

BinderSherri_20201012

KIMBERLY KRATZ: [00:07:00] There we go. Okay, we can start.

Okay, so my name is Kimberly Kratz and I'm a reference librarian at Allentown Public Library, and I'm here with Sherri Binder of Ripple Community to talk about her experience in Allentown during COVID-19 Pandemic. Our goal is to collect oral histories of people's unique experiences during COVID-19 quarantine, and the reopening in the Allentown area and preserve that information for future generations to access. Our project has funding from the Lehigh Valley Engaged Humanities Consortium, and we're meeting on Zoom on October 12th, 2020. Thank you so much for your willingness to speak to us today, we really appreciate that.

SHERRI BINDER: Sure.

KK: To start, could you please just state your full name and then spell it for me?

SB: So, my name is Sherri Brokopp Binder, it's Sherri S-H-E-R-R-I, [00:08:00] Brokopp B-R-O-K-O-P-P Binder B-I-N-D-E-R.

KK: Thank you, and would you please be willing to share your birthdate for us?

SB: Sure, it's April 22nd, 1977.

KK: Thank you. This interview is expected to involve no more than minimal risks of answering questions about the past. You might become bored, tired, frustrated during the interview, but some questions might make you uncomfortable. In recounting the past, there may be risks of emotional impact. There's no obligation to answer any question. If you have any concerns about your own mental health or please contact the National Alliance on Mental Illness, at 1-800-9-5-0-N-A-M-I which is 6-2-6-4, or you can always email info@nami.org. Please be mindful that if you use names of individuals other than yourself you might be violating their privacy, [00:09:00] so instead please just try to refer to individuals as my friend, or my coworker. I just want to quickly run through the consent portion, and then we'll get started with the interview portion. Do you consent to this interview today?

SB: I do.

KK: Do you consent to having this interview being transcribed, digitalized and made publicly available online in searchable formats?

SB: Yes.

KK: Do you consent to having this interview being stored in the archives of Allentown Public Library? Muhlenberg College, and the Lehigh Valley Engaged Humanities Consortium's Digital Archive?

SB: Yes.

KK: Do you consent to Allentown Public Library and/or Muhlenberg College and researchers using your interview for educational purposes in other formats including films, articles, websites, presentations, and other?

SB: Yes.

KK: Thank you. Do you understand that you'll have 30 days after the electronic delivery of the transcript to review your interview, [00:10:00] identify any parts that you wish to delete, and/or withdraw your interview from the project?

SB: Yes.

KK: Do you understand that you're not receiving any monetary compensation for your time today, and are not required to

participate by your employer, Allentown Public Library or Muhlenberg College.

SB: Yes.

KK: This project has been approved by Muhlenberg College's Institutional Review Board, and you may contact Dr. Erica Iyengar, the current head of Muhlenberg's IRB Committee at erikaiyengar@muhlenberg.edu with any questions or concerns. And that is the end of the consent part. (laughter)

SB: We made it, we made it! (laughter)

KK: So, um, by way of a little bit of introduction, can you just describe a little bit about the services your company provides?

SB: Sure. So, I'm the executive director of a non-profit in Allentown called Ripple Community, Inc. We are a relatively young organization, [00:11:00] we are just turning five years old next month, but we developed out of the work of a church also called Ripple in Allentown, which is a Mennonite church that's been working in the city for quite a while. So, Ripple Community, Inc. is an independent non-profit organization that we run two primary programs, one is a day center, a community center that is open to the public, though we primarily serve people who

are either experiencing homelessness, or living with other conditions that might be socially isolating, such as histories of mental illness, or trauma, or abuse, or addiction, things that have just made life a little bit more challenging. So, the day center is essentially exists to be a safe and welcoming place where anybody who needs a little bit of extra social support or connection [00:12:00] is welcome to come in and spend time with us and either, kind of sit quietly and enjoy a cup of coffee, or engage with other people who are in the center who might have some similar life experiences. Part of the day center, the community building center is also what we've been calling our service hub, which is a space where we invite some of our partner organizations in to provide more specialized services, so we have a group called the Street Medicine team that comes in, and will conduct medical clinics, we have a group of parish nurses that come and provide various types of medical related social support, we have partners from the county offices of mental health and drug and alcohol abuse. So just different organizations that have a kind of more specialized focus can come provide those services at our center and it just makes it [00:13:00] a

lot easier, one, for our community members to access the services they need, so they're not kind of running all over town trying to track those down, and it makes it easier for our partner organizations to find their clients because they're kind of in a centralized location where they can otherwise be a little bit tricky to find. So that's one program, and that was our first program that we started five years ago, and then more recently, a couple of years ago we started the RCI Village housing program, which is a permanent community supported affordable housing program that is designed to help people permanently transition out of homelessness or out of housing instability of different kinds. It's a program based on a different model in Washington, D.C. called Jubilee Housing that basically starts with very affordable, well maintained rental housing that's considered permanent, so that means once people come into the program they're welcome to [00:14:00] stay for as long as it makes sense to them. We don't have a timeline or a deadline that they need to leave, and our goal is to really make sure that people are successful in maintaining that housing long-term, so we take the housing and we have then a suite of different wrap-around services including

really individualized staff support where we work with all of the residents one-on-one to address anything that might cause them to become housing unstable, so whether that was an issue they've had in the past, or new challenges that arise, we provide those kind of specialized supports to make sure they can stay in their home, have that housing stability that really is critical to stability in every other aspect of their lives, and then the third piece of the program is that it's a community centered program, meaning we essentially want to make sure that our residents are not isolated, they're not lonely, that they're part of a [00:15:00] community where they know their neighbors, where they feel connected, where they feel like they belong in their homes, and so we have all sorts of different activities that we do that help our residents get to know one another, so we do things like bi-weekly potluck dinners and movie nights and different holiday events and things like that so we kind of build that strong community among our residents.

KK: Wow, that sounds like you have a really well-rounded program.

SB: Thanks.

KK: So, tell me a little bit about what were your expectations of the pandemic based on media coverage, or your contacts before people started getting sick in the United States.

SB: I first heard and maybe started taking seriously of the pandemic in January, which I remember because I was on vacation, and (laughter) [00:16:00] so my partner and I had gone to New Hampshire for a winter vacation and started hearing a little bit more about the virus spreading, and issues that it was causing to people's health and that was when I first started having some just very initial conversations with some of our partners at the hospitals and some other connections in the health field just to say, "Hey is this -- What's happening here? Is this something we need to be concerned about?" But I think, for me personally it was hard, to think about what were my expectations. I think I had no idea. Right? (laughter) And certainly even when it became clear that this was something that was going to be impacting us directly here in the United States, in Allentown, our community members at RCI, I think [00:17:00] it was kind of hard to imagine how big, and how impactful it was going to be, and I distinctly remember thinking maybe it's just going to be a

rough few months and then we'll come out on the other side, right? I was wrong. (laughter)

KK: At what point did you realize that the pandemic was going to change the way that you were going to work with your clients?

SB: So, I would say in early March. It might have been a little bit before that, but when we started seeing cases on the West Coast, I think that's when just the reality of things hit home for me, and I think for other organizations in the area as well. I think one of the tricky things in those early days was just that no one really knew what to do, right? So, there was kind of this period where we knew that [00:18:00] it was going to be problematic, we knew that it was going to be dangerous, we assumed I think correctly that it might be more dangerous for people with whom we work than, others in the community. Kind of even with that heightened awareness, it wasn't immediately clear what we needed to do. It was clear that we would need to do something different (laughter) but you know, it took some time to kind of figure out what exactly that needed to look like, and I, yeah, still evolving I would say.

KK: Did the general public, or any outside organizations kind of step in and ask how they could help?

SB: Oh yes. Yes. So, I think, if we think back to the earlier stages of the pandemic, we really put some new practices [00:19:00] in place at RCI, once there started to be cases in this general region, and then particularly in the Lehigh Valley. And so we made the decision early on, and it was in some ways an easy decision, that we were going to keep our community center open, even though we knew, as you asked previously, that this was going to be impacting people in our community very directly. And we made that decision because we knew even as the governor and others started talking about stay-at-home orders, and when we started to understand that we really needed to be thinking about physical distancing and taking some of these precautionary measures, we knew that wasn't an option, right? For our people we worked with, and so, you know, it's great to stay at home if you have, [00:20:00] you know, a door to close, and a refrigerator and running water. You know, all of those things that are kind of assumed, but if you don't have those things, then being in a pandemic becomes, that much more dangerous, right? That

much riskier. So we, in early March maybe going into mid-March, made that decision that we would stay open, but also made some other decisions about how we were going to operate, so we normally at our community center rely pretty heavily on this marvelous group of volunteers who come in regularly and kind of help us make sure the community is healthy and safe and running well, and we decided that we needed to ask our volunteers to stay home for their safety and for our community members' safety, we needed to really minimize the amount of outside contact [00:21:00] that we were bringing into the center. We had one staff member who was in a vulnerable population, so we asked her to stay home, work from home. And so, we kind of really quickly went from a staff of five and a healthy volunteer corps, to a staff of four and that's all. (laughter) And then at the same time we were consulting with Vicky Kistler at the Allentown Health Bureau and our partners at Street Medicine, and the parishioners just saying what do we need to be doing to keep people safe, right? That was our question. How do we keep people safe? So, we put into place some of the practices that I think have become pretty standard, we started taking temperatures, we started asking

about respiratory symptoms, we started wearing masks and asking our community members to wear masks, [00:22:00] and I think our operating assumption then, and still now, is that because of the population we work with, no one was more at risk. No one was at greater risk because they walked through the doors of RCI. Right, RCI is in a building, it's a closed space. (laughter) Right? It can get kind of crowded. Is that ideal? No. So we did kind of everything we could to make sure we could keep people separated. We opened up an overflow room and did some of those sorts of things, but just kind of knowing where people were when they weren't at RCI, we felt confident that being at RCI was not placing anyone at greater risk. So, all of that was happening, and at the same time, we had this just incredible flood of support from the community, from individuals, from other organizations that, you know, any organizations understandably made the decision to close right at the beginning of the pandemic. [00:23:00] Right? Like no one knew what to do. There's certainly a universe in which closing made the most sense for everyone's well-being, and so there was this kind of incredible surge of support, I would say that happened where organizations

that were -- their doors were closed, but their staff were working from home, we would get calls from them saying like, what do you need? How can we help you? Can we drop off some masks? You know, here's twelve hours of research I've done on the CARES Act, and how you can apply for funding so that you don't have to do all that work, right? Because all of our energy was going into keeping our doors open, and that was exhausting. And at the same time, individuals and churches were just calling, calling, calling wanting to make donations, wanting to see what we needed. Our regular volunteers who are incredible couldn't be in the center, but [00:24:00] we gave them new jobs, so two of them became essentially our donations coordinator, so we created a new email address for them, and said if you want to donate, talk to our volunteers and they'll coordinate it because we just didn't have the capacity. We couldn't answer the phone. You know? It was that hectic and that busy. So, I don't know if that answered your question, which I feel was a long time ago now, but yeah. (laughter) We've been amazed by the amount of support that we've gotten from all directions it seems.

KK: Wow. That sounds fantastic, and it speaks to your ability to pivot and figure out how to make things work, and through the help of your volunteers it sounds like you managed to weather that part of it anyway. What would you say are kind of coping strategies that you were able to employ with yourself or your staff or your constituents to kind of [00:25:00] help you get through that?

SB: Yeah. (laughter) I feel like that's something we're still figuring out. Those first three or four months were just so intense. When I would talk to my staff, we all had this new form of exhaustion that we didn't quite have all of the words to describe, and it was the work that we were doing. So, we were kind of taking over for tasks and jobs that other people had done, at the same time we were doing a lot of things that we didn't normally do, like we historically haven't really served meals at our community center, but it became clear that that was a need that had developed so we went from like zero to 500 meals a week in a [00:26:00] couple weeks, and again, thanks to the donation from the Regional Mennonite Conference, and [Pooled?] Trust, and Meals on Wheels started delivering hot meals to us, which

was fantastic, but you know, all of that is like new work that -- (laughter) right, was created.

KK: Here it is, now make it happen, right?

SB: Yeah. And you know, how many times have I walked around saying "Six feet apart, six feet apart, six feet apart" right? (laughter) Or "Mask over your nose, mask over your nose, mask over your nose." And so, there was that kind of feeling like we're doing so much more with so much less, like fewer people to kind of make it work inside the center, but then there was just the emotional weight. So, we work, again, with a population that is often, you know, their lives are pretty weighty, right? Like they're pretty tough, they often have a lot going on, and we [00:27:00] certainly absorb a good amount of that on a regular basis, but like, take that and then tack on some fear, and tack on some scarcity, and tack on some concern that the resources they rely on are suddenly disappearing or drying up or in question, and so that -- like all of that was just -- (laughter) We would just sort of go home at night and then just sit quietly (laughter) until it was time to go to bed and start over. And so that was the first few months. And I think with our community members, just kind of trying to

talk through what's happening, so we always try to share any information we have, right? The things we're kind of changing regularly, and we didn't always necessarily know what was [00:28:00] happening, and some of our community members understandably, part of their coping process was to say, "This isn't a big deal." You know? "People are making it up. We don't need to worry about this, right?" Understandable. But not true, right? So (laughter) having to kind of work through that, and like yes, but you know, right now we're going to do the best thing that we know how to do, and that involves wearing a mask and taking temperatures, and that sort of thing, so I would say we did not cope well those first few months, we just sort of plowed through, and then maybe starting into the fourth and fifth month, when it started to become clear that this wasn't going to be a short-term -- you know, you can do anything for a few months, right? (laughter) Maybe that was our coping, like we'll just suck it up and get through it. And when it became clear that that wasn't going to work out, [00:29:00] then we started to try to come up with a little bit of a better plan where we created a little bit more of a regular rotation so that we each had one full day

off, where we weren't working at the center when it was open. There was a time when we instituted mandatory vacations, right? Because we needed a break. And then as far as our community and kind of coping with our community members, we started to kind of return to a little bit of normal, so I think one of the reasons we felt it was important to stay open, is not just to protect everybody's health, right? So at the very least we could know that the people we care for were getting -- we were seeing them once a day, if they had symptoms we could send them to the hospital, you know, [00:30:00] they were getting seen, they were getting checked, we could have had eyes on them, right? Which otherwise wouldn't have been true. But one of the other really main reasons we've stayed open, is that we're talking about the risk of this virus, which is obviously intense, right? And it's scary, and it's dangerous, and people are dying and that's really scary, and we have to act accordingly. But we also had to weigh -- like there are other risks, right? And so isolation is a very real risk for our community members. And having their routines disrupted is a very real risk. And so we were kind of constantly reassessing, like, What is safest?

What is best? What makes the most sense for our community? Like, staying open does not make the most sense for every organization, right? But it did for ours. [00:31:00] And so there were times when we were just extremely busy, that we would say okay, the community center is open only for people who are currently unsheltered, but everyone is welcome to come in, get some lunch to go, we'll pack up some groceries, we'll take your temperature, we will take your temperature in the slowest possible way so we can also talk to you for a few minutes, (laughter) right, just kind of check in, see what else you need. But if you have another place to stay, like that's going to be safest for you while the center's so busy, you know? When things got quieter we adjusted, so it's been this sort of constant adjustment, and so the last two or three months we've been pretty deliberate about trying to get the community center activities kind of back to what they were, and they're not -- it doesn't look the same, right? Nothing looks quite the same, [00:32:00] but we've kind of gone back to doing some of our Art Therapy projects, and we've gone back to doing, we have these circle discussions where we'll sit down and talk about issues that are important to the

community, and that's a way for people to be heard and kind of contribute, and to address any anxieties or whatever it is. You know, there was a time when the parish nurses were only able to work out of the hospital. Now they're back, that's great. People really missed seeing them face to face, and so we're trying to do what we can do while keeping all of these health and safety measures in place. But, you know, all along trying to kind of maintain this sense that there's a community and you're part of it and you're cared for, and we're going to do everything we can to get through this together. You know?

KK: Understood. Would you say that there's anything that [00:33:00] totally surprised you about everything you've been through so far?

SB: That's a good question. I don't know if surprised is the right word, but like I was saying earlier, just kind of amazed at the response, the broad supportive response. I was talking earlier about people who come into the center not being more at risk for coming in the center, so that's true of [00:34:00] everyone except our staff, right? Our staff are more at risk. So, our staff had the option of working from home at their full salary, and no one took

that option, and that was amazing to me, right? And so that's like bragging a little bit on my staff because -- (laughter)

KK: That's okay, I think that's okay. You know?

SB: Okay, right? You know, kind of chose to be there and show up, even though, kind of knowing -- you know, there was a time when one of our staff members was in the emergency room, and not well, and that was terrifying, and weighty. And yeah, I don't know, I feel like I'm still, it's still like it's been many months now right since all of this started, and a lot of things [00:35:00] in the world are starting to look a little bit recognizable again, but really things haven't changed for us since March.

(laughter) In some ways, kind of things really ramped up and now they've kind of stayed that way, and so I'm not sure I've really had time to reflect on what feels surprising. (laughter)

KK: I have, I think maybe one or two more questions to go here. So, if you were looking back to when you first really realized the impact of the pandemic, what would you tell your future self about how to react?

SB: I would tell my future self to trust our community more. I remember -- like our internal client community -- I remember the first day our staff started [00:36:00] wearing masks, and I knew we needed to wear masks, and I was worried about wearing masks, not because I didn't want to wear a mask but because I was worried how people would respond to that, right? Like are you afraid of me, are you -- right, like there's sort of a -- now we're kind of all used to it, but in March we weren't. Right? (laughter) So like if I'm wearing a hazmat suit because you're coming into my space, how does that make you feel? You know? Like there's something wrong with you, right? They're like I'm afraid that you're going to give me some, and I just remembered that the day we decided to do that, and I was talking with our partners at Street Medicine, and you know it was early on, and it was before masks were very common, and so we did it, and I was just so wrong. [00:37:00] (laughter)

KK: Well, it's nice to admit that, right?

SB: Yeah. (laughter) About how people responded, right? And it was much more of a like, thank you for taking care, being thoughtful and doing what you need to do to take care

of us and keep us safe, and so that was helpful, right?

And then we sort of knew we could, as those things came up, we could have more conversations about them, right? Like the day we started taking temperatures, not a big deal, right? We just said this is what we need to do now, and we did it, easy peasy, and that's pretty much been true of all of those changes we've made. I think the other thing I would tell my future self, I mean it's so kitschy, but it's -- [00:38:00] I think we were just so wildly unprepared (laughter) to have something like this happen, and in those early weeks we were really concerned about our unsheltered friends, because we knew where they were living, and we knew that the services they depended on were closed, we knew that they didn't have like, it's just things you take for granted, right? Like bathrooms and running water.

(laughter) And so there was this effort at the beginning with lots of different non-profits, and the county and the city to try to kind of identify what some of the key needs were, and [00:39:00] we were finally able to get a couple of like, port-o-potties set up, which sounds like such a small thing, but it took -- it was like such a monumental effort to get that done. (laughter) Right? Like, so many

phone calls, and so much problem solving, and so much like, work. And I wish that hadn't been true. Right? Like I wish we had been able to move a little bit faster. I wish we would have been able to come up with better solutions, like keeping RCI open was the best available solution. Was it super safe for people to come into a big building and spend time there? Not really, right? Like it's really not. There could have been better ways to do it, but we weren't [00:40:00] prepared, ready, able, willing. You know, had the resources identified, whatever the issue was, kind of at that, I guess at more of a system level, to adjust in a big way. Like we adjusted in little ways, but we didn't adjust in big ways that I think would have kept people safer, and we were lucky, and we've only ever had one positive case at our center, and that's amazing. But my concern is, we're heading into winter, and you know, how long before our luck runs out?

KK: And so I have one last question. What would you want future generations to know about your pandemic experience if they were faced with a similar (inaudible).

SB: [00:41:00] For me it's been kind of fascinating to look at, and you know, they're images I've seen before, right, but

of the influenza pandemic at the beginning of the last century, right like I've seen those, I knew it was horrible, I read the statistics, I've seen pictures of people with cloth over their faces. So I'm a community psychologist, and I do kind of on the side, I still do some research on disasters and recovery from disasters, and so I feel like of all people I should have had a better, (laughter) better sense of what was coming, but I feel like it's very hard to explain how dramatic the impact has been. [00:42:00] So you know, you look at those pictures from a hundred years ago, and a year ago I would have looked at them and thought, yeah that looked awful. And now I look at them and think, oh yeah. (laughter) Now I have some sense of the story, right? Behind all of those images, and behind all of those deaths, right? That occurred. I venture out so infrequently, but yesterday (laughter) just because, I mean, I know, right? Like I know everything that I encounter I take back into RCI, right, and so we just have been very conservative with wanting to make sure we're not bringing something into the community that's going to be harmful, but you know, I went for a walk yesterday and passed I think a mom and a little girl, and I

had a mask on, and the mom had a mask on, and the little girl didn't, [00:43:00] and the mom -- and we were far enough apart, right? We weren't like -- but the mom kind of, not unkindly, but just instinctively, like grabbed her daughter who was probably, I don't know, five or six years old, and like turned her into the mom's body, right? Her face was against her body as I passed, right? Like, who could have imagined having to do that? (laughter) You know? A year ago. And I just think that little girl -- this is sort of the world that she's growing up in, but for us it's just a completely altered reality, and so maybe it's something we should have expected, but I didn't, right? I mean [00:44:00] I guess I just didn't, and are there things that could have been done at every level of government to keep this from happening? Yeah, so I guess that was part of what I would want future generations to know is that, you know, we don't stay safe by accident. We stay safe by planning and by acting on each other's behalf. Right? There's a reason we talk about public health, and that's because our health is intertwined, and I feel like if we could kind of take that approach a little bit better, you know, maybe it would help us in other areas. You know,

I think I touched on this a little bit, but as all the signs were going up, and the directives, you know, stay at home, isolate, don't go out unless you absolutely have to. I just, I don't know how many people [00:45:00] thought, you know? (laughter) What about people who can't do that, right? And you know even as Pennsylvania, you know, we kind of went through these staged openings, right? And so, we were red for a long time, and then we were orange, and then we were green, and I think as there was a little bit of a collective sigh of relief as things went green for us, that was a really stressful time, because we knew that for our unsheltered friends, at least in the red zone time there was some sort of accidental separation that was happening, right? Because people were at home, that meant our people were in a little bit of a bubble, right? Even though they were outside, they weren't in homes. They were in a little bit of a bubble of safety. And when we went green and people were out and about more, like all of a sudden, our friends were much more exposed than they had been, and [00:46:00] that's actually when we had our positive case, was after the county started reopening, and

so you know, I guess care for each other? Right? Maybe that's my message, right? Just do it. Yeah.

KK: Well, I really appreciate you again taking the time out of your day to be a part of this. I [pray?] it'll be something really unique for future generations to be able to look back at this and hopefully take those words of advice about planning and about caring for each other in advance of the next pandemic. (laughter)

SB: Thanks so much. I'm so glad you're doing this. It's amazing. I was so happy to get that message. Kudos to the library. (laughter)

KK: Well, thank you, and again thanks for being on here, I'm [00:47:00] going to go ahead and close it out.

SB: Okay, thanks Kimberly.

KK: And thanks, it was nice to meet you.

SB: Nice to me to meet you.

KK: Even under a oddball circumstance like --

SB: (laughter) Exactly. All right.

KK: All right, thank you.

SB: Take care. Bye.

KK: Bye.

END OF AUDIO FILE