



IN SOLIDARITY

Season 5, Episode 1: Reviving public health's roots in organizing

Transcript

[00:00:00.00] [MUSIC PLAYING]

[00:00:05.77] This is "In Solidarity," a podcast where we draw connections between power, place, and health and discuss how our lives, our fates are all interconnected. Here are your hosts, Ericka Burroughs-Girardi and Beth Silver.

[00:00:21.16] Hi, everyone, and welcome to "In Solidarity". For anyone tuning in for the first time, this is a podcast from County Health Rankings and Roadmaps, a national program at the University of Wisconsin Population Health Institute, with support from the Robert Wood Johnson Foundation.

[00:00:39.74] My name is Ericka Burroughs-Girardi, and I'm here with my co-host and colleague, Beth Silver. Beth, I'm so excited to be in the studio again.

[00:00:49.91] Great to be with you too, Ericka. So happy to be together for our fifth season of "In Solidarity". We've talked about the racial wealth divide, the gender pay gap and how factors like income, voting, volunteering and education all impact our health. In our latest series, we're diving into the world of advocacy and organizing, specifically public health's roots in social change and how public health can reconnect to these roots. It seems so important to talk about how we make change, especially now during a presidential election year, Ericka.

[00:01:26.81] Beth, you know I've wanted to talk about this topic for a long time. This is where it all began. Public health agencies in the United States were born out of organizing. Organizing to prevent unsanitary conditions that spread diseases, to establish safer working conditions, and to create healthier environments. Organizing, creating alliances, it's tough. It also works.

[00:01:55.88] Whether it's around labor, tenants' rights, climate justice, health care access or gun reform, when we ban together to improve things like poverty, racism and equity, we're not just improving the lives of people directly impacted by oppression, we're improving everyone's lives.

[00:02:16.14] Exactly, Ericka. This season, we're exploring the connection between organizing and health. We'll bring forward some examples and we'll get into the ways public health is reviving some of the original thinking in the field, returning to its powerful political organizing roots, which is why I'm thrilled that we're kicking things off with Dr. Abdul El-Sayed. We'll ask him about public health's history with organizing and the ways we can use organizing to improve health for our communities and for everyone.



[00:02:47.48] A great conversation ahead, Beth. If you're in the public health field, you probably already know who Dr. El-Sayed is. He is a physician and epidemiologist. He hosts the popular podcast "America Dissected". He's a contributor at CNN and he's the author of "Healing Politics, a Doctor's Journey into the Heart of a Political Epidemic". Dr. El-Sayed is the former executive director of the Detroit Health Department, and he ran for governor of Michigan in 2018. Let's dive in.

[00:03:23.02] [MUSIC PLAYING]

[00:03:27.82] Thank you so much for being with us today, Dr. El-Sayed. It's an honor to have you.

[00:03:32.62] Well, the privilege is mine. Thank you so much for having me.

[00:03:36.31] What does organizing have to do with public health and how can organizing advance today's public health causes?

[00:03:45.59] It's a really important question because I think public health is starting to recognize that at its core, while data collection, analysis, and information are so critical, the question has always been, and then what do you do with it?

[00:03:59.97] And I think that we've taken it for granted for a very long time that so long as you had data, that you had some sort of authority that would buy you out of having to do the hard work of organizing both around the resources that you need to improve the health of the public, but then also around being able to persuade people that we needed to take a certain way forward vis-a-vis the data that we collected and what it informs about what we ought to do. And so I don't know that there is a public health that is inextricable from the concept of organizing. I think the two have to go hand-in-glove.

[00:04:37.62] Now, I think when people talk about organizing, there's this sense that organizing takes a particular effort and has to be around some partisan goal. But I think that if you step back and think about what organizing was, it's the approach that folks take in a free society toward coming together around a common cause and toward persuading their fellow community members about what we ought to do to inform and drive that cause forward.

[00:05:04.06] And if we believe that health ought to be among the high goals that we have for ourselves and our communities, and we believe that data ought to inform the way we do that, and we believe that we ought to give resources toward improving and informing the public's health, and we believe that there are other folks who may not hold health to the same level as we do, then I think it requires us to be willing to come together around persuasion about the value of health and about what we can do to inform it.

[00:05:36.13] And the other part of it is that health is not extractable from so many of the other broader goals that we have around equity, that we have around freedom when it comes to the question of the right to choose and abortion rights in this country. And so when we think about the kind of coalition that



we can build, we also have to think about the ways that our organizing dovetails with the organizing of other folks who may be fighting on parallel or connected causes.

[00:06:06.78] When you think of the connection between the public health field and organizing, what examples come to mind? What movements have inspired you?

[00:06:17.22] So I'll go back to the apocryphal story at the founding of the science of epidemiology, which is the story of John Snow, an anesthesiologist who starts using data to collect information about the potential causes of a cholera outbreak in London. And what's interesting about that is folks highlight that because he started to use data to inform where people got their water and whether or not he could connect getting water at a particular pipe with the outbreak of cholera. And to me, that's really important certainly, but it's also what he did with that data.

[00:06:58.06] It's not that he just sort of sat on the data, published it into a paper and said, well, that's really interesting. He took that data and he used it to petition the board of guardians-- that's what they were called-- to allow him to take off the handle of the pipe that he had connected to the outbreak. And that's a form of organizing, like at the very heart of the work of the founding story of epidemiology.

[00:07:21.28] But you think about the movement for public health as it starts to pick up steam. You think about somebody like Rudolf Virchow, who was the founder of the science of pathology, which is the foundational science of medicine itself. It's what allows us to map symptoms and signs to particular structural features in our anatomy and our physiology.

[00:07:47.35] And then he goes on to recognize that it's not enough to found a whole science that's foundational to medicine, that you also have to take that into the field of politics. And he ends up becoming a politician thereafter, and he's central to the founding of one of the first universal health care programs in what was then Austria-Hungary. And so this is in our core. I think we've gotten away from it because I think at some point we've the success of organizing for health has led to the build up of a series of public health institutions that we take for granted.

[00:08:26.67] And I think post-COVID, we're starting to realize that, the funding and the remit of these institutions cannot be taken for granted, and it's up for debate. And if we're not serious about the work of persuasion and organizing to invest in these kinds of institutions, that they can be swept away. And I think every generation sort of learns that conventional wisdom is not always conventional.

[00:08:52.73] And I think our generation is starting to realize that it's not just conventional wisdom. That you should use evidence to make arguments about what best informs health and that all of us should collectively be willing to fund and invest in those things, that that actually takes organizing work to build consensus around and to drive forward.

[00:09:12.95] Are there any current examples you can think of, some successes where you've seen organizing make a difference, where it helped inform policy change and improve health?



[00:09:23.47] I think a lot of the organizing that we're seeing in the Dobbs moment, in the post-Roe moment has been critical to enshrining the right to an abortion and for women and birthing people to choose what happens in their own bodies in state after state, in places where ideologically you would expect a very different outcome. But these are people who are stepping in and saying that I should be the one who gets to make a choice in my own body, and that all of us have to come together to protect that right. And I think that that's a really critical, sharp demonstration of people organizing for health rights in public health.

[00:10:10.21] I think in the post-George Floyd moment, I think in the midst of a reckoning about racial injustice, in the midst of a pandemic, there was a broader discussion around what informs organizing for racial justice. And there's a famous Martin Luther King quote-- of all forms of inequality, inequality in health care is the most shocking inhumane. And it's a recognition that, when you think about what's on the other side of the equal sign of injustice in our society, it tends to mean shorter and sicker lives.

[00:10:42.03] And I think leveraging that moment to engage with all of the injustice against Black folks that's perpetrated by our health care system and our failure to invest in the basic means of public health, I think we saw that really help to sharpen a lot of that organizing and bring people together from across different walks of life.

[00:11:05.87] In 2020, you served on a national task force for health care. What were some of the things you learned about organizing in the face of the COVID-19 pandemic?

[00:11:17.22] Yeah, that was a really important, informative experience for me. We live in a time when connecting to people has never been easier, but also never been harder. I think we take the online simulacrum of connection as being a real stand in for the kind of relationship building and engagement that it takes to be able to organize around. And that health care unity task force was the result of a long-standing disagreement in the Democratic Party about what kind of health care we need and deserved. And this was a moment to try and hash out something that could be a compromise.

[00:12:02.95] And I think the frustrating piece about that was that we were in the midst of the pandemic, and certainly folks who agreed with me would say that it is long past time in this country that everybody has accessible, affordable, durable healthcare coverage that does not require you to have a job, to be a certain age, to be married or divorced, that everybody gets it and nobody's left out.

[00:12:28.25] And I think others would say, well, the most important thing in the health care system is that we maintain a set of decisions that people can make between what kind of health care they really want and that whatever exists in the market for health care, which I don't really believe truly exists, but whatever exists in the market for health care, that we have to protect that.

[00:12:47.38] And trying to come together around that in the midst of a pandemic, in the midst of discussions that had to be mediated via these technologies that allowed us, again, to connect to anybody, anytime but rob us of the depth of relationship that I think is so important was, to be honest, quite a frustrating experience.



[00:13:09.34] And reflecting on, on the one hand, I think that those of us who believe that we can do better when it comes to health care, need to do more of the type of grassroots in real life, face-to-face discussions beyond posting hashtags on social media. And on the other, I think that in this moment, there are opportunities for that kind of organizing to reverberate into something greater.

[00:13:35.95] And the result of that kind of organizing, I think, is what we saw in the task forces. But, you look at what it takes to actually move power and to really win the argument. Coming out of that task force in 2020, so much of what we had come to as a compromise didn't really get done over the next several years. And so it's a reminder that the work continues, right? And you have to keep pressing forward.

[00:14:04.18] The last thing I'll say is that one of the implicit curricula of social media and online mediated engagement is that you can get immediate outcomes. And I say that because, you'll post a picture or a message online and you get a whole bunch of likes. And you look at those likes and you're like, OK, what I'm saying is resonating. But likes are not the same thing as outcomes.

[00:14:28.00] And I think that we're tricked into thinking that going viral or having your message resonate is the same thing as getting an outcome. And I really hope that organizers in this moment recognize that sometimes you don't actually see the outcomes of your work and you have to be OK with that.

[00:14:44.68] We don't always get quick wins. And often times if quick wins are what you're after, then long-term durable change isn't what you get. And I think we have to be able to gird ourselves for the long-term if we're serious about creating the change that we need and deserve.

[00:15:00.76] That's an interesting distinction. I loved your "Ted Talk". And not just because you used County Health Rankings data, but in your talk you laid out how social and structural determinants impact health. One of the quotes that stuck with me, you said it's not about poverty. It's about the alchemy of poverty and racism over a very particular geography. What does that mean to you? How can organizing reverse that?

[00:15:28.97] Yeah, so they say all politics is local. And organizing really is about informing how we leverage scarce resources, which is what the work of politics is. Not all politics is partisan. And so organizing always has, as its aim, the change of a status quo, which is itself an implicitly lowercase p, political act. If you just look at the variance in life expectancy, Raj Chetty and colleagues did some work back in about a decade ago now looking at the geography of life expectancy among people who earn less than \$28,000 but had reached the age of 40.

[00:16:07.20] And they found that there were massive disparities across space and time. But you're talking about poor people, whether you're talking about them in a place like Detroit or a place like New York. And the differences have everything to do with differences in geography, access to different resources as a function of context, as a function of density, as a function of walkability or transportation access. And sometimes, we are too quick to point to one independent issue when the world tends to be more of a complex system and the outcomes that we see of that world are emergent from the complexities, the way that different variables interact with each other.



[00:16:43.81] And so you think about a place like Metro Detroit, which historically has been one of the worst places to be poor and also one of the worst places to be Black statistically in the country. And that's because of a long history of structural racism shaping access to different places. We do not have access to light rail, for example, public transit, as a function of two things. The fact that we were the home of the automotive industry.

[00:17:11.17] And so folks like Henry Ford wanted to prove out the thesis of the car in their own backyard, and so ultimately prohibited the building of these things by way of their own political power. And then the redlining of the 1930s and '40s persists today in terms of a pattern of where people ultimately live as a function of the color of their skin. And so you end up having this pretty profound segregation where you don't have access to free movement.

[00:17:38.50] And because the place was built around the car, rather than high-rises, like you might in the Bronx, you end up having these rows of homes in neighborhoods that people really can't get around. And so that is, to me, not just about poverty, which exists in a number of places, but about the bitter alchemy of poverty, racism, in a very particular geography that robs people in the city of Detroit from access to things like transportation or access to a good grocery store. That's not true in a place like the Bronx in New York.

[00:18:12.19] How can the individual organize to improve their health and condition? And what do they need? What are the barriers in their way to make change?

[00:18:22.50] That's a really good question. And it's a really hard question because I think all of us can and should be organizers. And sometimes our organizing is simply educating our kids and our families and our loved ones and our friends about the circumstances in which we find ourselves in the most uplifting and hopeful kind of way. You don't kind of want to be the family nag who's always like, yes, but, right? But it is about being able to offer a broader context and to offer people a set of solutions about what we could do about it, right? And that's a form of organizing.

[00:18:55.86] Another form of organizing is going and getting involved with your local neighborhood group or a religious organization or a civic club and bringing people together around a solution set to a certain problem. Today, I would even say that organizing is just about bringing people together even if you don't have a directed goal for how you're bringing people together, because one of the worst and most pernicious circumstances of modern life is social isolation. So just the act of bringing people together is itself a value. And obviously, there are obstacles.

[00:19:27.59] But I actually think that in today's world, the biggest obstacles, the biggest obstacle is really the sense that you cannot, or that you should not, or that's somebody else's work. Rather than saying, I'm going to do what I can with what I have where I am and we'll see what happens from there. The solution is not really your responsibility, but the effort is, right?

[00:19:48.79] And I think sometimes, in this moment, we all want to see the end outcome so clearly that if we can't see over the hill, that we assume that the effort's not worth it, even though we're not running



a marathon, we're running a relay race. And so as long as you take the baton and you hand it off to the next person, we might actually get over that hill even if you say, that's too long for me to run on my own.

[00:20:10.06] So I think the most important thing is to ask, what is it that I want to change? And how is it that I want to change it? And then go about doing that thing. And that last point, I think, is an important one.

[00:20:21.55] In this moment, we tend to be over professionalized. And so we think that there's a professional for everything, right? And in the past, that wasn't the case. People would just spend some of their time working on an issue even if they weren't a professional in that space.

[00:20:35.12] And I think the reason that that's just so important is because I think it gets in our way to think that there's only one way to achieve an outcome. You talk to folks who are incensed about health inequities and they'll say, well, I'm not a doctor or I'm not a public health worker, so. And it's like, well, no, but you have a voice and you have an opportunity to engage people on that issue. And I often find that the folks who are the most effective are the folks who are not professionally aligned.

[00:21:04.51] And I think when you talk to kids, we do them a disservice by asking them what they want to be when they grow up. I think the better two questions are, what do you want to change when you grow up? And then, how do you want to change it? And you can mix and match those two things in so many different ways and you can imagine working on health inequities as an artist.

[00:21:21.46] There are a lot of different ways to make art that moves people and helps them to see something in a different way. You could imagine taking on legal issues as a journalist. Journalists do that all the time. You could imagine taking on inequities as an architect. In fact, we need more architects who are interested in taking on inequities and reshaping the landscape in which we live.

[00:21:40.34] So there are a lot of ways to take on these efforts. And I think if you can find something that you love in the doing and then apply that against something that you feel a fire to change, that's the best way to live a fulfilled life and hopefully carry your baton in a way that's dignified and moves people and helps to take on a problem in the long-term.

[00:22:04.63] In previous speeches, you've used the approach of exploring the assumptions, facts and opportunities of a particular topic. What would you say are assumptions, facts and opportunities for the public health field in organizing today?

[00:22:21.26] Well, I think one of the big assumptions we make is that data is enough. I think data is one pathway to knowledge, which is one pathway to wisdom. And I think that we think that just having data and informing a conversation with data is enough. And unfortunately, that's actually just not true. I think the data tells us which stories to tell and then we have to go out and tell them, right?

[00:22:47.51] And I think we've got to be a lot better storytellers. The fact part of this is that we're doing this in a much more challenging information space than ever before. And in order for you to move the



truth, you have to be really good at making it interesting and compelling. And so we are all in this content creation space, even if we don't really want to be.

[00:23:16.50] Look, I wish we were in a world where the truth spoke for itself. You sort of just illustrate how far we've fallen as a society in terms of our ability to pay attention to complex argument. The Lincoln-Douglas debates back in the 1860s used to pack rooms and people would listen to those debates for four hours. Now, you can barely pay attention to a TikTok for like 30 seconds, right?

[00:23:41.50] And I partly think that that's a function of the fact that our brains have been spoiled on dopamine as a function of social media incentives to monopolize as much of our eardrums and eyeballs as possible. But we have to contend in that space, right? And so I think we have an opportunity to be thinking about how do we engage the public discussion, how do we persuade in a moment that is true to this information environment while also recognizing that we probably have a responsibility to do something about the information environment on its own terms.

[00:24:19.42] I actually think it's like probably one of the biggest hazards we face. And I say that as someone who got social media in 2007 when I was in college and my attention span, I'd always been blessed with a really long attention span, that like it went to absolute trash. And I know that that's been the situation for a lot of my counterparts.

[00:24:37.54] And when we think about it, we're like attention span privileged, people in our age cohort. Because people younger than us, this is all they've known, is that this information environment where it's just absolutely normal to soak your brain in dopamine that you get from quick hits on videos that are intended specifically just to keep you looking so somebody can sell you something that you probably don't need.

[00:24:58.09] And that in and of itself, is a real problem. So I do think we have an opportunity to re-communicate. I also think that we have a responsibility if we're serious about mental health to take on this environment, even though it's kind of the environment in which we're swimming right now.

[00:25:12.46] Yeah, our society is so divided ideologically, politically and even on what information is factual and true. How can public health bridge differences in communities and help people come together? And how do we communicate that, as you say?

[00:25:28.35] Yeah, I think everybody at the end of the day has a body that they care about. Everybody does. It's like the least common denominator of being alive and human is that you have a living body to take care of. And I think we've got to be smart about engaging people from that position and from a place of humility. And I think part of the frustration that a lot of folks have had with public health that's turned it into unfortunately a partisan issue is that we haven't had the humility to do two things.

[00:26:03.58] The first is to engage people from a position of hope and persuasion rather than from condescension and shaming. And then the second is to show up when people know they need us. I mean, I just want folks to understand this, right? Like in public health, we differentiate between public health and health care. Most people don't.



[00:26:26.56] And what most people's experience of the public health health care complex is, is that it's too expensive, they don't really pay attention to me, sometimes they get it wrong, and I don't really know enough, right, when I really need to know. And so you can imagine if you're somebody living out in rural Michigan or in an urban community and you're living with diabetes, you know that you struggle to afford your insulin.

[00:26:53.20] And so you're struggling out here to afford this medication that is live or die for you. And then all of a sudden there's a pandemic and a bunch of folks are out here trying to make you take a medicine that you don't even know you need and they couldn't show up for the one that you knew you needed, you're going to feel some kind of way about them.

[00:27:11.40] And the problem is that we too often think about public policy when it comes to health care or public health from our own privileged position of like, we know what's better for you rather than you know what's best for you. We want to step in and be there for you when you know you need something. And then you may have the trust in us for us to step in and say, hey, there's this other thing coming around the pike and we think this is going to be really important to protect you there, too.

[00:27:37.29] But we've got to earn that trust. And I think we've forgotten that that is a trust that needs to be earned. Most people don't read the academic literature. Most people don't care what letters you have behind your name. Most people want to know that you're trustworthy because of where you show up and why and what you say when you do show up. And I think we need to be showing up a lot more in the spaces where people know they need us, not just when we think they need us.

[00:28:03.38] It also seems like you're saying that maybe public health, at least from a communications perspective, needs to move from population to individual, even though that's the antithesis of a lot of what we study in public health.

[00:28:18.99] Not necessarily. So I think that the differentiation between individual and population is a scale question. So if you think about access to insulin, right? You can give one individual insulin. Sure, great, right? But when you step a bit deeper into the problem, you start to appreciate that the reason people can't afford insulin isn't as much about their individual issues. It's about a structural issue with respect to our system and whether or not it can afford people the medications they need.

[00:28:52.14] And I think the line starts to blur when you start asking, OK, well, how do you get people COVID vaccine versus how do you get people insulin? It's the same set of problems, and I think we need to start developing a voice on a lot of those bigger structural issues rather than drawing an artificial boundary and saying, well, that's not really our space. I'm an accidental health care activist. I started my career in medicine and then moved specifically away from it because I was so frustrated by the system.

[00:29:17.53] And then one of the things I came to appreciate when I was in a role as a health commissioner in a city is that in order to do public health right, we needed to do health care. I mean, we spend \$0.19 on the dollar. Literally, \$1 in every \$5 spent in our economy on this health care thing, and yet we have some of the worst health care in the world for a high income country. And that's a big reason why we don't have funding for public health.



[00:29:42.91] So they are connected at the end of the day. Like at the end of the day, these are the same bodies that we're trying to minister to and this is the same world and system that we're trying to play in. And so we just got to be really thoughtful about not ceding too much of that space, right? Because I think health care doesn't draw those boundaries. And so they will continue to come for whatever resources are available.

[00:30:03.22] And I think we need to start developing some broader shoulders and muscling in on that conversation and being willing to at least fight the good fight, even if it's a fight we think we're going to lose today. Because at the end of the day, the healthier public that we're after, right, the more equitable distribution of health, that damn well needs a better health care system. And it needs those folks to get the medicines that they need to be able to see a doctor just like it needs them to be vaccinated and to breathe clean air and walk walkable streets. Those are not different problems.

[00:30:31.96] And so when people tell us to stay in our own lane, we tend to be like, OK, yeah, we will, right? Or we self-segregate into our own lane. Like, this is our lane and we need to start occupying it.

[00:30:41.61] Your book, "Healing Politics," covers what you call our political epidemic in this country. What are the politics of healing and why are they important in public health? Can you explain when you say this work is not partisan, it's political?

[00:30:55.64] Yeah, so I diagnosed what I call an epidemic of insecurity. And that is about the psychological experience that I think so many people are feeling right now of not knowing whether or not they will have enough, right, as a function of so much of the attempt to forecast current trends. And dealing with that, I think requires us to be thinking big picture about the systems and circumstances that are making people feel so insecure, whether it's their housing.

[00:31:31.16] I think about a whole generation of folks younger than me and my generation as well. We're like, I'm probably never going to own a house. You think about access to schools, right, and the fact that so many elementary or high schools look just like they did 30 years ago, and we haven't made the necessary infrastructure investments in them. The fact that it's almost impossible to afford higher education.

[00:31:51.56] The fact that we have done more to build out jails in this country than we have to build out schools. The fact that our climate is consistently and perpetually being degraded as a function of a way of providing ourselves energy that was outdated from the day it was developed.

[00:32:10.47] And all of those problems, they have health consequences that fall from them. But I think that a lot of that has to do with the structural questions in our society. And so if politics is about how we allocate scarce resources and how we come together to regulate our circumstances, then decisions about all of these things are political. But they don't necessarily have to be partisan in the way that it's this party or that party.

[00:32:35.69] I think, to be quite frank, the idea that there's only two sets of solutions to any of these problems is kind of ridiculous. And I will also say that the lack of imagination of either party is part of the



problem here. So I think for those of us who come to this work of persuasion, of organizing, from the position that people ought to have their best shot at a healthy, dignified life, it requires us to get engaged with some of these bigger picture questions that are robbing people of the security they need.

[00:33:03.40] Now, the last point I'll make about insecurity is that it's self-perpetuating. When people are worried for their future, they tend to make individual decisions that tend to perpetuate the problems that you face in the first place. It's the NIMBY problem, right? Not In My Backyard. These are insecurity problems.

[00:33:21.01] Climate change-- insecurity problem. Failure to invest in pandemic preparedness-- insecurity problem, right? All of these issues stem from the same foundational set of circumstances. And I think if we're willing to engage with the drivers here, then we have a real shot at being able to solve it. And finally, I'll say this, is that thinking about this information environment, one of the tricks that it plays on you is to make you think that everything is bad and everyone is bad, because that's what gets engagement, right?

[00:33:51.55] So you end up seeing the highlight reels of the lives closest to you, which makes you feel bad about yourself, and then the lowlight reel of the rest of the world, which makes you feel bad about the world. And so you feel bad about yourself and you feel bad about the world. And I think part of what we have to be able to offer is solutions that are hopeful and an attitude and approach that is hopeful. And public health in the end is an act of hope. Organizing is an act of hope.

[00:34:15.40] And I think sometimes we have to be willing to bring the joy and outlook that really matters to be able to solve these problems.

[00:34:24.80] You've said in interviews that public health has a brand problem. What's possible if public health returns to its roots? And how does this help public health rebrand?

[00:34:35.06] Yeah. I mean yeah, we have a real brand problem. Like, we're the folks who show up and tell you about all the risks. And part of the problem is we, ourselves, are risk averse. Like, we've allowed ourselves to be pushed out of the biggest challenges of the day. And we don't pick bold fights.

[00:34:55.74] And I think if we're willing to organize and pick bold, big fights against the folks who make people sick, which is what we did for a very long time, I think we have the opportunity to earn trust. And if we have the opportunity to earn trust, that is the substrate of organizing and that's the work that I think we need to do. So I just think we need to show up in those big, bold policy fights and we need to be willing not to listen when people tell us to stay in our lane.

[00:35:27.37] Dr. El-Sayed, this was such a privilege to be with you today. Thank you so much. I really enjoyed your answers.

[00:35:36.58] The privilege is mine. Thank you for taking the time and inviting me. I really appreciate all the work that you all are doing and I'm just grateful for this conversation and your leadership.



[00:35:46.38] [MUSIC PLAYING]

[00:35:52.10] Beth, that was so fascinating. Organized movements can affect policy change, dismantle structural racism, and improve health outcomes. I particularly like that Dr. El-Sayed sees the need for public health to reconnect with people. We must move beyond data.

[00:36:11.45] Agreed, Ericka. The connections he made, the through line that he drew for us between organizing and communicating so that everyone has this important knowledge about power and our ability to change conditions so we all live better and longer, that just really resonated with me. Dr. El-Sayed made another distinction that also seems important, and that was the difference between being political and being partisan. That this isn't partisan work, but it is political.

[00:36:40.95] That in order to affect change, public health has to engage in the political.

[00:36:46.17] Absolutely. And there's more to come. In our next episode, we'll continue the conversation on organized movements by diving into examples from the housing sector with Dr. Jamila Michener. Dr. Michener is a professor of Government and Public Policy at Cornell University and one of the leading researchers on poverty, racial inequality and the connection between housing and health.

[00:37:13.45] I'm looking forward to it, Ericka. Until then, I'm Beth.

[00:37:17.05] And I'm Ericka.

[00:37:18.40] And we're "In Solidarity, Connecting Power, Place, and Health".

[00:37:29.09] The views expressed by guests of "In Solidarity" are their own. Their appearance on "In Solidarity" does not necessarily reflect the views of County Health Rankings and Roadmaps, nor the Robert Wood Johnson Foundation. To learn more about our guests work, to discover additional resources on the topics we've discussed, or to find out how healthy your community is, visit us at countyhealthrankings.org.

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