APHA 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.

Alfredo Morabia:

Hello, everybody. Welcome. Thanks for coming. When I first called Dazón Dixon Diallo to tell her that the editors of the American Journal of Public Health had elected her as our prime minister for 2022, she said, "Oh, I get it, it's serious fun." And she was exactly right. It's fun because it's a parody, it's an imitation of an event that Presidents of the United States stage every year, and we have no legitimacy to elect a Prime Minister. So that's for the fun part of it. But there's also a serious message about it. We wanted to give our author an opportunity to say that there are also authentic voices in the discussion. To say, what is the current state of the Public Health Union, and that if they are publishing in the American Journal of Public Health, it is also because they want their work, their research, their science, their opinions to be taken into consideration by policy makers. So it's also our way of thanking our authors for everything they've done over the last two years and beyond that. It's been an incredible work of very high quality. I want to also.

Alfredo Morabia:

I am Alfredo Morabia, the editor in chief of the journal. And I want to acknowledge the undefectable help of the American Public Health Association and of its executive director, Dr. Georges Benshin. AJPH is an autonomous journal, it's a homemade journal from the submission to the publication, and it's an independent journal. We don't have to take into consideration any corporate interest and we are very grateful for that. And the association has been doing that for more than 100 years. And before we pass to the address, I want to stress that we are also here to acknowledge that we've been through tough times. People estimate that about 5.5 million people died of COVID-19 in the world, but these are, we know it, underestimates. The real number of death is much higher.

Alfredo Morabia:

And if you compare what would have been expected on the base of past mortality to what we saw, probably we have three times, four times more deaths, 15 million, 20 million. Surrounding each of these

deaths, there are relatives, friends, colleagues. And those are just the row numbers. If you think that those 20 million deaths probably come from some specific communities, they're not homogeneously distributed across all our populations. Some communities have been made vulnerable for decades and decades of systematic inequities. These communities that lie at the marginalized intersection of gender and race and class and sexual orientation have been hit brutally by the pandemic. This have been brutal times for essential workers, for healthcare workers, for public health workers, for people working in schools, and we want to dedicate this symposium to them. Yeah, we mean it.

Alfredo Morabia:

And I want to tell you that it's not been easy to keep the journal and the association afloat over the last two years. But the pain and the suffering, I could see it, have been constantly a motivation for the staff of the American Public Health Association, for the editors, for the production team to keep going and keep publishing the science that is so needed to limit the impact of the pandemic and to build a better future. So on these note, here is the address. Citizens of the planet, I have the high privilege and the distinct honor of presenting to you the prime minister of the Public Health Union.

Dazón Diallo:

Thank you, thank you, thank you, thank you, thank you all. Nice to see you. Thank you, [inaudible 00:07:36]. Thank you, thank you so much. Thank you. You too. I see you, thank you. Thank you, thank you, thank you, thank you, thank you, thank you, thanks. All right, let's settle in, let's settle in. Let's get this thing started. Mr. Editor in chief, distinguished panel and guests, my fellow Americans in the United States and throughout the Americans, my fellow global citizens, my fellow public health accountants, my friends, my comrades, my co-conspirators, my allies, all protocol observed. 680 days ago, life on earth for most of humanity changed in seismic proportions. We collectively experienced another new beginning for which we were neither individually nor collectively truly prepared or positioned to endeavor, but we had no choice. And like our editor in chief, I want to take a moment to be mindful of the incredible losses, sacrifices, stresses, horrors, and desperation that so many of our public health family and allies have suffered, succumbed, or survived.

Dazón Diallo:

I also want to celebrate the resilience, the triumphs, the perseverance, the humor, the love, and the humanity that we have demonstrated as part of the solution to resisting the apocalyptic nature of the pandemic. While we are not yet ready to exhale, we must be mindful to keep breathing, keep loving, keep hoping, and keep fighting. So it is this profound moment in which we find ourselves again as we welcome a new year, 2022, with the hopes that this is the year we turn the tide on the global coronavirus pandemic, turn up the heat on the marathon race to end HIV and other life threatening or altering diseases or conditions such as Alzheimer's, cancer, or mental illness, houselessness or poverty. Let's shut down the pervasive slow moving shadow pandemic of gender based violence and reinvigorate our fight to preserve and forever protect the rights of women, girls, [inaudible 00:10:16], and gender expansive people in all our diversities to our bodily and personal autonomy.

Dazón Diallo:

With abortion rights in the United States on the verge of being taken away by the US Supreme Court, with a shifting and uneven process for approving and making accessible drugs and devices to the people who need them the most and have the least access, and with economies around the world struggling to revive on the backs of women and essential workers who still need equitable pay and economic

opportunity, and because the far-right, anti-black racists, fascists, and white supremacists are hell bent to destroy our democracy in the interest of power and privilege, we are even more energized and motivated to stay in the struggle for the dignity and justice we all deserve. I'm going to stick to my belief that when women organize, we change things and when black women organize, we change things for ourselves and for everyone. Just as President Joe Biden or Senators Ossoff and Warnock from Georgia, they'll tell you the same thing.

Dazón Diallo:

So what did we learn, at least in this past year or in this era of COVID-19? We've learned that the health and research literacy are even more critical components to public health than most ever realized. And that public health can and should be engaged in policy and that politics has no place in public health practice, response, or even policy. It is actually dangerous or life threatening in many instances and killing us literally. We learned that science matters, and it's odd to have to say that this is a lesson. But we have seen what can happen to an already weak and scatter shot type of health system when science and evidence are challenged based purely on ideology or political leanings or willful ignorance. As much as we've ticked the failures and the lessons, we must also note the successes and the wins. We got a vaccine for COVID-19, many of them. We have seen the FDA's role take on new meaning.

Dazón Diallo:

We have seen community health centers and community oriented health programs have a best response to a leaner community health practice. And we've seen them succeed where the big national and global strategies have failed to engage the most vulnerable and those most in need of the basics, just to survive day to day. We have seen neighborhoods turn the tide on the pandemic in their local regions with time, energy, support, money, all to a pandemic. And we have witnessed some of the greatest advances in health science than ever before. With all that, my good people, my fellow public healthicans, the state of the Public Health Union is not dire, it's not great, it's fair midland as my Nana would say. Not all bad but not nearly good enough to call ourselves safe and on the road to recovery.

Dazón Diallo:

So what does this mean for our future? Well, we're at a critical point of opportunity. We need to make some big, crucial pivots in how we see and provide healthcare for hundreds of millions in the United States, as well as billions upon billions of people suffering globally. We have witnessed and experienced domestically and globally a racial justice reckoning, which I believe must also be followed by a sexual and gender justice reckoning, a climate justice reckoning, and economic justice reckoning, probably others. We have definitely seen a greater global collaboration in science, specifically for COVID-19. New drugs, new treatments, and even new areas of study. The U equals U, undetectable equals untransmittable campaign has gained global traction in the US and countries all over the world. A community initiative that has since been adopted by governments, industry, partners, health departments, communities, and individuals most affected by the HIV epidemic.

Dazón Diallo:

We can celebrate our many accomplishments while we acknowledge our failures and our long list of more really hard, uncomfortable, and even gut wrenching work that we have to do in order to truly achieve the best health outcomes for everybody. Public health is and has always been about the future. We learn about and we work to have the solutions that are meant to heal and cure people now while protecting and preventing people in the future. What's the public health future? Innovating justice in

public health. And how do we do that? Well, let's start one, can we declare and make health a human right? And in the words of the astute Omar Little, we could settle this once and forever. Let's aim higher than disease prevention, treatment, care, and research, aim for dignity and justice. That's human rights in public health. Public health could be on the right path to diversity, equity, and inclusion with the addition of justice, dignity, and love.

Dazón Diallo:

And number two, fully embrace intersectionality. Intersectional lives require intersectional responses. Understand that every person who is living with or in a condition that threatens or diminishes quality of life or even life itself is living with a whole lot of other conditions. It is also the root or the route to getting us there. And number three, public health is the people's health. Centering the attention where the center is, women, girls, black and African people, people of color, BIPOC people, poor people, transgender, gender expansive individuals, people who are living with disabilities, young people, people in different geographies, the most vulnerable needing the most attention, most resources, most representation, most decision making, most authority, and most power.

Dazón Diallo:

I quote the intrepid, brilliant, and belated feminist author, Bell Hooks, who said, "To be truly visionary, we have to root our imagination in our concrete reality while simultaneously imagining possibilities beyond that reality." There is the possibility of the greatest success in our collective efforts to reach the end of so many of the challenges when we are honest and intentional about ending the racial, gender, sexual, economic, geographic, and environmental disparities in our approach to health for all.

Dazón Diallo:

The most important of all of our marathons is this one, public health must lead in the fight for and the achievement of global universal healthcare for everyone. Did I say global? Yeah. I truly believe that because we are all a part of the same energy that is the universe in which we live. We are all inextricably linked by our humanity and by our sheer willingness to ensure that our species survives for the unforeseeable future. From South Africa, there is a Zulu term that perfectly sums it all up, ubuntu. Say it with me, go ahead out loud, ubuntu. It means I am because we are. And as for me or we, with grace, gratitude, forgiveness, truth, transparency, dignity, and love, ubuntu, ubuntu, ubuntu. And thank you.

Alfredo Morabia:

Hello, everyone. Welcome. Welcome to this event. This is The State of the Public Health Union organized by the American Journal of Public Health and the American Public Health Association. I'm Alfredo Morabia, I'm the editor in chief of the journal. And that was quite an address, that was absolutely fantastic. Before we get into the discussion, let me introduce to you the panelist of this session. As I said, we selected them so that they represent different sectors and domain of public health. They all are extremely accomplished person. And if I had to tell everything they've done, we would be here for an hour and they wouldn't like it. So let me introduce them briefly and focusing on the reason why we have them on this panel.

Alfredo Morabia:

So let me start with Dazón Dixon Diallo. Again, congratulations, Dazón, for being our prime minister this year and for this fabulous address that you prepared. Dazón Dixon Diallo is the founder and president of Sister Love. It's a frontline grassroots organization that's aimed at ending the HIV epidemic and having

reproductive right respected all over the planet. And frontline organization, grassroot organization are indispensable in public health. Without them, we would not reach the people who actually needs it the most. Hello Dazón and again, congrats.

Alfredo Morabia:

Then we have Lori Freeman. Lori Freeman is the chief executive officer of NACCHO. And NACCHO is the National Association of County and City Health Officials. And Lori, hello, welcome, nice to see you. Then we have, Jewel Mullen. Jewel Mullen is a professor, associate dean at the University of Texas at Austin. And she's also a former president of ASTHO, which is the Association of State and Territorial Health Officers. Joel, hello, always great to see you. Then we have, Sandro Galea. Sandro is a professor and dean at the Boston University School of Public Health and is also a former president of the ASPPH, which is the Association of Schools and Programs in Public Health. Sandro, hello and always great to see you. So this is the education side. On the research side, on the intersectionality research side, which Dazón Diallo mentioned in her address, we have Lisa Bowleg. And Lisa Bowleg is a professor at George Washington University and very important, she's also an associate editor of the journal. Lisa, great to see you.

Alfredo Morabia:

And then on the history side, we have Nancy Krieger. And Nancy is a professor at the T.H. Chan Harvard School of Public Health. And she's developed her own very original voice, the history of what she calls the people's health. So this is the panelist and we're going to start that discussion. There's one more thing I need to say, we'll have 15 minutes of conversation with the public. So please send your questions. Farzana Kapadia, deputy editor of the journal is receiving them and will be transmitting them. So we hope we'll have a conversation also with the public. So here's my take about this fantastic address. I think the prime minister after acknowledging how brutal those years have been said that they had been positive and failure and successes in our response. And that overall the state of the Public Health Union is not dire but it's not great either. And she gave us some goals to achieve in the coming months or years that we need to make health right the planetary dimension for-

PART 1 OF 4 ENDS [00:23:04]

Alfredo:

The planetary dimension for everybody, it needs to be global. And that we can judge the success of doing this by measuring the progress on health justice. So this is my take of the address and so let me know, panelists, what is your take. Please chime in?

Lori Freeman:

Interestingly enough, Dr [inaudible 00:23:34]. I also focused in on the comment that settling once and for all that health is a human right, but also this overall message of hope and that despite what we've been through, in spite of what we've been through, that we have... This is a moment in time that we can build upon and the future looks bright. It might not feel that way right now, but that there is hope and that we'll get through it together. Thanks

Alfredo:

Thank you, Lori. I totally agree. Yes, Nancy.

Nancy Krieger:

Happy to chime in. First, I just want to thank you for organizing this event, for giving us in public health a moment to reflect on not only what this year has been like, but these past several years. And thanks also to Dazon for your words and for framing the fundamental importance of justice and dignity for public health. And at the same time, I think we can't help but engage with some of the politics of the moment, in addition to wanting to have better policies. And I think that we were framed as the first question is what has been the response of a success, failure et cetera. And I think you have to ask who's because in public health, there are many different sectors. Is it the response of the federal government, the local government, the State government, is it the response of community based organizations that are doing mutual aid, is it the response of politicians? It is the response of people that are putting forward different agenda do or don't promote the people's health and health equity. And so there's not just one response, there are many.

Nancy Krieger:

And I think that there are parts where there is true inspiration of people stepping up to meet need, but there is also profound division. And I think that public health has to understand that too and offer a voice in ways that could potentially help bring things together, but it's not like our discipline has also... And our field has just one voice in this matter. Because our field has also been at times supporters of horrific policies around eugenics and sterilization abuse and cultural systems in ways that are really not good for public health. And then our field has had people that have been people fighting for their own health and human rights, racial justice, civil rights, you name it for quite some time.

Nancy Krieger:

And I think we've even framed it globally, we can look at the Alma-Ata declaration back in 1978 which is a global declaration of the importance of linking social and economic justice to public health. So I think this is a time that shown divisions. It shown divisions and fractures in our society, it shown divisions and fractures globally and it also comes a time that I think what this is really called for is a real stance, and this is what I appreciate in what Dazon was calling for. Not only all the things that we're against that we oppose in that are harmful, but standing up with a positive vision that puts again dignity and connectedness at the center. We live embodied, there's no other way to do it. That intersectionality is because that's what we embody every day in our bodies. There's no alternative. Just like people say, there's no planet B, there's no other way to live on this planet in terms of being planet A.

Nancy Krieger:

So those are the things that I think are really important to keep in mind and that the response has been in certain places, horrific, pathetic, death-inducing people that have been arguing for political gain to ban masks, to ban vaccine mandates, to restrict the authority of public health people, and that is happening simultaneously. So we're being with people trying to really come up with much better approaches that are health enhancing with centering equity at the pulse of it all. So I think it's a complicated time and that's what I think we're here to discuss. And it's consistent with the history of public health, which is always been complicated in this way.

Alfredo:

Thank you, Nancy.

Jules:

May I say thank you to all of you and especially to Nancy, because I think I was just holding back, realizing that as we began, I started to have one of those public health emotional moments when I was feeling so good about, this is why we're here and this is why we are so impassioned about public health and our work. And I didn't want to just stay there because that's what we have to stop doing. And, so what Nancy just underscored was sort of the mindset and the behavior that I also know I work to keep myself out of.

Jules:

That encourages me to keep truth-telling about matching our actions with our promise as a discipline and as a profession. And that is really fundamental and I think fundamental in this conversation because we ought not sit back and watch every other organization and entity that wants to collaborate across sectors and uphold rights, fix itself if we don't also say how can we be better? So it's one thing to analyze how we've done responding to a pandemic we weren't prepared for, because we still have to spend so much time and investment on preparedness, but acknowledge that some of that preparation might actually require undertaking politics that organizations like the one I was the president of, have to navigate carefully because they're membership organizations, whereas sometimes harder to build the coalitions internally to advance health justice. Anybody else?

Alfredo:

Thank you Jules. You also Chime in.

Lisa Bowleg:

I will. I first want to say thank you for organizing this panel, this conversation it's important one to have. Second thing I want to say is I definitely want to live in a world where Dazon is prime minister of anything. But as I listened to the address, which was brilliant, your call for human rights really resonated as did in the interest of full disclosure, intersectionality. I found myself, however, stuck when you talked about keeping politics out of it. I think in talking about politics, you're talking about the larger sort of politicization and weaponizing that we've seen in terms of the federal government, but to go to Jule's point, I think this is sort of precisely our problem, right, in public health, this notion that we want to be seen as objective and neutral and have not really realized and embraced that when we're talking about public health, it is by its very nature, a political topic.

Lisa Bowleg:

We are talking about groups and populations that have been historically oppressed. That is a political conversation. When we're looking at the inequities, whether it's the just stark differences in hospitalization deaths and who's most affected. I mean, we can just go on and on and on of the vast inequities, these are political conversations we need to have. And so as Jules said, we have to step into those and have those conversations. We can't stand on the periphery and just sort of cheer all [inaudible 00:30:53] that we have a vaccine and this what we've done. I think we have to really get into some really hard conversations and some really hard truths about inequity, about structural racism and so on and so forth. And so these are the conversations I'm very much interested in having.

Alfredo:

Thank you, Lisa. Yeah Sandro.

Sandro Galea:

Maybe I'll add last comments but first of all, let me echo the thanks for inviting us and thank to fellow panelists, just really an honor to be here with you all. I'll also echo Dazon I thought was fantastic presentation. And just to maybe summarize a few key points, which I think have emerged already from my colleagues. But number one, I thought Dazon that your presentation really did a wonderful job of articulating public health as an aspiration. Public health ultimately is an aspiration for a world where everybody can live with dignity and can flourish and where health is not associated with arbitrary indices of our identity. And I thought as is appropriate perhaps for a state of the union address, I thought you had the soaring rhetoric that sort of made me want to sort of follow you to that vision of aspiration. So really thank you for that, that's number one.

Sandro Galea:

Number two, to echo a comment [inaudible 00:31:56] professor Krieger first introduced as the notion of the tremendous divisions that we're in at this moment in time. And I actually think we cannot really talk about public health or any other aspiration right now without talking about the divisive moment we're in and I have a suspicion that many generations sort of feel like their moment is divisive, but it does like, looking at things right now, it does feel like we're in an absolute sense at a very divisive moment. And I think public health has no option but to grapple with that division and to really be a uniting force where health is something that it can actually be used to bring people together simply because everybody aspires to be healthy, at least everybody aspires for their children to be healthy. So I think that really emerges is from this conversation building on these Dazon's talk.

Sandro Galea:

And then I just want to introduce a last point and perhaps sort of wearing the hat and which I represent here, which is education. I want to talk about the next generation because I think for whatever this moment is, if this moment is a moment that helps clarify how much of an aspiration public health is. If this is a moment though, which is really a hard fought moment with substantial divisions that we need to grapple with. I think it's also a galvanizing moment for the next generation. I have the privilege of serving as the Dean of school of public health, I see thousands of people in the next generation who are coming forward and I see them come to public health with a greater clarity of purpose and I think robustness of intent than perhaps I've seen previous generations.

Sandro Galea:

So I think we want to emerge from this moment with clarity about our purpose which Dazon I think you really called us to, which I really appreciate, recognizing there's challenging moment. It's a moment of substantial division, substantial barriers in front of public health. And I know we're going to talk some more about that, but recognizing that actually in many respects, what all of us who are on this panel are doing and what Alfredo you're doing with the journalists, we are really trying to pave the way for the next generation that can then build on this and do even better. Thank you.

Alfredo:

Thanks Sandro.Dazon.

Dazón Diallo:

Well, I also am most grateful for the invitation for the opportunity. I am... Prime minister is a new role and I am grateful for the acknowledgement that my early comments really were about the aspirational, the way I see public health in the future. I think in the future live in the present. And so given that I am

fully in complete agreement and in standing with everything that's been said by everyone, including those who have push back or taken a little bit of issue, I will tell you that the president of the United States gets at least an hour. So I got less than 10% of that.

Dazón Diallo:

And I am grateful for those 10 minutes, but if... I'll send you all the 20 minute talk that I ended up editing out, because it actually included a lot of those pieces, it includes a lot about even within our own public health community, we still have all of those same divisions that exist in the general space in the United States context, as well as in the global context of decision makers, of leadership, of where privileged lives and where power lives and how the dissonance between the deciders and those who are impacted by those decisions is still so... Is such a gap and it's so wide that I spent a good amount of time recentering on the fact that the people's health should be led by the people. And so that, including a commentary on Brian Stevenson's, what I call his four tenets for sustaining social change.

Dazón Diallo:

And so there's a lot that goes into exactly what you're saying. From a political standpoint I absolutely agree. We cannot avoid the politics of the moment, right? But the day that streetlights, stop signs, the day that where streets go and how they're painted and when they're painted, all of that still ends up political when it shouldn't be because if we were dealing in a world of equity and dignity, healthcare would not be political, preventive health would not be political. Human rights in general dictates politics until we recognize that everyone has them and that we are actually achieving the equity, the dignity and the justice that we all deserve.

Dazón Diallo:

So I'm in absolute complete agreement. I think the truth telling also comes with the storytelling because of the lived experiences that we all have and can share, and the humanity in who we are as public health practitioners and advocates is as real as the humanity in anybody else in any other profession. And I think a lot of times we're taught to and told to check ourselves, check our stuff at the door especially as clinicians, as providers, as practitioners, when the truth of it is that you cannot humanly check any part of yourself anywhere you show up with everything you you've walked with your entire life. And so that I think actually needs to be embraced as asset building and not the opposite. For as the last thought about this is that some of those profound divisions and I want to be real, I'm with you now Jules, all masks, everything else is off.

Dazón Diallo:

The reality is we have about 20 years to get it right for when the United States is not a majority white heterosexual male country. And if we are not preparing ourselves now to have a different idea of what leadership looks like to have a different idea of who gets to decide who lives and dies, than what we have right now, then we will be in an apartheid state.

Dazón Diallo:

Do not sleep on the fact that the people who oppose the very things that we fight for even within our public health sector, are definitely afraid of losing the power and the privilege that they have walked with for hundreds if not thousands of years. It's not going to be easy to undo that sense of power and privilege, but it is imperative, it is absolutely our responsibility to make sure that when we're talking about the next generation of public health practitioners, providers and advocates. When we're talking

about what goes into the training space, in the education and in the workforce, we must be preparing the very people who are under the thumb or under the boot or under the knee on our necks of those who have that power and privilege now, if we are not preparing to assume those positions in the near future, then it will be not the same, it will be worse.

Dazón Diallo:

And I think that that is a reality in public health is that we have, I think the ability to grab hold of that right now and start telling the truth and doing it with science like no one else can do. That's what I really think.

Alfredo:

Thank you, Dazon. But indeed, I mean, we are talking a lot about division and very divided society but there's something that strikes me. I understand there is a minority of people who oppose the public health recommendation. But look, my age group, 65 and more. CDC used to say 99% or more of the people have been vaccinated. Now they say it's 95% or more. I mean, 95%! This is not only blue States. This is blue States, red State, men, women, black people, white people. This is everybody. So where is this division? I understand 15% of people who oppose is important. We have to take into consideration public health is about everybody, but I mean, 240 million vaccine in a few months, where is the division?

Dazón Diallo:

I'm going to jump in there and say that the divisions, and it's not just one. I think Nancy actually laid this out, it's not just one. There's the division of people who trust and don't trust the public health system. There is a division between people who follow political leaders with their public health mindset versus following health practitioners, with their public health mindset. There are divisions between how men and women and gender-expansive people think public health should be delivered and responded to. So I don't think that there's just one division, which is why on this particular question of COVID 19 and vaccines in terms of the fullness of it, I think that there is a set of divisions in there that can be completely extrapolated and set aside around a pandemic that are very different from the divisions that are going to exist around whether or not abortion is access to reproductive healthcare.

Dazón Diallo:

Or there are going to be other divisions around where clinics should actually position themselves. Where they should be in a given community who should run those clinics and how, and who should actually be providing the care in those clinics. Especially for example, there's already a division scientifically shown that people who look like the people who are accessing healthcare are the providers then there are better healthcare outcomes, especially for black and other people of color in the United States.

Dazón Diallo:

So the divisions existed before COVID 19, COVID 19 helped exacerbate a lot of those in many different ways, but there's still stark issues around people who believe that they have access. People who believe that they have a right versus people who don't and people who believe that there are some who should deserve it and there are some who don't. And there's sort of, I think we're kind of unique in the United States where we believe in taking care of and protecting our seniors. We believe in that. There are places around this world where that is not the case and that the focus is more the younger population. And that what we have seen is that that's how the COVID 19 response has been dealt with. And so I just

think that those divisions, quite frankly Alfredo, are everywhere in everything. [crosstalk 00:43:06] part of my job to undo it.

Alfredo:

I agree on that Dazon but we are dealing with the response and I'm thinking of all those public health workers. I mean, the hard part is reaching the population and giving the vaccine, et cetera., and they did it. So why shouldn't we brag about this success, even though we recognize if there are all those division. So it's a question. I would like the, the panel to intervene on that because I think there's something unfair for the people who did it. And that was the hard part.

Nancy Krieger:

Alfredo though, I think it's important to note that one, there really still are heterogeneities and vaccination rates by States. You can see which States are at the bottom of the pile. Why is it that Mississippi and Louisiana continue and Alabama continue to be all the way down there. Which States are doing much better, not only by age group, but also within age groups there continue to be inequities. And I think the thing is that does speak to issues of reach. I've been incredibly glad to see the ways that community health centers nationwide have become really important foci of places for getting vaccine distribution. They're also going to be places now where the tests are going to be handed out and also where the masks that are going to be distributed. That the government has finally stepped up to in terms of knowing that we are not just only going to clinical vaccinate our way out of this pandemic because the virus has other things in mind, and that's not going to be the only way to do it given breakthrough infections, given the current infectivity of, with regard to Omicron.

Nancy Krieger:

And what I'd also like to add is that I think that there are some ways that are being talked about, about what does it mean to be political but I want to take a little bit of push on to get further clarity. So public health engages with the State by definition, anything with deals with the State and State politics and State administration globally, locally, whatever is going to be political in the sense that that's what politics is about the way the states function. There are some fundamental divisions which are not going to be counted up in the number of NF people as a population. Remember, I'm a social epidemiologist historically informed, yes, but I think lots about populations. And then I think about concentrations of power and wealth.

Nancy Krieger:

If we look at it's not only the next 20 years in terms of changing clinical demographics, which are categories socially constructed. I've spared the history on that one. It's also about like the next several years in terms of climate crisis and what that means for the next generation and what is the world in which they are growing up and is going to be going forward. And then if we don't look at the very different philosophies and ideologies about what the purpose of the State is, there are some major competing versions and public health has a wonderful side. Generally speaking on one side of it, there's public health surveillance and that has been very punitive, remember we have the notion of medical police that was first put forward in the.

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Nancy Krieger:

Our medical police that was first put forward in the late 1700s as a way to organize the regulation of other people's "bad activities". But we've also had public health being on the side of us saying that the purpose of the state is not simply to protect private property and have a military to do so, but is actually to set up social programs that help ensure the wellbeing of the population. Public health, in that sense, more broadly writ, has been on the side of a much more expansive notion of a state that is protective. There are conservative views that say, "No, actually we don't want a nanny state. We don't want a state telling us that we can have things that are of public benefits, such as mask wearing, which is not only about the individual, but the communities in which those individuals live." They're attacking the possibility of having states have laws that actually going after long established vaccine mandates for little kids at school.

Nancy Krieger:

And by the way, one of the fastest reductions in health inequities in this country was through the vaccination requirements for little kids at school, which then had all kinds of effects of reducing childhood ailment, what that meant for those kids growing forward, growing up. So there's some real profound, philosophical, political differences. And then they come back to, "Is the purpose of the state to protect private wealth?" Or "Is the purpose of the state to protect the people?" And there's more people, but private wealth is really big and walks with not only a very big stick, but a very, very big bank account, and is part of what's going on behind... there are links, in fact, between groups that have been going after climate change with disinformation, going after COVID with disinformation, sowing fear, and then you raise the question, "What's different now about some of the divisiveness?" Is we are all also still in whiplash mode, dealing with new forms of communication that did not exist previously courtesy of the internet.

Nancy Krieger:

And since the Cambridge analytic scandal in 2016, that broke out with regard to manipulation of populations, and this ties to the question also of democratic franchise, we have had a different way that I don't think many of us in public health initially appreciated enough. There was a view that we're going to just have wonderful ways to get information out to the people who never got the information before, and not realizing that we actually have something else happening, and it's calculated. It's not innocent and it is funded. And that's been just recently documented in new exposes that have come out with looking at the conservative foundations that have been funding both COVID disinformation and climate disinformation.

Nancy Krieger:

So in that sense, the last point is that there is that kind of politics. But what we can also do in public health, as I think speaks to the essence of what Dazon was putting forward in the wonderful prime minister comments, is we state what our values are. And then we follow the science and do the science. We are transparent about our assumptions. Our assumptions are grounded. If we want to do this kind of public health, in the fundamental notion of human rights that everyone has them, because they're just happens to be a human, and that they're equal as such with respect and dignity. And we follow the science and we test it and we reject assumptions of false biological essentialism, of false notions of innate difference between many of the different kinds of groups that exist that get divided. And we deal with need in relation to principles of equity.

Nancy Krieger:

That's where we can test the assumptions. And we can show the spurious assumptions that go into the racist science, that go into the sexist science, that go into the anti-black science, that go into the anti trans science, that blah, blah... the deal that framed disabled people is just things that are a topic of intervention only, and not full people with dignity and their own rights. So that's the part, the values are what we get to be transparent about, but then we better do good science because that's the evidence that allows us to say, "Is this harming health? Is this not harming health? Is this intervention doing what people would like it to be able to do? Is it policy that's having an impact that we would like it to have? Or oh-oh, they're all kinds of spillover effects and nobody thought of them, And that's a really a big problem.

Nancy Krieger:

So there's a part to the rigor of the science and the objectivity comes, because I can do the study, you can do the study, Lisa can do the study, Sandro can do the study. Do we get similar or different results? If we get different results, is it because one of us messed up and we used the wrong questionnaire, or we used the wrong statistical method, or because there's something profoundly different about the populations or context? And we can actually have rational, consistent, systematic dissection of that, to figure out. That's where the objectivity comes in, because it's not a private opinion. Public health isn't about private opinions, it's about the people's health, and it's about public science and public science demands that it be public in its transparency of assumptions, as well as in the transparency of methods.

Dr. Moravia:

Yeah, absolutely. I think there are political division. I'm not sure they reflect directly the division within the population. And I wondered Laurie, your organization has documented all the attempts essentially in red states, to actually limit the executive power of public health. What's the situation? How serious, how disseminate is that? What's the current situation?

Lori Freeman:

Yeah. Thank you. First of all, just to this previous conversation, I, I do agree that vaccinations are a success story, one of the success stories perhaps of the pandemic, but that also agree certainly with Dazon's comments about the divisions being deep in many different areas, and one of those areas is on the ground in communities. Communities are divided right now in so many different ways, but one of the things that has been happening to your point, Dr. [Moravia 00:51:48] is, but I think it's over 35 states now have passed legislation that curtail, limit, eliminate public health authority at various levels, including that local health department level where our members sit and do that and really important groundwork.

Lori Freeman:

And the impacts of, of this are potentially very huge. I think it will take us a while to see them play out, but there are things like you in Montana, for example, you can't quarantine people anymore For any reason. I mean, those things are knee jerk, legislative actions at that state level, attempting to retaliate in effect for public health doing their good work on the ground. But in this moment in time, these pieces of legislation were passed without thought for how they might impact for future public health emergencies. Things like limiting the time that a public health emergency can be in limiting who can do it. These have been really authorities that have been in place since the beginning of public health, practically that help us to curtail serious infectious disease crises over time.

Lori Freeman:

And so I think that I don't want to wait to see what happens, but I think we will begin to see the impacts of these pieces of legislation longer term when other public health emergencies return to the forefront. They're just sitting there waiting to come back at us and many of them never left us, including the opioid epidemic and drug misuse and abuse, which has been further exasperated, of course, by the mental health crisis in this country. So we need to work as a public health system with all of our collective partners at play to push back on these pieces of legislation, to turn them back and to restore the public health authority where it sits and has effectively been successful for a hundred plus, plus years.

Dr. Moravia:

Of course, and, and Jewel, I mean on this, what is it to have a state public health, public health at state level, which cannot enforce the decision? What does it mean?

Jules:

So it's hard for me to answer that without linking my comments to Nancy's and Lori's because I hear everything they're saying then I also think about who's doing the work every day. And a lot of times it's not people with public health in their title or their name. And it reminds me that part of this whole struggle, even at the state health official level, from my experience, has been that things break down over power fights and power grabs. And we're in another one now where the unlimiting of state public health action is really one of saying, "You actually don't control this." And no matter how aspirational you are, somebody with more power and resources is declaring, who's actually going to determine who gets to be healthy and not how they define it and what the means of that are.

Jules:

And so that plus play out at the state health official level in ways are particularly challenging for a largely political appointee group of individuals who have to go back and reconsider when they take the jobs, what they stand for and what their non-negotiables are. And that gets lost. It gets lost at the same time that their legitimacy is sometimes eroded because a lot of us who have held certain positions, like to attach the title expert to the rest of the titles that we have, and then we can all have an opinion about what those people will, are working so hard, and in earnest, on behalf of the people to do are delegitimized at every turn when there are not very many good answers yet.

Jules:

So this is where I think we have even stronger opportunities to work with words like power across organizations, like ASLO and NACCHO, and to also consider how we need to, as we train the next generation, get them to think about power, because sometimes what we have professionalized for ourselves is that we are going to empower others as if we hold it too. So this has also been a wake up call for a lot of people in public health that we thought we were the chief health strategists. We can come up with all these other titles for ourself, but we have all, or most of us, been put back on our heels again. But there are opportunities there. Yes. Yeah.

Dr. Moravia:

I think the question is for Sandro, how do you train the new generation about power? I mean, just what Jewel just said and how do you connect this to your introductory notes?

Sandro Galea:

I think it really depends on what conceptual framework one is introducing the new generation into. And I think certainly what we try to you and what I think many of us here on this panel have pushed for in their career is that fundamentally public health is about the political, economic, social, emotional circumstances around which we live. And that is determined across generations with all levels of influence around our lives.

Sandro Galea:

And to my mind, public health trainees need to see public health that way right from the beginning. So when one understands that public health is inextricable from the places you live, you play, you work, you worship, it's inextricable from the places where those who looked after you as a child lived, played work and worshiped and intergenerationally their parents and their parents parents. And when you realize that throughout your life, the health of populations is a product of where you grew up, where you were an adolescent, the characteristics of the world around you when you're a young adult, middle aged adult, older adult.

Sandro Galea:

So that framing, I think, introduces students to notion that public health is inextricable from the world around us. Once you understand that, then you understand that we cannot improve the health of populations without working on the world around us. And that then lends itself very quickly to recognize is that there is no public health without the tension to the political determinants, the economic, social determinants, all of which are a fundamental role of how society operates. And I think Dazon you, I can't remember if Dazon you mentioned or somebody else, that are many people who are working on improving the health of populations do not wear the public health badge, because we know that the work of the promoting the health of the public is done by yes, by those are wearing the public health badge, like those of us here on this zoom, but also by our colleagues who are working on housing or working colleagues, working on sanitation, our colleagues who are working on clean air and drinkable water.

Sandro Galea:

And our role always is to try to nudge these other sectors towards the aspiration of a healthier world of Dazon I think you so well articulated. And so I think it's really critical that our students see that right from the beginning. And I think if a student enters the portal into public health, seeing public health as a fundamentally biomedical enterprise, where we are looking for a sort of silver bullet, then that is a very particular orientation from which it is hard to move the trainee throughout their career in public health. So I do think that it really comes to the orientation within which we nest the field within which, and here we're talking about sort of pedagogically with our students, and then building on that.

Dr. Moravia:

Thank you. Thank you. We have a question to you, Lisa. You will comment, and then I'll give you the question please go

Lisa Bowleg:

On. No, I wanted to add to that I think in terms of training, what's really also needed is this sort of critical education when we're talking about critical frameworks, we're talking about those that expose power relations that are very... And criticize them. And so I think that's missing so that our students are getting a lot of the sort of individual level biomedical, but what's really needed. We need Nancy

Krieger's work on eco social theory. The ways that that bodies literally embody discrimination, intersectionality brings power right to the forefront. And so I think our students, in addition to all the traditional stuff we give them... And we also, one of the things that's sort of been missing from this conversation that I want to just put right on the table is, we also need to have a criticism of capitalism and oligarchy, because these are clear and present threats to the public good, right? They see the public good as an obstacle and it's very adversarial. And so, as we've been talking about this aspirational public health on one hand, it's very important that we not lose sight of these larger, more powerful, richer, well funded sources that are a threat, this to this aspirational public health we all see.

Dr. Moravia:

I agree. And then actually public health is all inclusive. Any ideology that divide the population on the basis of any criterion is incompatible with public health. Historically, we can show that.

Dr. Moravia:

There's a question for you, Lisa, from the public appreciating the recognition of how multiple intersections of racial, ethnic, sexual, and gender minority status impact health. How do we move public health to acting intervening, dismantling the multiple system and structures that are the drivers of creating and perpetuating the intersectional states of marginalization?

Lisa Bowleg:

Okay. So I'm happy to answer this question. I want to start though with flipping this, because implicit in these conversations, when we talk about how racial groups, or how sex or gender is associated with public health? No, no, they that's the wrong relation. It's the structural inequality that is the precursor based on those intersectional positions. Race, racial groups, and ethnic groups don't cause inequality. And so it really is about bringing attention to how these intersecting power relations shape health inequities. And that's something that COVID has shown us, pick one HIV, hypertension. We will always see all the ways that interlocking racism, heterosexism, and so on shape health inequities for the population.

Dr. Moravia:

Absolutely. Anyone else who wants to comment on this question?

Speaker 2:

Well, I think that a couple of things, one of the things I wanted to say a while back, Alfredo, is my initial reaction to this question around championing what has been successful in the US, particularly around COVID-19 19, speaks to a global challenge for me, which is, there is no reason for the United States as a population to declare any wins until everyone has reached some level of equity in this response to COVID-19. It would reinforce what is problematic around American exceptionalism. And I think that that is some of that disease that I was having with, why aren't we talking more about what we've achieved with seniors in this country.

Speaker 2:

But that also brings around to not only bringing up the tough conversations or courageous conversations, if you will, around capitalism and oligarchies, and fascism, which is really what's fast moving on high a speed train in the west, but we also have to declare that white supremacy and patriarchy must die an eternal death period.

Speaker 2:

So as long as those frameworks continue to exist and we have to function within those frameworks, then a lot of these interlocking intersections and challenges and oppressions, and all of these things will continue because they are required in order for white supremacy and patriarchy to live the life that they have. So until we also figure out how to dismantle those things in the training, to dismantle those things in the structures, in the systems, and in the people who are in the positions to make those decisions, then we're going to continue sort of on this hamster wheel of fixing problems at a very micro level when the macro level requires that we dismantle all of the inequity that exists because of white supremacy and patriarchy. So that cannot be the end of the sentence. That has to be the big giving of the conversation, or at least picking up the conversation somewhere along the way because a lot of us have been talking about it a long time already.

Speaker 2:

But there are just some practical pieces to this that seem intractable to respond to because people think that they're just too big, a problem to address. And I think that the minute we accept that, then we're already defeated in the fight. And what has to be embraced is that in order for public health to really achieve these aspirations that we've spoken about is that there are much larger systems at play that must be dismantled in order for us to achieve our part of the solution.

Nancy Krieger:

I'd like to chime in because sometimes I think this framing can also end up making public health people feel like, "Wow, this is way bigger than us. What are we supposed to do?" And I think that what it speaks to me about is really the profound importance of coalition, politics of understanding who you are allied with and that there are also very specific public health skills that we bring to the table that are necessary for other people. And that is our job. So are we the ones that can say, is health getting worse or better for the different groups at issue? That's really important. That's not the job of the people that are building the housing, or doing the transportation systems. It's got to be people that understand something about measuring and monitoring health to make those data available and make them available in a way that is actionable.

Nancy Krieger:

Because one thing that is very clear is that there's not just difference, there's inequity and inequity is unfair, unjust, and it's really harmful. And it's preventable. If you can start to show that things are harming people particularly also yes, other beings on this planet, when you get into environmental regulations, you can start doing things, like litigate, sue, pass laws. There is legal accountability and many of the gains in public health, getting back to the discussion that we're having earlier about the state, have been coming up with evidence that supports them and shows, because it's in people's health, it's not just in opinion, it's actually showing the harm and there are people accountable for that harm, not just abstract systems. There are actually people accountable.

Nancy Krieger:

One of the things of an equity analysis and a politically informed analysis is to always ask who benefits as well as who loses from the conditions that we have. And that's really important. That's crucial to understanding what's going on with the harms of climate injustice. That's crucial to understanding the harms that are going on with structural racism, that there have been small groups benefiting with much harm to others. You have to document that harm. And that really matters. And that's something that

public health can do in concert with others who are also working to make changes, but it's not like public health has ever by itself been the only force at the proverbial "barricades" or in the coalition politics.

Nancy Krieger:

But if we're not there with our specific expertise about what this is doing to people's health and wanting to protect the health of the next generations, we're not really making the contributions that we need to make. And that goes beyond the necessary service provision, but it's about also then the public health infrastructure and the attention being called to the lack of public health infrastructure, the lack of investment, the denial of monies to public health that have been crippling the public health workforce, the computer systems, you can go on and on and on, but we have to see these things in connections.

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Nancy Krieger:

... You can go on and on and on. But we have to see these things in connection. So the same people, again, that have been getting in the way of a good COVID response have also been trying to undercut environmental regulations for a very long time, which gets back in part to one of the big ones, which is the petrochemical industry. Which has been very key behind many of this that's gets also tied to climate, et cetera, et cetera. And I think if we don't make those connections in public health, and we don't understand that the same forces economically, same groups, that I think this gets back to again... And I think it's not only capitalism, but it is partly that. Is of who is wanting the state to protect whose interests. And to want to protect the health of the public is not the same as protecting private property as the primary objective.

Nancy Krieger:

And that I think is a fundamental tension and public health walks right into it. And I think public health walks into it with the evidence that we can provide of embodied harm at the population level around the inequities. As well as showing the conditions in which people can thrive. And we can come to that and that's a unique contribution to public health that we can train our students in. And that requires an engagement with power, but it requires an engagement with systems and it requires an engagement with biology and so much more. I just think that that's got to be part of how that we're looking at this of what becomes the evidence that matters. And it matters to whom because of the coalitions in part that we build them because people can sue people, make policy and show the harms. Not just have opinions that this is harmful or not, but demonstrate the harms of injustice.

Jules:

I totally agree with that. I totally agree with that. And I spend a lot of time thinking... And this goes back to that hamster wheel comment. How much more evidence do people need? Especially for things that are just obvious. And so while, no, I would never, you know, I'm a psychosocial epidemiologist, so I would never want to veer away from the evidence. But on the other hand and the notion of it's not good enough yet not compelling enough yet, sample size not good enough yet. Which is what some people hear when they're trying to advance policy is also something that I think holds back or prevents change you because people don't really want to hear the evidence that's even out there already. And maybe that's just my feeling, but it's a feeling that I've had talking to some policy makers.

Dr. Moravia:

Yeah. I mean, this is two crucial points about public health. Because public health is, I mean good public health needs to be evidence based. And historically when it is not there are disasters. Or if it's biased, there are also disaster.o But it needs to be the low to, I mean, and here we come back to the issue of enforcement. So, I mean, when you want to change the legislation to have new rules that protect the health of the population, you need to get some types of agreement between different actors. So people may agree on what to do, but may disagree on the values behind it or their understanding of the role of power or private property. What do you think? I mean, and I'd be very interested by Lori's opinion on that because you're dealing with people in every state of this country and at the local level. So how does this fit with these health officers?

Lori Freeman:

Well we have struggled throughout the pandemic, obviously with trust issues. Even though prior to the pandemic our local health departments were working on the ground and often very closely in concert with our community partners, community based organizations. Those partners that are even more, much more trusted than local health departments. And we've lost a lot of that. I think it doesn't help, or it hasn't helped. There have been moments during the pandemic when we haven't had the full set of data science or evidence behind some changing guidance that comes out at the federal level. And there have been awfully good reasons at times for making those decisions and being able to pivot quickly in the face of surges during the pandemic and other instances where we know in our gut what we have to do. But we just, or the science hasn't caught up with it yet.

Lori Freeman:

So I think it really is a fine balance, but the public doesn't understand that. And the way that we communicate, educate, speak with them, with the public really has to show our vulnerabilities a bit more, I think. And not that we know everything all the time, but that we're learning as we go. And sometimes the science isn't quick enough, but we're... The intentionality behind these decisions is meant to protect the public and back to what we've been talking off and on here, about public health. Is it really, it... Health advice shouldn't be political. It's the way I like look at it. Not just public health, but providing advice to members of the public to keep them safe and healthy should never be political. But yet it is turned in that direction. And I just think sometimes we are our own worst enemy with our messaging points and the way we roll out some of these things with the public. That creates more distrust than it creates, rebuilds trust.

Dr. Moravia:

Thank you, Lori. We reached the 15 last minutes of this and we have questions from the public. Did I cut you Dazon? I saw you wanted to say something.

Dazón Diallo:

I just had two sentences.

Dr. Moravia:

Please, please, please.

Dazón Diallo:

I just had two sentences. And I'm so glad that Lori said what she said, especially representing the counties and the cities that she does. And that is, I don't know how we missed as a entire community, the fact that educating the public about healthcare in their voting rights go together. Elections matter in terms of who gets to decide around those legislations and around those policies. And as a community organization and organizer, I have a lot more flexibility. I know, than someone, for example, who may run a public health department for a county or someone who runs a hospital, but dammit, I do voter education. I do voter registration. When I'm doing screenings. When I have clinical clients, when we are dealing with community education and popular education.

Dazón Diallo:

We're making sure that people understand that how this even happens is because they are either voting or not voting or not able to vote for the people who can help make the right decisions for their families and their healthcare. And we've sort of missed that because we don't... That's what I mean by the health and research literacy, is important as much as it is around voter education. And engaging policies with the politics in terms of the voting is critical. So anybody who thinks that not voting or not registering people to vote when you have an opportunity in the public health sphere is not a boon for our opportunities, is absolutely asleep or under a rock somewhere.

Dr. Moravia:

Thank you Dazon. Thank you. So we have a question from the public it's about training, and I'm going to ask this question to all of you who wants to chime in. We have several other questions then. We talk about training the next generation. How do we provide hard skills training in advocacy, leadership, and engaging in the political process? So hard skill in advocacy, leadership, and engaging in the political process. I need to give this question to you Sandro first. I mean here you're the-

Sandro Galea:

Well, I can try, I think everybody here has some, probably has things to contribute to this. Let me start by actually echoing something I wanted to jump in when Lisa said something earlier, if I may. Which I really like about.

Dr. Moravia:

Sure, sure. Sure, sure.

Sandro Galea:

But I'll tie it back to this. About the importance of training our students in critical thinking. And I actually thought that was a really important point. I wanted to underline that because I actually do think that in part, in the act of training, there is always an act of sort of inculcation in how a particular generation sees the world. In case of our generation training in next generation. And I actually think part of that teaching critical thinking is I would like to have the next generation come up to actually be critical of actually what they're learning from us.

Sandro Galea:

And over time to actually form their own way into public health. I don't want it to label that. Because I thought Lisa, that you said that if I may, I thought it was really out like a really important point, which I hadn't said in my comment. Then in terms of the training and hard skills, and this again goes back to our conception of what we are, how we train students. And I think I talked earlier about training within a

particular view of the world, a particular production of the health populations. But I think it also means seeing training as being inextricably bound with training in critically thinking about the generation of knowledge and the research side of the house. And in the practice of public health and in all the elements are going to practice public health. I think a more traditional conception of training in practice public health means training people to be ready to work in public sector, municipal, state, federal, global, but as this conversation makes clear, that's not it in terms of training for the practice of public health.

Sandro Galea:

It means training and the coalition building and the advocacy in the envisioning and creating the structures that are necessary to achieve an ambitious vision of the world. An aspirational vision of public health as days, has challenged us all in her talk. Now, how does one do that? I think one does that both through perhaps more traditional classroom learning, and I'm not necessarily advocating in a particular form of classroom learning, but learning in a more traditional sense. But I think it's inevitable that that needs to involve an experiential component where our training needs to be based in and linked to a practice based education.

Sandro Galea:

And as I see it schools talking, let's talk about schools, public health programs, public health, anyone who's really training how students in public health. Needs to fundamentally become of all pushing forward the new ideas, the generation of knowledge, innovating in education and also the practice side of the house and the practice and as, I mean, it in a very expansive way, in a way that involves advocacy and coalition building. And really the type of connections that are needed to create a healthier world. And I think that all of that needs to infuse our more traditional classroom learning, but also woven in to the experience of students. Both in the classroom, as well as, and similar to the classroom throughout their training.

Sandro Galea:

And that's not easy, right? It not easy. And one of the things that we can talk about about probably a bit of an aside is in public health training as with many other professional training, is bound to some extent by our accreditation requirements. And accreditation requirements are a form, a particular form of requirement that is arrived at, by, with very good intentions. But inevitably it is hemming in of creative approaches to training because anybody who ever set a curriculum knows that you ultimately only have so many hours that you can tie up a trainee. And so many hours, a lot of those hours, you have to dedicate to things that are proscribed. So there are real challenges in I think in advancing the requirements of our training to meet this kind of very, but I would consider very progressive forward looking vision of public health training.

Dr. Moravia:

Nancy, thank you.

Nancy Krieger:

So you asked me here in part, Alfredo, in terms of helping lend in historical perspective, and to say that this is not a new conversation. That in when first setting up the first schools of public health, as Elizabeth Fee documented in her history of John's Hopkins, when it was being established, there was another model that was a much more social model. That didn't get funded by the founders of who were willing

to put money into creating schools of public health. There were these kinds of discussions in the 19th. So those are discussions that continue in the 1930s, discussions in the 1960s. Recognizing whose shoulders we stand on and some of these discussions about who and what public health students should be learning is just really important to know. We're not the first to be suggesting that there needs to be this kind of engagement with policy, with politics, with this kind of advocacy work. With coalition building, it's been there before.

Nancy Krieger:

So then you have to ask, well, how did that end up becoming less part of the discussion? And that's tied to a much bigger trend in the, since the 1980s. The move to neoliberal economies, rampant individualism, attempts to say that being professional is somehow not speaking to what the economic interests are and interests with regard to white supremacy or whatever. But that became sort of stripped out and then needs to get put back in. And then an implication is that it's not like we in our generation, some are comfortable engaging with those kinds of ideas and doing that kind of training. Many are not. So it's not like public health per se has all the knowledge equally distributed amongst everybody that's doing the training in doing this kind of work. I was involved in a discussion at my school where there was a concern that maybe some of the faculty that are a little bit older and I'm probably, I'm in that group now, depending on who's like where you want to put the age cut. You know, weren't' up to date with the latest methods.

Nancy Krieger:

And I'm like, well, that is, I mean we all need to stay up to date with the latest methods with the innovations, what gets because of the technologies that change, new software available. As well as new mathematical models that's absolutely crucial. But we also need to be up to date and sometimes that's being up to date with the history that people don't know to understand how to look at structural racism. To understand to look at the histories of intersection of yes, it's got much more buzz in public health now, but it's been around for a while as a construct. And as a concept and as a way of framing things. So it's also saying that it's not just about us quote/unquote training them, the students. It's also about some of the training and retraining of the people that are actually the educators themselves. And I think that that's part about what it means to keep that spirit alive of constantly learning, but also knowing that it's not just learning more information, it's learning about a way to look at the world, critically. Centering people's health and equity at the core.

Dr. Moravia:

Thank you, thank you Nancy. And this allows me to add that at AGPH, we take history very seriously. It's not a hobby, it's a tool for change. And I think your intervention shows that. My feeling, I was at the student think tank workshop just before I came to this one. But I think that there's something new today. The pressure is coming from below. I mean, there is something happening among the students in public health, which I've never seen before. And this is very, very promising.

Dr. Moravia:

We have a few minutes left before we'll have to conclude, unfortunately. There is a question, I mean, lot of people want to know how we're going to deal with structural racisms and inequities. I think we've covered some of that. But there is another question which is a bit different, but is very important too. Is what are we neglecting over the last two years we've been talking about COVID, COVID, COVID, what

else is going on and that we are currently neglecting? So I think we could have our last minutes on that and then we'll conclude. Who wants to chime in on this?

Lori Freeman:

I'll pop in real quick. Because I touched on it a little bit in my earlier comments, but the normal work of public health is always front and center in our health departments. And we've seen them have to turn away from some really serious public health conditions in the community to address COVID because there simply aren't the resources, the people, the money, the time to do it all. But they have been trying to keep their finger on the pulse of these things at the same time. But for a while there, we saw people with HIV and prep sort of going by the wayside in health departments.

Lori Freeman:

Maternal and child visits were on hold. Immunizations that are well documented via kids are behind. We have an exploding mental and behavioral health crisis. We had it before, but the pandemic has exasperated it many times over and we cannot afford to ignore these things. I mean, the future of our kids are at stake. The future really of many people in this country are at stake. And so we have to really get to be to the point where we're learning to moderate this response a bit. Learning to live with COVID a bit so that we can get back to some of these other crises that never went away.

Dr. Moravia:

Thank you, Lori. Who else?

Dazón Diallo:

So I don't know if it's something that we're neglecting. I do think it's something that has fallen in some ways by the wayside. And that was and is an ongoing situation. And I think I wrote it down of how we continue to expand on what community engagement means. And that in the process of responding to COVID-19, at the one hand we were looking so at the higher levels of decision makers of these big macro issues around vaccine development, around distribution and dissemination and large levels of community education and that sort of thing. But when it comes down to the academy, and this is sort of building off of Sandra's comments, when it comes to the relationships between the academy and the community, I think that we have hit a plateau. And that we have a lot more work to do.

Dazón Diallo:

When I was an adjunct professor, for example, Sandra, you might enjoy the fact that all of my courses were taught at my organization. Students had to come off campus and into community and learn and meet the people who were doing the work in the community while they were learning in my class. Which was a traditionally taught class, but it just happened to be in the community. There are so many different ways to acknowledge the lived experience, including among the students, the trainees. What I consider indigenous expertise, right. Has to be taken as data. It has to be taken in as empirical science of what people have, what they know, what they've lived, what they experience, what their stories are. Are just as real and quantifiable as some of the numbers that we can count on a computer or in any of our surveillance platforms or even in our basic imperial science.

Dazón Diallo:

And so I just think it's really, really critical for us to come back to, and we can learn from what worked and what do didn't work in terms of engaging community over the last couple years and how to build on

that. Because without community, we are rudderless, we don't know exactly where it is that we're needing to go. And the close on that is my Brian Stevenson, four tenants in case people miss that point in all of it, is that you have to be prox meant in meaning in of, with, and by the people who are living these experiences.

Dazón Diallo:

You have to change the narrative. We cannot accept the terminology that no longer serves us. Mine, for example, is social determinants of health. Not all of it's social, some of it's immutable and some of it's political. So let's talk about health inequity determinants. And you have to protect the hope, which is a big thing for me. And you have to be willing to get, be and make others uncomfortable. Those four things have to come together to sustain any of these things. And some of those things have been missing simply because our eye got taken off the ball by the pandemic.

Dr. Moravia:

Thank you, Dazon. And I may add that if you look at the, the issues of [inaudible 01:30:21] you'll see behind the environmental justice. We're preparing issues of about the obesity epidemic and how it went without this pandemic. We are thinking about the unemployed and the people who went bankrupt and are still in that situation today and the impact of the epidemic on them. And we are covering all those different issues, preparing the field with all the science we can for to prepare them for the future. And at this time, thank you.

Dazón Diallo:

Universal healthcare.

Dr. Moravia:

Universal healthcare, of course. So let me close here. I mean, you are all fabulous leaders. I'm extremely humbled to have head to moderate this discussion. And I think you also represent the diversity in public health. I mean, as long as people are willing to accept that our policy should be based on science and should be for the whole of the population without exclusion. I mean, you have space to write and to contribute to the journal. And I think you showed that beautiful today. I tried to push a little bit, but you did fantastic. So thank you. Thank you, Lisa. Thank you, Jewel. Thank you, Nancy. Thank you, Dazon. Thank you, Sandra. And thank you, Lori. And I hope we meet in person soon. I can't wait. Take care. Bye-bye.

PART 4 OF 4 ENDS [01:31:56]