WEBVTT

1
00:00:02.340 --> 00:00:27.070
Carole Copeland Thomas She/Her/Hers: Welcome everyone to this wonderful, amazing Us. Uk summit on race experience. We were talking about the state of healthcare worldwide with racial disparities and beyond. I'm Carol Copeland Thomas, one of 3 co-partners with the Us. Uk. Summit on race. This is our eighth event. I believe it is our eighth event

2
00:00:27.100 --> 00:00:56.619
Carole Copeland Thomas She/Her/Hers: in the last 2 years, and we will share our experiences with you throughout this program. I'm delighted that you are here. We encourage you to go on and make your comments known in the chat room, and we will just sit back and just enjoy the experience. I thank each and every one of you for being here. I just want to do one quick thing as we begin our program. So just bear with me, and I will take care of that in just 1 s

3
00:00:57.010 --> 00:01:22.119
Carole Copeland Thomas She/Her/Hers: again. Thank you so much. You can leave your cameras on. But of course we would like for you to mute yourself and keep yourself muted because of our experience. All of the information with our program and with our programs can be found at our website. That's M. Ss connectcom, www, dot, M. Ss, connect.com.

4
00:01:22.120 --> 00:01:43.379
Carole Copeland Thomas She/Her/Hers: You can listen to past programs. Our last program was held in February centered around black history month in the United States, and we encourage you to go back and listen to some of the past programs and the other information that can be found at that website that's www, dot M. Ss, connect.com.

5
00:01:44.640 --> 00:02:02.820
Carole Copeland Thomas She/Her/Hers: I want to bring on my partner now. in Liverpool, England. We've known each other for a number of years. It's amazing because people talk about zoom and cross cultural connections internationally. Garth and I have been doing this now for about 12 or 13 years, and our respective capacities

6
00:02:02.820 --> 00:02:22.000
Carole Copeland Thomas She/Her/Hers: and field work in diversity, equity, inclusion, and belonging. He is also an attorney in the United Kingdom, originally from Jamaica, and just a wealth of knowledge. So

without further ado, I'd like to bring on Garth Dallas Garf. Take it away.

7
00:02:22.000 --> 00:02:27.870
Oh, thank you very much, Carol, my very good friend and welcome welcome

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00:02:27.870 --> 00:02:44.589
Garth Dallas: to everyone from study blistering hot Liverpool in the United Kingdom. It's a pleasure to have you with us in this over latest version of the Us. Uk. Summit on race.

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00:02:44.600 --> 00:03:07.480
Garth Dallas: It's an initiative that was launched back in 2,021 by my very good friend, Carol Copeland Thomas, who hosted, you all know the Boston based multicultural, simple Zoom series with whom I've worked for quite a few years, and together with our good friend,

10
00:03:07.480 --> 00:03:14.830
Garth Dallas: Bill Wells, we have. We came together in 2021, in the wake of

11
00:03:14.870 --> 00:03:38.200
Garth Dallas: the brutal murder of George Floyd. In 2,020. We had our first session on the 20 s of May 2,021. And basically, what we do is we explore the impact of race in the United States and the United Kingdom. As more countries struggle with racism, strive

12
00:03:38.200 --> 00:03:54.199
Garth Dallas: and discriminatory practices that are associated with oppression across the world. But once we put the lens on the United States and the United Kingdom. It's pretty much an international initiative, as you will see from today's

13
00:03:54.200 --> 00:04:18.170
Garth Dallas: audience and our presenters. We look through those lens. What we want to make sure we've always made sure that the message is really, how do we look at race from a global perspective. What's an all? We look at the positives, we look at the negative, we look at the similarities and we look at differences. And that's what we're here. We're now looking

14

00:04:18.170 --> 00:04:42.259
Garth Dallas: at health, and this part is in health. We want to really deep dive into this and look at it from different perspectives, not just in terms of This part is in individuals who have access to the health care in the Uk and the Us. And across the world, but also the individuals who operate as practitioners within the health care system. And we really want.

15
00:04:42.260 --> 00:04:44.509
Garth Dallas: this session to be.

16
00:04:44.510 --> 00:05:01.550
Garth Dallas: you know, interactive, informative. And I'm sure it will be. We've got 3 continents covered here, and we've got a wealth of knowledge available to you, so it's my pleasure to welcome you and look forward to having a great session together.

17
00:05:05.790 --> 00:05:19.379
Carole Copeland Thomas She/Her/Hers: Awesome. Thank you. So so very much. Let me. I've already done that great. Thank you so much, Garth. You're gonna hear from Garth a little later on. And again, we have just an extraordinary program in store for you.

18
00:05:19.380 --> 00:05:38.839
Carole Copeland Thomas She/Her/Hers: Now you'll be able to use the chat throughout, and we'd love for you to go on and put in the chat room where you're located. Let us know where you're from. We would like to know that. Like to have an idea of where you're located. So please go on and put that information in the chat for us. Any other messages.

19
00:05:38.840 --> 00:05:44.220
Carole Copeland Thomas She/Her/Hers: If you have a question put question, and then you could go on and

20
00:05:44.220 --> 00:06:11.929
Carole Copeland Thomas She/Her/Hers: put your question in the chat room. We already have had wonderful questions submitted that we will be addressing throughout the program. But certainly, if there are questions that come up, we want to hear from you, and we want to know what those questions are. So please go on and freely use the chat room again. We have people from 8 or 9 different countries. I'm going to read off the countries very quickly to you that I know have registered, and it's very exciting.

21
00:06:12.220 --> 00:06:29.209
Carole Copeland Thomas She/Her/Hers: Canada, Jamaica, Kenya, La Sutu, Molly, South Africa, the United Kingdom and the United States. And hopefully, maybe one or 2 more countries are there. So again, welcome, welcome, welcome. We're so glad that you are here with us.

22
00:06:30.030 --> 00:06:48.129
Today's agenda is in front of you, and again I will put in the chat at some later point. In time you can go to Mss. connect.com. And all this information is there the actual agenda is there? If you did receive it earlier, we're going to. Obviously, we're having our greetings now we have a wonderful

23
00:06:48.130 --> 00:07:00.490
Carole Copeland Thomas She/Her/Hers: fireside chat. That's gonna take place. We ask everybody to mute yourself also. Please just go on it, and please mute yourself. That would be great. Let me see if I can do that.

24
00:07:00.490 --> 00:07:04.690
Majoel Makhakhe: Just make sure if you could go on and mute yourself.

25
00:07:11.610 --> 00:07:14.990
Carla Carten: Oh, Carol, now you're you're muted yourself as well.

26
00:07:15.710 --> 00:07:20.949
Carole Copeland Thomas She/Her/Hers: Okay, all right. Thank you very much. We'll have our fireside chat.

27
00:07:21.380 --> 00:07:39.109
Carole Copeland Thomas She/Her/Hers: And then our panel discussion, our first panel discussion, followed by a 2 min break, and then our second panel discussion and questions and answers, and then our close. So we thank all of our past speakers and our past facilitators who have brought

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00:07:39.110 --> 00:08:02.090
Carole Copeland Thomas She/Her/Hers: wisdom, knowledge, encouragement, challenging points as well. and we thank all of them. They may be with us. I know that we have some of our former speakers and facilitators who are here. Thank you. Thank you. Thank you for your endorsement and

your support of the us Uk summit on race. We also thank our sponsors. We couldn't do this

29
00:08:02.090 --> 00:08:14.030
Carole Copeland Thomas She/Her/Hers: and have free programs for people around the world without our sponsors. So again, thank you to our lead sponsor. Meet Boston, followed by Luma Sales, State Street Corporation.

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00:08:14.030 --> 00:08:33.579
Carole Copeland Thomas She/Her/Hers: the Ever Source Energy Company, Eastern Bank, Boston Medical Center, the Tjx companies representing T. J. Max and other companies within their umbrella and Lori Davis wealth management. We thank you so much for the support that you continue to give our organization.

31
00:08:33.620 --> 00:08:45.079
Carole Copeland Thomas She/Her/Hers: This is a video I've compiled and put together to first pay tribute to Juneteenth, which is now celebrated here in the Us. You'll be able to read the the captions underneath.

32
00:08:45.150 --> 00:09:10.409
Carole Copeland Thomas She/Her/Hers: followed by the execution of George Floyd, which brought us together one year after his death. He died now, some 2 years ago, in 3 years ago, in on on May 20 fifth, 2,020, the world was outraged by his death, and discussions have followed as a result of it, meaning that we still have so much more work to do.

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00:09:10.600 --> 00:09:35.029
Carole Copeland Thomas She/Her/Hers: Juneteenth, an American holiday, celebrating the Texas slaves that were freed after the Civil War had ended on June nineteenth, 1,865 is now a Federal holiday throughout the United States. They were not the last slaves to be actually free. There were other slaves in a couple of more States that were actually freed in December of 1,865,

34
00:09:35.030 --> 00:09:40.949
Carole Copeland Thomas She/Her/Hers: but symbolically. So we celebrate Juneteenth because of their bold, courageous

35
00:09:41.000 --> 00:09:47.319

Carole Copeland Thomas She/Her/Hers: possibilities as human beings moving their lives forward after slavery.

36
00:09:47.460 --> 00:09:48.809
Carole Copeland Thomas She/Her/Hers: Check this out.

37
00:11:26.820 --> 00:11:38.619
Carole Copeland Thomas She/Her/Hers: And with that we're going to continue with our program as we continue to reflect on Juneteenth, and the life and death and the symbolism now of George Floyd

38
00:11:38.780 --> 00:11:50.770
Carole Copeland Thomas She/Her/Hers: mit Ctl. And speaking of Minnesota, where, sadly and tragically, he passed away. I'd like to bring on again my co-partner with the Us. Uk summit on race would ask that he unmute himself. 250

39
00:11:50.900 --> 00:11:55.880
Carole Copeland Thomas She/Her/Hers: Bill Wells from Eden Prairie, Minnesota. Bill. Take it away.

40
00:11:56.390 --> 00:12:12.629
William Wells: Good morning, Carol. Good morning, and good good morning. I should say good day to everyone, especially all of our participants that are checking. And I'm watching the sign in from all over the world. So today is going to be not only a remembrance of

41
00:12:12.670 --> 00:12:16.120
William Wells: and recognition for Juneteenth in the United States, but

42
00:12:16.460 --> 00:12:27.599
William Wells: the international incident that Carol has repaired to refer to as George Floyd. that particular incident occurred about 3 blocks from my church.

43
00:12:27.620 --> 00:12:31.730
William Wells: which is an Amy church. so it really kind of hit home, in fact.

44
00:12:31.760 --> 00:12:38.109

William Wells: the young lady who did the filming was a member of our church, and she was a teenager.

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00:12:38.340 --> 00:12:46.240
William Wells: and had it not been for her profound and astute sensitivity? to what was happening in filming it.

46
00:12:46.390 --> 00:13:04.909
William Wells: We may have just had simply witnesses, eyewitnesses versus having it actually recorded. you know, tragically, as you could imagine, that impacted that young lady in in a pretty horrific way. So I don't know today where she is in her life like journey, but it was it was

47
00:13:05.030 --> 00:13:19.309
William Wells: Pretty significant, anyway, having said that today, we you know, as Garth and Carol and I huddled together after our event in February, recognizing Black History month again for the Us. Not just

48
00:13:19.320 --> 00:13:37.100
William Wells: us. And broadly speaking, we started thinking about. Okay, because we've done traditionally, June teens recognition. But we also wanted to to step up the pace with the summit on race and determine what is one of the key issues that is impacting everyone.

49
00:13:37.160 --> 00:13:48.820
William Wells: everyone globally. and it didn't take long for the word health care to jump out at us, and recognizing that health care is a worldwide

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00:13:49.050 --> 00:14:04.929
William Wells: condition, if you will. And as I was thinking back, you know, and we've all heard this saying, if you don't have your health, you don't have anything literally So with that we put our heads together and started developing the gender for today. So

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00:14:04.950 --> 00:14:17.599
William Wells: without going too much further with that, I just want to again. Welcome everyone we in. In fact, it's it's interesting. As the program started to evolve.

52
00:14:17.700 --> 00:14:29.579

William Wells: we recognize that we had so many experts that we could tap into that. We actually develop a part one at a part 2 to this program. I think, Carol, this may be the first time we've done it quite this way.

53
00:14:30.510 --> 00:14:39.319
William Wells: and we're still trying to compress it all within a type, 2 h timeframe. So bear with us. We have a very robust.

54
00:14:39.360 --> 00:15:08.420
William Wells: highly informative program, with lots of solid experts with us today, and with that I'm going to. Then just continue to move us on. But again, let me just restate the program. Today will be large. A a high amount of content provided perspectives from key experts in the medical field. we have people that here that are cultural competency experts as well, so it's a blending

55
00:15:08.530 --> 00:15:20.310
William Wells: of cultural competence, equity ethics with actual medical practice. So we're going to try to cover the gamut as much as we can. We're not going to try solve world hunger today. But we will

56
00:15:20.620 --> 00:15:23.169
William Wells: address the key issue. That's impacting all of us.

57
00:15:23.210 --> 00:15:43.680
William Wells: So without further ado, I'm going to bring into the the fireside chat, if if you will. Dr. Neca Cedarstrom, Dr. She is from ports for me. Fortunately she's located right here in Minnesota. And as we've gotten to know each other, we realize that we only live maybe

58
00:15:43.870 --> 00:15:49.009
William Wells: about 10 min away from each other, did not know each other prior to this particular session.

59
00:15:49.020 --> 00:16:03.270
William Wells: but I'm sure we're gonna have opportunities to to come together and have some additional conversations. So hopefully. Dr. Set us from your cedarsome. You're here with us, and you're you're off on mute. Okay, that's great.

60
00:16:03.530 --> 00:16:04.830

William Wells: Yeah. So

61
00:16:04.890 --> 00:16:29.379
William Wells: as Carol mentioned, we have had submitted to us a quite a few questions. We're not going to address all of those right now, and for the next few minutes Dr. Cedar from, and I are just gonna kinda have a little chat and we're this way. We'll get to know that procedures from where she's from her origin, which I found out to be rather unique.

62
00:16:29.450 --> 00:16:41.099
William Wells: And so with that again Dr. Cedar from Aka. it's good to see you again. virtually, and welcome to

63
00:16:41.140 --> 00:16:43.609
William Wells: the Us. Uk summit on race.

64
00:16:43.660 --> 00:16:46.469
William Wells: Thank you. Thank you.

65
00:16:46.810 --> 00:16:48.889
Nneka Sederstrom: Thank you. I'm excited to be here.

66
00:16:48.900 --> 00:17:03.260
William Wells: Great, great, great. So you know, everyone's kind of bio information has been placed on Some of the announcement that our good Buddy Carol has been distributing. So we're not going to get into your pool

67
00:17:03.330 --> 00:17:15.690
William Wells: bio and and everything that's that's that's quite. It's quite extensive. So a fireside chat is not intended to just do a complete showcase. But I have a couple of key questions

68
00:17:15.890 --> 00:17:32.049
William Wells: that in this format and even though it's just you and I talking right now. The world is listing, as as they say. not just the world, apparently. My mother's on. I see her name on there. So it's a serious situation, because Mom is now on on the line.

69
00:17:32.300 --> 00:17:47.140

William Wells: Well, good, good, good! Where is your mother? she is that Elaine? There she is. I see her

70
00:17:47.700 --> 00:17:59.319
William Wells: so seriously. And we talked about this a little bit before. but I'm I'm you know, for the for the benefit of the audience. I. And my question to you is.

71
00:17:59.460 --> 00:18:04.050
William Wells: well, as the Chief Health Equity officer.

72
00:18:04.140 --> 00:18:16.729
William Wells: Just exactly. What does that mean? I know you're working in a health care system, a large health care system here in Minneapolis. Minutes. Saint Paul, the Metro Well, actually the entire county of in a PIN. Count.

73
00:18:16.860 --> 00:18:27.970
William Wells: what exactly does a chief health equity officer really do? And where? Where did your passion really come from for this type of work?

74
00:18:27.970 --> 00:18:52.870
Nneka Sederstrom: Yeah, sure. So I'm gonna I'm gonna start off with passion and then go into what I do because I think that it's easier to describe it from that perspective. First and foremost, I I do want to give a shout out to all those on the African continent. I'm half Nigerian very much true definition, African, American. And it's really wonderful to be celebrating today and talking about the

75
00:18:52.870 --> 00:19:11.269
Nneka Sederstrom: things with all of our international bedroom on all the different on the different continents. So thank you all for being here. I tried to create a background that was sort of a Nigerian flag and American flag combo, but I wore white, so it just kind of blended, and it looked all weird. but maybe I'll get it fixed before the break. and I

76
00:19:11.280 --> 00:19:33.399
Nneka Sederstrom: I have a pretty unique background. growing up. My father was diplomat. He was the Director of the United Nations Institute for Natural Resources for the continent of Africa. So I grew up very much in an environment where we were very clear of our

heritage, very clear of who we are supposed

77
00:19:33.400 --> 00:19:50.019
Nneka Sederstrom: to remember whose shoulders we stood on from my Nigerian side, and also my mother as a direct descendant of people who were enslaved. Her grandfather was born into slavery. And so it we weren't that far. We moved from

78
00:19:50.300 --> 00:20:07.790
Nneka Sederstrom: that being the existence of what black people in America live through, and then the sort of juxtaposition of my father, coming from a very proud Nigerian background, with lineage to teams, and very clear on his worth and worth of his people.

79
00:20:08.100 --> 00:20:18.390
Nneka Sederstrom: that creative and environment in our household. That was a lot of pride in being black and a lot of expectations of what you do with that pride.

80
00:20:18.390 --> 00:20:47.679
Nneka Sederstrom: and how you help improve the world of others as fast as you can. So I grew up with that as a foundation and with that just lifestyle of of knowing. Give back. My father sent his entire career giving back to the continent of Africa. My mother has spent her entire career educating as many young black people as she can as an as an educator, and giving back and and moving through the world in that space of helping to empower people through education and training.

81
00:20:47.800 --> 00:21:02.150
Nneka Sederstrom: you just kinda have to do something to maintain that right like that's your environment that your world? It's odd to not do that. So I have spent my career trying to figure out where I can give back and do the most good.

82
00:21:02.180 --> 00:21:27.540
Nneka Sederstrom: I started in clinical ethics, and that was that was the best option for me. as well as the fact that it's it's something that not a lot of black people are in. I I was the first black person to be the director of the Clinical Ethics Department, and the entire history of the field. I was the first black woman to lead one I was the youngest at 27 years old.

83
00:21:27.540 --> 00:21:39.870

Nneka Sederstrom: and and still this to this day. It won't say how many years later, but it's been a lot of years later. There's still not black people leading clinical ethics, divisions in clinical ethics is a

84
00:21:39.920 --> 00:21:48.230
Nneka Sederstrom: huge impact on patient outcomes, patient safety, patient experience. but the field is trying to change.

85
00:21:48.410 --> 00:22:03.150
Nneka Sederstrom: When I was in the field. I I worked my practice. My practice as a clinician was to try and empower as many people, and bring their voice to the table to have these conversations, but it is challenging, being the only right

86
00:22:03.150 --> 00:22:21.129
Nneka Sederstrom: that makes like really difficult. And I locked out, and I'll say locked out, because I have to. Now that I'm a pseudo Minnesotan. I locked out and found the one Minnesota that was living outside of Minnesota and Washington, DC. At the time

87
00:22:21.130 --> 00:22:44.880
Nneka Sederstrom: we got married, and then my journey changed from being in the most diverse and exciting culturally, space in the United States of America, where I thought I was going to spend my days. Got international flaring. That black Americans you got Asian, Hispanic, Latin American like everyone is there to now, moving to Minnesota, where

88
00:22:45.080 --> 00:23:12.689
Nneka Sederstrom: I'm the only again in in these spaces around my day to day as where I live. I'm the only oftentimes in when I go today's national donut day for those of us in the United States. I went to go pick up doughnuts for my kids this morning, and I was the only black person at the donut shop on the street in the town. Right? So I'm back to being an only. But I believe that this was one of those things that was definitely a divine intervention, because

89
00:23:12.870 --> 00:23:24.619
Nneka Sederstrom: moving here allowed me to take a little bit more of an introspection on what am I doing to continue the path that my parents are laid in front of me, of being an advocate and being

90

00:23:24.620 --> 00:23:46.260
Nneka Sederstrom: someone who is actually changing the world for the better. and I have 2 little kids, a little boy, Grace, and and a daughter a diet. There's 7 and 4 and my 7 year old son was 4 years old when the world changed right in our backyard right here in Minnesota, right when George Floyd was murdered.

91
00:23:46.260 --> 00:24:01.749
Nneka Sederstrom: right down the street from where I work now. it was it? It was probably the most dramatic thing I've ever experienced, not because it was a shock to see another black man killed by police. That wasn't the shock

92
00:24:01.820 --> 00:24:06.359
Nneka Sederstrom: the shock was now having to explain to my 4 year old black son

93
00:24:06.850 --> 00:24:27.830
Nneka Sederstrom: what this now meant. That was a very different experience than just sort of what I had been conditioned to prior to that and just sort of internally feeling the pain and the anguish of what it meant to be black in America. But then, now I had to sit down, my little boy, and explain to him how that impacts him and how his world is now different.

94
00:24:27.930 --> 00:24:34.929
Nneka Sederstrom: And it was that experience that made me really. think hard about what was I doing?

95
00:24:35.250 --> 00:24:52.489
Nneka Sederstrom: What did I wanted to do, Max? And who was I doing it for? And I pivoted. I knew that I had to get into inequity work. I had to get into anti-racism work. I was living in the epicenter of what was going to be the change that the world was looking for and begging for

96
00:24:52.580 --> 00:25:14.749
Nneka Sederstrom: and My background is in inequities. I have a Phd. In race, class and gender inequality. So it's not something that I never thought I would do and I started looking around. Minnesota has the fourth worst health disparities in the country. There's no way I can live here and be in medicine and not try and do something about that right?

97
00:25:14.750 --> 00:25:38.159
Nneka Sederstrom: And so, hennip and healthcare, the had a pen itself, the old Atmc. For those of you who may know that it's sort of like the heart of the community and downtown Minneapolis. It is the community hospital. It's the place that takes care of the most complex, the most problematic, the most socially disadvantaged populations in our State. And so

98
00:25:38.580 --> 00:25:47.159
Nneka Sederstrom: they were tasked from the county with coming up with a way of addressing racism in medicine because the county post, George Floyd

99
00:25:47.270 --> 00:25:55.290
Nneka Sederstrom: just decided to finally say officially that racism is a public health crisis.

100
00:25:55.390 --> 00:26:01.559
William Wells: That's a very good point. And and as as we looked at it,

101
00:26:01.680 --> 00:26:07.729
William Wells: Even though we're not going to dial in on just Minnesota in terms of disparities for this country, one of the

102
00:26:07.780 --> 00:26:15.139
William Wells: one of the critical issues is, we've discussed your Carol and I, and I'm sure you are in these conversations all the time is like.

103
00:26:16.510 --> 00:26:19.660
William Wells: why is there such a wide

104
00:26:20.320 --> 00:26:23.719
William Wells: variance in the application of health care

105
00:26:23.890 --> 00:26:32.429
William Wells: when it comes to race, whether it's Minnesota in the Us. because you know what what I hear as a lay person

106

00:26:32.540 --> 00:26:39.970
William Wells: is, you know, if you're in like the Nordic countries, you know, the medicine is dispensed pretty much

107
00:26:40.010 --> 00:26:51.020
William Wells: at a much lower rate, same in Canada. But here in the United States we find we have I'm not going to go on blast about the pharmaceuticals, making all the money in the world

108
00:26:51.040 --> 00:26:56.719
William Wells: but we know that that's a difference. But I I guess where I'm trying to get to Dr. Cedar from is

109
00:26:57.360 --> 00:27:04.869
William Wells: as we look at health care. Oh, no! Disparities, racial disparities in the health care arena

110
00:27:05.560 --> 00:27:10.259
William Wells: from your perspective, and all the work that you've done, and I know we're going to hear from the others

111
00:27:10.400 --> 00:27:25.519
William Wells: what is going on, I mean, why, why is it such that there's such a tremendous impact to us? And I'm I'm speaking us as people of color, black folks in particular in this country we've heard of, you know, in the early

112
00:27:26.180 --> 00:27:50.340
William Wells: early in the 18 hundreds, the 19 hundreds, like a lot of medical experience experiments that were done on black women without anesthesia, just all kinds of craziness. So I mean, it's a broad question hopefully. You kind of pull it together since I didn't do such a good job. Sure, no, I mean, it's the. It's it's it's the one that if we had the exact answer for it, all of us could retire multi billionaires right? But I think the problem

113
00:27:50.460 --> 00:27:52.690
Nneka Sederstrom: that we face as a is a

114
00:27:52.840 --> 00:28:03.680
Nneka Sederstrom: human race is that we still are concerned about race having impact. Right? We still make color powerful

115
00:28:03.910 --> 00:28:06.450
Nneka Sederstrom: and part of the problem with

116
00:28:06.740 --> 00:28:30.230
Nneka Sederstrom: trying to switch to the opposite of that pendulum and say, I don't see color at all. Is that that means that now you're completely denying me my full existence, because until we have clarity on what I don't see, color actually means it should mean we absolutely need to see color. We have to be intentional about seeing color because it still has power across the globe. and that is where

117
00:28:30.230 --> 00:28:56.130
Nneka Sederstrom: the work really lies. We we we cannot deny that just because the black experience in the United States was very different than it was in other places, that colonization and European countries that led that The colonial rule did not have it, that color being power as the foundation of why there was so much of that movement. So even when people of color

118
00:28:56.130 --> 00:29:07.290
Nneka Sederstrom: moved from their countries of origin or were bought, were born and raised in European countries, there's still the power of the color difference. Right? So

119
00:29:07.540 --> 00:29:29.190
Nneka Sederstrom: the American experience with being black people being enslaved was very unique. And everyone knows that that's a very different world. but that doesn't mean that black people in other places where they are not predominantly black people that they should, that they're going to have a different outcome. They don't, because the the mentality of the visual

120
00:29:29.200 --> 00:29:30.770
Nneka Sederstrom: creating power

121
00:29:31.320 --> 00:29:43.289
Nneka Sederstrom: is what we have to overcome. Now that is done in a lot of ways we haven't got there yet, but one of them, I think, is just by us completely acknowledging the fact that we still give

122
00:29:43.550 --> 00:30:08.750

Nneka Sederstrom: the physical attributes of how much melanin is in someone's skin waiting authority. It's conscious it's unconscious. It's intentional. The system is set up that way. We have to actively fight against it. And until the majority of us start doing that every day and making it normalized to see all different queues of melanin in the same space. We're going to continue to have these questions of why can't we get past it.

123
00:30:08.790 --> 00:30:36.140
Nneka Sederstrom: Why isn't our health system universal? Well, even if it was universal, does that actually mean that we now providing access to those who couldn't have gotten it before it becomes more of a money. If you go to countries where there are universal health care like the Uk, there's still issues around race and racism and dealing with the outcomes of patient populations. Because it is not the system of how you provide medicine. It's the people behind the systems need to have that difference in their their visual power.

124
00:30:36.650 --> 00:30:40.060
William Wells: Well, good response, good response. So

125
00:30:40.180 --> 00:30:47.279
William Wells: short of searching for Utopia, which I think is outside of human humankind's ability to reach.

126
00:30:47.330 --> 00:30:59.050
William Wells: I guess we just continue with the work, you know. And each one of us on this program today is probably in some way a part of the soldiering. We're all doing something

127
00:30:59.160 --> 00:31:01.829
William Wells: collectively in it, and it's

128
00:31:01.950 --> 00:31:11.879
William Wells: oftentimes I get asked by people and to work because I I work in the diversity, everybody in inclusion, space. people say, you know, don't you get frustrated? And I said, of course.

129
00:31:12.060 --> 00:31:19.239
William Wells: but at this point it's like one person at a time. I mean, I work with different clients. So anyway, that's a whole. Another story.

130
00:31:19.430 --> 00:31:36.149
William Wells: one person at a time. But look, we have 93 people on today, those that's 93 people making a difference. That's a that's a movement right? There. There you go. Well, it occurs to me, though, that with the format that we have today. I'm the only person right now standing between

131
00:31:36.370 --> 00:31:55.360
William Wells: the audience getting access to the wonderful persons that we have that are waiting anxiously in the in the different space, in the virtual space to Have you lead them in what I'm gonna be able to set back and and listen intently. So at this point.

132
00:31:55.470 --> 00:31:57.850
William Wells: Dr.

133
00:31:57.860 --> 00:32:11.550
William Wells: My new friend, my good friend my my neighbor. I'm going to turn the spotlight over to you as we've discussed. And I'm gonna let you then start to moderate.

134
00:32:11.610 --> 00:32:30.010
William Wells: as we go through the the next. This this part, one session of the conversation, I believe you will have 3 renowned experts with you for this. Okay, so I think we have 3. I know one person's good with us up until

135
00:32:30.840 --> 00:32:37.190
William Wells: 120'clock. That was 120'clock. I I I don't remember if that's Eastern, and I think that was

136
00:32:37.320 --> 00:32:40.320
William Wells: Dr. Dallas. So. anyway.

137
00:32:40.610 --> 00:32:58.359
William Wells: thank you so much for this brief chat. I I'm not sure if the logs even had a chance to get get going in our fireside chat. But we'll we'll have to do this again sometimes. So again, thank you, I'm gonna remove myself putting myself on mute Dr. Cedar from It's all yours.

138

00:32:58.560 --> 00:33:05.760
Nneka Sederstrom: Thank you so much. good day, everyone. And I'm really excited about this next

139
00:33:05.760 --> 00:33:16.699
Nneka Sederstrom: iteration of our our discussion today is we have an amazing panelists here. to give us a little bit of a quick introduction on who they are, where they are in the world.

140
00:33:16.700 --> 00:33:39.470
Nneka Sederstrom: and how they are addressing and dealing with the issues of of health disparities and racism in their areas. So I will start off by quickly allowing each one I will introduce by name, and then you have 3 min to do a quick presentation, and then we have a bunch of questions that were submitted beforehand, that I will pose as we go through there. So the start us off.

141
00:33:39.470 --> 00:33:41.869
Nneka Sederstrom: I will have

142
00:33:42.200 --> 00:33:46.920
Nneka Sederstrom: Dr. Burnett, I saw you come off me. So, Dr. Burnett, please lead the way.

143
00:33:47.580 --> 00:34:09.290
Miriam Burnett: Greetings. It is my pleasure to be with you all this day. I am the Medical Director of the International Health Commission of the African Methodist Episcopal Church and the Supervisor of Missions for the Amy Churches, Eighteenth Episcopal District.

144
00:34:09.290 --> 00:34:25.880
Miriam Burnett: you can see on my background, the 5 annual countries representing 2 kingdoms and 2 countries, the kingdoms of, and as well as the countries of

145
00:34:25.880 --> 00:34:30.809
Miriam Burnett: Botswana and the southern part of Mozambique.

146
00:34:31.420 --> 00:34:49.039
Miriam Burnett: being the international help. I I I'm also a ordained clergy, I 10 or an elder in the Amy Church and the National Council. New role, national Council of Churches Us. A convenor for our

relaunched

147
00:34:49.070 --> 00:34:51.740
Miriam Burnett: health Task Force.

148
00:34:52.020 --> 00:34:57.199
Miriam Burnett: It is interesting when we talk about

149
00:34:57.220 --> 00:35:00.490
Miriam Burnett: social determinants of health.

150
00:35:00.710 --> 00:35:07.690
Miriam Burnett: and that's a term that kind of is new. But I've been in this game for 30 years.

151
00:35:07.700 --> 00:35:30.419
Miriam Burnett: and it was something that we used to talk about all kinds of ways. It's been captured now, a social determinant of help. But the bottom line. It's where we live, where we work when we play, where we worship, how we we gain our access to funding, how policies and prevent and other procedure kinds of things determine

152
00:35:30.440 --> 00:35:33.549
Miriam Burnett: how long we live and how we live.

153
00:35:34.010 --> 00:35:48.019
Miriam Burnett: the World Health Organization in 2,007 developed this. I only have 2 slides developed this framework for the concept of health, of determinant to health. And

154
00:35:48.480 --> 00:35:56.119
Miriam Burnett: one of the things that I I like about this slide, and there some things I don't like about it. But this one of the things that I like about this slide

155
00:35:56.130 --> 00:36:08.210
Miriam Burnett: is, it tries to give a very comprehensive look at those things that can determine and impact our health. And more importantly, our well being

156

00:36:08.240 --> 00:36:13.110
Miriam Burnett: health is a term that we use to

157
00:36:13.310 --> 00:36:34.789
Miriam Burnett: most people use to denote only physical. And now kind of disorder, adding mental health to that. But health is not only physical and mental health. It's our economic health, our social health, our educational health, our spiritual health.

158
00:36:35.320 --> 00:36:45.710
Miriam Burnett: For most of us of the diaspora our religious and or faith belief system drives much of what we do.

159
00:36:45.760 --> 00:36:49.960
Miriam Burnett: and when all of that is not working it.

160
00:36:50.190 --> 00:36:57.580
Miriam Burnett: it impacts our well-being as well as The broader definition of health.

161
00:36:57.610 --> 00:36:59.740
Miriam Burnett: That's what's missing from this slide.

162
00:37:00.380 --> 00:37:15.940
Miriam Burnett: So you look at governance, you look at Macro, an in economics, you look at micro economics, and how all of that in, in in tax labor. One of the things that I have noted around the globe

163
00:37:16.020 --> 00:37:18.250
Miriam Burnett: is those people.

164
00:37:18.580 --> 00:37:35.829
Miriam Burnett: and I don't care where I've been. and I've traveled much of the world where I've been, where people don't have access to adequate jobs or the ability to create their own system of

165
00:37:35.850 --> 00:37:44.349
Miriam Burnett: being able to engage in financial gain. There are problems in their health

166

00:37:44.730 --> 00:37:51.379
Miriam Burnett: where social policies determine where people live, how they live who owns the land.

167
00:37:51.760 --> 00:37:53.130
Miriam Burnett: that

168
00:37:53.190 --> 00:38:00.980
Miriam Burnett: also impacts the social policy is not necessarily that which is long.

169
00:38:01.240 --> 00:38:03.510
Miriam Burnett: but that which is

170
00:38:04.510 --> 00:38:08.599
Miriam Burnett: allowed to manipulate what we do.

171
00:38:08.820 --> 00:38:30.269
Miriam Burnett: Public policies usually tend to refer to law, but then our cultural and social and societal values determine class power, prestige, discrimination, all which lead to it influences on education, occupation, therefore, income, therefore social determinants of help.

172
00:38:30.790 --> 00:38:46.299
Miriam Burnett: They updated the slide in 20 and 2,007 and added social cycle, social factors and behaviors and biological factors and healthcare systems. But I think again, the problem is.

173
00:38:46.550 --> 00:39:02.260
Miriam Burnett: they've left out this kind of interpretation of religious beliefs and world views, and how that impacts our health care, utilization health status, and therefore how we are. Well.

174
00:39:02.710 --> 00:39:09.960
Miriam Burnett: I think I didn't take 3 min, because I really want to talk about it later. So I'm going to stop sharing.

175
00:39:09.980 --> 00:39:19.860
Nneka Sederstrom: Thank you. That's the birthday. though. This is good, you know. 3 months is challenging, but we will get through it

next up. I will. introduce Dr. Judith Dallas.

176
00:39:34.540 --> 00:39:37.030
Judith Dallas: Okay, thank you. Yes.

177
00:39:37.100 --> 00:39:49.459
Judith Dallas: thank you very much. well, I'm Judith Dallas from the Allen of Jamaica. ob gy and obstetrics and gynecology. That's my professional, that's my calling. Actually

178
00:39:49.580 --> 00:39:55.040
Judith Dallas: I was asked to be a part of this and

179
00:39:55.090 --> 00:40:07.839
Judith Dallas: pretty much thought that there might be other persons, such as epidemiologists who are more capable, but saying, when saying that I can, I I hope to do it, and we'll give it a good shot.

180
00:40:07.840 --> 00:40:36.239
Judith Dallas: I was asked to just present. some of the factors that determine the health disparities in our region. Well, health. This part is basically whether they are within countries or between countries. They're based strongly on on equal distribution of social and economic factors. And I think that The previous speaker spoke to that.

181
00:40:36.970 --> 00:40:48.370
Judith Dallas: The carbon itself is a diverse reach on geographically. I'm from Jamaica. I'm representing mainly Jamaica, but I will speak somewhat of the therapy on

182
00:40:48.450 --> 00:41:12.510
Judith Dallas: The ethnicity and racial background of our countries are also diverse. In Jamaica and Barbados, for instance, about 90% of the population is African race compared to see trend and to people and Diana, where you have a higher percentage of so Asian origin.

183
00:41:13.560 --> 00:41:18.090
Judith Dallas: the impact on the health care.

184
00:41:18.200 --> 00:41:25.399

Judith Dallas: well, they are based on the ethnicity. No worldwide

185
00:41:25.720 --> 00:41:30.679
Judith Dallas: race has been having a a big impact

186
00:41:31.000 --> 00:41:32.510
Judith Dallas: on health

187
00:41:32.630 --> 00:41:37.170
Judith Dallas: in 4 regions of the world, no less so away. Well.

188
00:41:37.190 --> 00:41:49.119
Judith Dallas: race does play a part. However, we are composed merely a populations where the we're not in the minority, so to speak.

189
00:41:49.460 --> 00:42:07.479
Judith Dallas: And although race plays a part, what you find that the more significant aspect is really a classes system and what? Our speaker also mentioned the perception of mellow bed learning and the skin

190
00:42:07.640 --> 00:42:18.809
Judith Dallas: does play a part in our Caribbean les as well, where all the blacks are in the majority, some whole in the in your mind. The perception

191
00:42:18.820 --> 00:42:23.169
Judith Dallas: is that the life schemes are the preferred

192
00:42:23.340 --> 00:42:25.080
Judith Dallas: and so

193
00:42:25.210 --> 00:42:34.450
Judith Dallas: that has an impact on on several things. The bleaching, for instance, where? it's not necessarily

194
00:42:34.560 --> 00:42:39.949
Judith Dallas: thing that the bleacher is is not an intelligent person.

195
00:42:40.040 --> 00:42:49.190
Judith Dallas: You might just be doing what you need to do to Elevate yourself on the economic level, you know.

196
00:42:49.510 --> 00:42:57.599
Judith Dallas: But that's for a different discussion. the determinants of health, and this this this parties

197
00:42:57.640 --> 00:43:09.449
Judith Dallas: are pretty much similar worldwide. And they are based pretty much on education. income, employment, and and the long and the short of it is wealth.

198
00:43:10.060 --> 00:43:20.579
Judith Dallas: and the wealth obviously will dictate how we have access to nutrition education. But all the things that open up opportunities to us.

199
00:43:20.970 --> 00:43:25.709
Judith Dallas: and there are no different in the. And the Western is. Those are the basic

200
00:43:25.740 --> 00:43:27.620
Judith Dallas: you know, the terminals

201
00:43:27.650 --> 00:43:40.930
Judith Dallas: in this part of the world. Jamaica, for instance, 3 billion population, both of 4 million population in the Caribbean, less than 1% of the world population.

202
00:43:41.200 --> 00:43:47.689
Judith Dallas: And I dare say we are making our mark. Well, how about? We might not have enough load

203
00:43:47.710 --> 00:43:55.840
Judith Dallas: to do what needs to be done, or to get the assistance that is needed in all parts of the world.

204
00:43:56.810 --> 00:44:11.439
Judith Dallas: The burden of our disease is pretty much cardiovascular

diseases and other non-communicable diseases, such as the hypertension diabetes and long problems and cancers.

205
00:44:12.320 --> 00:44:27.060
Judith Dallas: And this has achieved because our immunization status has is a pretty good one. and as we get rid of childhood diseases. So we live longer into adults. For

206
00:44:27.460 --> 00:44:39.099
Judith Dallas: what then, are our problems that we have? And I'm I'm just gonna do a I I can't really. I would love to have a long time to do along with this course. time will not alone on this for home.

207
00:44:39.140 --> 00:45:05.090
Judith Dallas: What are the problems that we have. we are a region composed mainly of developing countries. Economic problems is the base of it. That's the overall of it. No, I would like to break down a little bit. What is it amongst us, our countries, especially in Jamaica, where I'm from? What is it that

208
00:45:05.460 --> 00:45:24.689
Judith Dallas: poses the barriers to education, because, apart from being born into well, what we have realized that education is the key to getting economic whole, and as such, accessing health care. What are the barriers in our situation?

209
00:45:25.040 --> 00:45:26.439
Judith Dallas: And Jamaica

210
00:45:26.540 --> 00:45:46.680
Judith Dallas: education is free up to the secondary level, and that's into your lead teams. Yet we have a problem with the access. And we have a problem with the drop out. For instance, we have 15% of our birth

211
00:45:46.760 --> 00:46:13.910
Judith Dallas: are from teenage girls 15 to 19 years, and although we do have a rescue plan in Jamaica, where the girls are reintroducing schools, it is not It's not as good as we would like, and some of these girls still suffer from the consequences of early birth. Then we have on the other side of me the boys drop out of schools. for whatever reason, economic or otherwise.

212
00:46:14.310 --> 00:46:17.420
Judith Dallas: And then with that comes with domino effect

213
00:46:17.580 --> 00:46:21.050
Judith Dallas: of social

214
00:46:21.070 --> 00:46:29.060
Judith Dallas: behaviors, anti social behaviors, fuel in crimes. and obviously,

215
00:46:29.310 --> 00:46:33.650
Judith Dallas: not achieving your economic potential

216
00:46:34.230 --> 00:46:53.580
Judith Dallas: with that is the dialing and homicide which is a problem. in this side of the world. And it's not just an individual problem. Nor is it just a family problem, because it takes out of the value weable coffers

217
00:46:53.630 --> 00:47:00.220
Judith Dallas: that could have redirected funds towards obviously education and health.

218
00:47:00.890 --> 00:47:30.030
Nneka Sederstrom: I'm going to have to step in because we have to get to our next person. Thank you so very much, and there's a lot there, and I think that maybe Bill and Caroline, maybe The impact of violence and poverty on this would be another good one to talk about. So thank you for that. moving on to Dr. Finney Hansen from Dr. Hansen, and I know you have slides to share. we will have those put up.

219
00:47:30.790 --> 00:47:35.460
Phiny Hanson: Thank you.

220
00:47:36.070 --> 00:47:40.930
Phiny Hanson: I am.

221
00:47:41.350 --> 00:47:45.480
Phiny Hanson: I am based in. I'm actually a musl, too.

222
00:47:45.580 --> 00:47:46.800
Lay in.

223
00:47:47.260 --> 00:47:54.589
Phiny Hanson: and I am a member of the African Methodist Episcopal Church, where I

224
00:47:54.640 --> 00:47:57.730
Phiny Hanson: I'm also leading the

225
00:47:58.280 --> 00:48:02.559
Phiny Hanson: Health Commission for our 2

226
00:48:03.830 --> 00:48:11.660
annual conferences. That is, the listen to to annual conference, and the list through to north is the annual conference.

227
00:48:12.090 --> 00:48:21.650
Phiny Hanson: I'm going to give the listen to experience in regards to Equitable Health Service delivery

228
00:48:21.890 --> 00:48:27.930
Phiny Hanson: you so to for those who do not know where it is, we are in the

229
00:48:28.510 --> 00:48:35.269
Phiny Hanson: South, in hemisphere, completely surrounded by South Africa, we lie outside

230
00:48:35.470 --> 00:48:39.710
Phiny Hanson: the the areas that

231
00:48:40.330 --> 00:48:48.710
Phiny Hanson: suffering from tropical diseases. Because for me, we are position, those situated outside the tropics.

232
00:48:48.880 --> 00:48:53.540
Phiny Hanson: However, we do have the of disease.

233
00:48:53.600 --> 00:48:56.429
Phiny Hanson: triple bedroom of disease actually

234
00:48:56.810 --> 00:49:07.150
Phiny Hanson: due to other infectious diseases. We are one of the the, the highly affected by HIV

235
00:49:07.330 --> 00:49:11.900
Phiny Hanson: and T being. We also do suffer from

236
00:49:13.220 --> 00:49:23.820
Phiny Hanson: non communicable diseases, and the high rate of. and child mobility and the mortality

237
00:49:25.490 --> 00:49:43.970
Phiny Hanson: the government of list to to has put in place a program to address the this is Pattern A, we in total, the populace of you. So it's more homogeneous.

238
00:49:44.060 --> 00:49:56.449
Phiny Hanson: We do not have race issues. we approximately 2.2 million, and we hope that the program that is in place in the country

239
00:49:56.670 --> 00:50:03.229
Phiny Hanson: will be able to assist to alleviate the health challenges.

240
00:50:03.290 --> 00:50:08.999
despite the inequities that I'm going to be explaining in a short while

241
00:50:09.490 --> 00:50:16.030
Phiny Hanson: currently the life expectancy to stand at around 55.5

242
00:50:16.540 --> 00:50:20.729
Phiny Hanson: a. Yes, of of live.

243
00:50:21.670 --> 00:50:28.549
Phiny Hanson: But we are hoping that in the next 2 decades we will

have

244
00:50:28.590 --> 00:50:34.520
the life expectancy to about 64 and a half years

245
00:50:35.400 --> 00:50:50.849
Phiny Hanson: the programs that I alluded to. They have intervention. So services they are available to out the country. Our country is divided into 10 administrative areas.

246
00:50:51.030 --> 00:50:52.500
Phiny Hanson: And

247
00:50:52.570 --> 00:50:54.300
we have

248
00:50:54.410 --> 00:50:57.319
Phiny Hanson: for ecological zones, that is.

249
00:50:57.540 --> 00:51:03.609
Some of these administrative areas I'm talking about live within

250
00:51:03.830 --> 00:51:20.050
Phiny Hanson: the lowland, some within the food tails, and also the Orange River Valley in the mountains. and they disparities that we are experiencing in relation to delivery of health services

251
00:51:20.070 --> 00:51:33.370
Phiny Hanson: are mostly influenced by the socioeconomic stages all they they a topographic, or they they the geography of the country.

252
00:51:34.670 --> 00:51:37.340
Phiny Hanson: the services that are offered.

253
00:51:37.440 --> 00:51:40.729
Phiny Hanson: They are offered through a Ts system

254
00:51:40.840 --> 00:51:43.889
where we had the National, the Federal Hospital.

255
00:51:44.120 --> 00:51:45.790
Phiny Hanson: We have the

256
00:51:46.010 --> 00:51:52.180
Phiny Hanson: at the in the others levels. We have various

257
00:51:52.510 --> 00:51:54.520
Phiny Hanson: facilities

258
00:51:54.790 --> 00:51:59.299
Phiny Hanson: up to the community level, where we have the health centers.

259
00:51:59.470 --> 00:52:04.109
Phiny Hanson: the health services that are offered by the health centers.

260
00:52:04.710 --> 00:52:18.050
Phiny Hanson: At times they are offered through outreach clinics among by outreach cleaning or health post, or even by voluntary village health workers

261
00:52:18.220 --> 00:52:32.090
Phiny Hanson: who have just completed high school and the skills that they have on deliverance services. They are provided through training offered by the necessary health centers.

262
00:52:33.210 --> 00:52:37.099
Carole Copeland Thomas She/Her/Hers: Dr. Hanson, let me know when you want me to advance the slides.

263
00:52:37.420 --> 00:52:49.839
Phiny Hanson: Okay, well, let's at once to the fourth slide. That's where I am now, and that's the the most interesting one. The fourth line.

264
00:52:50.050 --> 00:53:02.940
Phiny Hanson: this one with the maps that one and the on these 2 maps. You see those red dots that you see there

265
00:53:03.300 --> 00:53:07.370
at the distribution of the health facilities

266
00:53:07.700 --> 00:53:12.840
Phiny Hanson: towards the left hand side of the first map, the map on the left.

267
00:53:13.100 --> 00:53:21.260
Phiny Hanson: You'll see that the health facilities are a little bit densely, a a a distributed. That's the lower lens

268
00:53:21.340 --> 00:53:23.799
Phiny Hanson: as you go towards the right.

269
00:53:23.870 --> 00:53:36.400
Phiny Hanson: That's why you see, even from the Me on the on the left side. That's why the mountain range that, and then you can see that the distribution

270
00:53:36.530 --> 00:53:43.429
Phiny Hanson: it becomes as if they, they, the health facilities, become specially distributed.

271
00:53:43.790 --> 00:53:48.720
Phiny Hanson: and the reason mainly is because of the topography

272
00:53:49.300 --> 00:53:56.910
Phiny Hanson: and they access a role access roads.

273
00:53:56.990 --> 00:54:00.899
Phiny Hanson: The road infrastructure does not allow

274
00:54:01.060 --> 00:54:10.880
Phiny Hanson: a health facilities to be. Established within this very difficult to to access areas.

275
00:54:10.930 --> 00:54:22.419
Phiny Hanson: Therefore it's a challenge for populations in the in the

mountains to access the health services. The next slide, please.

276
00:54:27.170 --> 00:54:33.360
Phiny Hanson: And this is a very interesting slide I just for for the benefit of those people

277
00:54:33.570 --> 00:54:38.980
who familiar with the country

278
00:54:40.060 --> 00:54:41.520
a

279
00:54:41.790 --> 00:54:53.250
Phiny Hanson: I have on the right there, and one of the the health facilities that are run by the church in

280
00:54:54.250 --> 00:55:02.739
Phiny Hanson: the Red Arrow towards the right top corner day. It's where we have the hospital

281
00:55:02.830 --> 00:55:06.959
Phiny Hanson: that is run or managed by one of the churches in.

282
00:55:07.270 --> 00:55:08.410
So to

283
00:55:08.940 --> 00:55:10.050
Phiny Hanson: and then

284
00:55:10.250 --> 00:55:13.200
Phiny Hanson: at the center of this picture.

285
00:55:13.240 --> 00:55:16.689
Phiny Hanson: It's a a change run

286
00:55:16.910 --> 00:55:21.319
Phiny Hanson: A. A church in a school owned by the Ama. Church.

287

00:55:21.370 --> 00:55:30.729
Phiny Hanson: and people from this village have to walk up long distance to go to that hospital exceeding the minimum standards that have been said

288
00:55:30.850 --> 00:55:45.439
Phiny Hanson: globally of walking a distance, of not it more than 2 h to access health facilities. But you can imagine imagine a young mother who has about 3 children, one at the back.

289
00:55:45.580 --> 00:56:02.950
Phiny Hanson: one walking, and probably pregnant as well, having to all all the distance to be able to access health services. So this compromises the health, a status of people, especially the vulnerable, the children, and they

290
00:56:03.260 --> 00:56:08.090
Phiny Hanson: elderly and the mothers.

291
00:56:08.250 --> 00:56:14.469
Phiny Hanson: And on the map you can see now what the health out comes

292
00:56:14.990 --> 00:56:23.620
Phiny Hanson: eventually. I I just gave it an example of the nutritional status of children. And the 5.

293
00:56:23.750 --> 00:56:32.589
Phiny Hanson: Yes. Well, you can see in the mountains. This is now where we are having the highest prevalence of malnutrition because

294
00:56:32.940 --> 00:56:39.700
Phiny Hanson: of lack of services. Probably even the socioeconomic issues that I talked about.

295
00:56:39.730 --> 00:56:44.250
Phiny Hanson: Let me not even say, probably because studies have been conducted that show that

296
00:56:44.290 --> 00:56:50.500
Phiny Hanson: and that buying power is lower in this area, and that way you have the

297
00:56:50.800 --> 00:56:52.469
They deep read.

298
00:56:53.640 --> 00:57:00.129
Phiny Hanson: it is the mountains. It is in these Orange River Valley, where issues of

299
00:57:00.270 --> 00:57:06.289
Phiny Hanson: access a challenge, as I indicated in the

300
00:57:06.910 --> 00:57:12.209
Phiny Hanson: and as the previous Speaker, said Judith.

301
00:57:12.690 --> 00:57:31.059
Phiny Hanson: this brings about the domino effect because the children in the next generation we're going to still be facing the same challenges as long as no proper interventions are put in place. And that's why our Ame changes them. Okay.

302
00:57:31.070 --> 00:57:50.119
Phiny Hanson: let's use our institutions. Let's use our schools as outreach as as places where the outreach services can be offered, so that services are brought closer to the people. I just gave the example of nutrition because I'm in nutritionist, and I'm hoping that

303
00:57:50.120 --> 00:58:02.559
Phiny Hanson: globally, the various cutters that can bring a difference can be optimally utilized. Thank you very much for your attention. The next slide carol.

304
00:58:03.180 --> 00:58:06.010
Phiny Hanson: if you could just show it.

305
00:58:08.460 --> 00:58:11.079
Phiny Hanson: The last slide shows

306
00:58:11.280 --> 00:58:17.410
Phiny Hanson: how difficult it's a picture of how difficult the tearing is. Thank you very much.

307
00:58:17.540 --> 00:58:47.269
Nneka Sederstrom: I can see you want to stop me. Thank you. No, this is really important stuff. So I'm I'm really glad that you're able to speak to it. I do want to just say, because I know that time is never on our side when you're having these great conversations, please feel free to engage in further discussion in the chat. You can ask any of our panelists questions directly in the chat. They all have access to it. So you can engage in discussion. I want to really quickly

308
00:58:47.270 --> 00:59:15.619
Nneka Sederstrom: put up everybody to that was in this original and asked a generic question to our 3 esteemed panelists really quickly. That came from our previously submitted. It's a question about leadership and how leadership helps to address these areas. You all spoke about different areas that impact healthcare, and race and how that impacts outcomes

309
00:59:15.620 --> 00:59:24.579
Nneka Sederstrom: and as world leaders in the work that you're doing. how challenging is it for you as leaders to continue

310
00:59:24.720 --> 00:59:52.709
Nneka Sederstrom: getting others to want to move into this leadership realm, whether it's in doing health research impact research disparities, research, actual like initiatives and promoting interventions, whichever it is. But from your perspective as leaders. How? How how do you keep this moving, and how do you help others move into your space, and we'll start with Dr. Hansen, since you're already unmuted. And then Dr. Dallas and then, Dr. Burnett.

311
00:59:55.650 --> 00:59:57.190
thank you very much.

312
00:59:57.230 --> 01:00:00.480
Phiny Hanson: what? How? You find this? That

313
01:00:02.250 --> 01:00:08.120
Phiny Hanson: It is very, very essential that when we want to to to

314
01:00:08.340 --> 01:00:14.990
Phiny Hanson: address the inequities. We look at it from the systems

approach.

315
01:00:15.220 --> 01:00:22.980
Phiny Hanson: and though when we look at it from the systems approach, it would mean that we start, as you rightfully saying method.

316
01:00:23.360 --> 01:00:25.979
we start with the leadership

317
01:00:26.460 --> 01:00:31.330
Phiny Hanson: and work on issues around governance. We find that

318
01:00:32.030 --> 01:00:34.360
the governance

319
01:00:35.050 --> 01:00:58.889
Phiny Hanson: issues are not adequately addressed, so that the leadership is able to look at the bigger picture and say, Where is it that we want to take our countries or the development agenda? To? How do we want to engage with this? And we find that people who are in leadership don't necessarily have the capacity.

320
01:00:59.010 --> 01:01:07.930
Phiny Hanson: They don't have the skills to be able to advance, or even to look at how they can distribute evenly

321
01:01:08.320 --> 01:01:25.649
Phiny Hanson: all fairly the resources that are available. And I feel personally feel that there's a lot of work that has to be done to give the leadership the requisite skills so that they can prioritize on resource allocation and empowering other

322
01:01:26.020 --> 01:01:50.739
Phiny Hanson: decision makers at various levels. Because it's not only at the national level where decisions are made. Even at the community level, we still have governance structures, and people have to be empowered to say, How do we equitably shared the cake? Because we don't have a lot of resources, but with a little, or it's how can we make it efficient to address the challenges that are on the ground thing?

323

01:01:51.400 --> 01:02:01.129
Nneka Sederstrom: Thank you and Dr. Hansen. I will direct you to the chat, because I know that there are a few people who have asked some questions there, so please in a second. Just look there, Dr. Dallas.

324
01:02:13.410 --> 01:02:15.720
Judith Dallas: thank you.

325
01:02:15.900 --> 01:02:36.270
Judith Dallas: Well, in our population, in our part of the world. Having identified the key factors which we I've mentioned as education prime and social services as your towards the youth. That is where we we need to start.

326
01:02:36.270 --> 01:02:59.839
Judith Dallas: we. As I mentioned, we're we're developing countries. So we do need assistance. from the larger countries. but I think pretty much they they problem, too, is allocation or the misdirection of phones in terms of our governance.

327
01:02:59.880 --> 01:03:08.200
Judith Dallas: that to me is a significant problem. We have to have a governance with

328
01:03:08.290 --> 01:03:28.439
Judith Dallas: more, what should I say? part towards taking the the, the, the board by the horn, and doing what needs to be done in terms of directing towards the youth, starting at the beginning, the education because of that to me is

329
01:03:28.440 --> 01:03:46.130
Judith Dallas: the the root of a significant portion of the problem. We also have to address some access geographic access that has that that contributes towards disparities with respect to urban versus rural communities.

330
01:03:46.150 --> 01:04:10.389
Judith Dallas: And another factor that we have to address is the migration of our professionals to green up pastures, such that although we do have free health care in the public system, that system is not properly staffed. They are inequities, how the significant part of our population cannot access

331
01:04:10.390 --> 01:04:24.520
Judith Dallas: private care, because we are pretty much low in terms of our health insurance coverages. So it really is a problem towards social and prevention.

332
01:04:24.570 --> 01:04:40.979
Judith Dallas: and that is where we will see the the, the progress in terms of medical health status. It is really a social is a public health issue. We do need the political will

333
01:04:41.260 --> 01:04:51.859
Judith Dallas: so direct appropriately the phones that are required. The funds are that are just being spent on education and on health is minimal.

334
01:04:51.890 --> 01:05:13.589
Judith Dallas: We have too much. It's been spent. Well, we have pretty much based on our circumstances, redirected a lot to crime prevention. So we, I just have to start at the beginning. That's that's where I go. It seems like a big problem. It's it is a big problem. It seems like a most full. But I think we need to start somewhere.

335
01:05:14.490 --> 01:05:20.450
Nneka Sederstrom: Thank you, Doctor Dallas and Dr. Barn, that burn that. Please bring us home.

336
01:05:20.500 --> 01:05:28.860
Miriam Burnett: I I think one of the things that we need to talk about when we talk about leaders. And and it's one of those areas where

337
01:05:28.890 --> 01:05:37.220
Miriam Burnett: we don't spend enough time is training our religious leaders on how to impact

338
01:05:37.650 --> 01:05:55.140
Miriam Burnett: what is happening, how to impact clinical trials, who gets access. Who doesn't? How do we train our religious leaders on engaging governmental systems to cause a shift?

339
01:05:55.480 --> 01:06:11.859
Miriam Burnett: How do we engage our religious leaders on knowing

exactly, or at least be able to ask the right questions and provide advocacy for individuals as well as

340
01:06:11.860 --> 01:06:30.190
Miriam Burnett: I'm going to use the congregations because that's my congregation. Because that's my context. How do we get our clergy and lay leaders to impact systems and drive things to a direction where the impact is sustainable.

341
01:06:30.220 --> 01:06:31.810
Miriam Burnett: What we do know

342
01:06:31.850 --> 01:06:37.950
Miriam Burnett: and it's been documented more times than I care to think about is that

343
01:06:37.960 --> 01:06:42.790
Miriam Burnett: the religious belief system drives health care also.

344
01:06:43.180 --> 01:07:10.250
Miriam Burnett: And so we need to make sure that we are educating those who are coming out of seminary, those who are in seminary, those who are in other educational systems. Whether or not, whether it be certificate programs or educate. Our continuing education programs for our clergy and lay leaders have health as a major part of their training, because without it

345
01:07:11.610 --> 01:07:15.019
Miriam Burnett: we go keep doing this cycle.

346
01:07:17.140 --> 01:07:46.890
Nneka Sederstrom: Thank you so much. and I think all of you again for this wonderful discussion on this first morning. panelists. I know that. We are supposed to be taking a little bit of a 2 min break before the second set for all the panelists. I can stay on, Dr. Dallas. I know you have to drop, but for everyone else they can stay on. Please continue to engage there several discussions going on in the chat that would love your expertise. and I will turn it over to Carol.

347
01:07:46.890 --> 01:08:10.289
Nneka Sederstrom: and before we let you go. We could have heard this

for 2 more hours. Just the pictures, the data. I'm taking notes amazing. I want to take a quick shot of the 4 of you. Please look at your cameras and smile so I can get this great panel. Did a great job. This is number one number 2. We're also going to take a group shot of everyone.

348
01:08:10.290 --> 01:08:34.999
Carole Copeland Thomas She/Her/Hers: Thank you so so much. So. everybody. You can turn your cameras on very quickly, and we will. take a group shot of everybody. I'm just removing the spotlights from everybody, and then we will go on and take these. This group shot very, very quickly, so that we could stay on track. Here we go. This is page number one. Look right into your camera.

349
01:08:35.399 --> 01:08:41.040
Carole Copeland Thomas She/Her/Hers: right into your camera. There we are excellent. 3, 2, one.

350
01:08:41.359 --> 01:08:57.129
Carole Copeland Thomas She/Her/Hers: and we'll do this one more time. 3, 2, one. and hold on. We've got another page to do just a second. and we're going to do the same thing. 3, 2, one look right into your camera

351
01:08:57.260 --> 01:09:13.810
Carole Copeland Thomas She/Her/Hers: and one more. I know that many people have their cameras off. Not a problem. We're just capturing your names for posterity's sake. And this is the last 1, 3, 2, one excellent, and one more, 3, 2, one

352
01:09:14.149 --> 01:09:26.630
Carole Copeland Thomas She/Her/Hers: super. Super. We're now going to go on and take our quick, very quick. Break 2 min break before we just power on. This conversation is absolutely awesome.

353
01:09:27.529 --> 01:09:28.910
Carole Copeland Thomas She/Her/Hers: Stay tuned

354
01:09:35.370 --> 01:09:36.510
the

355
01:09:51.359 --> 01:09:52.330

with the

356
01:10:07.830 --> 01:10:08.500
Us.

357
01:10:25.990 --> 01:10:26.950
I.

358
01:11:28.330 --> 01:11:57.349
Carole Copeland Thomas She/Her/Hers: And we want to first say that the gentleman that you see on this photo is not Dr. Cedar from it is both stubble field tape. We will correct that in post production. Thank you for sending me the direct messages. We will definitely take care of that. That is definitely not something that was intentional. It was something we wanted to make sure. Everybody saw these beautiful faces, and we will definitely make that correction. So again. Thank you so very much.

359
01:11:57.350 --> 01:12:19.849
Carole Copeland Thomas She/Her/Hers: Again, we have upcoming activities. October sixth is our next us Uk event focused on black history in the United Kingdom, and then our multicultural Conference will take place again from an international perspective. On November second and third, all the information will be at the Mss. connect.com.

360
01:12:19.900 --> 01:12:32.120
Carole Copeland Thomas She/Her/Hers: I'm going to bring up Garth just for a quick moment. If he can just set the stage for this video that you're going to see Garth Dallas. Take it away.

361
01:12:32.610 --> 01:12:52.459
Garth Dallas: Thank you. Carl. We all know how famous the Uk help system is in terms of National Health service, and this is heralded across the world as a as a measure of good practice. But, as I said in the chat before earlier.

362
01:12:52.580 --> 01:12:57.529
Garth Dallas: just wanted to put in perspective, that we do have our problems here

363
01:12:57.620 --> 01:13:08.129
Garth Dallas: in the Uk. And this video will give you a flavor of what

I'm talking about. The health care system speaks about equity

364
01:13:08.130 --> 01:13:30.130
Garth Dallas: in terms of everyone having an ability to have access to the health service without a system around ability to pay, which in a certain extent contrast with what you have in the Us. But not withstanding that our medical practitioners have problems in the system, and it has effect as well on the people that they care for

365
01:13:30.270 --> 01:13:31.660
Garth Dallas: have a look at this video.

366
01:13:56.110 --> 01:14:02.279
Gosh! Can I just go somewhere without, you know, having to discuss my skin color and where I'm from, and stuff like that.

367
01:14:19.820 --> 01:14:21.950
I think racism kills people.

368
01:14:31.200 --> 01:15:03.549
A condition called sickle cell anemia. And when I was 9 years old I caught the pava virus, and usually a lot of kids catch this virus and they're completely fine. But if someone with sickle cell catches it, it can make them really sick, and for me it did that. So my mom, who was actually a nurse, took me to the hospital. She took me to the local one around my area. It was predominantly white area, and when I got to the hospital they didn't check my blood. They didn't check anything, and they sent me home, and they said I was completely fine.

369
01:15:03.710 --> 01:15:27.159
and when I got home I was completely unresponsive, and my mom, I remember her saying, My child will not sleep in my house like this. So she drove me like 30 min away to another hospital, and when I got there they did check my blood, and my hemoglobin was so low that the doctor said I wouldn't have survived the night if I didn't make it to the hospital. I think a lot of people will hear this story and think that it was just negligence. But

370
01:15:27.410 --> 01:15:44.240
having learned about how we're supposed to respond to children that are very unwell, I know that this was because my mom was black and because they didn't understand the condition. It makes me feel disappointed that my mother could have potentially lost a child simply

because of the colour of her skin.

371
01:15:49.880 --> 01:16:02.070
is everyday incident with her, which hurts very minor incidents about making assumption of your color or your country of origin. Classical question where you come from.

372
01:16:03.070 --> 01:16:09.579
and there is a lot of reason. People ask that question, and not all the time is related to racism.

373
01:16:11.030 --> 01:16:20.030
And the very simple question, like Brexit happen when you're going to go home. when you're going to go back. or after the word around you here.

374
01:16:21.060 --> 01:16:42.729
they don't look like doctor. I don't know who make them, doctor. In 2,020, when I was actually working in a tissue centre hospital alongside many other colleagues, the majority of which were British born white medical students, I remember, for lunch. Actually, I was sitting down with 2 other colleagues, and I was speaking to them, and one of them actually asks me why I speak so. Ghetto.

375
01:16:43.010 --> 01:16:50.109
I think that moment I kind of froze a bit, and I was quite shocked that I really know how to respond.

376
01:16:59.700 --> 01:17:10.580
teaching people more about microaggressions. A lot of people believe that saying, coming up to you and saying, by the way, I'm not racist.

377
01:17:10.610 --> 01:17:31.510
I love your exotic skin color or pointing out your hair, and you know. doing stuff like that kind of gives you a badge of. I'm not racist, but it's actually a microaggression, because you're not able to just do your job because you're constantly being reminded that you're a different skin colour. You're a different race, you, from a different country.

378
01:17:35.830 --> 01:17:49.100
No, thank you. A challenge, or to raise a concern easily on the issue

of racism. It's a very difficult, highly motivation. What you really need to address

379
01:17:49.170 --> 01:18:03.290
the challenges of racism is a governance framework that is one that allows staff to confidently and easily report issues of racism there about language and behavior.

380
01:18:05.840 --> 01:18:14.600
Carole Copeland Thomas She/Her/Hers: We're going to move back to Dr. Cedarstrom, who will take us through the introductions of our second panel.

381
01:18:14.640 --> 01:18:41.020
Nneka Sederstrom: Dr. C. To string. Thank you so much. Okay, so the second panel is full of some amazing, amazing presenters as well. And I'm really excited to share with you them. We'll be playing in them up, and they, too, have 3 min to put together a little quick intro on who they are. and then we will do a lot of Q. A. Discussions on them. So first stop is Mr. Both double-filled Tave.

382
01:18:41.200 --> 01:18:44.480
Nneka Sederstrom: We also have Dr. Gomeet, Lunga.

383
01:18:45.320 --> 01:18:47.209
Nneka Sederstrom: Michelle Cox.

384
01:18:48.010 --> 01:18:51.189
Nneka Sederstrom: and Dr. John in the Monday

385
01:18:53.640 --> 01:18:55.710
Nneka Sederstrom: we have all of them spotlighted.

386
01:18:58.170 --> 01:18:59.120
Nneka Sederstrom: No.

387
01:19:04.820 --> 01:19:17.490
Beau Stubblefield-Tave: hello, everyone. My name is Bo Stubble Field Tab. I'm speaking to you from Chicago, Illinois, and the Us. The Wendy city. The third is largest city in the country, and one of the most segregated.

388
01:19:17.730 --> 01:19:27.600
Beau Stubblefield-Tave: On the other hand, I am speaking to you from Hyde Park, which is where the University of Chicago is, where I went to school. and it is one of the most diverse communities that I have seen in the country.

389
01:19:27.770 --> 01:19:35.739
Beau Stubblefield-Tave: So where you stand depends on where you sit. and I sit in a unique place within a very segregated city.

390
01:19:38.900 --> 01:19:41.599
Nneka Sederstrom: Thank you. All right, Dr. Linda.

391
01:19:48.550 --> 01:20:01.390
GOME LENGA: Hi, My name is Gomerlyenka. I'm speaking from Mombasa Kenya the second and the coastal city of

392
01:20:01.430 --> 01:20:12.439
GOME LENGA: beautiful country, Kenya. We just come 60 yesterday from the British colonial rule that we came out of on the first of June 96 to 3.

393
01:20:12.490 --> 01:20:14.780
GOME LENGA: So we are 60 years old as a country.

394
01:20:15.210 --> 01:20:27.570
GOME LENGA: I'm a medical work. I'm a doctor by trading, scheduled by training. Actually, both my parents were medical workers, so has they the interest in getting it to medicine my father is up with. It

395
01:20:27.660 --> 01:20:33.169
GOME LENGA: was actually a retired clinical officer what you probably call a medical assistant out there.

396
01:20:33.370 --> 01:20:44.940
GOME LENGA: I mean mother is a retired nutritionist. so that give me my my interest. Now in medicine. I work at a kind of post authority where I run the medical department here.

397

01:20:45.110 --> 01:20:57.210
GOME LENGA: clear up authorities. The port city is the port for the country. I also. I was just appointed to be the chairman of the Health Services Improvement Fund

398
01:20:57.270 --> 01:20:58.740
GOME LENGA: County.

399
01:20:58.800 --> 01:21:03.680
GOME LENGA: talking about counties, Kenya, for until 2,010 we had a

400
01:21:04.030 --> 01:21:08.110
GOME LENGA: one government, but we promoted a new constitution in 2,010,

401
01:21:08.200 --> 01:21:12.280
GOME LENGA: and decided to have 47 counties each run back up right now.

402
01:21:12.440 --> 01:21:24.159
GOME LENGA: and at that point, then, health services were evolved through the account. So the challenges of counties running a health care services I've been I in many, many discussions in this country

403
01:21:24.240 --> 01:21:34.949
GOME LENGA: whereby now we are that thing about taking the health care services back to to the Federal Government. So I run. I run the board that is champion to do

404
01:21:34.990 --> 01:21:41.239
GOME LENGA: health services improvement for county, which is a a sub that I'm doing. Kenya

405
01:21:41.340 --> 01:21:44.060
GOME LENGA: has a population of 55 million people

406
01:21:44.890 --> 01:21:49.419
GOME LENGA: 10% of them live in Nairobi, which is our capital city

407
01:21:49.720 --> 01:21:53.490

GOME LENGA: out of those people living in Nairobi, 75% of them

408
01:21:53.570 --> 01:22:01.000
GOME LENGA: really living in the the slums of that city as a country, for the 3 of us

409
01:22:01.010 --> 01:22:13.419
GOME LENGA: live in poverty time. So you all the things that have been discussed by my all your parties about Covt is your economical status in terms of our health services and health.

410
01:22:13.500 --> 01:22:16.739
GOME LENGA: because outcomes are real for us as a country

411
01:22:16.910 --> 01:22:19.830
GOME LENGA: that is me to the Government. Then

412
01:22:22.320 --> 01:22:25.640
Nneka Sederstrom: thank you so much. I feeling good, Miss Michelle Cox.

413
01:22:26.380 --> 01:22:35.459
Michelle Cox: Thank you. Everybody, for welcome me to the space. My name is Michelle Cox. I am a registered nurse from Liverpool, England.

414
01:22:35.540 --> 01:22:42.980
Michelle Cox: I've been a nurse 30 years in the National Health Service, providing everything from community

415
01:22:43.100 --> 01:22:49.129
Michelle Cox: nursing, district, nursing health, visiting, primary care, nursing

416
01:22:49.160 --> 01:23:00.760
Michelle Cox: up into management roles where I have been working in commissioning and bank services, monitoring governance and quality assurance type roles.

417
01:23:00.960 --> 01:23:09.919
Michelle Cox: I have a particular interest, obviously in health

inequalities, and particularly racial health disparities.

418
01:23:09.950 --> 01:23:14.450
Michelle Cox: I have had a number of roles in my 30 year career

419
01:23:14.830 --> 01:23:30.699
Michelle Cox: where the golden thread of race equality has threaded through those roles, whether it be asylum seeker, and refugee leads, whether it's been supporting overseas nurses from the Caribbean Africa. Thailand.

420
01:23:30.870 --> 01:23:42.419
Michelle Cox: and most recently have been an advisor around the impact of Covid on black and ethnic minority communities within the North West of England.

421
01:23:42.940 --> 01:23:43.859
Michelle Cox: Thank you.

422
01:23:45.540 --> 01:23:49.009
Nneka Sederstrom: Thank you. And then back to the Monday.

423
01:23:52.320 --> 01:24:03.589
John Ndimande: Thank you very much, and good good afternoon. Good morning. The other part of the globe. I am, John. I am a family physician.

424
01:24:04.150 --> 01:24:10.000
John Ndimande: and I have. I'm also pastoring in the African method is the piscopal church.

425
01:24:10.920 --> 01:24:22.020
John Ndimande: my major speciality. I'm as I said, I'm a family physician, and I have been really involved in community service in my.

426
01:24:22.310 --> 01:24:26.060
John Ndimande: in my small little town in Rustenburg.

427
01:24:26.360 --> 01:24:34.270
John Ndimande: I have been. I'm also in the academic field I have

been. I've mentored T. Todd

428
01:24:34.650 --> 01:24:53.069
John Ndimande: for the undergraduates as well as the post graduate students. I've been in leadership positions in there in now Academic hospital, and, as I said, as a you know, I was the first district family physician in

429
01:24:53.460 --> 01:24:57.520
John Ndimande: in Victoria, in the housing area of South Africa.

430
01:24:59.110 --> 01:25:03.780
John Ndimande: very interested in developing young

431
01:25:03.850 --> 01:25:07.470
John Ndimande: doctors or even other professionals.

432
01:25:07.890 --> 01:25:17.299
John Ndimande: and mentored quite a lot of intense. And our community service doctors also taught messes

433
01:25:17.620 --> 01:25:24.450
John Ndimande: current. I'm currently running a a practice, a general practice which is

434
01:25:24.780 --> 01:25:37.690
John Ndimande: very much and obstetrics and kindly orientated. You know, when I, when I first became interested in medicine for me. Medicine was the

435
01:25:37.980 --> 01:25:44.269
John Ndimande: you know, one profession that I I grew up really, really wanted to be

436
01:25:44.490 --> 01:25:56.380
John Ndimande: to being. And you know, when I wanted to specialize, I could not specialize in anything, because, you know, I'm a holistic type of person, I taking care of small children.

437
01:25:56.400 --> 01:26:01.490

John Ndimande: pregnant women, doing some psychiatry, doing some

438
01:26:01.530 --> 01:26:08.660
John Ndimande: surgical work, obstetrics, kindly orthopedics. And also I'm really a a whole person type of

439
01:26:09.060 --> 01:26:10.930
a practitioner.

440
01:26:11.240 --> 01:26:17.909
John Ndimande: So and I have mentored. As I said, I've mentioned quite a number of doctors I have

441
01:26:18.220 --> 01:26:29.430
John Ndimande: in in a primary setting. delivered a number of pregnant women at primary, because

442
01:26:30.000 --> 01:26:38.859
John Ndimande: the background that I'm coming from it's when pregnant women were getting a brought here. And I felt that, you know.

443
01:26:39.450 --> 01:26:53.040
John Ndimande: a you know, a lot of pregnant women really need someone who who cares for them. And I've really enjoyed that even now I'm still doing primary health care and doing

444
01:26:53.120 --> 01:26:58.940
John Ndimande: basic primary obstetrics covering all the fears of of medicine.

445
01:26:59.030 --> 01:27:05.820
John Ndimande: And I'm very, you know humanity for me. It's what what counts. Seeing people happy

446
01:27:05.850 --> 01:27:11.609
John Ndimande: makes me happy. So this is where I am in a primary family physician.

447
01:27:11.990 --> 01:27:14.310
John Ndimande: It's hot. Thank you very much.

448
01:27:15.290 --> 01:27:35.510
Nneka Sederstrom: Thank you so much. So again the chat is open. If anyone has questions. There were many questions that were submitted beforehand. so we're gonna get started with this wonderful panel and discussions. And this is one that I I'm just gonna open it up for whoever wants to start the conversation of it. It it is relevant to all your areas.

449
01:27:35.510 --> 01:28:00.260
Nneka Sederstrom: we've heard Dr. Seedis from. I just want to start for it to interrupt you, I believe. Beau Stubblefield tape has a presentation, I believe. Okay, and I'm not sure about the other distinguished panelists, but I know that both had one, and both can share his screen and do this thing. I apologize for missing that. Yes, Mr. Stubble field tape. Please take it away. Okay.

450
01:28:02.850 --> 01:28:07.790
Beau Stubblefield-Tave: okay, let's go to slide show.

451
01:28:12.980 --> 01:28:24.249
Beau Stubblefield-Tave: So My name again is both double Field Tave. you've got my bio, and you can look at me on Linkedin. So I'm not going to go into any of that detail. What I will say

452
01:28:24.270 --> 01:28:30.290
Beau Stubblefield-Tave: is that my world changed quite dramatically 4 years ago, because my wife and I moved

453
01:28:30.350 --> 01:28:40.200
Beau Stubblefield-Tave: back from New England to Chicago to be co-caregivers for my father in law, who's now turned 100, and my mother in law will choose soon turn 98,

454
01:28:40.390 --> 01:28:44.569
Beau Stubblefield-Tave: and seeing the world through a family caregivers lens is

455
01:28:44.840 --> 01:28:54.249
Beau Stubblefield-Tave: greatly increased my my empathy, knowledge, and wisdom in terms of the challenges we all face. particularly for those of us who are

456
01:28:54.460 --> 01:29:03.749
Beau Stubblefield-Tave: in groups. That face suppression. whether because of race or or other factors. So with that, let me go to this. This is

457
01:29:03.880 --> 01:29:08.380
Beau Stubblefield-Tave: my red and white and blue version of the American hierarchy of oppression.

458
01:29:09.670 --> 01:29:15.289
Beau Stubblefield-Tave: People are welcome to disagree and create their own. I hope you will. What I basically try to do is say

459
01:29:15.400 --> 01:29:28.869
Beau Stubblefield-Tave: what he, what groups face the largest amount of oppression, the largest groups, and what is the largest impact of their oppression. So I put racism clearly at the top of the list.

460
01:29:29.010 --> 01:29:34.620
Beau Stubblefield-Tave: many black, indigenous, and other people of color, face racism.

461
01:29:35.130 --> 01:29:36.150
Beau Stubblefield-Tave: And

462
01:29:36.370 --> 01:29:43.050
Beau Stubblefield-Tave: it affects far more people than we realize at 4 different levels, individually mediated

463
01:29:43.450 --> 01:29:50.329
Beau Stubblefield-Tave: what we typically think of institutionalized, whether it's in a hospital or a police force, or a school, or whatever

464
01:29:52.450 --> 01:30:00.140
Beau Stubblefield-Tave: internalized, which we don't talk about. Often enough the impact when the oppressors.

465
01:30:00.170 --> 01:30:11.520
Beau Stubblefield-Tave: thoughts in terms of inferiority are taken in

by those who are pressed. I could go on, but I think you get the point. And the fourth one is what we call structural racism.

466
01:30:11.630 --> 01:30:15.130
Beau Stubblefield-Tave: And frankly, that is the one that

467
01:30:15.630 --> 01:30:26.010
Beau Stubblefield-Tave: leads to things like Jim Crow in the United States. We're black and brown people, both men and women, are far more likely to be incarcerated than our white counterparts

468
01:30:29.440 --> 01:30:37.620
Beau Stubblefield-Tave: going down from there. I put sexism. homophobia, classes, and all those affect our health.

469
01:30:37.930 --> 01:30:46.769
Beau Stubblefield-Tave: And one can make an argument that, depending on who you are as an individual, the impact is quite different. So I'm going to speak about this from a very personal level.

470
01:30:48.310 --> 01:30:55.040
Beau Stubblefield-Tave: If I think of social determinants of health which we're beautifully laid out earlier with the who description

471
01:30:55.740 --> 01:31:03.380
Beau Stubblefield-Tave: look at it from my lens. I have been protected against the impact of some of these social determinants.

472
01:31:03.650 --> 01:31:11.500
Beau Stubblefield-Tave: Yes, do I face structural racism absolutely, but because I live in a integrated community, I don't say face the same level

473
01:31:11.680 --> 01:31:19.879
Beau Stubblefield-Tave: of structural racism as someone who is in a totally black community or a totally Hispanic community where

474
01:31:20.060 --> 01:31:21.130
Beau Stubblefield-Tave: the

475

01:31:21.820 --> 01:31:25.110
Beau Stubblefield-Tave: tools that implement structural racism.

476
01:31:25.160 --> 01:31:32.630
Beau Stubblefield-Tave: like fewer health facilities less transportation for schools, all those things are easier to target

477
01:31:32.770 --> 01:31:35.430
Beau Stubblefield-Tave: when you don't have a more diverse community

478
01:31:36.040 --> 01:31:38.970
Beau Stubblefield-Tave: Poverty is pure.

479
01:31:39.150 --> 01:31:47.459
Beau Stubblefield-Tave: plain, and simple, the largest social determinant of health, as far as I can see, and when we had COVID-19 at its height.

480
01:31:47.510 --> 01:32:00.709
Beau Stubblefield-Tave: it was particularly devastating and demonstrating that race tends to go along with income and wealth, and therefore people who are in poverty are more likely to be people of color

481
01:32:00.830 --> 01:32:04.249
Beau Stubblefield-Tave: and to be damaged by both. It is really intersectional.

482
01:32:04.380 --> 01:32:13.790
Beau Stubblefield-Tave: I was born in the upper middle class, not through any benefit of my own, because my mom was an elementary school teacher, and my dad was a math professor.

483
01:32:13.910 --> 01:32:27.470
Beau Stubblefield-Tave: not the highest paying jobs in the world, and they work in addition to those things. but together that put them into the upper middle class from working class backgrounds. And I have benefited from that, as if all of my siblings, and so of my kids

484
01:32:28.020 --> 01:32:36.130
Beau Stubblefield-Tave: for housing, very common again among people of

color in particular, but poor people in general, and I live in excellent housing

485
01:32:36.270 --> 01:32:48.029
Beau Stubblefield-Tave: many folks facing an inferior education. Even if they stay in school through high school, they may not be come out. Being capable of either holding a job or going on to college.

486
01:32:48.510 --> 01:32:59.090
Beau Stubblefield-Tave: I had the privilege of an elite education, and it is a privilege. Of course I had to work hard for it, but it's still a privilege to have an elite education. It's made a huge impact

487
01:32:59.210 --> 01:33:01.679
Beau Stubblefield-Tave: on my life. My work, my family.

488
01:33:03.410 --> 01:33:12.500
Beau Stubblefield-Tave: I consider myself to be an optimal health, which is the goal for everyone. Health, equity, which is what I work towards is optimal health, for all

489
01:33:13.000 --> 01:33:24.190
Beau Stubblefield-Tave: doesn't mean that I haven't faced health challenges. I have, but I've had resources that have allowed me to deal with those challenges very successfully. For example.

490
01:33:24.790 --> 01:33:37.409
Beau Stubblefield-Tave: I am a prostate cancer survivor. It's been more than a dozen years, but because I was integrated into a quality health care system. So my clinicians regularly. We detected it when it was microscopic.

491
01:33:37.580 --> 01:33:40.210
Beau Stubblefield-Tave: and I had all the choices available to me.

492
01:33:40.390 --> 01:33:53.380
Beau Stubblefield-Tave: and I chose surgery. If it were now 15 years later I might have chose active surveillance instead, but regardless I had those choices. I deal with depression specific condition is called

493
01:33:54.090 --> 01:33:59.749

Beau Stubblefield-Tave: excuse me, persistent, depressive disorder. It's a relatively mild form of depression.

494
01:33:59.800 --> 01:34:20.480
Beau Stubblefield-Tave: but it is often very long lasting, and when it's severe it can be just as severe as many other forms. There were times, a few years ago where I would be in bed for 16 or 18 h a day because of that depression today you would know it exist. If you talk to me, it's successfully treated through both medication

495
01:34:20.650 --> 01:34:22.140
Beau Stubblefield-Tave: and talk therapy.

496
01:34:22.190 --> 01:34:25.970
Beau Stubblefield-Tave: and I'll just go to one more of these, which is obesity.

497
01:34:26.810 --> 01:34:29.530
Beau Stubblefield-Tave: Like far too many children in this country.

498
01:34:29.690 --> 01:34:36.039
Beau Stubblefield-Tave: I grew up with a significant level of childhood obesity, and I carried that through my life for years.

499
01:34:36.320 --> 01:34:43.669
Beau Stubblefield-Tave: but it really triggered my diabetes to the point where, when I was diagnosed. it was off the charts.

500
01:34:43.720 --> 01:34:58.979
Beau Stubblefield-Tave: and so I began addressing it. I lost over 50 pounds through nutritional counseling medication exercise. I've got 15 more to go, and I've lost lost 5 of those in the last 2 weeks. The point is because I have all of these advantages.

501
01:34:59.090 --> 01:35:06.319
Beau Stubblefield-Tave: I can address something like obesity effectively. If you're a kid in a community where you can't go out and play

502
01:35:06.470 --> 01:35:14.989
Beau Stubblefield-Tave: where your parents don't have access to good

food because they live in a food desert, etc., addressing those issues is much more difficult.

503
01:35:17.620 --> 01:35:25.140
Beau Stubblefield-Tave: Those are social determinants. Even once we get inside the health care system, where I work for 40 years, we have an equal treatment.

504
01:35:25.860 --> 01:35:33.330
Beau Stubblefield-Tave: Racial and ethnic minority minorities tend to receive a lower quality of health care than non-minorities.

505
01:35:34.110 --> 01:35:40.760
Beau Stubblefield-Tave: That was said 20 years ago. It's still true. and it means that even if you have access.

506
01:35:40.790 --> 01:35:44.159
Beau Stubblefield-Tave: it doesn't mean you're going to get the same quality of care

507
01:35:44.540 --> 01:35:46.260
Beau Stubblefield-Tave: as a white counterpart

508
01:35:46.320 --> 01:35:59.370
Beau Stubblefield-Tave: as a male counterpart. If you're a woman as a straight counterpart, if you're part of the clear community, etc. It's about much more than racial, ethnic minorities who are affected by discrimination, and in particular.

509
01:36:00.590 --> 01:36:01.570
Beau Stubblefield-Tave: I'll go back

510
01:36:02.040 --> 01:36:08.090
Beau Stubblefield-Tave: in particular one way we address this kind of unequal treatment is by addressing the impact

511
01:36:09.080 --> 01:36:18.510
Beau Stubblefield-Tave: of unconscious bias on the part of clinicians. Every human being has unconscious biases. We can't get rid of them. They're

512
01:36:18.660 --> 01:36:20.639
Beau Stubblefield-Tave: hardwired into us.

513
01:36:20.990 --> 01:36:31.910
Beau Stubblefield-Tave: but what we can do is reduce their impact. And one example I've written about this with my dear friend and colleague, Augustus White. If you want to look up the the literature

514
01:36:33.130 --> 01:36:41.340
Beau Stubblefield-Tave: is by using a very simple technique that the clinicians on this call understand, called to teach back. So when I was told I had

515
01:36:41.570 --> 01:36:50.669
Beau Stubblefield-Tave: cancer, I didn't necessarily hear anything after I heard those words right. Sometimes clinicians speak in doctors speak, and you don't understand what they're saying.

516
01:36:50.870 --> 01:36:53.709
Beau Stubblefield-Tave: Well, a teach back allows you to say.

517
01:36:54.080 --> 01:36:59.089
Beau Stubblefield-Tave: doctor, this is what I heard, and you explain back whether it's a

518
01:36:59.190 --> 01:37:03.130
Beau Stubblefield-Tave: prognosis or a recommendation for surgery, or whatever it is.

519
01:37:03.170 --> 01:37:18.749
Beau Stubblefield-Tave: And then the doctor can say back to you. You got 80 of that right. Let me tell you what I said that you didn't hear, and then you repeat it back in your own language. That kind of talk back does 2 things. One. It helps you understand

520
01:37:18.860 --> 01:37:22.220
Beau Stubblefield-Tave: what really was being said, and that's critical.

521
01:37:22.390 --> 01:37:27.359

Beau Stubblefield-Tave: But the other thing is, it makes you human. Many clinicians

522
01:37:27.380 --> 01:37:31.209
Beau Stubblefield-Tave: under time pressure, with their unconscious biases.

523
01:37:31.320 --> 01:37:37.330
Beau Stubblefield-Tave: They don't see me as beau the dad, the the husband.

524
01:37:37.660 --> 01:37:45.149
Beau Stubblefield-Tave: the consultant in diversity and equity and inclusion they see. Oh, this is a black man with hypertension, who's overweight.

525
01:37:45.600 --> 01:37:56.010
Beau Stubblefield-Tave: When you see people see you as a full human being, they are more likely to treat you respectfully and well, and it directly affects outcomes.

526
01:37:56.470 --> 01:38:07.269
Beau Stubblefield-Tave: Other folks have talked about a more holistic view of help. I'm going to give you one from a native American perspective from our DNA or Navajo brothers and sisters

527
01:38:08.330 --> 01:38:09.740
Beau Stubblefield-Tave: walking in beauty.

528
01:38:09.970 --> 01:38:24.939
Beau Stubblefield-Tave: You need to nav a hose means living in balance and harmony with ourselves in the world. It means caring for yourself mind, body, and spirit, and having the right relationships with your family community, the animal world, the environment.

529
01:38:25.060 --> 01:38:27.100
Beau Stubblefield-Tave: earth, air and water.

530
01:38:28.150 --> 01:38:30.419
Beau Stubblefield-Tave: our planet and our universe.

531
01:38:30.550 --> 01:38:36.969
Beau Stubblefield-Tave: If a person respects and honors all these relationships. then they will be walking in beauty.

532
01:38:37.110 --> 01:38:41.720
Beau Stubblefield-Tave: and that to me is a definition of optimal health. Thank you very much.

533
01:38:42.950 --> 01:38:44.810
Nneka Sederstrom: Thank you so much.

534
01:38:45.380 --> 01:38:49.430
Nneka Sederstrom: we will get to

535
01:38:50.030 --> 01:38:52.249
Nneka Sederstrom: the panelists being brought back up

536
01:38:56.050 --> 01:38:57.240
Nneka Sederstrom: here. We are.

537
01:38:57.400 --> 01:39:05.209
Nneka Sederstrom: Okay. No, that was that was wonderful. It's amazing. And it actually still feeds right into the question that I had. So it's perfect.

538
01:39:05.440 --> 01:39:06.720
Nneka Sederstrom: so

539
01:39:07.960 --> 01:39:11.699
Nneka Sederstrom: Many people wrote into it, asked about how

540
01:39:12.000 --> 01:39:22.779
Nneka Sederstrom: environmental elements play into health outcomes and the importance of looking at more than just the body. But the the space that people are in.

541
01:39:22.780 --> 01:39:43.249
Nneka Sederstrom: There's everything from you know, books on how your Zip code affects your outcomes. If you're here in the United States to

what we heard earlier and done to our hands, and showed the the very powerful image of where people live versus how far they would have to walk, to actually get care. So for all of you again, please. Whoever would like to start is off. Please just unmute yourself.

542
01:39:43.250 --> 01:39:56.729
Nneka Sederstrom: How much do you see? Social location and sort of physical location where people are and their impact on health outcomes in your areas. And what are what are some things that are maybe going on that will help impact that

543
01:39:57.160 --> 01:40:08.090
Beau Stubblefield-Tave: I I'll just speak to that very, very briefly. Environmental racism is a huge issue in Chicago. We have people fighting to prevent.

544
01:40:08.150 --> 01:40:13.650
Beau Stubblefield-Tave: for example, recycling plants that are really

545
01:40:13.910 --> 01:40:17.509
Beau Stubblefield-Tave: not healthy recycling plants like we might think of.

546
01:40:17.620 --> 01:40:19.220
Beau Stubblefield-Tave: But they're burning

547
01:40:19.320 --> 01:40:39.020
Beau Stubblefield-Tave: trash. They're burning things that we know are putting carcinogens in the air and guess where they get targeted. They don't get targeted in neighborhoods like mine. They get targeted in poor black and brown neighborhoods, and those neighborhoods are beginning to fight. This have had some success both in the political arena and in the courts.

548
01:40:39.440 --> 01:40:41.459
Beau Stubblefield-Tave: But the environment.

549
01:40:41.790 --> 01:40:54.409
Beau Stubblefield-Tave: positive or negative, has a huge impact on your help. Can you go walk in in the park across the street, my father in law? And I do, or do you have to stay huddle, because there's no place safe for you to be on the streets.

550
01:40:59.510 --> 01:41:01.260
Nneka Sederstrom: Michelle, I saw you came with you.

551
01:41:02.530 --> 01:41:16.460
Michelle Cox: Yeah, I'd probably agree. I'm also chair of Steve Housing Association in Liverpool, which provides affordable quality housing mainly to our black and ethnic minority elders.

552
01:41:16.550 --> 01:41:36.669
Michelle Cox: because of the issues that we've seen particularly around allocation of properties. I think it was over 30 years ago, and there was actually a case where the Liberal City Council were known to distribute some of the poor housing in the poor areas to the black and minority communities.

553
01:41:36.670 --> 01:41:51.399
Michelle Cox: What we actually see now is those that have this law no right to the asylum seek of the refugee populations. Those that have, you know we do have a large migrant population within Liverpool as well, often in

554
01:41:51.470 --> 01:42:19.740
Michelle Cox: very poor accommodation, lots of overcrowding issues as well. and that's, you know, lots to the cost of living. You have to find 1230 and 14 people living in 2 3 bedrooms. Houses have like sardines. That is not unusual. We don't talk about it, but we know it happens as a community nest. I have actually been privy to some of those housing, and it just transpires them into health.

555
01:42:19.810 --> 01:42:25.190
Michelle Cox: They found it difficult to find a Gp. They don't have a registered address. They don't have

556
01:42:25.350 --> 01:42:31.869
Michelle Cox: it or paperwork. I meant some of them don't want to be known to authorities, either.

557
01:42:31.870 --> 01:42:55.500
Michelle Cox: so they often will access health care underground self medication, Gp, pharmacy online and sharing medication service. Lots of impacts to the issues. Obviously, that bench just discussed in

terms of House. And it just. It's like a public spreads like the pool to many facets of life.

558
01:42:57.620 --> 01:43:00.180
Nneka Sederstrom: Yes, thank you. I mean, those are all

559
01:43:00.430 --> 01:43:19.550
Nneka Sederstrom: also relevant within the United States a very similar situation that's occurring Dr. Linga. I'm going to come to you because I would like to hear your answer to this, but also add in that there was a quick question about how does the health care system in Kenya also impact this outcome in the in the chat?

560
01:43:28.260 --> 01:43:31.679
GOME LENGA: Okay, thank you for the question. One

561
01:43:32.850 --> 01:43:33.839
GOME LENGA: can you hear me?

562
01:43:35.040 --> 01:43:43.790
GOME LENGA: Yeah. Okay. For for the first question about the environment that I'll come to, how the system in Kenya. fix the outcomes here

563
01:43:43.890 --> 01:43:47.539
GOME LENGA: having gone into the county issues.

564
01:43:47.550 --> 01:43:53.310
GOME LENGA: I would wait to for 7 counties. We really is that the poor is drives

565
01:43:53.370 --> 01:44:13.200
GOME LENGA: counties of of this country, then have. what's that? Outcomes for obvious reasons, actively to health care services specialized services is not available there. So the outcomes are. But so not only just, it's your local aspect of it, but also the issue about health outcomes.

566
01:44:13.870 --> 01:44:20.799
GOME LENGA: The health system in K is divided into 6 levels from the community health unit

567
01:44:20.870 --> 01:44:25.380
GOME LENGA: all the way to the cut the national

568
01:44:25.660 --> 01:44:39.670
GOME LENGA: at the lowest level is that they go to health units, which are basically run by chemical officers and community health workers also help out there. It's a volumeiary.

569
01:44:39.810 --> 01:44:42.680
GOME LENGA: So very

570
01:44:42.740 --> 01:44:47.340
GOME LENGA: little in terms of infrastructure that is put in there.

571
01:44:47.470 --> 01:44:56.080
GOME LENGA: And that's what most of the people leave that that brings the issue about financing. That is poor that level

572
01:44:56.180 --> 01:45:00.499
GOME LENGA: the outcomes are not so good. we have.

573
01:45:01.280 --> 01:45:18.009
GOME LENGA: past 4 years our mortality rate, both maternal and child graduates have been improving by quite a significant amount. So we are happy about that Covid Kevin and I put down our Air Force in terms of organization that happened to most people in most countries.

574
01:45:18.910 --> 01:45:26.680
GOME LENGA: but so far the level that comes up from community health unit all the way to the power of hospitals in the country, those hub

575
01:45:26.850 --> 01:45:30.150
GOME LENGA: almost anything that you can find in the in the rest of the world.

576
01:45:30.170 --> 01:45:37.440
GOME LENGA: We'll have your MRI scanners there. You have the super specialized sergeants there, and a lot of good things up in there

577
01:45:37.710 --> 01:46:03.370
GOME LENGA: At that point, though that is the issue of what private hospitals and government hospitals funding for health care. Infrastructure has not increased the way it should have increased. the 15 that was agreed, for in Abuja they were turned up here. we never really go to 3% of the budget to go to health care provision for for for the country. So

578
01:46:03.600 --> 01:46:06.470
GOME LENGA: but that's how it's divided here in in K.

579
01:46:07.420 --> 01:46:09.680
Nneka Sederstrom: Thank you. Conducted into Monday.

580
01:46:10.540 --> 01:46:14.840
Nneka Sederstrom: You can round off on this question. I think we'll have time for maybe one more.

581
01:46:15.130 --> 01:46:25.490
John Ndimande: Yes, thank you very much. let me let me just present the South African situation, and it's going to become very, very interesting, because

582
01:46:25.670 --> 01:46:30.259
John Ndimande: immediately, when you talk about the racism and South Africa.

583
01:46:30.550 --> 01:46:34.330
John Ndimande: you can put those 2 in the same sentence.

584
01:46:34.880 --> 01:46:41.420
John Ndimande: there is a 10. That's probably the world. No, I think

585
01:46:41.480 --> 01:46:51.440
John Ndimande: it's one term which we created so that it becomes part of the dictionary. That is a part date. I'm calling it in Africans a part date

586
01:46:51.490 --> 01:46:54.350
John Ndimande: A which is separate development.

587
01:46:54.540 --> 01:47:00.699
John Ndimande: separate development started in in actually in 1,948.

588
01:47:00.900 --> 01:47:05.770
John Ndimande: And we we presume that it intends in 1992,

589
01:47:05.960 --> 01:47:10.670
John Ndimande: when we had a democratic government. But now.

590
01:47:10.810 --> 01:47:15.069
John Ndimande: what I want to tell you today, when we talk about racism.

591
01:47:15.710 --> 01:47:21.479
John Ndimande: I'm not going to talk about racism in South Africa it's got.

592
01:47:22.180 --> 01:47:28.029
John Ndimande: And you know, during when when the envelope was came into the country.

593
01:47:28.070 --> 01:47:35.330
John Ndimande: and that they took most of the country of of of of the indigenous.

594
01:47:35.440 --> 01:47:40.789
John Ndimande: very, very fatal area in our countries, and

595
01:47:40.890 --> 01:47:48.309
John Ndimande: the black community into poverty in their own own land, and deserting all the middle of that we have

596
01:47:48.440 --> 01:48:07.239
John Ndimande: into the minority. This is where we come from. But now what I'm going to talk about today, it's not about the racism itself. I'm going to talk about the damage of racism, even post apartheid posts, a package we we still have problems like I'm going to.

597

01:48:07.270 --> 01:48:20.049
John Ndimande: If if I've got to talk about. This can actually mean that it must be a lecture on its own, and it might take the whole day. But I'm going to concentrate only on on the on the health issues.

598
01:48:20.370 --> 01:48:26.490
John Ndimande: And and I decided to say, now we're going to talk about it. The damage of raises them

599
01:48:26.510 --> 01:48:38.060
John Ndimande: and discuss of racism in South Africa, which is very, very important, because racism, we think this is all from the, from from the from the statutes.

600
01:48:38.420 --> 01:48:45.059
John Ndimande: Apartheid is gone, but the vestiges of apartheid still remain.

601
01:48:45.090 --> 01:48:46.900
John Ndimande: and the trauma

602
01:48:47.250 --> 01:48:54.769
John Ndimande: that it has had the impact that it has had on all levels of the black community.

603
01:48:54.890 --> 01:49:06.389
John Ndimande: It's now what we are experiencing. Let me just go back a little bit to to the, to the past when we had a update. This is separate development in health.

604
01:49:06.670 --> 01:49:09.869
John Ndimande: we find that, in fact, they.

605
01:49:11.420 --> 01:49:28.850
John Ndimande: the blacks, could not even go and use certain facilities and health facilities they were just reserved for for the elite white and blacks we just pushed all along, and you may remember, in 1,978, we had the declaration of Alma Ata.

606
01:49:29.070 --> 01:49:34.399
John Ndimande: which says that now health must be brought back to to

to the communities

607
01:49:34.700 --> 01:49:52.039
John Ndimande: that was in 1,978. But we we found that I mean in in our station books about it was there? Was that changed in 1,994, or it started in 1,990 when we got the the the when the elections came through.

608
01:49:52.110 --> 01:50:17.610
John Ndimande: But now the declaration of Alma Ata only came once. It was in 1,978 in South Africa. It only kicked in a after 1,994, as I as I mentioned then only then, if we find that I mean previously, there was just literally no close, a primary of care facilities close up to the people. Now, Elma, I must say

609
01:50:18.140 --> 01:50:21.160
John Ndimande: there is something that they

610
01:50:21.330 --> 01:50:24.880
John Ndimande: a wide regime

611
01:50:24.900 --> 01:50:28.759
John Ndimande: last the way inhumane.

612
01:50:29.880 --> 01:50:32.700
John Ndimande: the the the facilities

613
01:50:32.920 --> 01:50:38.199
John Ndimande: way much better than what we see now.

614
01:50:38.390 --> 01:50:50.669
John Ndimande: That's why I want to talk about the damages that a package did on, on, on, on, on the majority of the of the blacks, along it at all levels of development even, I mean professionals.

615
01:50:50.810 --> 01:51:04.489
John Ndimande: Up to the late person in the street. We we actually find when you, when you look at it at the mental status of of the lowest people blacks on the ground.

616

01:51:04.510 --> 01:51:08.320
John Ndimande: the way they they, we, we

617
01:51:08.460 --> 01:51:24.360
John Ndimande: to promote service delivery. You can see that our responses or the responses of the masses are actually in extreme because of the damage that the racism is done to. They are thinking.

618
01:51:24.400 --> 01:51:25.700
John Ndimande: People

619
01:51:26.450 --> 01:51:36.930
John Ndimande: tend to even destroy health facilities, destroy libraries destroyed every you know you. You get to them

620
01:51:37.170 --> 01:51:51.579
John Ndimande: the infrastructure that that is meant to save the sanitation. Those are destroyed. It's because racism has destroyed the thinking of the of of of the majority of people.

621
01:51:52.210 --> 01:51:56.780
John Ndimande: Once the destruction goes on day. the elite.

622
01:51:57.270 --> 01:52:07.009
John Ndimande: the flies better. Now you find that now we in in South Africa, we, we live in health, safety, health systems. I of 2 words. We've got a private

623
01:52:07.110 --> 01:52:16.379
John Ndimande: and public. The private base basically saves the minority those that can afford. and the public

624
01:52:18.070 --> 01:52:29.829
John Ndimande: which is supposed to be catering for the majority. That's where you find that even at this stage they are, they are not properly a, a, a service.

625
01:52:29.860 --> 01:52:34.169
John Ndimande: There is no proper human resources.

626

01:52:34.230 --> 01:52:42.329
John Ndimande: and the the the system you you get to the medications that medications are not up to stand out, in fact.

627
01:52:43.000 --> 01:52:44.080
John Ndimande: and

628
01:52:44.450 --> 01:52:59.279
John Ndimande: what you know, South Africa, even on, on, on health issues, have got very good policies. But the implicant implementation of those policies is very virtually non-existent.

629
01:52:59.330 --> 01:53:23.729
John Ndimande: so that you can have a we have a good constitution, the country which everybody says of that good constitution, but when it comes to implementation, it's something else. That is why I'm talking about the destruction that a racism essentially brought into into into into into South Africa, the social and 10 min of which we which every everybody talks about.

630
01:53:23.980 --> 01:53:26.620
John Ndimande: Oh, it you. my nutrition.

631
01:53:26.710 --> 01:53:31.549
John Ndimande: HIV and Aids tuberculosis, I we are very live.

632
01:53:31.630 --> 01:53:33.970
John Ndimande: and that is right. Now we actually.

633
01:53:34.020 --> 01:53:45.020
John Ndimande: you know the the destruction that is here. You actually find that we now become dependent on Americans to come and give us hand out because

634
01:53:45.030 --> 01:53:50.390
John Ndimande: money has been destroyed. Everybody is corrupt, goes on to corruption.

635
01:53:51.490 --> 01:54:00.450
John Ndimande: Those are the best stages of of a package which we we we really need to look at. We try. We try to implement the Nhi, the

National health

636
01:54:00.510 --> 01:54:10.940
John Ndimande: system. It has been there since we they, since they and we talked about the democratic South Africa even after this day's implementation.

637
01:54:13.270 --> 01:54:17.360
John Ndimande: Why, we, we get so many papers that are coming from Parliament.

638
01:54:17.500 --> 01:54:24.140
John Ndimande: We cannot reach a a a finality about that. We had Covid recently

639
01:54:25.100 --> 01:54:26.350
John Ndimande: when

640
01:54:27.780 --> 01:54:30.509
John Ndimande: nations donate to us

641
01:54:32.990 --> 01:54:45.320
John Ndimande: when vaccinations are coming in. The next thing it's on those I just followed by a corruption. These those are the vestiges of a update. We don't know

642
01:54:45.350 --> 01:54:53.850
John Ndimande: where that we are going to have a good system in the near future or not, but we hope that there will be

643
01:54:55.040 --> 01:55:06.570
John Ndimande: it changed some way, because otherwise you go on in this fashion. Really we we will not be going anywhere. I think this is where I'll stop for now a lot can be said about the health system in our country. Thank you very much.

644
01:55:07.050 --> 01:55:22.259
Nneka Sederstrom: Thank you very much, and I know that people are desperate to get to their next thing, so I will wrap us up in this conversation. There was so much here, and we could go on for many, many more hours. I

645
01:55:22.260 --> 01:55:48.310
Nneka Sederstrom: really appreciate being able to be part of this panel to discuss these really important things. And as someone who put in the chat made it really clear, it is evidence that racism has impacted everyone across the globe. And so we all have to do our part to address that from a health perspective, because, being healthy, whole and well, is the definition of human rights. So thank you all for allowing me to be part of this today.

646
01:55:48.310 --> 01:55:56.880
Nneka Sederstrom: Thank you for everyone who joined us. Thank you, Bill, and Carol and Garth, for leading the way on these conversations, I will happily turn it back over to you all.

647
01:55:56.930 --> 01:56:06.990
Carole Copeland Thomas She/Her/Hers: Wow! Wow! Wow! We're gonna take a quick screenshot of you and Michelle Cox in 25 s or less. Please tell us about that

648
01:56:07.000 --> 01:56:18.459
Carole Copeland Thomas She/Her/Hers: amazing case that you want in the Uk. Hang on 1 s. Here's the screenshot. Let's look ahead. 3, 2, one. one more.

649
01:56:18.660 --> 01:56:42.259
Carole Copeland Thomas She/Her/Hers: 3, 2, one Michelle Cox. Please tell us about that. And and we're gonna give it up for Dr. Neka cedar from you are an amazing, amazing moderator. Thank you very, very much. Amazing job, all of you. Both stubble field, Dr. Langa, doctor in the Monday and Michelle close us out with your story.

650
01:56:43.090 --> 01:57:09.410
Michelle Cox: very quickly. I, as I said earlier, I've been in this for 25 years in the Nhs. I have supported mentor stuff. And I've some, you know, around the qualities and inequalities and looking for the best outcomes for black people. And in 2019 I could actually see, that's behaviors.

651
01:57:09.830 --> 01:57:21.399
Michelle Cox: that's like currently challenging the workplace. But then, happening to me and I wasn't able to progress, I could see the differences the way the white nurses were being treated against the

black nurses and the

652
01:57:21.490 --> 01:57:32.989
Michelle Cox: you know, I think they the figures actually say you are 1.5 terms more likely to be a point to the interview with you. All right.

653
01:57:33.080 --> 01:57:38.630
Michelle Cox: you're 20 point 5 times more likely to

654
01:57:39.010 --> 01:57:55.799
Michelle Cox: progress from about 5 to about 9. If you are white, you know that's not going to happen if you're black. So based on those inequalities, I took out what you'll call in America as a lawsuit, and I took my employees with employment tribunal.

655
01:57:56.320 --> 01:58:09.669
Michelle Cox: and in February this year it was announced that I have one, a landmark decision on race to scheme, discrimination, direct and indirect victimization

656
01:58:10.080 --> 01:58:17.379
Michelle Cox: and harassment based on a whistle blowing. And I was able to demonstrate institutional racism

657
01:58:17.500 --> 01:58:38.630
Michelle Cox: and unconscious. Bi so it's known as a landmark when in the Nhs. In England. I didn't ever want that to be the finality of my nursing career, but I could no longer stand by and watch my people be pushed down, not progress, because ultimately this impacts on patient care.

658
01:58:38.690 --> 01:58:42.199
Michelle Cox: Thank you. I think that's captured as quick as I can

659
01:58:42.390 --> 01:59:07.329
Carole Copeland Thomas She/Her/Hers: powerful powerful. Please read all of their biographical profiles. You'll learn an awful lot, I I just was sitting up there thinking when the Dr. In the Monday was talking about apartheid and the post apart heart reactions I put in the chat, I said. Just remember Steve Vico, and what happened to him all those years ago, and so many others like Steve Bco. And that

660
01:59:07.330 --> 01:59:15.050
Carole Copeland Thomas She/Her/Hers: memory and all of that trauma that unfortunately lives on despite that. So again.

661
01:59:15.050 --> 01:59:21.750
Carole Copeland Thomas She/Her/Hers: Dr. neka Cedarstrom, Dr. Gomei Langa, a Santiago

662
01:59:21.840 --> 01:59:33.579
Carole Copeland Thomas She/Her/Hers: Doctor John, Reverend Doctor John in the Monday. Thank you so much, and my friend both double field tape with that powerful presentation.

663
01:59:33.580 --> 01:59:55.350
Carole Copeland Thomas She/Her/Hers: I I just can't say enough. I'm gonna turn it over to my friends, Garth and and Bill to close this off the the chat. Everything will be posted in the next 7 days, including the chat. You'll be able to go to the Mss. connect.com. Everything will be there, it's all free. That's what we're all about. And again, I thank you so so much, Bill and Garth, let's close it out.

664
01:59:56.760 --> 02:00:05.739
William Wells: Okay, well, all I can say is. you know, it's like the movie, are we? There? You, I mean, I'm I'm ready for part 2 or part 3 or part dual.

665
02:00:05.880 --> 02:00:07.430
William Wells: Michelle.

666
02:00:07.470 --> 02:00:16.190
William Wells: Amazing! Amazing! And you know I've heard the same sentiment echoed by every speaker. Everybody's on

667
02:00:16.310 --> 02:00:30.210
William Wells: on a journey. Everybody's on the warpath and and it's it's sad and tragic that we have to wait for people like Michelle to take that step that literally can almost end your career.

668
02:00:30.650 --> 02:00:33.119
William Wells: but you do what you gotta do. Right?

669
02:00:33.170 --> 02:00:43.580
William Wells: So yeah, I just have profound thanks to everyone that took the time to be here to share openly. Honestly, nobody holds back necka

670
02:00:43.590 --> 02:00:47.849
William Wells: Dr. Seders from you. You killed it, I mean you, just you. You worked it.

671
02:00:48.150 --> 02:00:54.569
William Wells: I put together the run of show, and The fact that we were able to conclude this whole process.

672
02:00:54.800 --> 02:01:03.230
William Wells: detailed by detail, step by step, is just amazing. So, thanks to everyone, Carol, thank you for the opportunity. Garth always enjoy working with you. But

673
02:01:03.250 --> 02:01:11.759
William Wells: to now, my new friends in the village. Thank you so much. I have not been to Africa, yet I now have several people that I can call on.

674
02:01:13.130 --> 02:01:14.150
William Wells: Thank you.

675
02:01:14.410 --> 02:01:22.770
Garth Dallas: So all I can add to that is Whoa, Whoa! Whoa! Where we put these sessions together. We do the planning.

676
02:01:22.780 --> 02:01:28.690
Garth Dallas: Sometimes we just don't know where it's gonna take us. And it's just amazing how

677
02:01:28.760 --> 02:01:35.480
Garth Dallas: is a human right? The fact that We have heard so much

678
02:01:35.720 --> 02:01:49.230
Garth Dallas: from so many immensely qualified individuals

practitioners. It shows that this is not a problem that is linked only to the us or to the Uk.

679
02:01:49.240 --> 02:01:56.820
Garth Dallas: As someone wrote in the chair, the Caribbean experience can be traced back to

680
02:01:56.910 --> 02:02:01.289
Garth Dallas: to slavery and enslavement. And you know.

681
02:02:02.000 --> 02:02:13.689
Garth Dallas: Dr. Bill also. spoke to that quite handedly, in terms of talking about his own experiences, and the fact that he was shielded from that. But a good thing is.

682
02:02:14.300 --> 02:02:16.979
Garth Dallas: he is not sitting on that comfort.

683
02:02:16.990 --> 02:02:24.040
Garth Dallas: He's now out there campaigning for a better world, and that's why I wanted Michelle Cox

684
02:02:24.040 --> 02:02:48.520
Garth Dallas: to be here. Good friend of mine here in Liverpool. We have worked together for so many years, and promoting black history in Liverpool, a slave port, and to see Michel Cox going through what she eventually went through. I have said to my trust. Some of you may know or not know that I'm a non-infective director at the Hill Trust, here

685
02:02:48.890 --> 02:03:01.020
Garth Dallas: in the Uk. And I have made it. My point that board meet is to say that I want every single staff member at Alder, hey, Children's Hospital to know the name Michelle Cox.

686
02:03:01.390 --> 02:03:20.620
Garth Dallas: That's what we are doing here. We are using these sessions to inform, to empower. We take away from all of this as much as we can in our own ways. But we have a responsibility not to sit on the knowledge and the information we need to sharing. We need to become

687

02:03:20.620 --> 02:03:41.799
Garth Dallas: the change that we want to see. So it's my privilege with my colleagues to have been able to pull this off. Thank you very much for being, you know, a living room

688
02:03:41.800 --> 02:04:07.260
Carole Copeland Thomas She/Her/Hers: 3, 2, one, as we all say. Thank you so much. All of my friends everywhere. Pennsylvania, Ben Brooks. I see you and your beautiful wife, Barbara Collins Karen. all of my friends, everyone we say thank you so much across the globe. We are going to do this again. This to me is our

689
02:04:07.370 --> 02:04:28.050
Carole Copeland Thomas She/Her/Hers: voice, this is our collective village voice, and we will do this again again. All the recordings will be uploaded to the website. You'll see it in the next 7 days. Thank you all so much. God bless take care, and please just keep your voices activated. And let's tell the truth to the world. Take care. Now, bye, bye.

690
02:04:28.230 --> 02:04:29.180
Michelle Cox: okay.

691
02:04:29.500 --> 02:04:32.250
Garth Dallas: bye, bye, bye. Everyone.