

## Pigeonhole Episode 28

[bright ambient music]

### Introduction

CHORUS OF VOICES: Pigeonholed, pigeonhole, pigeonhole, pigeonhole, pigeonhole, pigeonhole, pigeonhole, pigeonhole.

CHERYL: This interview with Leslie Gregory is a re-release with a whole new edit, much more condensed. The original, longer interview transcript is still up at [WhoAmIToStopIt.com/podcast](http://WhoAmIToStopIt.com/podcast) under the Old Podcast Transcripts tab, episode 49, released in 2016.

I interviewed Leslie to talk about her work with Right To Health and her intense advocacy work to get the CDC to declare racism a public health threat. And now, in the environment of a global pandemic, larger than usual uprisings against police brutality, more and more are continuing joining in on this idea: [racism is a public health threat](#). [Racism is a public health crisis](#).

[mellow music break, plays until the conversation starts]

I met Leslie in her Portland home around dinnertime one evening in June, 2016. I reached out to her because I was interested in hearing about an open letter she wrote to the CDC I founded posted on her website asking them for a declaration. She's warm and sociable, but she doesn't linger on small talk.

LESLIE: And I'm also a musician. Well, I'm trained in wind. So flute, piccolo, clarinet, I've done a little sax, some oboe. But I trained myself in guitar.

CHERYL: My family's all musicians, too.

LESLIE: Well, I think music is healing. It's a part of the protocol that I would use if CDC will do its job....

CHERYL: There's a lot on that topic!

LESLIE: Yes, there is.

### Open letter to the CDC

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. We're already doing it." But they didn't address what you said, which is, "You need to make the declaration."

LESLIE: Yeah, 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. And then, if you have any **other** suggestions." 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? Number one, it felt very patriarchal. And you don't know me well, but patriarchal does not go well with me.

CHERYL: I believe it! [chuckles]

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. The minorities are not the problem. We have a gatekeeper who says, "No, I'm not gonna do that. But I'm gonna pass this letter off to my subordinates 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.

CHERYL NARRATING: She called about the form letter, got put on hold, and was told again, nope. Not gonna do it.

LESLIE: So, I felt like gosh, what would it feel like for me to not have to do my job? 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. And so, what I'm gonna do here is I'm gonna put a Band-Aid on your peripheral neuropathy, and we're not gonna talk about your glucose." If I did that, what would happen? I'd be fired. So, I guess what I'm thinking is...big change needs to happen. A big change.

What we have seen 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." It made me realize wow, 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 lotta money we're paying people to not do their job. I want that job.

CHERYL: Yeah!

BOTH: [laugh]

CHERYL: Sounds relaxing.

LESLIE: Is that awful of me?! How is this not a perfect, precise, and exquisite example of the institutional racism that everybody seems to now be admitting is behind this? 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?

### Looking at and studying racism as a disease state

LESLIE: Right. So, that brings up another really interesting point for me because there is. 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. I think the other piece that would draw me back to the question, "How is this not a perfect example of institutional racism," is we know from all the data that racism is, in fact, transmissible; it's inter-generational. Again, 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. And 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. And so, what if we looked at it as a disease state itself, racism itself, as a disease state? I don't mean as a mental health disorder. No, no, no. 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.

I like to use the analogy of tobacco. Tobacco was another huge industry upon which we built our economy. And everybody thought it was OK, and so we used it to get rich as a country, right? And then, at some point we realized oops, thought error! We declared it a public health problem, we reversed the thought error, we said, "This is what we used to believe." And there was no blame or shame involved. It was just gosh, that's what we thought. There was this resistance, and it was based on what? Economics!

The money people, who were resistant to losing that money, pushed back and said, "Oh, no, no, no, no, no! There's no relationship between." And it went on for years. And then we figured out there was this relationship between tobaccoism and all this death. Surgeon General came out, CDC came out, big, huge public interest campaign came out. What happened? Now, we've got labeling, we've got huge taxes, we're compensating people who were dying from a preventable disease but for this thought error. Amazing! And what has also happened to the rates of lung cancer and COPD? Declining. And all I'm saying is, "CDC, come on. Do your job."

[peaceful music break]

LESLIE: 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, 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! 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, yeah.

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

CHERYL: [chuckles]

LESLIE: If you look at United States like a huge ship. OK, I was in the Navy. So, I do this stuff all the time. It's a big ship. We know that big ships don't turn quickly. 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. At no point did I say the dreaded "reparations" word. All I said was let's declare it. The threat to public health, not minority health, public health, is such that your own four criteria have been met by it.

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 have friends who are made physically ill by watching the damage, the violence against unarmed Black people. And you know, it wasn't just Black people marching with Dr. King, whose changes, incidentally, I have a feeling like they're reversing back sometimes. 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 here. And I'm not speaking as a Black person; I'm speaking as an American citizen. We're not being cared for. And I'm not just talking about CDC. I'm talking about NIH. I sent a letter to them too, right? Yeah, same crap.

[peaceful music break]

### Getting real with the conversation

LESLIE: I was sitting on a plane coming back from Ohio, and I was sitting next to a prominent practicing psychiatrist at one of the larger medical institutions here in Portland. And 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. But I think that it's very common, and I think a lot of it has to do with loss of privilege. And 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?

At the end of the day, as a medical practitioner, my job is to find the answer, and not just to why you're having the sniffles. Could be a virus, could be bacterial, could be allergies. Let's take a look at it, right? Well, why you're having anxiety on a national level. Let's look at what it is. Because 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 disparities.

CHERYL: Yeah.

LESLIE: OK, let's just start getting real with it, OK? But the second part is to end the blame, end the shame. This isn't about blame! It's not about that. Remember the old, "We're the greatest nation on the planet?" Let's lead in this way. We're not the only racist country. So, how about we lead in this way, 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! 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. And again, follow the money on this. 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. And 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. That's just not good enough! That is not good enough.

If this corporation thing is too big to fail, then it's too big to exist. And we have brilliant work being done. So, there is no waiting for evidence-based practices. There's no waiting. That's evidence. We've got it. Now, if you don't know the practices, you do your job. I'll share. Because, quite frankly, 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. 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, OK? We gonna wait on you. And what I'd really like to do is sit down and talk to these individuals. But you know what? I'm working!

[mellow music break]

We depend on each other. We're humans; we're connected. 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. It's the illusion of solitude: this idea that what I do is my choice, and nobody's not.... Well, you know, it has consequences for other people. On the one hand, I feel a great deal of urgency about it, like, "Now! It's been 400 years! Now!" And 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 motion. I got to see some turning here. It's just not OK anymore to ignore that contribution and allow that aircraft carrier to keep bouldering toward the wrong direction!

And racism is regional. It looks very different here in the Pacific Northwest than it does in Florida. Come on, now. Looks a lot different than it does in Brooklyn. Iowa. [clicks tongue] "We don't have racists in Iowa." "That's 'cause you don't have Black people in Iowa."

CHERYL: [laughs]

LESLIE: How can you be racist if you don't have Black people?

CHERYL: [chuckles]

LESLIE: That's the thing about Pacific Northwest: there's nobody racist here.

CHERYL: No.

LESLIE: Because they don't know any Black people. So, how could I possibly be racist if I don't know anybody?

Part of what worries me the most is we have generations of children coming. They're gonna become more and more xenophobic as the country darkens, and we know this is happening. And if we don't have the tools, we're gonna see more of what we're hearing in this election rhetoric. This kind of xenophobia, I gotta tell ya, we're already kinda becoming this laughing stock abroad. I have friends and family abroad, and what I'm hearing about this election season has become a laughing stock. Unless big changes are made, we'll continue to be a laughing stock!

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. And 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 as long as you can say, "Well, here's what we'll do. We're just gonna—"

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: I really just don't care if individually, you are a racist. What I do 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. I don't wanna be a potato. You know what I'm saying? I don't want a carrot. I don't wanna be a celery. I'll be whatever I am. You can all be whatever you are, whatever, understanding that the broth is racism. As soon as we get that, I'm cool. Let's just, yeah, let's all just simmer. Simmer down!

BOTH: [laugh]

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

I've talked to several people about this. 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.

### Sitting with discomfort

CHERYL NARRATING : Non-black podcast audience, you can use the next few minutes as an exercise, like a meditation.

[mellow music plays through next paragraph]

LESLIE: Raise your hand if you're feeling uncomfortable. Not one person would raise their hand. 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, and for merely academic exploration, look at yourself and realize your first impulse, your first reflex is to say, 'I'm uncomfortable. I'm stopping right now.' 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!' Close your eyes, turn and face that discomfiture, OK? Just turn and sit in it for a minute. Experience it. 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 is it? 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!

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, OK? Do you think that would shorten your life? That's all I'm asking. 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. If it's OK for you that some people experience that on a daily basis, every day, all day, if it's OK for you that some people do that—no fault of their own—then you've got a problem. And it's not religion you need. It's a heart. It's humanity that you're lacking. And 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. [peaceful music returns for this last sentence] And imagine what a world it would be if everybody just looked at each individual as another human?

## Wrap-up

CHERYL: That was Leslie Gregory of Right To Health talking to me in 2016. Find her work at [Right2HealthUS.org](http://Right2HealthUS.org). Follow the organization on Twitter [@Right2HealthUS](https://twitter.com/Right2HealthUS) and the campaign to declare racism a public health threat [@Right2HealthNow](https://twitter.com/Right2HealthNow).

[upbeat theme music]

CHERYL: Every episode is transcribed. Links, guest info, and transcripts are all at [www.whoamitostopit.com](http://www.whoamitostopit.com), my disability arts blog. I'm Cheryl, and...

TWO VOICES: this is Pigeonhole.

CHERYL: Pigeonhole: Don't sit where society puts you.

**Music in the episode:** "[Seafoam](#)" and "[Lilac](#)" by Chad Crouch. (Source: [freemusicarchive.org](http://freemusicarchive.org). Licensed under a [Attribution-NonCommercial 3.0 International License](https://creativecommons.org/licenses/by-nc/3.0/).)