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Helper, Healer, and Mitigator: The Essential Role of the Human Services Provider in Current and Post-Pandemic Climates

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Abstract

In the heart of the current COVID-19 outbreak, individuals are experiencing higher rates of mental and emotional distress associated with the unpredictability of a pandemic experience. Human services providers (HSPs) serve as essential supports for individuals, families, and communities affected by the current pandemic. However, relatively little guidance currently exists on the work of HSPs in response to COVID-19, including strategies and interventions that HSPs can employ to effectively address the growing mental and emotional health demands during the pandemic. In response, this article identifies the vital role and strategic response approaches of HSPs during a pandemic crisis. Further, we explore how HSPs can leverage, in a practical way, existing strategies within their helper, healer, and mitigator capacities to sustain individual and community care in the immediate, intermediate, and extended time frames of a pandemic occurrence. This is the first of two articles comprising the special issue's section on Social Systems in the Moment.

Keywords: advocacy, community-based care, COVID-19, essential workers, human services provider, mental health, pandemic

Introduction

During the COVID-19 pandemic and especially during the period of sheltering in place, individuals have reported higher rates of anxiety, depression, and stress-induced symptomology due to heightened concerns about virus progression, amplified media coverage of the pandemic, social distancing measures, and shifts in socioeconomic stability (Ho et al., 2020; Holmes et al., 2020; Mazza et al., 2020; Roy et al., 2020). With the temporary closure of numerous protective shelter locations across the country prompted by necessary contact limitations, there is a growing concern for the volatile nature of some home environments amid COVID-19, possibly including intensified abuse, violence, and familial conflict (Campbell, 2020; Peterman et al., 2020). While many of these dynamics within the home remain hidden from the general public, the short- and long-term biopsychosocial effects of such pandemic conditions present human services providers (HSPs) with layered considerations for effective strategies to address growing mental and emotional health demands.

Further, as others also point out in this special issue, the pandemic's disproportionate impact on vulnerable and marginalized populations requires the culturally competent clinical training and advocacy prioritization of HSPs to address pronounced health and sociocultural disparities (Kantamneni, 2020; Wilson, 2020). Linked to the widening disparities gap during

the pandemic is the connection between economic limitations propelled by higher unemployment rates attributable to stay-at-home recommendations and loss of employment-based insurance coverage (Wilson, 2020). The increase in persons uninsured relative to a rise in unemployment creates further hindrances to physical and mental healthcare access for vulnerable and marginalized communities. In the space of growing global acceptance of technology use to bridge the gap in mental healthcare inequity, HSPs are being called upon like never before to adopt the use of teletherapy platforms and cultivate advanced helping skills through technological means in response to a pandemic crisis (Whaibeh et al., 2020; Zhou et al., 2020).

In conjunction with the ebb-and-flow and helping demands of a global health crisis, HSPs' knowledge and skills present as fluidly adaptable when serving individuals, families, and communities experiencing fluctuating and encumbered life circumstances. Through their understanding of human systems and conditions that promote or impede optimal functioning, HSPs possess the capacity to employ specialized strategies and render humanistic assistance supportive of client growth, empowerment, and resource attainment through evolving phases of direct and indirect services coordination (National Organization for Human Services [NOHS], 2020). Nevertheless, the onset of the pandemic surfaces new questions about how HSPs can continue the work of "assisting individuals and communities to function as effectively as possible" during and after the trying element of pandemic conditions (NOHS, 2020, para. 11).

In times of health crises, disasters, and emergencies, the Centers for Disease Control and Prevention (CDC) recommends that helping professionals employ a phasic emergency risk management and response plan in a coordinated effort to meet individual and community needs through disseminated information and supportive care (CDC, 2011, 2014). During a public health crisis, immediate, intermediate, and extended time frames guide the care and communication phases of emergency response time (CDC, 2011). As such, this article identifies the critical role and strategic response approaches of HSPs during a pandemic crisis. Specifically, we describe how HSPs can leverage existing strategies and interventions within their helper, healer, and mitigator capacities to sustain individual and community care in the immediate, intermediate, and extended time frames of a pandemic or global health crisis.

Immediate Pandemic Response: The Role of the HSP as Helper

A health crisis can produce waves of mental, emotional, and behavioral responses in individuals and communities. Fear, uncertainty, anxiety, and panic are characteristic markers of mental states exhibited during a global crisis, along with a spectrum of behavioral presentations in attempts to cope with the changing states of stability that a health crisis brings (CDC, 2014; Pfefferbaum & North, 2020). Examples of behavioral responses to the COVID-19 pandemic include excessive use of safety and checking behaviors, such as checking oneself for symptoms (Parlapani et al., 2020); hoarding (Betsch et al., 2020); discrimination and stigma-related behaviors (Betsch, 2020); and changes in eating and physical activity habits and patterns, which can lead to less sleep or insomnia (Toleda & Silva, 2020). The COVID-19 pandemic generates a series of complex and shifting circumstances, notably resource shortages, increased outbreak exposure risks, adjustments to stay-at-home orders, negotiations in family roles due to school closures, concerns of financial stability, grief associated with pandemic losses, and myriad other potential stressors (Pfefferbaum & North, 2020). Experiencing a pandemic can produce or exacerbate a spectrum of mental, emotional, and behavioral health concerns, confirming the vital role of

HSPs in conjunction with pandemic care and response efforts (Pfefferbaum & North, 2020). For instance, research on the effects of COVID-19 shows increased depression, anxiety, PTSD, loneliness, and experience of structural barriers and inequalities, all of which HSPs are qualified and equipped to address with clients (Banerjee & Rai, 2020; Torales et al., 2020; van Dorn et al., 2020).

Assistance Strategies for Clients and Families

Pandemic crisis exposes individuals, communities, and families to heightened risks of emotional distress, anxiety, and depression precipitated by the unpredictable nature of the pandemic. Individuals with pre-existing mental and emotional health concerns involving substance use, anxiety, depression, PTSD, and suicide risk factors are vulnerable to elevated distress symptoms (Pfefferbaum & North, 2020). During a pandemic, a family's stability is susceptible to complicated factors stemming from "unemployment, reduced income, limited resources, and limited social support" (Campbell, 2020, para. 3). Extended periods of isolation, associated with organizational closures and sheltering in place measures, can significantly strain households. Subsequently, an increased risk of marital complications, interpersonal conflicts, and family violence can occur stemming from substance abuse, emotional tensions, and traumatic behavioral responses (Campbell, 2020; Peterman et al., 2020).

Essential to the role of helper is the capacity for HSPs to remediate problems through interventions involving direct counseling, resource assistance, interprofessional referrals, and advocacy efforts (NOHS, 2020). Consequently, a primary consideration for HSPs as helpers consists of aiding individuals, families, and communities to effectively cope with the persistent stressors that arise during a pandemic to mitigate the potential for long-term mental health concerns. Current models and recommendations for pandemic and crisis response favor collaborative partnerships among helping professionals as critical for effectively meeting client and family needs (Pfefferbaum & North, 2020; Shah et al., 2020). In the immediacy of pandemic support, the work of HSPs begins with a collaborative approach to pandemic care through strengthening partnerships with community leaders, health professionals, and crisis response organizations to meet multi-level pandemic needs in disadvantaged communities (Charania & Tsuji, 2012). Additionally, tangible assistance for clients and families encountering disparity strains includes HSPs leveraging the helper role to connect individuals with programs sponsoring food, shelter, and supplemental socioeconomic resources through collaborative community partnerships.

Moreover, research supports psychological first aid as a viable tool for rendering psychosocial support and assessing client needs in the earliest phases of pandemic care (Ruzek et al., 2007). Psychological first aid endorses a 5-phase approach (i.e., rapport-building, assessment, prioritization, intervention, and follow-up) that HSPs can maximize as an acute care response to fluctuations in client symptoms and needs specific to the pandemic changes (Shah et al., 2020). At the onset of pandemic response, HSPs can wield their helping skills to mitigate health disparities and psychosocial crises via supportive remedial services and interprofessional strategies to reduce the collateral toil of a pandemic on clients, families, and marginalized groups.

Symptom Management

Symptom management is the timely prevention or treatment of a disease, side effects from the disease or treatment, and co-occurring problems (e.g., psychological, social, or spiritual) related to the disease treatment process (National Cancer Institute, n.d.). However,

in terms of an immediate pandemic response, the definition of symptom management shifts as priorities are altered. During a pandemic, symptom management becomes an immediate need to prevent or treat all presenting problems within individuals' physical and psychological domains (Smith et al., 2020). Several symptom management techniques have proven effective during an immediate pandemic response, such as telehealth and collaboration (Gutierrez et al., 2020; Lenert & McSwain, 2020; Vargheese, 2014).

Telehealth has been reported to be among the most favorable and effective approach for disaster response, since this approach emphasizes prioritizing the health and wellbeing of a wide a client-base as possible, while also aiming to provide the best possible care (Hilty et al., 2013; Hollander & Carr, 2020; Ohannessian et al., 2020). The American Counseling Association (2020) defines telehealth as distance counseling, which uses a digital platform to provide secure, encrypted video counseling services in real time. There are various categories of telehealth that HSPs can use in a pandemic situation, while also considering collaboration and consultation with the necessary providers (Simmons et al., 2008). Telehealth can be especially useful when attempting to connect the clients to healthcare providers and resources quickly and when in-person meetings are not ideal. The HSP helper can play the role of informant, provider, and advocate, using telehealth for disaster relief response. There are a few cited barriers to providing the most effective symptom management under pressure, through telehealth, such as minimal training for HSPs, poor internet connection, lack of technology, lack of accountability, and mistrust (Barreiro et al., 2020; Perry et al., 2019). This ever-changing role and need for adaptability within pandemics necessitates HSPs stay up to date on the best approach for immediate pandemic responses, ensuring that HSPs remain equipped to adequately handle evolving and emergent situations.

Screening and Care Approaches for Low, Medium, and High-Risk Circumstances

When working within an immediate pandemic response mindset, screening and care approaches vary based on low, medium, and high-risk circumstances. Risk refers to external factors that put individuals at risk, especially during a pandemic, when many resources are limited. Examples of such external factors, which align with social determinants of health (SDOH), include homelessness, unemployment, poor living environment, lack of support, and lack of physical and mental healthcare. High-risk circumstances include factors such as low income or unemployment, unstable housing, unsafe neighborhoods, and minimal support, which can contribute to poor health (Braveman, 2006). Medium risks include factors like inadequate nutrition, unstable employment, minimal education, and minimal support. Low-risk circumstances include access to food, safe neighborhoods, employment, housing, education, and support, which often contribute to better health (Adler & Newman, 2002; Braveman et., 2011). Although these risk factors can often overlap, treatment usually attempts to identify and intervene at the appropriate level of risk.

The care approach taken during pandemics depends upon risk circumstances. Therefore, HSPs should consider several methods to screen for levels of risk, based upon SDOH, including the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences instrument and the Accountable Health Communities instrument (Olson et al., 2019). Although these are standardized assessments typically administered at primary care visits, HSPs can administer these assessments. These assessments look for multiple, overlapping social needs that affect diverse and marginalized communities (Olson et al., 2019). Prior to assessment administration, HSPs must ensure that they have completed the necessary training and possess the required credentials. The required training and credentials

needed differs by assessment. Upon the completion of screening and the consideration of circumstances, HSPs should create a comprehensive care approach to best meet client needs.

Researchers have found that HSPs engage in care approaches, such as interprofessional collaboration and referral-based approaches to provide all-inclusive care (Hardin et al., 2017; Winfield et al., 2017). Collaborative care remains a favorable approach for HSPs as they take on a wide range of responsibilities, including mental health services, disaster response, referrals, resources, and advocacy. Interprofessional collaboration assists with providing holistic service with benefits noted for both the providers and the clients (Winfield et al., 2017). Interprofessional collaboration affords providers an avenue for increased professional development, benefits to the profession, and a holistic approach to client care; benefits to the client include achievement of goals and receipt of holistic treatment services (Johnson & Mahan, 2019).

Intermediate Pandemic Response: The Role of the HSP as Healer

One critical area of concern resulting from the pandemic is the marked levels of loss present, as individuals and families grapple with unexpected death, economic hardship and transitions, and daily life adjustments related to safety orders (Miller, 2020). This is an essential area of focus for practitioners. The healer role of the HSPs demonstrates their effectiveness to "understand the conditions which promote or limit optimal functioning" (NOHS, 2020, para. 15) related to unanticipated phase of life transitions, adjustment stressors, and the traumatizing impact of loss and grief. Following a response to the immediate needs of individuals affected by the pandemic, HSPs transition into the intermediate phase of pandemic response as healers and therapeutic caregivers.

Grief Work

Thompson (2002) described the concept of grief and loss as a significant underpinning of human services practice, and therefore, a critical area of consideration for HSPs. Grief is a complex topic, defined and conceptualized in a variety of ways. For example, although grief comprises "the emotional experience of the psychological, behavioral, social, and physical reactions the bereaved person might experience as a result of this death" (Boerner et al., 2015, p. 1), various other concepts also ought to be taken into consideration, including bereavement, trauma, mourning, and meaning-making. In addition to considering the complexity of grief work and its associated terms, HSPs should also consider that grief may not only encompass the physical death of a person, but also in non-death scenarios, such as loss of place and time (Gitterman & Knight, 2018). According to Gitterman and Knight (2018), often overlooked are non-death losses, and the symptoms are even misunderstood by professionals.

During and following pandemic climates, HSPs might work with and prepare themselves for work with clients facing a variety of death and non-death losses, such as those of relationships, jobs, finances, daily routines, and opportunities related to place and time. As of September 8, 2020, the CDC (2020) reported 174,626 deaths involving COVID-19 in the United States. The U.S. Bureau of Labor Statistics (2020) reported in May 2020 a 20.5 million decrease in non-farm payroll employment and an unemployment rate of 14.7%. In August 2020, 13.6 million Americans were unemployed, and the unemployment rate had decreased to 8.4%. Researchers have suggested that during pandemics such as COVID-19, a sense of loss could be experienced across societies as individuals experience decreases in social interactions, and the loss of loved ones, jobs, education, and various freedoms (Holmes et al., 2020).

Such preparation might include building awareness of available resources. Worden (2018) has provided information on various online resources for individuals who are grieving, including online memorials, online bereavement support groups, peer-support web pages, psychoeducational resources to normalize experiences, and use of social media to memorialize the deceased. Although these resources are always available, HSPs might find such resources particularly needed and beneficial during and following times of social distancing. Additionally, HSPs might benefit from increasing their understanding of diverse individual experiences with grief and signs of complicated grief in line with the NOHS Ethical Standards for HSPs (NOHS, 2015; Simon, 2013). Finally, HSPs should seek to become aware of bereavement support groups available in their communities, along with telehealth and in-person psychotherapy options (Simon, 2013).

Community and Programmatic Recovery

Individual difficulties and family adjustments, economic losses, health concerns, and mental health risk factors resulting from the COVID-19 pandemic have all increased (to varying degrees) the stressors experienced by vulnerable communities. According to Aarons et al. (2011), both outer sociopolitical contexts and inner organizational contexts set the stage for evidence-based practice in public sector services and mental health; these integrate with HSP responsibilities to meet community pandemic recovery. HSP advocacy is the first-level tier of intervention to assist in community recovery from the COVID-19 effects.

In conjunction with the healer role, HSPs also play a vital role as consultants and facilitators for the rehabilitation of communities affected by the pandemic. Partnering with federal and local governments, health agencies, nonprofits, faith-based organizations, and staple institutions within the community are foundational in mental health response management (Aarons et al., 2011). This approach includes subsequent screening for COVID-19 post-traumatic stress symptoms, self-harm risk, and other resulting mental health diagnoses conjoined with post-pandemic program evaluation of response effectiveness between government leaders, health responders, and crisis and emergency response entities for future pandemic preparedness (Charania & Tsuji, 2012). Paired with the community rehabilitative approach are HSP-facilitated counseling interventions to address the immediate COVID-19 needs. This response method uses HSP emergency response systems of telehealth and online provisions (Rek & Dinger, 2016). HSPs also can implement psychoeducation and mental health resources to assist communities with long-term COVID-19 stressors and intervention systems (Phoenix, 2007).

Advocacy for Marginalized Populations

Protections for clients associated with marginalized populations becomes critical as many navigate the compounded detriments to health and wellbeing arising from crises like the current one (Wilson, 2020). Emerging data on the pandemic's population-specific impacts reveal a disproportionate prevalence of COVID-19 deaths among African Americans (Wilson, 2020). For example, data on the stark effects of the pandemic on persons of color report that African Americans account for "30 percent of the state's cases and about 40 percent of its coronavirus-related deaths" in Illinois, although "African Americans are only 14.6 percent of the state's population" (Wilson, 2020, p. 11). Incongruencies with accessibility to COVID-19 testing in African American and Latino communities permeate existing conversations on healthcare inequities and earlier reported information on SDOH (Kantamneni, 2020; Wilson, 2020). Further, current studies highlight the spectrum of economic inequity and discriminatory experiences among women; Black, Indigenous, and

People of Color (BIPOC) communities; and persons from low socioeconomic status backgrounds (Kantamneni, 2020; Wilson, 2020).

The NOHS and human services experts have declared advocacy an essential component of human services clinical practice (Snow, 2013). In the NOHS Ethical Standards for HSPs (2015), advocating for social justice is considered a fundamental value. Standard 15 of the ethical standards details how HSPs should identify client needs and assets; call attention to those needs and assets; and assist in planning and mobilizing to advocate at the individual, community, and societal levels (NOHS, 2015). Standard 16 calls HSPs to seek to eliminate oppression through advocacy (NOHS, 2015), while the ACA and the National Association of Social Workers (NASW) have developed advocacy competencies, further strengthening the call for HSPs to engage in advocating for marginalized populations (Snow, 2013). In the wake of the COVID-19 pandemic, advocacy for marginalized populations is of utmost importance and a necessary priority in human services work.

HSPs can engage in advocacy in multiple ways related to clients and COVID-19. A first way to engage in advocacy for marginalized populations is through self-exploration and knowledge-seeking (Snow, 2013). HSPs should reflect on how they have been impacted by COVID-19, including research on how marginalized communities are affected by the pandemic (van Dorn et al., 2020). Engaging in resource acquisition for clients is a form of advocacy (Snow, 2013). Many clients struggle to connect with resources and meet their basic needs in the time of social isolation and unemployment, and HSPs can address such challenges by connecting clients to online and otherwise available resources (e.g., online substance abuse support meetings and other online support communities, food banks, unemployment relief funds).

HSPs should create collaborative goals and action plans with clients who have been affected by COVID-19 through a guide (https://www.nami.org/covid-19-guide) furnished by the National Alliance on Mental Illness (2020). On a community level, HSPs can assess and collect data on client experiences and outcomes related to COVID-19 and then collaborate in an interdisciplinary approach to support marginalized communities most affected by COVID-19 (Snow, 2013). Finally, on a systemic level, HSPs should seek to stay informed of their professional organizations' (e.g., NOHS, ACA, NASW, etc.) efforts to advocate for human services legislation in response to COVID-19 and participate in lobbying efforts.

Extended Pandemic Response: The Role of the HSP as Mitigator

With limited literature currently available, some researchers have called for the collection of "high-quality data on the mental health effects of the COVID-19 pandemic across the whole population and vulnerable groups, and on the brain function, cognition, and mental health of patients with COVID-19," and described such research as urgent (Holmes et al., 2020, para. 1). Researchers do not currently know the long-term effects of COVID-19. Nevertheless, mental health consequences of any pandemic could include negative feelings related to grief and economic downfall, as well as exacerbated symptoms of pre-existing mental health conditions and increased mental health issues in children and adolescents related to school closures (Collishaw, 2015; Ford et al., 2020; Holmes et al., 2020). In the capacity of mitigator, HSPs seek awareness and implementation of preventative stances to the pandemic conditions through knowledge-gathering, intervention evaluation, and ongoing problem-analysis (NOHS, 2020).

Research Development

Holmes and colleagues (2020) suggest various critical areas of continued research to address such mental health issues, including the potentially mitigating effects of social relationships during a pandemic, what a mentally healthy lifestyle might consist of mid-pandemic, how essential workers might be best supported during a pandemic, and effects of social distancing on mental health. During a pandemic, HSPs should maintain awareness of current situational unknowns regarding mental health outcomes for individuals with existing mental health concerns, adolescents, and essential workers, along with overall community impacts. Therefore, in a pandemic, HSPs might use means such as telehealth to stay up-to-date with clients, prepare to engage clients and communities perhaps significantly changed by the pandemic, and participate in research efforts to fill the aforementioned gaps in the literature.

Competency and Intervention Development

In collaboration with research development outcomes from COVID-19, HSPs maintain the ethical responsibility of further developing competency and intervention strategies to meet the corresponding mental health needs of clientele and surrounding communities. While COVID-19 is a new health crisis, the assessment and evidence-based responses to the needs of vulnerable systems and populations from previous pandemics is an ongoing public health strategy (Stephenson et al., 2014). These include national, state, and community-level emergency health response protocols combined with tiered trauma-informed care models for HSPs. Previous pandemics reported high post-traumatic stress levels in both caregiver and child populations (Sprang & Silman, 2013). HSPs should use evidence-based trauma and community mental health models while integrating developing research specialized to COVID-19 mental health response needs. This response includes continuing education and intervention techniques tailored to respond to the developing mental health diagnoses of COVID-19, including (but not limited to) depression, suicide risk, post-traumatic stress, anxiety, and adjustment disorders for individuals and family units.

COVID-19 has also highlighted the high-risk factors that underprivileged communities experience due to inequities with SDOH and access to resources (Satcher, 2010). To meet the mental health needs in disadvantaged demographics effectively, HSPs require continued multicultural competencies and advocacy interventions to respond to communities. These efforts to increase awareness of deficits and empower access to economic, medical, and mental health resources helps individuals, families, and overall communities in comprehensive care for immediate COVID-19 HSP response and long-term intervention systems.

Long-Term Monitoring of Mental Health Consequences

Prior response strategies to global pandemic occurrences furnish HSPs with adaptable models and approaches for long-term monitoring of mental health outcomes of the current COVID-19 outbreak (World Health Organization [WHO], 2009). In the earliest phases of the pandemic, empirical data on the mental health effects of the COVID-19 within the United States is currently limited, although steadily growing as the research demands across mental health disciplines increase. Still, a review of the existing literature on the relationship between crises and mental health outcomes reiterates psychological first aid as a compassionate, supportive intervention to mitigate the long-term effects of pandemic distress

(Shah et al., 2020). HSPs can use psychological first aid to foster a continuous process of "support, meeting needs, and regular monitoring" until individuals and communities arrive at a place of stabilization in the post-pandemic phase of recovery (Shah et al., 2020, p. 6).

Implications for HSPs

Because they hold an array of professional positions across many different community settings in their work with diverse populations (NOHS, 2020), HSPs are essential responders to the inevitable, pandemic-related needs of clients during and post-pandemic. COVID-19 has brought about significant changes on individual, community, and national levels; therefore, HSPs must be prepared to take action in their clients' best interests, including those who are a part of marginalized and vulnerable populations, with or without pre-existing mental health challenges. Such adjustments, preparations, and actions align with the ethical standards provided by NOHS (2015). HSPs can meet clients' needs using telehealth capabilities and engagement of numerous other areas, including symptom management, comprehensive care, grief work, and response to broader community needs.

In short, three roles summarize practical implications for HSPs amid current and post-pandemic climates:

- HSPs act as ***helpers***, providing direct screening and assistance to clients in need and must be aware of the inevitable changes in mental health individuals and communities will experience.
- Inherent in the work of HSPs, the role of ***healer*** is made evident through the work that occurs while sitting with clients. In preparation for responding to clients' pandemic-related needs, HSPs might become more aware of related grief and the needs of grieving clients, community recovery efforts, and how HSPs can advocate for marginalized populations.
- Finally, HSPs exemplify the role of ***mitigator***, applying preventative measures such as research efforts and competency and intervention development. HSPs can help prevent future adverse pandemic-caused mental health complications through research efforts related to how best to serve clients of diverse backgrounds, needs, and diagnoses during and post-pandemic.

In summation, we believe that with an awareness of how COVID-19 will likely continue to create challenges for clients and exacerbate existing concerns, HSPs can respond to clients' current and impending needs through increased education, consideration of the needs of minority and vulnerable populations, and by addressing the unique needs of their communities. There is a pressing need for researchers to consider how HSPs might address the present concerns related to the effects of COVID-19, including mental health impacts on individuals in general, as well as in specific populations (e.g., individuals of lower socioeconomic status, those in academia, and healthcare professionals). Future research should also consider how HSPs can ethically integrate their roles of helper, healer, and mitigator to prevent and address negative pandemic-related implications on clients of diverse backgrounds. As helpers, healers, and mitigators, HSPs are well-positioned to respond to the challenges present with awareness, empathy, and foresight.

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