Covid State of Play: Covid, Racism, and Environmental Justice

December 2, 2020

- So let me say, welcome everyone to Covid State of Play, which is an irregular series, at least for the duration of the pandemic, hosted by myself and my wonderful colleague, Margaret Bourdeaux about what's going on with COVID and what we should be doing about it. What bigger lessons we can learn from it, and indeed what might be in front of our noses, but maybe not so often noticed. And for today's session, we're gonna talk about environmental and racial justice issues. We have two wonderful guests for that purpose, and I'll turn it over to Margaret for those introductions. Just a warning that is suited for our times, this is being recorded at least by us and probably by others and will be made an historical artifact immediately after the event is over. If you have questions you wanna ask, there's a Q&A tool at the bottom of the screen, and you can punch those in and might find them address during the session or after. And those too can be made a record of what goes on. So, Margaret over to you to make introductions and to start us off with figuring out the state of place since we last gathered.

- I'm so glad to be here. I'm also hoping my dog doesn't burst in from behind the screen here I have behind me. So I apologize if I get interrupted by a canine force of nature. I am so, so thrilled to have our session today with two just amazing thinkers about COVID and about the larger issues involved in what we're seeing and what we're experiencing in this epidemic. The first is Dr. Michelle Morse, who is an Internal Medicine and Public Health Doctor at Brigham and Women's Hospital, where I sit as well, and an Assistant Professor at Harvard Medical School. She co-founded EqualHealth an organization that builds critical consciousness and collective action globally, towards achieving health equity. And in September of last year, she began her Robert Wood Johnson's Health Policy Fellowship, and is placed on the Ways and Means Committee, majority staff, working with the committee staff on health equity priorities. So she has gotten a sort of incredible set of perspectives during this most unusual year, both as a practitioner, a provider, a policy thinker, and now working on The Hill. And also we have Ms. Jacqui Patterson, Jacqueline Patterson is the Senior Director of the NAACP Environmental and Climate Justice Program. She has worked as a researcher an advocate, an activist and on a wide range of issues, including racial justice, economic justice, and environmental and climate justice. So, robust look at justice and all of the ways that it comes together as an issue. So.

- You guys kind of want the question we often start, which is what is the state of play with COVID? And sometimes Jonathan will ask you, if you can give us kind of one word or a two words of how you think things are going with the COVID crisis, what comes to mind, and then we can kind of jump backwards into kinda what brought you to the game and also take a forward look.

- Who would you like to go first?

- Let's see. Jacqui, can we start with you?

- Oh, thank you. Yeah, so it's an honor to be here with you and I appreciate this conversation, looking forward to this discussion very much. It's hard because you started off in such a light and positive way, and when you said the one word my word was devastating. So I felt like, wow, what a downer. So, that's just a caveat to lead in, but yeah.

- And the risk of it being more of a downer, can I ask Jacqui, is it, I bet it's been devastating for quite a while, is what's the slope of the curve for you? Is it attenuating or is it getting worse?

- A little bit of both. You know what I mean? I would say in some ways it's obviously getting worse just in terms of the sheer numbers, and in some ways it's getting worse in terms of the cliff we're about to fall off, of in terms of the moratoriums and so forth, and the gap between kind of the cessation of those much needed supports and the incoming administration that will conceivably turn around, turn things around and offer a better suite of support and so on.

- And that you mean economic supports in particular?

- yeah. Among others, yeah. But yeah, so there's that. And also support in terms of actually cut some cause common sense ways of actually dealing with, of containing the situation. So really shifting a narrative from wearing masks as a theft of liberty, to wearing a mask as an act of public health and collective care. So there's a whole, so economics is just part of it, but there's a whole shift in mentality and approach to actually addressing this worsening situation. So that part, but then on a positive side, I would also say that there is a dawning recognition of the depth of the systemic vulnerabilities and the inequities in a way that really there's, I keep quoting, Steve Benjamin from Columbia, South Carolina, with whom I was on a panel, and he said, the COVID acted as an x-ray to expose the broken bones of American society. And so that in and of itself, and another quote from an older quote from James Baldwin, that nothing can be changed less. Let's see until, what is it? Nothing can be changed unless it's face, or not everything that's faced can be changed, but nothing can be changed unless it's faced. And so really the recognition that we have as a society of the really, truly broken bones of our systems is gives us some hope of actually recognizing the level of systemic changes that's going to be necessary to provide security for everyone, so.

- Well, Jacqui, you don't know this, but you have just done exactly what I, you served the function I usually serve on most meetings at the Berkman Klein Center where everyone kind of goes around and is talking about cool things that are they're learning or whatever. And then I'm like, Oh, this is horrible. This is, I'm so angry and it's been months and months of me doing that. And I almost hate to have them turn to me and ask like I wish I think. So, your comment is, your word as well taken and it stacks up well with comments on our previous episodes. And so you're definitely not out of place. And you're also playing a little bit of a validator to me. So, that's helpful. Michelle, what would you?

- Yeah, I have to second what Jacqui said so deeply. I think I have also felt like some of this just in this year, some of the highest highs and some of the lowest lows in my 15 years of doing this kind of work around health equity and global health. And, I just, I think that that x-ray analogy is, it gave me goosebumps. It really says it all. And for me similarly, Jacqui and Margaret it's, if I had to think of one word it's tragedy, because it truly is. And the way that COVID has played out in the United States is again a centuries old pattern that we have been unable to and unwilling to interrupt and break from. And on the reason I say I've had my highest highs and my lowest lows in this year is because, number one, seeing how the management of this pandemic within the United States has been just so wrong at every step in so many ways at the national level, at the federal level. And at the same time, I have had experiences of connectedness and solidarity that are deeper than anything I've ever experienced in my 15 years of doing this work. And the example I'll just share is supporting the work of the Movement for Black Lives during the June 10th mobilizations that happened all around the country and even some places outside of the United States. And folks asking the question, well, how can we do this safely in the middle of a once in a century pandemic? And can we? And the group of health workers and organizers and healers that we brought together said, well, protesting saves lives. And so how can we do this in a way that is a harm reduction approach? Right? Where we do things as safely as we possibly can, but also support people who want to demonstrate and express their right to protest because of how profoundly tragic and violent George Floyd's murder was. And that should not be curbed. And what we found of course was, we made recommendations like, wear your mask of course, and bring your hand sanitizer and space out as much as you can. And instead of using those big bull horns where you're kind of spitting on everybody, bring your drums and your musical instruments and find other ways to make noise that are just a touch safer in the middle of a pandemic like this. But also I think what we felt in that moment was that we are gonna get us out of this pandemic and the solidarity and the relationships that were built out of that experience were some of the deepest and most profound conversations, relationships and experiences I've ever had. And of course, what was shown afterwards was that a study of over 300 U.S. cities, right? Looking at whether or not most protests led to increased transmission of COVID, showed that it didn't in fact, right? And so it was just another example of us taking care of us and of us keeping each other safe. And of us demonstrating our solidarity in a way that certainly influenced the election results. So, a lot of, like I said, high highs and low lows, for sure, for me.

- Jacqui, I sort of see you shaking your head at some of what she said. I guess I'm curious to know, it's been a devastating experience. I'm wondering as this started, as the epidemic started, did you see that you're so well-versed in so many different angles and conversations around justice, did you think it would play out in this way? And when I say this way, maybe we can also be a little bit more specific about the inequities and disparities that we have seen play out in COVID, the magnitude of those. And it'd be a little bit more specific about what we're talking about in terms of how this has been played out with much more burden on black and Hispanic communities in particular. So what are you surprised I guess, Jacqui?

- Yeah. Thank you. Well, it's interesting because I was actually taking a very small four day vacation when things really started to kind of pick up in terms of people recognize when, and

that was back when it was just the nursing home in Washington State and maybe was just beginning to emerge about the hotspot in New Rochelle. And so I was, at that time it was around March 9th when I sat down and spent like a 19 hour period, just writing this document called the 10 Equity Implications of the COVID-19 Outbreak in the United States. And it all came to pass and more, and it wasn't like an act of prophecy by any stretch, it was just a repeating of the same patterns that we've seen in other disasters in microcosm, whether it's Hurricane Katrina or the ways that climate change impacts or are rolling out in general, it's very parallel. And it's all based on this analysis around the broken bones of American society. So, if you just know those systemic factors, then you can predict how they're gonna play out in any given situation. And so yes, to some extent it was clear in anybody who's working on the front lines of this work would also be able to draw the same conclusions in terms of how it's going to roll out. So, and at the same time, the thing that I didn't kind of realize is the extent of, well, certainly didn't anticipate the extent to which the Mask Liberty, Nexus would really roll out in such a deep and unbelievable way. Just in terms of whether it's the acts of violence around mask conflict, around mask wearing, or person to person or it's people showing up armed at the State House in Michigan. Like that's something that I'd never could have even conceived. Of course mask for even a conversation back then, but those kinds of things are, but the one thing that we did know would result is just the civil unrest that would come from something that is intensified to such an extent the way this has. So, I'll leave it there to any, and brevity, but yeah.

- You've talked extensively and written extensively about this sort of legacy, the COVID crisis is really just one more example of how historically marginalized communities, currently marginalized communities suffer in response to some type of natural disaster or human-made disaster. Can you talk just a little bit about the connections that we see with what's happening with COVID? How is it similar to Hurricane Katrina and the BP oil spill sort of specifically?

- Sure. Yeah. So just very specifically is the pre-existing vulnerabilities like systemic vulnerability. So whether it is where people are living, and we know that that has come about from everything from historic slavery to the ways that people weren't able to hand down property because of the lack of legal standing to do so, to historic red lining, to modern day redlining, and all of that resulting in people living in places that leave them more likely to be in harm's way and less likely to have protective infrastructure. So whether it's people living in places where the levies aren't reinforced or aren't properly invested in, and therefore had seen more impacts from Katrina or it's people who are living in places where PM 2.5, the particulate matter load in that air is high, and other pollutants are in the air are extreme, therefore making our lungs more compromised. And therefore, when we had any type of shock to the system, like the COVID-19, and certainly Dr. Morse can speak more to this than I can, but that we are more likely to suffer the extreme impacts there. So, those are just a couple of concrete examples. And then also when we look at climate change as a whole, and we see that shifts in agricultural yields is one of the impacts of climate change. And we know that from those same historic factors that I'm already African, before this whole thing started already 26% of African-Americans, according to two studies are food insecure already. And so then when we have the situation of COVID-19, then we're also kind of compromised by the, we know that the work insecurity has also made our economic situation more vulnerable as well. Then those things

combined, places of residence and had more likely to live in places that don't have access to healthy, nutritious foods, not being able to continue to work in the same that we were able to work to buy food. And then now just an agricultural yield from climate change and all of this combining to exacerbate food insecurity in our communities. So, you had another example. There's so many examples, but those are just a couple to gain essence, yeah.

- Right. So, I guess dividing it up a little bit and like, okay, you have vulnerabilities, you also have increased exposure with folks being needing to let's say, go to work and not being able to, not having sick leave, not having childcare, not having the supports. They have to have the paycheck and they have to go out into the community where they would be more exposed and then after exposure, dealing with, okay, having less access to care, kind of the whole continuum lined up and stacked up against, well, against a large swath of different communities that intersect with that profile in different ways. But, certainly I think your point of the x-ray is quite valid. There's so many breaks in the bones that it's sort of I guess, a little bit hard to, it's a whole picture. And rather than a very pinpointed fracture. Michelle, I think one of the things that I have struggled with in sort of delving into this, is there's always a lot of hearing all of the ways that people are vulnerable, all the ways that they're differentially exposed, all the lack of resources that they might have to be able to cope with a crisis like this. It sort of feels overwhelming. It feels like there's no remedy because it's so expansive. It's so global. I don't know, Michelle if you wanna talk a little bit about, you've taken some really interesting work on in terms of drilling down and trying to unpack and unwind some of the issues and medical care and racism and systemic racism and medical care here in Boston. And I don't know whether you can speak a little bit to that of like, okay, given all of these bad things, how can you actually dig in and try to move the needle on making it less? So.

- Yeah, no, I'm happy to try and again, just really, really appreciate the analysis that Jacqui put forward. I couldn't agree more. Couldn't agree more. And it's as you said, it's also interconnected. And I think, yeah, the layers are many too numerous to count as they say. And at the same time, I think so much of how, especially for folks who are in healthcare, in the work of doing service delivery and taking care of patients. It can be hard to zoom out sometimes and recognize how all those different layers are actually determining and defining the very choices that you're making at the bedside or the prescription that you're writing, or the discharge plan that you're developing or whatever it might be. It can be really hard to see those connections, particularly in the urgency of what clinical care is every day on the normal let alone in the middle of a tragedy like the COVID pandemic. And so I think we have to use theory. We have to use, and learn from social science frameworks to really help us to expand our aperture, I guess, and really look beyond the biomedical model, right? Which is so ingrained in the way that we're trained, that we can't see the air that we're breathing, right? We don't even recognize that we're missing a whole series of layers, of forces and influences, because we're really caught in that, we're caught in the biomedical trap for the majority of our day. And I'm not saying that that means that all health workers are missing the point. That's definitely not what I'm saying. But I think it's really important for us to step back and to find ways to do that regularly, rather than as kind of the exception. And so what has helped, one of the many tools that has helped me to do that is critical race theory and Dr. Chandra Ford's work, Applying critical Race Theory

to Public Health, through Public Health, Critical Race Practice. It's not every day that I can sit down and read theory, but at the same time, just a little dose of it really helps you to see, make the invisible visible, I guess, as they say. And I think for what part of what's helpful for kind of uncovering the forces and inequities and bias and discrimination and structural racism at a hospital like Brigham and Women's where we've been trying to do that. People have been trying to do that for a very long time, but most recently we've been trying to do that with our heart failure work. I think what helps is that critical race theory allows you to just start from the point of structural racism is here, it's within our walls. It's impacting how we take care of patients. It's impacting the resources our patients have at their disposal. And so instead of trying to prove that it's here, starting from it's here, and then trying to understand the mechanism as Dr. Camara Jones says, how is it operating? How is racism operating within our walls? And I think COVID is no different than heart failure in so many ways, right? For COVID, it was very obvious that black and brown people were the people who were the most impacted and more likely to be in the hospital and more likely to have complications and all of those things. What happens usually is that we blame patients for that, and say, oh, well, you should have taken your diabetes medications, and you should have taken those high blood pressure pills, and you should have lost some weight, like we told you. And in reality, the reason that there is an unfair distribution of chronic diseases like diabetes and high blood pressure is because there's an unfair exposure to risk for black and brown communities. And that risk is described by what Jacqui just said, right? All of those different layers at the level of material conditions and social conditions in which people are living, right? And who gets to live where and why, and for what reasons. So, I think that critical race theory is helpful in that way. I also think that concrete examples, like for what we found it at Brigham and Women's in heart failure, which is the most common admission diagnosis in our hospital. And looking at the fact that black and brown patients end up on the general medicine service instead of the specialty cardiology service at significantly different rates is an example of institutional racism. And we use the definition of racism that Camara Jones put forward, which is it's a system of structuring opportunity and assigning value based on how one looks, which is what we call a race, that unfairly advantages some and disadvantages others, and saps the strength of the whole entire society. And so if you look at subspecialty care, cardiology care as a resource, then black and Latin X patients being systematically excluded from access to that resource when they have heart failure, there's no more clear definition. And yet because of white fragility and because we are at a predominantly white institution, and because it's an institution whose practices have not always been welcoming of black and Brown communities, there were a lot of people who fought that definition and fought that framing. And that's really unfortunate because we're being truth tellers and defensiveness and fragility shows up anytime you talk about structural forces, historical marginalization, disadvantage, bias, discrimination, all of these things. And yet it's the most important conversation we can be having in the midst of a pandemic that as Jacqui said, has unearthed and shown and demonstrated and brought light to things that we've been trying to not see as a society for way too long. So, I think that those kinds of concrete examples in clinical care and in the clinical world, just help health workers to have to face the truth. Often we consider it to be something happening out there. But we're health workers and our intentions are good and that's all that matters. And that's just not the case.

- That's funny. It's so reminiscent of some of the work in complex systems theory on the technological side of the ledger around, looking at the Exxon Valdez accident. And the first instinct is to say, oh, it's human error. The captain had been drinking, it's a drunk captain, personal responsibility, and then a totally different approach, which says, well, let's look at the whole picture here. And what were the conditions that the company set that might be driving the captain to drink and what redundancies might've been there, so that there'd be support? And et cetera, et cetera. And I heard that a little bit echoed in Margaret's question, which was, gosh, if we're not gonna just be looking at the specific and say, all right, here's a problem, get me a vaccine as quickly as possible. And then the problem will go away. It's somehow much more embedded in structural. It gets to the question of all right, where's the first step of a journey of a thousand miles to take, or is that a losery? I know with climate change and global warming there's debate around whether people trying to take up individual habits to deal with their own CO2 footprint is kind of missing the forest for the burning trees, given the institutional again, ways in which the problem arises. So I guess I wonder for both of you, your thinking around for somebody wanting to pitch in here, and generally, what would a first step be, whether it's just as an interested citizen, is it kind of the equivalent of minimizing my carbon footprint? I'll wear a mask, I'll go down the public health checklist of things to do as a citizen, or is it something broader? And on the other end of the spectrum, if there's a new administration that wants to say push through a new bill, a federal policy in the United States for relief, what would be one or more things you'd wanna make sure we're in there to try as much as possible to mitigate this problem and possibly do so, not by being COVID specific, but by being specific to the problems behind the problem? I don't know who wants to go first, maybe Jacqui.

- Thank you. Yeah. So, there's so much there. so, thank you for that question. So, one, I think in terms the suite of policies that we need to be thinking about, is that we really need to think transformationally, we can't continue to just kind of tweak a system that fundamentally exists to favor the 1% in some way. And so whether we're talking about policies like campaign finance reform, so that we actually get money out of politics. So we don't have policies that are literally bought by the highest bidder. And in some cases, policy makers whose favor and votes are bought by moneyed interests. And so definitely we have to restore a true democracy first and foremost. And in terms of also kind of the systemic things, we need to think about how wealth works in this country and how wealth has, how the enclosure of wealth and what has taken to do that, has actively harmed everything from objectifying folks, to the extent that African folks were brought over to this country in the holes of ships as cargo. And really this whole notion of Black Lives Matter is a fairly low bar to just matter. And it's really rooted in the fact that the dehumanization of people, the vestiges of that are still very much there. And the image that is ingrained in so many of our minds is of George Floyd with the knee on his neck and in a posture that is far less than human and humane. And so we have to think about the roots of what makes that happen. And certainly the enslavement of African peoples started with the pursuit of wealth and power. And so for us to get anywhere, we have to really, again, space that reality and our policies need to govern away from that reality. When we look at the energy system, to have a system that is governed by the, where the goal of the energy system is to make as much money as possible for the already wealthy few versus the goal of the energy system to provide

energy to all that in and of itself is obviously a big problem. And people like the grandmother in New Jersey who had her electricity shut off for non-payment in the dead of a heat wave, and her son paid off her bill, but two days later the system hadn't caught up to it and they shut off her electricity anyway. And she was dependent on a respirator in the dead of a heat wave, and she died. She paid the price of poverty with her life. While that company that flipped that switch is making hundreds of millions of dollars in pure profit that they're using to lobby against clean air, to lobby against clean energy, to lobby, to pay into groups like ALEC, the American Legislative Exchange Council that pushes on prison privatization, school privatization, water privatization, and pushes back on voter rights and advances voter suppression laws. So we have to recognize the interconnection of all of these issues and how they all compile to oppress bi-pod communities in particular, black, indigenous people of color communities, and low income communities in general. And therefore, when we think about policymaking, it has to be systemic and it has to be transformational, or we're gonna continue to be in the state that we're in now. So that's kind of the answer to your second question in terms of the types of policies that need to be looking at. So everything from campaign finance reform, to ways that we restructure our energy systems, the ways that we restructure our food system, we have a food system where we have companies that are so concentrating on giving closure of wealth, that they will create products that are against the very laws of nature. Like the terminator seeds that are developed by Monsanto, one of the big agricultural groups. A terminator seed, which only has one life cycle, which again, this world was designed, divine leads, and in terms of regenerative processes and so forth. And so the, the cycle of seeds is a natural way of the world. But yet we have folks who are actually genetically modify the very laws of nature in some ways, through developing these types of seeds. And again, it's all about the enclosure of wealth. And so we have people lining up in food lines when we can really be constantly regenerating our food systems. There's no reason that anyone to be going without food, people should not be starving based on what they have in their pocket, in a land of plenty. And our land that is one of plenty. And so we can really take each and every one of our systems and think of them that way. I think about how do we have systems that actually provide for the commons for all, as opposed to, again, being living in wealth. And so, but back to your other question too, about what anyone can do, small steps that people can take. I put together this document called, 20 Things we could do to Advance a Sustainable Planet, on Earth Day, a couple of years ago, and posted it because out of that recognition, then not everybody's gonna run for office. Not everyone's gonna start a community micro grid, a lot of those kinds of things that we all need to get to where we're gonna go, but anyone can, I was just at a panel yesterday. It was someone actually asked that very same question. And they had put online on social media a question like, what can I do that will take the least amount of effort? Which I thought was an interesting kind of question. But I would say actually putting that question out there on social media is an act, because it starts people thinking and it socializes some remedies that people are putting out there. So just asking a question, just starting the conversation is an important step in and of itself and one that anyone can do. But then I have started to grow for the first time in my life that traveled 99% of the time before this thing happened. But I started to grow for the first time in my life, on my balcony, a whole garden. So now I'm growing everything from lemons, to tomatoes, to peppers, to dill, to cilantro and parsley. And that's something that I'm just doing on my tiny little condo balcony. And it's something that now I

made my bruschetta out of what I grew on my balcony, which I was super excited about. And that's something that we can all do, thinking about taking that walk instead of driving, that's one thing that makes a difference. 'Cause every time we run those combustion engines, it puts pollution in the air that impacts the way someone else breaths, and their ability to breathe. So, I'll stop there, with my longest answer yet, but.

- But, thank you. It's a neat way of saying that the incremental and the transformational don't have to be an opposition. That a path to transformation can be at times incremental, especially if you're trying to meet people where they're at, when the person asks you, well, what's something I can do, but I don't have a lot of time? I'm ready to applaud our healthcare providers every night at 8:00 p.m. I hear you saying, meet them there and then maybe at 9:00 p.m., here's another suggestion if you happen to have time and go from there.

- Exactly.

- So I don't know, Michelle, your thoughts on the same thing.

- Yeah. I know what I think, really, really great questions. And again, loving what Jacqui is saying and learning so much from how you're just weaving it all together, that spectrum together. I really appreciate that. And I think that's exactly the right approach. I might go ahead and answer the policy question first and then get into the personal interconnected of course. But I think from the policy side, there's so much, I think we're at a point where, in my opinion at least even asking for medicare for all is too small. We need something, we need an even bolder, more visionary ask, demand I should say, that takes us even further than just health insurance. And I think that that's happening in lots of different sectors, and movement folks and organizers are really, we're alive because of them right now. And we should obviously thankful for the sacrifices that organizers are making. But again the medical community's behind the curve. What is our version of abolition? What does that look like? There's a lot of great ideas out there. I think we need to be far bolder and far more visionary. And I think we need to, for the health and wellbeing aspects, we need to connect much more deeply and closely to our colleagues and other disciplines in other spaces, because I think we're a little bit stuck. But at the same time, I think that there are like very real, very exciting policy proposals that are out there. And I'm certainly not speaking on behalf of the Ways and Means Committee, but I think the BREATHE Act is very exciting. That's been put forward by Movement for Black Lives and I think there's a lot of other legislation out there that's very visionary that is going to take us somewhere, at least in our dreams, if not in the political reality of the current moment. I'll also say that I think, again, critical race theory has really helped me on the policy side. Me and some colleagues wrote a piece a few months ago in health affairs talking about how interest conversions, which is one of the kind of sub theories or tenets of critical race theory, helps us to understand past changes, and the example of Brown vs the Board of Education and the Supreme Court, which many people I think looking back, see as a white awakening or white consciousness. Perhaps was not just a sudden consciousness amongst white people, but actually, again, an example of interests of civil rights leaders, organizers, and mobilizers aligning with the interest of whites for a very interesting set of reasons. But if you agree with that

analysis which I do, it makes you think, okay, so how does that inform our policymaking and advocacy work going forward? Are we stuck waiting until interests align again with white elites who have always run this country, or are we gonna build an alternative? And what we describe in our health affairs piece is that, health workers in particular, again, need to join the coalitions that are existing for social justice across the country and around the world. And we need to lend our voices and our power to those demands and those movements in coalition. And we need to build an alternative nexus of power if we are going to avoid having to sit around and wait until interests converge again. And I think that it's hard to do that, and yet it's critical and that's how all social change, through social movements has happened in the past. And I think that that's really instructive. And then I think on the personal side, like what's the step that everyone can take towards uplifting what we're talking about in terms of racial justice and environmental justice? Oh, there's so many, right? There're thousands and thousands of great steps. In fact, I myself am always trying to find new steps that I can take, but I think particularly 'cause this is what EqualHealth has really committed to over the past several years. I do think that the critical consciousness piece is the first most important step, I think it can be really damaging. In fact, if you haven't done that work of raising your own consciousness and your critical lens and learning before entering into spaces with others who are already doing that work or have already been committed to that work. I think it's so important to do your homework first and what that homework looks like, varies depending on who you are and where you sit and what your training is and what community you're from. But I think that all of us have to start with that internal step of acknowledging and humbly recognizing what we don't know and really being open minded and curious, and being willing to listen to truth tellers who are often unpopular and scrutinized and marginalized fairly or unfairly. But listening to those folks who, yeah, who may get labeled as being either too radical or too forward thinking or whatever it might be. There's there's truth in the words that they're speaking. And so I think getting out of our kind of, our typical knowledge silos is really, really helpful as a first step.

- That's fantastic. I Have to say, after 2016, I got a Twitter account and I have very mixed feelings about Twitter. Very, very mixed feelings. But one of the things that it has allowed me to do is to actually tune into conversations that I would not otherwise and listen to other voices I wouldn't otherwise listen to, that would take a lot of effort to listen to. And I sort of can lurk and listen to these, kind of subculture conversations that have at least a tiny bit of a feel for what folks that I would not necessarily interact with, are sort of saying. And most of the time it's a very frightening experience and not very positive. But it also, it does have that function, which does lead me to sort of another sort of question and to circle back again a little bit. For me, what has been so upsetting, I think in terms of how COVID has played out is the sort of the cruelty, and the embracing of cruelty as a political strategy from our national leadership and armed, mask, masked, protests for masks. You definitely, I guess it's my opinion, but I think that if it had been anything, there would have been a protest and armed, and it definitely number one. And number two, the sort of loss of life in minority communities sort of not being addressed and almost being encouraged, refusing to take any public health action and undermining every public health action that may have prevented some of that or blunted that, or mitigated it, I think was just deeply, deeply upsetting. But, I think the thing that has made me kind of wonder about, is would things have really been any different under a different

administration? Given the fact that these structural factors were in place and that this crisis hit, and these structural disadvantages and draining of resources out of communities that made them particularly uniquely vulnerable, that's a longstanding thing. So maybe things would not have actually been different, but maybe I just would have felt better about them because I wouldn't have sort of seen the cruelty and I wouldn't have experienced personally the crisis in the same way. So, I guess that's my first, my question to you guys, is to ask if you think it would have been different, if you would have felt differently about it. And I just give a small example of what I mean by a structural long-standing issue that I discovered. So when I started working with the State of Massachusetts on the Contact Tracing Program, we realized we were, I was working with partners in health, which is a nonprofit here that was contracted with the State to help build out the contact tracing program. And of course, a contact tracing program is when you identify people who are infected and find out that the people they may have exposed to the disease and then reach out to them and help them quarantine, and to keep them from passing on the infection to others. And what we found was, as we were going about building the Contact Tracing Program, we were gonna need to work with 351 local boards of health that our public health system in the state of Massachusetts was set up so that there were municipalities and towns ran local boards of health that had contact tracing programs already in them that needed to be bolstered. And, that's a little unusual, usually it's done by County, not by a municipality or town, but nevertheless, it was run by 351 local boards of health. And how did they get paid? What was the revenue stream for those local boards of health? It was property taxes. And I remember learning that in March and just feeling like the floor opening up from under me. I can't even describe how upsetting that fact was, because that meant, of course, that communities that were going to be relying on their local boards of health, the communities that couldn't pay property taxes, we're going to be starting from an even deeper hole than the rest of us. And it's just a little vignette to say, like, that was the whole, that was in place before 2016. We still would have been dealing with that. So I just offer that as an example, but I guess I'd love to hear from you guys, what things have been different if the outcome of the 2016 election were different?

- I will ask Michelle to go first.

- If you don't feel like answering that, I could modify it.

- No, I appreciate the question. I think it's an important one. And I think it's one, I just hope that we don't lose that perspective when the new administration starts. I worry that, just sometimes we can be so shortsighted that even remembering something that recent can be overlooked. And I would also say that ultimately I think it would have been significantly different for sure. I think the direct answer to the question is yes. And I think that the projections, of course, that looked at if we had enacted social distancing and stay at home orders a few weeks earlier, how many lives would have been saved? And some of those things, some of those projections are, again, my word was tragedy. There was so much that could have been done differently early on before that amplification effect happened, let alone what's happening in these past couple of months this fall. So I think, yes, it would have been different, significantly different. I also think that administration of the, I think this would have been a challenge for any administration, no

matter the party. And I think the approaches would have been drastically different, but I think it would have been very, very difficult for any administration to manage a crisis of this magnitude. I worry the most of course, about the global effects and not just vaccine nationalism, but nationalism period, and how we work our way out of that, how we repair from that, how we acknowledge that, how we rebuild global relationships and how we, I hope practice global solidarity differently, because I also don't want us to go back to very security only oriented approaches to global health. I think that it's really important that we recognize that global solidarity can be practiced in a lot of different ways and they don't have to, it doesn't have to be imperial and it doesn't have to be militarized. And I'm not sure that that's a dream that will ever be fulfilled, but I think I hope that that's part of also what happens as we think forward as well. I also hope that part of the recognition of how things might've been different is really what guides the forward thinking visionary, next steps of the new administration and that it not just be kind of, let's just reverse everything that's happened for the past four years, but can we really dream a new vision and do things differently rather than just fix some of what's happened over the past four years? I think certainly there's fixing that needs to be done, but also there's clearly more creative liberatory dream work that needs to happen if we're gonna ever have a chance of preventing this same pattern that we're seeing with COVID from playing out in the next pandemic. And the next pandemic I'm sure Jacqui is gonna say is coming way sooner than we think. So, I hope that some of that will happen going forward.

- And before Jacqui will get what might well be the last word given our timing, Margaret's question and your answer, Michelle really nicely connect to one of our participants questions about that vision, which may not just be about a hypothetical, what if it had been a different administration? But looking to other jurisdictions, whether a particular American State or a different country elsewhere in the world that maybe offers some insight into how to do things better. And I'm curious if anything, for either of you jumps to mind on the way the question put it was comparative cases, both within and outside the U.S. hospital systems, making incremental progress. Other cultures are governments making inroads for better quality of life for people of color as a background medical care. And I don't know if there's anything that stands out as an example to emulate.

- I'll just be really fast. 'Cause I think you wanna go to Jacqui. The countries that I think we don't hear enough about are Cuba, for sure, and Vietnam. Both I think are places I would like to be hearing more about. And I'll say that I haven't looked at the numbers in South Korea in a while, and I recognize that there've been some more recent challenges, but I think that there's something to be learned for sure. And then the tiny last thing I would say is just that there is also evidence that ending the racial wealth gap through reparations for formerly and for descendants of formerly as safe people actually would be a very effective way to change transmission of COVID in fact. And projections that researchers and collaborators that I know have looked at, suggest that actually COVID transmission in Louisiana, which was the test case would have been 30 to 68% lower for the whole entire State if the racial wealth gap had been eliminated before the COVID-19 pandemic started. So, no country has really done that yet, but that would be almost as good as the floor that the FDA has set for vaccine efficacy. So, I think we need to be thinking about things like that.

- Mm-hmm. Thanks, Jacqui.

- Yeah. Thank you. Yeah. So definitely echoing what Michelle said. Absolutely though the racial wealth gap is so much that addresses a lot of what we look at as critical. I recently bought the book that I had read a little bit online, "The Geography of Bliss", which I don't know if folks have heard of that. But it really looked at, people have heard of this notion of the happiness index and so forth, and it really went around. This person really went around the world, really asking people what what's making them happy, what is giving them fulfillment and so forth. And one thing that "The Geography of Bliss" revealed, this places that have the lowest level of wealth disparity are the places that are enjoying the most bliss. And it doesn't mean that everyone's rich it just means that there is equity across the board. And some of the places that even have the lowest in the way of Gross National Product or whatever are places that are experiencing more in the way of fulfillment and happiness. And I think there's a lot to be drawn from lessons from those countries in terms of how they structure and how do they govern in a way that makes sure that everyone has their basic needs met, which is really, and the ways that the values that are at the center of governance in those nations are something that we definitely need to look at. So, I'll just keep it simple. "The Geography of Bliss", I highly recommend it. Thank you.

- That sounds like what we need to all just read right now, given this very dark winter that we are about to live through. And I just wanna wrap up by saying an enormous thank you to both of you for sharing what you've learned and what your perspective is at this really critical moment. And I was watching the Shakespeare Henry the Fifth, where he says he's, the end of the movie he says that he's about to kiss his newly one French bride, and she says, no, no, no, we cannot kiss because that would be bad manners. And he says, oh, we are the makers of manners. Of course we can kiss. And I often think about, we are the makers of manners. And so to whatever extent that this moment helps us think about what we'd like in the future to remind ourselves that we have some control and agency over that future. And I'm so thrilled that you guys are part of that that future and that future creation with us. So thank you so much.

- Indeed.

- Thank you for inviting us.

- Thanks very much. I'm sorry there's not an urn with stale coffee for us to gather around with everyone in the participants, but we'll see you online and we will press forward and try to move beyond devastated. Cheers.

- Thank you.