

### In Solidarity: Civic Health Series, Episode 2

>> 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.

>> Hi there. And welcome to In Solidarity, a podcast from County Health Rankings & Roadmaps, a national program of the University of Wisconsin Population Health Institute with support from the Robert Wood Johnson Foundation. I'm Ericka Burroughs-Girardi here with my co-host, Beth Silver, for our second episode in a series on civic health.

>> Hi, Ericka. In this series, we're talking to scholars and equity experts about civic health, the opportunities we have to participate and use our voices to shape our communities. It's a topic that connects us all. County Health Rankings & Roadmaps recently released a report that shows people in places thrive when everyone has opportunities to participate, whether that's voting, volunteering, having a say in a community's budget.

>> That's right, Beth. The report found that areas, particularly in the south, experience more structural barriers to civic health. That includes laws that restrict voter eligibility and registration. Fewer people in these areas have opportunities to participate. And not surprisingly, that shows up in lower voter turnout. There's a growing body of evidence that there's a connection between our civic health and overall health. On average, residents in these counties have shorter life expectancy. In this episode, we're going to dive deeper into how structural barriers, policies, and other tools of democracy have been used to this end.

>> Let's start by recapping the first episode in this series. We talked to Dr. Julia Kaufman and Dawn Hunter about the things that make up civic health. Julia described civic infrastructure as the foundation that supports participation.

>> In other words, the opportunities we have to participate through activities like voting and volunteering are shaped by our access to civic spaces, places like libraries and schools, by the civic education we receive and by policies like laws that govern who votes and when. Both Julia and Dawn noted that state legislatures across the country are passing laws that either make voting easier or more difficult. These laws are part of our civic infrastructure.

>> And Dawn shared findings from the Health and Democracy Index, which shows that states with more restrictive voting policies often experience poor health outcomes. The data show that in counties where a community civic infrastructure makes it easy for residents to engage, there's usually more social and economic opportunity, and residents tend to be healthier.

>> In this episode, we're going to explore the policies and laws that make up civic infrastructure, and specifically how policy and other tools of democracy are used to shape who has an opportunity to participate, basically, who has a say in their communities' futures.

>> Professors and authors, Daniel Dawes of Meharry Medical College and Dr. Peniel Joseph of the University of Texas at Austin, are joining us in this episode. We'll talk about the political determinants of health. Those are the processes that structure relationships, distribute resources, administer power, and how those processes shape our health. Our guests

are also going to help us look at the historical underpinnings of all of this and help us understand why things are the way they are today.

>> Our first guest, Daniel Dawes, is the senior vice president of global health and executive director of the Institute of Global Health Equity at Meharry Medical College. He is a health policy expert, educator, and researcher. Among his many accomplishments, he's known for his political determinants of health framework.

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>> Thank you, again, so much for being with us. I wanted to start out with the social determinants of health, things like education, housing, and income are increasingly understood as important drivers of health. How do your political determinants of health and that framework, how does that build on that?

>> Yeah, absolutely. That's a really great question. So in thinking about the fundamental causes of these inequities, thinking about the root causes, we know that social determinants of health absolutely drive many of the structural conditions that we find ourselves in, that we're born in, we live in, we die in. You've mentioned a few of these really critical ones from housing to transportation, to education, employment, and so forth. But as we think about the structural conditions, we think about how they came to be in the first place. You know, one of the things that caused me some angst years ago was a thought that, "Wait a second. I don't think we've fully gone upstream to what has essentially instigated the social determinants of health." And so I wanted to understand what instigated, what's been exacerbating or perpetuating many of these social determinants of health that have eventually then led to the health outcomes that we see downstream. And that's how we came up with the political determinants of health. And it was then thinking about, how would you define the political determinants of health? I came up with this tripartite definition that it involves the systematic process of structuring relationships, distributing resources, and administering power, and they operate simultaneously in ways that mutually reinforce one another. And you see that throughout the political determinants of health model, those levers that have been pushed and pulled, looking at voting, government, and policy, and understanding how they have essentially, you know, structured an individual's relationship in the community, looking at the hierarchy of human value that has been created in this country, how does that operate it? How was that created from the beginning of the founding of this nation? In terms of distribution of resources, we know that's a critical issue. When you talk about the equitable distribution of resources, how has that worked over time? We add that lens to it. And then, of course, the administration of power. You think about redistricting and gerrymandering, you think about efforts to restrict valid access. So, for me, when I think about the social determinants of health, I believe that they are absolutely critical. That is an incredible frame in which to look at how, you know, many of these inequities are driven in our society, but I do think we need to finish the equation, go one step further, and understand that preceding every one of these social determinants of health is a political determinant.

>> Yeah. In a sense, it sort of feels like the why of those social -- like why do these exist? Yeah. How have the political determinants of health maintained or even perpetuated health inequities in this country?

>> I want to start at 1641 because this is the time period when abolitionist, when these health equity campaigns, if you will, were pushing back on the institution of slavery and were trying their best to advocate for terminating this horrible practice. And as they were gaining, you know, some headway, as they were gaining some success and convincing the –

you know, the community at the time and policymakers, the commercial interest said, "Wait a second, we're about to lose out on our business model of slavery if we don't get our act together." And so they mobilized and they started meeting and lobbying their policymakers. And interestingly enough, in 1641, it was at that point where you saw a piece of legislation called the Body of Liberties. It was a draft bill, if you will, that they started working on and they used it as a template for all of the colonies. So from Massachusetts first to Connecticut, Maryland, New York, you name it, all adapted this law. And what we found, and I thought was pretty interesting, is after that law was developed, it was negotiated, implemented, and then ultimately enforced, the abolitionist said, "Wait a second, in reading this law, it did not say that the offspring of these enslaved people were, for purposes of the law, insulate themselves. Therefore, they should be free on our soil." Well, what happens, the commercial interest again working with the political determinants, created an amendment to the law that essentially said, "Nope, all of the offspring in perpetuity would be slaves themselves," so forth, so forth. And as if that weren't enough, they went even further. So this is now getting right to your question. What we saw in the 1600s and mid-1600s was very interesting. They then develop additional policies that prohibited black and indigenous population groups at the time from raising their own food, a critical determinant of health, especially access to healthy foods. We know then that there were laws that were developed and implemented and enforced that prohibited black and indigenous folks from being able to read and write, from being educated, another critical social determinant of health. The same thing with being able to raise their own money, earning their own money, that was prohibited by law. Another, again, if you tie it to employment, a major social determinant of health. And it goes on and on. So you can see them how -- what we consider today as social determinants of health, really crucial factors in our overall health that play an outsized role in our health and well-being. You can see how policy and politics were leveraged to stifle minoritized groups from being able to realize their full health potential. We then saw that being recycled from one generation to the next from the 1600s into the 1700s, and into the 1800s in terms of the effects of this over the course of history. Today, the same thing continues. It's not just a theory, it's not just happening in the past or didn't just happen in the past. It's still happening today.

>> Yeah, the consequences continued today. What about examples of disenfranchisement that you see today that may maintain or perpetuate health inequities?

>> You know, the first example that comes to mind, I mean, you can see how, from a voting standpoint, there are efforts to, again, stifle the vote. We see that their efforts in the south especially, whether you're in Georgia, or in Florida, Tennessee, Louisiana, and like attempts to cut off early voting, attempts to gerrymander and ensure that one party controls the power to the detriment of other communities. We see, you know, all sorts of efforts to penalize those groups that are trying to register folks to go out and vote. And making it, again, very, very difficult to try and to make it so that folks are scared to go out and vote. We know Florida has even mobilized an office intended to look at what they call voter fraud that is sort of imposing and it seems like it was intended to intimidate potential voters and registered voters, as well as non-registered folks who are interested in voting. So you can see examples of this across the country in the Midwest as well, where there have been attempts by different legislatures to maintain and ensure their dominance and control of power for decades to come. And that is why this is absolutely critical that, you know, we get involved, and we fight on behalf of the groups that may not be as privileged or may not have the power that we, ourselves, quite frankly, have to fight for them.

>> Yeah. You've said that "voting can mean the difference between life and death for the very communities that experience the greatest inequities and yet they often experienced the greatest barriers as well". Can you expand on the barriers you were referring to?

>> You know, the point of preventing folks are making it very difficult for them to engage in our political process at every part of the continuum, so whether it is making it difficult or prohibiting their entry by voting, whether it is afterwards by making it very difficult, for instance, in engaging with our government, making it such that it is very difficult for those with limited means from being able to take time off from work to engage in this. So I think it's important to understand that we've got to bring government to the people, too. You have got to do these field hearings as well. Allow people opportunities, whether it's by online means, virtual means, or whatever, to participate with government, to participate in development of these policies, in really understanding that the people who are closest to the pain and the problems of health inequities are the ones who know what's best for them. They know what they need. They are absolutely able to tell you what it's going to take to overcome that challenge and understanding that community engagement, that community-driven policies, really are what we should be focusing on. I think when we come with that humility and that appreciation for the power that community has and their knowledge, deep-seated knowledge, and understanding, I think once we come with that humility, my gosh, imagine the powerful changes that could be affected.

>> Let me just ask you one final question. In your book, you write that, "If you think that you are immune from what happens to others, you are sadly mistaken." How do we shift our thinking from a nation of people who think they're immune from what happens to others to a nation of people who act for the good of all?

>> I think I'm going to borrow my quote from David Satcher again, where he says what we need more than ever, our leaders and people who care enough, know enough, have the courage to do enough and who will persevere until the job is done. I think, first, we all need to care, we need to appreciate and see the humanity in every population group. You know, I get extremely concerned when I see how segregated we have become. I mean, look at residential segregation in this country. When you see how there are attempts right now, you know, to prevent folks from mingling to design our residential neighborhoods, so that only those who look like ourselves are a part of that community or neighborhood. I think it's so important that we first realize we are all -- we are one human race. And I think when we can see the humanity in -- and Ruth Bader Ginsburg, Justice Ginsburg, I thought, made an incredible comment. She said, "We oftentimes aren't getting enough time to develop relationships with folks who think differently from us or who looked different from us." We all want to -- you know, we're scared to come outside of our boundaries, if you will. But we need to do that for the sake of our democracy. And, really, to see people, to see people for who they are, to see the humanity of people. So I think if we do that first, imagine the changes that can happen because then it's not a us versus them. I think when we do that, imagine how much more -- how much better we're all going to be because of that, because, quite frankly, what it has shown is that when we do develop and we pass and we implement and enforce laws and policies that are egalitarian, it benefits every single group. The life expectancies across the board continue to rise, right, instead of decreasing, even though, let's say, one group might have a higher rate of life expectancy, it's still much lower than what it could be if we were to be fair to every population group, if we didn't allow the selfish mentality that I've got to put up these resources or else, you know, it's going to hurt my people, my community.

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>> Right.

>> I think there's a lot to go around. And if we are selfless, that we share these resources, if we see ourselves as a part of the human race and as a -- as one society, right, that cares about each other, my God, it will have a residual effect, a rippling effect across every single population group. Everyone is going to be better for it.

>> Wow. Well, thank you so, so much, Daniel, I really appreciate your time.

>> Thank you, Beth. It's been an absolute pleasure talking with you today.

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>> Beth, this might be the first time that many of our listeners have heard about the political determinants of health framework. I appreciated how Daniel connected the framework to something familiar, the social determinants of health, things like housing, transportation, and education. Daniel said that the political determinants go a step further than the social determinants to describe how they came to be in the first place.

>> That's right. According to Daniel, the political determinants are the process of structuring relationships, distributing resources and administering power. And Daniel helped us understand the political determinants of health by talking through historical and current examples.

>> One of the examples that I keep thinking about was from the mid-1600s before the United States was the United States. Colonies were already passing laws that determine how and if black and indigenous communities could access education, grow their own food or earn money. These policies shifted resources, power, and relationships, which shaped the social determinants of health.

>> We're going to continue to talk about how policies and systems, both historic and current, shaped the opportunities we have to participate in our communities with our next guest, Dr. Peniel Joseph.

>> Yes, Dr. Joseph is a professor at the LBJ School of Public Affairs at the University of Texas at Austin. He's the founding director of the Center for the Study of Race and Democracy. And last fall, Dr. Joseph released his latest of many books, *The Third Reconstruction: America's Struggle for Racial Justice in the Twenty-First Century*. His scholarship can help us understand how race and class intersect, and how our past can help us make sense of who we are today.

>> Thank you for joining us, Dr. Joseph.

>> Thank you for having me.

>> Why is it important to understand history to improve health and equity? And why should history be a part of our dialogue about communities?

>> In a lot of ways, especially over the last three years, people have talked about systemic racism and structural racism. And that's a big word or term to talk about American history. In American history, the roots of American history are racial slavery. The origins of American history are found in racial slavery. And that's really founded racial slavery for everything,

you know, for our policies, criminal justice policies, our transportation policies, why our school systems are segregated, our neighborhoods are segregated. And, you know, this connects to our tax policies, our zoning policies, the financialization of our system, vis a vis both Wall Street and venture capital and private capital, it connects with life insurance. And so when you think about health equity, going back to racial slavery, you see systems of health inequality, both for black men, women, and children. You know, you really see high rates of death and mortality for black people because of the systems of racism and white supremacy. So this is baked into the system. It's not a legacy, it continues. So the medical industry has always been weaponized against black people, black bodies, and these other institutions have also been constructed in a way where they extract value from black bodies while punishing black bodies, even people who are athletes, even people who are corporate executives and stuff. That's how our system of capitalism is set up. Sometimes people call it racial capitalism. You know, I would call it racist capitalism. It's also gendered. It's sexist. It's queered. You know, all these different things. But certainly, black folks had been the faces at the bottom of the well, like Derrick Bell talks about.

>> In your book, you talk about previous competing views of what our country's democracy should look like, reconstructionists and redemptionists. After the Civil War, reconstructionists wanted to unify the nation and give formerly enslaved people the same rights white people enjoyed. Redemptionists wanted to return to white supremacy. What are the competing views of democracy that you see today?

>> Well, you know, it continues from the Civil War and the reconstructionist versus redemptionist vision. And in certain ways, you know, the redemptionist vision is not a pro-democracy vision. It's an authoritarian vision. It's a totalitarian, really fascist vision of the Confederate States of America that become writ large in the United States, especially by the end of the 19th century. So in a lot of ways, that vision you can still see to not teach black history and teach American history. That's part of that redemptionist white supremacist vision, in contrast to the reconstructionist vision, which is an embrace of multiracial democracy. So you could see those two visions competing. In a lot of ways, the redemptionist vision during the first reconstruction one, the Dunning School of history, but there were other white confederates who really made sure that American history was distorted and falsified and mythologized and based on lies. And then by the 1919s and '20s, along with those lies, you've got really the massive proliferation of confederate monuments, right? The reconstructionist vision of American democracy, however, really wins out rhetorically during the second reconstruction, which we sometimes call the civil rights movement. So that reconstructionist vision is how you get not just Barack Obama and Michelle Obama, but it's really how you get Hillary Clinton and more white women gaining access to politics, Fortune 500 companies, venture capital than ever, between especially 1963 and 2013. And so in a lot of ways, you know, one is a pro-democracy vision, but the other is really an anti-democratic vision that when we go back to the 19th century, it's really -- it's that redemptionist vision is why women weren't given the right to vote in 1870. It's why you have things like the Chinese Exclusion Act, and anti-immigration and xenophobia. It's why you continue in the 19th century during reconstruction to sort of have the tail end of settler colonialism and Native American indigenous dispossession and violence and efforts and a kind of genocide, although there's 2 million indigenous people in United States, so they were not successful. So it's important for us to understand that. And these are -- you know, what's so interesting is these are all just stories, but the stories that are embedded in them are connected to institutions, to public policies, to systems that they allow people to flourish or systems that allow folks to die and be led to premature death.

>> We're at an important crossroads right now in this country. And as you write, this third reconstruction is made up of the presidencies of Barack Obama and Donald Trump, Black Lives Matter, and the Capitol riot on January 6th. Over the past few years, state legislatures have enacted laws, either restricting or enabling voter participation. What can history teach us about the most important things that we need to do to ensure a strong democracy for everyone?

>> Well, I think history teaches us that you've got to stand in solidarity with a multiracial coalition, right? So in a lot of ways, the reason why the first reconstruction was lost is that there weren't enough white people of conscience who stood in solidarity with black people. The reason why the second reconstruction was one was you had, yes, mass black people black led, but you had enough white people of conscience in solidarity to make some real measurable gains with the Civil Rights Act, Voting Rights Act, and other things. I think now is the time for choosing, right? You know, Dr. King wrote, "There comes a time where silence is betrayal." And we have to have a coalition that defends black lives, that defends reproductive justice, that defends folks who are queer and trans, who are immigrants, who are Muslims, who are poor, who are HIV positive, who are disabled, that is the multiracial democracy that we have to defend, folks who are Jewish, folks who are Christian, who are atheist, all of that. And so unless we stand in solidarity with each other, they're coming for us as well. And so I think we have to stand in solidarity with each other and we have to push back against the voter suppression. We should be demanding redistributive justice for all people but, very specifically, you know, reparations for black, for Native American, for other folks who have been dispossessed and continue to be dispossessed. So there's a lot on our plates. But if you stand in solidarity with each other -- and solidarity is beyond allyship. Three years ago, we heard a lot about allyship. And the reason that that has gone into the dustbin is because it's not enough.

>> Yeah. What are some of the tools of democracy that are used to advance equity and civic health? And on the flip side, what are the tools that are used to diminish equity and civic health?

>> Well, I think the tools to expand equity are, again, going back to solidarity, think labor unions at their best are real, real important, exciting tools to expand solidarity. I think organizations that are feminist organizations that talk about intersectionality and radical inclusion have been used as tools to expand solidarity. I think organizations that are interested in transforming the legal system and the criminal justice system, and rethinking and reimagining public safety are all tools to give us a more robust democracy. So -- and, really, when you think about it, the four basic needs people have are going to be education, health care, housing, and transportation. And anything that focuses on providing those four basic things for free for as many people as possible are things that are going to be pro-democracy. And that go beyond the vote because citizenship is beyond the vote. Citizenship is, again, an equitable and high-quality education. It is decent housing fit for human beings. It is health care, including your physical and mental wellness, including child care and elder care, and those who are disabled, whether you have a child with Down syndrome or autism receiving care. And then it's transportation, we've set up a country that when you read about the way in which our highways have been set up, and urban renewal, and gentrification, we've set up a system where, you know, the poor don't have access to cheap and high-quality mass transportation and the rich just stay in suburban enclaves or use highways to get in and out. And highways that divide east and west sides, like I-35, divides the east and west side of Austin in a racially segregated manner that was intentionally there to punish and extract resources away from black communities into white communities. So anything that focuses on those four things at the local level, at the state level, at the national level, and globally are things that are pro-democracy. And in the anti-democracy are, yes, people try to end folks' voting rights

that's part of it. But it's really everything that sets up institutions that punish poor people and punish people of color and punish women.

>> Your work often touches on the role of capitalism. How do you see connections between the racial wealth divide and civic health? And what role, if any, do reparations play in the civic health of our communities today?

>> Well, capitalism is key. I mean, Malcolm X, Martin Luther King, Jr, Angela Davis, so many others have had critiques of capitalism. I think what we don't understand with our critiques of capitalism is the way in which race, class, gender, sexuality are connected, linked, and imbricated in capitalism. So you can't say you're just going to focus on class or just going to focus on race. You have to focus on all of it. It's just that we have a system of extractive capitalism that goes back to racial slavery that extracts value and wealth from black people and puts them into the hands of white institutions and white communities and white neighbors. Black people were used as leverage and collateral. So black people were the first mortgage securities. They were the first people who could create this kind of global wealth at the pace that impacts the Caribbean, that impacts Europe, that impacts Asia, that impacts the entire world, right? And so when people talk about reparations, which I'm going to get to, people have to understand it's not just about reparations for millions of acres of land that was stolen, and for the labor that was done, the inventions and the genius that was stolen. It's also the entire system was made. The financial speculation system is not just made off of Native American dispossession. The biggest impact is made off of racial slavery. I'm proud that there's a group of scholars who are really -- who were really focusing on the financialization, but it's bigger than we can all imagine. It's bigger than that. It's bigger. There's no number where people say, "All right, I'm going to sign this check." It's bigger than that. And that's why reparations has to be about, yes, money, but it's bigger than what we've imagined because people don't understand how racial slavery and its afterlife created a system of financialization of black people. And the reason why black people are always overrepresented in negative social economic indicators and underrepresented in positive is that's how the system is designed. That's why. So it's working. So when everybody keeps on saying these juxtapositions are an aberration, they're not. It's just that people don't have the courage to try to say, "Let's change the juxtaposition."

>> And how do we bring that all the way back to civic health? How do we get to stronger civic health?

>> Well, I think we get to stronger civic health through really teaching about this history in a positive way in our K through 12 education. I think if we all have a baseline that we can build consensus around, we're going to have much more civic health and we all have to find ourselves in that story. I mean, I'll go back to this, you know, Beth. The stories are what matter. We all start off -- our parents or whoever took care of us tell us a story of how we were born. And so that story gives us meaning and gives us value. What people don't understand a lot of times in the West, even though the West is implicated in what I'm going to talk about, Africans and other societies understand that oral stories and oral traditions are more powerful than written ones. And I'll say it again, that oral stories and oral traditions are more powerful than written ones. People might ask, "Well, what do you mean? Why?" Like there are all these libraries, all these things. How can the oral stories be more powerful?" The reason why oral stories are more powerful, it's not about what we write that impacts our behavior in our lives. It's what we tell ourselves and each other that impacts the present and the future. So the stories we tell ourselves, we tell to our children, that's what stays with them. You might write this huge, big diary of the family history, let me tell you something, they ain't going to read it. They ain't going to read it, OK. What they're going to remember is the stories more than what they read. OK.



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>> That's right.

>> And so the stories are what matter the most. And after that familial story, we then get a collective story that is really connected to civic health of the United States of being an American, being a citizen of the world as well. And so the stories we tell our children about the family then connect to this wider civic discourse. In the United States, we've continuously lied through a discourse of American exceptionalism. And American exceptionalism is based on two big lies. The first is that black people are not human beings. And that's how you can get away with the dispossession and the slavery, and the lynching and the trauma, and the rape, and the assaults and the murders that white people have committed ritualistically against black people from then to the present. The second is that the first never happened. It's really a mind and a gaslighting thing, where you both erect this imperial empire based on the denigration of black people, and then you lie about the fact that it happened. But that's the United States. So, of course, we can't have civic health based on that lie, even if some people want to massage the lie. So we can only get our civic health back by telling the truth. And we can only get that truth by standing in solidarity with one another.

>> From telling the truth to civic health. What a line. Thank you so much, Dr. Joseph.

>> This was great. Thank you.

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>> What a quote to end the interview on, Beth. The power of oral stories and how Dr. Joseph said, "We can only get our civic health back by telling the truth. And we can only get that truth by standing in solidarity with one another." I can't help but think about how this connects to narrative, those deeply rooted stories we tell that reflect values and ideas about how the world works.

>> Right, how Dr. Joseph talked about how important it is to route these stories, these narratives in a shared understanding of history. We talk about history and historical context a lot on this podcast. Dr. Joseph reminded us that we can understand why things are the way they are today if we look to history. And he said that history teaches us that when we work together, stand in solidarity with one another, we can achieve equity. The second reconstruction, as he put it, or the civil rights movement is an example of this.

>> I also appreciated how Dr. Joseph reflected on ensuring that everyone has their basic needs met, housing, education, transportation, health care. In many ways, these basic needs align with the county health rankings model of health.

>> Absolutely. There's still more to come, Ericka. In our next episode, we'll talk with two equity experts on the fields of public health and health care, and each of their roles in improving civic health. We'll be joined by Jeanne Ayers, executive director of Healthy Democracy Healthy People, a nonpartisan initiative working to advance civic participation and public health. And we'll speak with Aliya Bhatia of Vot-ER, a nonprofit focused on making healthy communities through inclusive democracy. She'll discuss how Vot-ER is working with health systems to advance both racial equity and civic health. Until then, I'm Beth.

>> And I'm Ericka.

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>> And we're In Solidarity, connecting power, place, and health.

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