Podcast Episode 41

COVID-19 Pandemic 6:

Let's talk about Privilege, with Dr. Eddie Moore & Dr. Christina Jimenez.

Privilege is when a person or group enjoys an unearned advantage over other(s). As the COVID-19 pandemic has dramatically highlighted, those with less privilege often pay the ultimate price in times of crisis. Dr. Mary O'Connor hosts a fascinating discussion with Professor and author Dr. Christina Jimenez, and educational leader and privilege expert Dr. Eddie Moore, also an author. Together they explore some of the ways that understanding privilege can enhance our understanding of inequities and disparities during this coronavirus pandemic, and how we can eliminate disparities that privilege perpetuates.

All views and opinions are the participants own.

Dr. O'Connor Welcome to the sixth in our series of special pandemic additions of the health disparities podcast for Movement is Life, our weekly exploration of equity, diversity, and inclusion in healthcare. We're recording this on April 22nd, 2020. My name is Dr. Mary O'Connor. I am the Chair of Movement is Life and Director of the Center for Musculoskeletal Care at Yale School of Medicine and Yale-New Haven Health. I'm looking forward to hosting today's discussion, which will hopefully help you, our audience, learn about the impact of privilege on who's getting sick and who's dying in our nation from coronavirus. We're now seeing many articles, which highlight the very disturbing disparities in this pandemic and how African

Americans and Hispanic Latinos are dying at disproportionate rates. In today's podcast, we have two fabulous experts who are going to help us understand the role of privilege in these disparities.

Our first guest is Dr. Eddie Moore, CEO, and founder of America & More. His company focuses on helping people, companies, and institutions move beyond dialogue and into action on issues of social justice. Dr. Moore is co-editor of "*Everyday White People Confront Racial and Social Injustice: 15 stories*," and an online workbook, "The White Woman's Guide to Teaching Black Males," inspired by white women teachers asking Dr. Moore, how they could more effectively reach their young black male students. Dr. Moore is committed to building relationships through understanding, respect, and connecting. So happy to have you with us.

Dr. Moore It's good to be here Mary. Good to see you.

Dr. O'Connor Thanks, lovely to see you. Our second expert is Dr. Christina Jimenez, Chair and Professor of the Department of History at the University of Colorado, Colorado Springs. She's an award-winning academic. Her book, "*Making an Urban Public Popular Claims to the City in Mexico, 1879 to 1932*," was recognized as an outstanding academic title in 2019 by the American Libraries Association. She is co-editor of the matrix reader, "*Examining the Dynamics of Oppression and Privilege*," and

has developed and leads workshops on social justice and inclusion. Her students have recognized her as an outstanding teacher, and we're just delighted to have with us today, Dr. Jimenez.

Dr. Jimenez Thank you for having me. I'm happy to be here.

Dr. O'Connor I'm delighted to have you with us. All right. I want to get right to our topic, the COVID-19 pandemic and privilege. So, I'd like to start with each of you making some general comments about privilege because some of our audience may not be that familiar with the concept of privilege, especially white privilege, which may seem off-putting to some, and that, as we know is not our intent, right? We want this to be a very comfortable conversation for all of our listeners and we want people to learn and gain a deeper understanding. So, Dr. Moore, let me start with you. Can you help our listeners understand when people use the term privilege and especially white privilege, what does that mean?

Dr. Moore Yes, concisely. I mean, in simplest forms, the way I talk about privilege, it's really perks, benefits that are often un-earned. Things that come to you, not because of the many things you've done, but simply because of the way you may show up your identifier. And so, as a man, for example, if we go to the car lot, there's going to be a way that I'm seen, I'm respected often heard differently than you, simply because I'm a dude and that's an

example of male privilege. And I think we can continue to use examples of gender, social class, of religion, but the simplest way that I would put it is privilege is a perk, a benefit and advantage you get, not because of anything you do, but just because of who you are.

Dr. O'Connor Dr. Jimenez, how do you help your students understand these concepts?

Dr. Jimenez You know, just kind of riffing on what Dr. Moore was saying. I really make sure that students understand it's a perk or a benefit that is actually given to someone regardless of what they have done or haven't done to "earn it." It's part of a system, the way that our society, institutions, organizations treat people with certain identities versus people with other identities. So, for me, the systemic aspect of it is just really important to communicate particularly to my students, because they will talk about their personal hard work in achieving what they've done in life. And, of course, I don't want to take that away from them, but they often don't see the invisible ways in which certain privileged identities that they might have. It could be a class identity, it could be a racial, ethnic identity. It could be around issues of just sexuality that they don't have to deal with all of the obstacles that someone who's a lesbian or gay has to deal with in life. So, those are all "perks" or advantages that they glean from their identities that they

might not be aware of because one very insidious thing that privilege does, is it is excellent at making itself invisible.

One example I give my students is that we think about the World Wide Web as everyone having access to the internet worldwide, and of course, there are lots of problems with that. But what students don't realize is that in most countries around the world, it's not just dotcom at the end of a web address. It's .com.mx, mx for Mexico, or dot other acronyms because if you're from the US, it's invisible. In fact, it's kind of a normalized "default" accepted way of understanding web access. So, that's how I would describe privilege in a nutshell.

Dr. O'Connor I want to ask for your thoughts on what you think has changed in terms of our more global societal awareness of privilege and racism from before this pandemic to now? That's kind of a big question but my sense is that there's greater awareness now because we are seeing so many reports about how this pandemic is disproportionately impacting communities of color. So, I'd like your thoughts on, do you also think that's true? I mean, is the level of awareness being raised? How do you see that helping us from a more global society perspective?

Dr. Moore It's a good question, Mary, and what I've been thinking about, and what I find interesting from my vantage point is I think you're exactly right.

There's been an illumination, a light shine, so to speak, a bright light on what I think some of us had a sense of that some people could go to the doctor, some people couldn't, you know, just in basic times, but I think this pandemic has shown us that by some people not having access to just basic medical care, they will die differently than others and in greater numbers. And so, what I think is important though, when talking about privilege is, we're hearing some of the stories about the most oppressed, which I think is important. And it's really important that people of color are covering those stories and bringing light and shining light under the realities of these disparities. What I do think is missing though, is the vast amount of privilege and benefits and perks on the other side. So, if a greater number of people of color are dying, I'm not seeing any stories talking about what it's like to be white watching that, experiencing that, or not experiencing that. We're seeing some white folks go to islands and spend their time during the pandemic, or some folks being able to shelter in place without any real discomfort. It's like Disney World, depending on what their house looks like. As Christina mentioned, if they have cable, if they have Wi-Fi, I mean, literally you could be living a life of real comfort, even though you can't go outside. And I don't think we're hearing those stories to really shine some light on not only the oppressed but what's the life of the privileged, the super privileged during this time. So, that's kind of some of what I've been reflecting on as I think about what's going on right now. What this time is showing us about our nation, our world, even.

Dr. Jimenez Yes. You know, just kind of following on some of those same ideas. There are so many everyday ways that someone's privilege plays out or lack of privilege plays out in this shelter in place scenario that many of us are in. For example, this is an issue in terms of, can you go outside to get fresh air and to exercise? Well, that's assuming that you might have a yard that's large enough that allows you to get out and walk around. It's assuming that you're in a neighborhood where there are sidewalks where you can walk along and still social distance from yourself. It's assuming that maybe you live in a neighborhood like a suburb where there's not a density of population that you really can't go outside if you want to stay safe and socially distance, because there are just so many people that are congregating in front of your apartment building, for example. And then the inverse of that is just one small example, but if you can't go outside, then what does that mean in terms of, not only your everyday reality in terms of not being able to get fresh air and exercise but what happens if you have three or four kids at home and you're in a two-bedroom apartment and they can't get outside and their energy levels are going up. And that just creates all sorts of stress and anxiety that we know is connected to health issues in all sorts of ways, emotional wellbeing, just level of stress. So, that's just one example of what Dr. Moore is talking about. When you have privilege, you almost don't realize what it would be like if you didn't have it and we're in these much more limited and constrained circumstances. So,

for example, as a university professor, I mean, I know students across the country are dealing with this, but we can't assume that all of our students have internet access that is going to allow them or a computer with a webcam or a microphone that are going to allow them to participate in class or even access material online.

Dr. Jimenez So, again, if they're in a residential situation where they live with five or six other people and maybe parents have to be using Wi-Fi for work. Well, then they're not going to have the bandwidth to allow the children to do the homeschooling, for example. So, those are ways that I think privilege plays into kind of the general experience of the pandemic. But there are so many other ways that we can talk about that, I think more directly connect to health disparities.

Dr. O'Connor Let's follow up with that line of thinking, because testing as of today still remains problematic, testing for people for the virus, either for the virus or for antibodies to see if they've developed an immunity. And my healthcare system is still dealing with the fact that we can't test everyone that we would want to test because ideally, you could test your entire healthcare professional workforce, so, you would know that you don't have asymptomatic carriers, you could test all of the patients, you could test their visitors. I just share for me personally, probably one of the most disheartening aspects of this pandemic is operating on patients and none

of their family can be with them. It is just so unheard of, it's just so unacceptable. But yet we're doing it that you would be operating on an 85-year-old grandmother for her hip fracture as they did the other day and not one single person from the family can be with her because we don't have the ability to rapidly test people to understand if they could be with her. Dr. Jimenez, I'm really interested in your thoughts about how privilege could be impacting, maybe it is, maybe it isn't on access that people have to test or are kind of general societal approaches to testing because testing to me is really such a critical issue.

Dr. Jimenez So, there are two ways that I'd really want to answer that question. And one is to look at the structural institutional side of it, which is just looking at the basic question of who has access to medical professionals that will give them a referral for testing, for example, in many areas, in many counties, you need a referral from your doctor to get a test if tests are, you know, because they are very limited in a lot of areas. Well, that's assuming that you have access to a doctor who's going to, not only return your call, but have the bandwidth to have a staff that's going to be able to return your call. And we know that something that's happening is African American communities, Latino communities and rural communities are really seeing this lack of access to even getting that medical professional to be able to write the script so they can get the test, for example.

So, the structural side is one way, access to resources. I mean, I want to talk about another way which I think is really important, the way that privilege operates through implicit bias. The everyday decisions that people have to make, very kind of well-intentioned people often trigger these ways that they might be biased to giving a test or giving treatment when it's limited or rationed in some ways to certain individuals versus others. And implicit bias is really the way that structural racism is enacted in our every day when you say, well, this is a young white college student who is very sick and has lots of needs versus maybe a middle-aged Latina woman who's quite overweight with diabetes and she also has needs, but there might be a decision there that someone has to make to decide, well, we really want to make sure that he's not sick or we really want to make sure that he's getting treatment. And you know, she's already sick anyways. And I mean, I know that healthcare professionals really are doing their best, but, again, this is the way that implicit bias works and if you're not aware of the way that it works, then, and the way that we're all caught up in it, you can end up replicating it. So, I think that's an important factor. I mean, those are just two things. I'll let Eddie add to it.

Dr. Moore Yes. And only, quickly to add, I mean, I think the thing we have to remember and talking about privilege, particularly white privilege, is it extends from somewhere. It doesn't just appear from nowhere. There's an ideology, a foundation that's played a role in bringing this about in our

systems, in our organizations, in our institutions and that's the ideology of white supremacy. A belief that white is better and structurally systemically, institutionally having all the things that many of us still operate by today. What we're talking about today is medicine and healthcare being designed from a framework of white supremacy in many cases for white people by white people. So, now, we have this pandemic hit. And I mean, I don't know, I'm feeling like we have to almost hug the porcupine. Like we have to come to a painful reality that we're living in a nation where the testing is not for everybody. That some people have to die, some people have to be left behind. And I think the question really right now is as we, when I feel like, get flooded with the stories of those who are dying, those who are being left behind, I don't think we're getting the same kind of challenge to those who are the most privileged, who have the most access. And I think that's the real question that we're facing as a nation, as a world, but I'll speak specifically here in America, just knowing our systemic organization, institutional design. I think that's the real question. What we like to say at the non-profit, the Privilege Institute is that if you have a lot, you should do a lot. And I think, right now we're realizing that there are some folks who've gotten a whole lot of stuff, particularly when it comes to access to healthcare. We may have to come to grips that in order for testing to be available to all, some folks will have it all - well have most of it. We have to make some sacrifices and I'm not sure, I mean the verdict is still out. I don't know how you all are feeling about that, but, right now, it

feels to me that the model that we're facing is some people are okay with losing some folks and represent this pandemic. And I think that that's the question that we have to be asking on the privileged, the access side.

Dr. O'Connor Both of you, you and Christina are spot on, and I'm going to give you an example of a concern that I have, which I believe is going to further exacerbate disparities. But right now I don't see a way around it. And this is again, another structural issue. So as we start to get back to something that looks more normal in terms of healthcare delivery, and we start doing elective surgeries again, because essentially across this country, most not all, but a lot of hospitals shut down elective surgery. So, if we have, and since I do hip and knee replacement surgery, we'll just use that as an example. So, if I have the white male who needs a knee replacement surgery, and I have my African American woman, who's obese, who doesn't have a lot of support at home and she's also scheduled and when we open back up to do surgery, we will start with patients that can be discharged to home so that they don't have to go to a skilled nursing facility, which we know is a high risk of COVID spread. Okay, so you do not want to be going to a rehab facility or a nursing home right now because of the risk of getting sick. So, we will, by structure, by a plan, say, we're going to open up surgery initially for people that we know can be discharged to home. And that is going to favor affluent people and marginalize poor people. I know we have racism issues, but so much of

what I see is related to poverty and lack of resources. But we're going to open up surgery in a way that is going to hurt those people that had to be canceled that need more resources. They're going to get put off even longer. The system isn't going to do right by everyone, the marginalized patient is the one who's going to suffer.

Dr. Moore I think it's worth naming who's going to benefit in addition to that, and I don't know if that's a policy or an initiative of white nationalism, of white supremacy, but if you look at the results racially, it sure seems like white is what's going to be protected. And I think we're not having that conversation, and I don't know if I'm right about that, but that's what it feels like to me when I look at the disparities and the inequities as the pandemic is playing out right now. And then as you look at a forecast of things to come and lay that out.

Dr. O'Connor I think they're the way that we're going to have to reopen elective surgery is going to advantage privileged individuals, affluent individuals, and disadvantage those who have fewer resources, which are proportionally higher, likely to be African American, Hispanic/Latinos and rural white people. So in the end, the group that benefits the most are affluent white people, because they're going to get access to those surgical procedures sooner than others. It's a privilege for them. It's not their fault that they don't have to go to a skilled nursing facility, but yet

they're going to benefit from the way that we're going to have to do this because we don't have adequate testing.

Dr. Jimenez I think another really important dynamic that I know that we're familiar with, but, you know, we should kind of get it out there, which is the way that there were so many just pre-existing healthcare disparities and that the pandemic has revealed the fact that, you know there are years, decades of healthcare disparities that are making African American and Latino/Hispanic communities so much more vulnerable to COVID-19. So, that vulnerability of those communities is one layer, and then the access to testing and treatment is just the consequential layers of privilege and all of the implicit bias, systemic racism, unintended privileging that happens as a consequence. What's been interesting to me in that conversation about these pre-existing healthcare disparities, and I don't know what your experience and hearing about this has been, either of you, but I've been hearing about it in two interesting ways that I want to put out there. One is that well even Dr. Fauci, I think on April 14th or 15th in one of his press conferences, he spoke about how the COVID-19 crisis has really made everyone much more aware of these existing healthcare disparities. How African Americans and Latino communities have much higher indicators of some of the factors that make a person vulnerable, diabetes, being obese or overweight, and high blood pressure. What's interesting is that we know that those are the results of many complex factors of structural racism

around healthcare, around economics, around communities, and lives, but some people want to look at that and say, well that's because those communities are less healthy, and there develops then a stigma, healthy in terms of their decisions and their lifestyles. And some of that is true, that's a factor. But a lot of people don't want to acknowledge these structural inequalities that have created these adverse healthcare conditions for those communities. So, having then to deal with that stigma in the midst of this pandemic, I think really does raise all sorts of other kinds of ethical questions for people about, well, what does this mean in terms of you know, access to care? Yes, have you all experienced or heard conversations around those ideas?

Dr. O'Connor So, I'll comment and then we'll see what Dr. Moore thinks. I would summarize your comments to victim-blaming, right? We want to say it's their fault that they died because they were obese, diabetic, and hypertensive. And if they'd only taken better care of themselves and they weren't so ill with all these co-morbidities, they would not have died of the virus. So, it's their fault.

Dr. Jimenez Right.

Dr. O'Connor Okay. Now, I'm going to let each of you comment on that statement because it's a ridiculous statement to make, but I think that this is a

conversation that's helpful for us to address because people who are listening may hear someone say that. What is the most constructive way that you could suggest someone respond to help enlighten that person who's inappropriately victim blaming so that we can have a more productive and respectful conversation about disparities. So, Eddie, let me ask you, how do you help that person respond to victim-blaming isn't appropriate?

Dr. Moore Yes. I want to save that for last. Let me just say quickly, a couple of things first. One, if it's intended or unintended the results of the healthcare system, where we are today, I'm not sure. And when I look at Tuskegee and some of the other things, particularly as it relates to black folks, but even we can go farther back to look at First Nation folks and what happened when they were given, you know, I mean, basically, smallpox and so on in the blankets and things like that. So, I just think when we're talking structural institutional systemic, we've got to look at this framework for this kind of white supremacy, which delivers privilege and siphons it out to different populations of people in different ways. So, I just want to get us to continue to think about, are we in an intended situation or unintended situation? Secondly, I was thinking, as you were talking, I feel like as Christina was talking, I'm sorry, I was thinking of asking you, it feels like pandemic has given more general population people, more information about these disparities, but I feel like doctors have known how high blood

pressure and diabetes have been impacting folks of color in different ways. And I don't know if that voice hasn't been loud enough or maybe they're just learning like most of us about how glaring these disparities are, which leads to your question, which leads to what you're asking me about. The victim blaming so to speak. And I'm not sure what the answer is. I'm trying to get people to really just tell me more about where you come to understand these current numbers and these current results as it relates to diabetes, high blood pressure, and people of color. I mean, do you think racism causes sickness, or are there some other elements you're really willing to consider that can play a role in addition to, you know, not having grocery stores, fast food, and all those kinds of things. And, I think in my mind, the average person that I know, I can end it there, but I think we're going to have to have a national conversation about this very question, but I'll close with this. What I find really interesting at this moment is Asian Pacific Islanders have been named as the cause of the pandemic. Black folks are being villainized, and are essentially saying you're getting it, you're sick because you're not taking care of yourself. And now, I think we are seeing some assignment to immigrants and Latin X folks to the different ways around this pandemic in reference to, they don't even deserve help. They don't even count. And so, I think, I'm wondering like what's going to be the long-term effect of this 30-day, 60-day time period that may be impacting some of us in our kids for the next 25 years. So,

that's some of what I'm reflecting on that question and thank you all for letting me breathe it out.

Dr. O'Connor Well, Eddie, I'm going to make a comment, and then Christina, I'd love you to respond as well. The victim-blaming of course bothers me. Now that doesn't mean that people shouldn't take personal responsibility for their decisions. And even marginalized patients can in general, it is general statement, do things to help improve their health, but we can't ignore how challenging those changes or those barriers could be for the less affluent. And that's why looking and saying you got sick and you should have anticipated you're going to get sick because you haven't taken care of yourself. So, it's all in some ways, I've seen it as people get old. They can't help that they get old, right? We have poor people living in bad housing conditions with food deserts and they don't want to live there, but they don't have other options right now. So we have to, I think be really careful when we start thinking about victims and victim-blaming. I do want to say Eddie that from my perspective, this pandemic was totally predictable. I mean, this is one of the things that probably upsets me the most, because what Dr. Jimenez mentioned is, we have an epidemic of obesity and diabetes, and hypertension, and we know these comorbidities are more prevalent in our communities of color and for women. So, we see this in rural America with marginalized women as well. These conditions are colorblind. They strike people that get joint pain, and they

are sedentary. They don't have a healthy diet. And all of those individuals then become sicker. They're at higher risk in a pandemic. They die earlier. They cost us more from a healthcare delivery standpoint. And so, it's a huge problem, but it was predictable. And one of the things that I'm really hoping comes out of this pandemic is a recognition that while we have this concept of flattening the curve for the pandemic, we got to flatten the curve for the epidemic of obesity in this country. We've got to flatten the curve for the epidemic of diabetes and hypertension and depression. We have to make our communities healthier because the next pandemic is coming. This will not be the last time we go through something like this. Hopefully, God willing, it's never as bad as this, but we have to be realistic when we think of what viruses do and how they mutate. That's not a very uplifting comment, Dr. Jimenez. I'm going to let you bring us back to something more hopeful, I hope.

Dr. Jimenez You know, I was thinking about it because my dad is a doctor and everyone in my family is actually I mean, my immediate family is in the medical profession in one way or the other. I have a sister who's a physician's assistant, another sister who is a pediatric nurse and my mother is a social worker by training. They talk a lot about the idea that you're supposed to just treat people like people, and you take them on, and you meet them where they're at in terms of their health conditions and blaming the victim in these circumstances, is I think tapping into an

unethical place in terms of the medical profession, the medical practices. But I would say also really unhelpful when you are trying to get communities to join together, to create a more healthy situation for everyone. I don't know if that's rosie but maybe, hopeful that that's somewhere we could go. Dr. O'Connor is it common for doctors to cite the Hippocratic Oath.

Dr. O'Connor Oh, Christina I just have to say that I think one of the bright spots of this pandemic has been the heroics of the healthcare professionals to rise up, and I would extend that to include first responders and police, and the firefighters. I mean, these are people, especially some of the real frontline workers intubating a COVID positive patient is a very high-risk procedure for the healthcare, the physicians, and the providers doing it. And this puts them at high risk. And the other thing is it's not just their personal risk, but their fear that they're going to get their family's sick. Last week, I was operating on a woman for hip fracture who was COVID positive. And my family knew and two of our daughters are with us, right now. And as I was leaving in the morning, go to the hospital to do the surgery, they were anxious for me.

Dr. O'Connor And I was like, I'm going to be fine. I'm going to be fine. I'm too mean for that virus. Nothing's going to happen to me now, joking to reassure them. But that's extra stress. And anyway, I've been so proud of

my colleagues and the professionals and our hospital administrators. I mean, every single hospital and health system in this country is responding to how are we going to have beds? What are we going to do to try and make access for ventilators, for PPE, for all these things? So, that I think has been a bright spot where people have been able to be true to the values of the Hippocratic Oath that we are here to help people. And the decisions that are made are based on medical acuity. It's based on how sick you are. It's not a biopsy of your titles or your credit card.

Dr. Moore Let me just say this, because Mary, you mentioned this, that I don't know if you all feel this is happening to any great extent, but I don't. I mean, the impact of rural white families around COVID-19, I feel like it's not even in the conversation. I don't know if it's being impacted in a different way, but it feels like they're absent. I think, additionally, when I think about the elderly and what's happening in some homes in reference to the elderly and the aging white population, again, it seems like there's an absence to a connection of how the people in the most vulnerable positions, to make this a more collaborative and a kaleidoscope of a conversation are missing. I think that's where we have a real opportunity is to really bring these communities together, to really push back collectively, collaboratively. I think as long as we can continue to have that be an initiative or a goal, in the end, I think we could stand a chance to have better results, and I haven't given up on us as a nation in reference to that.

And I think we saw this with civil rights and other kinds of major legislations that we've seen overturned here in the US and it's been a collective of people participating in that, and I think that's what we need, and that's one of the things I want to be continuing to put out there in reference to COVID-19.

Dr. O'Connor I think those were excellent points, and I agree that we have not talked enough about what's happening to our vulnerable, elderly and their exposure risk, and how many of them are dying. My concern is that rural America is coming next. Okay. I think that we're going to start - I hope we don't, I hope we don't, but when I said earlier, this was predictable, it was predictable because we know of the high level of comorbidities in communities of color in cities. And so, when you have a sickness come through those people that are already not healthy are at higher risk of dying. When we look at rural America, we have a lot of marginalized, white people who are also obese with diabetes and hypertension. I mean, it's the same story. Moreover, they don't have the same access to hospitals because we have seen record numbers of rural hospital closures. Now we've seen hospital closures in the inner city too. People will probably remember Hahnemann University, a huge safety-net hospital in Philadelphia closed last year. So I have a lot of concerns about rural America that they're going to be the next wave. I hope that's not the case, but they don't have a lot of hospital access and some of those hospitals

don't have any ICU beds. There are counties in this country that do not have any ICU beds and we know that with this virus, people can decompensate from a respiratory standpoint quickly. If you can't get to a hospital quickly, you're going to die. So, I hope my concerns are not founded. We'll have to see how it plays out.

Dr. Jimenez You know, I was thinking both of you were speaking about just how, you know, communities haven't had a chance to mourn or grieve all these losses either. And what does that mean? What is that going to mean for communities and families? I have kids who are school age, and the idea just of losing someone in the family would be traumatic for them. And I know that there are a lot of families out there. So many have lost thousands and thousands have lost family members. And it gets me back to this idea of who is going to have the space and the ability, the resources, and the support to really grieve and mourn their loved ones. This whole kind of different waves and when we can get back to normal, I mean, there's going to be a lot of healing and processing that's going to need to go on when we sit back and take in how many people have died and the ethnic-racial disparities among those that have died, the age disparities among those that have died. I mean, I think that's going to spark a whole process hopefully of reflection and examination and hopefully, that'll also allow us to talk about grieving as well.

Dr. O'Connor Christina, I think you are so correct. I see this, I read about it, I hear about it from my colleagues that are really frontline by that I mean, intensive care unit physician. I mean the people that are taking care of the people who are really, sick and dying and simply the volume of death that they're seeing, it's just nothing that we've experienced before. And you can't go through this crisis as a healthcare professional and not be changed, not be scared. And what I'm hoping is that all of us collectively, including my professional colleagues, that we, as Eddie said, we're going to become this huge collective voice to say, this isn't okay. No, we haven't lost as many healthcare providers to COVID, as, for example, we've seen in Italy. The most recent number I saw was 15% loss - deaths in healthcare providers. I mean, if you want to talk about losing patients, and then when you lose your colleague, someone that you've been working with who gets sick and dies, talk about increasing your anxiety level and the level of you bring that illness home to your family. I think there's an under-appreciated - I don't know that it's under-appreciated, I think that people in society appreciate what the healthcare providers and first responders are doing. I'm not sure that my friends and colleagues on the frontline appreciate the toll that it's taking on them right now and that they're going to need time to recover. What I'm hoping is part of that recovery will be a call to action about what we're going to do to try and help our communities be healthier to minimize future pandemics like this.

We're getting close to our time, but I want to ask a question about Milwaukee.

I was so impressed that local leaders there have called out racism as a factor contributing to the African American disparities in terms of deaths from COVID-19. And I just thought it was - of course, I think it's factual, but I was just very appreciative of their transparency in saying it, in naming it and I would just ask you for your thoughts on what you think our communities can do better, right now, in terms of approaches or communications. We can't control directly - can we get more tests? Can we test more people? But we can influence the messaging that our community leaders are sharing with our populations. And so, I would ask for your thoughts on that. What would you recommend a community leader, a Mayor, how should they be communicating concerns and disparities to the population of their cities or towns as a whole?

Dr. Moore Yes, and I'm here in Wisconsin. I think the mentioning of Milwaukee is in a big picture concern about the State of Wisconsin as a whole because Wisconsin has been named the worst state to be a black man. Wisconsin has some of the most glaring disparities from incarceration to access, to healthcare disparities, and education, and so on, and so forth. So, I think some people here weren't feeling surprised when this information came out about Milwaukee, but definitely as you mentioned, feeling thankful and

grateful that leadership is naming it. And so, I think that puts us ahead some, so much to speak and the fact that at least there's been some naming. What I think the next steps are is really, young people campaigns. I really feel like the best thing we can do, right now, as we look at these next 25 years - I'm not saying give up on today, but I say, what can we do over the next 25 years to produce healthier, more conscious, more comprehensive kinds of healthcare education for young people. And I'm not saying they got to be doing CrossFit and marathons or anything like that, but I mean just basic health, food, nutrition education. And I think that's one way that we can begin to at least take some initiative to control our impact for the next 25 years. And that means from schools to summer camps, to athletic teams, to extracurricular, the band, the debate club. I think we need a comprehensive infusion of how to take care of self-better. And so that's some of what I'm thinking about when I think about Wisconsin and Milwaukee, specifically. Let me add this because I think another interesting dynamic that's going on in Wisconsin and states like it, are some of the protests and pushback against the stay at the home shelter in place kind of initiatives laid out by the governor and other leaders. And I do think it's just worth mentioning that this is lurking in the air, and I don't think we yet know how it's going to impact, but there are people feeling like still this pandemic is a hoax. It's not as bad as people are saying. I want to get my hair cut. I want to go to a restaurant. I think it's going to be interesting to see how those two kinds of co-exists. And I think

Milwaukee and Wisconsin is a great case study for that. And I'm just happy we have the leadership we have and the folks like you mentioned, at least naming and willing to grapple.

Dr. O'Connor Absolutely.

Dr. Jimenez I love the idea of both leaders naming it, but also the idea of being a leader from the ranks, from wherever you are. Being a leader in this, for your family or for your community. I mean, that's what I would really want anyone listening to know that it's important that our leaders name it, but it's important that we name it and that we talk about it that there are, you know, real disparities around these different identities that are just totally rooted in injustice. And it's an unjust system that we have the responsibility of trying to fix as much as we can through policy through practice. I would also just want to just echo what you were saying, Dr. O'Connor about the importance of, not only valuing the work, the sacrifice that people are doing but also supporting that by naming things like things to support them and anything from, you know, we're all safer when we stay at home, to the idea that the healthcare workers, they should probably have some type of like paid sabbatical leave or something like people that were on the front lines during this when the rest of us are staying home you know, are they going to get some of that to recover? Just naming things, talking about things like every life is equally valuable.

And you know what? I tell my students that I always want them to take notes, and then I asked them to talk to each other about what they just read or what they just heard because all sorts of pedagogical studies talk about how, it's one thing when you think something when you hear it like in a lecture, but when you actually speak it and explain it to someone else or when you write it down, those are two other whole layers of like, integrating that idea into your understanding. So, just by talking about it, we're like doing deeper learning and we're integrating these ideas of, we need to do more work towards healthcare justice. We need to do more work towards respecting all life, right? In terms of someone who is sick regardless of their skin color or their socioeconomic status type idea. So that's what I would say about that. I really enjoyed this. Thank you so much.

Dr. O'Connor Well, it's really been a pleasure. My gratitude Christina, to both you and Eddie. Again, I thank our guests, Dr. Christina Jimenez and Dr. Eddie Moore for joining us today on our Movement is Life podcast on the COVID-19 pandemic and privilege. I have personally enjoyed our conversation very much. I know our audience has as well. And I just want to thank you both for your courageous efforts and work to try and make us healthier and more, just inclusive. Thank you. Kudos, blessings, peace, and everyone stay well and safe.

(End of recording)