

INTRO

[00:00:04] Host: Welcome to *The Skin You're In* podcast, where we create a space to learn about health and social injustices rooted in racism. Through in-depth conversations with experts and everyday people, we explore the issues, potential solutions, and the effects those injustices have on individuals, families, and communities.

[00:00:28] Host: Recorded at the 2025 Breakthrough Health Film Festival at Tulane, this episode is the post-screening conversation for the docuseries *The Skin You're In* with writer and executive producer Thomas LaVeist. The film explores why Black Americans in the United States experience poorer health outcomes and shorter lifespans compared to other ethnic groups.

The docuseries specifically highlights Brownsville in Brooklyn, New York, LaVeist's childhood neighborhood, moderated by Gian Smith, poet, performer, and festival director for the Black Film Festival of New Orleans. This conversation delves into the making of the film and examines the intricate intersections of history, policy, and personal narratives that shape health outcomes today.

[00:01:17] Gian Smith: Hello, how are you? I am Gian Smith, the festival director for the Black Film Festival of New Orleans, and I am pleased to welcome Dr. Thomas LaVeist, creator of this film. Let's give a round of applause to Dr. Thomas LaVeist.

[00:01:33] Dr. Thomas LaVeist: Thank you. Hello. Yes, okay.

[00:01:38] Gian Smith: I have some questions, and then we'll open it up to the audience. I'd like to actually start with the filmmaking. First of all, number one, congratulations. Always tell filmmakers congratulations on completing a project because I know that's a big undertaking, especially for someone who does not consider themselves a filmmaker. Can I ask first, what prompted you to choose film as your medium of expression?

[00:02:07] Dr. Thomas LaVeist: The story behind that is I was out at dinner with a friend of mine. First, no offense to the academics in the room, but my friends tend not to be academics. I'm sorry. We were out at dinner. This is a friend of mine who's in the music industry. We were out at dinner, and we generally don't talk about work. We would talk about football and women or whatever, but we generally don't talk about our work too much. This night, he just kept asking me questions.

He said, "I know you are a professor, but what does that mean? What do you do?" I have little dodges that I use when people start asking me those questions. I usually give him a quick answer and try to change the topic, get back to football or whatever. He kept asking. I was totally out of my dodges, and he said, "No, but really, what do you do?" I said, "Okay, he really wants to know. I got to give him something."

I said, "All right. I'm writing a book." He said, "Oh, okay, that's interesting. A book. What is it about?" I said, "Well, we've been doing all this research over the last 30, 40 years

around why racial disparities in health exists, and we got some answers, but it's all locked away in the library. If you don't have access to that library and know how to read those articles, you won't know."

"There are a lot of people in communities who could benefit from that knowledge. I want to get that knowledge out of the library and into the hands of people who can make a difference. Writing a book, it's not an academic book. It's to the general public. I don't care if the university library never buys it. I want the general public, community activists, people who work in the communities to get this information."

He looked at me and said, "Well, that's cool, but that's not a book. You need to make a film." I said, "Well, I don't know how to make a film. I do know how to write a book, so I'm going to write a book." That stuck with me, right? The next morning, I'm meeting with the development team, the fundraising team at the university I was at at that time, which was Johns Hopkins. They were prepping me to go up to New York to meet with a donor to help raise money for the university.

She says, "Well, what do you work on? You got anything that you think this donor might be interested in?" I said, "I'm going to make a documentary film." Now, this idea was about eight hours in my head. I didn't even know what the first thing to do was. I know how to watch a film, but I just decided, "He was right. I'm going to make this film." She said, "Oh, really? Well, that same night you're there, there's a reception in New York for people from Johns Hopkins in the film industry." I said, "There are people from Johns Hopkins in the film industry?"

[00:04:50] Gian Smith: You told me something.

[00:04:51] Dr. Thomas LaVeist: She said, "Well, you know we had that writing program. We had this venerable writing program, and a lot of them are filmmakers." I said, "Oh, okay, cool." I show up at this reception, and you have the name tag walking around at this reception. Of course, I don't know anybody in there. I'm just trying to figure out. I got to work the room. People would walk up to me, and they'd look at my name. They'd say, "Oh, Thomas, what's your next project?" as if they'd seen my last project, right?

I was like, "Oh, okay, so this is how you do it." I just started walking up to people. "Sally, what's your next project? Joe, what's your next project?" I made all these friends who actually do know how to make movies. I talked to them about what I wanted to do. What you see on that screen is they didn't let me touch any equipment. I'm not running around with a camcorder doing that. All of the video work was done by people who actually know what they're doing. That was how it all happened.

[00:05:50] Gian Smith: I saw Alejandro's name a lot. I saw your name in a couple of spots, too, sound, music, I think.

[00:05:59] Dr. Thomas LaVeist: Well, I am a musician, so I actually do know what I'm doing there. I did the music for the film.

[00:06:06] Gian Smith: How did you meet your cinematographer/editor?

[00:06:09] Dr. Thomas LaVeist: Well, interestingly, he was already working for me. At the time, I was a director of a research center at Johns Hopkins. He did video for us and did a lot of filmmaking. He did a lot of all our communications. I actually knew him already. He really influenced me a lot and convinced me that film is a way to do it and that he would be able to help. He played a huge role in getting other professionals to help us to put it all together.

[00:06:39] Gian Smith: Usually, I'll ask a filmmaker about what's next for them. From the beginning of this, I could tell what was next, Episode 2. What's the likelihood that this becomes a complete docuseries? How far are we in that process?

[00:06:56] Dr. Thomas LaVeist: Well, it depends on how much I can raise. We raised the money to make this episode. I decided, "We're going to focus on this one, get it out there." We have five more episodes that are planned. If we can raise the money, we'll do that. Otherwise, we'll put this one film out. I do have another project after that.

[00:07:19] Gian Smith: You're a filmmaker, not us. [laughs] Welcome.

[00:07:22] Dr. Thomas LaVeist: I guess so.

[00:07:24] Gian Smith: Again, really great job on the film. Such a great collection of brilliant scholars who delivered some really poignant analogies that really resonated with me. Just hearing every day, a Southwest Airlines plane crashes, and everybody on board dies day after day after day. That really sent the message home about how our community is being affected in these ways. Were these relationships that you got for the film? You had these already? How did you meet some of the people that you decided to--

[00:08:05] Dr. Thomas LaVeist: These were some of my professional friends from all over the years that I worked with. David Williams, who made that quote. He and I were schoolmates at school. Alvin Poussaint is just somebody I like to-- whenever I'm in Boston, I just like to pop in on him because he's always got something interesting to say. Just people that I know professionally.

[00:08:26] Gian Smith: I want to talk about some of the things that we talked about in the film, some of the racial issues, things that I've been picking up on as I get older, but they really become clear, like watching this film, *Stress*, the effects of stress on people. I feel like that's probably something that we don't really intuitively think about as a direct path to some of these poor outcomes. Was there anything for you that you found out during the making of this film that was a surprise? Any information, any knowledge that came to you?

[00:09:12] Dr. Thomas LaVeist: That's an interesting question. There's a lot of things that came to me that I didn't expect. I guess the overall project was somewhat of a surprise because it didn't occur to me-- and I've been doing this academic work around this topic for a long time. It never occurred to me to even think about the neighborhood

that I grew up in. It was until I saw that article in the newspaper and like, "Wow, of course, Brownsville is going to be a community that's under significant challenge."

It was not surprising that it would have the lowest life expectancy in New York. It was a little surprising when I read the article at first because I just hadn't thought about that. It's interesting how somebody whose career has really been about this very topic, and it never even occurred to me that my own neighborhood would be a neighborhood that's so challenged. Frankly, it was probably growing up in that neighborhood that led me to be doing this work in the first place.

[00:10:12] Gian Smith: First of all, thank you for sharing your neighborhood with us. I definitely love being able to connect with other people in their cultures and their communities. We appreciate you opening up to what seems like a really wonderful place with prideful people.

[00:10:27] Dr. Thomas LaVeist: Let me just say one thing about that. I hadn't lived there in a long time, and I had no idea how they would respond to me coming back. As you can see, I was embraced like a long-lost relative who had been gone, who just came back home to visit. They let me into their homes. Some of those scenes of shock. There's one scene where Tay-Mac is talking about the police and what happened when he went to the store for his grandmother.

We're on the roof of one of the housing projects at night. They just embraced me, brought me into their homes, opened up their homes, and it was really, I think, impressive. The other thing is just how much brilliance there is. There is a difference between intelligence and education. The people in Brownsville are not necessarily the best educated people, but they are as brilliant and intelligent as any student at this university and anyone else that I've met anywhere else.

If you listen to the two young men that we featured, I think that comes through. They are absolutely aware and understand what's happening to their community, what's happening to them. They may not have the fancy vocabulary to express it in different ways, but they clearly get it. They understand that this is a community that's under a great challenge. There's a lot of brilliance there that we're wasting in this society.

[00:11:51] Gian Smith: Yes, no doubt. I definitely appreciated their application of the knowledge that they had clearly acquired. I'm wondering how much you were able to relate to them, and was there a motivation to put some of your own personal testimony in there that you had to decide, maybe not to, and let it focus on?

[00:12:16] Dr. Thomas LaVeist: I didn't want to be in front of the camera at all. All right? It was the other filmmakers that really convinced me that I need to be a part of the story. I need to get in front of the camera. I need to be the narrator. I need to be telling this story in the first person. They had to work me pretty hard to get me to do that, because it is not my personality to be the one in front of the camera. They finally convinced me that I needed to, and I think they were right.

[00:12:47] Gian Smith: I do agree with them that it was a really good decision to hear you speak directly to these things as a resident of Brownsville, but also, obviously, as an expert in this field, and as a voice of moderation for, again, so many brilliant scholars who were able to point directly to hear the problems, hear how the problems play out in everyday lives, and how lives get cut short because of it. I'm assuming then that because you were the narrator, you also probably did some writing for this and curated how this story played out and how this information was disseminated, too. Can you talk about that process of how you decided what you were going to--

[00:13:36] Dr. Thomas LaVeist: I'm sure you could relate to this as a filmmaker. We had to find the story in the film. That was hard because we started shooting, and the first concept was a 90-minute feature-length film. That was the first concept. Then, when we started talking to people and we had so many different conversations, it became clear that this story was just way too much hair to be just one film and need to be a series.

We had to rethink the entire thing. Then that is where we decided to break it into topic areas. We had shot a lot in Brownsville already. We shot in some other communities too, but we had shot in there a lot of that. Then the story just at a certain point after just watching that footage. For those of you that may not be filmmakers, for a 90-minute film, you shoot about 900 hours of footage.

It's crazy, the amount of footage that never gets into the film. You got to find that story. When we finally figured out what the story was, then it just came down to writing the narration. I did the writing, but it was a matter of once we were able to figure out, "What was the story? What do we have here? How can we tell this story in a way that people can follow it?" I'll just stop. I feel like I'm rambling.

[00:14:59] Gian Smith: No, no, no, not at all. How long did it take to accumulate everything like that 900 hours from beginning to, I guess, whenever you put that final edit together?

[00:15:10] Dr. Thomas LaVeist: Well, we still don't have the final edit. The final edit will be this summer, and the final version of the film will be released in December. It'll be out this year. I was looking at my computer. The first files that I created on my computer about this project, I'm embarrassed to say, was 2013.

[00:15:32] Gian Smith: Oh, wow. Oh, man, that's great.

[00:15:33] Dr. Thomas LaVeist: That's when we first--

[00:15:35] Gian Smith: Well, the fortitude to continue to follow through to completion, that's wonderful, yes. The length of time, how long it takes, right? Especially if you're not the filmmaker who's in charge of creating this vehicle to not just be entertaining and engaging, but also deliver so much necessary information. Naturally, it's just going to take time, but you didn't give up on that process. You followed through for 11 years or, well, going into its 12th year to-- That's incredible. Congratulations on that alone.

[00:16:14] Dr. Thomas LaVeist: I feel a lot better about that now.

[00:16:16] Gian Smith: Look, and then to get to Episode 2, it'll be way less than that. Might just be like five.

[00:16:23] Dr. Thomas LaVeist: Well, there's no doubt about that because when we started, I knew absolutely nothing about filmmaking. I still don't claim to be an expert, but I know a hell of a lot more about filmmaking now. I think we could do it a lot faster.

[00:16:36] Gian Smith: I think I want to open it up to the audience. I have a couple of more questions, but I'd love if anybody else has any questions to jump in right now. Hello. Let's start with my friend back here, and I'm going to come to you second.

[00:16:46] Audience Member 1: We have a 25-year health disparity here in Orleans Parish. The whole thing has been great. I just want to be able to say that looking at all this has been great. On the release, because it's so great to see this developed, how do we get this out? There was a component in there that caught me that looked at how oppression has gotten people where they are just paralyzed.

We've looked at centuries of that happening because that was one of the thing that was brought up by someone that talked about that internalizing and the oppression and how overwhelming it is. For us to be entering another phase where we're being overwhelmed with messages that are horrific as we go through this new time is just, how will you be getting that out? How can it be highlighted again about this internalizing of the oppression and the pain? What can we do not to be paralyzed?

[00:17:48] Dr. Thomas LaVeist: It's interesting that you would bring that up because the final version, we've got a couple of additional scenes that have been added. That is one of the topics that we've embellished more because it was pretty short here. Well, how will we get the film out, or how do we get that particular issue out?

[00:18:08] Audience Member 1: The release when it's coming out.

[00:18:10] Dr. Thomas LaVeist: Yes, we're going to release it in December. We're holding a summit in Montgomery, Alabama. Health Equity Summit in Montgomery, Alabama. We're going to release it at that. I'm going to enter it in more film festivals during the-- Once we get the final version done, we'll be entering in more film festivals for the fall and the winter, and probably even in the spring of next year. Then we'll see what the distribution plan is going to be.

If an opportunity comes along with a distributor-- I've had some conversations, but nothing that I was willing to agree to at this point. A distribution plan that would cause me to have to give up control has been the issue. If I can't get a distribution plan and if I can't raise the money, then we will make a study guide, and we'll put the film on YouTube. We will make the study guide available for people to download for free and show the film in their classes, and get the information out.

This information, I didn't make this film to win an award. I didn't make this film to make money. I made this film for it to be used. It's my hope and my vision that it will be used. High schools, colleges, churches, community organizations, it'll be out there. I want to make it as available as possible. Up to and including putting it on YouTube for free, that will work for me, too. We'll see how it works.

[00:19:42] Gian Smith: Can I ask a follow-up to that before we get to your question? Have you thought about for the future episodes, maybe going into other neighborhoods?

[00:19:52] Dr. Thomas LaVeist: Oh, yes, this one episode is set in Brownsville, but the other stories are in-- One is an episode on environmental health issues or environmental justice. We've shot a lot of that already in Newport News, Virginia, where there's a community pretty much surrounded by environmental hazards. That episode is going to be about Newport News and New Orleans and what happened here in New Orleans around Pontchartrain Park. That episode would be there. Each episode is in a different community and approaching a different aspect of health inequities.

[00:20:32] Gian Smith: Nice.

[00:20:36] Audience Member 2: Yes, I wanted to ask you of the naturalness of the actors. I'm assuming these weren't trained actors, but how did you get that where it seemed like they were just talking and very much communicating and conveying the ideas in a way that seemed like they were professional actors?

[00:20:54] Dr. Thomas LaVeist: Well, they weren't acting. They were authentically being themselves. That's what we told people, to be themselves, and that's what we wanted. Alejandro Orengo found those two young men. There was a scene where you see that I'm on FaceTime, and he was in the neighborhood. He had found them, and he was so excited. He called me up and said, "I got them. I think we found the people to help us tell this story." He called me up, and that's what you saw. We're talking, and he was shooting that. Those two guys, they were just made to order. Two absolutely brilliant young men. Neither of whom are well-educated, but both of them are brilliant and have a very nuanced and sophisticated understanding of what's happening in their community and why.

[00:21:52] Gian Smith: I'll jump in and ask another question. If anybody else, I'll look to you for a second. When I think about strategy by trying to resolve an issue, then I think the first thing I might think about is, "Who is my opponent?" Clearly, the opponents in this are systems that have, again, since the laws allowed you to district however you wanted people to do to put us in these positions that have carried forth. Who are the opponents today that you have identified that we can directly speak to, and what are their arguments, if they have any intellectual way to continue to put these systems at odds against us?

[00:22:45] Dr. Thomas LaVeist: Well, you mean the opponents to addressing health equity? Yes, there are people who would prefer to use resources differently. They have

different priorities. They've realized that addressing health equity will cost money and resources, and they'd rather see those resources to be used on something else. There are some people who would prefer to ignore that the problem exists. We're on the challenge now to even use the word "health equity," something that I'm not agreeing to capitulate to.

There are people who simply don't see the importance of it, or who feel that anything we do to address a problem like this would be devoting resources to one group, and that one group doesn't deserve or shouldn't have those resources. I think it's a matter of will and getting people to understand that the interconnectedness of everyone who lives in this country or on this planet requires that if we don't raise the boats for everyone that we'll continue to have suboptimal outcomes for everyone. I think getting that message across to people is the problem.

When I think about health equity, what does that mean? Health equity to me is ensuring that we have a population healthy enough to have a military that can protect the country. It means having a population of workers that's healthy enough to fuel an economy. It means having a community that's healthy enough to have parents who are able to raise their children. We can go on and on and on. All of that is health equity in my mind, but it's people who don't see it that way, who see that as giving resources to groups that don't deserve those resources. The opponent is a mentality that we have to try to combat.

[00:24:36] Gian Smith: Then just a question about that and towards resolutions. As an individual, what could I do to combat that? How can I take on this opponent? What would you recommend to just a person who agrees with you on this problem and wants to take action? What's a good step that we could do?

[00:24:59] Dr. Thomas LaVeist: Well, I think making that point that if we put resources into improving the conditions in one neighborhood to raise the health status of that neighborhood, that doesn't mean that we're doing harm to other neighborhoods because there's a spillover-- All right, to use some public health terminology. Pathogens don't care about your political views. They don't care about your religious views. They don't care about your values. The pathogen is going to go where it's going to go.

[00:25:30] Gian Smith: It wants hosts.

[00:25:30] Dr. Thomas LaVeist: It's just going to do what it does. The pathogen's sole purpose of existence is to replicate, right? If you have measles and you're sitting this close to me, I'm at risk of being exposed to measles. It doesn't matter whether I believe in a vaccine or not. The virus doesn't care. The virus sees me as another host. It's going to come into my body, and it's going to impact me. I think it's getting people to understand these sorts of concepts and--

[00:26:04] Gian Smith: Dialogue.

[00:26:04] Dr. Thomas LaVeist: That ain't necessarily easy, but that's what we have to do.

[00:26:08] Gian Smith: More questions from the audience? Anybody?

[00:26:11] Audience Member 3: Hi. Hi, Dr. LaVeist, I was wondering about-- you first mentioned that you are filming this in, I believe, what, 2013? It's been some years since you filmed.

[00:26:25] Dr. Thomas LaVeist: Well, I said the first file on my computer was opened in 2013, but it doesn't mean we started filming in 2013.

[00:26:32] Audience Member 3: Got it. Okay, but I'm assuming it's been some years from filming to this release. It sounds like the other episodes are also already-- you already have the footage for that.

[00:26:44] Dr. Thomas LaVeist: Some of them.

[00:26:45] Audience Member 3: Okay. My question is, do you anticipate there being-- are the issues that you're covering, are they still going to be timely? Are they still going to be relevant? Are the communities still going to be facing these same problems? Are the problems going to be worse? Are they going to be better? What do you think of that?

[00:27:08] Dr. Thomas LaVeist: Well, the sad thing is that these issues have been with us for as long as we've had the ability to collect data to document these issues. I have no reason to believe that environmental justice will not be an issue 10 years from now, 15 years from now. I hope I'm wrong about that. I hope that we do things now that will make that possible, but I don't see where that's happening. We haven't actually shot the episodes. We have plans for what we think they will be, but we'll certainly always be-- If we do raise the money, we'll certainly be looking at it, at what's happening in the world, and making adjustments.

[00:27:51] Gian Smith: I like that, that system. If anybody else has a question, you can tap in. I'll jump in real quick again, and I want to ask, did you write the book?

[00:28:02] Dr. Thomas LaVeist: Oh, no, you want to talk to my editor. Well, my book editor is on me. I do have a contract for the book, but the problem is when I signed that contract, I was a professor. Then shortly after signing that contract, I became a department chair. Then, after two years as a department chair, I became a dean. Being an administrator in higher education is not conducive to writing books. That's been the problem.

[00:28:36] Gian Smith: Especially not when you're making movies. [laughs]

[00:28:39] Dr. Thomas LaVeist: That's not lost on my editor either, who, actually, I just happened to run into at a conference, didn't expect to see him because I've been dodging him, but we're going to get this book done. I'm going to get it done.

[00:28:53] Audience Member 4: Can you hear me? Yes. [chuckles] Hi. My question is, I know this is happening in poor communities, some Black people, and across the world.

People that are privileged usually do not go through these disparities, but we went through a pandemic, which caused this to happen to everybody. People didn't have access to health care. People didn't have screenings. People didn't have access to chemotherapies, for example, and their conditions got worse. Sorry, I get nervous when I do public speaking. [chuckles]

After all these people, when a pandemic happened or a hurricane, or a natural disaster, everybody experiences these issues, right? Have you seen any shift in people from privileged communities getting more involved? When something happens to you, you're like, "Oh, this is so unfair." Maybe you educate yourself and you realize, "Wait, this happened to me now because of this event, but this has been happening to people that don't have access to money or all of these resources that I usually have." For me, I will be like, "Oh, let me get more involved in trying to change this on a regular basis."

[00:30:06] Dr. Thomas LaVeist: Yes, I find that people who are more privileged really fall into different camps. I wouldn't make a generalized statement. Some people who are more privileged have been very interested and have put their own resources behind supporting. I was able to raise money to do this much of the film, have some confidence that I can raise more. There are people out there who have resources who do care, and they have been supportive.

There are others who maybe don't see the importance of addressing these issues. We see that right now in government. We have a government that's pulling back from some of the infrastructure that's been created over the last few decades to try to address this problem, so you have that as well. I find that most people are just neither looking to be the advocate or the impediment. It's just not something that they focus on.

There are a lot of people who I think just don't really get it, just don't really understand the problem. I do find that, especially among African Americans, especially highly educated African Americans, who often think that this is really a problem of poor people. They are 100% wrong about that, because even among highly educated and affluent African Americans, you still have a disparity in health between white people with similar levels of education and income. We assume that this is all about poverty. It's not at all the case.

[00:31:44] Audience Member 4: I am from Puerto Rico, so we're from an island. In Puerto Rico, it doesn't matter how rich or poor you are. The resources that you have are limited. Sometimes you have to wait five months to get a doctor's appointment or something. When you come from an island, that is a reality for literally everyone there. You can have connections and stuff like that, but at the end of the day, it's still a reality for everyone. What maybe you don't like in a state like this, you could have different opportunities to go around it. I do get that it is not something economical.

[00:32:23] Dr. Thomas LaVeist: Well, inequalities in Puerto Rico as well. There are those who can get on a plane and fly to New York and get health care there and those that can't, right? There are inequities. Different people have different resources and take advantage of those. If you live in the city versus not living in the city, that makes a

difference. There are differences. As I travel the world, I see these inequities all over the planet. In fact, now, I've been in many different countries. I've seen a lot of poverty. I've seen a lot of affluence as well. I see these inequities. I haven't been to a country yet where I haven't seen pretty glaring inequities.

[00:33:09] Gian Smith: I think we had another question from a friend up here. I wanted to ask, you said earlier in this conversation, it's not about money. It's not about awards. It's not about fame. It's about getting this message out. I wonder, have you thought about what would be a tangible marker for you of success? I don't know if, in our lifetime, we would see that gap closed from 74 to 85, but what would feel like a success for you as a result of this work?

[00:33:44] Dr. Thomas LaVeist: Well, I feel like a success for me that I point at and that I already do claims, because I look at the number of people that are doing this work now versus when I first started doing this work. When I learned that these disparities existed, it was like the mid-'80s. Mid-early '80s is when I really started clueing into this issue and decided that I was going to direct my career to that topic.

When we started doing that work, we didn't even have the vocabulary we have to describe the problem. We wouldn't figure out how to even talk about it at that stage. We look at what we have now, where we are now. We didn't have textbooks to teach about this in class. We now have that. We didn't have agencies that fund these topics. I see an infrastructure that's grown up.

What gives me the most pleasure is to see the number of scholars that will come behind junior researchers, people, and even students that are interested in this topic that I know that there are generations coming up behind me that's going to stand on our shoulders and take this to another level. I already see a lot of people doing that kind of work. That is what keeps me encouraged.

[00:35:12] Gian Smith: I appreciate. It was two of the women scholars in particular who they seem to be speaking to the same three points of racism: the internalized, personal, and internal-- wait. Personal like acted on and--

[00:35:27] Dr. Thomas LaVeist: Personally mediated, internalized racism. Camara Jones and Debra Holden, both of them former students of mine, and both have gone on to become leaders in health equity. Camara Jones was the president of American Public Health Association. Debra Holden was the former dean of NYU School of Public Health. That's what I look at and I say, "Yes, we're succeeding." It's going to take time. It's not likely that we'll get to a point of equity in my lifetime, but I see the trajectory. I see the leaders that are developing, that are evolving, and that are doing this work. I'm feeling good that we're on a good path.

[00:36:13] Audience Member 5: My question was, are you just hoping to say what the problem is and then maybe, at some point, the ending might have some possible solutions, or what do you see the resolution of this issue-- How do you see that resolution happening and being filmed to educate, or what is the purpose?

[00:36:37] Dr. Thomas LaVeist: Like I said, the book ends with a chapter on this very issue, talking about speaking to different communities, different sectors, so what the private sector can do, what government can do, what philanthropy can do, what the church can do, what individuals can do. The book ends like that. That's not in the film, but I do plan to build a study guide that you can use.

Hopefully, people will use it in educational settings, not just schools, but community organizations, churches, things like that, where we'll get more into what we know has worked. There was something here. We talked about CPR. That's one thing. Who here has been trained in CPR? Not every hand went up, and that's unacceptable because CPR is very inexpensive, very easy to learn, and everyone should know at least basic CPR. That's one thing that we can do.

[00:37:45] Gian Smith: I just have a couple more before we wrap up. You said you have another project in the works. Is that also health-oriented, and are you allowed to talk about it at this time?

[00:37:56] Dr. Thomas LaVeist: Oh, sure, I can talk about it. It's excellent, but I got to finish this first. That's fine. I try to keep it in the background. I guess it was right around 2013 or '14, actually. The African Union had created a new section for the African diaspora. The way the African Union is set up, it's in regions of Africa. There wasn't one for diaspora, so they created one for the diaspora.

They had a conference in Honduras. It was people, mostly from the Western Hemisphere, different countries. I was part of the US delegation. We went down there, and I got to spend a little time away from the conference with the Garifuna community in Honduras. This is just a fascinating community with a fascinating history. I don't have time to get into the whole story. Basically, part of their story is that they escaped from slavery by taking over a slave ship.

The slave ship basically landed, and they were trying to go east back towards Africa, but they actually wound up in Honduras. It ran aground in Honduras. I went to the location where that happened and met the people in the community, which actually are still living at that same location where that slave ship landed, and got to meet them. We shot a lot of footage about them and did some interviews there. There's a huge Garifuna community in New York and in New Orleans.

[00:39:42] Gian Smith: My grandparents are from Honduras. My grandmother's Garifuna.

[00:39:44] Dr. Thomas LaVeist: Really?

[00:39:45] Gian Smith: Yes.

[00:39:45] Dr. Thomas LaVeist: Okay. Then the African American museum, Smithsonian, up in Washington, they're on us about, "When are you going to get that Garifuna documentary done?" That one, I really want to get that one done, too, but I got to do one thing at a time, and I got to run this school.

[00:40:05] Gian Smith: Yes. I got one more question, and then I think we can wrap up. What can we do to help amplify this film? How do we connect with you, connect with it, stay connected, and give this film the life it deserves?

[00:40:23] Dr. Thomas LaVeist: Well, I wish I was prepared to answer that question. I'm looking at my communications expert back there. [chuckles] He was like, "How do I answer that question?" I may need you to chime in, but one thing we can do is we can certainly follow us on social media, help build our social media presence. We're putting together a lot of clips from the film. We're trying to amplify it that way. We're going to release it at the summit in Montgomery in December. Do we have the date for that? Anybody?

[00:40:58] Audience Member 6: December 3rd through 5th in Montgomery, Alabama.

[00:41:00] Dr. Thomas LaVeist: All right, December, and it'll be in Montgomery, but we're also going to stream it, so you'll be able to see it. We're trying to build a social media presence around it so that people know it's coming, and people will be expecting it. Hopefully, we can have a big audience online for it. Then, of course, unless something happens, a distribution opportunity comes up, the film is going to live online. That's where my head is at this point.

[00:41:27] Gian Smith: Thank you, Dr. Thomas LaVeist. I appreciate you for joining us for this film, for your work and scholarship, man. Thank you, man.

[00:41:38] Host: Thank you for joining us for this episode of *The Skin You're In*. Be sure to visit our websites, tsyi.org and partners4healthequity.org. That's partners, the number four, healthequity.org. Follow us on your favorite social media platforms, and be sure to subscribe wherever you enjoy your podcasts. This podcast is brought to you by Partners for Advancing Health Equity, which is led by Tulane University's Celia Scott Weatherhead School of Public Health and Tropical Medicine, is part of the Tulane Health Equity Institute, and is supported by a grant from the Robert Wood Johnson Foundation. Until next time.

[00:42:23] [END]