

Stories from the brainreels podcast transcript

June 2, 2016

[music]

Introduction

CHERYL: Welcome to Stories from the brainreels monthly podcast about brain injury and disability with a focus on art, culture, and disability pride.

[music]

Leslie Gregory is a primary care provider and Founder and President of a [local non-profit called Right To Health](#). I sat down with her recently to talk about her work focusing on healthcare, advocacy, education, and direct action around treating racism as the true public health threat that it is.

We chatted about things like the eggs from her backyard chickens (thank you for the eggs, Leslie!) and how we both have sisters who are musicians. But this episode is focused on how racism and white supremacy as large-scale practices shorten people's lives and harm people's health on a daily basis. If you're white, you might feel like you haven't had to think about this before, or you might not be able to picture how racism can be a health crisis. I'm going to point you to resources in the blog at [WhoAmItoStopIt.com](#), and the transcript for this episode contains multiple hyperlinks to more resources. But I would urge you to listen to this whole episode to gain more understanding and perspective. It's going to get really uncomfortable, but this isn't an entertainment podcast. And it's designed to be the type of discomfort that motivates you to positive action.

As a black woman and daughter of civil rights activists--her father a firefighter and her mother a nurse--Leslie focuses her work on serving people of color and poor people. And she will assure that you leave this episode understanding the message. One half of the message is that racism is a public health threat that we all need to take on. And the other half is about taking action. Enormous institutions like the CDC and NIH go about their business but still have not solved the problem of people of color receiving horrible healthcare, less healthcare, or no healthcare when compared to white people in the US. At the same time, many powerful individuals and smaller grassroots groups and communities are practicing very meaningful and valuable ways of providing healing from racist trauma.

We started out our conversation jumping right into the topic of [an open letter she wrote to the CDC](#) in 2015. Her letter was clear and simple: Centers for Disease Control, please declare racism a public health threat. Although she addressed her letter to Director Dr. Tom Frieden, she received a remarkably [dismissive response from Dr. Leandris Liburd](#), who is the Associate Director for Minority Health and Health Equity. On the surface, that might sound good. But one of her points is that racism is not a minority health issue. Racism is perpetrated against people in racial and ethnic minority groups. It is not their issue to solve nor their fault. It should be solved by the people in charge of allowing it to continue: in a nutshell, White people and organizations like the CDC. In their mission statement, they say, "As the nation's health protection agency, CDC saves lives and protects people from health threats." OK, get to work, folks.

Today's music is by Blue Dot Sessions. Check out this episode's transcript and the blog with more links at [WhoAmItoStopIt.com](#). Let's dive right in on that letter.

[music break]

Open letter to the Centers for Disease Control

CHERYL: I read your open letter a couple times, and I read the response too. You said, "This is what you, the CDC, need to do." And they said, "Oh, well thank you so much. Here's what we are doing! Don't worry." But they didn't address what you said, which is, "You need to make the declaration."

LESLIE: Yeah.

CHERYL: They just said, "No, no, no. We've got it. Thanks for your input, ma'am. We've got this."

LESLIE: Well, and I think the part that was so interesting for me was, exactly like you said: "We got this. Here's what we're doing. And then, if you have any **other** suggestion." I felt on the one hand, a bit demeaned to have the premier health authority in this country tell me no, we're not gonna do our job, but thanks for playing.

CHERYL: And would you do a little free labor for us while you're at it?

LESLIE: And while you're at it. Right?

CHERYL: Mmhmm.

LESLIE: It felt very patriarchal, number one. That's just the first even. You don't know me well, but patriarchal does not go well with me.

CHERYL: I believe it [laughs]!

LESLIE: I'm not real down with that.

CHERYL: Yeah.

LESLIE: But I think the second part that really kind of frustrated me, and I now look back realizing that it's genius to never really come right out and say, "Here's what **you people** have wrong with you." But it's so much easier to focus on "those poor black people," as if to say minority health disparities--which is a very abdicating sort of phrase--rather than to focus on the underlying issue. We have a gatekeeper who says, "No, I'm not gonna do that. But I'm gonna pass this letter off to my subordinate and have someone else answer it."

OK, so I got an original letter, it looks like, was actually written individually. But now when all the people that I have in my campaign have been sending off their letters, they're getting this same form letter referring me to this individual. So I called the individual, and while we were speaking, there was no real cogent response. But it was, "Hold on a minute. I'm gonna go ask." And it was right back to the individual and, "No, we're not going to do that." So I felt like gosh, what would it feel like for me to not have to do my job?

CHERYL: [chuckles]

LESLIE: Cool. I'm a primary care provider, and this is the primary care provider for the nation. If I decided, "Oh, you've got diabetes. I'm gonna put a band-aid on your peripheral neuropathy, and we're not gonna talk about your glucose." Wow. If I did that, what would happen? I'd be fired.

CHERYL: Yes, you would.

LESLIE: Yeah. Big change needs to happen. Big change. When public health crises are actually declared, and we see the change that occurs, for me what this says is, "We don't want change." Maybe this is why we have the most expensive healthcare budget in the world, and yet our people just aren't all that healthy.

Yeah, that's a lot of money we're paying people to not do their job. I want that job.

BOTH: [laugh]

CHERYL: Sounds relaxing.

LESLIE: Is that awful of me? Yeah, it feels awful of me to want that job. There are a lot of people in public health that I just want to ask them, "How is this not a perfect, precise, and exquisite example of the institutional racism that everybody seems to now be admitting is behind this?"

CHERYL: Mmhmm.

LESLIE: How is this not a perfect example?

CHERYL: What does the CDC have to lose if they do declare racism a public health crisis?

LESLIE: I think number one: face. Maybe that's **the** one. I don't know. I don't know! One would think all that we have to gain would override even loss of face!

CHERYL: Healthy people.

LESLIE: Healthy people. Which is another really interesting piece because in the response, we got this whole Healthy People 2020; we've got this great plan. And I'm thinking, OK, it's 2016. You got four years. I don't see it.

CHERYL: And they said there's, as you know, there's a lack of research. So how are you gonna implement this plan in four years when you don't have research to back it up?

LESLIE: Right, right. Well, and so that brings up another really interesting point for me because there is research.

CHERYL: Yes, there is!

There's no lack of evidence that racism is a health threat

LESLIE: In this response of "we don't have evidence-based best practices," OK. So when HIV was discovered, would one have ever responded, "Well, we just don't have evidence-base. So we're gonna go ahead and let this spread all around the nation?" Your job, if you would just look at your mission statement, is to develop, not just wait for somebody else to develop and then join the band wagon. No, to develop. CDC, you're the vanguard.

We know from all the data that racism is, in fact, transmissible. It's inter-generational. When we're looking at racism itself--not "minority health disparities," because I'm real tired of that--but if we look at actual racism, which we all know now is the underlying cause of these health disparities, if we look at

that as a disease state, not only does it meet all four criteria, but the benefits of studying it as a disease state would give us so much information into the psychopathology and pathophysiology of perpetration.

Think about all the different types of hate we might learn about, as well as what I personally believe, is racism is a particular strain of paranoia. What if we looked at it as a disease state itself, racism itself? I don't mean as a mental health disorder. It's not a mental health disorder. It does lead to disordered behavior. It is also a thought error. There's a difference between a mental health disorder and a thought error, which then causes aberrant or pathological behavior.

[music break]

CHERYL: When I was at this public health conference at Emory a couple weeks ago, right on the doorstep of the CDC--

LESLIE: Right?

CHERYL: [Dr. Abigail Sewell](#) talked about some of the research that she has done on the consequences of Stop and Frisk and Stop, Question, and Frisk.

LESLIE: Oh!

CHERYL: Her research has found that where there is a high level of Stop and Frisk, the health disparities hit the entire neighborhood, including white people who get stopped and frisked less. But they are still--

LESLIE: Traumatized.

CHERYL: --facing the mental health struggles and the fear and the stress-based illnesses, and it's on an entire neighborhood-basis.

LESLIE: There's somebody gaining. It's about the money. So perfect example: It hasn't been too long ago that CDC actually was given a mandate to study gun violence. Funding was pulled.

CHERYL: I remember, uh-huh.

LESLIE: Follow the money, OK? We need to stop allowing the illusion that we're being cared for her. I'm not speaking as a black person; I'm speaking as an American citizen. We're not being cared for when the premiere health authorities--and I'm not just talking about CDC. I'm talking about NIH. I sent a letter to them too, right? Yeah, same crap. If these are the individuals whose responsibility it is to keep us healthy, and they can choose which pathologies they want to pursue, then how safe and how healthy are we? And particularly as the media is continuing to flash people of color suffering trauma, at the hands of the institutions, again, that are supposed to be protecting them.

I was sitting on a plane coming back from Ohio, and I was sitting next to a psychiatrist. This was a prominent practicing psychiatrist at one of the larger medical institutions here in Portland. He was admitting to me that he's seen an increase in anxiety disorder. And I said, "Well gee, what do you think that is?" And he said, "Well, I'm gonna be frank with you. I've got patients who've admitted to me, frankly and right out, it is anxiety over the darkening of America." And I'm just gonna assume these were not black patients here. Just going out on a limb. I think that it's very common, and I think a lot of it has to do with loss of privilege. I'm thrilled that he's had patients who have admitted it. But I have to say, I suspect it's like roaches: you see one, there's a lot. Not all patients are gonna be there to identify the

source of this anxiety enough to say it. But something's wrong, and that something's wrong is a very discomfiting situation. If you don't recognize your privilege to begin with, how are you ever going to recognize that the loss of it is causing these symptoms? And now we have all these guns with all these people who are kind of borderline paranoid. At the end of the day, as a medical practitioner, my job is to find the answer. Let's take a look at it. I don't think we're all bipolar. And it's not all alcohol abuse, and it's not all the simple stuff. If you can write to me in a letter and say yes, racism contributes disproportionately to health disparities, then how come you don't have to focus on the racism? You just get to look at the disparity.

Why the Non-profit Started

LESLIE: I lost my dad to heart disease.

CHERYL: Young.

LESLIE: Very young. That's what started this whole thing for me. I watched the stress that he was under doing a really tough job in really tough circumstances with people who made terrible comments and remarks to him. He was a brilliant man, very eclectic, very involved and curious and intellectually rigorous. I truly believe that if he'd survived, he would have a great deal to contribute to the world. I don't want anybody else to lose their dad to heart disease. That's what started my medical career. But in finding stress and the heart, and that's where I started my studies, I began to realize that one of the biggest stressors in this world is hate. Because I saw it kill him. I swore at the time it was just stress and the heart. But what I've begun to see is one of the biggest stressors in our world, two of the biggest: hate and fear.

When you look at incidence of heart disease in this country, people of color can be at three and four times the risk. And yet, here I'm practicing in a medical system where the premier standard of care for heart disease management for years, based on Framingham, the big, huge Boston-based, intergenerational, tens of thousands of patients. And even today, it is one of the premier studies on which we base heart disease management. How many people of color do you think were in that study?

CHERYL: I'm gonna guess zero?

LESLIE: Yeah. We know there are differences. At what point does Framingham say, "Well gee, let's go ahead and get some people of color in this study so we can be more culturally competent?"

CHERYL: But we're colorblind! Remember?

LESLIE: Oh, dang.

CHERYL: So we don't need to look into that.

LESLIE: That's my bad. I forgot about that.

CHERYL: We all bleed red.

LESLIE: I forgot about that part. Oh geez. How could I forget that?

CHERYL: [chuckles] And if we start to acknowledge the differences and the disparities and how many of them are structural--

LESLIE: We'd have to do our job.

CHERYL: Oh, there's that.

LESLIE: Which you know, it's a big engine.

If you look at United States like a huge ship. OK, I was in the Navy. So I do this stuff all the time. So it's a big ship. We know that big ships don't turn quickly, OK? What I'm saying is I don't expect you to turn on a dime, OK? This is an aircraft carrier. It's not a dinghy. I'm not expecting a whip-around: "Ready? Coming about!" No. I fully acknowledge this is going to take time.

All I said was let's declare it. I'm not expecting 40 acres and a mule back to every person of color in this country. No! I'm saying the threat to public health, not minority health, public health, is such that your own four criteria have been met by it. If we wanted people at the top to sit there and go, "Oh no, I don't think I'm gonna do my job today," then why would we have the criteria? The whole point of having the criteria is to take the subjectivity out of it.

I don't work at CDC. I'm just this little country person just seeing one patient at a time. What it feels like to me is that there's some rich fat cat somewhere counting big duckets on the back of these people who are dying. Here's the other piece. It's not just black people who are suffering under this. If it were, it would still be a big problem, it would still be worth all the attention, it would still meet the criteria. But it's not.

One of the criteria are that it's disproportionately affecting. But that doesn't mean white people are excluded from the damage. I see white people suffering behind this. I have friends who are made physically ill by watching the damage, the violence against unarmed black people. Here's just a wild idea: what if CDC actually did their job, we declared racism a public health threat, we devised a way to tell people, "If you teach your children this, it's abuse." Because back in the day, everybody told us, "Oh, be patient." In the 60s, I was around; you were not around yet.

CHERYL: Not yet.

LESLIE: But they were saying, "Oh, just wait. The old guard will die out, and these old ideas will die with them." We were hopeful. I remember. You know what happened? They taught their children, and it wasn't to use the "n-word." It wasn't to spit on or cross the street or clutch your children close to you in an elevator. It wasn't any of those overt things. It was just, we're gonna move. It was just, oh you don't wanna have that seat. So we have generations of children now later, after all these changes, Civil Rights: Oh, it's over! We're post-racial!

CHERYL: [laughs]

LESLIE: Yeah. And they're afraid. I don't want children to be afraid to sit next to my child, to open the door to my child with her cookies or trick-or-treating. The fear, however unrealistic, however unfounded, is fear. That's not healthy. It hurts people.

I saw an analogy the other day, and I thought it was brilliant. There are three people of very different heights--

CHERYL: Oh, the boxes, right? Mmhmm.

LESLIE:--trying to look over a fence, to see the game. Equality is everybody gets a box the same height, and still, you have people who can't see. What I like is equity, where the shorter person gets the bigger box, and everybody gets to look over. It's a very subtle but tremendously powerful point. I think that's what I'm saying to CDC. You have special allowances for the disabled. I think that's brilliant. What ADA did was a brilliant analogy again, to what all I'm asking. Once you did that, and you made accommodations for the disabled, what happened? It wasn't just the disabled that benefitted, and that's what I'm saying here. So you put ramps on the curbs. How cool is that for parents with strollers? You lower the water fountain. So look! Little kids can stay more hydrated! How awesome is that?

Here's my other point: I'm not blaming anyone. The first step to doing this work is to flip the script. Just stop talking about it like it's over there. But the second part is to end the blame, end the shame.

If America wants to be the vanguard it once was--Remember the old, "We're the greatest nation on the planet"? Let's lead in this way. We're not the only racist country. Instead of being the global exporter of weaponry, how about we teach peace? Here's an idea. If we declare racism the threat it is, we can start to study that pathology. Imagine. Honestly, this is very dispassionate for me. And how we will ever know, if we don't just get dispassionate and start studying it?

What we can gain by declaring racism a public health threat

LESLIE: Really, we have so much to gain and so little to lose. If all we lose is a little face, but we gain all this knowledge, and we save all these lives, and children. [I really want us to focus on the children](#). For instance, what if we declared racism this public health threat, and we began to look at the corollaries of racism? Ready? Bullying. Hello!

CHERYL: Yeah.

LESLIE: It's grownup bullying. Can we just admit it's grownup bullying? OK. This is the kind of thing that I think, if we study, we find so many more uses for the knowledge that we gain. We learn to teach children not to bully in a whole new way.

LESLIE: The other thing is, some of the mass murderers we're seeing, some of them we know have actually come from racist families. Some of them, absolutely we know they were indoctrinated with a lot of xenophobia and stuff, which led them to this behavior. What if, in studying racism, we find the psychopathology of perpetration? We can use this information in many different ways.

We've let down people of color in this country. We've really written a big old check, and it's bouncing all over the place. For every black child that graduates from high school and has no opportunity for jobs, school, whatever, I had a brilliant friend of mine once quote the amount, and of course I can't remember it right now. But it had to have been over a million dollars per year, per child in social services that are gonna be required, incarceration. [We have so many people in jail now](#), and they're not voting, they're not producing, they're not supporting their children. Think of the money we would save just on that alone.

Quite frankly, I think a part of the declaration of racism would be to drive funding into [The Innocence Project](#) because we have so many falsely accused, unjustly incarcerated. We have a lot of money being made on racism, and that's why these people don't wanna do their job. I'm sorry. That's just not good enough. That is not good enough. The prison-industrial complex is a perfect example, and we have brilliant work being done. So there is no waiting for evidence-based practices. We have evidence-based practices on how to recover from some of these trauma events. We know how to help people who've

been victims of racist violence. We've got healing going on all over this country. But when you come to me and say, "We're not gonna declare it a public health threat, but anything else you'd like to suggest, please do," I'm gonna tell you, "No!" Every single thing that people of color have tried to bring the light to this issue, to heal, to fix it, every single thing has been co-opted by white culture. You want one example? OK. [All Lives Matter](#).

CHERYL: Oh!

LESLIE: OK? So do you see? I'm saying no. I'm not sharing any trauma recovery strategies. I'm not sharing anything, and I've got it. Cuz we got lots of people doing this work, and ever since that letter came out, I've got people coming out of the woodwork going, "Really? Because I've been saying!" Lots of information, lots of people coming. And I've found amazing, genius individuals of true and deep and warm and wonderful heart doing this work for decades: healers, clerics, counselors, social activists who've given up their personal lives for this work. It's just not OK anymore to ignore that contribution. OK, so no evidence-based? OK, I have other ways of knowing, CDC. You do your job, I'm happy to share. But until you do, whatever we try is gonna be co-opted by dominant culture. So no, I'm not gonna play.

We have a lot of really brilliant people at the top denying, and we also have a lot of really, really brilliant people down here on the ground, doing the work, refusing to deny. We're gonna keep healing ourselves and each other and loving each other down here. We gonna wait on you. But when it falls apart, and it will, we're gonna be over here trying to keep people alive, doing your job for nothing. I'd really like to do is sit down and talk to these individuals. But you know what? I'm working!

CHERYL: Right.

LESLIE: I'm trying to support my family.

CHERYL: Yeah. And asking you to share, it was either throwing you a bone, or it was an attempt at some kind of tokenizing diversity. There's no positive way to spin it.

LESLIE: My brilliant sister--and I love her--she's my positive coach. "Well, don't necessarily go to the dark place. Let's think about something positive. OK, well, maybe.... No!

BOTH: [laugh]

LESLIE: It just does not work! I just don't see how this is so difficult to conceive! How is this not deliberate undermining of an entire class of people?

CHERYL: Mmhmm.

LESLIE: How is this not?

My mom's been fighting this fight for 50 years. She doesn't have a long time. I would like to see her work bear some fruit before she's gone so that I can show her that, "You know what? You labored for good reason. We've seen some change. Even if we've moved the boulder just a couple of feet." But I'm not tolerating it rolling back! That's one thing. I'm not having that. I'm not having that! She devoted her life to this. On the one hand, I feel a great deal of urgency about it, like, "Now! It's been 400 years! Now!" On the other hand, like I said, I'm an old, salty dog. I know that a aircraft carrier does not turn on a dime. I'm willing to work with it, OK? But I got to see some turning here.

This is something else I thought was such an exquisite analogy with HIV is that, initially, when they discovered the virus and that people were dying, what was everybody's knee-jerk response? Well, I'm not gay. I'm not promiscuous. So I don't have to worry about it. I'm not. I'm not. And my lover's not. I don't have to worry about it cuz my partner's not. Once CDC made that declaration, and we opened the whole thing up, what happened? Well, it was no longer about the individual; it was about exposure. You don't have to be gay. You don't have to be promiscuous, right? It could have been there all along. So what happened was, even people who were not gay, not promiscuous, never traveled about, were being tested. It's about being tested. We even allowed testing in the privacy of your own home. You know what? There are out there plain old implicit bias quizzes. You can take it at home. You don't have to out yourself.

Now it's not about you. You get tested for your children, for your coworkers, your lover, your family members. You get tested. It didn't have to be sex, oh, that evil word! It could be transmitted in other ways. I think that's the other analogy that's so powerful. If we could just flip that script: it's not about you. It's about the virus.

And don't get me wrong. I love the idea of the autonomy of the individual. You can do anything. You can be anything if you just work hard enough. I love that promise of America. It's wonderful. But at the end of the day, we depend on each other. We're humans; we're connected. So you can walk around feeling like, "Oh, I pulled myself up by my bootstraps! I'm cool." Well, but you hired somebody to make the shoes!

I think that's the other piece that's so disappointing about all this is that again, our premier healthcare provider--both of them--for our nation, is failing to acknowledge that simple idea, which is a healthy community is interdependent. So for you to sit there and say, "Oh no. Thanks for playing. Here's what we're doing instead," really belies, or perhaps highlights, the global ignorance of the institution of medicine in this country. That's very disappointing for someone who's been practicing it for almost 16 years.

CHERYL: It comes back to what you were saying in the beginning that, minority health disparities, putting it on you. Well, you're a minority, and you are experiencing this health problem. No [laughs], that's not really the direction it was going.

LESLIE: Exactly.

CHERYL: It's coming from the other direction.

LESLIE: Yeah. It is a no-brainer for those of us standing in it.

Racism and whiteness

LESLIE: What's racism? Well, ask me. I'm happy to tell you. But that wasn't even the excuse they gave! They did not say, "We can't define it." They know quite well what it is! It just amazes me that you can sit in the middle of a boiling pot of water and seeing people scalded all around you and can say, "Here I am in my little ice cube, and I just don't care!" That's not OK. That's what it feels like to me: You're sitting over there on your little ice cube. I'm over here scalded to death, and you can say, "Well, here's what we'll do."

CHERYL: I don't think it's that hot!

LESLIE: Yeah, it's not that warm over here. We're good.

CHERYL: Yeah.

LESLIE: You kidding? I know it's not a pleasant topic.

CHERYL: Well, that's why I wanted to talk to you!

LESLIE: Well, I've had it brought up to my attention several times.

CHERYL: That it's too unpleasant to talk about?

LESLIE: Yes, nobody wants to talk about that.

CHERYL: Well, for every white person who's uncomfortable with this, well, it's more uncomfortable to be the subject of racism than it is to have to talk about it. So I kind of don't care if somebody feels like it's too uncomfortable.

LESLIE: [chuckles]

CHERYL: Now, if you're traumatized directly by the conversation, that's one thing. But to say, "I don't want you to melt my ice cube because then I'm gonna have to--" Well, but you won't! But you won't. Even if you melt my ice cube, I will not be in the scalding water because I'm white. I will never be in that scalding water.

LESLIE: Mmhmm, mmhmm, yeah. One of the things I've asked people to do is, yes, this is another talk about racism. Raise your hand if you're feeling uncomfortable. Not one person would raise their hand.

CHERYL: Oh, of course!

LESLIE: I'd say, "OK. It's OK. You don't have to admit it. I'm not trying to out you. If you are uncomfortable in this moment, do me a favor. Just this once, just humor me for this moment. Look at yourself and realize your first impulse is to say, 'I'm uncomfortable. I'm stopping right now.' So just for an academic exercise, don't do that. Just sit here. You're safe. Nobody's gonna come tar and feather you. Nobody's gonna stand up and go, 'You are a racist!' Just sit here in your own quiet mind, close your eyes, turn and face that discomfiture. Just turn and sit in it for a minute. Experience it. I promise, the blood pressure ain't gonna go up. You'll be all right. Look inside yourself: What is it that's making you uncomfortable right now? Is it that someone has called you a racist, or is it, in fact, the possibility that you could be? While you're sitting there, just thinking about it, just feeling what it feels, this something ain't right that you're feeling in this moment, take a deep breath, go inside. Where is it in your body that you're feeling it? Where's the symptom? You don't like it. I get that. But where is it in your body? Are you having a headache? You grinding your teeth? You feel your gut tighten up? You got your neck tight? What does it feel like to feel uncomfortable in the moment that you might be a racist? If you have a body symptom, go there; go into it. It's OK. I promise. You'll be OK!

Every once in a while I'll have a person come to me after the conversation. It won't be in the middle of everybody cuz we not raising our hand. We not gonna talk about this. But after it's all over, I'll have people come over to me and say, "You know, at first, something just wasn't right. I couldn't identify any place in my body where the problem was. But as I was sitting there for a while, I started to feel like there

was something: a little stitch over here in the right, little tension back in my lumbar spine, I just couldn't quite relax my shoulders. It was just something wasn't right.

And I was like, brilliant. That's all you were supposed to do. Now, just pretend that you can never escape that. Pretend that you can never not feel like something's just not right. That you go to sleep at night: something's not right. You wake up in the morning: something's not right. Driving down the street: something's not right. You go to work, you go to school, you shop, you got your life, everything going on, even in your most private, intimate moments with your lover, something's not right! Now just imagine what it would feel like that all the time, from cradle to grave. Whatever you're doing, something's just not right ALL THE TIME. Do you think that would shorten your life? That's all I'm asking. If you think it would shorten your life, you just might be an anti-racist because you don't like it.

And if it's OK for you to know now, because see, you can't go back! You can't go back, now that you know! If it's OK for you that some people experience that on a daily basis, every day, all day, cradle to grave, if it's OK for you that some people do that--no fault of their own--just came out that way, then you've got a problem. And it's not religion you need. It's a heart. It's humanity that you're lacking. All I'm asking you is give that up, get your humanity back, and see what you can contribute to the world in a positive way because it's your world, and it's your humanity. And there's only one race, and that's sapiens: homo freakin' sapiens. But when you look in the mirror, and it's OK with you for an entire segment of your citizenry to feel that way, something's wrong here. It's not OK. If it's not fair, and the only thing you have left when you're not heard, you're not seen, your vote doesn't count, you don't have any other choice, that's the violence. I'm just saying, if you feel anxious, maybe there's a reason.

CHERYL: Yeah.

LESLIE: What we're seeing now is white people are having some of these problems. Mortality rates are going up for white people, and I think this is a part of it. Part of it is also the fact that they're being subjected to the same kind of economic hardship that people of color have for a long time. So we're seeing some of that too, to be fair. Quite frankly, I think racism is a tool of the greedy. That's another reason why people are coming to a little more awareness--not so much action steps, but awareness. Now that we've got that awareness, please let me help you with some action steps because just sitting in your anger and rage, just sitting in your fear and hate, just sitting keeps that cortisol level just kind of always there. It will shorten your life! I think it's important that we start to put that message out there. I may just be somebody's primary care--or patients call me Doc. I just may be somebody's plain old simple doc, and I just may be able to only help one person at a time, but that's why it seems like it needs to be CDC doing their job. You're our Doc, CDC. You're our primary care. All I'm asking you is what my patients ask me: Can I get over this? What can I do to fix this?

CHERYL: Can you address what's wrong rather than just--

LESLIE: Can we really get to it?

CHERYL: Yeah.

LESLIE: Exactly.

[music break]

Forgiveness and apologies

LESLIE: I do a lot of management of lifestyle diseases. That's what we call them, lifestyle diseases like diabetes. I could put a patient on all the diabetic medication in the world, but if I don't do the simple first step of looking at what are you eating?! Bring me a food log first! Hello! I have to do this for my job. All I'm saying is, "CDC, do yours." And no, it's not enough that you're putting the patient on medicine for their burning feet if you're not dealing with the food they're putting in their mouth to cause it!

I don't know what else to do, and I will do nothing else until this is done. I will not share, and I have a lot of information. There are really good things to do to help people with racist trauma. Some of these healing circles and talking circles are amazing. I actually spoke with someone on the phone the other day who had been harmed tremendously, years of incarceration, wrongly, and actually had one of the people who perpetrated against him--who caused him to be incarcerated--came back and just said, "You know what? I'm sorry." It was transformational for that person. He heard the sorry. He heard it, he felt it, he believed it. And I believed it. It made a tremendous difference for him. He didn't go back saying, "OK, I need you to pay me reparations." Although, they would have certainly been justified. Let me tell you something: that was years off that man's life. But he didn't do that. It took a few. He sat there; he stewed in it for a few minutes. You know what I mean? I could see that working with him. I could see it. He was working on it inside. He was gnawing on it. But he said, "I forgive you."

CHERYL: Wow.

LESLIE: And I thought to myself, "You a bigger man than me."

CHERYL: [laughs] Yeah!

LESLIE: But he did. People tell me this all the time: "Forgiveness is for the forgiver." I'm not feeling it right now, but I understand. I hear that all the time, so I'm willing to believe it's true for some people. But you could see the change in the posture of both of them. It was a palpable change. So for me, yeah, I think the first thing we need to do is just declare it: Whoops. My bad. Made a mistake. Let's declare it. And quite frankly, it needs to be CDC because we've already got it from House of Rep. The House of Representatives already apologized for slavery. I don't know if anybody heard about it. I sure didn't hear about it, but someone told me that. I looked it up. I think it was 2008, but you heard nothing, did you?

CHERYL: Mm-mm. I didn't know about it.

LESLIE: Yeah, but they did. Look it up. House of Representatives, they issued a formal apology for slavery and Jim Crow. That's all we need. It's accepting culpability. So we've got this apology: we made this mistake. And as a result of that mistake, we now have racism killing people of color and harming white people, harming all people. Is it really so much to think that now our premier healthcare provider would say, look at the apology, look at the damage it's done, and say, "OK, that's a public health threat." Let's just focus! People! Focus!

BOTH: [laugh]

LESLIE: I just want people to focus! And we're gonna issue a real apology in the way of a declaration saying this was a thought error, it has had intergenerational and wide-reaching ramifications we seek to reverse, just by making this declaration." Once that happens, the dominoes fall into place, right? We're gonna look at it like a virus, we're gonna study its transmission, the different strains, the different ways it expresses, regional differences--which we know there are. We're going to empower the people

who've been working on the front lines of this forever! We're gonna listen to them. And we're gonna ask humbly for their leadership in this regard. We're gonna start looking at ways we can build up the people who've been violated by this, just like we have a lot of the AIDS patients now are doing tremendous work in groups together. That's my point. We have healing protocols, we have amazing workers on the front lines doing this work at the cost of their own lives.

We hold up Dr. King as this icon. White people, black people alike, all love. Do you know when he was shot, he was 39 years old. 39! At autopsy, his heart was 60! And yet the premier study managing heart disease in this country had not one black participant at all! How is this so? It wasn't OK to lie about gay and AIDS. Why is it OK? Why is it OK? I'm telling you, racism has a higher mortality rate, just because it's lasted so long! If it's OK not to address this incredible waste of human life, then what is OK? It kinda makes a person wanna go to Atlanta.

CHERYL: [laughs] Knock, knock. I'm here.

LESLIE: Hello!

[music break]

How can people get involved with Right to Health and anti-racist healing

CHERYL: When you published the open letter to the CDC, you said people came out of the woodwork and jumped on board.

LESLIE: Oh, it was amazing.

CHERYL: How can people get involved and engaged with what you're doing and supportive of it?

LESLIE: What would be great would be to have 30 people pledge to write a letter every month, once a month. So if 30 people do that, that's every day they'll get a letter. So that is for people who cannot do other things. Cuz a lot of people, they don't really wanna stick their head up. I don't blame them; there's a lotta times when I'm like, this gopher hole's feeling real good right now, here in the dark and quiet! Shh! So some people may not be in a position to do more than that. I would just request if we could get 30 people who will pledge to write a letter once a month.

Quite frankly, if your eyes are open, you can have a different letter every month, looking around going, "You know what I just saw today? This is how it's affecting my health," if I'm a person of majority culture. That would be very helpful.

But for me, you know what? I saw their true colors. This is what they're gonna do with letters: they're gonna send out this form letter referring people to this one individual who will basically field all the questions. I think what we need to do is we need to actually demand a response from the White House, the Congress, and actually get a movement started.

We've been in contact with Black Lives Matter, and we have started to hear them change to Black Health Matters, which I believe is at least as powerful a message. Because for me, it's not enough that we survive. It's not enough to just have you stop killing us. Yes, that's a big message: do stop killing us, please! But I think we need to go further than that.

I would ask for people to get in touch with me. We have positions open throughout the organization for, for instance, a bibliographer. We have a lot of great literature out there, tremendous literature. I would

like to be able to put it out on the website, the Facebook page, the Twitter, so that people can start reading some of this tremendous literature. For instance, Ta-Nehisi Coates and his brilliant writing.

The other part is I want us to start taking care of ourselves. If you're a person of color, you know you're at higher risk. Act like it! What's called "traditional" Southern food or traditional black food is not our traditional food! So stop eating it! Read [Soul Food Junkies](#) and find something healthy. Bryon Hurt is a brilliant filmmaker, and this is a wonderful, wonderful piece of work that you can look at and go, "You know what? I'm not gonna eat like that anymore." Survive! That's what I would say? How can you participate in this movement? Survive! Stop eating crap, and start pooling your resources. Let's get together on this. Please, again, no shame. We have been deliberately driven apart. So don't feel bad if you don't have a good community with support because this is not an accident. So pool your resources.

If you can't all go to the grocery store with the good food in the other neighborhood, pool your resources. Somebody with a car drive over and get a whole bunch and split it up. Start eating healthier food. Educate yourself about what a healthy diet is. And instead of clinging to this, "I wanna have my traditional food," realize your traditions have been taken from you.

Reach out to individuals and community groups

But the other piece is get into my campaign and contact me so that we can start to delegate the kinds of things that you can do. How do you wanna participate? Do you. If you're a seamstress, then you get together with your seamstress group, and you gonna sew something? So a quilt for Black Lives Matter. If you're a religious person, get people together in your church and say, "Hey, how about if we share the pulpit every other Sunday with a group of color." Have you ever heard a preacher from another group? If you're a Lion's Club member, look for another Lion's Club that may have more people of color in it to come to work with you. If you're a Rotary or American Legion Post, these are places where you can start. The other piece is to educate yourself. Read! One great book is [Post-Traumatic Slave Syndrome](#). It can teach you a great deal about where it came from and how you were given the wrong pill! OK, you're living in the Matrix, people! Read and get out of it. Open your eyes and find someone who is different. Invite them into your life and lower your own barriers first. Then, once you've done that, you may find your voice. I've been amazed at how people get when they get together. What I'm saying is these conversations can happen.

We've got some brilliant facilitator-trainers who are doing the work and know how to talk about these things. Actually engage with people who have done this mediation training. Look at your local area. There may be an anti-racist group that is actually working in this. We have [Resolutions NW](#) here, we have the [Uniting to Understand Racism Dialogues](#) here. And learn how to manage your trauma while you're doing it. You can get real triggered doing this work.

It's heavy. So if you're gonna do this work, do your inner work first because if you come to this with this sort of, "Gee, I'd like to wave the flag for unity!," it isn't gonna be Kumbaya, honey. So check yourself before you wreck yourself. So understand why you wanna do it. Look inside because if it's so that you can say, "Oh, I'm waving my banner," then hold off. Go ahead and do that inner work some more cuz it may not be helpful.

One of the biggest things I would recommend, go on Facebook and "like" [Right To Health](#) because I've got people coming to that page with questions on an individual basis. "This is what happened to me. Could this be racism? My boss did so and so. What can I do?" These are the kinds of things that you can do. Come out of your closet and start talking about this, realizing all the time, that you'll probably make mistakes if you've not been trained. Ask permission. "May I speak with you about this?" You may want

to speak with someone in your peer group or your work group or someone to whom you are exposed on a regular basis: "I see you ride the bus almost all the time. Would you like to sit here?" What a concept; open up and be more human.

So you can get our updates, because we'll have other action steps, things we can do. [Follow us on Twitter](#). I mean, you can do so many things, but make sure before you start to become an "activist," do your inner work so you don't step on somebody. Because that's the other thing about racism in this country: it's the foundation of our tree. So roots go into a lot of different places. And you wanna be careful because it disrupts the dirt, and we got a bumpy yard now.

On the one hand, be sensitive to the feelings of others, but come on. Let's not be hypersensitive. "No, I didn't mean it like that. I'm trying to understand. Be patient with me." Everybody's at a different place on that road to awareness. If I say, "You know what? That was an offensive comment," then instead of the knee-jerk, which is to say, "No, it wasn't!!! No, I didn't!..." "Whoops. Hold on." Take a deep breath. Understand we all make mistakes. [Heavy sigh] "I'm sorry. I'm sorry." How hard is it to say that? Apologize. Humble yourself. Realize you got white privilege. Don't mean you got to use it all the time! And maybe if you're gonna use it, use it for change instead of for resisting change.

So I think those are the things you can do on an individual basis. But if you wanna do an action step, you wanna get involved, you wanna be active, hit me up cuz I delegate. Everybody has a role to play here. Once racism is declared the public health threat it is, everybody has a role to play. Everybody is involved, just like HIV. Everybody needs to be tested. Everybody needs to use protection. What is protection against racism? Awareness! It may be ugly in here for a while, but the more of us that are out of it, the structure will fall. And imagine what a world it would be if everybody just looked at each individual as another human?

CHERYL: So what you can do is, like you said, [wake up and be aware and be interdependent](#).

LESLIE: That's right.

CHERYL: I mean, it's something you keep coming back to, whether you use that word or not.

LESLIE: Mmhmm, mmhmm. We are, we are. Yeah, I would say, number one, admit that I just might be a racist. And realize that if, in fact, it's true, it was done to you, or it was done in your name. It's not a personal character assassination, but it is a national shame. And if you'd like to change it, that's fine. But check yourself first. Why do you wanna change it? If you wanna do it because you find it no longer acceptable that in your name, others are being harmed unjustly, then step up. Join the campaign because it is right. It may not be easy, but it is, in fact, right.

Once I had a brilliant, well, it was a white person, but he was not American. Because of his religious background, he once said to me, "It must be very difficult for you to believe in God when you're seeing so much suffering every day." You know what I realized in that moment? How incredibly empowering and human that felt. He didn't fix anything. He didn't fix anything. But for the very reason that we're human, that, in that moment, was like it was like someone took me and all my generations of my family and just wrapped a big old arm around everybody and just hugged my entire line. It was an amazing moment just to have somebody say, "It must be really hard." I felt like wow, he gets it. That's tremendous in the moment. It was tremendous!

If you don't know what to do, maybe you're not looking. Maybe there's a part of you that really has something to do, but you're so busy going, "I'm not. It's not me. We can't. I won't. I can't," that you're missing it. We would love to have your participation in the process of changing your world, yeah. There are lots of organizations doing the work that you can contribute to. So if you're a person of privilege, please hit us up cuz money is something everybody can use. I am trying right now to [raise money for another project](#) that my non-profit is working on to actually help heal the physical damage. So we can always use contributions. The other issue is I'd love to go to Atlanta to speak in person with these individuals, but quite frankly, I'm working.

But I would love to go. So I'm raising money for a trip. I'm raising money for a larger action on a national scale for now. But we need to realize that this is an international problem. People of color are being harmed all over the world. If you're privileged enough to have funding, then certainly that would be great. We would love to have a donation so that we can start to put some of our other plans into place because unfortunately, we don't have the coffers of CDC.

Acts of civil disobedience are also helpful at putting the point across, but it has to be a very directed message. And if you're gonna do something like that, please hit me up first. So if you're going to speak for the campaign, let us show you how to speak for us. We don't wanna have people just doing unorganized civil disobedience and putting themselves in harm's way.

Another parallel with HIV, once the virus came out--And CDC was resistant; they didn't declare it initially. What happened? First we had a lot of gay people coming out and doing things. What really moved it, was when heterosexual and white people came out and started acting up with them. Here's the problem: people of color can't do that. We've tried that, and we get hosed and incarcerated, shot, dogs, whatever. So if you really want to engage in an action, it would be safer, I think, for white people to take the foreground on that because it's safer. Their bodies have more value for some reason. If you get a group of people together who'd like to have an action, I would love to hear from that group. I would be happy to help direct the action.

[Jane Elliott is brilliant](#). I'm very impressed with her commentary. Again, she's white. So it needs to be white people leading this charge because why? Well, white people know how to talk to white people. By the way, have you seen where she stood up in front of a group of people? Quite frankly, I'm going to use it. So Jane, if you're out there, I'm gonna be using it. She just stood in front of a group of people and said, "Raise your hand if you would step into the shoes of any average black person today. Raise your hand if you would exchange your white skin for black, even for a week." Nobody raised their hand.

She said, "Well, hang on. Let me just clarify this one more time, cuz somebody must've missed it." And nobody raised their hand. So she said, "You know what that means? That means you know what racism is, you don't want it for yourself, and you're OK for it to be for somebody else."

It needs to be white people telling this tale because I would never have thought to say that! You need to be speaking to each other. It is not a black person's problem to solve. However, this individual black person is willing to help. So if you really wanna know a change, go ahead, hit me up. Ask me. I'll come speak to your group. Contact me at leslie@right2healthus.org. If it's a sincere request, we love to help. Look around for other people in your community who are having the same questions, struggling with the same issues. Hit me up, cuz we can help your form a talking group based on a safe, compassionate, respectful environment. There are a lot of stereotypes that can be explained and dispelled once real information is given. So we do a lot of that. But a lot of it is about care, just caring for the traumatized and teaching other people not to traumatize. So it takes a certain amount of humility. We don't wanna

counter hate with hate. That's not the goal. Not at all. Yeah. So we really do want to lift ourselves up in the process. We do not want to bring anyone else down. And I think that's a big misconception that causes a lot of fear for people.

CHERYL: Yep!

LESLIE: It's like, you wanna take mine.

CHERYL: No, you don't.

LESLIE: Yeah. So not!

LESLIE: What about you do I want to take?

CHERYL: [laughs] Right!

LESLIE: No! What I care about is the extent to which the ubiquitous racism that we cannot escape is hurting all of us, irrespective of gender, ethnicity, language, ability. It is the broth of what was supposed to be a melting pot. No, it's a stew. And we're good. I'm cool. I don't wanna be a potato. I don't want a carrot. I don't wanna be a celery. I'll be whatever I am, and you be whatever you are, whatever, understanding that the broth is racism. As soon as we get that, I'm cool. Let's all just simmer. Simmer down!

BOTH: [laugh]

LESLIE: Let's all just simmer down, you know!

I try really hard not to be gender biased, but I feel like, to a great extent, it probably should be women kind of leading this fight because they're our babies. Again, it's hard cuz I really don't wanna sound like this is all about gender bias, but I think women have been dealing with change by our very nature, on a regular basis. There actually is a connection between us and our children. Sometimes there's a baby crying somewhere. You're focused on what's going on, like the speaker who's actually speaking, and then a baby starts crying. You wanna turn and look, and if the mom's having a hard time getting them to calm down, you almost wanna go over and grab and go, "You know what? This always worked for my kid." That kind of co-parenting is what's needed here. And I'm not saying males don't have it cuz there are a lot of males who are doing that stuff now. It's awesome, quite frankly. But as we've been doing it longer, it might be a good strategy for women to kinda carry the banner on this and for males to just kinda go, "Hey, what do you need on this?" Let women take the lead on this. Again, I apologize if it sounds like I'm being gender-biased. I think it's just the way we've been conditioned.

CHERYL: Yeah, and we haven't tried it yet. So how about give it a try?

LESLIE: There's an idea!

CHERYL: Even just for that simple notion of--

LESLIE: Haven't tried it. I like that.

CHERYL: Yeah.

LESLIE: I think also, we have a connection to the idea that this is a life. This is somebody's kid that you're hosing, that you're shooting, that you're pulling over for no reason, that's being found dead in a cell. I can't take it anymore. I would just beg of everyone, please help me with this before my mom goes out! So she can see that it's actually led to something more than just the first black President, thank you very much.

Not to in any way demean incredible accomplishments of that man, nor his courage, putting himself and his family in the crosshairs like he has. Listen carefully and with an open heart to the suffering of others and reflect how would you feel if that voice was your child?

So listen. Really listen, like you would to your mom, when a person speaks to you about their experience. Listen. Believe them. Those would be first steps. But hit me up, cuz I got lots.

Go to the local NAACP and ask what it would take to get me to come speak to your group because I'm happy to do it. But we need to make movement, and it needs to start now.

The other thing we're going to do is put together a petition because once it reaches 100,000, my understanding is that the White House has an obligation to respond. So hit up the Right2Health Facebook page cuz we'll be putting together a petition to send off.

It's hard work, but it's so rewarding when it happens. It's so rewarding. So the next time you're looking in the mirror, and you would hate to think of yourself as a racist, just think about if you'd be willing to take over that burden for someone else, for even a week, even a day. If the answer's "no," it's OK. Just realize you're at that point where it's time to make a change. Hit me up, ask me, let's get something going because we don't have another soul to waste. So if you don't like what your nation is doing in your name, stop it. It's your responsibility as a citizen to stop it. We can help. We wanna help.

Wrap-up

CHERYL: Ah, I can't thank you enough.

LESLIE: Well, you're welcome.

CHERYL: Thank you.

LESLIE: Yeah, yeah. Thank you for asking.

[music]

CHERYL: Thanks for joining me for another episode of Stories from the brainreels. Find more handy info on brain injury and disability art and culture on my disability arts blog, WhoAmIToStopIt.com.

[music]