

THE ASPEN INSTITUTE
SPOTLIGHT HEALTH 2018

How Race and Place Influence Health

SATURDAY, JUNE 23, 2018
KOCH TENT, ASPEN MEADOWS CAMPUS
ASPEN, COLORADO

FEATURING:
Richard Besser
Maria Hinojosa
Kevin Washingtonn
Kathy Ko Chin

Ruth Katz: Okay folks, here we go. Good afternoon. Come on, you can't be too tired yet. It's only 4:10. We've got lots more programming to go.

But seriously, good afternoon. My name is Ruth Katz. I'm the Executive Director of the Aspen Institute's Health Medicine Society Program. I'm also a co-producer of Spotlight Health. We're delighted to have you hear and hope that the last one and a half days ... we've got a little more to go ... that you've enjoyed yourselves. We're delighted to have you here.

It's my pleasure to introduce our session this afternoon, How Race and Place Influence Health, and it is further my great honor to introduce our moderator this afternoon, [Maria Hinojosa 00:00:47]. No further introduction. Our moderator [inaudible 00:01:01].

Maria H: Oh, I love that, thank you.

Ruth Katz: I do have to add one thing that isn't in the little bio that you get. This is Maria's first time here at Spotlight Health as a moderator. I've already said she better be back. Thanks for being here and thanks to our panel.

Maria H: Thank you so much. Thank you for the welcome. What you guys don't know is that my dad, Dr. [inaudible 00:01:17] [Hinojosa 00:01:17], may he rest in peace, was a medical doctor dedicated to research, otolaryngology, and was part of the large team that created the cochlear implant, so it means something to me. Yeah, he was that geek that was in the electron microscope every single day.

Before we start, I want the panel to introduce themselves by saying who they are, what they do, and then something kind of geeky about yourself and how you're feeling. And how you're feeling. Just really quickly.

So I'm Maria Hinojosa. How am I feeling? Particularly challenged as a Mexican immigrant woman journalist in the United States of America. But in order to keep my health and my quirkiness is that I call myself a succulentologist. I have lots of succulents in Harlem. And I do boxing and I meditate [inaudible 00:02:20] religiously and that's what's keeping me sane.

Kathy Ko Chin: Wow.

Rich Besser: Ooh.

Maria H: Rich.

Rich Besser: Wow. I'm Rich Besser. I'm President and CEO of the Robert Wood Johnson Foundation. I would say that I'm hopeful during really challenging times, and I think some of what gives me hope are the conversations that I have here, especially with some of the younger people who are here who are working at the community level to see the change they believe in take shape. Yeah, at a personal level, in terms of staying sane, meditation and yoga are part of it. Exercise is absolutely critical to my mental health.

Maria H: And the quirky would be?

Rich Besser: Oh, quirky?

Maria H: The president of a foundation [inaudible 00:03:15] a former television correspondent. But go there. Quirky.

Rich Besser: Yeah, quirky. Yeah, so yesterday I was the geeky guy doing yoga at seven AM. It was not pretty, and it seemed like no one had gone by, but there have been a dozen people who have walked by and said, "Oh yeah, I saw you doing yoga." And if there's anything that's gonna get me to stop doing yoga, it's the fact that people saw me.

Maria H: People are trying to send you some love. All right. Kathy Ko Chin.

Kathy Ko Chin: Hi, I'm Kathy Ko Chin. I'm the President and CEO of the Asian and Pacific Islander American Health Forum. We're the nation's advocates for Asian and Pacific Islander communities in federal health policy.

I identify with being the child of immigrants. Second generation, born and raised in Cleveland, Ohio. Let's hear it for Cleveland. That's kind of quirky. And one of the things I do to keep myself sane is play the piano. Yes, I'm one of those Chinese American kids who had to learn how to play piano at a very early age, and now it's a gift to be able to sit down and just lose-

Maria H: Okay, but quirky?

Kathy Ko Chin: Oh, quirky. Oh my gosh. Quirky. Quirky. My husband says that I have too big a shoe collection.

Maria H: You're another Imelda?

Kathy Ko Chin: Yes.

Maria H: Oh my God. My husband calls me Imeldita. I will be walking in flats on the entire campus but you will never see me on stage in flats [crosstalk 00:04:42].

Okay. Kevin Washingtonn.

Kevin Washington: Kevin Washingtonn, President and CEO YMCA of the USA, located in Chicago, and what do I like to do? Quirky? I'm not quirky at all, but let me just say golf keeps me-

Maria H: Not quirky.

Kevin Washington: And anybody who plays golf ... it can be quirky sometimes, and it's also a game that is humbling. It keeps you humble. The other thing is, I am optimistic. Working with young people, you will always be optimistic, because one of the things we know, change has never happened anywhere without the young people leading the charge, and the opportunity to be around young people on a regular basis keeps me hopeful. So I say the glass is never half empty, it's half full.

Maria H: Okay. I will take it. I'll take optimism. Seriously.

So we're talking about race and place in health. Rich, why don't you just set the stage? Because it is your obsession, frankly. It has become that, right? A lot of your thinking now is revolving around this.

So set the stage and then we're gonna have a conversation amongst ourselves, and as soon as that happens, if you guys have a question, just raise your hand. I'm very interactive and I really wanna hear what you guys have to say. So raise your hand, even if it's in the middle. Raise your hand, I'll see you, I'll acknowledge you, we'll get the microphone, and we'll make it more interactive.

All right, Rich.

Rich Besser: So yeah, this is an area which, at the Foundation, we are absolutely passionate. We're the largest health philanthropy in the country. We've taken on issues like smoking in America, obesity. About five years ago, here at Aspen, we launched this big, bold idea, something we call the culture of health. It's a recognition that as a nation, we spend more on health than any other country per person, and our results are absolutely terrible. We spend our money on sick care. We don't spend the money on keeping people healthy, and the idea of a culture of health is saying what does it take to give people in this country the opportunity for health

and well being? What would it take for everyone in America to have a fair and just opportunity for health and well being?

What's recognized is something that people in the field call social determinance of health. But it's a recognition that it's critically important to have connection to a healthcare provider who knows you, who you can visit for regular visits, who can take care of you when you're sick. But in terms of staying healthy, that connection is a very small part of it. Health comes about from where we live, where we work, where our children go to school, where they play, and for so many people in America, those conditions aren't there to allow them to lead healthy lives. They don't have access to affordable housing, to good schools, to food, to safe places for their kids to play. If you don't have those things, if you don't have jobs that pay a living wage or transportation to get you to those jobs, your chances of being healthy are absolutely terrible.

So each year for about 10 years, we've put out something called the county health rankings. What this does, it looks at almost every county in America and it ranks them in each state by a number of health parameters ... premature death, days of illness, days of mental illness, and it looks at the factors that go behind those health metrics. So things like high school graduation, access to food, segregation, poverty rates, obesity rates, diabetes rates, teen pregnancy. It looks at all these factors and it gives communities information that they can use to identify the problems they want to tackle, and then it gives them tools to do that.

So we've been doing this for 10 years. This year in addition to ranking by place, we broke the data down by race, and what we found when we looked across America is that it didn't matter whether you were looking at the healthiest county or looking at the least healthy county in the state. Black Americans, Latino Americans, Native Americans, their health indicators were lower. If you looked at something like premature birth, which is a big risk factor in terms of infant death but also in terms of future health problems, black babies about twice the rate of white babies. If you look at poverty rates, the poverty rates for Native Americans, for blacks, much higher, and those things relate to health.

So if you don't look at things by race, if you don't break things down to that level, you're gonna miss an important problem. You're never gonna be able to accomplish what we talked about in terms of health equity, and that's making sure that everyone has that opportunity for health.

Maria H:

But Rich, when we were speaking, you acknowledge that for a lot of people, talking about race is hard. It's a challenging conversation. It's kind

of, yet again, the moment in our country when we are really [inaudible 00:09:44] thinking about this. So what's their message about thinking about this without the fear of a conversation around race?

Rich Besser: A number of things come to mind. One is that you can't view the issue of race as a problem for minority populations to address. If, as a white man of privilege, I can't talk about the issue of race and acknowledge my level of understanding is not that deep, but if I can't talk about this as the head of the largest health philanthropy, we're not gonna get very far. And if we don't look at our program that we're doing around the country through a lens of health equity, we're not gonna get very far.

Maria H: So Kathy, here's what I was gonna ask, but you can jump in. What I was gonna ask is, so Kathy and Kevin, what are the biggest issues/misconceptions around the issue of race and place in health? But take it wherever you-

Kathy Ko Chin: Yeah, well, I just wanted to build on what you were saying, Rich, about the data and how important that is. In the Asian American, Native [inaudible 00:10:53] population ... so we have people who come from 50 different countries, speak 100 different languages, and when you lump all the information together, it looks like Asian Americans and Pacific Islanders as one group are healthier than everyone else. In fact, time and time again, you see those reports that say that.

But if you start to break it down by individual ethnicities, you really start to see what the inequities are and that we do have certain populations that have these extreme inequities. I can say a lot of different things. I won't go into a lot of detail here about that. But to really dig deep into that, so that really every person can be known. Each community's needs can be known and then really addressed in the ways that it needs to be.

Maria H: I immediately think of Guam.

Kathy Ko Chin: Yes. Exactly.

Maria H: Because I went to Guam. My husband always says, "Maria, you go to the farthest places in the world, the most forgotten places, and there you find the most forgotten people." So I went to Guam and I found military veterans who had PTSD who were not getting treatment, and when you think about just life on Guam, it's gorgeous, but the food, a lot of fast food [crosstalk 00:12:03].

Kathy Ko Chin: Well, the other thing in the Pacific Islands ... so the United States is actually a colonizer in the Pacific and there are six-

Maria H: And also a challenging word. Only one person is snapping, because one person gets it, but we're talking about race and stuff and that's a term that some people are like, "What, what, what?" And it's like, "It is?" [inaudible 00:12:24] the United Nations, by the way.

Kathy Ko Chin: Colonization is a huge issue, whether it's in the Pacific or in Native American communities or in South American and Central American countries. So just to be real, we've got to talk about colonization. But in the Pacific, there are six jurisdictions, three independent countries, the three territories that are very dependent on the US economy. So that's where all of turkey tails and excess cheese is sent and all that kind of stuff, and there's huge rates of diabetes, and it's all driven by American economics and American colonization.

We don't know enough about those communities, or don't spend enough time understanding what's happening in those communities, to really address what those needs are.

Maria H: So Kevin, unless you wanna respond to that ...

Kevin Washington: Go ahead.

Maria H: ... I was just wondering, when you're talking about this, you must get a lot of misconceptions in terms of ... what's the most surprising thing that you think you've heard when people are talking about this and you're like, "Wait, what?"

Kevin Washington: Well, I'm not [inaudible 00:13:33] surprised but I would say this. As an organization that's in 10,000 communities across this country, we see every day the impact that race and health inequities have on communities, and our role in those communities is to try to open up access and equity through our process through our organization, to ensure that we're looking at those really social determinants and being a solution to some of the issues that come into play.

Maria H: I'm gonna stop you right there because I bet a lot of people are saying, "Wait, wait, didn't Kevin say he's the head of the YMCA? Wait, what is that ... what?" So you need to-

Kevin Washington: One of the things that I'll always say, how many of you have had an association with the Y through swim and gym? See?

Maria H: Whoa, a lot. You must be happy.

Kevin Washington: But.

Maria H: But.

Kevin Washington: But ...

Maria H: Uh oh.

Kevin Washington: ... how many of you know that we are the largest organization that does diabetes prevention in the country?

Maria H: Whoa. Not many.

Kevin Washington: How many of you know that through the work that we've been doing with Robert Wood Johnson that we've been able to do some specific work around childhood equity?

Maria H: Okay.

Kevin Washington: What I think is important is that what we have as an organization that has significant reach and potential, the ability to partner with organizations and entities that have specific skill sets which we can scale through our network has been what we've been challenged to do. We see ourselves as an organization where health and social come together. You just heard Rich say 10% of the health issue is about healthcare in and of itself. The rest is about other issues, and we think as an organization we have the opportunity ... I take that back ... responsibility, to partner to change that particular paradigm. The fact of the matter has been in those 10,000 communities it's been helpful, because we have been there a long time and there's a level of trust and connection that's been important for us to be trusted at entities to help support those communities.

While we are a national organization, my chief development officer says, "But we're multi-local." We start from a local perspective to do this work that we're engaged in from a health equity perspective.

Maria H: Okay, Kevin, so take it from there, and paint a picture of what you wanna leave with the audience of for you, when you're thinking about race and place and health. I'm thinking just because Chicago, that's where you're based, I'm thinking about the fact that if you go into the south side where I grew up, or the southwest side, and almost immediately you're gonna

see police, fire ... I mean, you're gonna hear sirens. But if you're on the north side, you never see that.

Kevin Washington: We know that where you live and what happens in those communities matters. We know that Chicago has a significant issue with gun violence. We know that we have a program in Chicago that works with veterans who work with young men on the street to help them understand how they can prevent violence in their communities, particularly in the south side. One of our YMCAs is doing that. So we do address those issues from a regional, but more importantly, a local community perspective.

Maria H: So when you think of race and place in health, what's the image that immediately comes to mind, Kevin? And then we'll go down the panel.

Kevin Washington: For me?

Maria H: Yeah.

Kevin Washington: For me, because I grew up in this process, it's going to the clinic that the state runs and waiting in a long line to get service, and my mother bringing those yellow cards, those yellow cards that people stamp to make sure that you ... that's what I remember about the healthcare system.

Maria H: How did you feel standing in those lines?

Kevin Washington: Well, it was a place for me to go to get service, but I also recognized I felt different. I was treated differently, clearly because of who I am and where we were. I grew up in Philadelphia, in the south Philadelphia area.

Maria H: Okay. Which has its own issues around race. I'm just saying.

Kevin Washington: Yeah, we know.

Maria H: Philly. Okay.

Kathy Ko Chin: So race and place. So there are Asian enclaves all across the country. We know them as Chinatowns or Little Saigons, and sometimes you can think of them as a tourist destination, but for the last 136 years, they've been places not only of ghettoization of those communities, but also for self protection.

At the end of May, on PBS on The American Experience, was a really great documentary that I hope you guys can watch, which is called the

Chinese Exclusion Act. In 1882, the Chinese Exclusion Act was passed by Congress. It was the first law in the United States that excluded people by race. Now obviously, we come to today, and that still has ramifications for how Americans and people seeking to be Americans are treated, up to the minute.

But the biggest problem, not only for the last 136 years, is that it created a frame that talked about who is deserving and undeserving of being Americans. That narrative, that master narrative, not only for immigrants but really of all people of color, has continued to today.

So it is really one of these things of if that's the frame under which all of us live, then what kind of protections do you need for your own self, your family, your communities? And living in concentrated communities are not only about ghettos and discrimination and redlining and not being able to buy anywhere else or live anywhere else, but it's also a matter of self protection.

We're just a few hours from Denver, where in 1880 there was a really vibrant Chinese American Chinatown in Denver, and it got burned out. In Los Angeles, the same thing happened. Rock Springs, Wyoming. All across the country, right before the Chinese Exclusion Act happened.

So we're seeing the reverberations of that today. So as we talk about race, as we talk about place, we also have to talk about what is this master narrative that all of us are, in many ways, suffering under? Because it's so hard to talk about these conversations. It's so hard to raise the pains that all of our communities have experienced. But we really need to do that in order to really try to address inequities.

Maria H: Right, because we've been seeing it through a certain perspective. As you know, the news media today, the mainstream news media today, is less diverse than it was before 9/11. So Kathy's talking about the historical perspective, but there's also something that we're all living under today, and really trying to battle to actually take control of the narrative from a place of facts and stories.

So Rich, for you, what does it look like? Paint a picture when, in your mind, when you're talking about what this looks like.

Rich Besser: Something very concrete. Our foundation is located in Princeton, New Jersey, which also happens to be the town I grew up in. A baby born in Princeton, New Jersey has a life expectancy of 87 years. I work in a federally qualified health center in Trenton, New Jersey, which is about

14 ... no, 12 miles away. The life expectancy for a baby born there is 73 years. So 12 miles, 14 years difference in life expectancy.

That's not unique to where we are. In Denver, depending on what side of town you're on, it's an 11 year difference. In New Orleans, depending on where you are, it's a 25 year difference in life expectancy.

That brings in all kinds of issues of both race and place, and when you're talking about race you also have to be talking about racism, because that's the underlying factor. You have to be looking at structural racism as a defining feature for these differences.

Maria H: Yeah, in the note that I just put, it's been around for a long time. That's exactly what I wrote down. So how are we to wrap our heads around the lasting impact of a structural racism, structural inequality, which is a pretty big concept when we're acknowledging that talking about race can be a challenge? How do we bridge that gap? Because we're actually saying ... and Kathy's saying we've gotta look way back at the narrative. I'm gonna say something that I know is gonna be upsetting to a lot of you, but just for example ... and I say it the way I'm gonna say it to be provocative. It's not the words that I like to use, and I never use. But for example, who were the first illegal aliens on this land? The Pilgrims, right? We don't like to say that, but that is a different narrative if it's told by the first peoples.

So there's something about the narrative that is really important here. I open that up. And by the way, okay. Love that. Love that. We're gonna take you there and then you here in the second row.

Speaker 8: So someone thinking from a local level who works with a healthy eating, active living coalition, when we move into communities to create a culture of help within a community, how do we make sure that we're not just cycling place where these systemic inequalities occur?

Maria H: That's a great question. That's a great question, and we'll take your question and then we'll answer both on the panel. Yeah, [inaudible 00:23:47] we'll go ahead and take the next question right here as we ... yeah, so we'll go one, two, and then we can have an opportunity to ... yeah. We get many questions.

Speaker 9: Another perhaps provocative statement ... and take this as "yes and", not "instead of", but it's really important not just to have panels about racism but to have the issue of racism present in every panel, because that's ... yeah.

Maria H: And what does that look like for you? Oh, okay.

Speaker 9: Yeah, you guys.

Maria H: Well, so okay. Go ahead, Rich. Thank you. [inaudible 00:24:23] ca-ching. There you go.

Rich Besser: So one thing that we've done at the Foundation, we had a health equity team at the Foundation and the responsibility of that team was to look at our grant making around projects that promoted health equity. And as we looked at that, we recognized that health equity wasn't something that sat over here. It had to be something that was in everything that we do, so we've restructured that and we no longer have a health equity team. We have health equity in every single program that we're working on, and it's aspirational, because I can tell you, we're not where we all wanna be. But we are looking at all of that work now through that lens, so that it's not just a conversation on the side of, "Okay, let's talk about equity today." We talk about equity now in every grant that we're thinking about making.

Kevin Washington: And I would echo when we do work with programmatic activity, a diversity and inclusion equity person is engaged in all of that process. It's not a separate part of who we are. It's what we do. When we go into communities and when we work, we have to meet them where they are.

Kathy Ko Chin: Exactly.

Kevin Washington: We can't impose our will on them, but we meet them where they are and work with them, because every community has great assets. You might not know or understand or know where they are, but you meet them where they are and you work from there.

Kathy Ko Chin: And sometimes an entity, a program might get funded for a certain kinds of set of activities and you go to a community that you wanna work with and that's not what their priority is.

Kevin Washington: Right.

Kathy Ko Chin: Well, you have to work with, exactly like you said ... you meet the communities where they are, really listen to what they need and really make sure that those who are affected are the ones who are really driving the change or driving the programs that are needed. Otherwise, it will just be very surface.

Maria H: So what do we do with the second question raised, which is to be talking about not just race but rather racism? And I just wanna know how you're responding to that in the context of this conversation, which is about race and place. How do we talk in a way that is constructive about racism and structural racism, and perhaps recognizing it and working around it? And again, for many people it's a concept that we've been talking about for a long time. For some people it's a concept that is somewhat new.

Kathy Ko Chin: We have the privilege at my organization to sit at the table with eight other of what were called racial equity anchor institutions that are funded by the Kellogg Foundation. It's to really look at the question of racial equity as a nation, and I have to commend Kellogg Foundation that in 2010, they really made a commitment to racial equity. They had a whole process which was called Healing Circles. It's a long process. It's taking 30 people at a time and really spending the whole day and talking about how has racism ... what has racism taken away from you? And it has taken something away from all of us.

So those Healing Circles take a lot of time, but it provides an opportunity to really understand what each of us have experienced, and to really have that human connection to each other. So that aspect of connection is really important.

How you also design programming like these panels, that kind of thing, is really important. At the same time, though ... this has happened to me too many times ... there's also the danger of tokenism. That happens a lot. Like, "Oh, let's just get one of each. Let's make sure they each speak." That's tough, too.

Maria H: That's never happened to me.

Kevin Washington: No. No. Never. Never.

Rich Besser: One thing that we've done, we focus very heavily on evidence and we focus on data and it's kind of a safe zone for us in terms of framing conversations, and so this past year, we funded a survey on discrimination, and you participated in some of the rollout on that.

Maria H: It was fascinating.

Rich Besser: But it was with the Harvard School of Public Health and NPR, and it was a survey of more than 3500 people in America and it looked at people's individual personal experience with discrimination. It didn't matter what group you looked at, whether you were looking at whites or blacks or

Native Americans or Asian Americans or LGBTQ. Everyone of those groups, a certain percentage felt that they had been discriminated against in all kinds of different areas. But the level of discrimination experienced by black Americans, by Native Americans, by Latinos, was far higher than any other group, and the power of doing this with NPR is that they are incredible at telling stories. They ran more than 40 stories coming out of this, of people's personal experiences.

So there was one that was very powerful. It was a simple story. It was a young couple, Gustavo and Laura, and they were looking to rent an apartment, and I forget what city it was in but Gustavo called the number over and over again to try and get the landlord to call back about the apartment and never got a call back. Laura called and within five minutes got a call back from the landlord saying, "Yeah, it's available. We'd love to rent it to you." And it was clear that because he'd left his message saying, "I'm Gustavo," they didn't call him back, and I think it was something like 30% of Latinos said that they had been discriminated against when it came to housing.

So the power of the data and the statistics, paired with the personal story that was told on radio in their own voice, I think helps a more general audience see these issues in their reality.

Maria H: I'm all for the media, because of course, I'm a part of it and I believe we play a big role in actually informing or misinforming.

Okay, we've got one, two, three ... we've got a question there. Okay, let's start here and we'll go that way, and just say your question quickly and let's take those back three questions. We'll just kind of speed round.

Speaker 10: Yeah, I was wondering on the issue of how to talk about race and how to communicate it to the public whether it's important in panels to have disagreement. I've been to a lot of panels where I agree a lot with what they say but all the panelists agree and I think the way forward is with disagreement, and not having a straw man, but I just wanted to hear your thoughts on that.

Maria H: How to work through disagreement.

Speaker 10: Yeah.

Maria H: Okay. Yes. There was another question. Who else had their hand up?

Speaker 11: Yeah, thank you so much. It's [inaudible 00:31:25] was just talking and how the discrimination is so much penetrated in American society and especially the history given. But there are so many other form of discrimination which [inaudible 00:31:38] especially [inaudible 00:31:39] discrimination [inaudible 00:31:42] the Gypsies, they are nomads and they're not granted even basic citizenship due to their special [inaudible 00:31:49] and nomadic lifestyle, and nobody talks about that, and these people are invisible from this discussion and the conversation [inaudible 00:31:59] I'm from people of invisible community, and it make me feel that these problems are only existing in this big, rich countries like in US or in Europe, and [inaudible 00:32:10] for thousands of years and we have limited access of different things, and yeah, I enjoy the conversation, but it doesn't relate to me. It doesn't relate to my community, and I wish I could take [inaudible 00:32:25] back with me. Thank you.

Maria H: Thank you. There was another question right back there. Yes. That hand.

Ann Leffler: Hi.

Maria H: Okay, great, in the pink. Go ahead in the pink.

Ann Leffler: Hi. [Ann Leffler 00:32:35] and I just wanna ask ... language is so important when we talk about these things and racism and equity are very charged topics. When you think of equity, you think of data sometimes. I'm wondering if there is a space for the heart side of this, when I hear you talk about your childhood experience in Philadelphia. To me, it's that sense of belonging. Can we measure belonging and can we identify places where people of color feel like they do belong? Because when you feel like you belong everywhere, then that's when you start colonizing places. I'm just curious if a sense of belonging is part of this conversation.

Maria H: Thank you. We'll take your question in the back, the person who has-

Speaker 13: Yes.

Maria H: Oh, oh, all right.

Speaker 13: Oh, sorry.

Maria H: Well, go ahead. Yeah.

Speaker 13: [Joseph 00:33:29] [inaudible 00:33:29]. I'm a Northern Cheyenne tribal member from southeastern Montana and I'm talking about the narrative.

We talk about forgotten people, we talk about colonization. I've been here for the past two days. I'm looking around. Not many Natives here, and I talk about storytelling, and thank you, Richard, for the Culture of Health prize that ... highlighting the southwest [inaudible 00:33:48]. But how do we elevate the stories of these forgotten peoples? We're standing on tribal land, and so I'm thinking about how can we elevate those stories, share those stories, and create more awareness of the injustices that are going on in our tribal communities here in the states?

Maria H: Okay. We've got 15 minutes so we're gonna answer this round of questions. You guys want me to repeat, more or less?

Kevin Washington: Yeah.

Maria H: Okay, so one of them was should we be talking a little bit more and challenging each other, in terms of agreeing on everything? A commenting about untouchable and invisible communities, which I think right now is so pertinent to what is happening in our country today with children who are being transported ... we can't even talk to them or know where they're going. The issue of language. By the way, in my newsroom we never use the word "minority" and we do not use the word "illegal" to refer to a human being. The heart side, the issue of belonging and how do we bring up stories, in this case particularly of our first peoples, Native people? So go ahead, Kathy.

Kathy Ko Chin: So in terms of dissenting opinions, there is a new lawsuit that a group of Asian Americans have filed against Harvard that is trying to move away from a holistic set of considerations for admission and just purely going to merit. This has actually caused a great deal of consternation in the Asian American ... let me say the progressive, which I identify as progressive ... Asian American community, because it has been so important for progressive Asian Americans to really understand our common history on civil rights, working with the African American community, the Latino community, Native American community, women's community ... and to understand that all of our fates are tied together, and then to have a conservative wing of our community that is financed by people who are just trying to take down affirmative action, getting that filed and then the DOJ, the Department of Justice, picking it up, plucking it out of hundreds of cases, to really try to see how DOJ can support it ... it's really gonna continue to drive a wedge.

That's what the fear is always, is that somehow the model minority, which Asian Americans are always labeled as model minorities, is gonna create a wedge across communities of color. So there are dissenting

opinions, at least certainly in our community, but I also find some of those other sentiments actually really dangerous sentiments, because there is, in a lot of those communities where we've talked to them ... the conservatives ... there's also a lot of racism embedded in some of their legal arguments.

And so if what we're trying to do is think about having a country more of belonging, then ascribing to the most base levels of racism among ourselves is not gonna get us there.

Maria H: But at the same time ... okay, you got some applause for that. At the same time, it's so important to bring these conversations up to the forefront, and a lot of people aren't even aware of the level of analysis that's gone into this conversation from the Asian community, and specifically progressive.

Kevin or Rich, would you-

Kevin Washington: Yeah, I wanted to talk about it from a holistic perspective as well. We talk about YMCAs in communities as being probably the most diverse door that people go into. When you go into a YMCA in many communities, people from all perspectives get there. When you think about belonging, I think how you get to belonging is having the opportunity to connect and understand differences and value them. The YMCA provides an opportunity for that to happen, and that's real.

In some instances, you will see a person who works on Wall Street with a young boy who's 16 years old who wears his pants kind of low. But they have an opportunity to connect. And that's real. That's when belonging becomes an opportunity.

So when we say about the YMCAs and other organizations, "You belong to that organization," and thus, we create a community within a community. And I've felt really strongly that the way we attack racism is getting to understand each other's perspective, valuing it and dealing with it from a real ... no, I don't agree with everything Rich said. We have very different perspectives. Rich grew up in Princeton. I grew up in south Philadelphia. Yo, man.

But there's a commonality that we can connect with one another. And we have a perspective about what we wanna accomplish, and so we can belong to one another, each other, and have perspectives to help us solve issues. So that's the belonging that I think is pertinent for our organization.

Rich Besser:

I wanna reflect on the question about language. One of the things that we think about as a foundation is how do we operate in a time in our lives where the country is more polarized than ever? How do we create spaces, bring people together in the way the Y does, where people who have different perspectives can come together and look for that common ground?

Language can either bring people together or, very easily, drag them apart. So the words that you were talking about in terms of racism, racial equity, social justice, can be polarizing terms, and so we do a lot of work in terms of thinking, "Okay, how do we talk about these issues in a way that doesn't end the conversation, that allows people to come together?" So the way I talk about equity is about opportunity, and everybody having a fair and just opportunity for health and well being, and that to do that, you have to remove the barriers that keep a lot of people from ever accomplishing or achieving health and well being. I try and tie it to what we claim are American values. That idea of opportunity is a fundamentally American value. We talk about liberty and justice for all in the Pledge of Allegiance. So there are ways that we're looking to try and bring people together, so it's not just people sitting together who agree on everything, because we're not gonna get anywhere if it's just one camp talking to themselves that agrees [inaudible 00:40:37] one, another camp that disagrees, they're just talking to each other. So we're looking for those ways to come together, and partnering with groups like the Y, for us, we see as a tremendous opportunity to help those conversations flourish.

Maria H:

Okay, more questions. We have a question right here and then if you hand the microphone over to that side, there's another question over there. Yeah, go ahead.

Speaker 14:

Yeah, I have a question, and Kathy, I wanted to thank you so much for lifting up the Chinese Exclusion Act that happened in 1882, and it reminds me of the fact that following that was the Rock Spring Massacre that happened because white miners were threatened by the Chinese. They blamed them from unemployment. And so that's the reason why that Exclusion Act happened. But if we know our history, we know that in 1882, the Chinese Exclusion Act happened, but in 1830, so that the Trail of Tears happened when the Indians were removed and forced from relocation. And if we know our history, also in 1825, we know that Seneca Valley, which was founded by free African American slaves, but it was burned down and removed to make room for Central Park in New York.

And my question, when we talk about place, can we talk about also when people have created place how people was forcibly removed from place? And I'm just wondering, if we're talking about health, is trauma passed on from generation to generation and generation? And how is my health affected by what my ancestors went through? Is the health of Latinos or Asian Americans or Native Americans in this country, is their health affected by the trauma that their ancestors went through when they were forcefully removed from their place?

Kathy Ko Chin: Absolutely.

Maria H: Thank you. You can pass it down this way. So I love the fact that you asked that question, because I've always been interested in, again, the ones who do not have in our country, and so when I had an opportunity to work on my documentary series for public television, America by the Numbers, looking at demographic change, data, storytelling, I wanted to tell the story of who are the women who lose their babies before their baby's first year of ... their first birthday? Who are the American women who are experiencing infant mortality? It turns out that one of the highest rates of infant mortality is in Rochester, New York, highest of Puerto Rican women and one of the highest of African American women. So many babies die that they have a special place in the cemetery for them.

What we put on the air for the country to hear was, at that point, quite controversial, because we talked about toxic stress. And we were questioned by editors who said, "What are you talking about? This is not scientific." And then in fact, you go back and you look at the science, and the science is there. So toxic stress, which is kind of perpetual, prolonged trauma ... not having a safe place, being hungry all the time, worrying about how you're gonna pay the rent ... those kind of things do, in fact, embed in us. But thank you so much for that question. Sorry that I had to answer it.

Go ahead. Your question is?

Speaker 15: Yeah, I'm [Steve Patrick 00:43:57]. I work at the Aspen Institute. I run something called the Forum for Community Solutions, and one of the things we do is implement a fund that funds communities around equity and opportunity for youth and young adults from the Hopi Tribe to rural Mississippi to Philly and beyond.

Our network has been heavily influenced by the Angela Glover Blackwells and the Manuel Pastors of the world, and last month we convened them

and John Powell spoke to this whole network of grassroots folks. So I wanted to double down on the question about belonging. I think Powell's influenced us a lot around othering, and I wanted to ask you all to speak to the moment we're in, because we had a moment over the last eight years or so where we started to double down on belonging in our culture and acknowledge the atrocities and begin to move towards truth and reconciliation. We're nowhere near that.

Now we've doubled down in this country in terms of the current administration on othering. And so how do we think forward about belonging and how do we help shape the narrative in a way that doesn't trigger a white supremacy frame, given that we're stuck in one right now, and triggers belonging? And that's the question.

Maria H: Those are two really interesting perspectives, belonging and on the other hand, the acknowledgement that there may be toxic trauma that has been handed down and how do we wrap our heads around that? Panel?

Kathy Ko Chin: I would say one of the things ... well, over the last year and a half we've seen a lot of movements, whether it be the March for Science, MeToo, Black Lives Matters ... all of them very, very important ... March for Our Lives, the Parkland kids. All really, really important. How do we start to bring them together? Because in the end, they're all about the communities we care about, and really are trying to say, "No, I and my people matter."

So how do we as activists, how do we as funders, how do we as people in our communities, think about how we can stitch these things together and really have people make connections ... maybe it's the Y or other places ... to really bring those movements together? We have a really important election coming up in November, and the more that we can bring people together to find a common agenda, the more we're gonna be able to really fight what's going on, both at the grassroots level, at the policy level, and certainly the ballot box.

Maria H: Kevin, I'm gonna come to you, and Rich, you'll take us out. We've got three minutes left, so go ahead.

Kevin Washington: Well, as I think about othering and I think about the movements that have happened, I haven't read it yet but I will reference it ... the New Power. Have you read that book yet? It really talks about ... you can't harness that anymore. In this day and age, movements happen at all levels, and to try to harness the is not the direction that they're going. I have a lot of confidence in the young people in this country. I look at

what they've been able to do and their abilities to use this digital platform to engage folks, to move them into directions that we think are in the best interest of our society. I can't get hung up in some of the issues that are happening with this white supremacy perspective, because that would prevent me from being hopeful about what the future will be. So I say we have change makers we need for communities [inaudible 00:47:40] and I focus on who they are and what they're trying to do, because if you look at what the people in the Florida shooting were able to do in a very short period of time, and where they're going, they're talking about how do we build a better civic society? That's what we have to be focused on, I believe.

Maria H: Okay, Rich.

Rich Besser: Well, I'm gonna end it on hope. When I look at our change leadership programs at the Foundation, these are focused on giving skills and providing networks for those at the community level who are identifying the problems that are there and are working toward solutions. I get hope because when I talk to people in those programs, they know what the problems are. They know what the solutions are, and all they need is some support, in terms of resources, to get the job done. And they understand the danger of othering. They understand the importance of increasing the circle that includes the we, and they know the dangers of things like toxic stress, and if we don't address those at the earliest stages, that we are gonna have big problems. But I get hope from what they say to me about what they are able to accomplish in communities around the country.

Kevin Washington: Amen.

Maria H: And I'm just gonna say please listen to Latino USA. Please take out your phones and subscribe. Please subscribe to In the Thick, which is our politics podcast that talks politics with a lot of laughter, but from a POC perspective. We're all in this together, and I firmly believe that there's just a lot of talking that needs to happen, so I'm doing a lot of that talking and trying to see people with whom I may completely disagree with, but I want them to see me and have the capacity to have a conversation that is complex in our country.

I just really want to thank all of you, and to our panelists, to Kevin, to Rich, to Kathy, and to all of you, have a great rest of the conference.