fears and created confusion regarding this issue.

We, as Africans, have faced circumstances like COVID 19 before. We have been faced with the Ebola crisis, HIV and Cholera. We were somewhat prepared as the pandemic hit. However, our inability to reconcile past misdeeds with our current health and circumstance has played a role in our health decision-making.

Another example is our fear of institutions, particularly challenging or questioning authority. Some of us may have come from countries where we could not challenge institutions or confront people of authority.

Understanding systems that the health system is here to provide us with care. When dealing with the design, transparency is key to building these relationships. We can now question authority without fear of repercussions.

Another step we can take is to question the health system. Mutual interest and understanding will be beneficial for all. It will also determine how we receive health and consumer health products. Page | 3

3. What do we do to close the gaps during and after the COVID-19 pandemic?

There is a different tier system here in terms of health than what we are used to backing home. Regular check-ups with a GP or clinical visits may seem uncommon in our community. We tend to ignore minor medical concerns, leading to an escalation before seeing a GP.

This mindset deprives us of proper medical care and creates a further gap between us and the health system. The Australian health system is based on “preventative” rather than “curative” health measures. Collaborating with your GP or health clinic can bridge that gap whilst working towards a better solution for your overall health.

As well as physical health, looking into our mental health will further bridge this gap. The services are put in place to provide for us.

Dr Richard

1. What are cultural and religious perspectives on COVID 19?

We as Africans have been referred to as being “notoriously religious”. We are informed by and seek guidance from our religion and spirituality. Our approach to dealing with COVID 19 and understanding it comes from a spiritual and cultural aspect. The exact process is taken when understanding Mental health. We know societal pressures and outside forces cause mental health, but we also believe that spiritual forces might be at play. Although we have migrated to Australia, we have also migrated with our culture and religion. We are, in turn, informed by our cultures and religion when seeking health care.

Without a fuller understanding of COVID 19, some of us seek answers from our pastors and will delve deeper into our traditional beliefs. Some will then try to find out traditional methods such as spiritual healers or medicines to prevent illness or cure themselves of the disease.

These methods are longing for understanding the cause of further vaccine hesitancy and create suspicions and fears towards the vaccine. Conspiracy theories will arise as the fear spreads due to a lack of knowledge. Looking through the lens of history and past pandemics will help us move towards a safer future. Trusting the World Health Organization, the government and scientists will ensure fewer deaths and prevent further outbreaks as we surge ahead.

2. What would be the clergy's role in encouraging the population to take up the COVID-19 vaccine?

Some people feel more comfortable seeking help from a pastor/priest than a mental health professional. Although, some members of the clergy may not have all the qualifications when it comes to dealing with mental health. They may provide counselling or spiritual healing for members. A Balanced approach should be considered when dealing with these issues. In promoting vaccine awareness, the clergy can play a significant role in easing community fears. The clergy and pastors are regarded as community leaders and high esteem. Understanding part of the clergy and their influence on the community will aid in the progression of the COVID 19 vaccine.

Dr William

1. What are the current lessons learnt during COVID 19?

The lockdown was one of the challenging factors in Victoria. We also faced many hurdles within the lockdown. Many families were forced to undertake at home learning with their children; many people faced the possibility of job losses, social activities were put on hold, and, of course, we saw a sharp rise in mental health cases. Not to mention the many lives lost because of the virus.

The positive lesson we have learnt during Covid 19 is that we have taken a slower approach to life to focus on our families and ourselves. Looking at the bigger picture, as Australians, we can appreciate our government's efforts to slow down the virus and prevent further outbreaks by accepting to implement public health measures.

The Victorian government has taken the necessary steps to address the mental health crisis by collaborating with organisations to support community members.

2. How do these lessons inform the COVID 19 crisis recovery process strategies?

Understanding the community and taking steep measures to better engage with the community are ways we can further bridge the gap. Looking at grassroots organisations with a strong connection with their members is a start.

A bottom-up approach should be implemented to better collaborate with organisations. Government and community leaders should work towards a symbiotic relationship to better understand each other. Language can be a barrier when accessing important government information.

We understand that many community members were left confused and unaware of the circumstances during the first lockdown due to the language barrier. Direct messaging from the government to community leaders would be beneficial when spreading important information during a crisis such as COVID19. We can also further this collaboration post-COVID 19.

3. To encourage vaccine uptake, who would be the best face to speak with community members who have low confidence or doubt/misunderstandings of COVID 19?

i. What will be the practical approach to support the community?

To encourage support for the vaccine, we should be collaborating with influential community leaders. Without the help of these people of influence, we will see heightened community fears and avoidance of the vaccine.

4. How can the government get direct information to the community? And how can we avoid the Flemington crisis?

The incident that occurred in Flemington was unfortunate for all involved. This was a clear example of a multicultural crisis dealing with government officials.

A misunderstanding of community structures and a lack of communication with the residents lead to this incident. An absence of warning from the government and a forceful approach by law enforcement angered some residents and left others in fear. This was a steep learning curve for the government, actions were taken, and a full inquiry was introduced to investigate further.

We know that some community groups were receiving funding to distribute PPE. We understand that some families were unable to home school during the lockdown. Devices were unavailable, or parents were not tech-savvy. Ensure community leaders are equipped with the resources needed to prevent these issues during COVID19 and in the future.

5. How would you advocate for the Victorian Government to facilitate the recovery of multicultural communities' COVID-19 crisis?

An echoed sentiment among the community leaders and people within multicultural organisations is the need for collaboration between the government and community organisations. Our voices are often lost when trying to communicate with both sides of the government.

We were not listened to pre-COVID 19 and during the lockdown. This led to many failures that could have been avoided if we had had effective communication. Working effectively with multicultural groups will lead to a better outcome for all members.

Final Comments by Dr Charles Mphande and Lem Baguot

Sudden lockdown, without warning, can lead to mental anguish. In the future, before a snap/emergency lockdown, a notice will help people prepare. It is a matter of respect and creating harmony for everyone. Dr Charles "Our suspicion is founded on hard evidence given our past experiences as Africans. Not in Australia, but globally.

"These fears need to be dispelled". **Lem Baguot**