

(PLEASE NOTE: Transcribed automatically by Vimeo, mistakes are possible/likely. Our apologies.)

TRANSCRIPT - GR 10 28 22 "Settler Colonialism and Medicine: Tracing the Origins of Racial Health Inequities" *Bram Wispelwey, MD MPH, from Harvard FXB Center for Health and Human Rights*

Medicine Grand Rounds

00:20:33welcome, everybody.

- 00:20:39Welcome to all those out on zoom as well. And thanks for all those who uh showed up in person today. Uh, I'm excited to welcome you all to medicine grand rounds, and to introduce a speaker. Dr. Brahm Wispelwey uh Dr. Wispelwey away, completed his medical school training in Israel, Uh. At Ben Gurion University, followed by Residency, internal medicine at Brigham and Women's, while at the same time completing a masters in public health at Harvard University.
- 00:21:06While at Brigham he served as Chief Resident for global health equity, and has continued to make a name for himself in this arena, both nationally and internationally
- 00:21:15following his Residency training, he was granted an appointment at the Harvard Th. Chan School of Public Health, as well as Brigham and Women's Hospital. His passion for global health and racial inequities in medicine has been a part uh, has been really not just a part, but the heart of his young but impressive career.
- 00:21:33He is a co-director of the Palestine program for health and human rights. The medical director of one for three an Ngo that supports Palestine refugee communities in areas of water, food, health, and education.
- 00:21:47The chief strategist and co-founder of health for Palestine as Well as co-director and co-founder of the Palestine program at the Harvard FXB Center for Health and Human Rights.
- 00:21:58As a physician scholar, His area of expertise lies and analyzing racial health inequalities and developing race conscious interventions to address them.
- 00:22:07Uh prominent. A prominent example of this work is highlighted in his development and implementation of the healing arc framework for patients emitted with a congestive heart failure. Healing arc builds on the reparations program of acknowledgment,
- 00:22:23redress and closure arc.
- 00:22:27In fact, he's recently submitted an ro One career. Development Grant to study this intervention both at Brigham and Women's, as well as here with his co-pi Dr. Suleima Zimba
- 00:22:37Today he'll be sharing with us his expertise and his insight into the driving forces behind both local and global health and inequalities. Please welcome, Dr. Brown, Whisk away,
- 00:22:54just lines up. You'd be good to go awesome.
- 00:23:01Thank you so much, Sam, and to the chief residents to the Department of Medicine. Want to thank, say, thanks to also um
- 00:23:09to uh,
- 00:23:10to Oh, Yeah, let me take the mask off. Good! Good. I got
- 00:23:14still. And still in Covid times I want to say, thanks to D and Tony for logistical support. Um, also for my partners and collaborators, and some of this work is just the same just

mentioned. Scott, Hazel, uh Suleima Zimba Um Gregory Townsend. There's a lot of folks here and learn a lot from Gerald Donowitz and others. So thank you all so much. I want to say, thanks to my parents. Um, certainly, Brian Westboy, who, I think, uh, most of you, if not all of you know. Um setting the bar extremely high, both in terms of

- 00:23:43uh, what it means to be a clinician, an educator. And then, you know also, really, in terms of the ethical dimensions of the profession, and being a doctor um, and influencing a lot of what I'll talk about today, and also to my mother. Um, who has really instilled in me this important uh sense of being a continual sort of lifelong learner and
- 00:24:05tipping into new educational frameworks and things. So
- 00:24:09I was here about. Well, I wasn't here, but I
- 00:24:12was invited into the Uva Medical Center out uh hour back in March seven months ago, and um was on with Scott and Sula and Dr. Tracy Downs and Greg, and really talking about this this project that we've been involved with for a number of years at bring in the Women's hospital,
- 00:24:31really evaluating, analyzing an example of institutional racism, and then thinking through what it might look like to develop an intervention that's reparative uh, for this kind of institutional harm. And so we talked about that that process, the development of this framework, healing art, and then some of the backlash and in different examples. And today you wanted to think about something. Um!
- 00:24:51That was complementary, but really got a little bit deeper into thinking about why and how these kind of racial inequities in health happen,
- 00:24:59and and think it through that in a little more detail, and mainly because you know this, this idea of inequities, the question of Why do some people get sicker and die younger than others? Is, is some sort of the animating force behind all of this, and really explains, You know, why you might put some of this work in global health bucket versus local Um, You know a lot of this uh talk is really about the journey towards understanding um A framework that I think is deeply, deeply important
- 00:25:26for understanding these. Um all of these uh health inequities in a new way. And so that's what I'll be calling. Set the colonial determinants of health. Um! So
- 00:25:37no, this really starts. It starts with this process of being a medical school in in Israel, as Sam mentioned, and Um really coming back to the United States with a fresh look. The organizer for organizing legend. Marshall Gans tells this story.
- 00:25:53He was in uh, from California Originally he's now up at the Harvard Kennedy School for government, and is Co. Faculty within the religion, conflict, and peace initiative at the at the Divinity School there. But he, he moved from California, came to Mississippi in one thousand nine hundred and sixty-four, the freedom summer to do organizing for the Civil Rights movement and you know had incredible awakening around inequities, political education, resistance to the Uh racism he was seeing in Mississippi
- 00:26:21came back uh to California, and even though he grew up right like I did in a socially conscious family. He was seeing things in his home state of California that he hadn't seen before, and he said this was bringing my Mississippi eyes
- 00:26:36uh back to California, and then he got involved with Caesar Chavez and the farm. You know the farm workers, and took a whole

- 00:26:42cap down that road eventually developed the grassroots organizing strategy for the Obama campaign that's credited in many ways with helping it and elected in two thousand and eight, and so that that idea of the Mississippi eyes really resonates with me. Um! Because that was sort of what led me sort of into that whole project around the racial inequities of our failure that we spoke about seven months ago. Um really came out of coming back with Palestine eyes. And so that's kind of going to be the the focus of the talk today. So medical school I was in Bersheva in Israel, which is in Southern it.
- 00:27:12You can see here, I'm really in there,
- 00:27:15right, you know. Kind of central. It's in the what it's called the negative desert. The knocked up the desert and Arabic. It's sixty percent of the whole country is that desert there, just south of where you see the west bank. Now, most of my work happening in Bethlehem and Nablus, and in the occupied West Bank territory there. But medical schools here in Beersheva. Um, I'll give you a little bit of closer. Look there, as you can see that whole area, though, is the size of New Jersey. Right? So it's a pretty small space. Um, And you know we're
- 00:27:43Hospital, Soroka Medical Center. It's big actually like I think of UVA is around maybe six hundred and forty-six fifty beds, same size actually, as our hospital in Boston. Bring them women's circle me to center one thousand one hundred beds Referral Hospital for that whole southern part of the State. There.
- 00:27:58Um, it's teaching Hospital, Ben-Gurion University. You can see the front here. Those are the medical wards in the back. Um, you know
- 00:28:05the carefully kept on there, you can see, and one of the things that that was most shocking to me are most just startling. When I came in and started working in the wards, especially my third year was seeing the inequities show up in terms of who is just even in the hospital. Right? So in this um, you know, in this southern part of the country about thirty percent of the people live. There are Palestinian Bedwin.
- 00:28:29Um so uh, But they were at times in my pediatric rotation, making up seventy eighty of the hospital awards. So Why right? This is not reflective of of ultimately. Why are these bed when children you know more sick and getting into the hospital More and so was that sort of same recognition that ultimately been brought back to the US. Just getting deeper, because then, through a lot of pathways that I won't talk about now mostly working in the west bank. But you know we look at some of these factors about how do we understand health systems and health equity
- 00:28:59population. So there's longevity, lifespan right? And if you're Palestinian citizens, Israel, you're living, you know, four or five six years. You know less than Jewish Israeli citizens.
- 00:29:09If you're living in the west Bank or Gaza, that's becoming ten to twelve years. And here you can see the infant mortality rates uh Gaza and West bank compared to um. You know, neighboring countries of Lebanon, just fairly close to the United States, Um. And Israel, where very, very low infant mortality rates, you can see a good chunk of the people. The majority of the people and living in the Gaza strip right, are refugees. Right? We're originally from what's now the state of Israel, and about almost a third of those in the west bank. This reflective, not just in lifespan, and you know, and um infant mortality rates, but also looking at chronic diseases. Kind of things we're taking care of right as um as um internal medicine folks. Um so diabetes prevalence right? And I wanted to put up both the global but also looking at the inequity race in the United States. And how do we start to understand these things, and I'll just say from my own

education, That was pretty unclear over the years in terms of understanding why these kind of inequities exist.

- 00:30:06 Um, You can see here, though. Um again in uh Israel. Right? That's about seventy. These are data from the WHO West Bank refugees pushing eighteen some of the highest, highest rates. Right? So pretty, pretty extensive. And again, just to get at this question right? The equity question, right? Why are people getting sicker and dying younger. What's interesting here? Right as you could see, the black line is Middle Eastern North Africa region of diabetes across the lifespan across the age. The dotted line is the world. So Mina, Middle Eastern North Africa,
- 00:30:36 the highest rates of diabetes, in the world, middle-aged Palestinians in red are higher yet so one of the highest rates of diabetes in the world. Right? But look what happens to that Palestinian line towards the end of the life course right? This is a few years ago, maybe seven, eight years ago for low, right? So that can't be explained by genes That's not biology. That's not culture, right? Something else something else going on here. I'm just going to go briefly through a little heuristic, and this is oversimplified by intent. But just to go
- 00:31:05 through. How started thinking about this idea of settler colonial determinants of health, right? So there's been huge gains in education on social determinants right? This was, I think, really coming into vogue when I was in medical school and um Residency, and even, you know, you can see here from the Cdc. They're admitting that of the total
- 00:31:24 important factors going into um. Why, why, you know,
- 00:31:28 people get disease, the social societal characteristics, The total ecology is making up the majority right genes in biology. Not that important. Actually, you're looking at the population level. This is pretty generous to medical care. Some models put it closer to ten. This one's looking more like twenty. Ish. But um, you know you can see that the majority of this and a lot of even the impact on the biology we know now comes from these social and structural determinants, Right
- 00:31:53 people age faster from the stress of living with daily racism. We know that. Um. But what are the limitations of social determinants of health? What's the key limitation?
- 00:32:06 So you know, social determinants. We're thinking about poverty, housing, educational attainment. Um, you know all of these kind of elements.
- 00:32:15 Well, we you know. Now, there's enough evidence that you know, unless you're sort of like a denier of scientific evidence that these things influence health. So across the spectrum people are going to believe that these social determinants are important. The question is,
- 00:32:28 why does someone port right? Or why do they not have housing? And that's where then, the disagreements creep in. So that's where we need something else. Right? That's where we need structural competency. This came, you know, sort of most famously through this two thousand and fourteen paper and social science and medicine by met so on Hansen. This is a formulation from Harvey and colleagues, including some of my colleagues, joined Mukrje and others. Um, on a paper called Structural Competency and Global Health. Education.
- 00:32:52 So This is this educational framework for training health professionals to recognize and respond to disease, and it's unequal distribution as the outcomes of harmful social structures, such as policies, institution, and systems.
- 00:33:06 So it's not just sort of recognizing that there are these structures that that put society together and determine Who's poor, et cetera. Um, but that we can recognize them, and even respond to them right. So there is that, you know this clinical importance to that. I think that's

something. We're still really learning about is how to how do we respond them? So again, this sort of in a simplified version, right? We have these structures. They're influencing the social determinants which are driving community and individual health.

- 00:33:33 But where do the social structures come from? Why are the institutions, the way they are? Why are the policies the way they are all right. And that's where in having their colleagues paper, they talk about these social forces, right? So colonialism, racism, patriarchy, um, all of these different elements homophobia,
- 00:33:51 uh, religious bigotry, all of those kind of elements that ultimately shape uh the way the structures are developed right in this historical and ongoing process. And so you have this pathway to seeding um proceeding in a in this kind of logical way from there. And so I'm pretty interested in. Right. You think about these very structural elements that drive. You know us society white supremacy, structural racism, um, as being some of those uh social forces.
- 00:34:18 So when passing today is that there's something else that Hasn't been built into these frameworks. It's not in the who model it's not in. And you know the you know people might quibble about the different elements, and how exactly you draw the arrows between them and all of those kind of things.
- 00:34:31 This is a simplified version, but a missing element today
- 00:34:35 is is Southern colonialism right? And this is actually been part of a burgeoning field in various realms of Academia, multidisciplinary, interdisciplinary set of studies. There's a journal now called Settler Colonial studies, but it's only just beginning to this wave is just beginning to come onto the shores of public health and medicine. And so I'm going to talk a little bit about what that is now right, and why I think it's so important for understanding the health inequities we talked about showed you a little bit about the Israel Palestine health inequities we've talked.
- 00:35:05 I'm sure you guys have had other talks recently about the racial health inequities in in the Us. As well. But first to talk about Colonial is more generally, you know, this word gets thrown out a lot, you know. Oh, it's colonialism, you know. What is that? And you know, Is it just one thing or what? So, generally speaking, right. It's exogenous domination. It's a mode of domination, and there's two key components here. Colonizers come from somewhere else to an already inhabited setting, and they established on equal relations between the colonizer and colonize. So it's automatically hierarchical
- 00:35:35 cool. That's the general right, and then there's set their colonial um uh settler colonialism now.
- 00:35:42 Noam Chomsky calls settler colonial, and the worst form of colonialism, and I'll, you know, Explain a little bit about the distinctions, and go into why, you know, he says that. But first you know, where did this come from?
- 00:35:54 So this came from the North American indigenous scholars, Australian scholars, sort of critiquing, and the whole movement towards this idea of post-colonialism right after the colonial era, and there was liberation. You know across much of Africa and Asia from colonial regimes. Um, there's this whole um, then study of post Colonial. What's the context now in India right now that they've had um their decolonization experience from
- 00:36:21 from Britain. Um, But actually the native and indigenous communities in North America were like we never. We haven't had our Post Colonial move, you know,
- 00:36:30 moment that hasn't even happened here. Um, So we need. We need something else to talk about what's still ongoing in this country right in the first really articulation in English, of

really what's now known as settler Colonial theory came from Fiasite, who's Palestinian and then American Um. And his track to Zionist colonialism in Palestine one thousand nine hundred and sixty-five, and then um Jk Cowan Nui, Hawaiian native scholar in two thousand and sixteen talks about the really the key you know paper and analytic

- 00:36:59um. That's really reference. Now and then I'll talk about from Patrick Wolf, who's Australian um in his work Settler Colonialism and the elimination of the native um that has become really influential
- 00:37:11cited, you know, many thousands of times at this point in the last fifteen years. Um, So So I'm just going to go briefly into again. Now, what is settler colonialism? And why do some people like Lorenzo Berachini, who runs the Journal Settler Coal studies actually think of it as almost the opposite of what's known as franchise colonialism like in the Duchy Cindy's, or um, you know British India? Um! And why is that important to know when we're thinking about health and medicine? Um. So again, this is the process by which people come from elsewhere like any form of colonialism into a new place.

Medicine Grand Rounds

00:37:44In the case of settler colonialism, it's a land-based project they're seeking land. The land is the important element here. Um. With the following stick stipulations, and this is what helps distinguish it from other forms. Right there's a logic of elimination. So this is one of the key terms uh from wolf that's become central in uh in this work,

- 00:38:02and the logic of elimination um is that there's this inexorable, this this continuing process over time and in different manifestation, not just physical elimination, meaning killing, but various ways to remove and displace and ultimately replace indigenous communities in a in a setting right? So um! This can happen by various means, including things like assimilation, right through cultural destruction, like in boarding schools in North America and others. Right?
- 00:38:32So the process happens. Um always. And there's always this idea that of a Teranolas in the settlers imagination a land without people that we can come to right. This is the language that we hear about in North America also in Palestine, also in Australia, even though there were people there in each of those cases. So the second stipulation is that the settlers don't integrate.
- 00:38:55They come to a place where there are people, and this is what distinguishes settlers from immigrants. They don't immigrate into that society. They don't join the existing qualities. The settlers who came to North America from Europe. They didn't join, or many nations Here they had contact with them, et cetera. They didn't integrate into the with the societies of the people who lived there, which is what
- 00:39:16mit ctl. And of course the United States expects of anyone. It comes to their shores now, so that didn't happen. So they don't integrate. They bring their sovereignty with them settlers, and they create new policies that are distinct from those of the indigenous communities that they continue to share space with one hundred and fifty.
- 00:39:32That's why it's You're a settler and not an immigrant. That's the distinction. Right? They come to stay over the generations is how we distinguish again from places like India, Or Maybe you come, and you're going to spend a few decades there, other parts of Africa. You're in. Extract some resources, but you you send your kids to school in the Uk, or whatever um here in set their

colonials. And you come, you bring up your family and that new place you become native in your own mind to that new place. This is what happens in places like Australia and North America, to the point

- 00:40:01 where, then, they have revolutions against their monarch and their crown, and think of themselves as post-colonial, incredibly right. So we think of ourselves often as post colonial country as does Australia.
- 00:40:14 Um, so then number four, the labor's imported. This is key, right? Because many places calling some takes place. The labor is part of the whole goal right? They want indigenous labor. You're an exploit indigenous labor locally in order to extract, you know minerals,
- 00:40:31 whatever it might be right. The colonial purposes um to ultimately, you know, extract wealth from these settings right? So what's different in Southern colonialism is that it's not to say that they never use any indigenous labor, but, in fact,
- 00:40:47 predominantly. They do not. Why? Because the indigenous people need to disappear. They need to be erased. And so you're not fundamentally. There's a tension there if you're using them for labor, and you want them to disappear. That doesn't really work. Ah,
- 00:40:59 right. So you, in fact, import labor right and in most um famously up to the slide. Of course, in North America that means kidnapping and enslaving people from West Africa and bringing them to work the land. So you know, white settlers, then
- 00:41:13 kidnap and slave Africans bring them to North America, and then take the land from indigenous in order to produce the white gold cotton, right? So that's like the way that works here, you know. There's convict leasing and other stuff predominantly in Australia. They learned from some of the mistakes and talked about that from uh, you know North America. But ultimately the key is that the labor is imported right because you have to get the indigenous off the land is the wealth,
- 00:41:39 the the future of the settler qualities in the land, right? The fifth. And this is the most important for me in terms of thinking about settler colonial determinants of health is that this is a structure, not an event. This is the really famous quote from Wolf that you'll see everywhere from that two thousand and six paper, which is that this is not something that happened in the past.
- 00:41:57 This, as we saw in that heuristic of determines of health is what structures the present.
- 00:42:03 This is why our our institutions are the way they are. This is why the policies are the way they are. Um, and even to some extent, according to Wolf, right? This is why racialization happened. The way it did is because of this settler colonial, social formation. And if it's happening now, if it's real Now, that means we can study it. That means we can analyze it. We can see how it's influencing health.
- 00:42:24 Right? So just again, this is the importing of labor. Right? There were people there right and in some of the you know Caribbean Islands entirely, you know. Um eliminated and exterminated right There's some sure there's some intermixing that happened. But you know the indigenous population on Haiti right sort of, you know, completely wiped out. Um, and you could see the thickness of the line here. So you know the numbers of people, right? So actually extraordinary number people kidnapped in a slave brought to Brazil, for example. Um. Even as compared to North America,

- 00:42:53 I think you would sum this up. I think Veracini sums up the distinctions between the types of colonialism, and why settler colonialism is almost the opposite of franchise or just colonialism. Um is that colonialism.
- 00:43:05 Their approach to the indigenous people is, Hey, you work for me, settler, calling them it's You go away right. That's the goal. Roxanne Dunbar or tease the historian Um and her book of last year a fantastic book, so that the objective seller quantum is to terminate indigenous peoples as nations, and as communities with land bases in order to make the land available to European settlers right. It's not just killing the individuals. It's erasing the policies and the challenge that they present
- 00:43:33 um um as communities to the settler dreams and the settler um goals right, and a lot of a lot of settler. Colonialism is driven by the fact that um people want to to achieve things in the settler colony that they were incapable of achieving in the mother country.
- 00:43:50 So again, this is an enduring structure, not an event. You can see here on this slide and red are places where settler colonialism essentially not been challenged. Um, in its current. Um um forms. Uh, whereas in in the darker grey you can see areas where um it either was arrested, failed, or decolonization is, has happened right in the indigenization has happened.
- 00:44:13 You can see in places like Algeria, right, the French and all over a million settlers there. One point and the result of the Algerian revolution was largely overturned. Um, in South Africa, obviously can't go into the history of all of them. But you can see here us Canada. Um a good chunk of South America. Um, you know, if you use a strict wolf in definition, maybe you would quibble with some of these characterizations. Israel, Palestine, Australia. But it's very common social formation across the globe as much as it's not historically been talked about. And again, most of the
- 00:44:43 the scholarship on. This is really from, you know, two thousand and six on. So we're talking about fifteen years. Um! So this year. Um, let's see if I can actually make this um move ahead. Um. But
- 00:44:56 but essentially, you know this uh yeah,
- 00:45:00 You can see here. This is a map of Israel Palestine, and
- 00:45:04 over time.
- 00:45:07 Maybe I don't know if we're gonna get it to move. But essentially, you know the
- 00:45:13 The idea here is that you go. If you go through the years over the twentieth century. What you'll see is the blue land um, ultimately the um the land uh going back to you know one hundred years um slowly starts to disappear Right There's colonization There's um purchasing of the land, and then there's what the Palestinians call the knock five, one thousand nine hundred and forty-eight um, where um! The vast majority of Palestinians are driven out um of Palestine, about eight seven hundred and fifty thousand or not
- 00:45:41 eighty percent,
- 00:45:43 and then um continual loss of land over time to the into the present, where you are going to have
- 00:45:52 um. Let's see very little um land remaining right in the West Bank continues to be settled today right? So you only have to be familiar with the the terminology. Um, you know, West Bank settler or Um Israeli settlements to understand that this is an active ongoing process, right with ramifications ultimately for health.

- 00:46:10Um. So this is how I started to really learn about this. Um, uh learn about this process. So um! This is uh the village of all our keep right. This was two weeks after I moved to Israel for medical school. There's a village about ten kilometers from my medical school um of Palestinian bed when I was demolished for the first time two weeks uh two weeks after I got there, and it has been demolished one hundred and ninety-seven times since the last twelve years, and they keep rebuilding. There's two families that keep building.
- 00:46:39It's actually tense in the old Ottoman Cemetery there, right? So there's this big movement to move Palestine that went off the land in in Southern Israel. This is Omah Hiram, another village that I got to know quite well. This was five years ago. Um! So I had knew the village before destruction, or a couple of thousand people living there. Um!
- 00:46:58About a third or so of it has been destroyed. You can see here, this is me with the
- 00:47:03uh long hair, there at the top, at a protest in two thousand and ten. This is the village of all our keep, protesting that being driven off their uh lands in the Mega desert there. So you know again, this process happening now, and ultimately my awakening to it and learning about it was here in the setting, going to medical school, so we wrote about it in a case. Study um for the Harvard School Public Health. Um about how the Bedouin are resisting in various ways this displacement process
- 00:47:31um, and a lot of the legal strategies and otherwise, and how that that ultimately impacts health. Um, the uh,
- 00:47:39The key thing is that you know Again, this is still happening to go just into the Covid era. Um! The demolitions have been even higher. Um, as you know, in two thousand and twenty, starting in two thousand and twenty um. In the last fifteen years seven thousand people have been tripping through lands in the west bank, and again, this is supposed to be the
- 00:47:56the Palestinian State a two state solution. Right? So we're not even talking about within the state of Israel here. Um over twelve thousand units at the same time approved for Jewish's railways in the west bank right? So it's displacing to replace It's pretty easy to kind of see it happening here. Um! And again, you know, there was Supreme Court ratified this at the highest level with just a few weeks ago, that this another village is going to be entirely displaced to make way for sort of the growing of larger Jerusalem.
- 00:48:26So the health relevance to this wolf kind of set me off on this path, because he recognized that going back to that original paper, so that even in contemporary Australia aboriginal life expectancy clings to a level some twenty-five percent below that enjoyed by mainstream settler society with infant mortality rates that are even worse. So what species of sophistry does it take to separate a quarter part of the life of a group. From the history of their elimination. For him the link was obvious.
- 00:48:53The settler projects
- 00:48:55we were damaging uh in in dramatic ways, the health and lifespan of indigenous peoples. Um. And yet that hasn't really been um very convincingly delved into and shown um yet in the literature and you know It's certainly been discussed. But making those links is something else, and we'll talk a little bit about that.
- 00:49:14So connecting it again. Here. This is from A. Pbs documentary bad sugar in two thousand and eight
- 00:49:19from the larger series on Natural Causes. A narrator asked this epidemiologist at Berkeley Leonard time. You know you have these people from all over the world, from totally

different places, and everywhere you're seeing these crazy rates of diabetes right, two, three, four times. The national averages right. The settler averages what's going on here? Well, clearly it's not genetic right. There's no connection between these populations. Um, and he says, In every case we're talking about People been dispossessed of their land and of their history. They haven't been able to recreate it.

- 00:49:48 And all these far-flung parts of the world, the social circumstance of being ripped from roots, and ends up with the same manifestation of disease.
- 00:49:56 We wrote about this in a lot of review books a couple of years ago, and in during the time of Covid about the situation for Palestinian refugees, some of the highest rates of diabetes in the world. Why, right? We talked about that earlier, as in other parts of the world, the prevalence of the disease is linked to land, disposition, structural violence and colonial domination of presence and oppression.
- 00:50:15 So here the some of the refugee camps where I work Now this is in Bethlehem, seven kilometers from Jerusalem. I was just there uh seven weeks ago or so. Um, I didn't allows a refugee camp, so they're kind of now, really,
- 00:50:28 almost, you know, in terms of the buildings. They're built up right against other parts of Bethlehem. But you can see here, Ida, on the left, and as the camp on the right
- 00:50:37 is a photo just like took of the camp. You know they're really running out of space because they're Originally there were tents, and then there were cinder blocks that the Un. Built. And then they've been basically stacking up concrete on top of you can really only go so high before these buildings become um, you know, unstable, and you know this is now seventy years uh in the making seventy five years, and there's obviously nowhere to expand outside. In fact, their space has been shrinking. And see here, this is the illegal wall that Israel's built um sort of in theories separating the west bank
- 00:51:07 from state of Israel, but, in fact, they took an additional twelve of the west bank. In building it's twice as high as the Berlin wall. Surrounded by these um military towers. So this is the view from Ida out, and they used to have access to all of those lands with the all of trees you can see there that um, since in the last about twenty years now since they built this wall, do not have any longer. So, as I mentioned, these are established. Um! After the Nakba the Palestinians were driven out. Um in one thousand nine hundred and fifty, and you know very young population, you know more,
- 00:51:37 and then half under eighteen um, and you know it's a sort of a forced community of people originally in twenty-seven different villages, mostly near Hebron and Jerusalem. Right these are some of the most, you know, densely populated cities in the world. Come, Mumbai Manila um I to camp two to three times as many um in terms of population density, and can just sort of building straight up large families in small homes. Just to give an example of what it's kind of like there. This was what a time when I was staying there! This is a family I was
- 00:52:06 uh staying with um, you know, in the middle of the night, you know
- 00:52:10 occupation forces will come in under whatever given pretext. Kind of destroy the house. Take some money, take some things, you know we're looking for so and so this kind of thing, you know, anytime you're occupying a people right, a few million strong, with a might, you know smaller number of people in the army. This is sort of standard colonial practice, but this is just what it's like, you know, and on the on the regular, you know the best of times. Things are a little

worse actually, right now than they were maybe four years ago. Um, but I to camps the most tear gas

- 00:52:40exposed population in the entire world. This is from a Berkeley uh study that came through. This is right outside of our offices, where we work with the community health workers. A common scene on usually Fridays,
- 00:52:52where a lot of shooting of tear gas, we don't really know the effects of tear gas in terms of health. Because um see legal to use under the chemical weapons Convention. Um. So you can only use domestically, for example, against black and brown people protesting in the Us. Or in this case an occupied population. Um in in in Israel, Palestine. Um. So again, here you can see kind of what it's like stacking these um these buildings on top of each other. Uh, you know they're having so many problems with tear gas. I was burning the artificial turf of this generously donate
- 00:53:22soccer field in the camp. They had to put up netting just so wouldn't burn um, you know. So These are just some shots and sites of what it's like right there around where we work.
- 00:53:33Um! This is a woman who died from um intense materials exposure in her home. One of the women in this photo is patient of ours. Now, um, this is just a um. This is a video just from last week.
- 00:53:47Um, so you can just again. So it's like. So this is the garden. This is a preschool, where also my mother, his work to help set up uh preschool, um and garden, and also the offices where our community health purpose work is where this is being shown from. So
- 00:54:02you know Again, there's about three different chemicals that get used in these gases. A lot of them made in the United States. We don't really know the health effects. But obviously there's a lot of, you know. People are really interested to know. But again, this is just kind of um a little bit what it's, what it's like to
- 00:54:18to be there and to be living and working there, not the easiest of conditions to do kind of basic health care. So you know, based on some pretty poor uh evidence basis, not amazing quality studies. Um. Looking over that, you know. Sort of at a best estimate it probably increases. You know the risk of chronic lung disease. We don't totally know
- 00:54:38um just. You know these are some of the cans which then they the refugees at large. You plant, you know, plants, and sometimes what's main in Jamestown, Pennsylvania. You can see there right. This is us. This is us weaponry. Um. And you know, despite the fact that Israel is one of the ten largest arms dealers in the world, the Us. Gives um the highest amount of military into any country, you to Israel at the tune of about three point eight billion dollars a year. Um.
- 00:55:05So
- 00:55:06you know that probably all sounds pretty, gram, and I'm gonna talk a little bit about some of the health work that's happening in response to it. But you know, in fact, you know, compared to the settlers that we have right that I mentioned before that Chomsky mentions, you know. That's a little bit Um, you know, ultimately can even seem tame. So so here this is similar, probably not going to work, but a map of just showing again the process of indigenous land over the course, you know, in this case, instead of one hundred years, we're talking
- 00:55:36three hundred, four hundred. But the same thing happens right. The land disappears. It's an impressive visual. But I think ultimately, you know, you get the get the idea right? Said that this has been um. Ultimately the

- 00:55:49the country where other settler colonies, including Australia, South Africa, right apartheid South Africa, Israel, where they've kind of learned A lot of these mechanisms of control are ultimately from the United States. Right,
- 00:56:02Mahmoud, Mom Doni, the Ugandan um scholar uh who is now at Columbia University. Um, you know he makes it clear that the United States is the the world's first actually settler Colonial state is from General Sherman right? Just to give you a sense of the logic and language. How this, again. It's not. It's not about the interpersonal beliefs and dynamics. This is happening at a structural level, but it gets reflected in the statements that come out right, so we must act with vindictive Ernest. This against the Sue right, the look,
- 00:56:32coda, and d code of people, even to their extermination. Men, women, and children during an assault. The soldiers cannot pause to distinguish between male, female, or even discriminated as to age. Right. This is from the director of the Jf. The Jewish National Fund, right? Probably, you know. Maybe people even donated to the J Andf. To plant trees in Israel. But it must be clear that there's no room in the country for both people. The only solution is a land of Israel, at least a western land of visual without Arabs. There's no room here for compromise.
- 00:56:59Now we need to transfer them from here to neighboring countries. No, that one village must be left, not one Midwin tribe Right so again the same reflection of what needs to happen right? The settlers need to take this land in not enough room ultimately for the indigenous
- 00:57:14right. This isn't just relegated to the deep far past. Though again, the key thing is that we understand that this is in the present. This was from two thousand and thirteen, and the Jerusalem post part of the bill to remove the Palestinian bed, when from the Negev Um, one knesset member asked another. You want to transfer an entire population into the committee chairwoman from the liquid party, which is all mostly been the ruling party. In recent decades Mary Regga have responded, Yes, as the Americans to to the Indians right? This is in the Connecticut, right in their
- 00:57:43Congressional debates and Chambers right? This would be like Congress talking about this um, and those kind of things are still having. This was Monday.
- 00:57:50This is my medical school, my uh hospital stroke, the hospital, the head of Cardio, thoracic Surgeon Gideon Sahar. This is on video. I watched it in in Hebrew. Um. He um basically floated the idea that after certain number of births passing in bed when should be fined,
- 00:58:07that he was complaining, because, you know, they get some amount of social security, as everyone does in Israel when they have children, that they should stop doing that, and he talks about the Arab room in particular, being a demographic threat. That's That was Monday.
- 00:58:21Um, you know, when I cut and paste it. It says today, Um! So that was from the times of Israel. Um, you know they won't, you. You know most Israeli papers won't use the term Palestinian. These are Palestinian citizens of Israel.
- 00:58:32Um. But again, you know, if you think as terrible as that maybe sounds, you know that was Monday. Right? Think
- 00:58:39I didn't know that much about this until recently. Right? The Government went back and studied It's sterilization program against indigenous women, and they found thousands just in it. They just looked at four districts between in a three year period, and they found over three thousand cases of force. Non consensus sterilization, right. There's a population of maybe one hundred thousand women total at that time who were indigenous to birthing age. You're talking

about four percent of all women. But that was just a small study like there wasn't a comprehensive

- 00:59:09 Few other studies were done somewhere between twenty-five and fifty of women in the nineteen seventies who are indigenous. Uh, we're sterilized forcibly, and including people, are under twenty-one years of age you know what was the indication? Right? So again, connecting this to medicine to health. Um! This this logic of elimination
- 00:59:29 right? And again, when we think about that term logic of elimination. Suddenly some of this starts to you know this is where the settler Colonial framework starts to be very helpful, because you're like what is going on here, What were they doing?
- 00:59:39 But, in fact, if you think about this as an ongoing process of trying to erase an entire people, this starts to make a little bit more sense. Um. So a chocolate Cherokee doctor, Dr. Pinkerton, or he found that one in four um other studies up as high as fifty. They actually targeted most specifically women who were one hundred percent indigenous right for what we what in the uh blood quantum sort of uh racial designations called the full blooded Indian.
- 01:00:07 Um. You can see here in a ten year period. If you go down to that bottom row, the average for all tribes of births and mean It was three point, two, nine to one point, three in a decade.
- 01:00:19 That was the drop
- 01:00:21 right. This is not that long ago history that was the drop in the birth rate right? And you guys, I'm sure everyone knows you need two point. One births to maintain a population. One point three is not going to do it right. That is the end of indigenous people in the United States, right? So that you know again this isn't going back to civil warrior or anything. So why did the doctors do it? Why were they sterilizing all these women in the Indian Health Service? This was Ihs. This is Government run health care,
- 01:00:48 and they actually, you know these are the reasons they gave right. They talked about the reduction of um, the tax burden on the country, and their own personal tax burden. As a part of that they talked about the higher remuneration for doing the sterilization surgery as opposed to using other forms of Birth control. They said that the many cases the women would not be intelligent enough to utilize the Birth Control um beyond sterilization, um, and so on and so forth, and that they were worried about the American Indian movement and the Black Panther movement that we're causing so much trouble in
- 01:01:18 society. So these were just the things they admitted to um ultimately um in. In. In doing this, in predominantly white men as physicians these were um indigenous women. So this is also the gender component a lot of people have studied in and set their colonialism as well.
- 01:01:34 So one of my doctor, heroes uh Dr. Franz Fen on from Martinique, who then joined the Algerian struggle as a psychiatrist. Um, and you know, just to give a little of the context into um. I think he he and his work in Algeria in a settler Colonial context. A lot of it is very relevant to the Us. In terms of understanding dynamics like that, and I'll just, you know, Read this book from him, introduced into Algeria at the same time as racialism and humiliation. Western medical science, being part of the oppressive system has always provoked in the native
- 01:02:02 an ambivalent attitude, right? And it's sort of like understanding. Well, Why, you know, why are these people? You know patients that are not being compliant, or adherence, or all sorts of different elements. And when you put it into this historical context, you're not talking about non-adherence. You're talking about basic survival instincts of other people at play. So just to

give a quote from the paper that I drew from on the indigenous woman um employees from a nearby. I just hospital approach. Janet. This is name was protected um about sterilization, in one thousand nine hundred and seventy-

- 01:02:32seventy-three. Janet was twenty-nine and had three children. The social workers came to her home six times when her husband was at work. They told me that I should be sterilized because I didn't want any more babies right then. So I said yes, and signed a consent form.
- 01:02:45My tubes were tied the next day. They're supposed to be a seventy-two hours before between any signing of any forum by law, and when you could actually do the procedure, then she found out it was irreversible during a demonstration, and for the next fifteen years psychiatrists treated Janet for severe depression. Her youngest daughter still refuses to use the IHS for any type of medical care. Pretty wise decision, I think. Right? She's avoiding the doctor Right? That's the That's the context,
- 01:03:11the logic of elimination and funding. All right. Here's the data um from the same, the GAO office of the government, the same one who did this study on the sterilization. You can see here four thousand dollars per capita spending for the IHS. This is this is current data, right? And it's capped
- 01:03:28It's capped uh Medicare Medicaid or not. Cap. Right? So it's poor, you know, as inequitable as our services are for impoverished people, which is also racialized for a phenomenon. You can see Medicaid is twice the per capita, spending as IHS right. So again, this is this is today.
- 01:03:46Um! This is how it affects health care, that same logic of elimination playing out. You say you know this isn't this isn't some moral mistake, right? This has been a continual process over the centuries.
- 01:03:58So what does this have to do with racism, right, and racial health inequities. Right this colonial history. So, Patrick Wolf, our use that race is a trace of history. Right Colonized populations continue to be racialized in specific ways that mark out and reproduce the unequal relationships into which Europeans have co-opted these populations.
- 01:04:16This was referenced actually in doing a journal this this week in a in a paper. My dad pointed out to me um on abortions and the racialized aspect of abortions. How they will impact black, indigenous Latin ex women in particular. Um. And you know, and Rachel Hardman and others in that article. Talk about that that process of how racialization changed over time right from the the slavery era, and they're trying to maximize the number of offspring would be a white property into that shift in the post emancipation
- 01:04:46the process, when that more eugenic, more eliminatory aspect, So black Americans started to be treated more like indigenous Americans in the post emancipation phenomena, and that's why things like lynching and all these horrible aspects of Jim Crow era we're actually are all predominantly post-American phenomena right so that was in the New England Journal this week. Right? So this racialization is is a trace of history,
- 01:05:10and it really points out the fact that racism as a concept may even be redundant
- 01:05:14right, the race itself, the formation of race. We talk about social construction of race all the time. Now we throw it around, and it's great. We all are like. Yes, we understand. It's not biological, social. But what does that really mean? Right like? And I think going through these histories is really important, so we can really internalize. What does that mean when we say it's social, political, historical, right? It's

- 01:05:35by by nature right hierarchical. That's the fundamental concern so as much as sort of liberal multiculturalism wants us to think about. Oh, we're you know we're all different races, and that's totally fine, and we're all equal. Our history tells a different story, right. It was fundamentally about creating races as part of a colonial hierarchy.
- 01:05:54So colonialism didn't target people as members of racial groups. The racialization races were created in the targeting of people, and it was different whether you were being targeted for your land or your labor, and that's what Hardeman and colleagues were getting at in the New England Journal. Right? Different objective single goal. Right? So um! This this is sort of most famously summed up in the Virginia Anti Miscegenation rules right so in for enslaved black people, the goal again was to
- 01:06:24to um to maximize property. Right? So any drop to the one drop rule and the anti Massage Nation laws was one drop of black ancestry made you black, regardless of phenotype right, and there was a whole Pocahontas exception. What became known as the conception of that. So I can talk about it in a minute. But then this was almost the exact opposite
- 01:06:45of how American Indians were racialized
- 01:06:47because the settlers needed not their labor but their land, and so they were racialized to disappear, and this became codified in the one thousand nine hundred and thirty-four Indian reconstruction act um through the blood quantum loss, and so actually indigenous status was fragile. You could lose your rights as indigenous people. Um, based on your blood quantum the opposite most exactly of black racialization in this country. And, in fact,
- 01:07:11what are? No, You know the aboriginal people in Australia who are racialized as black, are racialized in the same way as American Indians, not black Americans, because they relate racialized for the same purpose for their elimination, in order to make the land available for you European settlers.
- 01:07:26So the goal ultimately, in both cases was white supremacy, right and sort of white um wealth right? That was the goal, and both for
- 01:07:33that, the share goal that made racial, those very different forms of racialization serve the same ultimate purpose. The implications are considerable even for resistance. So, in fact, you can have some groups that are racialized where you know It's a big success to have integration, to have assimilation but for indigenous people that's often the ultimate defeat that's a way of permanently eliminating them by sort of melting them the rest of the way into the law, the multicultural framework. And so it's a very important to actually make these distinctions when we think about
- 01:08:03health, and when we think about solutions.
- 01:08:07So you know, again, how does how does us medicine ultimately um participate in this racism right, you know, For many years and many decades the you know, the literature and everything have made a lot of these racial categories um into biological ones and genetic ones. And there's a whole long history there I won't get into, and probably folks have heard a bit about that already. But this is implicit and explicit in our medical training. Um, It shows up in an algorithm still to the State a kidney, algorithm Egfr: that's large
- 01:08:37going out now, but lung function, et cetera, used to give more radiation for x-ray to black Americans, et cetera, all of those kind of elements Um. But again, this is a moral and an intellectual labor error, because it's racial essentialism, attempts to utilize this oppressive socio political fabrication. I just talked about how differently it can manifest in different populations

based on the use of from the colonial people. Um. To use that type of framework to understand genetic diversity

- 01:09:06 and population. Distribution of a else is just, you know. Alleles is just a huge intellectual error on top of being a moral one.
- 01:09:14 Um. The consequences we know this exacerbates learners racial prejudice, and diminishes Empathy also creates systemic racism in a variety of ways. Um, So again, is this a moral mistake, you know, or we just like, off we're messing up here? Or is this part of a general and persistent logic? And the way things go,
- 01:09:31 And what is it? What is that in gender for? Then? Um the approaches that we need to take?
- 01:09:37 So let us admit it. Settler knows perfectly well that no phraseology can be a substitute for all this is from Dr. Francophon, so we can talk about anti-racism we can talk about decolonization. Um. But those words need to translate into meaningful actions into meaningful repair. Right? How do you? How do you go about thinking about these histories and addressing them? Um! The answers, you know, when it comes to health, equity, or certainly not simple
- 01:10:03 issue. And be the Cameroonian scholar. Uh wrote a fantastic book uh necropolitics came out into University press a couple of years ago has a whole chat from there about for Dr. Phonon, and he said that phenomenon considered that beyond it's purely technical aspects. The doctors task in the colonial context. Us context, I would argue right as I've discussed, you know, was to rise up in revolt, become indignant, show alarm for the fate belt to those whose backs are bent over whose faces bear the marks of despair, and whose stomach's resignation, can be read, and in whose blood one died.
- 01:10:33 This is prostrate exhaustion of a whole lifetime. The doctor has to be able to answer the question, What is happening? What has occurred right? So this, you know, according to phenomenon, according to a Bombay, according to Rudolph, fear call from the nineteenth century Right, you know. Doctors are the natural attorneys of the poor right? The father of social medicine. Um, that is, you know, according to these folks, that is the responsibility of doctors.
- 01:10:57 So just briefly, and we're kind of running up on time. Talk a little bit about some of the approaches we've been taking to address this. What does you know what the health approaches look like right. Of course the solutions need to be political. They need to be geopolitical. That that is the ultimate solution to some of these problems. We need large scale, reparative components, reparations, Um. But other things. In the meantime, right, We've been developing a Community health worker project which is really refugees organizing themselves around health in the face of chronic settlers.
- 01:11:27 Colonial violence. Um uh, To really increase the agency and sovereignty of these refugees working in these camps. Right? So it's about almost fifty percent unemployment. Young folks in these camps, so hiring young people training them as community health workers to really help people navigate a very fragmented broken system in the west bank of the Un. You know some Ministry of Health clinics. There's some uh Ngo and private aspects, but to Really, we have our own data collection system that we um. We share all the data with our own patients and really trying to increase
- 01:11:57 agency and sovereignty among these communities. Um, you know, sort of regardless of whatever happens or doesn't happen, because this is, you know, hopefully something that can be done. Now, um, you know It's going out in the street, going out in people's homes, checking

their blood pressure, check in their blood, sugar um, you know, getting them to appointments, helping them organize their medications. Take the right ones when they're un has met stock outs, you know. We get the backup medications, all that kind of stuff for chronic diseases like diabetes

- 01:12:25uh which are rampant as discussed in addition to the biomedical piece, you know, doing political education, community mobilization and mental health trauma and for mental health work.
- 01:12:37So these are where our patients are based in Ida, and it works, You know. This is not a surprise. We, you know there are enough community health worker data out there, and certainly for many of my colleagues that I bring about women's, and partners in health and places like she office Navajo nation with diabetes um and um,
- 01:12:53you know, in in certainly with Hiv and Tv, where a lot of this model was spearheaded in Haiti and elsewhere. Um, this works right. If you have community health workers who can help people manage their disease, You know, doctors, we don't see patients often enough to actually,
- 01:13:07you know, with the kind of struggles that they have with diabetes. It's not enough just to, you know, to tell people what to do in these situations. They're living in one hundred and fifty.
- 01:13:15These context of what we call in the paper really just chronic violence that we showed, you know, with the tear gas, et cetera. So this was at the beginning controlled Ah, uncontrolled in our community health worker group on the left,
- 01:13:27the non-community health group on the right, and by the end of the study, nineteen months later, you know, done control. The non-community helper group was about the same about half controlled, as we had more than three quarters of our patients were now under control of diabetes. A one point, four point reduction in hemoglobin, a one C. Um compared to the control group.
- 01:13:47A lot of additional, you know, challenges during Covid. Right? Can't really do home care all sorts of problems, but still sort of finding new ways to navigate that some of that work
- 01:13:57building an advocacy and education platform. Um between. There's a university in the West Bank and uh, Harvard's Fxb Center. Um. So we just founded the Palestine program for health and human rights, doing a lot of knowledge production work and really work around naming the social, structural, historical, and political determinants of health, because that was becoming a big problem in the literature. I had a paper censored in the Lancet in two thousand and twenty. Richard Horton, the um editor, was just like I can't take it. He was getting so much push back for
- 01:14:26the paper warning about uh Covid and the Gaza strip. They pulled the paper off the website. So we were like, you know, we used to work with the Atlanta Palestine Health Alliance as our main sort of international. Um, you know, grouping around this work,
- 01:14:40and we realized that Wasn't going to be a safe place anymore. So we wanted to start our own program where we could talk about the political and structural determinants.
- 01:14:47Um. And again, you know, as part of this explosion in many different realms of academia. Um, My case that I'm trying to make is that a lot of medicine and public healthy to bring this in as well, and now that so that colonialism is being detected, and all these places that hadn't previously been detected, we need to start thinking about, There are manifestations of this right in order to analyze it. It needs to be theorized.

- 01:15:09Um. But we can study these strategies of elimination right? There's a lot of folks who are naming these different elements of settler colonialism. For example, when Nadra Shahhu, Kavorkian, Hebrew University calls on childing um uh um
- 01:15:23uh an analyst named up who are is looking at maming. There's all sorts of very specific components, assimilation and others Um. And we're learning a lot from the methodologies of structural races just in the last few years. There's all sorts of incredible um improvements in the methodologies and analytics around studying structural racism. So it used to be like. Well, let's take something like historical redlining and look at the health impacts that have been incredible studies that have done that. But more and more they're able to combine multiple variables through latent variable
- 01:15:52um uh models and other life course approaches. And this is just the beginning. There's a lot of incredible researchers. Um, many of them black women. I'm thinking about um, Mary Bassett uh Kamara, Joe and Salesian Mcgregor lit the Maybank Um. Many, many folks who are who are doing this work, Michelle Morris, Um, and and showing this Lindsey Bailey many others.
- 01:16:15So again, I think the ultimate takeaway here is that when you think about some of these histories and approaches, you know,
- 01:16:22when it comes to the intervention, says we need to think about repair, right? These systems, these structures. These health systems themselves that we've built are fundamentally colonial, and so that requires a process of repair to symposium. If any of you are going to be in Boston next week. Please go. A lot of fantastic people are going to be there. Um
- 01:16:40uh! And trying to answer this question from operations Closer racial help Gap. Uh, we have a paper still under embargo for another week or so, but essentially looking at over thirty thousand pay patients, and showing that over twenty-five years. If you eliminate the racial wealth map, which is about eight hundred thousand dollars between black and white and the United States, you will pretty much eliminate the lifespan gap of four years now five years with Covid. Right? So the answer is more and more again looking at studies that this is, this is going to have dramatic health impacts if we can.
- 01:17:10And I think about repair healing. Arc model is a way to do that institutionally to acknowledge, redress, and move towards closure with communities. Once these racial inequities are on earth as the responsibility of hospitals and um one hundred and fifty,
- 01:17:24and institutions, right. So that's one model we've been working with, and have been working on a campaign in general to take this race conscious approach because the color, blind race. Blind history, blind approach is not going to get to the heart
- 01:17:39of the structures and the systems that are continuing to maintain these health equ inequities in place.
- 01:17:46And so this goes back actually almost fifty years now from an indigenous scholar. Real recognition of our Presidents and humanity would require a genuine reconsideration of so many people's roles in North American site that would require a genuine leap of imagination.
- 01:18:00Doesn't mean we shouldn't Try right, Paul Farmer. His main thing. He would always exhort us with, was
- 01:18:07don't don't be stopped by failures and imagination. Right? That's what he would always tell us. You know you're going to run into other barriers. But don't let the imagination lock you, and so um It's important for us to try to take that leap if we want to get serious about getting at the root of these inequities,

- 01:18:22so lots of folks doing knowledge. Um! We'll go through all of them in this work. But Of course this is work that's happening with dozens of people across um, you know multiple countries. And so thank you so much.
- 01:18:41Yes, I'll take maybe questions, although I think I probably run up right to time. So apologies for that.
- 01:18:49I think we have enough time for for one or two. I can start us. Off. Um,
- 01:18:53i'm Shawn Dordy and one of the chief residents here for the internal mess and resonance program. Thank for a very informative and eye-opening. Talk. Um, I think I admittedly hadn't thought much about colonial determinants of health prior to this and
- 01:19:04that's on me, and i'll accept some personal responsibility for that. But, um, I think it may also be reflective of our medical education system, and just a lack of really being taught that in the past, how would you ideally see um,
- 01:19:18Either course, work or other sort of education integrated into the medical education system surrounding this?
- 01:19:25Yeah, I think it's really great question. Um, you know. Thank you for that. I I think that there are folks who are doing really incredible work around distilling this history in trainings, right, you know, from different perspectives, you know. Like obviously, they're the most famous from the one thousand six hundred and nineteen project. But a ways of talking about this history, and pretty, you know, even condensed ways, but are still quite thorough. And so I think that a lot of that works already been done. It's just a matter of not siloing it from medicine is just,
- 01:19:55you know, branching out like a lot of you know. This talk is obviously based on very, you know, multidisciplinary kind of approach. And I think oftentimes where we miss out is that we're just not learning from colleagues in in different specialties. And so again, you know, there are historians. There are critical race theorists. There are people who have kind of put together modules that they wouldn't even need to necessarily, you know, dramatically restructure. But just to give this information in a particular way that that centers the margins that speaks to the history of, of, of
- 01:20:25of the press communities in a in a really honest way, that then, you know, hopefully really transform the way we think about why these problems exist, and what you know how creative we can be about solutions

Unknown Speaker

01:20:37great. Thank you.

Unknown Speaker

01:20:39You see me

Medicine Grand Rounds

01:20:42good question. Let's see if you want.

Unknown Speaker

01:20:53I'm enter. Sure,

Medicine Grand Rounds

01:20:56Um! This is from Dr. Uh, Ral. She's one of our transplant of fraud just here she just commented that this is incredible work. She commend. John talking uh

- 01:21:05taking up so much of a challenging but meaningful work. Uh, we get so focused on the day to day and career advancement that we lose track of our ultimate purpose of becoming health care providers. Thank you, Dr. Round
- 01:21:21any other questions,
- 01:21:23or you can come up to the mic if you like.
- 01:21:27Um. My name is Kisson. I'm going to be infectious disease, fellows. Um. Thank you very much for pretty much this summary.
- 01:21:34Um, My question is, would it be really reasonable to expect uh these structures that are built by sellers to serve sellers to really uh, come up with solutions and apply these solutions to this problem.
- 01:21:47That's a really good question. Um remind me of reminds me of Audrey Lord's um comment about,
- 01:21:53you know, using the master's tools to dismantle the master's house, and I think um, you know this, you know it really gets into the question of decolonization, right? Which is, is one that I think is being um
- 01:22:07looked into much more. I think you know one way, I think, to answer it would be through the work of Walter Magnolo, the Argentinian philosopher and others. He thinks about decoloniality as this dealink and relinking process, and so
- 01:22:22using every opportunity. We have particularly, you know, for those of us in academia. Right this epistemic space to delink from these hegemonic, You know European, you know modernity laced, you know, uh knowledge bases and structures, and really relink to indigenous, some alternate marginalized ones. And so there are opportunities to do that, even in the way we conduct our research. So, like, for example, the way we structured our heart failure paper was, we. We made very explicit that we were using public health, critical race practices from Chandra Ford and others,
- 01:22:52and that we were not, you know, in no way, shape or form should anyone confuse that race with being a biological variable in the study, and so like. I think you know again. That's a that's obviously so small scale, right to the to the problem. But I think if you try to think about. Well, what can I do in this realm? I think there are ways we can de-link and relink even in the knowledge production realm this kind of epistemic reconstitution, even in the intervention realm. And it and I think inevitably, I'm, you know, Always get haunted by what we're trying to do now.
- 01:23:22Now. Bring them into women's with healing arc. And you know, admitting you know, black, and that next patience to our cardiology service. Um! For years of inequitable access, it feels so small. But, on the other hand, you're like, you know. Maybe it'll maybe we can find a way to get it to catch on, or Maybe it'll inspire something here or there, and it, you know. I think that that's kind of the

- 01:23:44the way you could think about it. But it, you know it gets into that whole, you know. Fundamental, I think big questions about how does one decolonize in the settler colonial context? And it's much more theoretically complex even then. You know the decolonial examples. We know where you say goodbye to the You know the British, you know colonial aristocracy and India, and then, you know, you change over things right, you know. Obviously it's much more complex than that even there. But in a place like the United States or Australia, where you can't even
- 01:24:14think of these societies anymore without the settler colonial, fundamental structure, and make up of the country that becomes a much harder process, but I think one we need to sort of imaginably, imaginatively. Um go after.

Unknown Speaker

01:24:36I think so. If you just look at

Medicine Grand Rounds

01:25:22Yeah, I mean, I think again, if I understand the question, you know, or the comment, I think again, the drivers are so historical and structural. And So I think you know, I think, as Nancy Preger said in a recent paper, right? Structural um problems require structural solutions. And so I think you know,

- 01:25:39fixing the education system in so far as it's inequitable. Um, fundamentally still to this day right? You know that that is such a big challenge in terms of opportunity from the youngest ages. Right? We don't have universal education for a young kids. We know how important that is when you're two, three, four years old, and that's not widely available, and that's a racialized process. So I think
- 01:26:01you know so much, even at the later stages of education we talk about here it's, you know, these things get really tracked in. So I think, Yeah, I mean, I think ultimately the solutions, you know really need to be structural.
- 01:26:18Thank you very much. Thanks.