

150th Video:

Throughout our nation's history, APHA has been there. We've been on the ground fighting for the public's health since 1872, taking on diseases, poverty, and sanitation at the turn of the century. We were there when Rosa Parks and Martin Luther King, Jr. called for equal rights, and continue today fighting to end racism and counter all of its devastating health effects. We were there encouraging auto safety standards and calling for seatbelt laws. Since then, we continue to support work to make our cars and roads safer and reduce injuries. APHA was there when women made their voices heard, and supports their ongoing fight for equality and control over their own health. We fought for access to care as AIDS spread across the country, and continue working to ensure easy and equal access for all to vaccines for COVID-19, the flu, and other infectious diseases. We've been sounding the alarm about climate change's impact on human health by raising awareness, and the world is listening.

Change is happening, but these next years are so important. We need your help to shift the tide. By advocating for safe work, home and school environments, access to care, nutritious food, and reducing gun violence, we've strengthened our nation's public health, and APHA continues to develop and advocate for policies and programs that support the public's health and the public health workforce.

We were there, and we're here today, and together we are moving forward. Join us as we celebrate APHA's 150th anniversary and look to an even brighter future. Together we will continue to improve health and achieve health equity for all.

Susan Polan:

Good morning. Good afternoon, and happy National Public Health Week. My name is Susan Polan, I'm the Associate Executive Director for Public Affairs and Advocacy at APHA. We're gathered virtually today on the traditional land of the First Peoples of the District of Columbia Piscataway, who inhabited the region between the Potomac and the Anacostia Rivers. They were the original inhabitants for thousands of years. We honor their history, and we'd like to express our gratitude to the land, which has provided us with its bounty. In acknowledging this history, we do not intend a superficial action that somehow releases us from the obligations of righting past wrongs. We acknowledge that we live in a postcolonial world, and we work to be accountable for our part in history. We each come from a different history. We have each lived a unique life. We bring these experiences to the work we do today. We affirm and celebrate our commitment to the difficult and joyous work we must do to transform our communities into ones built on justice and on caring for each other and our lands.

It is my pleasure to welcome you to the 2022 kickoff forum for National Public Health Week. Public health is where you are. Today we are joined by public health leaders from across the country in this conversation about the intersections of public health and how public health can collaborate with community leaders to build trust and a strong foundation for healthy change. Each day of National Public Health Week has a different theme, and today we are exploring racism, a public health crisis.

Before I move on to introduce our moderator, let me take the welcome speaker prerogative to publicly acknowledge all the people who bring you this event and many of the events this National Public Health Week. This is an all hands on deck activity for APHA, so thank you to all the APHA staff members, affiliates, and caucuses who participate. Thank you to all of you for being here and everything you do today and every day to improve the public's health. But mostly, let me take the moment to thank

Veronica Laos, Holly [inaudible 00:04:06], and most especially, Lindsay Wahowiak, our fearless leaders in all things National Public Health Week.

Now it really is my pleasure to introduce our moderator, Kaye Bender, PhD, RN, FAAN is an independent public health organizational and education consultant and strategist, and the owner of Kaye Bender Consulting. She was appointed as the Executive Director of the Mississippi Public Health Association in May 2020. She was the President and CEO of the Public Health Accreditation Board from 2009 to 2019, and she was the Dean of the University of Mississippi Medical Center of Nursing for six years immediately before that. Prior to that, she worked in local public health for several years in Mississippi, was a Deputy State Health Officer for the Mississippi Department of Health for 12 years. She chaired the Exploring Accreditation Steering Committee, the Precursor Board for the Establishments of [inaudible 00:05:03]. She was a board member of the National Board of Public Health Examiners, Public Health Foundation, and the Mississippi Public Health Institute. She's an active member of the American Academy of Nursing, served on its board from 2016 to 2019. She has numerous publications and presentations related to governmental public health infrastructure improvement. We are very, very lucky to have her as the current President of the American Public Health Association. So it is more than my pleasure to turn it over to you, Dr. Kaye Bender.

Dr. Kaye Bender: Thank you, Dr. Susan Poland, and happy National Public Health Week. I can't think of a better way to kick off this week than to begin by talking about the theme today, and that is racism. We have an excellent keynote speaker and a wonderful panel that will be discussing all of these issues in great detail, so hang on to your hats, it's going to be an awesome session.

I'm pleased now to introduce Bernadette Lim. We call her Bernie and she says you can too. She describes herself as a creator, a healer, a warrior, and she is the daughter of Filipinos and twice Chinese immigrants. She's the founder and Director of the Freedom Community Clinic, which is a community healing movement that imagines and works toward whole person healing, the future prioritizing black, brown, indigenous, undocumented, and immigrant communities. She's also founder of the WOC Docs podcast, Freedom School for Intersexual Medicine and Health Justice, and part of the founding team of the Institute for Healing and Justice and Medicine.

As if that's not enough, by day, Bernie is a fourth-year medical student at UCSF School of Medicine. She recently earned her Master's at UC Berkeley School of Public Health through the UC Berkeley UCS Health Joint Medical Program, and recently announced that she will be foregoing her residency after medical school to run the Freedom Community Clinic full time. She graduated from Harvard in 2016 with cum laude honors and went on to be a Fulbright-Nehru Scholar in India.

For her work she has received honors, including the World Policy Forum's Young Global Changer, the Yamishita Prize Outstanding Emerging Social Activist in California, the National Minority Quality Forum 40 under 40 Leaders of Minority Health, the California Senate District 29 Woman of the Year honorary, the USCF Dean's Prize Scholar in Health Society and Pacific Standard Top 30 Under 30, Thinkers in Policy and Social Justice.

Wow. Bernie, I'm just worn out just thinking about all you've done in your career so far and you're still young. She envisions and works toward a world where each person is affirmed, loved, and cared for, and I think you'll that come through in her presentation. Bernie, thank you for helping us kick off National Public Health Week, and I will turn it over to you.

Bernadette Lim:

Kay, thank you so much for that beautiful welcome. I'm giving you a big hug from the Bay Area. I'm giving all of you who are celebrating National Public Health Week a big hug from the Bay Area. Thank you so much to the American Public Health Association, especially the homie Veronica Laos for inviting me and for welcoming me to share about our work about envisioning a whole person healing framework for the people and really bringing healing for the people, meeting people where they're at and realizing this is our commitment when we talk about justice in medicine and public health. Just excited to be in dialogue, really. I'm going to have team mug here. I hope this can really just be a casual dialogue between all of us on what it means to envision a whole person healing future for the people.

That's the title of this presentation, and I'm excited to especially focus on how our work at Freedom Community Clinic meets people where they're at. What we mean is really integrating an ancestral indigenous healing with Western medicine. Because when we talk about whole person healing for the people, it's about acknowledging that it's not just...People are not just their bodies. They are at the epicenter of this access with their mind, their body, and their spirit. We have the power to really help people heal in all those dimensions.

I want to start off this keynote with a story of my mother. I love this picture of her. She has all of her colors and her flowers. Just as Kay had mentioned, I'm the daughter of Filipino and twice Chinese immigrants. My mother came to the United States from the Philippines in the 1980s, and she recently retired. She's living it up after working 30 years as a cashier at the Los Angeles County Jail. When she first came here, she moved to Los Angeles and had a lot of issues, reproductive health issues. She was terrified and she didn't know what was going on. I remember growing up and she didn't really speak a lot of English. So we had to go to the doctor, and she realized that she had a lot of different issues with fertility. She wanted to have a bigger family. Her interactions with the medical system throughout all of getting the reproductive healthcare was significantly strained to the point where trust was immediately broken when she had to undergo a hysterectomy of which she didn't actually fully realize the consequences of the procedure. She came home after that in pain. It was only a couple years later when I was fully grown.

I was seven at the time, when she realized she couldn't have any more children because the doctor didn't fully explain in the language that was considerate of her not knowing enough English, not knowing the different language of the medical system, that this was a permanent procedure that would affect her life immediately. I was seven when that happened. From that day on, we said, "We're not going to the doctor ever again." And I was like, "What? What if I'm sick? What we going to do?" I know a lot of people, if you come from immigrant families, she was the one that told me, "We're doing Vick's vapor rub, we're doing Sprite, and we're going to say a prayer." So that was my main medicine, but also she had to heal herself and she still had a lot of pain in her womb. So, instead of going to the doctor, she went to a local acupuncturist, she did a lot of indigenous Filipino healing, specifically with hilot massage, and she did

a lot of spiritual counseling and what I would consider therapy with a local priest and her local church to really talk about what was affecting her in her womb.

Thankfully, as I've seen her grow into her amazing womanhood, she has been able to really progress in her own healing journey. But it really got to me as to, wow. She was able to be seen and feel affirmed by people who were not in the dominant medical system. So for me, I went into medical school because I realized that my mother's story is actually the story of so many immigrant black and brown families who, because medicine has not addressed the violent history and exploitation that it has had, experimentation and violence against black and brown bodies, people do not want to go to the doctor. So I went to medical school, and as the first in my family to become a physician, I wanted to learn what was happening behind the scenes that caused my mom to really sever that trust and that relationship.

Now, graduating, I finished all my requirements, graduating in May, I realized that there is a lot of work that needs to be done. Just as Kay had mentioned, for me, I've realized that the future of medicine will still require a lot of work. For me, I'll actually be foregoing residency to talk more about how what I saw my mother do in terms of creating her own healing and the miracles that I have witnessed of the strengths of Western medicine, there needs to be a dialogue of what it means to be true healing not only for the body, but for the mind and the spirit for the future of our communities.

I'm here to really talk about our work at the Freedom Community Clinic based in Oakland, California, but really helping to facilitate a community healing movement across the nation of what it means to be healers. I'm a millennial. I'm 27, so I am not offended if you take out your phone, if you're looking at Instagram, because I really want you to feel the energy of the work that we do at Freedom Community Clinic. So while you're watching this, I encourage you to open a new tab, go on your phone, go on Instagram, check us out at Freedom Community Clinic and really feel for what we do as I'm talking.

I always talk about this concept of whole person healing. What does it mean, whole person healing? What this really means is that acknowledging that we are not just our bodies. That a lot of times Western medicine is very, very focused on pills and surgeries to fix disease. But really, what we are acknowledging in this new framework is that every person's at the center of their own healing process, and in order to repair the relationship of the harm done by the history of medicine and public health, we must meet people where they're at and affirm that their healing practices are part of the future of healing and that we also can help uplift with our strengths to really acknowledge that it takes all of us as healers. It takes so many different healing modalities to really help heal our future.

This is a key slide because, especially today when we acknowledge that racism is a public health crisis, of course we all know, I don't know how many more workshops, presentations, diversity, equity inclusion committees we need, but there is so much lack of trust. For me, acknowledging this anger and acknowledging this rage cannot just stop by acknowledging the disparity. We cannot just keep focusing on churning out more articles on health disparities. We must be committed to the solutions, and public health must be committed to creating the solutions rather than keeping on amplifying issues, creating journal articles on things we already know. It is time to really move

forward. Especially with COVID and a lot of the different things that...the pandemic that has really amplified and brought out so much controversy on the role of medicine.

I would say from my perspective, and from the community perspective, that there is a widening lack of trust, and it is very hard. It is a very complicated conversation. But from the community level, what I am observing is that more people want to not just be treated for their disease. We want to learn how to be healthy. We want to learn how to help heal ourselves without being dependent on different external drugs or surgeries to cure us. The reality is that there are so many methods that have helped us, that have actually built on this innate healing within the body but hasn't been acknowledged by the Western medical canon.

Our work at Freedom Community Clinic is about bringing all of these healers together. Again, realizing that ancestral healing can be combined with the strengths of Western medicine. This picture behind is from one of our inaugural Healing for Black Lives events that was happening in 2020 in response to the racial justice movement that was happening. After protests protesting against police violence, we created these healing corners, these healing clinics that would happen right where protests were ending and affirm for our healers and our community in historically black neighborhoods that Black rest matters, that Black healing matters.

Our vision at Freedom Community Clinic is to envision a health revolution that nourishes and uplifts the body's minds and spirits of under-resourced communities, and specifically to bring care directly to where communities gather and celebrate. We're not saying that...For a majority of people, healing does not happen in a sanitized hospital building. It happens in their communities, in places where they already gather, celebrate, and trust. So for us, it's about building that relationship, so you'll see us, we'll be in historically Black neighborhoods and immigrant neighborhoods. We'll be in parks, under freeway underpasses, in youth centers and cafes because we believe we need to bring all of this care directly toward people are at.

Our mission is to provide direct whole person care to underserved communities, integrating the strengths of ancestral, indigenous, and holistic healing with the strengths of Western medicine. I love this picture in the background because it's young people meditating, and they're literally in the park. There were so many young people who just came out because they wanted to breathe together after a period of so much tension, after a period of so much uprising, and that they needed to come back to their bodies and do that together in community. So for me, this is beautiful because it's about acknowledging that a lot of these things are not taught to doctors, they're not taught to nurses, they're not taught to a lot of people who learn under the Western medical model. But these have been the healing practices of so many Black, brown, and immigrant people. When we talk about healing, especially as we are healing from this pandemic, this conversation needs to happen.

As I was talking about this approach, the whole person healing builds on so many generations of activists, so many generations of work in this space. But it's really about integrating that the body, the spirit, and the mind, and knowing that we can combine different healing modalities of ancestral, indigenous healing alongside the strengths of Western medicine, alongside community healing.

When I talk about ancestral indigenous healing and community healing, what are we really doing in the clinic? We are doing lots of things, and I think the really unique part is that you're going to see acupuncturists and massage therapists and Qigong practitioners, Reiki practitioners, wound wellness practitioners who have ancestral traditions work with physicians, nurses, wound care specialists, physical therapists. We also do a lot of that in community. So we have different healing circles, we have trainings, dinners, counseling, and we do a lot of art as well as a lot of just community gatherings. We call them turn ups. It's about realizing that all of this is healing. All of this is real medicine. It's just really beautiful to not only initiate that dialogue for our communities and our patients, but to also talk about it within ourselves. Because we all know as physicians and nurses and so many healthcare practitioners can see, there are only so much we can do in the hospital. How can we actually lay off a lot of that burden on a lot of the healers that haven't been acknowledged? Degrees only mean so much. It's really about the love that we give for our communities.

As I'm talking about this healing, I really want to acknowledge the foundational work of so many people before us and currently who lay the foundation of this work. I encourage all of y'all to check out the Nap Ministry. But what is so revolutionary about this work at Freedom Community Clinic is that we affirm that rest and healing is part of protest. It's part of revolution. It's actually part of a social justice framework. The Nap Ministry says you are exhausted physically and spiritually because the pace created by the system is for machines and not a magical divine human being. You are enough. Rest. The truth is that black and brown bodies have been exploited and put into so much labor and trauma and violence. There is so much need for us to keep affirming, especially for our communities, that they are deserving of rest, that they are deserving of a pause.

I've just been thinking about this concept of how society is so uncomfortable when they see black, brown, immigrant people resting. It's become to the point where so much of that trauma is also internalized within our communities ourselves. We feel guilty for resting and, "Oh, we're not grinding. We're not working." Because that trauma is so deeply held in our bodies. So for us, it's more than the massage. It's more than the acupuncture. It's about creating the space of rest for people of which rest and healing have been denied for so long.

To wrap that all up, the whole person healing framework is a framework that acknowledges the mind, body, spirit axis, just like the different axes we learn in medicine and public health, and how it is inextricably linked to community and social justice. When we heal, that is justice. When we heal, that is resistance to a framework that is so rapidly causing trauma on our bodies. When we heal, that is freedom. That allows people to access the most creative, most intuitive parts of themselves that have been denied because of trauma and violence.

Freedom Community Clinic started two and a half years ago when I was admittedly feeling a lot of anger and rage in medical school of how we were being taught to simply treat disease. I knew the pathophysiology. I knew so much of the treatments and the drugs and the pharmacology. But I didn't know how to help people heal. I didn't know how to help people learn that they could be their own healers. Then I thought about my mother, and then I thought about all the community healers I knew and I was like, "You know what? I need to learn from them. I need to sit with them. Sit with the elders and learn where they're at." Two and a half years later, it's actually so humbling

because at this time last year, we were organizing these healing clinics like you saw out of our car trunks and garages. We had all of our stuff stored there and we were also at local taquerias just engaging with the community, being where we just creating healing with what we had.

The universe has just really blessed us, because in only two and a half years we now have our own brick and mortar location out in Oakland called the Community Healing Sanctuary. We opened in September, and now we're opening clinics at...We have a location now at UC Berkeley in partnership with their Basic Needs Center, specifically for first generation, low income, black, indigenous, people of color students, as well as we're opening at San Francisco State. So we're growing, and it's all about, again, this whole person healing model.

This is a very busy slide, but I it's the most comprehensive that we can talk about. But when we talk about bringing whole person healing, what does it mean? We started off really with these clinics out in the community, and people really resonated with it. They said, "We want more healing." Within the past two and a half years, we have just grown exponentially to the point where now we have two sanctuaries in Oakland and Berkeley. Now we're being contracted and establishing partnerships with local clinics and community health centers such as Empower, and our healing for Black Lives Initiative to really talk about bringing holistic healing in conjunction with healing centers and health centers. We also have healing groups, specifically [foreign language 00:27:53] and sacred that were community created and led for undocumented and recently-arrived youth as well as for survivors. Again, all of these programs actually are community created, so someone of that lived experience went up to me in Freedom Community Clinic and they said, "I want this healing specifically for my people, for my community." And I said, "Amazing, let's lead it together."

We also have something called Heal the Hood specifically for unhoused and day labor communities. We have lots of art with open mic nights, and we also have community healing trainings in partnership with lots of different, tons of organizations. The Oakland School District as well as local school districts and high schools to talk about healing and have healing circles. Of course, we're always about bringing healing directly to the community. So yes, we have our location, but our origins have always been right with the people so we're always having those community healing clinics directly for the people.

These next few slides are really just pictures. I just want y'all to just feel the energy of the pictures. This was during our grand opening. On the left, you see just the specifics of this slide. Chinese line dancers in front of a wall that says [foreign language 00:29:20] in front of a Africa-centered wall. That is the vision we really hold true to our work at Freedom Community Clinic. This was during our grand opening. We had two grand opening ceremonies, one with Chinese line dancers. On the right, we had [foreign language 00:29:37] indigenous healers bless the space, honor the space of doing this work.

When we talk about bringing healing directly to the communities, we are really out on the street. We have our massage tables, we have our blood pressure check machines, we have our wound care kits right there, right for the people. We do this in partnership with different organizations that already have trust. I'm actually from Los Angeles, and being in the Bay, I was encouraged by the history of activism and social justice. For me,

that means that we partner with people who already have built trust in the community and we bring healing because that's what we do best.

So these are just some of my favorite images. On the left, we were at a fair for elders and their community resources, and we were there providing healing. So precious. On the right, we were at [foreign language 00:30:36], which is a celebration of so many Latino cultures and we were providing healing for them as well.

Some more beautiful pictures of clinics that have happened. Again, our napping spaces and our dreaming spaces have been so beautiful. Inspired by the Nap Ministry. On the left is one of our core organizers, Sabrina, born and-

And on the left is one of our core organizers, Sabrina, born and raised in West Oakland. Amazing and does amazing health education work, and leads our work for the in-house. On the right is Tiffany, who is our amazing acupuncturist, also a core organizer. And I should mention, too, it's amazing because now we have a core organizing team of seven, and I represent the more medicine side, but we have people in acupuncture, in Chinese herbs, in health education, and activism, and public health. So all of us come from very different backgrounds, but we all are towards the same mission of whole person healing.

On the left is our youth group Un Mundo Sin Fronteras, formerly Undocu Healing. So all of these are undocumented recently arrived youth from Guatemala and central America. Our core organizer Ellie, came up to me and was like... listened to the podcast I had found and was like, "I want to create this healing space for undocumented youth." And she did, and now they're out in the local public school district because so many people are arriving and school districts are like, "We don't know what to do, how to engage people." So we create these healing spaces for young people, and I love the picture on the right. I'm just actually about to see Jaz after this, but this is on UC Berkeley's campus. People are laying down breathing. This is a breath work workshop. Imagine that, college students just wanting to breathe together publicly on campus. It's such a beautiful thing. That's what we mean by healing is medicine and bringing it directly to where people are at.

When we have our community healing sanctuary, we used to go out maybe once or twice a month, but now we have something going on every single day. I've brought up some examples of what it means, every single day of our sanctuary we have different healing modalities going on and these are all local healers and we make sure that we basically have an interview with them and really see the depth and try out what is their healing modality. Every single day we have healing services off our community scale and then we also on the weekends are out in the community. I think a lot of people... healing is not just screening and diabetes education. It can be a workout, it can be a breath work workshop. It can be a yoga workshop. So to have all of these different healers together in one space of different expertise, creates such a lively environment and it's something that we are just so grateful for.

So the number of people we've impacted in 2.5 years has been, as we say in the bay, hella, just a lot of different people have been impacted by us because we believe that healing can be anything. Medicine is not just about drugs, pharmaceuticals, it can be about being in community. It can be about laughing together. It can be about going to a workshop together. These are the different programs and we're so excited because this

happened within two and a half years, we have a lot to celebrate and look forward to in the future.

Again, partnerships and collaborations have been huge because for us doing this healing work is about knowing that we do what we do best. If we want to have such a broad impact from the unhoused to college students at UC Berkeley to undocumented recently arrived youth to elders, we need to know and build trust with them in ways that they already are comfortable with and that they already feel is safe. These are some of the different organizations that have been key to helping us and helping themselves put forth their mission. It becomes this whole mutual relationship between everyone who's involved.

I'm a millennial, so we love doing social media. In July, 2019, we had zero and early last year, we have now over 9,000 overall social media. The first year we really knew we were onto something because all of our donations were via Venmo, Cash App and PayPal as where it was so beautiful, and that's when we knew we were speaking directly to the people. We weren't dependent on grants to dictate our agenda, but we were directly addressing the concerns that were voiced by the people. Right after the Grassroots donations, we've been able to get more smaller grants that have added up to really help us with our work and to help us establish different brick and mortar locations. Here are just some recognitions that you can find us more, the work that we do and on the right, you could see some of our organizers.

People are like "Two and a half years, y'all have done so much." And we're like, "Yes. And we are so excited to do more." We have our first sanctuary in downtown Oakland, and this concept of sanctuary is very intentional. We're going to keep creating those, co-creating those with community and east and west Oakland. We'll also be launching the freedom school for healing and health justice, which is a community ambassadorship program that trains people in various basic healing skills. It's kind of like CPR 101, but healing 101. Basic skills in chronic disease and health education, as well as acupressure, as well as energy work, as well as breath work, basic yoga and meditation so that these different ambassadors can then be part of our healers network and be part of our future for a whole person healing. We're also partnering with excitingly many... So we're based in the bay, but a lot of this work, we are just an example of this work that's happening all around the nation.

We're working on creating different healing retreat centers all over the nation, specifically prioritizing think black, brown, indigenous, and undocumented people so they can go on retreats and rest together. We're very excited about that and we are also so very conscious about our relationship to the land and how we can further see what we do as something that... We don't own this idea do this, we want this to keep going. In the process also is our healing farm and our laboratory to help just share the principles, help share the best practices that we do and know that we want this work to be all over, these principles to be all over because that's what our community needs.

Before I end and really wrap up this work, I just want to honor the leadership and the greatness of Dr. Cornel West and what he talks about is leadership. Right now we are really at a true point in medicine, in public health, where we need to really hold a mirror and be honest to ourselves about, are we really serving what the community is voicing or are we letting grants, are we letting academia, are we letting prestige dictate the agenda? And the reality is that the voices of the people will always come out

regardless. This quote says, "If your success is defined as being well adjusted to injustice and well adapted to indifference, then we don't want successful leaders. We want great leaders who love the people enough and respect the people enough to be unsought, unbound, unafraid, and unintimidated to tell the truth."

That is my presentation, again, I am millennial and please check us out on Freedom Community Clinic. I'm so grateful to be here, so grateful to share this vision of whole person healing and excited to be in dialogue with so many of the amazing panelists. Thank you so much.

Dr. Kaye Bender:

Wow. Thank you, Bernie. That was awesome. Talk about leadership and as a nurse, you spoke to me on so many different levels about the holistic approach to caring for people and the breathing together that just especially after the pandemic and that healing is justice. I just can't say enough about how much that presentation meant to me and I suspect to other. Before I introduce the panel [inaudible 00:39:57] Bernie, I also want to thank your mom. If your mom had not taken those steps to come here, we would not have you here blending that holistic approach to how we care for people, so kudos to your mom and wow. I get teared up when I think about all she probably went through to get you to us, so kudos to her. We're going to hear more from Bernie in a little bit as we have our panel discussion, but I'd like to bring the panelist in now. I introduce you to this very amazing and diverse panel.

First, we have Dr. Conrado Bárzaga who is chief executive officer at Desert Healthcare District Foundation. He is a public health leader also with more than 25 years experience, I love this, tackling public health challenges, there's plenty of them to do. Prior to his current employment he served over his seven years as president CEO at the Center for Oral Health, where he raised over 21 million dollars to support underserved communities, access to healthcare and created effective community and school based programs. He's also served in leadership positions for Los Angeles County Commission on children and families, Planned Parenthood, LA [inaudible 00:41:42] university. He's directed public health programs in the US and abroad. He's a fellow in the global Child Dental fund, and Kings College funding, and a fellow of [inaudible 00:41:56], a leading nonpartisan public policy institution. He earned his doctor of medicine degree from the University of Havana in 1994. We welcome you to the panel.

And then Wanjiku Gatheru, she allows us to call her Wawa, which helps my Southern accent a whole lot. She's an environmental justice advocate and a storyteller. She's a proud first generation American of Kenyan descent and the founder of the organization, Black Girl Environmentalist an intergenerational community for black girls, women, and non-binary environmentalists. Her advocacy revolves around uplifting the voices of those most adversely impacted by the climate crisis. Wawa's currently completing an MS science and nature society and environmental governance at Oxford, where she's a Rhodes scholar in residence. Wow, way to go Wawa. For her work in collaboration with other thought leaders, she's been recognized as the Young Futurist by The Root, a Grist 50 FIXER, and a Glamour College Woman of the Year. Wow. I just love all these folks with their [inaudible 00:43:24].

Laura Hernandez is from Alexandria, Virginia, one of my favorite towns in the country, but now lives in Somerset, Pennsylvania. A student at the university of Pittsburgh at Johnstown, she's been a community health worker based out of Johnstown, Pennsylvania for two years. You know that a PHA really champions the community

health worker work. She enjoys advocating pro community and hopes to encourage and enable others to voice their concerns and solutions.

Last but not least we have Kennedy [inaudible 00:44:10] who's from my home state, [inaudible 00:44:13] Mississippi she's currently a sophomore at the University of Southern Mississippi, happens to be where I got my master's in community health, but she's majoring in speech language pathology. Passionate about helping others, learning from different cultures. He participated in a 2020 LA presidential election by helping others register to vote. Thank you, Kennedy. We need much more of that.

She continues to work alongside voter registration, because she believes there's power in the voting. She has a passion for learning languages and hopes to attend a [inaudible 00:44:56] abroad in Japan in the fall. Wow. Amazing leaders. Welcome all. We're going to have a few questions for discussion with these wonderful panelists and our keynote speaker, and then in a little bit, we're going to open to the audience. So Bernie, I'm going to pick on you first, but then I'll open this question to the panelists. You talked a lot about a lot of different groups that your organization reaches out to. So can you give us some thoughts about accessibility and how you work toward accessibility and health equity, how you really make that front and center.

Bernadette Lim: Thank you for that question. Accessibility... for us directly meeting people where they're at is key. In fact, my answer to this question is really, I think my main point would be, what does it mean to really build right relationship? Especially if you're new to this work or maybe you're in a new city or you're just getting started. You can't just create something and then expect people to take it and have your own agenda in mind. A lot of this work is about listening. It's about the messy, complex human building relationship. For us at Freedom Community Clinic, that meant we, and for me as a medical student, as a learner to the rich history of the bay, that meant that I was sitting with elders, I was sitting with community organizations with no agenda and just listening.

It means I was chilling with people. Maybe we would grab a coffee, a beer or something where we would just talk about what was going on. Eventually when you listen enough and you're in right relationship with people, they tell you what's going on. They tell you about the realities of the neighborhood, about what's happening, and from there you realize your role. For me, that role was being a bridge for different communities, different healers. For me, accessibility really means being in right relationship. It means we have to take months. Maybe we're not going to have a program at first. Maybe we aren't going to be on this agenda of a certain grant of a certain thing. We are just going to sit and be present and pay attention to the real lives that are happening and from there seeing where we can be of service to all the people.

Dr. Kaye Bender: That is such a great lesson. It's often difficult for us to want to get on with the work, right? Instead of just pausing and just listening to what people around us are saying. Any of the other panelists have a comment about that question? Yes.

Dr. Conrado Bárzaga: Yes. Thank you. I believe we have been misspelling the word access for a long time. In my opinion, access is a word that must have four A's, and those four A's mean availability, which is the existence of services. Then you have to add accessibility, which Bernie spoke about bringing the services to where the people is, but we need to think also about acceptability of those services, how people are embracing the services that

are being built and that's why it's so important that we work with communities, engage them, listen to them and create services that are responsive to their needs.

The final A of these access word with so many A's is affordability. That's why healthcare reform has been so critical in expanding access to healthcare in the United States. But we need to expand that and have programs like the ones we have here in California that regardless of your immigration status, you can have access to health insurance, but we also need to talk about how health insurance is becoming more and more expensive, and how we need to create systems that people can afford to go to and create them in the communities that are most impacted by inequities.

Dr. Kaye Bender: That whole affordability's really an equity question too. Isn't it? I mean, as we think about ensuring equity. I'm struck by this whole conversation Bernie that you started, but also as I read your bio Conrado, to where you raised the 21 million, I believe it was to support underserved communities. Bernie I'm struck by what you said about you started with PayPal and Venmo and those those kind of donations. Grants are important, but so often they go away, and when they go away so do the services. To our panelists, can you guys talk about securing resources needed to improve the health of our communities, but at the same time, being able to sustain those services? I'll just open that up to anybody that wants to hop in.

Dr. Conrado Bárzaga: I believe that COVID 19 was the greatest event that has exposed the inequities and the disparities in access to healthcare we have had over the last many years. What we created was similar to what Bernie was presenting, was bringing services to where people are. Removing all the barriers, which is the equity lens that we applied. It's removing all the barriers and access to the services that were needed in this particular times was access to testing and access to vaccines when vaccines became available, but also access to survival tools like rental assistance, food, cash assistance. Many things that communities that were disproportionately impacted by COVID 19 were having a very difficult time accessing that. The way we did this is we created here in the Coachella Valley, the Coachella Valley Equity Collaborative. We identified community leaders. We identified organizations that we could partner with, created this coalition. And through this coalition, we were able to present all these opportunities to our community members.

We were the first in the nation to bring vaccination to farm workers. We knew that this was a community that had very limited access to healthcare. Today as we are talking about racism as a public health crisis, we need to think about immigration policies as one of the most racist policies we have in our nation. To dismantle those policies and practices, we need to talk about how inequities are rooted in racism and how we need to remove the immigration policies that today are not designed to leave people outside of our borders. They're designed to keep them inside, but keep them quiet, invisible, productive, oppressed, and exploited. We have approximately 12 million undocumented immigrants in the United States doing essential work. Regardless of that, they do not have access to essential services. We need to remove those barriers and create a more equitable system for all, and one of those issues we need to address is removing the immigration barriers we have that are preventing millions of people in our country from participating in our society.

- Dr. Kaye Bender: Thank you. Bernie, we have a question in the chat box asking about your plans for sustainability and expansion of your program. I know you've really just gotten it started, but are you thinking into the future?
- Bernadette Lim: Yes. It has been so humbling because for me... And this goes into your resources question, for me from the jump, I was like, "I actually don't want us to just be dependent on grants. I want us to really speak to the people and we know that what we do is working, we know that what we're doing is speaking to the voices." So I don't want an outside entity who is sitting in Silicon valley to dictate the agenda. Like I want us to always be true to that near to the people. When you are true to the people, miracles happen. I remember we were dependent on a lot of those donations.
- We began to get smaller grants who were very aligned with what we were still doing, but then the big click happened when I got this random message on Instagram, on my personal Instagram, from someone working from UC Berkeley and was like, "You know what? We are serving so many newcomers, so many black and brown people who they don't want to go to student health services, but so many of our students are following you on Instagram and they're reposting you, and we have this multimillion dollar budget. Can we be in conversation about how to bring this work to UC Berkeley's campus and really partner and bring your vision of Freedom Community Clinic to our students?" And I was like, "What? I"... You know, medical school didn't really train you for this and we are in conversation and what I have noticed is as we have stuck true to the people, yes maybe we're not getting a 100,000 multi million dollar grants yet, but we are now in contract in multiple memorandum, understanding multiple partnerships that are not only financially compensating our healers, and now actually being a significant source of income for many community healers.
- We are telling a lot of institutions, a lot of organizations now, hospitals and clinics, who are asking us to not only provide healing services for their communities and of which we're able to be in contract and financially compensate our healers, but now they're asking for healing clinics for their staff, healing clinics for the people who are serving healing the healers and not saying, "Okay, we have to depend on donations, but we know that the work you're doing is valuable and so can we be in right relationship and honor you and financially compensate and honor what you all are doing." Now it's come to this model where we are not only dependent on these donations and grants, and a lot of those can still be towards lots of projects, but now organizations and schools are recognizing that we do go work and we're speaking directly to the needs of the people, and we are being honored for that. Now we have these different subcontracts that are happening to uplift our work and that's very exciting. Super excited with that.
- Dr. Kaye Bender: That is exciting. So while I'm slower, I would turn to you a little bit to talk about what Bernie and Conrado has alluded to, and that is just communication with the communities. The pandemic certainly taught us how to solve a need for better and effective communication when we're advocating for change. But since both of you are public health advocates, what have you learned about reaching audiences and really getting the word out about new services or changes? Wawa you want to go first?
- Wanjiku Gatheru: I'd say one of the biggest lessons that the pandemic has shown me is that we need to get really creative with the way that we connect with different folks. I approach public health from the environmental justice perspective. I'm a Gen Zer, I'm 23 and for a long

time, I thought that specifically using social media as a medium and as a platform to communicate and build community with other youth from around the world, perhaps wasn't the best method for doing, for instance, environmental policy work, or being able to do environmental activism. Since my understanding of environmental activism prior to the pandemic was situated within my state and my physical community and I hadn't yet explored what it would look like to build community outside of the physical environment that is my neighborhood and the folks that I grew up with. When faced with the pandemic, I realized that in the face of the climate crisis, which is our biggest existential threat of all time, we need to get creative with the ways that we connect with each other.

I began to utilize, as we were talking about before utilizing platforms like TikTok and Instagram, as a way to communicate information around environmental education environmentalism and doing so in a way that reached people where they are. Within the environmental climate space, the narratives in which we talk about the environment itself are pretty antiquated. They adhere mostly to a very woods and water view of the environment and environmental problems, which has created a situation in which people think about the environment as being explicitly woods and water and ecosystem focused and has led to the de centering of environmental health issues. The issues that happen in neighborhoods, in work communities, in the places that we eat, sleep and pray as the environmental justice definition defines the environment. Because of that, a lot of environmental and climate narratives don't do a great job at meeting people where they are and even addressing people and having an intersectional lens.

So the pandemic has showed me that there are ways to get creative with climate environmental narratives by being intersectional, by addressing the fact that for instance, like black and indigenous folks are at the forefront of the issues and our leaders, but aren't commonly recognized as such and communicating that via the platforms that I know people are on, but perhaps aren't necessarily using them to engage in environmental conversation. That's been very interesting and has been interesting in flipping the script of what it looks like to be engaged for instance, in environmental policy. I think that for a long time, people have put a cap on what professional work... Where it can be done. Which is a major critique of the environmental justice movement and the fact that environmental advocacy-

Wanjiku Gatheru: Of the environmental justice movement and the fact that environmental advocacy for so long, at least in the mainstream sense, has kind of relied on lobbying and only working with legislators, which is a valid pathway. But, we know that community organizers in black and indigenous and brown communities and working class communities have, for as long as this country has existed, have been able to organize around environmental justice and do so even without the political clout that advocating with a legislator can provide.

So, I think the other thing that I've had to reframe is that you don't necessarily need to go through traditional institutions of power to advocate for oneself. Social media is a valid platform to communicate, to garner attention and to build community power and youth power around taking autonomy over the direction of our lives. Which is over climate action and discussing the way that our environments are valid in different capacities, even outside of the woods and water capacity. The environment being the places that I sleep, the places that I pray, the places that I go to school and taking that

narrative and shifting it from myself, instead of waiting for a more elite institution of power to do so.

Dr. Kaye Bender: Awesome. Flor, would you want to add to that?

Flor Hernandez: Good afternoon. Not much to add after all these brilliant answers, but I would say collaboration. Collaboration has been our key here in Pennsylvania. Just collaborating with other agencies. What they're doing, what's not being done and how we can create pathways to get resources to our participants. But, yeah. I agree with all the answers that were given.

Dr. Kaye Bender: So, help us think about how voting matters and all of this. So, we talked about communicating with the communities. And while I love the fact that you remind us that we can all be advocates and there are various place to do that. We don't have to be in an official position. And as a matter of fact, maybe some of the most effective advocacy this day is not through quite so many of the official agencies and institutions, just because of some of their political constraints. But, [inaudible 01:04:49], it does have to have the right people in positions that they've been elected to represent the people. You want to talk to us about how voter registration sort of plays into all of this?

Kennedy Pace: Yes. So, voter registration, I feel so passionate about it. I feel like it's important because it gives everyone a choice. Everyone is allowed a choice and voter registration holds power to be able to vote, to be able to put your ideas out there so everyone can agree. Everyone can get what they need. I believe so strongly in voter registration because being a black woman in America, we were literally the last to vote. We got the last chance to vote. So, I feel voting is very powerful. I can't not vote because I just feel like it's so much behind me. So much history, so much empowerment. I get to vote.

So, I think everyone should know everyone that has power in voting. Everyone should be able to vote. And just getting people to the polls, getting accessibility, getting people to just vote and get at their ideas out there.

So, during the pandemic, it was very hard for people. Again, being on social media, you can see people disagreeing with a bunch of things that are happening in a political climate. It was the perfect, perfect, perfect, perfect time for me to go, "Hey, if you don't like something, try voting. Try putting yourself out there, try getting your ideas out there." So, that's why I think it's very, very important for people to get that across to other people.

Dr. Kaye Bender: Great. So, wow. You guys are doing awesome. So, those of you who are listening, we have a few questions in the chat that we'll get to, but go ahead and continue to provide those to us. I want to go back to Bernie and [inaudible 01:06:52] and talk about this notion of the blend of this Western medicine and what we're so used to in our country with that.

With the more holistic approach, how have you guys gotten doctors and nurses and those of us that have been so deep in the Western medicine, how have you gotten them on board or have you gotten them on board with the work you're doing?

Bernadette Lim: I'm excited to be in conversation, [inaudible 01:07:34]. I would love to hear what you say. For us at Freedom Community Clinic and for me as a student, and I love what

Wawa had said about you don't have to solely depend on institutions of power to do what you know, to do what you know resonates for the people. And for me, I had sat on a lot of different task forces and committees and asked to write lists of recommendations for things and wanted to talk about this amazing, powerful work of my ancestors and of communities. But, I realized it was such a uphill battle of trying to convince people of my humanity, of my community's humanity. And for me, a essential shift was I had to stop for me. I realized my role was to stop trying to convince people and just go to put vision.

And so for me, I realized my work is not only stop centering the oppressor and just build towards the vision. Build towards what you know is true and just. And so, for me, with our work, lots of people in medicine continue to be like, that's woo woo. Or it's not evidence based. But, they can't help it when a lot of their patients are coming to us for a lot of their chronic pain or their mental health issues and then we are addressing a lot of the deeper needs of which compliment a lot of the strengths of Western medicine.

And so, especially in the beginning, it's such a rough journey because holding the vision, people can't feel it, but now with two and a half years, now that we have bigger names attached. Now, people are really acknowledging it. But, I will never forget, from the very beginning, it's been about speaking to where people are at and doing it because you know it within your heart and you know what you see.

And so, for us being true to that has brought all of the resources and the support accordingly. And of course, it's a bit tough because you're like, "Where were you in the beginning?" But, acknowledging that for all of us to move forward, I'm always a big believer in creating new healing institutions is what's going to help shift the culture. I remember also when I announced that I wouldn't be going to residency, that opened up a bigger conversation about what does it mean to really talk about wellness and healing in the medical field, the career.

So, doing what you want to do as a pioneer, the voices are really hard in the beginning and they continue to be, but it's about staying true to that vision.

Dr. Conrado Bárzaga: Thank you, Bernie. From my perspective, I think there is a place for Western medicine. We are used to Eurocentric practice of medicine that has proven to be very ineffective for many pathologies. And especially when we are talking about mental health, we have a plurality in this country of religions and beliefs and faiths that we must honor because people that have had their religions sidelined and are afraid of practicing or have lost, in many times, those practices as it has happened with indigenous people of North America and Central America and South America. And they're present here and we see that a healing circle is much more effective then going to a psychiatrist and getting medicines that are going to have horrible side effects and do not provide an outlet for them to process their feelings, their thoughts, their concerns.

COVID 19 cannot be forgotten. We're not of the pandemic yet. And we will see the impact of this horrific event over the next many years. And mental health is going to be one of those areas where we're going to see a tremendous impact of this pandemic. And we cannot pretend that we're going to solve this issue of mental health as a result of COVID with Western medicine. Nor we have enough supply of mental health professionals, in our public health and healthcare system. We need to start thinking

about alternative way of addressing the loss of life, the loss of hope, the loss of livelihood that many of our residents have had. And think with a very open mind, how we can provide the space and the tools for our communities to heal. And to talk about this issue is to process about their losses and to find, once again, hope through this traditional, non-Eurocentric methodologies.

Bernadette Lim: And to add to that, mental health is a huge one. And I would also say chronic disease, autoimmune issues. These are not one size fits all, a quick fix solution. These are deeply embedded in social injustice, in mental, emotional, spiritual disease. And so, it's okay that Western medicine doesn't have the answer. That's fine. I actually think a lot of the contributors to burnout is because you don't have the answers to mental health and that's okay. And acknowledging different other healing traditions can help ease a lot of that burden that a lot of practitioners I have witnessed in the Western medicine context are feeling. You don't have all the answers. And there are a lot of people here who do and it's about working together, collaboration like [inaudible 01:14:07] had said.

Dr. Kaye Bender: Yeah. [inaudible 01:14:11] talk a little bit about in this whole mental health context, the role of the community health worker. How does the community health worker play into the emphasis on bettering our mental health?

Flor Hernandez: As a community health worker, I would say our biggest thing has been advocacy for right now. We are lacking mental health here in Pennsylvania due to the pandemic. The numbers soared, especially for adolescent. So, our biggest thing has been advocating, advocating and advocating as much as we can. And again, going back to collaboration, as community health workers, we bring resources to our participants. So, therefore we have to be in the know of what is going on in the community. What programs are working, what programs are not working and also sending our participants to these programs and continuing to advocate and at the same time, teaching them to advocate for themselves. So, that has been really big in our area here in Pennsylvania.

Dr. Kaye Bender: So, [inaudible 01:15:25] community health worker role a little bit more with you. Now that we're sort of getting past some of the pandemic and we're talking about the public health workforce, the real important role of the community health worker as being that connection with the community, as looking like the community and that sort of thing. How are you able or have you seen your colleagues been able to cultivate opportunities for centering some of the community work around the role of the community health worker?

Flor Hernandez: Well, our main role is to advocate, like I said. We've worked in very surprising ways. Like I said, we go out to the community. If we have to go knocking on doors, one by one into these organizations, that's what we do. We invite them to our biweekly meetings that way every other week we have presentations of what's going on in the community. But, it's just staying in communication. And again, collaborating. Just being in the know and just reaching out, reaching out.

Dr. Kaye Bender: Now, I have a question for everybody. What's the greatest challenge you've faced in the work you've done? And related to that, what advice would you give other community members, community leaders dealing with similar issues?

Anybody can go first.

Dr. Conrado Bárzaga: There are so many that it's so hard to... Where do we start? Let's start with something practical. Data. Access to data and having meaningful data that can inform what you're going to do and how you're going to solve problems. And data is as good as the data has been collected and how the data has been collected.

So, to start planning on how we can build more equitable healthcare system stems, we need to work with the people and take all the data of the world. You can present it to them, but you have to listen how the data really reflects on them and dig deeper from there to listen. Our community members have the best answers. No one else. There is no data. There is no an army of PhDs and people with great minds that can do data collection and analysis that are going to give you the answer. The answer is in the people and you have to work with them. You have to talk to them. You have to engage them profoundly and make sure that you are listening with an open mind. And that's the only way that you can build more equitable health systems. That's the only way you can create better health programs and you can provide better access to basics services.

Dr. Kaye Bender: Thank you, Conrado. Somebody else want to talk about your greatest challenge and suggestion for addressing it? Yeah, go ahead, Kennedy.

Kennedy Pace: So, the greatest challenge I faced getting people to register to vote probably was educating them in why you should vote. Because I was mostly focusing on the younger demographics. So, I was focused on my peers. I was 18 at the time. So, 18, 19, 20 year olds. They were just like, "Well, why should I vote?" There are so many other people voting and my vote just won't count. And it's just like, "No, your vote counts a whole lot. Your vote is a very valuable. You should value your vote." And so, what I just suggest that other people do is just sitting down and educating them, talking to them, just getting them used to politics and how their vote matters and how they [inaudible 01:20:01], educating, just giving information so they won't be lost and they won't be discouraged.

Dr. Kaye Bender: So, a follow up question to that, Kennedy, what's the greatest barrier you see to people being able to vote? Is that lack of their knowledge? Is it the system itself or all of that?

Kennedy Pace: Yes. I think it's the lack of knowledge and basically the system. So, the lack of knowledge and people being discouraged with the knowledge. So, it's like, "Well, the system is against me. They're not going to do anything I want. So, why should I? What's the point?" And just getting across, giving them power, telling them this is empowering just to do for yourself. So, just getting their confidence levels up and everything. So, very much just helping them get their health. It's all connected. All mental health is connected in this type of work.

Dr. Kaye Bender: Right. Oh, well you keep doing that on the Mississippi Gulf coast. That's important for sure.

Others who want to talk about your greatest challenge that you faced and how you dealt with it and advice you would give? We've talked about data. We've talked about getting people involved in the political process. [crosstalk 01:21:39] you're in a controversial sort of area in a way, right? You talked about the woods and the trees and the lakes, thing. I know I find sometimes climate change gets a negative response. So, what's been your experience?

Wanjiku Gatheru:

So, I'd say there's two big issues that happen. I'd say the first issue in regards to the existing mainstream environmental movement is the fact that there has lacked an intersectionality in the way that we think about environmental problems, who it impacts. For a long time the mainstream environmental movement, and you could say to this day, has done a really poor job on including and centering the voices of the most impacted who are also simultaneously the ones that have the most knowledge on, for instance, climate resilience.

Because black and brown communities around the world that are experiencing the climate crisis and environmental degradation have had to create solutions out of survival. So, unfortunately, the mainstream environmental movement has for so long has this allegiance to a very specific type of expertise. Meaning once proximity to traditional institutions of power. Having a PhD, being a climate scientist, being a politician. And has really siloed those things as being the most valid forms of advocacy. And also the most area for one to be determined as an expert.

And so, there's a lot of issues in regards to community members and folks that may not have a PhD, but know everything there is to know about toxic waste because they grow up with a toxic waste plant in their backyard. Know everything about what is it like to grow up in a community that doesn't have fresh clean water and have had to survive with conditions like that for decades, right?

Community members and frontline communities are experts. And one of the biggest issues has been connecting the dots for institutions of power, not connecting the dots for community members. Because my family, we have been stewards of the land, farmers for time in Memorial. I'm from Kenya. And they're experiencing famine for the past decade in ways that they've never, according to oral history, we've never experienced like this, where people are having to move away. One of the reasons my family moved from Kenya was because that way of life was not one that they saw as suitable for the conditions that are ongoing. And it's only gotten worse. And so, I think a lot of the narrative shifting has to be done within the environmental movement, not necessarily within community is themselves.

But, that leads me to the second issue is I think oftentimes frontline communities and I could talk as a black person in the U.S., there are so many social injustices that are right up in front of our face, right? So, it's not that people of color or frontline people don't care about the environment or climate change. In fact, statistically, we actually care more about the environment. It's been polled. Yale School of Forestry Environment has done consistent polling on who cares the most about the environment. Who's most likely to act and people of color show out every single time.

But, the reason why we're not necessarily seeing that transition is because we're fighting for our lives all the time and with so many different issues. So, when it comes to an issue like climate change that has been introduced as being this issue of decimal points and numbers and graphs that most people, even me, I don't understand a lot of these graphs. That feels a lot further away than police brutality. That feels a lot further away than food apartheid, right?

But, what's interesting is that we just need to connect the dots because the reality of the fact is everything's connected. Climate is a backdrop of every issue and the climate crisis exasperates every existing issue. So, the issues of prison ecology, for instance, is

emerging school of thought in which prison ecologists are looking at how, for instance, overcrowding and prisons can lead to sewage waste overflowing within those facilities. Which then leads to incarcerated peoples, people that are employed in those institutions to inhale toxic fumes. And that's leading to a lot of adverse health issues.

But, also that overflowing impacts waterways, impacts local communities, both human and non-humans. So, these connections are there in the way that people are experiencing the issues. I think the biggest issue in regards to frontline communities, people of color is that the connections haven't necessarily been made in a way where we can be like, "Okay."

When I'm working on food apartheid, when I'm making food more accessible in my community, this is an environmental action. That has everything to do with the environment. We just need to make those connections, which is all about shifting the narratives as we know them.

Dr. Kaye Bender: That's awesome. And Bernie, I think that comes right back to the holistic approach that you're talking about. Right? So, listening to you all today, you are all awesome public health leaders. You've taken some risk. You're still doing awesome public health work. So, there's probably people listening to the is who are saying, "Okay, I'd like to do what you're doing, but I just don't know how to start. And even if I do start, I don't know what I can do to make a difference."

So, we'd like to hear from all of our analyst on this question. What would you say to those people who want to be a public health advocate in their community, but they just don't quite have the confidence or they don't know quite how to get started. What would you say? Lori, you want to start?

Flor Hernandez: I would say social media, since everybody's on social media now. There's so many organizations out there that you can start with. You can go as from national to your local community. For example, I'm part of the League for Human Decency here in Somerset, Pennsylvania, but I'm also part of the Poor People's Campaign nationwide. So, my thing is just be vigilant, have your eyes open, get engaged, go on social media. Or even you as yourself, one on one advocate what's out there. But, I'm a big fan of social media.

Dr. Kaye Bender: I think we're hearing that resonate from our panelists today. Yeah. We need to use it as a tool and we need to get better at it. As a baby boomer, I'm personally hoping the Millennials and the Gen Xers will teach us more about what a great tool it is. So, anybody else? Conrado, do you want to?

Dr. Conrado Bár...: Yes. I think it is important that we look inside ourselves and think about what matters the most to you. And in my personal case, I was a attending physician. I was seeing patients that were coming with a lot of chronic diseases and I was trying to help one patient at the time. And I knew that was not enough to help a community because a patient comes attached to a family, to a community, to a culture. And I had to think more broadly about how to have an impact on their health outcomes. And that led me to first, initially and mistakenly, thinking about behavior and customs and culture and then expanding that thought to, well, hold on a second, there is a socioeconomic status here. So, I started to understand the social determinants of health and the implications

that it has on the health outcomes of that single patient that I was seeing in my practice.

And to make it even more complex, this issue, then you have to understand that there is an underlying layer of policies that have been creating those social determinants of health. And to have that impact where you can see better health outcomes in a large group of people, you have to start then thinking, "How can I affect public policy?" And that's when you become an advocate for changes in public policy that impact public health, that impact the social determinants of health and ultimately improve the health outcomes and the quality of life of those that we encounter in medical practice.

Dr. Kaye Bender: Great. Thank you. Anybody else what to share?

Bernadette Lim: For me, I'm going back to that, Dr. Cornell West quote, talking about "We don't need more successful leaders." Meaning, and while we had talked about this also, but the degrees and the titles can be helpful, but they are not the epicenter of expertise. It's the lived experience. Each person goes through a different lived experience that will lend you to a knowledge of perspective that we need in this world and you don't need degrees to validate you. You don't need Yale and Harvard to validate you. You have a unique power. And for me, it's been realizing that there's a lot of trauma to unlearn because these systems, like Wawa had said, racism is a distraction. It is a distraction from being able to tap into creative and purposeful, like Conrad was saying, movement in this world. It is a continual violence on the body. And so, for each one of us to unlearn what expertise really is and to see ourselves as the.

Bernadette Lim: ... and to see ourselves as the holder of that knowledge and as a creator. I always talk about when I identify myself, I'm a creator and a healer and a warrior and that I realize in my own activism journey, I can't ... I said, "Stop centering the oppressor." It's we can't only know what we are against. We cannot just ... when we say, "Oh, what type of world do we want," we can't just keep saying, "Anti white supremacists or anti xenophobia, anti ..." because what are we building? What are we working towards? Every single person has that unique pathway.

Like Conrad was saying, in order to be a powerful person, you don't need to just be a physician because it grants you institutional privilege. We need people on the ground who can really speak to the hearts of the people, can speak to the lived experiences in ways that academia and theory can never truly embody. It's about that embodiment that moves people, that creates movements. That's what I've observed in my own journey.

Dr. Kaye Bender: Right, we have a question, couple of questions from our participants. One of those is, what gaps do you face in creating the results you desire? Is there public health capacity and are materials missing from your organizations, which you need or need more of? I think Conrad started with this when he talked about data and needing to improve the quality and the timeliness of the data, but also to make sure that it really reflects the community, its needs and interest. If you could be king or queen for the day, and you could add something to your organization that would really strengthen the work you're doing, what would that be? And it might be more than one thing. Somebody want to go?

Dr. Conrado Bárzaga: I work for a special district. We own a hospital and we act as a public health foundation for our community. If there is one thing that I believe will make our communities stronger and more sustainable is building on the work that the community-based organizations that are advocating and working for those communities where we see that this proportionate impact of limited access to you, name it, you fill the blank, healthcare, affordable housing, food security, clean water, clean air, good environment, safe communities. If we can strengthen and sustain the work of those organizations, those organizations are doing an amazing job at elevating the disability of the challenges that those communities are facing. And only through that elevation through that ability, we can begin to engage with those communities and design systems, programs, services that are responsive to their needs. That's how we can create a more equitable world and one part of that is understanding the public policies' underlayment all those things that I mentioned before and work with them to create the lawyer movement to change those policies.

Dr. Kaye Bender: Great. Thank you. Other thoughts about what's the one or two things that would make your work stronger, better?

Flor Hernandez: As one of those community health workers that we collect information and we're the ones who submit the data, if I had a magic wand, I wish we had a faster turnaround time on the impact that we do on families in our communities.

Dr. Kaye Bender: That was actually left for grade of, one of the questions in the chat was how do you connect with your communities to be able to tell whether what you're doing is making a difference with them so we can move from one of those into the other. So how do, I mean, you guys are all awesome leaders at reflecting the needs and the wishes of the community, but how does that circle get closed so that you know, that what you're doing is really meeting those needs. Bernie, do you want to start with that.

Bernadette Lim: Sure. And I feel like this also goes towards one of my most, one of the continuous difficult parts of this work is when it doesn't work out, when community members, they send me down and say, this is not working or that event, it could have been better. And as the founder of the clinic, as really being mindful about my place and the movement, it's about learning that it's not always going to work out. And when they, and when this happens, it's not about you, it's about continuously knowing that you are the vessel through which this work is going through, and that the proximity to institutional privilege and being the person who is responsible for funneling so many different resources, it is my imperative to continue really be in conversation with community members about what's working and what's not.

And when something isn't working, it's my responsibility to continually embody what it means to be compassionate, what it means to be open minded and what it means to pass the mic, because if I'm not getting it right, that means that we all need to be in conversation of this bigger vision, because this is a collective vision. And for me, that's been a huge growth experience and something that I'm continuously checking and being open to because as we normalize, it's these difficult conversations, we realize that it's not just about continuous growth. It's not just about the outcomes and the metrics and all of that stuff. It's about truly being responsive to what it means to be human in a very difficult world. And that is messy and it's not linear. And it goes in seasons. And this is completely contrary to a lot of the labor exploitation that we're used to. We're used to constant growth and all of that. So for me, that's been super

humbling and it continues to remind me that work as a servant to the people mean continuously being in dialogue, listening, even as growth is happening.

Dr. Kaye Bender: I think you've summed it up there. When you talked about work as a servant to the people. I think sometimes those of us who've worked a long time in institutions. We sort of forget about that, right? We tend to think about we're working to serve our employer, which in many ways we certainly have to do, but the ultimate goal is the service to the people. I wonder as you guys think about the triumphs and the challenges in the future ahead, what advice would you have for our participants today, and those who might listen to this recording later about something you did wrong, or some mistakes you've made, or you've maybe seen some others make that you would encourage people to avoid in the future? You know, I've seen Flor laughing, we learn as much don't we from the mistakes we've made or we've seen others make. So Flor, since you're laughing, do you have one to share?

Susan Polan: I would say one that I'm very ashamed of was just assuming that I know what's best for others instead of having that, open questions. And so that was my mistake at the beginning, just thinking I could just come in and I got this cookie cutter solution for you and it's going to work and it ends up, that's not the way it goes. It's not that easy

Dr. Kaye Bender: Boy, can I relate to that? Oh, that's where that sort of textbook knowledge sort of gets in our way sometimes of really listening to people. Anybody else learn from a mistake, or it can be something same as somebody else do, just don't call their name. Yeah. Bernie?

Bernadette Lim: I also want to add that. I feel like my own leadership journey and what I've witnessed a lot in this work is we talk about equity. We talk about justice and peace and joy, and we forget to embody that ourselves in this work and to each other and interpersonally. So I've actually witnessed. And I've also had my own moments where I'm replicating the violence that I speak out against, or I'm replicated in this oppression. Like, or I'm not talking to you in a respectful, even something as small as am I talking to you in a respectful way. Am I seeing you for the whole person you are? There are times when maybe I'm very tired or I'm exhausted or different stressors are on me where I'm not embodying the justice that I'm speaking about, or that we're talking about with the clinic. And I realize more and more that it is so important that this work is not just external and big picture and visionary, but it is deeply personal.

It is deeply, I would say the more I've gone into healing work, the more it's just a mirror for my own healing and what I need to work on myself, because I think that's one of the hardest parts. And I think also one of the hardest parts of my journey into medicine, which is that it's some of the most unhealthy, there are so many unhealthy people who are trying to heal and it's not sustainable in the long run. And so how do we see this work as not just bigger picture, social justice stuff, but something that constantly needs to be visited in our own selves and embodied truly within our own practice every single day and with every single breath.

Dr. Kaye Bender: Wow. That hits home too. People really do watch what we do, right? And we're talking to them about breathing and healing and taking time, and then they see us not doing that. And it's like, if it works so well, why haven't you tried it? Right. So certainly something can understand anybody else have a thought about that?

Wanjiku Gatheru: Yeah. I can add a note...

Dr. Kaye Bender: Thank you Ella.

Wanjiku Gatheru: Before, when I was, when my organization had the bit in my, in my bio black girl environmentalist, I always talk about when we were formulating what the mission would be. We're like we need black girl environmentalists to be an intergenerational community for black girls, black women, black non-binary environmentalists to have a unique space for us in the environmental space. But something that I've struggled with is realizing that sometimes, especially for me, sometimes we would feel really, really overwhelmed and I'll speak for myself, I feel very overwhelmed by the weight of the problems and feeling like I need to reinvent the wheels in regards to connecting with other BGE's re-invent the world wheel when it comes to solutions, reinvent the wheel X, Y, Z. And I realized that I was feeling this way because I wasn't being intergenerational because if I was in my framework and the way that I was thinking about the issues, then I realized that the solutions already here, right?

Like when we think about the environmental justice movement, that movement is a part of the civil rights movement, for instance, right? So the language that I'm often seeking in regards to a just future in regards to justice, for all of us in regards to escaping a carceral landscape, all of this language has come long before me. And the fact that I sometimes get caught up in trying to re-invent these things and come up with it myself, instead of rediscovering the words of the folks that have come before me, has been a constant wake up call. The fact that if I say that my organization, for instance, and the community we're building is intergenerational, then we have to be intergenerational in the way that we think about these issues, the way that we address them. And also that extends itself to being truly intergenerational in the people that we are connecting with.

I'd also say in regards to really embracing, not ministry, embracing the fact that taking care of myself, Audre Lord talked about how taking care of oneself, self care isn't just this glamorized idea of doing face masks and things of that sort though, that works for some people, self care is revolutionary. So self care is political warfare. Self care is taking care of the planet, right? The earth is not just woods and water. The earth is myself. The earth is my body. And if I want to be an advocate for the planet and people, I have to be an advocate for myself and connecting those things and creating boundaries in the way that I am an advocate in the way that I am a leader and the way that I work with other people have taught me so much about truly walking the walk that I'm talking about.

Dr. Kaye Bender: That's awesome. While you were talking, we had a question in the chat about your passionate, wonderfully stated connection of the environmental justice to what we're talking about today. And the question in the chat was really about how do you get those stories told, how do you really get the community beyond the data, to the stories that are told? Do you want to speak to that?

Wanjiku Gatheru: Yeah, I'd say the first step that I realized was that I can't really rely on traditional media to tell my story, to tell the story of other black and brown frontline folks experiencing environmental degradation, experiencing the climate crisis already. I mean, when we think about, for instance, nature films, we think about environmental films. You know, we always think of like David Adam Burroughs, and like a ton of like older, white,

British people that are always telling the stories. And even today, that's still something that we see like that is where a lot of the money goes towards. In regards to narratives, there's been a lot of issues in regards to publications, like national geographic and other environmental nature, ask publications and photography spheres that depict for instance, like black and indigenous folks as being, depict us, instead of us depicting ourselves and telling our own stories.

So we've had to like unlearn the fact that a lot of these institutions that growing up, I thought were like the places to have our stories told, unlearn that and realize that we can tell our stories ourselves and we don't need those institutions of power or those places to do it for us.

We can use social media, right? I can tell my own story on social media. I've done that. I've built community with other black girl environmentalists from around the world and telling my story, writing articles on my Instagram page, going on TikTok telling my story. And that is a valid way. So I've had to really unlearn that. And I talked about that in the first answering of the question, but I would say that we just need to continue to empower ourselves and tell ourselves that we really can tell our own stories, whether that is grabbing a coffee with someone and being in community and hearing each other's experiences and sharing and empathizing with each other. And we don't need other people to validate our stories or tell it for us. We can get creative. And there is so much power in doing that and having that autonomy to story tell ourselves.

Dr. Kaye Bender:

That's awesome. Thank you. We are winding down to the end of this one wonderful seminar. I'd like to go around to each of you and ask you, and I'm going to give you time to think about this because to the audio, the panelists did know I was going to do this. So I'm going to give you a brief assignment, and then I'm going to talk about national public health week. And then I'm going to come back to you to close out the webinar. That'll give you a minute to think about it. Here's your question. In one or two sentences, what would you want to leave our public health colleagues who are participating in this webinar today, that you would want to leave with them as we celebrate public health this week. But we really think about equity and racism and the work that you're doing. One or two sentences. So think about that while I do a little bit of a commercial.

This has been an awesome webinar. We've had outstanding speakers. I think you've certainly heard from the best to the best. People who are on the ground, boots on the ground, doing what their passion is and helping us to understand that if we are going to deal with racism and it has to be beyond statements, that racism is a public health crisis. As important as that is, it's about action. It's about connecting with community. It's about really getting to the next level of connecting and communicating and engaging, and building a system that work for the communities that they're designed to serve. So, when this webinar ends, it will have been our kickoff for APA is public health is where you are. Later this afternoon from five to six pm eastern we'll have another wonderful session on the legacy of national Negro health week and public health.

I don't know if you even knew that existed, but there's another place where we can learn about history and learn about that story. Tomorrow's focus is on public health workforce. We'll have a student day talking about mentoring and how to get hired after you graduate. Wednesday, it's all about community collaboration and talking about

building resilience through community collaboration. Thursday is our world health day. Really focusing on health and human rights. Friday is on closing the health equity gap, talking about accessibility and Saturday climate change [01:55:38] favorite topic, taking action for equity. And on Sunday, we will visit the mental wellness as part of redefine our meaning of health public health is where you are. We started today and we'll go through April 10th, N P H w.org. We'll get you all of that wonderful information. All right. So we begin to close. I want to go to your assignment there. So Colorado, would you like to be first?

Dr. Conrado Bárzaga: Yes. I think the one advice I can offer is put on your equity lenses is only by using that equity lens that you can start to unveil and see what's invisible. And when you start seeing that, then you can begin to dismantle the policies and practices that uphold racism and integrate inequities. That's my advice. Thank you.

Dr. Kaye Bender: Thank you. Yeah, Kennedy.

Kennedy Pace: The advice that I would give is don't give up, I know the goal post can look a little bit blurry, at times you can get discouraged, but don't give up your efforts will not go unseen.

Dr. Kaye Bender: Perfect Kennedy. Thank you. Somebody else? Flor do you want to go next?

Flor Hernandez: My advice would be to get involved. It could be locally, nationwide, worldwide, but get involved. That's the only way we're going to create a beloved community,

Dr. Kaye Bender: Right. Get out there and get your shoes wet, right? Ella do you want to go next?

Wanjiku Gatheru: Yeah, I would say remind yourself that the weight of the world, isn't yours alone to hold. We're all here to do it together. And the whole point of cultivating a beloved community, Dr. King, right there is the fact that we don't need just one person. We need all of us. And if you ever need time for yourself, the power of everyone else should be able to hold your absence if you need it.

Dr. Kaye Bender: Perfect. Thank you. Bernie, we started with you, we'll end with you.

Bernadette Lim: Mine is how do we not simply know what we are against and focus on dismantling and taking down the current inequities of the system, but know what we are for and working, and building and collaborating towards that vision. And how do we see, especially in public health, how do we see especially black and brown bodies, not nearly as a collection of risk factors or as disparities, but as healers at the center of their own healing journeys. And as people who have had to create their own healing methods to envision a future where they're healed and loved, how do we center and include that in our vision for a more just and healed world.

Dr. Kaye Bender: That's perfect Bernie, thank you. And I've asked Bernie to pull up one of her slides as we close out this webinar. And I, again, thank our panelists. Thank all of you who joined us out all across the country. And we want to just remember this quote that Bernie shared with us as we think about racism and public health. If your success is defined as being well, adjusted to injustice and well adapted to indifference that we don't want successful leaders. We want great leaders who love people enough, respect people enough to be unsought unbound, unafraid, and un-intimidated. And I think we could

say all of our panelists are these great leaders. Who've demonstrated their love for people, their respect for people, and they've shared wonderfully very experience with us. So with that on behalf of APHA, I thank our panelists, I thank all of you who have taken part in it, and I wish you all a wonderful national public health week.