



## The Impact of Race and Racism on Health: A Call to Action

A virtual integration forum presented by  
the Massachusetts Behavioral Health Partnership (MBHP)

### **A Conversation with Dr. Camara Jones: Follow-Up to the 2020 MBHP Integration Forum** *Full transcript recorded December 21, 2020*

**[00:00:07] Dr. Nancy Norman:** Hello again, everyone, thank you for joining us today. More importantly, thank you to Dr. Camara Jones for coming back to have a conversation with us, having graciously been our keynote speaker about a month ago at our annual immigration forum. For those of you who did not get to attend that forum, there's a link on our website where you can review that and then maybe listen to this conversation. Dr. Jones has agreed to just talk with me today to spend a little time answering more of the questions. We had over 800 people register in, over 600 people attend. So we had a lot of questions during her 45 minutes that we were not able to get to. And so thank you, Dr. Jones, for spending a little time with me today just to talk some more and to go over some of these questions. So welcome.

**[00:01:04] Dr. Camara Jones:** Thank you, Dr. Norman, for inviting me back. My pleasure.

**[00:01:08] Dr. Norman:** The response was phenomenal. Not surprisingly, people were so touched by what it is you shared and how you shared it. You know, I won't embarrass you by reading some of the compliments now on the screen. I'll save that for later and send those your way. But just to say so appreciative and so appreciative of the discussion with our panelists that we had that day. But let me just jump right in and or maybe before jumping in. For those of you who didn't have the pleasure of meeting Dr. Jones, I'll say a little bit about who she is and to have her add maybe more to what I miss. You know, I've known Dr. Jones for years, a friend, a colleague, a family medicine doc, a public health icon who has done so much, was the president of the American Public Health Association a few years ago, also recently a fellow at Radcliffe, if I recall, but just always tirelessly connected to this work around helping people understand race, racism, the different types and forms, and more importantly, especially during these days, trying to move us all as a as not only a nation, but as people to, you know, develop strategies and actively work to undo how this is so embedded into systems.

**[00:02:47] Dr. Jones:** Well, thank you for that introduction, and I think you covered it all, except to say that my training actually from my work to be really focused on naming, measuring and addressing the impacts of racism on the health and well-being of the nation. My training is as a family physician and an epidemiologist, I didn't come. You know, my undergraduate major was molecular biology. I wasn't a political scientist or sociologist or anthropologist or any of those things. And so actually, my focus on race and racism comes out of a different analysis. It comes out of really questioning and then challenging. Why do physicians routinely use race still as part of the chief complaint? What are we actually measuring when we measure race? And out of my challenging the routine use of race in the chief complaint, if you want to say something about a. Persons contacts may be put that in the social history and probably their ethnicity or culture, that kind of thing, might be more important than race unless you're talking about something that is from racism. Right. But then going from my medicine side to my epidemiology side and trying to examine what do we actually measuring when we measure this variable race, it's you know, if you ask most of us, we say, well, maybe it's a combination of some, you know, social class and culture and genes.

**[00:04:18] Dr. Jones:** But actually, it's a very rough proxy for social class and only a proxy at all for social class because of structural racism. It's rougher for culture, meaningless for genes, but it's precisely capturing the social identification of people in our race conscious society where. I could have the same. Everything as my white colleague, but when I walk out of my door, I have a very different experience. I could you know, that the same race that is applied to me in an emergency department, if I can't talk, you know, a medical billing clerk looks at me and checks off a box, that's the same race that a taxi driver notices or a police officer or a teacher in a classroom or a judge in a courtroom. And so understanding my whole interest in race and racism came from understanding that so-called race is just the social interpretation of how we look in this race conscious society, and that racism is the system that operates on that substrate and that so-called race to structure opportunity and assign values. So that's a very long way of introducing myself. But that's like how I even come into this work. I don't come in here. Yeah, I don't come in.

**[00:05:33] Dr. Jones:** Any kind of way, except as a physician and epidemiologist, understanding that our current conceptualization of race is wrong and that all of the race associated differences that we continue to documented, that we continue to observe and treat as clinicians, that they have as the root cause racism.

**[00:05:51] Dr. Norman:** Hmm. And that's helpful. I think it very much connects to how, as I was going through the questions that we didn't get to know about a month ago at the forum how I grouped some of them. So the first group is very much connected to the systemic racism vs. individualized racism. And let me just read, if I could, three questions that for me resonated for a better understanding between those two categories. So the first one is "I'm a little confused. How do we separate the institution of racism from the racist? In quotes, 'isn't the system made up of people?'"

**[00:06:38] Dr. Norman:** The next one, "I'm having trouble understanding systemic racism versus interpersonal racism. For example, a black person has trouble renting in a white neighborhood because of the racism of the individuals." And then the third. "My problem now is when explaining something like the garden, the gardener's tale, I'm now being accused of being Marxist and socialist. Ignorance and ignorance excuse me, seems to prefer finding anything to allow themselves to keep going in their own way."

**[00:07:13] Dr. Jones:** Well, pretty amazing questions. Exactly. So I will say starting out that institutionalized or structural racism.

**[00:07:27] Dr. Jones:** Operates, as the person said, through people and people's actions are condoned by institutions. So there is an interrelationship. You know, institutions have people in them. People's actions are condoned by institutions so that the separation is not complete. But the important distinction is that structural racism or institutionalized racism does not require an identifiable perpetrator because it's been institutionalized and our laws and customs and background norms. So. Once you set the system in place, once you have the historical injustices of the unevenness and then you solidify that unevenness in the laws and stuff, and you put the system in place, you don't need anybody to do anything to keep that system going. And this is an important consideration, because when we wonder, well, should we change the system or should we try to change the people? Right. Should we do a lot of, you know, implicit bias training or whatever it is you want to do? You could wipe all of the minds and hearts and souls of the people clean. But if the systems have already been put in place, then they will continue to operate. And often structural racism shows up as a lack of action in the face of need.

**[00:08:47] Dr. Jones:** So if you just cleaned the minds and spirits of people, but they were not given a sensitivity, if they didn't understand that there was a system going on. Right. That they have to look for these structures and policies, practices, norms and values, all the other mechanisms of this

system, then they might think, well, everything's fine. I don't have a racist bone or thought in my body or mind when in fact the system will continue to perpetuate itself and then the neighborhoods that are disinvested will continue to be disinvested. And the and the distribution of advantage and disadvantage will just continue in that way, because unless we understand there's a system that's done that we won't even understand, there's a need to dismantle the system. So it is important. To recognize that the system exists so you can dismantle it, leaving it alone is not sufficient. So when I define racism as a system that does two things that structures opportunity and it assigns value, and then I might say, well, which if we had to choose, what would we do first?

**[00:09:55] Dr. Jones:** Would we adjust the value assignment, the dehumanization of people of color and and the sense of white entitlement and all of that stuff. Or we adjust to the structures that have the schools and black and brown and indigenous communities less well funded and thus, you know, and supported or the structures that that have already, you know, the gerrymandering and all of those things.

**[00:10:20] Dr. Jones:** My answer is yes, both are important. If we just adjust the structures and don't address the values, then then that same gardener. For those of you who heard my gardener's tale, if that same gardener even makes the quality of the soil, even today, if she continues to prefer red over pink, she'll continue to privilege red over pink going forward. So we have to adjust the values. But the answer, I think, is we must first address the structures and at that time also interrupt the transmission of values. So we change the structure so that people have equal opportunities to know their full potential and to develop to their full potential. But at the same time, we make sure that the preference for red over pink, that the white supremacist ideology, those kinds of things are not transmitted to the children. And how do we do that? Well, I hope that I'm going to have a set of children's books, for example, each of my allegories as a separate children's book. That's one way. But also, you know, but by addressing the children and having them come up with a sense of a communal as opposed to individual orientation, having them read history, having them be interested and then believing in and joining in the stories of others, so many things that we can put in place. So the long answer to those three questions is it is important for us to recognize that structures exist. In fact, when I say the word racism, I'm not talking about I'm never trying to divide a room into who's racist and who's not, although I recognize that people have racist actions and racist ideas. I do understand that. But I'm always talking about the system and we need to. Enable people to recognize that systems exist, that systems have power, that history is important. All of these things that I talked about in the in the talk about the barriers to achieving health equity in order to set things right that. A focus on the individuals

without acknowledging and also focusing on the systems is insufficient to do all at the same time, but start with the systems.

**[00:12:29] Dr. Norman:** And so that's extremely helpful. And I think maybe the next part of those questions would be this what felt like. It existed within the questions from the folks, how do I. Address an individual person, right? How do I as quote, maybe just the little guy or one of many, quote, little people, not a person of power within the system? How can I start to do that?

**[00:12:59] Dr. Jones:** Oh, it's so beautiful. Thank you. So the same narrow focus on the individual that makes systems and structures either invisible to us or seemingly irrelevant also constrains our sense of our own power, because we do ask the question, what can I do? And it does seem overwhelming. But that's the wrong question, that it shouldn't be what can I do? It should be what can we do? So the answer is don't think about it as what can I do on my own? Joining groups and for the groups that you already belong to, start putting anti-racism on those agendas. Right. So that so that we have more and more people.

**[00:13:41] Dr. Jones:** Talking about the existence, acknowledging that racism exists, acknowledging that it, you know, is a system, acknowledging that it saps the strength of the whole society, but then acknowledging that we really can act to dismantle the system, it's not on one person.

**[00:13:57] Dr. Jones:** And so share the stories, find out what people in your community are doing. You know, there's a lot of remembrance stuff going on now in terms of, you know, acknowledging past history and learning about past history, even in communities.

**[00:14:14] Dr. Jones:** Get involved in that work, start start learning and then teaching what you know. So if you're reading history, then maybe offer an afternoon, you know, when the kids get back. I mean, right now, you can probably just gather kids online and teach the history or in a Saturday or Sunday program.

**[00:14:32] Dr. Jones:** So so the thing is, don't feel like, oh, my God, it's so overwhelming. What can I do think? Oh, my God, this is such an important problem.

**[00:14:41] Dr. Norman:** What can we do. Right. Right. Where can I find those allies?

**[00:14:46] Dr. Norman:** I know that's not always a favorite word, but how do I make that connection? I know in conversations that I've had with folks, I've said that the convert, it feels as though continuing to have the conversation is extremely important and trying to do that, not necessarily within your own silo. I know our own forum had a focus around health care systems, but making sure that you don't just have that discussion within health care systems, that you think about health in the larger context of the word and be inclusive and feel as though you can walk next door down the street around the corner and join. Well, yes, all that right now. But we assume, you know, you can connect through those other groups and organizations to have a similar discussion in a different environment.

**[00:15:38] Dr. Jones:** That's a very important thing. The nuance of what you said is so deep we shouldn't even. Expect people to come to our tables itself, health has always been like, oh, well, we need to bring housing to the table and transportation, agriculture and immigration and justice and education. Yeah, but we also need to be willing to go around the corner, as you said, and join those other tables. We need to be willing to reach out. And so that's a very important point. I just want to echo what you said.

**[00:16:09] Dr. Norman:** Ok, that's great. So another one that I thought was really interesting. Is it connected to earlier in your slide presentation? There was a there were four different comments and the last was about racial essentialism. A person asked, what can you say a little more about what is racial essentialism?

**[00:16:31] Dr. Jones:** So I actually didn't say that the person heard that terminology probably from the American Medical Associations. Right, right. Right. So the American Medical Association just passed three very important policies, their House of Delegates just I guess, a month and a half or so ago. The first of those three policy statements basically was acknowledging that racism is a public health threat. The second is to say that race is a social construct, and the third was to eliminate how racial essentialism shows up in the medical workplace in terms of how we talk about different estimated GFR hours, glomerular filtration rates by race, or differences in how we're going to estimate lung function by race or differences in this and that and the other. Actually, bone density. There's a racial adjustment when you say this person is osteopenia or osteoporotic, depending on race. And I remember that because my husband, not my husband, my father, who's very light skinned, he's passed now, but we're very light skinned, went in and went to get his bone density when we came out and had a report and it said that he was white, which is not. But anyway, but, you know, phenotypically as he got older, his hair got straighter, all of that. He was looking white. And so I went

back in and I said, well, does it make a difference? You know, what race you put here in terms of the results? Actually, because I said my father is black and she says, oh, I should have known that.

**[00:18:02] Dr. Jones:** And she tore up the thing. And I said, well, I can keep this. She says, no. And I said, well, just let me keep it. She said, no. She says, I'm going to call security on you. If I wanted to keep the report, the racial the fact of her correctly classifying him by race was so important. She was going to call security on me because I wanted to just at least keep the report that she had first given me, because I wanted to see what the difference was, you see. So anyway, so so this racial essentialism that would cause attack to be so threatened by having wrongly assessed the race, I mean, probably she assessed the race properly for my father because he has gone through his whole life being so light skinned that some people might think that he was white. And so he has probably had a more white experience than his black cultural identification and his black family and his black friends and stuff like that. You know, so racial racial essentialism is basically the notion, getting back to the question, the notion that there are some biologically based differences between the races so that that somehow written into our genes, our differences, that that that the human genome has racial subspecies and we have mapped the human genome and there is no basis for racial suspicion.

**[00:19:23] Dr. Jones:** But still, a lot of our medical ideas and medical measurements incorporate this idea of of genetically and biologically based differences.

**[00:19:34] Dr. Jones:** We do have differences in life experience and those differences in life experience because we live in a racist society, in a race conscious society and a society that differentially. Structures opportunity and assigns value based on race, then a lifetime of living, a different kind of experience can result in elevated blood pressures that can result in and these other things that we have essentials, but we certainly centralize. And they are not in the individual. They are a result of living in this broader society.

**[00:20:09] Dr. Norman:** Let me turn for a second. I'm just going to ask a few more questions, because I don't want to keep you all afternoon and one of the.

**[00:20:19] Dr. Norman:** Connected to the story about the the restaurant and the attend, the attendees wanted to know within that story.

**[00:20:38] Dr. Norman:** They were looking for clarification who was on the outside, and you may need to just give us those listening a quick overview, who's on the outside seeing the sign as closed? Was it people of different race, gender, sexual orientation, religion, etc., or was it people who could not afford to go in and pay?

**[00:21:05] Dr. Jones:** Interesting question.

**[00:21:07] Dr. Jones:** So the two sided sign didn't stay open only if you can afford it, right, closed. Right. So let me go back. So this image is basically based on a real life experience. You can have to go back and listen to the whole story. But I found myself in real life and many people are born inside a restaurant where they are sitting at the table of opportunity eating. And they look up and they see a sign that says open. And if they wonder at all about other people coming into the restaurant, their only wonder is why don't those other people just come on in and sit down and eat? Because but they don't recognize that this is a two sided sign going on. However, those on the other side of this sign recognize that it's a two sided sign because first of all, it proclaims close to them, but they can look through the window and see people inside eating. And so I use that to help people understand, because all of us have seen open closed signs that there are people who've been born inside the restaurant.

**[00:22:04] Dr. Jones:** And they because it's difficult for any of us to recognize this system of inequity that privileges us when you're inside eating and you look up and you see a sign that says open that's just consonant with your whole experience. Your whole experience is speaking of openness. Right. So why would you even question anything about that sign? It's just a confirmation of your life experience. Right. So that's why so many of us. Who are born inside now, no, go to the different restaurants that we can find ourselves in, but who are born inside a restaurant, sitting at a table of opportunity eating and see a sign that says open. So many of us miss the fact that it is a two sided sign, but it is indeed a two sided sign. It's not just a sign. It's the door. It's the lock. It's all of that. So who are the people on the other side? Well, they're this two sided sign is structured by many, many different systems of structured inequity. I my work is on race and racism.

**[00:23:02] Dr. Jones:** I define racism. I'm going to tell you the whole one sentence definition and then tell you how we can generalize that definition to be a definition of any system of structured inequity.



**[00:23:12] Dr. Jones:** So racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks, which is what we call a race that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources. So to generalize that definition, what is sexism? Sexism is a system of structuring opportunity and assigning value based on gender that unfairly disadvantages some unfairly advantages others, and saps the strength of the whole society through the waste of human resources.

**[00:23:50] Dr. Jones:** And there are many axes of inequity that are operating in our society today. There find them intersecting in communities and individuals. They include, you know, so-called race, ethnicity, language, gender, religion, sexual orientation, sexual presentation. They include language in immigration status and social class markers and age. And there are lots of different axes of inequity operating in our society today. Each of those axes is the basis for a two sided sign. The two sided sign itself is part of the system of structured inequity, which includes the sign, the door, the lock, all of that. Right. And so some of us find ourselves inside some restaurants, but outside of others. Right. So so all of us are probably in some place where the sign is open for us and we forget that it's a two sided sign. And to think about those on the other side of this, we are mostly concerned about the door that says close to us. Right.

**[00:24:57] Dr. Jones:** And most of us will be activist at the highest level. Of which we feel out side, right, so that women, for example, will be all about gender, black, middle class women in this country might be all about race and racism. Right.

**[00:25:22] Dr. Jones:** So so different things. So so the people on the outside are on the other side of systems of structured inequity.

**[00:25:30] Dr. Jones:** They are on the other side of of how opportunity is structured and value is assigned from the goodness of how that could be made.

**[00:25:41] Dr. Jones:** It is not just a matter of can people afford to pay now, we often find, especially with regard to issues of race and racism, that. There is an association between social class and race in this country, but the important part to recognize is that that doesn't just so happen. It's not just a happenstance. It's because of initial historical injustices that are perpetuated by present day contemporary structural factors, which are part and parcel of structural or institutionalized racism. So

then people say, well, which should we address first? Should we address poverty? Or racism, should we be like antipoverty or anti-racism? This is not an either or question. Sometimes people, when they hear me talking about racism, think, well, what do you care about white people? Poor white people? And I do. And I care about poor white people, poor black people, poor Latin people, poor indigenous people, poor Hispanic, already said, but poor Asian, native Hawaiian, other Pacific, all kind of people. Here's my warning. If we said we are going to vigorously address poverty, which is a good thing, and we did that, then we eliminated poverty. In fact, we went beyond and we equalized income across all different kinds of groups if we were successful in doing that today. But we did that without paying attention to the background structures, policies, practices, norms and values, the mechanisms of structural racism. Then even though we equalize things today in one generation, we would start to see a stratification of income by race again. So it's not an either or. It's a both and strategy.

**[00:27:18] Dr. Norman:** Excellent.

**[00:27:20] Dr. Norman:** Last question is,

**[00:27:22] Dr. Jones:** I know, I know, I so long, I'm sorry Nancy,

**[00:27:25] Dr. Norman:** No you don't you don't answer too long at all.

**[00:27:28] Dr. Norman:** I mean, we could just keep chatting and next thing you know, might be three o'clock, and that is not what I promised. So let me just ask one more question and then see if maybe there are questions that you have for me or us or the whole process connected to what we did a month ago at the forum. And you mention I'm going to choose this one because of what you mentioned about children's books. Someone asked, can you talk about the impact of systemic racism on the messages that people of color have to give to their children to keep them safe?

**[00:28:02] Dr. Jones:** Yes. And and.

**[00:28:05] Dr. Jones:** Many people who are not people of color, so people who are living as white don't even know the stories that we have to say. So the first stories are not safety stories. The first stories are explanations of why people might say certain things are asked, certain questions, their explanation. So why did that child say that your skin looked dirty or why? You know, why did that child call you a bad name and you don't even know what it means? And then, you know, or when maybe a

young girl comes home and says, well, can I have straight hair and then know our hair is beautiful. So a lot of those early stories are about young children of color. Feeling that they are being ordered by developing a sense of otherness, but then you get to the stories of how you have to stay safe. I remember we were so this had to be before this had to be maybe when I was a second or third grade. And I grew up in Detroit, Michigan, and a very nice historic district, black neighborhood, because, you know, Detroit was largely black, beautiful homes, all that.

**[00:29:11] Dr. Jones:** And we would walk to our elementary school two and a half blocks away. And our parents told us second and third grade girls, one of the early warnings we got was never run from the police. Never run from the police, right? So I don't know do white parents tell their kids that. Then you get the stories when people get ready to to either take a newspaper job or something, you know, you have to be careful how you present yourself. And then you get when you start going to get your driver's license, then. Well, if you get pulled over, keep your hands on the steering wheel. You know, always have your driver's license kind of handy where you can say, my driver's license is right, where you don't have to go into your pocket or God forbid, the glove compartment or under the seat or anything like that. Yes or no, sir. Or that. I don't know if white parents tell their kids to do that. I don't think so. I've not been raised by a white parent, so I don't know.

**[00:30:07] Dr. Jones:** But so so these are the kinds of messages which at the same time, the other messages we're giving are about the richness of our history. We're giving the surrounding trying to surround our kids with the images of black strength and black beauty. We are giving them messages, sometimes explaining, you know, why you have to work twice as good. To be seen or to be judged equal, I had to give my daughter a message about why, when she's like the most amazing something that she didn't get any of the book awards at her high school as an eleventh grader. I mean, or have to tell my son I forgot what it came in. But I the explanation I gave him because he was a soccer player was imagine that this is a game with a bad ref, like a ref who's like. Tilted to one side, you just have to play better so that even in the context of this game with a bad ref, that you can still win. So so these are the explanations. We're giving them advice about how to make it, warnings about how to stay safe, and explanations of our beauty in the context of messages that are trying to deny our beauty.

**[00:31:26] Dr. Norman:** Yeah, I read that question and I was clearly written by a person of color who has had these talks, who has had these discussions.

**[00:31:35] Dr. Jones:** What do you say? What what would you add?

**[00:31:38] Dr. Norman:** I don't, I don't, I mean, I was just touched by the fact that, oh, well, here's yet another time that this parent of color is trying to think about safety messaging for their children..

**[00:31:57] Dr. Jones:** And sometimes I think the safety messaging is so internalized that even in terms of professional progression, that we try to stay safe and don't recognize our power. And I think that sometimes people as a rising up corporate ladders or whatever kind of ladders, medical ladders, whatever ladders you rising up. Want to get to the next rung, and so they sort of keep their head down and don't speak out when they might otherwise speak out, when they see things that need to be spoken out about. Right, because they want to get to that next rung and then they'll really have power. But they don't recognize we don't recognize so often the power we have everywhere we are. We have the power to put things on agendas. Sometimes we have the power to bring in a summer student or intern. We have the power to make hiring decisions. We have the you know, so so wherever we are, we do have some power that we aren't exercising because we're trying to get to the next rung of power. And you really see that in government bureaucracies and it makes me sad. So you see that finally you do get some representation, some diversity at higher levels. But what are they doing with that? Nothing, because they're trying to get to the next level level, some notion of safety.

**[00:33:11] Dr. Jones:** We have to balance that. We want physical safety. We want psychological safety. But we also need to be courageous and we need to be willing to to step out there with a word or an agenda or an investment in community or something else that might not be what other people would do. We need to recognize that we are not other people and that we have to use the power we have wherever we are.

**[00:33:34] Dr. Norman:** Exactly. Let me just say I said that was my last question. But given what you just said, have you ever had the experience where you're in that room and something needs to be said and you wait?

**[00:33:49] Dr. Norman:** You know, maybe it's five seconds, maybe on another day you say, OK, I'm going to give myself 10, 15 seconds. And more than likely within this meeting, you may be the only person of color who's in the meeting. Do you have you ever had that experience where you wait and you say somebody, somebody other than me is going to say something, somebody other than me is going to address this? And when it does, it's kind of like the band plays and uses like. Oh, right, yes, OK. And when they don't, which is unfortunately often the case, you then make the statement.

**[00:34:30] Dr. Jones:** Right. So, yes. So we've been in those rooms. A lot of us know exactly what you're talking about. So we need more people to recognize the thing that we recognize that required a word, required action. So that's what a lot of the anti-racism work is, especially with in workplaces and institutions, is to help people recognize, yeah, racism exists and this is a manifestation of it. And that thing was a manifestation of it to give people a sensitivity to understanding that what they just witnessed was not straight up right. That there was something off about that.

**[00:35:01] Dr. Jones:** And then to give them the courage to to speak out because it should not always fall on the woman of color. Right. Or the man of color or if it's a gender thing on the woman and not the man, you know, you know, white folks, men like everybody, straight folks, all of us need to be stepping up when we recognize that something is wrong that just went down.

**[00:35:23] Dr. Jones:** And even though it's not, it's wrong, but it won't affect me. That doesn't mean you're OK. If you're in the presence of this wrong thing happening and you don't say something, you're complicit. Right. And so so when we when we recognize that and when we decide that we don't want to be complicit with racism, sexism, heterosexism, all of these other things, that's when we seek out the knowledge and the tools. To become a compatriot or whatever, I don't say ally it's a little loose, but but to join in this struggle, it should never now I would say that. When I see something happen or feel something, I know I have to speak up when my insight starts roiling up, like sometimes I feel like the thing makes me leap up out of my seat. I know many of us may have had to explain when, you know, you have to speak up. So when I get that feeling, there's no way to keep me quiet.

**[00:36:21] Dr. Norman:** And we don't want you to be quiet, but I will say thank you. I will bring our discussion today, just the one today to a close. I do want to.

**[00:36:31] Dr. Jones:** Well Dr. Norman, do you want to talk about some of the work that you do before you close it? Is there some of the work that you want to let me know about or maybe even others who are listening to this discussion about that they could join in right there?

**[00:36:43] Dr. Norman:** I think our work is in development. I feel as though we are as an organization MBHP and Beacon Health Options, we are an organization that wants to be a part of the solution. And we want to figure out how we as an organization can have everyone within that organization one have a better understanding, start by having a better understanding of what is all of this that people have heard and I think in different forms, through news stories, et cetera. And that was the goal of the



forum. Let's start let's start with an eye getting a better understanding of what this is that we're talking about, and then starting to think about how we move forward with strategies.

**[00:37:29] Dr. Norman:** I am very much interested and committed, as you know, to how it is we do this and we keep doing this and how it is not 20 years down the line. We can start to look at our successes.

**[00:37:44] Dr. Norman:** But just in like just within a year, we can start to see they may be small, but we can start to see how we, as you you referred to, we start to dismantle these entities that are within our system that we're able to talk about. Racism, identify it, discuss how it I think, as you mentioned, how it's operating here and then move towards action, I think the development of antiracist antiracist, an anti-racist society, is so important, I think it's important, as I mentioned earlier, to have the discussions not just within our own organization, but to look to like not everyone, always feeling as though they need to reinvent the wheel, how it is. How is it that we can connect with the folks in education, the folks who are working to end poverty, the folks who are working with young people? How is it we can all start to, one, have the same vocabulary, maybe also have similar strategies and then work together to to address them and to bit by bit get rid of this entity that that's killing us, killing people, making people sick.

**[00:39:14] Dr. Jones:** And and may I say that we that the changes that we want to see early on are probably going to show up in terms of changes in opportunity structures. And then in a generation, we'll see the changes in opportunity structure show as real changes in outcomes. But we need to change the systems and the opportunity structures and we don't need to feel like, oh, things didn't change. It's five years now. Well, I guess that's not going to work and go back to normal. We have to recognize that this is going to be that we're in it for a long haul. But as long as we are actively anti-racism, as long as we are moving in that direction to be against the the system and to dismantle the system, even though we might need to pass this agenda onto our success or at work or to our children and our families, we will be going in the right direction.

**[00:40:03] Dr. Norman:** Absolutely. Absolutely.

**[00:40:06] Dr. Norman:** So more to come. Thank you. Absolutely. Let me just say thank you. I know we're going to get some additional resources and share those with our attendees. And I hope we're going to continue. I know we're going to continue to have conversations with you and with others as



we stay committed to doing this work. So with that, I'll say have a great holiday or great holidays and I promise to be in touch.

**[00:40:38] Dr. Jones:** Thank you.

**[00:40:40] Dr. Norman:** OK, thanks so much Dr. Jones. Take care.