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**Health Equity, Racism, and This Moment in Time**

**With Mildred Solomon, Herminia Palacio, and Richard Besser**

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[00:00:10] Hi, everyone. We'll be getting started in a few minutes here as we wait for Zoome to allow all of the audience to join. Please feel free to enter any questions you may have for our panelists into the Q&A box at the bottom of your screen. So I'm seeing more of you are joining. So good morning. Again, we're just waiting until the top of the hour. I mean, we're waiting for Zoome to let all of the audience join. OK. So I think we'll get started. Hello and welcome to today's Hastings Center conversation.

[00:01:19] Health, equity, racism and this moment in time. Today's webinar is the first in a new series called Securing Help in a Troubled Time. Equity Ethics and the Common Good. This series will examine the social causes of health inequities and identify policies and practices to promote healthier lives for all of us. To help us with this monumental task, we have several really phenomenal guests with us today. Richard Besser, are many a placebo and Mildred Solomon. We want you, our audience, to engage as much as possible. So please ask any questions you may have by typing them into the Q&A box at the bottom of your screen. The discussants will be stopping periodically throughout the hour to address these questions. Though some of you may have the option to raise your hand, please note that will only be taking questions through the Q&A function. You can also continue the conversation on Twitter using the hashtag Health Equity Racism, a recorded version of today's webinar will be available later today on the Hasting Center's Web site and encourage you to share it with anyone who you think might find it interesting. So now I'd like to introduce Mildred Solomon, who is the president of the Hastings Center and who will be leading today's discussion.

[00:02:31] Thanks very much, Isabel. And welcome, everybody. We have more than six hundred people registered for this event and it's a pleasure to be hosting all of you.

[00:02:41] Forty million people live in poverty in the United States.

[00:02:45] That's a reality at odds with our great wealth and with our espoused commitment to the equal moral worth of all individuals.

[00:02:55] Black Americans suffer severe illness much earlier in life, and they live dramatically fewer years than white America. In some cities, the differential is 16 years.

[00:03:07] In rural white America, deaths from suicide and drug overdoses signify immense suffering, and low wage hourly workers of all races are barely scraping out a viable existence, which has made our society fertile ground for demagogery and distrust of elites, including scientists and public health experts.

[00:03:29] These problems of injustice in America have been with us for a long time. But the covered pandemic has made them dramatically more apparent. Black and brown people are suffering and dying at profoundly different rates.

[00:03:43] The pandemic affects all of us, but especially those who don't have the luxury of working from home. Personal transportation or a safe place to live? Justice has always been a major principle in the field of bioethics, but too often our field has focused on distributional justice, making sure that scarce resources like organs for transplantation or independent pandemic, things like ventilators and vaccines, are equitably distributed.

[00:04:14] Distributional justice is very important. But so, too, is structural injustice, the ways in which our society is organized to create routine, often invisible impediments to achieving health and well-being. In July, I published a statement committing the Hastings Center to do more about structural injustice. And.

[00:04:39] And systemic racism.

[00:04:42] This series is one of several initiatives that the Hastings Center is is taking on to make good on those promises roughly once a month for the next several months.

[00:04:52] We're going to hold a one hour webinar. We're going to describe and examine the historical and social causes for health inequities and systemic racism in the United States and consider how best to achieve improvements. Today, we have two outstanding leaders to launch the series. Remarkably, both Dr. Richard Besser, who's joining us now. And Dr. Herminia Palazzi, you are experts in advancing health equity and in managing public health emergencies. Dr. Besser is president of the Robert Wood Johnson Foundation. And he was formerly acting director of the CDC. Before that, he was ABC News chief, health and medical editor. So he knows a thing or two about both pandemic management and public health communications. Under Dr. Pressors leadership, the Robert Wood Johnson Foundation has dedicated its awesome resources to promoting health equity and all that they do. Dr. Palazzolo is president and CEO of the Guttmacher Institute, whose mission is to advance sexual and reproductive health and rights in the United States and around the world. Before that, she was deputy mayor for health and Human Services for the city of New York. She was in charge of ensuring that the city's public health and health care system would be run equitably as well as efficiently, like Dr. Besser. Dr. Palacio is also a crisis management expert during Hurricane Katrina. She designed and oversaw public health and health care for the thousands of evacuees who fled from New Orleans to Texas. In other words, for this special moment in time, we have the two perfect people to help us think about both the best way to advance health equity, but also manage the pandemic and recover our economy. So let's begin. Richard Hamdania, thank you so much for joining us.

[00:06:54] Thanks so much for having us been terrific. Thank you.

[00:06:57] Thank you, Mildred. It's great to be here.

[00:07:00] Both of you have dedicated yourselves and your organizations to address health inequities in the United States. Rich. I'd like to begin with you and then I'd like Herminia to both remark on, you know, what is the broad stroke picture? Can you paint a picture for us of what health inequity looks like in America?

[00:07:22] Yeah. Thank you for that, that question. You as a foundation. We're we're the largest foundation in America that's focused on health. And for many people in America, when they think about health, they think about health care and who has access to health care and the quality of health care as a foundation. We're trying to help people broaden their understanding of what it truly means to have the opportunity for health. I'm right now sitting in Princeton, New Jersey, which is a wealthy, predominantly white community. A child born here in Princeton has a life expectancy of eighty seven years. I volunteer at a clinic in Trenton, New Jersey, which is a predominantly black city. It's the same county as I'm in Mercer County. It's it's 40 miles away. And the life expectancy for a child born there is seventy three years. So you got 14 miles and 14 years. And when you think about what it is that drives those incredibly. Shocking difference in life expectancy. It comes down to the issue of equity and inequity, and because it's not just that lives are shorter, but the the the health indicators, the health of people in communities is significantly different. Black Americans, Latino Americans, Native Americans with higher rates of heart disease, lung disease, diabetes, a lot having to do with environmental conditions in which they they live in which we're dealing with the air quality is not as good. The access to healthy food is not as good. The access to jobs that pay living wages that allow people to lead healthier lives is not as good. And when you think about the why why you see that incredible difference in life prospects and opportunity, so much comes down to issues of structural racism and the intentional segregation of America that plays out in health in a big way. And and for us, as the foundation we see, it is absolutely critical, especially at this moment in our history, with a pandemic that's devastating the lives for so many. And at the same time, an anti-racism movement across the country, it's time to draw the connections between structural racism and health.

[00:10:14] And the solutions we need to see if we truly want to see a healthier America for all.

[00:10:19] Well, that's a great segue way for me to ask Herminia.

[00:10:21] What does what do these two problems have in common? What drives the murder of George Floyd have to do with health inequity in America?

[00:10:32] Well, thanks, and, you know, I want to build on what Rich was saying, and I'm going to begin just to contextualize it with a quote from a recent Health Affairs blog, because I think it really sets the stage in many ways for my remarks and our entire discussion here. And it's quote, In short, racism kills whether through force, deprivation or discrimination. It is a fundamental cause of disease. And the strange but familiar root of racial health, health inequities. Yet despite racism's alarming impact on health and the wealth of scholarship that outlines its ill effects, preeminent scholars and the journals that publish them, including health affairs, routinely fail to interrogate racism as a critical driver of health inequities. And I began with that quote, Mildred, to your question about what do these things have to do with each other? We didn't get here by accident. These are not accidents of nature. These are not accidents of the way people behave, either as individuals or communities. It's important to really recognize that how we got here is through the systematic, very deliberate implementation of policy and regulation. There are and I think it's important to understand the history, because unless we understand the broad history of the use of law, of policy, of regulation, it's it's very difficult to envision the way out and the way to a better world. So just as one example, you know, we talked very eloquently about the difference in location between Princeton and Trenton and the way people live. So it's important to recognize things that are important, such as like the Federal Housing Administration had an underwriting manual that basically said it was that incompatible racial groups should not be permitted to live in the same communities, meaning that loans to black people couldn't be insured. This was policy. This was United States policy. And as a result of some of that policy. African-American incomes, black incomes today, households average about 60 percent of those as white households. But wealth is very different. Wealth is accumulated in the US predominantly through inheritance of property. And black wealth is about five percent that of white wealth. So we start to see these trends and how they play out. Again, not accidentally the G.I. Bill, which people hail as great social advance. It really was, except that the V.A. adopted the same racial restrictions that the FHA had in those times. So there were opportunities that weren't just simply not allowed to black vets. Jim Crow laws that evolved not by accident, but as a really specific backlash to the 13th Amendment that abolished slavery in the Voting Rights Act. Things that we do, even terms that we use, for example, grandfather clause. Well, the grandfather clause was used in Louisiana the first time in 1896 because after they were after black people were given some rights to vote. The grandfather clause basically said that because they couldn't eliminate people from voting by race, it allowed people to be grandfathered in.

[00:14:24] If your ancestors voted so it meant that if your ancestors were black, you weren't grandfathered in. And how does that translate to today?

[00:14:35] Let's think about a very specific example today that's been playing out before our eyes in the last few months, which is the payment protection program, the loan program that was very specifically targeted to uphold businesses during that economic collapse. And they faced this pandemic. We all know and you stated about the disparities in health, but it's also important to recognize that businesses that were owned by black and indigenous and people of color were much less likely than white owned businesses to be able to secure a pee pee pee loan because of the way that the peepee loan was structured. It was structured so that needed to be accessed by longstanding relationships with banks. And those relationships didn't exist, again, by policy, not by accident. So these things are very, very related. And what we have here is this confluence of Cauvin pulling back the curtain on the kind of racial inequities that have been occurring for centuries with people staying at home and watching the murder of yet another black man on TV over and over and over again on able to turn away from that image, unable to deny that this wasn't happening, unable to convince themselves that these things are accidental. So that's how they're related.

[00:16:10] Herminia. That was an incredible response to that question, you've brought it right up to the current moment with the legislation that we were seeing in Congress. Can you say a little bit more about the federal housing laws, the older laws that you mentioned? Are there still in addition to the to the.

[00:16:32] The efforts right now for access that require relationships with banks, are those laws still on the books?

[00:16:39] I think most Americans think that the civil rights movement made a big difference and that at least legally and in terms of regulation, we had made progress. So, sir, can you feel a bit more about that?

[00:16:52] Well, you know, I can say that progress is not linear. And if you're looking at the headlines right now, you can see that there is a very deliberate and concerted effort to roll back. You know, that that during the prior administration, there were some efforts to actually undo the damage of some of these laws, some of these housing laws, which can be called redlining, because they were actually read maps drawn around neighborhoods where a lot of black people lived and basically said, you can't issue loans here. So there has been there had been an effort to remedy that injustice. And we're now seeing attempts to pull back the remedy right now. This week being tweeted live for all to see. So progress is not linear. We have to be vigilant. And unless we understand the history of how we got here, we don't really understand the full context of what's being elaborated before our eyes.

[00:17:52] I just want to add join in on that is what I think we see is an evolution of how how racism moves from something that is stated to something that is seen in the outcome. And, you know, if you look at some of the housing, the housing and urban development and public housing programs and how they play out in the previous administration, you could look at the outcome of a particular program. And if there was a difference based on race, then there would need to be remedy to that. There's been a change in in housing and urban development, and now you have to improve to prove intent. So, you know, as as our money was just talking about the issue of peepee, the outcome is it is a terrific example of structural racism. And you should not have to prove that the intent was to keep black and women owned businesses out of that program. The outcome was was clearly that because of the differential in terms of established relationships with banks.

[00:19:17] And so that's a difference. And when you look at what's going on around the country in terms of voter suppression, you're not going to see any of these moves from voter suppression, a statement that this this action is being taken to keep black, indigenous or other people of color away from polling places. But that clearly is the outcome in so many of the state based measures and federal measures are being taken measures right now around shortening the census. But you're cutting off the census early will undercount people of color. And they're not saying that's the rationale for doing it. But it will greatly affect how much money comes to communities of color in terms of hospitals and education and Medicaid and other services. So, you know, you have these dueling trends of, you know, a national anti-racism movement that is up against an insidious move to implement measures that perpetuate the same inequities.

[00:20:26] Thank you for that. That was really clarifying. Before we get too depressed, let's turn to remedies. I know that both of you have been very involved in envisioning and in supporting important interventions that can address some of these structural barriers. Could you give examples of structural barriers that you think are amenable to change and and some examples of where you've seen progress?

[00:20:52] Rich, when you go first. I know the art of NUJ is funded. Quite a lot of interesting examples.

[00:20:58] Yeah, you know.

[00:21:02] As as as as many were saying a moment ago that where we are now, as a result of decades and decades of of of laws and regulations, and the move to do that is going to take a doing each of those. And it's it's going to be, I think, a really long journey to do that as a foundation. There are a number of areas that that were we're focused on. One is around access to care. Is, as you know, one of the wealthiest nations in the world. We're the only one that doesn't provide access to comprehensive, high quality, affordable health care as a right. And right now, there are 12 states that still haven't expanded Medicaid. And so, you know, we're doing more and more work on the policy side. And one is to try and look at how, you know, what will it take to expand Medicaid? What will it take to ensure that the services that are provided by Medicaid are the same and are high quality across the nation? I worked as a volunteer pediatrician and I can tell you the services we were able to provide in in New York City were absolutely phenomenal compared to what we were able to provide in Georgia. And that should be where you happen to live, shouldn't determine your your prospects to health. So that's one area where we've got a lot of interest in a lot of focus right now playing out during this pandemic. There are issues in terms of sick leave and family medical leave. If you look at lower income workers in America, most don't have that. There needs to be a national standard for sick leave and family medical leave so that people who are exposed to Kobe can stay home and take care of other injured people who are taking taking care of relatives with disabilities who are or relatives who are sick can do that. Similarly for unemployment insurance, these are areas where there has to be asked to be changes. These are some of the areas where where we've got a lot of interest in terms of a policy change, both in the short short term and in a longer term.

[00:23:27] You know, bioethics has been infatuated. I don't think that's too strong a word and certainly for good reasons on trying to ensure the best use of emerging technologies. And we've also focused on clinical ethics, the quality of the doctor patient relationship, trying to ensure compassionate care and universal access. Those have been important issues in bioethics, but we've done a less good job of focusing on the ethical issues related to social determinants of health. One of the things I find heartening is the degree of research that's now out there that actually connects the dots. That shows how poverty, housing problems, unequal education leads to poor health outcomes and shorter lives. It's not a rhetorical. It's actually these links between unequal education and the inability to get a mortgage directly and with shorter lives. Can you say a little bit more about what those dots are? What are the connections? How is it that they end up hurting us? BuYeo physically.

[00:24:38] You know, I'll begin I'll turn it over to Rich.

[00:24:42] As a pediatrician who I think could probably speak to the big body of work on adverse childhood experiences and what sort of toxic stress does.

[00:24:52] But we are, as you're right, Mildred, really learning about sort of the neurobiology of how we how we internalize and very physiologic ways, these kinds of stressors. And, yes, we we do have the connection, but they're not they're not always as simple as people think. It is not just that a better education leads to a better job and therefore you have a better income. People are living in environments where they are trying to manage multiple stressors at a time and again, bringing this back into the current world. These are these are policies. And Rich was absolutely right. We need to think about what the short term is while we're simultaneously concurrently playing the long game, because there is not a simple fix.

[00:25:43] These are very complex issues. You know, as everybody knows, suddenly in this pandemic, grocery store workers, cab drivers, delivery people, transit workers were suddenly deemed essential.

[00:26:01] Well, you know, they weren't receiving essential pay. They weren't receiving essential health benefits.

[00:26:10] They weren't receiving essential benefits to keep their children safe at home. You know, I you know, I am fortunate to be able to work from home. And also my kids are grown as it happens. But if I if my kids had been young, I could stay at home. Right. The grocery store workers who are allowing the rest of us to eat, the people who are delivering food when we use our apps. They can't, you know, when their kids are out of school.

[00:26:41] What are they doing to manage those circumstances? You talk about a a society in which there were already existing inequities and you know, you mentioned my experience in Hurricane Katrina on the receiving end of the evacuees from Louisiana. And I think more than everything out. Anything else, that was a very powerful experience for me in terms of demonstrating how a disaster just amplifies existing inequities. It was not the well-heeled who were stuck in New Orleans when the levees broke. The well-heeled had already been able to escape on the basis of the hurricane warnings. They had cars they could leave. They had second homes they could fly out. It was the people who already existed in poverty who were on rooftops waiting to be rescued. But in some cases, teenage boys who commandeered school busses and drove them for hours. These are the realities that people face. We applaud them. We bang pots in New York at 7:00 p.m. It was lovely to do that. But we're not paying them. We're not covering their insurance. We're not doing all the things we need to do to treat people justly. Even as we expect more and more from them.

[00:28:13] Richard, I asked you about this quick question, too. But I think that we have a ton of questions. So if you have something you'd like to add and then we'll and then we'll open it to the floor.

[00:28:23] I'll just just chime in on the biological. Part of it is so I mean, the science around that just continues to grow. You know, in a in a crisis situation, our bodies have a stress response that is protected. It's a good thing that when when we're in a moment of stress, our body releases all these different stress hormones so that we can read things out and we can run. But when that's the chronic experience. The ongoing experience. Day in, day out. What is something that is protective, becomes something that's pathological and causes harm. And the consequence of of of that is what's called toxic stress. And it leads to chronic inflammation, increase rates of heart disease, chronic diseases, premature aging. And that plays out in more ways. You know, one of the one of the there's just shocking data around issues of infant mortality. And if you look at infant mortality in America, black babies are twice as likely as white babies to die in the first year of life. You say, well, you know, perhaps that had to do with education level of parents and living situations. There's a study from Brookings that shows that the the likelihood that a black woman with a P-H loses a baby in the first year of life is greater than that for a white woman with an eighth grade education. And that has to do, I think, toxic stress, ongoing exposure to racism is part of that treat, how people are treated in the health care system is another part of that. But these things that we're talking about have life and death consequences that need to be addressed. They're not easy solutions. But if we're right, you know, we need to be able to collect the data and call them out so that they're visible and we can state that they're not acceptable.

[00:30:30] Thank you, Isabel. I think you're out there in cyberspace somewhere and can tell us what kinds of questions are coming in. And if you direct them to me, I'll I'll direct them to Rich and Herminia.

[00:30:41] Yes. Our audience is coming up with lots of great questions. Please keep them coming by, typing them into the Q&A box. Namely, one thing people are interested in is how your work is shifting by acknowledging racism explicitly as a major driver of health inequity. What do we get from naming and explaining the problems of racism that we don't get from broader terms, such as acknowledging difference and disparities?

[00:31:09] Herminia. You want to take that?

[00:31:12] Or, you know, I think what we get is without a deeper understanding, we can't point to the right solutions because we don't know what what problem we're actually trying to solve for. And if we're merely trying to solve for differences, you may get to some sort of short term solutions without understanding what the long term consequences are, how these are really life and death situations and that really. And you and you might not sort of really conceptualize what are the policies and the regulations that need to be completely redesigned in order to change the game moving forward. So without a deep understanding of racism and the direct impact of racism, you can't address policies to undo racism. And I don't mean individual racism. I mean really resetting the stage that allows that allows for resources to be more equitably distributed, allows for people to undo the harm. And that doesn't expect the individual to be the one responsible for making all these changes.

[00:32:27] It changes accountability to government. It changes accountability to society.

[00:32:35] I want to I want to jump in on that. I agree with everything. I mean, you said your for us is the foundation there. We definitely have had a shift in a movement away from just talk about health equity broadly to talking about issues and focusing on issues of racial equity and know I think it's critically important, you know, when we talk about race as a social construct, it's not a biological construct. And when you look at health data, it's broken down by race. It's it's measuring disparities that are a result of racism. And what what I'm what I'm finding is more and more a willingness to use the term racism and call it out and to to to highlight it and then talk about what does it take to do that. And for us as an organization, it's it's leading us to look internally at how we do our work, to look at how we work with our grantees, to look at how we talk about health and its issues. And I can tell you that three years ago, when when I would be talking about our work, I would not be lifting up racism in the way that that I try to do now. And this pandemic provides, I think, a real opportunity to talk about the impact of racism around the issue of race.

[00:34:00] Is it important to put the word structural in front of racism? Because it might people do what you're not only we're not only talking about bigotry and discrimination or even hatred, which we're seeing growing also in white supremacy groups, but we're talking about structures that are laws or rent or regulations or deregulations that create unfair outcomes at the end. Is it important to put the word structural there to help people realize that they're not necessarily being accused of of things they want to say that they're not guilty of?

[00:34:40] Well, it's important to acknowledge a very deep structural and systemic issues are, but not to the point where it lets people hide from individual accountability because both are happening at the same time. And as you said, hatred is rising. It is. You know, as a society, we are making it more acceptable to act on individual racism than had been acceptable in society even 10 years ago. What happened to George Floyd? Yes. Was a manifestation of systemic racism in the way policing was configured.

[00:35:21] But it also took a real human being, a real human being to allow his knee. To be on the neck of a man of another human being. While he gasped for air. Yes, that is systemic racism, but it is there's also individual racist accountability to an action like that.

[00:35:50] I, I, I also think that it's more than structural racism. You can not live in American society without having internalized racism. And you know that that isn't just for for white men, whether you're white, your black or your Asian. You can't have living in America without having internalized racism and racist ideas and being able to to to know that and identify that is essential. And your work we've done work with our board on implicit bias training and mitigation. We've done work internally on that. And it's it's a long journey. But you can't be exposed to media in America, too, whether it's entertainment media or news media, without coming away with a differential view of young black men versus young white men. And that's racism. And so, you know, I worry that it is, as your media was saying, it left people off the hook to say, oh, all we need to do is change policies. That's I think it's a it's a lot more than just changing policies. Thank you.

[00:37:13] Isabel, I inserted that question, but you were you were on a roll. You want to share some more of the questions from the audience?

[00:37:20] Well, relatedly, there's there's a lot of interest in public culture. So we've talked about how racism operates at a systemic level in our institutions, but it also created an interpersonal level. And one of our audience members is writing from Atlanta, Georgia. And it's interested in in the project of media, in journalism, in reporting and is relating the difficulties that she has with getting editors to acknowledge and see and support productive reporting on racial differences, racial inequities. Do you have any recommendations for how journalism and media in a broader context, can can work as part of this anti-racist reframing project?

[00:38:05] So I'll begin just on a personal note. And this one, just because I happen to have some friends and colleagues who are journalists, who are people of color. And just as we're saying, a reckoning and other sectors, we're seeing a reckoning in journalism around how journalists who are people of color are expected to cover stories, how when they cover stories with a perspective and a point of view that's considered bias, where it's not considered biased. You know, that historically white perspective and the historically white point of view is not considered, quote unquote, biased. There there's an entire movement about sort of qualified minority journalists. That's really kind of a an expression of solidarity and a kind of demand for who is calling the editorial shots, who's bringing the lens to think about what stories merit coverage. And from what perspective perspective those those editorial decisions are being made. So, you know, journalism is not, as Rick said, you know, these are these are things that cross the cross sectors. Journalism is not immune to this perspective. And I think that there is a reckoning about what stories are important, about whom are the stories important?

[00:39:31] Who are we writing about and what are we writing about them? I think these are important questions that journalists are asking themselves right now.

[00:39:42] That's one of the areas that we that we think a lot about and work on has to do with mindsets and narratives. And what are the narratives that are being being told about different groups in America? How do you shift that? How do you shift from a deficit narrative to an asset framed narrative? And I think one positive change in America is the democratization of media with so many more outlets, so many more ways for people to get information. When you look at when when I was young, they were three basically three networks. And that's where you went to watch entertainment and to hear news. Now, you know, there there are just hundreds of of different places to get information, to see stories told. You're seeing more stories that are told by people of color about people of color and giving a much richer picture of the diversity of people. And that's that's really valuable. I you know, I worked for eight years at ABC News, and I can tell you it was extremely difficult to get on any story that had to do with with disparities in health. It was just not where they were at. And I still think it's not where major media is. And so thinking about what are other outlets, what are other places, and you're seeing a lot of you know, especially through through social media, through online, you're seeing a lot more outlets of information that is giving a broader picture of America. You know, the downside of that. The downside of not having just three channels is that in many cases people are are being balkanized and listen to the information they agree with going in rather than being exposed to broader perspective. And then there's that challenge of how do you get people to to spend time in a situation where they need the uncomfortable, the broader perspective.

[00:41:54] Isabelle, one more question and then we'll come back to the three of us. Not one that you wanted to add.

[00:42:01] Yeah. So I think to continue the thread of public education and engagement around issues of racism and injustice, and there's some interest in how public health might be able to partake in this educational process.

[00:42:15] So is there some way for public health in the same way that they teach and educate about health science, to teach and educate about issues of justice, of racism, and to kind of make that part of Public Health's core mission? Well, that's a great question.

[00:42:33] You know, as a local health officer in Texas and then in Houston and Rick certainly has the national perspective, I would say public health has been a leader in this since our inception.

[00:42:46] You know, we if you think about it, for public health, separated from medicine, some of our very early some of our early roots are really understanding the connection between poverty and the spread of infectious disease there, understanding the need for set for sanitation, public health, where, you know, we're among the first to really start talking about violence and gun violence as a public health issue. And it was public health that really started some of the clarion calls around health equity well over a decade ago. So I think that the field is already there.

[00:43:26] The ability for the field to have to build the narrative. I think the field was there with the data for quite some time. I think where the field is has to move and it goes to reach this point is to become more facile with the narrative, to understand that that the data actually don't tell the story by themselves, that you have to lift up the data into a narrative that feels compelling. That feels authentic to the listener.

[00:44:01] I I think that the public health hazard has done a lot, but needs to do a lot more. And when I'm when I look at the pandemic and how that's playing out, the inability of so many of our data systems to be disaggregated by race, ethnicity and income and sexual orientation and factors that we know relate to health, the inability to look at data that way means that we're not able to to truly pinpoint where where problems are are the most acute and work to address those those needs. You know, right now there's challenges with testing for for profit. But we're not able to say in most places, well, who's getting tested, who's not? What's the positive test rate among blacks and Latinos and Native Americans in your area, populations that are getting hit hardest? And I'm seeing a lot of my colleagues in public health not hammering this as hard as they can or they. They should. And it's it's a challenge when the political narrative is so, so divorced from the public health nurse, when when you don't have the political leadership leading with public health and having as an objective the idea that everyone in this country should have the same opportunity to be protected, then it becomes very challenging for those who work in particular and governmental health to do their jobs effectively. But it's at its core, the public health mission. We as a foundation put forward principles for equitable restart and recovery for state local officials. And one of the one of the critical elements in there is making sure the data is being collected in a way that it's this aggregated, making sure that that public health officials are working with local communities not just now during this acute phase, but also getting ready in the event that there's a vaccine. Every community has trust in a vaccine coming forward. You know, there's a lot of distrust in in many communities of color because of historical historically how they've been treated by public health. So there's a lot of of work to be done outward going forward to to ensure that public health is due to the needs of everybody.

[00:46:44] You know, in order to make that kind of those kinds of commitments, we have to think about our own cultural beliefs.

[00:46:51] So many people, maybe some of the people listening right now can hear the research about the connection between poverty and health outcomes, between discrimination and health outcomes. But can are still there's still a echo in American minds that says, aren't we a place of great meritocracy where individuals pull themselves up by their own bootstraps? And aren't we seeing some sort of, you know, failure? And public health, in fact, might have contributed to this decades ago when we started talking about how important personal responsibility was for health. And that health was a matter of lifestyle changes. So what how do you respond to the skeptic among us who says, yes, I get it? Toxic stress stress is real. But aren't people responsible for changing their situation? Certainly not my view. But I want to put it in the room so that you can respond to it.

[00:47:49] You know, I think you're I think that that is absolutely right and, you know, and I've lived in you know, I'm a born and raised New Yorker. I spent many of my early professional years in San Francisco.

[00:48:02] And another big chunk of my professional years in Houston. So I've lived in places that were really very different and had a different sort of philosophy from from, you know, pull yourself up by your bootstraps to society has a responsibility.

[00:48:20] You began with meritocracy. And I think there's a fundamental question that we need to ask each other. Who defines merit and who defines how to measure merit? And I think if you pull back the lens and what are the what are the you know, what are in fact the metrics of merit?

[00:48:42] And if you pull back the lens and you understand that what we think about as like progress in that we suddenly leveled the playing field, we've never leveled the playing field. Right. That these are centuries worth of accumulated. Again, intentional, not accidental, not accidental. Designed to get these outcomes. And that unless we come to grapple with those very potent real aspects of our history and understand how our history has shaped our present, it's very difficult to move forward in a meaningful, substantial way to a different, more equitable future, because then all we do is we continue to work like work around the edges, and we're pretty good at working around the edges. And we'll do this program and it helps this group of people and we'll do that policy and it helps that group of people. And I'm not saying that there haven't been extraordinary gains. I am here because of extraordinary gains. I truly do stand on the shoulders. But I stand on the shoulders. I want us to all recognize I stand on the shoulders of people who died for me to be here. I stand on the shoulders for four of people who were linked to be here. I stand on the shoulders of my great great grandmother, who was an enslaved woman, not to the English, but to the Spaniards. We have there is a lot of bloat. You know, I am a child of the diaspora in a very different way. And yet I stand on the shoulders of people who fought, who bled, who were beaten, who died, and today are marching the streets and bleeding and being beaten and in some instances dying for future generations. And it shouldn't take that.

[00:50:40] It shouldn't take that. For people to be valued in a just as valued. As everybody else.

[00:50:51] Thank you, Aranea.

[00:50:55] It's it's it's hard to follow up on the father. That was that was incredible. I do want to make make one point. You know, as a white man in America, I am the beneficiary of a society that has created advantages for people like me and has put up barriers for people who look like you. And there has to be an acknowledgment of that. You talked about the wealth differential in America. That's a result of intentional policies. Does that alone means that people who are white in America have reserves and opportunities, whether it's getting a loan from parents or support for education?

[00:51:43] That is different than the systems of white affirmative action in America are profound and have gone on for hundreds and hundreds of years. And if there's not an acknowledgment that President Johnson made a comment about, you know, about the starting line for the race, and really, if we're talking about meritocracy, if someone is starting 20 yards behind in 100 yard dash, it's not a meritocracy. You have to acknowledge those differentials and the impacts that they have across generations and across people's lives. That's why there's there's so much conversation now around issues of reparations. What can you do to equalize some of the benefit? But your whether it's from social connections or other connections, the level the playing field is not level. And so the idea that the tests that are used to to assess merit are not level and and there has to be an acknowledgment or recognition of that. If we talk about issues of meritocracy, it's not just say that personal responsibility doesn't matter. Yes, there are choices that people make. You know, that that will matter in your health. You don't smoke. Know, that's that's there. There is some personal choice in there. It's not all personal choice. But there is some personal choice. And so you don't want to take away any sense of agency that people have no control over their life and everything is predetermined because it's not. But at the same time, you have to recognize the issues of structures and systems that are inherently unfair and inequitable.

[00:53:33] Your answers were so complimentary to one another and so and so elegant. I'm really glad I put that question in the room.

[00:53:40] Thank you, Stan. One one thing. Because Rich landed on a place where I think it's so important. It's such an important land. People do have agency and they do make choices. But the choices that you make are completely constrained by the choices that you have. And that's where you you kind of bend. You know, that's the interface choice make drained by the choices that you have.

[00:54:06] It's a beautifully said. Well, the Q&A is exploding. There's almost 40 questions that we're never going to have a chance to ask. So, Isabelle, I'm going to give you a chance to put one more question out there. Sure. One more question. That's a little bit hard to say.

[00:54:25] So we have people tuning in from all across the world, which is really exciting. There's interest in kind of how we contextualize this in the global context, our discussions here. What do different global perspectives, particularly around racism and exploitation? How can they kind of come to bear on our conversation?

[00:54:49] You want to take that first?

[00:54:55] And that's that's a that's a that's a big, broad question. I think the place I want to take in that is just to recount a little story. We read you work around around issues of well-being and thinking about how. How do you define health? And the World Health Organization said health is not just the absence of disease. It's it's a state of physical, emotional, mental, well, well-being. And I think that that there are a lot of things to learn from other countries in terms of how they think about well-being. And I was at a conference a couple of years ago and there were two indigenous leaders there. And what they said is that when when they think about the world and their place in the world and what they want to accomplish, they always frame it out around this question of what kind of ancestor you want to be.

[00:56:00] And.

[00:56:02] I think that there's something really powerful and profound about thinking about that. Not just what do we want to change in this moment, whether it comes to racism or how we treat our planet or particular issues. But thinking the really long term of what kinds of changes do we want to see in our society? Do we want to work towards. So that when future generations look back on us at this moment in time, they can reflect and say, my ancestors did. So that, you know, issues of race don't have to be counted for anymore because they're because you're no longer seeing those disparities, because society has changed. And so I think often in a in making that kind of really long term view and higher level perspective, there's a lot we can learn that can apply in the moment.

[00:57:03] You know, I'm going to take it in a really different direction, just because of some of the work that we do really is global.

[00:57:10] And it as you know what, Mildred, in your introduction, as you said, the Guttmacher Institute really focuses on the sexual and reproductive health and rights. And we have been looking really at what the effect of COGAT 19 is from a from a global perspective. And just very recently, you know, to Rich's point about what the long term consequences are, but focusing very specifically on sort of the generational impact, just that we estimated that just a 10 percent proportional decline in the use of sexual and reproductive health care services from all the contraction that's happening in the covered world and all the disruptions.

[00:57:48] If you look we looked at one hundred thirty two low and middle income countries, a 10 percent decline in the use of short and long term reversible contraceptives meant that wisdom would translate to fifteen million over 15 million additional unintended pregnancies. Just a 10 percent decline in essential pregnancy care and related newborn care would result in additional twenty eight thousand maternal deaths. An additional one hundred sixty eight thousand newborn does, additional newborn does. And just a 10 percent shift from abortions to safe to unsafe would result in an additional thousand additional maternal deaths so covered in low and middle income countries just by disrupting small disruptions just in sexual and reproductive care has impacts not just on those women's health in the here and now, but really generational impacts for individuals, families and communities. So we can't take our eyes off of what the lasting impacts of of of COGAT is in this current environment.

[00:59:00] Thank you. Meaning I was going to ask you to bring in issues about women's health. So I'm glad that you did. And it's certainly a certainly respond to that question about the global implications. We're going to have to close now. And I wanted to say a few things first. Many, many thanks, Herminia.

[00:59:18] And Rich, this was just such a rich conversation. And I'm so, so pleased that you took up the Hastings Center's invitation to participate.

[00:59:27] I've been thinking about how to end this session. And lo and behold, a friend and a esteemed tasting spell of Solomon Benomar, who is joining us today from South Africa, sent me in anticipation of today's webinar, a piece that he and René Fox, medical sociologist, also a Hastings fellow, wrote. Sadly, 15 years ago about global health. About global health. And the importance of U.S. leadership in global health. And deep within the Bannatyne and Fox very elegant essay. There's a wonderful quote that jumped out at me this morning. De Tocqueville said, Individualism is a calm and considered feeling, which he observed throughout the United States as he was here. Which disposes. Each citizen to isolate himself in the mass of his fellows and withdraw into the circle of family and friends with as little society formed to his taste, which he gladly, which he gladly leaves the greater society to look after the small little society. So de Tocqueville admired and he was also concerned, very concerned about an American obsession with individualism. He searched for attitudes and activities that would draw Americans out of their solitude and self-interest into the realm of larger common concerns that were other than themselves. The Hastings Center aims to do its small part in seeking to redress the hyper individualism from which we now suffer. Our founders, Dan Callahan and Will Galen, wrote about this problem their whole lives. And in just about everything they did, they called for greater attention to the common good. So we have a rich legacy to build on. Please help us do that building. Over the coming months, we're gonna be exploring a wide range of issues and ways we can act with greater solidarity to advance the common good. In this monthly webinar series alone, we're going to plan to cover a lot of territory. We're going to be looking at why the US has the weakest social safety net of all wealthy Western nations. Why we still don't have universal access to health care. The role that housing and education has played in diminishing health outcomes and maintaining inequities, which our speakers talked about today. We can delve deeper in future sessions and the ways in which black bodies have been conceptualized and abused, both within health care and within health research. We're going to describe the problems and propose solutions. In other words, we're gonna be examining the historical and social causes for health inequities and racism and then attempting to consider the best ways to achieve improvements. I hope you'll join us for that. Thank you for joining us today. And again, thank you to our esteemed panelists, Dr. Besser and Dr. Palazzo. And see you next month.

[01:02:34] Thank you very much.

[01:02:39] Thank you, everyone, for joining us. If you'd like to continue the conversation, you can check out Twitter using the hashtag health equity racism. And a recording of this conversation will be available later today on the Hasting Center's Web site. Thank you so much.