

## **Our Shared Future, Reckoning with Our Racial Past Forum:**

### **Panel: Race, Health, and Wealth**

**Interviewer:** Sabrina Lynn Motley

**Interviewees:** Sean Sweat, University of Pittsburgh School of Medicine M.D./PH.D Candidate; Louise Seamster, PH.D., Asst. Professor, Sociology & African American Studies; Juliet K. Choi, J.D., President & CEO, Asian & Pacific Islander American Health Forum

**Forum Date:** August 26, 2021

**Video Length:** 18 minutes, 50 seconds

### **Graphics on screen**

Our Shared Future Reckoning with Our Racial Past

Smithsonian Forum

### **Narrator**

Our Shared Future, Reckoning With Our Racial Past Forum. Reckoning with Race, Wealth and Wellness. Hosted by Sabrina Lynn Motley. For our panel on race, health and wealth, Juliet K. Choi, Louise Seamster, and Sean Sweat.

### **Graphics on screen**

Reckoning with Race, Wealth and Wellness

### **Graphics on screen**

Sabrina Lynn Motley

### **Graphics on screen**

Race Health and Wealth

Juliet K. Choi

Louise Seamster

Sean Sweat

## **Visual**

Sabrina, Louise, Juliet, and Sean are on screen, seated

## **Sabrina**

This stunning portrait of Henrietta Lacks is by Kadir Nelson and part of the Smithsonian National Portrait Gallery and National Museum of African American History and Culture Collection. Henrietta Lacks never sought out to change society, but her 1951 doctor's visit would eventually play a key role in developing the polio vaccine and advancing the study of cancer, all without her consent, let alone her awareness. But with the success of Rebecca Skloot's *The Immortal Life of Henrietta Lacks*, a conversation ensued about medical trust, compensation, and vulnerable communities. Guiding us through the connections between race, health, and wealth, we are joined by Louise Seamster, assistant professor of Sociology and African American Studies at the University of Iowa, Juliet K. Choi, president and CEO of the Asian and Pacific Islander American Health Forum and former senior director of the American Red Cross Disaster Service. And Sean Sweat, an M.D. Ph.D. candidate at the University of Pittsburgh School of Medicine. Sean, I wanted to start with you. You flipped the script on the Hippocratic Oath and rewrote it to reflect a sense of racial justice and social justice. Why did you decide to do that? What was the motivation and what were the changes that you made?

## **Graphics on screen**

Sean Sweat

University of Pittsburgh School of Medicine M.D./PH.D Candidate

## **Sean**

Yes, so that was for a couple of reasons. Firstly, given the COVID-19 pandemic and how it was primarily affecting minority populations and, for example, Black and Hispanic

communities, we really wanted to address, given all that has happened with the pandemic, that there's a lot we need to do in terms of healthcare, in terms of really providing for people of color and really fixing those gaps that allows them to fall through. In addition to that, we also wanted to address the killings of Breonna Taylor, George Floyd and Ahmaud Arbery, and just how, when it comes to violent individuals or people of color, there was no justice for them. There was no justice for them and what they went through and what they experienced. And so we wanted to use the oath as a time or as an opportunity for us to address, not only within healthcare, but beyond that, like, how do we want to really go forth leading in the medical care field and also beyond that?

### **Sabrina**

So you're-- you know, we started talking about the time period, and I think, you know, you've taken something that's ancient and made it relevant and important for this moment. And I want to ask you, Louise, a similar question about this myth of racial progress. I mean, I think people think that we've made so much progress, things have changed. Can you break down for us what's the myth and what's the reality of this myth of racial progress?

### **Graphics on screen**

Louise Seamster, PH.D.

Asst. Professor, Sociology & African American Studies

### **Louise**

So there's this story that, you know, because we've come past slavery and through the Civil Rights Movement and taking care of racism, that we've basically overcome and that anything kind of remaining is just this residual effects of-- of past forms of racism, and that it will slowly kind of peter off as we move forward through time. And I'm always thinking about Malcolm X's quote saying, "If you stick a knife in my back nine inches and pull it out six inches, that's not progress. If you take it all the way out, that's not progress." Progress is healing the wound the knife made, and they haven't even taken the knife out, much less acknowledged that it's--the knife is even there. And so I think that we need to look at things like the racial wealth gap to look at this longer history and more the consistency in the outcomes, whether or not the forms of racism are changing.

**Sabrina**

So, Juliet, let's talk a little bit about the consistency of outcomes, which in many cases hasn't been particularly consistent and has led to a lot of mistrust among the general populace, which is a problem for public health officials because it's critical to successful policy implementation. Can you talk a little bit about how we can address trust in a time of COVID, when we need people to get vaccinated and they're not?

**Graphics on screen**

Juliet K. Choi, J.D.

President & CEO, Asian & Pacific Islander American Health Forum

**Juliet**

Sure. I mean, our public health leaders, I do truly believe, have been doing the best they can do with the changing information, the changing situation. But when it comes to building trust with the community, at the heart of this, this is all about community partnership and community engagement. We've heard the phrase often, but I think we can really see how this this dialogue comes alive when community partnerships really matter. Meeting families where they reside, where they live, how they live. It's what I like to say, it's not just about reaching out, but it's reaching in. And in order to bolster that trust with the public, I think this really means we need to make sure that our workforce, our leaders, reflect us, no matter what walk of life we come from, no matter the color of our skin, our religious background. So, again, at-- at heart, it's community partnership, community engagement, reaching in and reaching out.

**Sabrina**

I think one good example of that comes from American-Indian communities where, you know, I think my understanding is that it has a high percentage of the population that has been vaccinated. Given the history of these particular communities, how did trust in public health officials happen so that people would get vaccinated?

**Juliet**

Yeah, I really appreciate this question. It really is a remarkable narrative, a remarkable tale, because at one point in time, earlier on in 2020, the Native American community was experiencing COVID fatalities two and a half times the rate of their white counterparts. You're talking about many Native communities that live miles and miles away from the local closest healthcare facility. So this really was about one-on-one outreach, a sense of love and care, particularly taking good and close care of the elders and treating one another as a treasure and with a lot of love. The healthcare workers, the frontline workers, these were all individuals from community. And with that in a very short amount of time, yes, there are a lot of studies that are reporting that the Native American community is now the most highly vaccinated population in the country.

### **Sabrina**

So, Sean, let's talk about the rest of us, the other communities where the pandemic is still showing us the healthcare disparities. Can you talk a little bit about what that looks like to you as a medical student? What do you see when you're making your rounds and engaging with various community members?

### **Sean**

Yeah, so I'd like to actually start answering that question by kind of addressing the COVID-19 pandemic earlier on. So, for example-- and really addressing how the pandemic has really primarily affected Black and Hispanic communities. So we understand that a lot of jobs that were considered essential during that time period, whether it be grocery store workers or delivery persons, those are primarily held by people of color. And so I think with that being said, they were predisposed to COVID at a much greater rate than others. They didn't have the luxury, for example, of staying at home and being safe. It came down to actually going into work, risking exposure to bring home an income. And that just goes back to this longstanding fundamental issue in healthcare of access to healthcare. People need to be able to afford healthcare and have access to it.

### **Sabrina**

So--

### **Sean**

Oh, sorry?

### **Sabrina**

So, no, sorry. I just-- I want to stop you there because I wanna take your point and actually kick it over to Juliet, because this notion of access to healthcare particularly becomes important in disaster relief, where we see so many people during these critical moments who haven't had access to healthcare before a disaster happens, and, you know, the impact is even worse. What have you learned about this kind of work that you can apply now to the pandemic that is raging all around us?

### **Juliet**

Sure. And, you know, I really appreciated what Sean was sharing as well. I think one of the critical lessons is, when there's a time of crisis, whether it's a disaster or a global pandemic, you know, we're going to seek support and assistance in a way that is most comfortable to us. So we can have the government notifications, the information that's pushed out. But at the end of the day, especially in a moment of crisis, you're going to turn to your loved ones. You're going to turn to your place of worship. Folks that you already know, what I call trusted voices, trusted leaders, trusted validators. So in a time of crisis, these types of community relationships, understanding how each community functions, is incredibly critical. And at the end of the day, whether it's seeking healthcare, or housing, or food assistance, again, I really come back to access to care for any individual and every individual really, really, I think is the civil rights issue of the century.

### **Sabrina**

Let's talk about the racial wealth gap and what does it mean? And what are the forces driving it?

### **Louise**

Okay, so the racial wealth gap is both a number and a concept. So it's-- it's symbolizing the... continuity of racism, as I've been saying, in America, where at this point white wealth is 10 times at the median that of Black wealth, or Hispanic wealth, or Indigenous wealth for the median family. And this number has been relatively consistent across the

past five decades and more, so we have been, as-- you know, as scholars, we've been looking at this number as an indicator, like I said, of racial progress and its lack to show how you could have changing mechanisms, where it might have at one point been exclusion from the housing market, an inability to get a mortgage through things like redlining or the discriminatory implementation of things like the GI Bill. But that at this point, that shifted so that it's actually through things like subprime mortgages or even through student debt, that-- were the things that families were told they were supposed to do to make it and get ahead in our society. You're supposed to go to college and you're supposed to buy a house. Those two things, especially for Black and Brown families, has only been able to be achieved through taking on more debt. And so that is how the-- you know, the very thing that was supposed to be what got people of color ahead is now turning into the thing that's holding them further behind.

**Sabrina**

Right. And you call this predatory inclusion?

**Louise**

Mm-hmm.

**Sabrina**

Can the wealth gap ever be closed? Are we gonna live with this for the duration?

**Louise**

I think it will be challenging and it will not close on its own. I think that's the most important thing, is that it's not something that's naturally going to ch-- you know, close over time. But I do think, absolutely, like, we can achieve economic racial equality. And fortunately, people have some great policies on the table that can go far towards doing that. For instance, if you canceled \$50,000 of student debt, in work I've done with co-authors, we found that that would increase Black wealth for all families, not even just people who have student debt. For all families, it would increase Black wealth by a third.

**Sabrina**

So you're talking about possibilities, which I think is a good way for us to close our conversation. And I want to know from each of you, what are the ways that people are making things work? I mean, we are actors, not just acted upon. So if I can ask you-- maybe I'll start with you. Sean, despite everything that we're up against, people you know, communities that you work with, give us one example of-- where you see a spark of possibility.

### **Sean**

Yeah, I'd like to take this time to kind of talk a little bit more about implicit bias. We understand it to be something that is built upon our previous interactions or previous thought processes. And that can really significantly impact how we treat other people. And so I think in order for us to really achieve any sense of health equity, we need to really address that. I think, you know, for me as a Black woman, if I were to enter an emergency department seeking out care, it's insulting for me to think that the kind of care that I may receive will depend on who is at the bedside and what their implicit biases are. And so for me, as a medical student in training, I really take it upon myself to promise myself that if I, for example, see someone who is-- see a colleague not treating a patient well, or if I see a medical care professional disrespecting a patient, I tend to, as they say, see something, then you say something. For example, it could be pulling a colleague aside and talking to them one on one or going back to the patient and talking with them more to figure out if their needs are actually being met. I think along with that, in order for us to really address implicit bias, we need to self reflect. Think about, again, how we're interacting with others. And I think also what ties into that is this understanding of not only cultural competency, but also a cultural humility. I was reading a commentary recently about how cultural competency is more so this knowledge that--of cultures and having kind of a surface level of understanding of them. With cultural humility, you're more so taking on a deeper appreciation of cultures. You're really-- it's more of an interpersonal process where you're trying to actually understand cultures in such a way that when you see someone who doesn't look like you, you appreciate them for who they are. And I think all that is to say that if we-- if we can come to a point where we're appreciating people for who they are, for example, their patient narrative and their background and their experiences, we then can go forth and develop a treatment plan for them that really meets their unique needs.

### **Sabrina**

Julia, where is there hope? Where is there light?



## **Juliet**

Yeah. As an American society, I firmly believe, we're very much a resilient people. And I can't help but think about my parents. I'm the daughter of Korean immigrants. And what they had shared is that we can all bring our lived experiences to bear and give voice. And in this time, particularly with the pandemic, what I've seen so many people do is give voice to the people who have not been seen. And we're talking about Black and Brown and Indigenous communities. I think we're also talking about Asians, native Hawaiians, and Pacific Islanders. And when we say giving voice, I think looking at numbers and data, making sure each and every person counts is critical. And we know that in different parts of the country, there are a lot of particularly immigrant communities, disability communities who've been very invisible. So what gives me hope is that there are so many more voices advocating for inclusion in this historical time of both a global pandemic and racial reckoning that our country is facing. So collectively, you know, call me an optimist at heart, I am. That still gives me a lot of hope.

## **Sabrina**

Great. We need you. Louise, I'll give you the last word. Where's hope?

## **Louise**

Well, you know, I've been looking over the last year and I'm teaching about social inequality and thinking about how the pandemic has exacerbated inequality in many ways, but also how it's been this opportunity to rethink how we do everything. We haven't been able to just continue business as usual when a lot of people have been pointing out that business as usual was hurting a lot of people before the pandemic. And I've seen so many things that everyone said were--was an impossibility come to pass, like we have a child tax credit that's looking like it's going to, I think, halve child poverty. You know, just with the snap of a finger, basically, all these things that were supposedly intractable that people like me study for decades and say it can't be done, can just be done. And so I look at that and, you know, the student debt pause, I look at the eviction moratorium, all these things where people did have in their pocket how we could do policies in a more humane way. And it's you know, we have ability to think on the individual level, what we can do and on the community level. And then there's a level of policy where we do -- we have seen above all in the past year and a half, the power of different levels of government to shape our day to day life. And so I'm hoping that that

will carry us through for some momentum to think about how we want to rebuild our future.

### **Sabrina**

It's a great, great place to stop. I want to thank you all for being with us, for sharing your time and insights for the amazing work that you do in communities across this country. And I hope to continue this conversation with you both here and perhaps at the Smithsonian one day. But again, thank you so much for being with us.

### **Graphics on screen**

Watch the entire forum and view additional resources at [oursharedfuture.si.edu/race](https://oursharedfuture.si.edu/race).