

Announcer:

Thank you for joining us for Tim Talk. For the next two episodes, we're presenting a compilation of the best and most compelling moments of our first year of podcasts. Our guests have come from a range of backgrounds and places, including Northern Light Health employees and members of our own communities. We've covered a range of topics, all tying back to social and medical justice. Here now is president and CEO of Northern Light Health, Tim Dentry.

Tim Dentry:

Our first Tim Talk podcast frame the conversation for upcoming shows by explaining medical justice. Dr. Toluamide Sobowale, an OB-GYN and a member of our Diversity, Equity and Inclusion Council, explained it and gave us a concrete example of the existing issues facing us today.

Dr. Olamide Sobowale:

Today we're going to talk really about medical justice. And when you're talking about justice, you're really referring to the element of fairness. So when you look at healthcare, black patients are usually more likely to experience more complications than white patients. When you adjust for variables like education and socioeconomic status, the outlook still doesn't improve. There are numerous example and one of them that I'll talk about today is of Serena Williams because I'm an OB-GYN, like you stated, and Serena Williams, who had a baby about a year or so ago, she had to argue with her healthcare team in order to be appropriately treated. She ended up being diagnosed with multiple clots and a pulmonary embolism that could have killed her. Black women are three times more likely to die in childbirth than white women.

Tim Dentry:

I'm joined now by Dr. Seleipiri Akobo, a hospitalist with Northern Light AR Gould Hospital in Presque Isle. Thank you for joining me here today, Dr. Akobo.

Dr. Akobo:

I'm glad we hear Mr. Dentry. Thank you for having me.

Tim Dentry:

What would you like to say to those who send out micro insensitivities but really think they have nothing to change?

Dr. Akobo:

When I think of this question, two thoughts come to mind, intension versus impact. I think it behooves us to think of what impact we're having on the people who were relating with and people on the receiving end, regardless of what our intent is, people like me and by that I mean black people and indigenous people of color and many other minorities, from when we leave our houses every day to literally when we get back, there is always reminders, there are these little things that keep telling you or reminding you of the systems that exist, right? Whether it's you literally walking in a grocery store, you at the gas station trying to get gas. You're constantly reminded of some of these little things.

Tim Dentry:

I am joined now by Darmita Wilson, the Acting Director and Vice President of Physician Practices at Northern Light Mercy Hospital. Thank you for joining me here today. Darmita, you are an executive with broad experience in healthcare all over the United States. You've worked on the east coast before, but you've been in Maine for a very short time. How do you go about acclimating to a community and a healthcare organization where you work and what have been your cultural impressions of Portland, Mercy and Northern Light?

Darmita Wilson:

I have been here in Portland six months now and having this work somewhat disrupted by the pandemic and the spotlight on social injustices, including medical justice. There is now a spotlight on health disparities, which has not been at the forefront in past priorities, but the pandemic has brought about new conversations and highlighted how these healthcare disparities affect specifically persons of color. I am encouraged by these conversations like these that are looking at these disparities and who they affect. I can clearly see the tide is changing in the country in Portland at Northern Light and Mercy. There is still much work to be done to produce positive outcomes.

Announcer:

Rounding out the first segment on medical justice with a focus on race, Tim talked with Dr. Robert Schlager, Vice President and Senior Physician Executive at Northern Light Sebasticook Valley Hospital about the role of being an ally and with Dr. Douglas MacGregor, a Pediatrician at Northern Light Pediatric Care in Ellsworth about opening safe spaces of dialogue. Both physicians provide the perspective of a person who is white.

Tim Dentry:

So, you wrote a very personal reflection on your thoughts on and being an ally and what to do in general at this time. And when you sent a copy of that to me, I just thought that was so great, so profound and we want your voice to be part of this effort, this movement, this initiative, this commitment, this critical part of taking our Northern Light culture to where we want it to be. What do you think you can do personally to make a difference in the long term?

Speaker 6:

Sure. The first thing is, listen. You've talked about that. Also, Tim, it's so important to listen to others. And again, like I had just said, not to make assumptions, but to hear who they are, where they come from, what their perspective is and then to try to realize or to recognize where that perspective needs to you go. I think to read and educate myself, you had mentioned about getting some resources. I actually brought a book with me today that is really profound. It's How to Be an Antiracist by Ibram X. Kendi. He's a Professor of History at American University in Washington, D.C. And he's actually started the concept of anti-racism. One of the very first things that I've learned for example is that it's not good enough to be a non-racist. What does that mean? Either you're a racist or you're anti-racist. To be a non-racist is taking a neutral position and I don't know how any of us can take a neutral position. To be an anti-racist means that we recognize and actively support policies and actions that make all races equal.

Tim Dentry:

Over the last month or so you shared with me your personal experience and perspective on racial justice. As the Medical Staff President of Northern Light Maine Coast Hospital, you distributed a

statement to the medical staff addressing what should or can I or we do about racism. You wrote and I quote, "I am white and was born into privilege, I can't reverse that and even if I wanted to or tried to it wouldn't work, I can, however, choose not to ignore racism in myself or others. I can challenge myself to continue to inspect and change my own subtle or not so subtle failings." End quote. So, Doug, my first question is what were you hoping to achieve by distributing that amazing letter and what has been the response and what is next for you in this journey?

Doug:

Thank you, Tim. When I think back on it, I will first confess that I felt nervousness about writing it and that in itself shouldn't be. Anyone who wants to stand up and talk against racism, there shouldn't be anything to hold that person back. Before addressing what I hope to achieve, I'd like to talk a little bit about what motivated me and clearly what motivated me were the incredible changes that were happening in our country. I don't think there's been a time before when cell phones have been so important to capture events and then motivate broad sections of our people.

Doug:

The things that all of us have seen involving the killing of people by police on cell phones has been profound. I would like to say that I don't think that is a common event. I think that police across the board and by and large have integrity and carry out a very difficult job. However, I think it's also clear, at least to me, that there has been way too many instances of people of color being targeted by police. And more importantly, the systems that they work in have supported those police officers, which by the very definition is racism.

Announcer:

For its second series, Tim Talk branched out to explore what medical justice looks like for members of the LGBTQ+ community. Tim drew from three Northern Light Health employees, Chris McLaughlin, a licensed Clinical Social Worker, Associate Vice President Community and Pediatric Services for Northern Light Acadia Hospital and a member of the LGBTQ+ community. Robin Hirsch-Wright, a licensed Clinical Social Worker, Director of Palliative Care Services for Northern Light Home Care and Hospice and Samantha Paradis, a family Nurse Practitioner in Fort Fairfield who is passionate about making people who are transgender feel well in the healthcare setting.

Chris McLaughlin:

It seems strange to me, I've been out as gay for the last 25 or so years and have been with my now husband for 10 of those years, yet my comfort level with identifying as a gay man in my doctor's office has really been a fairly recent phenomenon. I believe that it's so important to understand some of the issues that sexual and gender minority youth and families experience when they're trying to access healthcare. So here's what we know, youth who identify as LGBTQ+ have higher rates of suicide, both attempted and completed and rates of substance use when compared to heterosexual and their cisgendered peers. And cisgender is a word that we use to describe those individuals who have a gender identity that both matches their birth sex and who they feel like they are as a person.

Robin Hirsch-Wright:

One of the things we do in the Palliative Care trainings, Dr. Van Kirk and I do is we talk about this study done a few years back that found the three things patients really hope to talk about with their providers

are sexuality, spirituality and end-of-life issues. And the three things providers are most uncomfortable talking about are sexuality, spirituality and end-of-life issues.

Samantha Paradis:

I've had several meetups with new patients recently because as I've become known in the community as a member of the transgender community and a provider and it's hard to describe. It's almost as though we're both being seen for the first time in a healthcare environment for who we are. And that's an important part of ensuring equitable LGBTQ care is making sure that people are seen for who they are, meeting folks and using their chosen name, not using their dead name, which is a term that we use for a name that somebody is no longer using that they were assigned to by their parent at birth or whatever it was but we don't use the dead name. Even though it's listed sometimes on the chart because it can't be changed, unless they've changed their insurance or they've gone through this process.

Tim Dentry:

Samantha, thank you. I feel like I have a new colleague, new friend and new understanding but I'm just starting. Thank you for joining me here to continue the conversation.

Samantha Paradis:

Thank you so much for having me. I really appreciate it.

Announcer:

That concludes part one of our Tim Talk year one compilation. If you enjoyed this podcast, be sure to join us for part two later this month when we will share the most compelling moments from the second half of our first season. As we close, we also want to remind our listening audience about Pride Month this June, in which we celebrate our LGBTQ+ members of our community. To learn more about what Northern light Health is doing, please visit northernlighthealth.org/LGBTQ.