Speaker 1 (00:00):

In this episode of Tim Talk, Tim and his guest will discuss the historical significance of the Juneteenth Federal holiday and the effect the new national holiday has on racial and social justice.

Speaker 2 (00:14):

Welcome podcast listeners. I am Tim Gentry, president and c e o of Northern Light Help. On June 19th, the nation celebrates Juneteenth. For those of you who may not be familiar, last year, president Joe Biden signed the Juneteenth National Independence Day Act into law. This new national holiday commemorates the anniversary date of June 19th, 1865, when a certain Army General Gordon Granger, while in Galveston, Texas, announced a federal order proclaiming freedom for enslaved people in Texas. The Lone star state was the last state of the Confederacy with institutional slavery. Probably an accurate reflection of that is that they were the last one to let word get out, that that was the case. They had sort of kept it secret for a while. And last year, Northern Light Health added Juneteenth as a recognized holiday for our organization. And I will also admit something personally, and that is those of you that have listened to these podcasts, and those of you that know me, know that I believe in equity and equality for all people, and that we need to do that in an embracing way.

Speaker 2 (01:37):

And I didn't even know what Juneteenth was until we started our conversations with our Diversity Equity Inclusion Council, and it came up in discussion. I didn't even know that in 60 some plus years, the enlightened life that I thought that I was leading. So I'm very happy that this year, that's a recognized holiday. I'm glad that last year we made it official as soon as we had a chance to understand the, the meaning of it, the depth of it, and what it, what it means to our organization. Joining me now to talk about Juneteenth is Bobby Keith, a board certified physician assistant who practices medicine at the Lovejoy Health Center and Albion, Maine. Mr. Keith is also a vocal advocate for medical justice for underserved populations, and as such has testified in support of legislation such as single payer healthcare, which you know, is a thing or two about as he previously practiced medicine in Canada. Bobby, thank you for joining me.

Speaker 3 (02:42):

It's great to be here.

Speaker 2 (02:44):

First question, in your own life's work, Bobby, you've been an advocate for providing medical justice to underserved communities. As I had just stated, and I know this passion stems from your own personal experience. Would you mind sharing with our listeners some of your story and how it has motivated you?

Speaker 3 (03:06):

I grew up in a activist household. Um, I'm 68 and I was born in 1953. My mother, uh, and father married in 1951. My mother was white, my father was African American, um, back in 1951. You can imagine that was a bit of a different type of situation compared to most people. And my family was activists. They pretty much got involved in the Civil rights movement from the early fifties. Um, and even before, in terms of my mother, I grew up going to meetings and NAACP youth league groups, groups, um, marches participated from a very early age. My involvement also included things in junior high school, high

school, anti-war, Vietnam war, um, black liberation, women's liberation. For many years, I couldn't decide whether I was gonna go into law medicine. I decided to go into medicine initially nursing, and I switched to become a physician assistant, which was pretty new at the time, back in the, in the late seventies.

Speaker 3 (04:09):

In my career, I've always fought for social justice. In fact, one of the interesting things that people don't often know is that my parents' marriage wasn't even legal in all 50 states until 1967 when I was 14 years old. So when people tell me that, you know, slavery's in the past and you know, why don't we just get over things, um, it's pretty incredible to me that people don't recognize how recently some of the major changes were made in our life and how things even including things like the buffalo shooter a week or two ago, so that there's still problems that need to be resolved. But after, um, graduating from college, I decided to go into medical fields. I worked as an emergency medical technician in Manhattan, where I'm from New York City for about seven years, overlapping with my time in PA school. After that, I worked as a physician assistant, um, always working in medically underserved communities.

Speaker 3 (05:04):

The first 15 years I worked for Montefiore Medical Center, um, a big hospital in New York City that provided, um, healthcare to the prisoners on Rikers Island. It was the first prison health, um, program in the country to get JCO accreditation and I'm, that might even be the only one. So for 15 years I did that. After that, I moved on to work exclusively in the H I V clinic in for the, in one of the city of New York public health hospitals called the Daniel Light Clinic in Guer. After that, I moved on to working for a year in, uh, emergency room. And after that I went to teach for eight years in a graduate program for physician assistance. And then an interesting thing that I did, my wife and I, we went to Canada and worked in a single payer healthcare system. Um, and even there I worked in a nursing home, which is a traditionally underserved community of elders. When the pilot project in Canada ran out of funding, um, we decided to move back to the United States. My wife and I, my wife has a PhD in nursing and is trained as a family nurse practitioner. We came back, uh, we decided we had done a lot of urban medicine, prison health, emergency medicine, so we decided to try rural medicine. So we moved back to Maine and we've been here about six years now. Um, my wife has retired. I work, as you mentioned, for health reach, um, and I'm not speaking on their behalf today.

Speaker 2 (06:25):

Terrific. Thank you. You know, first of all, I, I love the family vocation and family dedication, both the way you described, uh, your parents and what they were dedicated to. And then in your own household with you and your wife dedicated to, I'm sure quality healthcare and access and both of you learning from each other, right?

Speaker 3 (06:46):

Absolutely. And one of the things we like to tell people when we first meet them is that my wife and I like to say we met in jail cuz we were both working as at Rikers Island. She was a professor, um, at Pace University. Um, she was the chair of the nurse practitioner program and I was, uh, just a pa starting outta school. But it's fun to tell people we met in jail. They kind of freak out and <laugh> anytime. We both had to get outta jail free cards and they go, they calm down a little bit.

Speaker 2 (07:11):

<laugh>. That's, that's amazing. That, thanks for sharing that. You know, your last point on rural health, the fact that you've been here now six years, but that you had your formative years in healthcare in the biggest city in, in America, one of the biggest in the world, and that has a certain amount of, uh, medical access and, and underserved aspects to it and then, uh, to Canada with sure they're single payer system, but I'm, I'm sure there's a lot of access issues there, just like everywhere in the world really. But then we often think, well, rural health is somehow really, really different. What, what is your, your first thought when, if you had to distinguish or what are the, the common bonds actually is even better to understand of rural health versus other experiences that you've had?

Speaker 3 (08:02):

CommonBond are, are important and I'd say that the biggest CommonBond has to do with the, the fragmented healthcare system that we have. And that causes people who need care to not get care. I was gonna talk a little bit about Juneteenth and then I'm gonna talk a little bit about social justice. So we, this, the conversation was initiated by talking about Juneteenth and you mentioned that it had to do with, uh, union Army General Gordon Granger proclaiming in Texas in June 19th, 1865, that the slaves by the order of the president had been set free. And often we talk about social justice and health justice, but we often don't define justice. Now ethicists have a way of looking at what's called distributive justice, which is how does the society distribute rare and, um, resources. And they have ways to look at it, that, that tell us whether things are being done in a manner that's considered fair.

Speaker 3 (09:05):

Often different spheres, um, have different, um, ways or modes of measuring justice. So for example, when we talk about people going to, to college or education, we often use Merrick as a, as a rule. Um, when you buy tickets for a concert, it's often first come, first serve. Whoever buys the tickets first will get their tickets. On the other hand, there are some things that are based on, on just ability to pay. And in the healthcare system, we generally would feel that justice would be provided by people who have medical needs getting those needs met as opposed to ability to pay. So when you have a pill, a system that's based on ability to pay, it distorts the healthcare that people can get. And that's, that's common both to rural areas as well as urban areas. So what happens is, uh, people who are poor, if you look at societies, people are poor, usually have more health conditions.

Speaker 3 (10:03):

In fact, the British did a really, um, expansive study called the White Hall study showing that even within a socialized medicine system where everybody has access to it, that people's life expectancy was in many ways based on the social determinants of health, which had to do with their, their position as, as workers or not in the society. So when you have a society that's based on access to healthcare being more difficult for people who are poor, their health outcomes are going to be, um, restricted. And so that the commonalities in our system is that because it's based on a for-profit system and because poor people have both more health problems and decreased access, that would be the, the main commonalities. Some of the differences between the city and rural areas is that cities, even though they're, I worked in inner city areas, um, there was still greater access to healthcare because in a city like New York, there's, you know, many, many hospitals.

Speaker 3 (11:03):

And in a place like Maine, although there are a fair number of hospitals, they're spread out. And that means that people have, um, a difficult time accessing the care. Um, often my patients can't get to the

hospital because they have problems with a card that doesn't work. Or they use KV CAP to try and get them transported and people don't show up or they show up late and so they miss their appointments or they have a difficult time getting to 'em. So commonalities would be the, the for-profit healthcare system then we have that makes it unjust with people who have, um, an inability to pay to get the care that they need. Then commonalities would be lack of access to, to care in terms of, um, accessing healthcare in a way that's meaningful.

Speaker 2 (11:50):

Thank you so much and thank you for answering my question In that context of, uh, medical justice for underserved populations and your career advocating for them, let me, let me keep going with that train of thought. What do you think is the significance of the fact that Juneteenth is finally a recognized holiday both nationally and right here at Northern Light in Maine? And I know for a fact that I believe Maine Health has done the same thing cuz I was talking to the CEO of, uh, Maine Health at the time and we were both considering this. So what, what is this? How do you, how could, how can we link, how can our listeners understand that the celebration of that holiday of Juneteenth is absolutely part and parcel with advocating for medical justice for the underserved?

Speaker 3 (12:41):

I think in this country there's been, uh, historical denial of the importance of slavery in the creation of wealth of the country. Um, and it's rise to prominence. Um, you know, basically after World War ii, we became the most important superpower in the world. But we often don't look back to the historical roots, to the years and years stealing land from native people, um, exploiting African-Americans and also exploiting the work of immigrants who came from other European countries to, to this country. So that the acknowledging the role that racism and slavery played in the creation of wealth for this country is an important factor. Um, it also hopefully will lead to more justice now where people will start to recognize that there's still problems in terms of inequality and, and equity, and that people will acknowledge the past and also acknowledge the present and think about ways to rectify, um, the inequalities that have been generated.

Speaker 3 (13:51):

So that's the importance of it. I think I'd actually like to be a little bit of, of what the, uh, general Granger said when he, when he spoke to the people of Texas because I, I think at the end it's a very short statement, but at the end there's actually a statement about idleness of of the slaves. And I think it's interesting because at this point in our history, historically, racism was based on pseudoscientific theories that black people were inferior. And at this point, those theories have pretty much been abandoned with occasional or extreme people who still having those beliefs. But in the main, those beliefs have been abandoned. But the thing that hasn't been abandoned is kind of a culture of poverty or sociopathology of black communities. And I think it's important to understand that this goes back to even the Civil War. So I'm just gonna read briefly what the general order number three says, freeing the slaves.

Speaker 3 (14:48):

It says the people are Texas are informed that in accordance the proclamation from the executive of the United States, all slaves are free. This involves an absolute equality of personal rights and the rights of properties between former slave masters and slaves. And the connection here to four exists between them, becomes that of employer and hired labor, the Friedman, or advised to remain quietly in their

present homes and work for wages. They're informed that they will not be allowed to collect at military posts and they will not be supported in idleness in either therein or elsewhere. So that last sentence about idleness I think is interesting because people who historically were out in the fields working almost to death many times were somehow seen as being idle. And it's the same philosophical underpinnings of that there's some type of pathology in poor and working class and black communities that say that people don't wanna work and that they're lazy and that that's, that's what causes, they don't take personal responsibility.

Speaker 3 (15:53):

And that's what causes the, the, the wealth gaps that we have now. When in fact, if we look at it, um, historically the wealth gap has been created by many programs that that preferentially allowed, um, certain people to advance. Um, there's a really interesting book by a Columbia University history and political science professor called Ira Katz Nelson, and it's called When Affirmative Action was White. And it goes into the wealth, uh, accumulation that occurred after the New Deal showing that many of the New deal, um, pro uh, projects were explicitly, um, tailored to advance white wealth and to exclude black wealth. In fact, social security excluded people from benefits that were domestic workers or farm workers. So if you think about who after slavery who went to domestic work and farm work, it was mostly, um, freed blacks so that they were ineligible for things like social security. Same thing with GI benefits. So this was a time when the middle class was really being formed cuz if you really think before the the New Deal that children were working in, uh, factories and working conditions were really poor. And then if you think about more recently, there's been a lot of problems, but my generation kind of was lucky. I kind of grew up on the end of World War II where, uh, middle class was expanding, um, as, as productivity was rising, wages were rising with hasn't been true since the seventies.

Speaker 2 (17:31):

Thank you for sharing all of that. And you know, I think if you, um, it leads well to I think the next question and that is, if you look back at the concept of medical justice now, in particular in the sixties, uh, so therefore sixties and beyond. And so as you came into being able to do something with the world that you saw, and you've made such a, an outstanding contribution to more than one society because you're in Canada. But when you reflect back on that medical justice in the sixties and, and then how it looks now, how would you say it has changed or how has it remained the same?

Speaker 3 (18:19):

Well, I guess the biggest advance in the sixties came from community struggles. Most people think about the Civil rights movement in the context of voting rights, um, fair housing and civil rights, and that's certainly critically important. But if you, there's a book by, um, David Barton Smith who talks about how the civil rights impacted on the, the struggle for Medicare. And it was a major factor in terms of, um, actually getting medical care for everybody in terms of Medicare. And that is one of the things that I like to talk about in terms of health justice is that community struggles have been important in terms of advancing health justice. I mean, another really important group was the Black Panthers. They were instrumental in having people here of sickle cell before Black Panthers had community health centers. Virtually nobody heard of sickle cell disease. Also things like the Black Panther free Breakfast programs. The government got embarrassed by the fact that groups, community groups were providing breakfast in schools or before school to communities, and they expanded greatly the access to, um, breakfast and lunch programs in school. So the important point I'm trying to make is that community activism pays off. It doesn't always show up initially. It, it doesn't always show up long term, but it does,

it is what brings, uh, forward, um, health justice being involved in community activities and organizing in the communities where people live are important in terms of providing health justice.

Speaker 2 (20:08):

That's, that's really terrific. And, you know, that I think resonates very well, hopefully with our Northern Light listeners. We obviously have listeners from beyond Northern Light, but to to those I'm sure that it connects very closely because community organizing and, and partnering to help with, uh, the way we all provide care with our quality of life, you know, health systems too much, uh, in the past have been sort of sitting back and waiting for people to come to us and we're making it very much a priority to go to the people and really be, uh, an organization that's unique because we're connected with, uh, with the community and, and the organizations and people that care in the communities like you, Bobby. Yeah, no, I really appreciate that. Yeah, go

Speaker 3 (20:59):

Ahead. That's important. Um, but I also think it's important that institutions start to understand the importance of structural changes. In the last couple of years since George Floyd and, and the Black Lives Matter movement, people have started to talk about institutional racism and institutional structures. And I think for a long time there was a confusion between personal prejudice, which, you know, anybody can have an institutional racism and institutional oppression, which are structures built into society, which are based not necessarily on people even having animus towards other people. I mean, personal prejudice, you prejudge people and you have a personal, um, view that says somebody's inferior, but institutional, um, prejudice, institutional racism, a particular person doesn't even have to have any malice or any unkindness in their heart for it to be carried out. I mean, if you lived in a certain neighborhood and you work for a bank, you might put somebody's name in for a loan for a mortgage, and because they live in a certain zip code, the algorithm will spit out a mortgage which will cause them to have to pay higher interest or have less favorable terms of the mortgage.

Speaker 3 (22:12):

And it's not based on the person who is processing your mortgage, it's just based on the computer algorithm that says, Hey, this zip code is not, is a higher risk and needs to have higher interest rates and things like that. And so that when we understand that institutional racism is not based on personal animus, but based on structures of power that create these problems, we can take a better look at them and then work to change them. And that's why when we look at things like Medicare for all, it's a, it's a way that we can make structural changes that can benefit, um, poor working class and people of color, um, to preferentially help them. Whereas in the past, many of these structures preferentially helped white citizens to make advances and to collect wealth.

Speaker 2 (23:05):

Okay. Wow. We, uh, we covered a lot of territory in this conversation and Bobby Keith, I really appreciate you taking the time and sharing this with our listeners in the context of, uh, Juneteenth and, uh, medical justice and, and our diversity equity inclusion, uh, journey that we're on at Northern Light Health. Thank you for joining me.

Speaker 3 (23:28):

Thank you for having me and good luck with your program. It sounds like you're actually committed to long-term changes, which, um, a lot of times people do something for a day or a week, but um, that's

not gonna do it. You have to have a sustained long-distance marathon approach to these changes. And it's good to see that, uh, institution of your size is taking on these problems in a way that's sustainable.

Speaker 2 (23:52):

That we are my friend. And thank you to you, our podcast listeners as well. Until next time, I'm Tim Gentry encouraging you to listen and act and care and promote our culture of caring, diversity inclusion. Thank you and take care.

Speaker 1 (24:11):

Thank you for listening to this episode of Tim Talk. This episode concludes season two of Tim Talk. We'll take, uh, summer hiatus as we prepare for season three. In the meantime, if you enjoy this podcast and would like to hear more, you can find additional episodes from Seasons one and two on our website, northern Light health.org/podcast. You can also sign up to be a subscriber.