

**Webinar: Racial Healing for Ourselves, Our Communities and Our Future
September 29, 2020**

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Hola y Bienvenidos!

Hello and welcome.

We want to thank you for joining us for today's webinar racial healing for ourselves, our communities and our future.

This is the fourth webinar in advancing racial equity series and my name is Paulina Sosa health policy coordinator with the APHA Covid-19 response team.

In addition to the exciting work we are doing, I am also the founder of a grassroots initiative aimed at uplifting the stories of Latina communities.

It is my honor to join you today to pay tribute to Hispanic Heritage month.

An opportunity to celebrate the diverse and beautiful histories, cultures, and contributions of Latinas throughout the country.

Additionally, in the midst of COVID-19 we have an opportunity to pay tribute to the heroes, essential workers, and caregivers in the La continue X community.

So for Hispanic Heritage month, this is featuring four pillars.

Pillar 1, focused on the heroic work and dedication of community health workers in working at the front lines with our families and communities.

Pillar 2 recognized the importance post hurricane recovery efforts and resilience of this.

Pillar 3 which we start today, celebrates the beautiful and diverse cultures, arts, and histories of Latin X communities.

And last but not least is pillar 4 which is focused on what is next on Hispanic Heritage.

The importance of getting counted with the census and voting and unifying our efforts to fight COVID-19.

I know, we have a lot to do.

So Hispanic Heritage is just the start of something beautiful.

The reality is that each of us has a story to share.

We are here to talk about the power of racial healing, interconnectedness and embracing our identity.

And so it is my pleasure to share an opportunity with you to share your story on embracing your voices for Hispanic Heritage month.

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With that said, it is my sincere pleasure to pass the mic over to the director and producer of sacred journey film.

Ernesto, can you share with us the power of embracing our story and heritage in our journey to healing?

Ernst.

Thank you very much for that beautiful introduction.

I really appreciate that.

We all have stories to tell.

My stories are stories of transformation or stories of positive iconic role models.

A /SKWRURty when it is filmed is a story of blessings and heroes.

My brother Juan was diagnosed with ALS and given three years to live and he's lived for 15 years.

At age of 16 my mother sells her flower shop to take care of her son and become a full-time caregiver.

The family and community come together and rally tirelessly to raise ALS awareness, much needed fund for Juan, and build family for him.

It seems that illness and tragedy are the big equal easier.

When you are drowning and you are in need of help, the human spirit similarly doesn't stop and ask, are you a republican and Democrat.

Our nature is to see the individual and compassion automatically kicks in.

Sacred journey Juan is given a three-year death sentence.

Figuratively speaking, he was drowning.

There was no time for political discussions or debates or separation.

None of that stuff matters.

Healing mattered.

Support mattered.

Love mattered.

When he was diagnosed, I was living a life of a full-blown drug addict.

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I wanted to be there for my brother, but I had to learn to be there for myself and to love myself.

It started with a desire to want to make my brother feel better.

I wanted him to know that his story was important and we could all learn from it.

Having compassion for my brother I was rewarded with my sobriety.

Ultimately Juan lived with ALS for 15 years and I'm now 15 years sober.

And I'm not the only one.

A lot of people who knew Juan remembered what was truly important in life.

And I started to think that maybe that response purpose to wake some of us up.

Maybe that's the purpose of illness and disease.

Reminders to value one another.

To value our lives.

To become kinder.

More compassionate people.

Like illness and tragedy transcend all color lines, so does love.

We need to love to heal ourselves, to heal this world.

True love doesn't discriminate.

I hope you can all watch the sacred journey, the story of heroes now on Amazon.

It will allow you to reflect on your own journey in this life.

Thank you very much.

Thanks, Paulina.

Thank you, Ernesto.

You truly bring the power of storytelling alive for you today.

So thank you so much for your inspiration and commitment.

So now with that I'd like to turn it over to our moderator for today's webinar Tia Taylor Williams director of health policy and center for health and education.

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Tia the floor is yours.

Thank you so much Paulina and Ernesto for that introduction and reminding us of our shared human experience and interconnectedness.

And thank you to all of you who have joined this webinar today.

It looks like we have over 1700 participants.

And while some of you have participated in other webinars, some of you are joining for the first time.

So welcome.

I want to go over a few housekeeping items.

First, closed captioning is available for the webinar.

Instructions for accessing closed captioning are in the chat.

Today's webinar has been approved for 1.5 continuing education credits for cne and cph.

And none of the speakers have any relevant relationships to disclose.

If you want CEs you must be registered with your first and last name and participate for the entire activity.

All registered participants will receive an email within a few days from us with information how to claim credits and relevant deadlines.

I'm trying to see this.

There is a box that most of you are seeing.

And I don't know why you are seeing it.

So please forgive me.

Hopefully it will go away soon.

I can't quite figure it out.

After the webinar, you'll be directed to a survey.

Please take a moment to fill out this questionnaire to improve our future webinars.

And at the end of this event and presentation, you'll have a Q&A with the presenters and you can ask a Q&A function.

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We'll only be using the chat function for announcements.

Also the webinar will be recorded.

And everyone will receive a follow up email with the link to the recording and slide which will also be posted at [www.APHA.org/racial equity](http://www.APHA.org/racial-equity) within the next week.

I want to offer some reflections from our team.

If you return to our series, you might find this webinar looks and maybe even feels different from other webinars in the series and that's intentional.

At least the rest of the series, the comments and questions that we receive, and as we deepen our understanding of how do we actively anti-racist, we become clear in the ways in which the culture influences how we approach and how we carry out our work.

So this process involves just as much, if not more, unlearning and unpacking as it does new learning.

We have made a commitment to being intention for people of color and platform discussing racism that avoid or minimizes trauma or harm to people of color.

We recognize that racism and supremacy beliefs permeate all of our systems, institutions and organizations and affect our work.

So as we go through this process, we invite you to join us as we get and stay about our beliefs, our intentions and our actions.

We invite you to lean and breathe into this comfort with us, to inquire from a place of learning, rather than to demonstrate knowledge, again calling on our curiosity.

We also ask that you, and we are practicing this ourselves, to avoid playing devil's advocate.

While there is a place for intellectual debate, playing devil's advocate when it comes to racial inequity comes from a place of privilege and almost always at the expense of people who are.

We expect that our learning and unlearning goes beyond this webinar.

However, we ask that if you reframe from immediately reaching out to your colleagues of color to discuss the webinar.

We ask you to take time for your own reflection and reckoning.

And if you do reach out, give consent to discuss.

Again, thank you for joining us for this series and on this journey.

We recognize that we don't have all the answers.

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And we expect to make mistakes and we likely will.

Still, we remain committed to doing the necessary work towards advancing racial equity.

And now I'd like to introduce our first speaker.

Gail Christopher is an award winning change in health and well-being and related public policy.

She is known for her Pioneering work to infuse holistic health and diversity concepts into public programs and policy discourse.

She's retired from her role as senior adviser and vice president at the foundation where she was a driving force behind the American healing initiative and the true racial hearing effort.

And in November 2019 Dr. Gail Christopher took on director of health equity.

Dr. Gail Christopher, I invite you to turn on your camera.

Thank you, Tia.

What an honor to be invited to be here with my colleagues and peers.

And what a touching and engaging opening to hear an authentic story, authentic story, a journey of healing and to be invited to see the story produced on television, that is just a wonderful way to begin this important day.

I want to say thank you to APHA and thank you to all those who decided to be part of this.

Let me say from the beginning that my works reflect my four decades of working to end health inequities and to address the social determinants and make them truly determinants of health.

Right now they are all too often determinants of illness.

And so what I have come to understand is that the driver of determinants of health in America, the driver is too often our persistent relief in a false hierarchy.

A false ideology of human values.

In other words, some people use the term white supremacy.

I don't use that regularly because I don't want to put any more energy in that fallacy.

I recognize that it is a belief system.

Bad idea that we still live with.

It began way back in 15, 16, 17th centuries.

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If you haven't read it I encourage you to read stamped from the beginning where he's the definitive guy to the racism in idea or racist ideas, not just in America, but in the world.

But I think in order to overcome the effects and the systemic embodiment and institutionalism of that idea, we have to recognize the fallacy that drives it.

We have to recognize that it really is a belief system.

On an individual level, what we believe really does determine our decision making process.

It determines our relationship particularly what we believe about ourselves and about others.

And my work over the decades has shown me that what we believe about as a country, what we believe as a country about ourselves and about others, continues to shape our policy decisions.

So when we talk about structural racism, we are really talking about the complication of this belief system into laws and systems that we live with today.

I put an emphasis on healing, on overcoming that belief, and embracing our true equal humanity.

That is really the work.

The work of racial healing is recognizing that we are all part of an extended human family.

We all trace our lineage back to Africa.

To a woman that scientists called my throw chondral Eve.

So we are all family.

And this absurd notion that we can devalue others based on physical characteristics is just ignorance.

But that ignorance has found itself, as it has been the case for most of American history, into the halls of congress and into the White House itself.

That ignorance in terms of still adhering consciously and unconsciously to this fallacy of a hierarchy of human value.

So what I want to share with you today are some of the clinical learn /EUPBGS that I've gleaned over the last four decades.

I'm share with you efforts going on around this country to begin a son, yes I'll age myself, I'm a Star Trek fan, and to do so in a structured and organized way.

Most importantly to replace it with a genuine capacity to relate with one another as equal human beings.

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There is a movement in this country, and I'm happy to see it, for reparations.

Reading a lot about that.

And that should happen.

But if we did absolute trillions of dollars in reparations, if we still hold on to the belief system, that we need to do it again 100 years from now.

So the two are para little efforts.

They need to happen together.

We need to acknowledge and repair and reckon with the horrendous history.

But also need to transform the society.

My daughter says very eloquently, she says, America needs the truth.

We as people, all of us, need to heal.

And our society needs to transform.

And that's what truth, racial healing and transformation is about.

As a framework, it's an adaptation of the truth and reconciliation model or approach that is so globally recognized, the one that is most famous is from out Africa.

But there have been over 40 of those in the world.

And they usually are associated with countries that are transitioning in terms of their governance and justice paradigm.

We didn't do it in our major transition post reconstruction.

So for us to do it now, hundreds of years later, it requires some adaptation and some changing.

And we also have to look at the failures of the processes around the country.

And really learn from those and adapt a model that we thought would take into account the scope and breadth and scale of the work that needs to be done here in this country.

Tia, could I get that slide that just shows the framework for truth, racial hearing and transformation?

And I'll walk through the /TRHT framework.

Thank you very much.

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This is the framework that a group of over 150 leaders and scholars worked on in a collaborative design experience.

They worked from this framework in 2017.

And they came up with clear vision statements and recommendations and strategies for truth, transformation in America.

And the first part of the framework is focus on changing the narrative.

Changing the story.

Making our story as a nation and as a people reflective of our expansive human family.

Of our engagement of multiple perspectives and multiple learnings and indigenous cultures and knowledge they bring.

Of so many people part of our country.

It's about going back and collecting the stories, the truth, of the things that happened, not just nationally, but within every jurisdiction within this country, within any county, within any state.

And right now groups are working on this work.

Our challenge is to make it official to find ways to archive this important phase of America's history.

We are a young country.

Archive these narratives.

We are beginning to do that more.

And that's what we need is a change in public health sense.

This change means including in our assessments and in our accountability systems the role that racism plays in driving the social determinants of health.

So when we do an impact statement and assessment, we are actually considering the role original hierarchy has played in getting us to where we are.

So this is not just about story.

It is also about how we are assessing and describing the challenges that we face in terms of public health.

And we also have to be honest about the role of virtual hierarchy in expanding our public health and medical sections.

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This has played a role and still does.

All we have to do is look at COVID-19 results to see that.

So the second piece of the framework is what we call racial healing and relationship building.

And this is the area that some people minimize.

They think that we don't have time to do that soft work.

We have to just March.

And I don't mean to minimize marching.

But we have to protest and bring about reform and systems immediately.

We don't have the luxury of a dye cot must frame.

We have to do both.

And we have to have the marching.

We have to have the protesting.

But we also have to build the relationships so that we can expand our circles of engagement.

We are still, thank goodness, a democracy.

And a democracy requires the majority to vote and think and act in the best interests of the whole.

And so this idea of building relationships and expanding our circles of engagement, healing together, it's absolutely central to an effective public health system and to an effective democracy.

So racial healing involves different methodologies of doing that.

We have a model we call visual healing circles, prescription, RX healing circles.

They bring people together deliberately who are very different in their backgrounds and their identities and their perceptions of one another.

And they engage in authentic narrative sharing in spaces that are safe.

I have come to describe these circles or spaces virtual or in person as compassionate rather than safe.

Because the idea of safe has literally been hijacked by some extreme groups that they feel it should be okay to say and do anything.

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We believe that we have to have some boundaries and we have to be compassionate and demonstrate emotional intelligence and caring for everyone involved in the conversation.

So that's the work of racial healing.

I'll come back to that in a minute.

I want to get through the framework.

The framework is for a city, state, town, and we have organizations doing this work and applying it in their organizational transformation experiences.

So once we do the work of seeing the truth and working on healing together, then we have to move to the transformation.

And we first I think have to ask ourselves, well, if this fallacy, if this crazy idea of a hierarchy of human value has been sustained for consecutive centuries, how on earth does that happen?

We came up with three big buckets.

You might call them pillars.

But I like buckets because there is so much that goes into them that actually enables them to be the forces that they have been for sustaining this absurd notion.

Separation.

Separation is a real tool for alienation and you might say division.

Examples include segregation, policy, residential segregation.

Concentrating poverty.

The cradle to prison pipeline /TRHT the separation in terms of segregation in our hospitals that we know lasted well into the 20th century.

So this is a primary tool for maintaining not only original hierarchy, but permission to believe in hierarchy.

The second bucket or pillar of the framework in terms of answering the question how was it maintained is of course the law.

Our civil and criminal systems are designed to maintain in many ways racial hierarchy.

So much of the work on the supreme court and the history has been dealing with racism in this hierarchy, amendments have been trying to doing this [Inaudible] in the constitution.

We even have state constitutions that still involve and embrace original hierarchy.

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There is a lot of work to be done that has to do with the legal system.

And the way that system is transferring it into charters and ordinances and systems of governance for organizations.

Then the third bucket of the framework is of course the economy.

Our economy is designed to sustain the hierarchy of human value.

It thrives in many cases on exploiting the vulnerable and [Inaudible].

And that's the work of the transformation.

We talked about the truth fallacy.

We talked a little bit about that.

But the transformation means changing the systems of separation, of law, and economy that has been designed to sustain the hierarchy.

Changing these root systems into changing that no longer honor the hierarchy or serve on value and honor and connectedness as a human family.

That is the work of truth, racial healing and transformation.

And it is work right now as we are having this conversation, there is a webinar that is happening at the congressional black caucus that we taped a few weeks ago, where this work is happening at a congressional level.

We hope to have a national piece of legislation that will support this work to be done in communities across America.

So this is the 21st century is our moment despite the powerful division and manipulation of that division.

A business I believe to lead behind us the residual fallacy and to move into a new way, a transformed way of being in terms of our American culture and our American society.

And it's so important being a healthy nation.

I know the American Public Health Association wants America to be the healthiest nation.

And many of you know we don't feel well in terms of our health outcomes in comparison to many of our peer nations.

Even though we invest far more than they do per individual, per capita in terms of health care.

There are many reasons for that.

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But one of them I believe is our failure to address this issue of racism as a driver of the social determinants of health and well-being.

Major distinctions around this country have declared racism to be a public health crisis.

And I applaud them.

There are well over 100 now.

We have to figure out how that translates into not just reform of systems, but true transformation of our society.

True transformation of our way of being.

It is not some work that will be done in a matter of two years or three years or four years.

This is centuries.

that's the framework.

I'm going to talk more about how the healing happens.

Large measure the healing happens when we personally have this epiphany of seeing ourselves literally in the face of the other.

One of the more powerful illustrations of the need for this comes from a study that was released just about three weeks ago that looked at birth outcomes.

And you know those of us in the public health space, we tend to take a life course perspective.

I experienced the personal tragedy of losing my first born child when I was a young mother.

And it really catapulted me into my lifetime of work.

So I've always tried to figure out how could we close these gaps in terms of infant mortality and maternal health outcomes.

And when I read this article a few weeks ago that talked about the powerful difference that patients provide concordance makes.

In other words when the doctor delivers this body is the same race as the body, when a black doctor delivered a black baby, the infant mortality rate was reduced by 50%.

Now, that is shocking.

But not surprising.

I encourage you to read the article.

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It was published in the national academy of sciences.

It looked at births in the state of Florida over several years, I think it was about seven years of data.

And it was inescapable.

It was in concordance with them and the doctor, that there was a 50% reduction in mortality even in the challenging births.

Now some people immediately want to know why.

What's going on.

You know, when you look at our patient concordance data, generally speaking go to issues like communication and trust.

Those babies are not communicating or trusting those doctors more.

What is happening?

It's an important aspect of understanding the innate connection and the possibility of an innate connection to -- and this is human.

This is a human propensity that we have -- to relate more naturally to people that look like us.

To have bias is not necessarily to be racist.

It's to be human.

To choose to overcome our biases, to take on the work of doing this fallacy of racial hierarchy, that's a different level of our humanity.

That's what we are being called to I think strive for.

But I looked at the patient/doctor Concordance study.

But the week before that I was looking at the police prospect Concordance in terms of the gross disparities in the number of people killed by police when there is not concordance.

In other words, the numbers of black men who are killed by police when officers is white.

So this dynamic plays itself out throughout the life course.

This idea of racial hierarchy is palpable.

And it enters into our ways of relating with one another.

And it's not just a weekend seminar on unconscious bias, although that can be helpful.

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But it is a lifetime commitment.

I very much embrace the concept of cultural humility, which is a public health concept, that we become humble and we commit ourselves to a life's journey of checking our biases, overcoming them, and actively trying to create a society that values all people equally.

Actively working on developing our ability to have compassion no matter.

I suggest that our ability to extend compassion to others, it comes from our compassion for ourselves.

And so deep compassion.

Deep love of self.

Deep love of family, of community, of heritage.

When we have done some of that work, we are more inclined to extend that love to others.

And so self-compassion is one of the core tenants of the racial healing work.

We tend to either object negative emotions on to others, negative judgments, or we tend to extend true love and compassion.

And so doing that emotional insight, that personal development work is part of the challenge.

And I would suggest that it is a journey.

That we are all on all the time.

I could tell many stories about overcoming racial hierarchy and coming face-to-face with my own biases.

And each time I do I have to check myself, because they are there, I grew up in this system, just like everybody else.

My parents brought their own biases to the table.

So I'm just saying that because I think it's important that we all have a certain amount of humility and we be willing to acknowledge that none of us are perfect in this work.

The abc of the approach I developed that I call extra prescription racial healing, abc are affirmation and appreciation.

And that is often accomplished through the sharing of story and narrative.

It's amazing how much your hearts open as you brought into the real lived experiences of the perceived others.

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This is very much a cultural, it's something that happens quite naturally, I believe, in indigenous cultures, the stories and the sharing.

And it's a different way of knowing part of this work of decolonizing our minds and embracing our humanity.

It means understanding that there are many ways of knowing.

Many ways of understanding.

Many ways of connecting.

And we have to find ways to honor.

So the first of ABCs is affirmation and appreciation.

The second of course is just that, belonging.

We all need a sense that we belong.

It is a challenge when you are a person of color in a system that was created to say that you don't belong.

So being intentional about creating spaces in our organizations, in our institutions, in our communities, that acknowledge the value and the belonging of all people, this particular administration has gone out of its way to suggest that certain people just don't belong.

Some of the cruelty that we have seen in terms of separating children from families is a manifestation of that agenda, of that.

And I find it to be, myself, I find it to be very disturbing and unacceptable.

But if we are going to heal from racism, we are going to create a community sense of belonging and we are going to value that.

We are going to know that we need that as human beings.

And then, finally, the C is of course the change in our consciousness.

The change in our way of perceiving and thinking.

And our collective recognition that we as a country, we as a community, we as a field, we are really better than the legacy of racial division that we know in order to be healthy and to be whole and to be healed, that we need to embrace each other's humanity much more authentically and much more lovingly.

The science that drives public health is epidemiology.

It is the science that drives us.

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But then when we face something like COVID-19, we see that all of the data and all of the statistics in the world don't seem to be strong enough to override the political divides and the manipulation and are the separation legacy that we have.

Our inability to extend and to care for one another.

So we have work to do.

I believe this work is racial healing work.

And I believe that we as a country will seize upon this moment, this opportunity, to go beyond denial of that, denial of the facts, denial of the consequences.

Denial of the implications.

But perhaps most importantly denial of the feelings.

And to genuinely agree that we can leave racial inequality behind us.

We don't have to take it well into the 21st century.

So my time is up.

But I'm honored to have an opportunity to open this webinar.

And I look forward to your questions and to hearing from my colleagues on the panel.

I give it back to you, Tia.

Thank you so much, Dr. Christopher for really driving the point home that we have to address the beliefs and the value system that is there and for presenting the framework.

And presenting it on a model for really making progress and this belief in the hierarchy of human values.

I want to remind all of our participants to continue to submit your questions through the Q&A function.

We appreciate you all sharing resources with each other.

We have a long list in the chat.

And continue to share those.

And we will make those available after the webinar.

And next we are going to hear directly from leaders from the truth racial healing and /TRHT effort at the university of Hawaii

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Let me introduce them.

Dr. Mapuana Antonio is assistant Professor and head of the native Hawaii health program at the office of public health study.

Her research is based on resilience and general health among native Hawaiians.

Dr. Punihei Lipe, I'm navigating two computers here, please be patient.

Dr. Lipe is a native Hawaiian mother, daughter, life and educator.

And 2017 she was hired to the University of Hawaii at the chancellor's office of the program officer which she implemented award winning research with a goal of becoming a native Hawaiian place of learning.

She's also the director of the truth racial healing and transformation center as well as Obama leader Asian Pacific leader program.

So I invite Dr. Antonio to turn on your camera and Dr. Lipe you may begin sharing your screen.

Aloha.

I'm Mapuana Antonio.

And I just want to start off by thanking those who helped to coordinate and organize this much needed space for us to really think about racial healing.

It's a true honor, pleasure to present alongside my very esteemed colleagues Dr. Gail Christopher and Dr. Lipe.

And I'm going to start today by introducing myself as many of our indigenous brothers and sisters do and share who I am and where I come from.

I'm Mapuana Antonio, daughter of three.

And when you look to the left you see the highest peak on the island of Hayrapetyan.

island of Hawaii.

In the center is a picture of my family.

And I'm very intentional about sharing this photo with everyone today.

And the reason for that is because it was at this age when my public health journey really started.

At this age, you'll find my grandma on the right-hand side.

It was at this age that she had passed away due to cancer.

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And was shy of her 48th birthday.

This was a significant event in my life.

Because this started to create a truth that I really held on to.

And that truth was that it was normal to die before the age of 50.

And it probably wasn't until high school that I realized this is not a normal occurrence.

This is health and equity.

And I bring this personal story into this space because this is a narrative that many of us can relate to.

It's a narrative that's very common not just among our Hawaiian communities but indigenous brothers and sisters.

It's a narrative that communities that have been repressed for so long can really relate to.

Although some of us may not be able to relate on a personal level.

For instance, if you can't relate to that story itself, you can think about what it means it's normal to die before the age of 50.

Knowing you lived half your life at 25.

But this story was really important because this was a healing part of myself that acknowledged this truth not necessarily a truth that I needed to hold on to.

And allowing for the narrative change and acknowledging the strength of not just my family but my community, communities who share similar stories and histories.

And this is also a time when I learned what it truly means to come from a family of healers.

So I'm assistant professor and head of indigenous health of the office of public health studies at the university.

And a great deal of my work has resolved around health and resilience.

So from a biomedical perspective we might acknowledge how that is an absence of disease.

But as Dr. Gail Christopher pointed out, this is really a construct of illness.

And when we look at these constructs of illness, we see native Hawaiians have increased problems and mortality of almost every major illness.

We also see lower life expectancies.

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And when we turn to this, we can see how these health inequities including colonization and trauma.

But when we look at this, we acknowledge that road view that health is so much more encompasses of that.

Health also extends to include being pono which is loosely translated righteousness and being very intentional and conscious of the decisions of what we are doing and what we are doing for our future generations to come all while maintaining lokahi sense of balance spiritually and emotionally.

And when we look to this concept of health and wellness, we understand this extends to include our interconnected relationships that we hold not just for ourselves and with each other, but also with our land, our land that feeds and nourishes us, that extends all the way up from the mountains and beyond that all the way out to the sea.

And when we think about that how it nourishes and feeds our body.

Health also extends to include akua or spirit reality and acknowledgment of creators who it has shaped us as people over time.

So as previously mentioned, when we look to the determinants of illness, we acknowledge that many of these health inequities stem from colonization.

And despite the marginalization and oppression, this continues to persevere.

So when we look to the literature, we acknowledge that resilience has been accepted as an individual's ability to bounce back from a hardship.

But when we think about health as a fundamental human right, humans shouldn't have to be resilient to oppressive structures to Din to marginalize and disconnect them from a way of knowing.

But unfortunately this is the reality that and a norm that has become a truth for many people who have been oppressed for generations.

With this expectation of just being able to bounce back.

So when we think of this ideal road, we can think of those in the power structures, and the ability for them to acknowledge their role in the perpetuated racism and oppression that continues to persist even today.

And unfortunately, that is often not the case.

And in order for this to happen, resiliency allows reclaiming of this spaces to allow for the healing and transformation.

And storing some of these we begin to reconnect, with one another and the spaces we are in.

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And this eventually allows for this hope and healing over time.

And this also allows us to restore this knowledge and values of our ancestors, of our peoples and communities, and it aligns with the seven generation thinking of what we do now is really going to impact our children and our children's children and all of the future generations to come.

So this is also part of the narrative change that is so vital in healing and transformation.

So before I proceed I want to take a quick moment for all of us to think about the roles we play in various systems, and we can think about how these systems may intentionally or unintentionally continue to perpetuate racism and oppression.

Being really in tune with these roles that we take on, are so vitally important.

Because we can also start to think about our role and therefore our deep responsibilities to be part of the system changes.

So I'm deeply privileged to serve as the specialization head of the native Hawaiian and indigenous program which I will prefer to as nhih.

This is truly first of its kind.

And I provide this program as an example of the way in which we can play a role in our institution to systemic barriers and racism.

So our NHIH program has a vision to eliminate health disparities and inequities that stem from colon nation and historical trauma.

One thing I want to point out is we work for indigenous communities.

And the reason I really want to emphasize this point is because of that sense of honoring their truth and bringing them to the table as part of the narrative change.

This approach to health trains student with skills that are necessary to develop a deepest responsibility that is a privilege but yet requires the highest level action and accountability to address needs of indigenous communities.

This acknowledges the work that is really needed to develop a platform to really address these health inequities and bringing everyone to the table.

In doing so, the NHIH program incorporates Hawaiian frameworks of health, and this approach acknowledges communities as thought partners in this healing process.

And we start off by introducing NHIH program today as an example of a program at the university.

But really extends them to campus wide initiatives that are taking place, including other programs.

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It's at this time that I'm going to be turning it over to Dr. Punihei.

Hello.

Can you hear me now?

Okay.

Hello to you Dr. Antonio and Dr. Christopher for laying such an amazing foundation.

Also thank you to Tia and the entire staff who have put this together today.

I'm really excited to be here with all of us.

Let's see, I want to continue to share my screen here.

My name is Kaiwipunikauikawēkiu Punihei Lipe.

There will not be a test after this.

Taking what Dr. Antonio just talked about and what Dr. Christopher talked about, I'm going to share with racial healing with all the guiding Hawaiian principles in mind.

I'm going to use a bit of my personal stories to expand on those for a couple reasons.

I'm so happy there has been an emphasis on story already.

So you kind of get the sense of the importance that we are placing on story.

So for one I think my personal story will help bring some of the concepts to life.

Also, in a process, modeling of self-reflection as Dr. Christopher spoke about, and our own stories and genealogy, that's a term you'll hear a lot today, genealogy, is a foundational aspect of our healing work here in Hawaii.

So I share my story, I'm really hoping I get you to think about your story and lineages can move front and center in your own healing process.

We believe our stories have more to teach us than we sometimes give them credit for.

And I want to point to the amazing introduction by Paulina Sosa already highlighting that in our stories.

And our story and many others in Hawaii as well.

So I'm sharing my story, I hope to share with you a bit of the complexity of Hawaii's story.

To ground my story I want to share with you two powerful questions that were posed to all college campuses that were applying to become these centers.

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These two questions changed my life and they guide our work on our campus every day.

I'm going to return to these questions in a moment.

But I want you to hold on to them as I share my story.

I do want to pause and give you all a moment to read these in silence.

And just to take in the powerful questions that are posed to us.

So go ahead and read them and take them in for a moment.

So I feel like I need to take a breath when you read them.

This at the are so powerful.

And with all that is happening in the world right now, these questions invite us and really allow us to imagine and perhaps reimagine our futures without racism.

So I invite you to hold on to these questions, imagine that future, and then work with others to cultivate our culture each and every day.

That's the charge we were given at the centers.

So to begin my story, this is some of my family.

At the top corner you'll see my grandmothers.

My parents are in the middle.

And then one of my brothers and I are at the bottom.

So to be clear, I'm a daughter and granddaughter and so on of a lineage of people who have been marrying across racial lines for at least five generations which in Hawaii is a long time.

And of course in each generation, as you know, different genes show up more than /OERTSD.
than more than others.

So you see Somas dark skin, light skin, some in between.

Growing up as a mixed race child in a family, I came to know each of these stories and of course my own.

Both of the interpersonal and systemic violence in racism.

Yes, even here in Hawaii.

So while this shows you is part of my genealogical story.

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This story is as well.

At the photo you'll see my mom and me.

And the other is group of Hulu that we were taught.

I want you to focus on a different type of hula experience for a moment.

So this group of people that you see pictured here came from all over Asia and the Pacific to study at the university of Hawaii as part of what is called a center fellowship.

Some European descent.

Pacific islanders.

Asian descent.

And of course all represent that.

As one of the only native Hawaiians in the group, my mom did this group.

A cultural foundation while they were studying in Hawaii.

Over time, as people became beloved aunts and uncles.

So I grew up at one point in my life it was possible that different colors of skin and ethnic and national origins, even different languages could come to a place and love one another and a place that they were in.

That they came with an attitude and intention of learning from the indigenous peoples in a way that does not displace our native culture.

They chose to not participate in recent ideology about Hawaii and told not to participate in colonialism as she described earlier.

So I grew up witnessing that which I know is a small miracle.

And I think always in the back of my mind a sense of hope and possibility even amongst the racism here because I have seen beautiful this.

So I invite you to reach back two moments that might give you a glimmer of hope and possibility that hopes you see beyond the everyday to transform futures.

This photo here is one of those moments for me.

I also had the privilege of fighting about ancestral ways entire society around connection to and around this concept that Dr. Antonio described, our land and sky.

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This love and connection and devotion to our natural environment allowed us to be a completely sustainable yet geographically isolated island community for generations.

And in more recent times we've also been learning and witnessing along with our team that in Hawaii 2020, today, the oceans are rising.

The temperatures are changing.

Over 90% of our food is imported today.

Whereas at one time we completely were sustainable on our island home.

We are no longer sustainable due to racism and colonial /SEUFPL.

colonialism.

That taught us how to take care of one another and mother earth.

To be clear, there is an urgent need on all hand approach everyone needs to come together if we want to survive.

And I would be so bold to say if we want to thrive and survive on earth.

So with these two powerful questions in mind, what we did is look back to our personal stories and lineage of Hawaii, both hopeful pieces as well as challenges we have faced over time.

And we asked ourselves, how do we heal our relationships with each other so that we can work together to survive and thrive in the earth we have created?

And that leads us to our vision statement.

All that we knew.

And of course we see here that envision a Hawaii in which each individual family and community irrespective of race can recognize and move into our collective entity the idea of responsibility to care for one another but also to care for the environments that I know in Hawaii.

And that we believe, that vision gives us a pathway to healing and transformation.

But if we want different futures, we have to ask ourselves what radically different tools might we need?

If we want people to reconnect with themselves, each other, then we might need to review languages and value systems that help us to do that.

So we pause here to invite you to think about what world views, what languages, what value systems might be helpful for you and your communities to reconnect with your selves with each other and your cases in powerful, loving sustainable ways?

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For us we turn to native Hawaiian concepts, the same ones that Dr. Antonio described earlier, of being in relationships, and we create a process, a curriculum, if you will, that we have been testing for the last three years.

A curriculum that we have been testing with various ethnic and racial backgrounds, exploring the ways they can connect with themselves again, the point Dr. Christopher was making, with each other, and with our natural environment.

And we come to realize interdependent relationships.

The roles and responsibilities in caring for one another and our home.

You see where race and racism has sought to disconnect us.

This process for reconnection has been our approach to healing and transformation.

I now want to turn it back over to Dr. Antonio to close us off because she was a participant in one of our past cohorts.

Thank you, Dr. Punihei.

I conclude our portion by sharing a little bit about my experience in the program.

So I was part of the 2019 cohort.

And this really comprised faculty and community members and partners of the UH campus.

And being part of the program was not only a validation of all the work that was being done in HHIH, but it was a good reminder of the work that was being collectively done against campus to jettison racism.

So during this experience along my tier 2 ohana where we started to do these safe spaces that are so vitally important to honor our truths but also needed for the healing process.

As was so graciously pointed out in order to do this work we need to be gracious with ourselves and acknowledge that that being part of the healing process.

And to really heal our communities we need to allow ourselves to heal ourselves too as part of the process.

It's also through this process that we learn to acknowledge the reciprocal work that caring for this and as people's understanding no matter genealogical underpinnings we are all nourished by this.

So it's through this experience that we were also able to acknowledge the love that is truly needed for this work to be for giving of ourselves, to be forgiving of others, while really creating the sense of aloha.

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So part of this work was also envisioning our relationships, systems and institutions through this concept of circular relations.

And I love that this concept by Dr. Gail Christopher of jettison, racial hierarchies is so important.

Because this is part of that conversation lens of circular relations.

And this concept that we all bring this to the table and contribute to the conversations and need to be part of these efforts through our own experiences rather than the so common hierarchical structures.

This however may require us to be resistance to the structures and powerful forces that continue to perpetuate racism.

But in doing so we must also acknowledge the role that we play and the notion that it's going to really be an understanding that we all need to do our part in this work.

We acknowledge the work that has already been done.

And thank the champions and the lifelong leaders who have paved the world to do this work.

But in doing so we also acknowledge our role in this process.

And so we can't always look toward our champions to bear this weight by themselves because this will eventually burn out our champions.

Instead, part of this work is acknowledging the role that I play, the role that you play, the role that we all play in this process.

And that's the essence of this really being that.

I'm going to stop sharing my Screen now and turn it back over to Tia.

All right.

Thank you both so much for your presentations.

And thank you to all of the presenters, Paulina Sosa and Dr. Gail Christopher and Ernesto Quintero.

We heard about the power of storytelling.

We heard about the importance of connection to our culture as a part of our healing process.

And I think all of that contributes to the overarching theme for this webinar is that we really cannot ignore the work of the heart and mind work that is a part of being actively anti-racist.

So we need to consider the racial healing and the cultural piece as a key part of our anti-racism toolbox.

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I'm going to invite Drs. Antonio, Dr. Lipe and Dr. Christopher to turn on their cameras and unmute themselves.

And we are going to get to answering some of your questions.

Please continue to submit them using the Q&A function.

Wonderful.

So the first question is for you, Dr. Christopher.

And it's regarding the current trump executive order blocking teaching of institutional racism.

And want to get your reactions to it.

And also how you might respond to this in public health.

And Dr. Antonio and Lipe I'll ask you to add any comments you might have after her remarks.

Well, thank you for the question.

And oh, what a beautiful panel.

I so enjoyed listening to my sisters from Hawaii.

The work is brought tears to my eyes in the beauty of it.

I will refuse to allow ignorance to set the agenda and discourse.

And that's essentially my response to those executive orders.

They will be undone.

That is one of the values of executive orders.

They are just that.

They are written and they will be unwritten.

It reflects the bifurcation and the strident and the absence of compassion and kindness and understanding that is embodied in this level of consciousness that unfortunately occupies the executive branch of government.

But I will not allow that to frame our discourse.

This work has been going on for 50 years plus.

It will not stop happening because someone has this.

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So basically that is my response.

And in your mind we don't public health professionals need to keep up with the fight sounds like what you are saying.

Continue doing what you are doing.

This is a knee jerk fistfight in response to the New York Times 1619.

But it's an old dialogue.

But what we can't do is put too much power in it.

Now, if we end up having to because it's still around six months from now, that may be a different strategy.

But for the moment we can't take our eyes off the prize.

And the prize is to keep working.

Keep teaching.

Keep learning.

And move forward.

I should say, so, and as popular as the anti-racism frame is, anti-implies division.

It almost elicits a backlash.

You know my work focuses on that, what are we creating.

And I think we can create the new transformed understanding of our humanities whether that executive order is in play or not.

Amen.

I think there is a question that all of the panelists can answer or address.

This person is working on establishing an anti-racism subcommittee on their campus.

Do any of you have any recommended courses of action to establish real change?

So how can universities that are not officially don't have this campus how can they engage in this work?

I mean, talk to Gail Christopher is the lead.

So I defer to her and we will build off of her.

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Okay.

I would just say there are many campuses that have expressed an interest who have not necessarily received funding through the association of American colleges and universities.

But there are many resources on the aac website and you can certainly be engaged in part of expanding that community.

And you can reach out to local foundations, private foundations, personal donor's to help support the work.

You just need a percentage of people's time, dedicated to doing the work.

But the framework is part of a public discourse at this point.

And the network of people who are involved, this are willing to help.

So any campus can get involved and any campus can get involved.

But I'll defer to my colleagues to be sure.

I'll just go off what you just said, just yesterday I was on the call with the university chair of a department who is looking, last couple of months, hmm, I think we need to do something here.

So that's good the light bulbs are going on in powerful ways.

First thing she asked me is, she had a group of students who came to them demanding change.

And she said the first thing we promised them is we are going to do anti-racism training.

I said, oh, well, that's good but I don't do anti-racism training.

And I just quoted you over and over again basically throughout my hour with her.

I said you know we do have to uncover the truth.

And there are processes we have learned that I can help share with you.

But we are not focused on just the problem.

We have to focus on what the solution is.

So if you are going to say anti-to something, what is it that you want to see?

If you don't want this, what is that?

And that's what really what we are focused on.

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I said to her I know young people are really especially very passionate at this time to call out the problem, and that's important.

And we have to help them understand what is it that we want transformed towards.

What kind of healing work do we need to do?

Sometimes that's not easy for people because they want to get straight to the systemic change, but as you powerfully articulated earlier we have to do the work because they created the system.

That's all I think I would add to that, Tia.

Yes, Dr. Christopher, I believe you like to say we have to address racism itself.

And that's the false belief.

And not just the effects of racism.

And that's like little where our efforts are.

So I am going to in the spirit of learning and unlearning, I am going to remove or lesson my use of anti-racism from my vernacular.

And as I mentioned before, we are all learning here.

For Drs. Lipe and Antonio, Wie have a question about, if you could share more about, and hopefully I'm pronouncing this correctly, genealogy, and how that's integrated into your work.

I'm sorry, yes, thank you for that question.

So genealogy really, we all know we can think about our family tree, right.

That's one lens of thinking about our own genealogy.

But in Hawaii we use that lens to play on anything.

Right.

So this isn't foreign to all.

Maybe it's new to some.

But genealogy of our mentorship.

Genealogy of the places we've been in.

The genealogy of the idea that we know.

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But the whole point of genealogy is that we are looking to find our connections.

So we often over the past several years have been thinking about what is race and racism doing is finding our differences.

It's finding ways to disconnect us.

So genealogy likes to think of this net as we put over us to help us find our interconnected point.

Because when we know those stories how we are connected whether it's our parents met each other, grew up in the same place, or basically have the same struggle from across the world, that we then begin to understand how we are related.

We have this relationship.

And the better we get to know each other the better we are going to get to know how to take care of one another.

Right.

And that's what that is really idea.

It's the idea that my responsibility and the privilege to be able to take care of another, and then to be able to receive what they give back.

That's what aloha is.

So we get the idea of aloha Hollywood, I'm not picking on Hollywood too much, but maybe sometimes, because they do have this huge master narrative and power to really share with the world.

But I think what the point is the idea of aloha is turning to one another face-to-face, and we get to know each other face-to-face, that our life is exchanged in a way that either maintains or either increases our well-being.

And that's what those two related concepts are about.

When we know our place and then our connection, we now how to take care of one another.

But Mapuana do you want to add to that from your perspective.

Yes.

And thank you for getting that started and building the foundation.

I'd also like to emphasize this is really a responsibility that someone is really acknowledging as not just a privilege, as a birthright, but it's something that they are reciprocating that they'll be accountable for.

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So that can really only be Borne out of action.

Which is something we saw emphasized in this as well as nih.

This idea that this is a deep responsibility that is really born out of action.

So it's great to think about it and to really ponder upon it.

But it's really this born action and taking that accountability.

And when thinking about this, and the genealogical aspects of who we are as people, it's really extending really so deep to understand who we are.

Where it gets so deep where we even think about this, and this lens surrounding us and how we are part of this as well, and how that's part of this as well.

And nourishing us and we need to nourish this.

And that's that reciprocal notion of deep loving connection.

So when I think about the genealogical aspect, I think even all these experiences and all these people that have shaped who I am and who we are, but also thinking about our future generations as well.

Our successions.

Our legacies.

So very interconnected.

But to really go into deep detail about that and genealogy.

And Tia, I could just add one thing.

Last year we were in Pennsylvania together for an institute.

And we were sharing some of these to a similar audience.

And I want to recognize one of our learnings, talking about your own learnings here, a reminder, many people, including my own family, and some of our areas, don't know their ancestors.

Right.

And that part of the racism and colonialism project of the right.

And we wanted to make sure as we share our ideas of our home ground approach to this, that we really take that into consideration and honor that.

Because that's bad business as my nine-year-old would say.

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And it is not something we can necessarily change.

And I had one woman in the far corner of the conversation and raised her hand and pointed that out.

That creates pain, right, that we cannot necessarily connect.

I said absolutely.

And thank you so much for reminding us of that complex truth and part of our history.

And what I want to lead into as Mapuana just said no matter where we are in the world today, we are connected to those cases because they are nourishing us every day in some way.

And so we might not have deep ancestral roots to that place, but we are in relationship of that place.

And so how do we understand how to work together and with one another to kind of take care back, to reciprocate back.

So I wanted to add something that's something I've been learning and trying to connect with and help facilitate in processes even in Hawaii.

Thank you.

So this question I think all of you can address.

It sparks from a comment Dr. Christopher made with safety and compassion.

And if you could talk about what it means to create a safe space in doing this work, and particularly when you are bringing together multicultural, multi racial groups together and what that looks like.

I'll start because it was based on my comment.

And I will then defer to my colleagues.

Two years ago when we were beginning this on campuses, the right had taken over the concept of safe space.

So a campus should be a safe space expressed to the white supremacist opinion.

So it occurred to me then that we needed to clarify that that's not the kind of safe place we had.

We wanted a space to deliberately design caring and compassion to everybody in the space.

In a kind way.

In an understanding way.

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And we had a set of touchstones, that most importantly to not judge and to fix, or to express our disagreements, a lot of things that you put in our guidance for this session, Tia, we are here to listen, to share to be with one another.

So that is one of the things I wanted to make.

But I defer to my colleagues that are doing it in their communities.

Yeah, I can just start.

And Mapuana you might want to share about your experiences in racial healing circles.

Actually doing racial healing circles in Hawaii, people hear that, they are like Hough.

because we are so intermarried, we look like this, it's complicated, complex, mean more than in other places because of these intermarried kind of lines.

But there are still power structures and there is still racism.

So people have come to our racial healing circles from very different backgrounds, to be quite honest, but willing.

And I think that's an important start and important point to make.

In our experience, we will never force someone or mandate them to come to our circle.

That's been part of the training we have had with Dr. Christopher as one of the master presenters here who teaches us.

And we have been running longitudinal research project on our work.

And that's one of the things we find is one of our, it's part of our data, the willingness is actually a huge piece.

And so there is another topic Dr. Christopher gave a couple of weeks ago for the institute, I highly recommend you watch it, where she talks about you talk about being -- maybe we don't get everybody, but we start with the folks who are ready and willing.

And really grow that base.

And that's been our approach.

And so for those folks who are doing that or are interested in that kind of work, I think it's important to recognize start with those willing and ready to be open.

Touch stones are critical.

And there will be apprehension.

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But if you are well trained, and I wouldn't do it unless you are well trained.

I think there is a lot of hierarchical work that can come out of that.

But Mapuana maybe you want to share your experience a little bit.

Yes.

And I think both of my student colleagues again.

Because this really sets the platform in understanding the racial healing circles.

I think one very useful thing about healing circles is this acknowledgment of that circular relationship.

This understanding that we are breaking down these hierarchies so we can really be present with one another in this space.

And part of that creating a safe space is not necessarily being a doormat where you don't have to necessarily always agree with something that's being said.

Instead, it's coming and really being present in that moment to allow you to speak that truth.

But also understanding that if something is said, and I really like this touchtone of when things get difficult you turn to wonder, and you truly try to understand where that person is coming from.

And that's really genealogical underpinning as well, where they come from, and really informing this tem to say this in this moment and in this space.

So part of that racial healing circle is acknowledgment of that circular relationship.

And that's part of the process of jettison that hierarchical structures that are in place.

Because sitting at that circle is an acknowledgment that we are all sitting side by side.

And even in this space to bring our experiences to the table.

And so I think that's so powerful about the racial healing circles.

I can attest to that as well.

I think we have time for one final question.

And because it's such a powerful question, that is a part of the framework, someone asked, what advice do you have for people who struggle to do that in hierarchical value, what would you say?

Well, I would all like an answer for.

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I would say when we invite people to imagine what life would be like with their grandchildren, and their great grandchildren, it opens their hearts, those who have grandchildren.

And even those who don't.

But they are actually imagining what kind of experience will future generations have.

And that grounds it from that envisioning to one that is about the real lived experience of their children and their children's children.

So that helps I think to get past the block to imagining.

But I certainly defer to my colleagues.

What works for you?

Yeah, thank you so much.

I just wrote that down.

That is so helpful as we continue to work with our communities and our other campuses.

What we did and kind of the story we shared today, we really look back in our history to a time when racism didn't exist.

And for us we are fortunate that it wasn't too long ago, right.

Recently recorded.

It was imported to America.

So I think that's why we really want to emphasize and invite folks, whoever is watching, to really think about how you might partner and learn from the indigenous peoples on your plate.

Because their stories, their societal systems were based on another set of values.

Not the same, but many similar pillars to the ones Mapuana and I shared today.

So looking back to the core can be a very helpful tool.

And I recognize we don't have the same access to that.

However, we do encourage you to look to the facts.

Because we believe there is actually more there that we sometimes give our cases and groups credit for.

So I would just add those to that.

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What immediately came to mind when I thought of this is I want to bring into the space a mentor and teacher who I had the honor and privilege of learning with is Charles Chuck Lawrence who plays a critical role in critical race theory.

And his conception of when he brings a group of people together, asking us to just sit with one another, and start by sharing who our grandmothers are.

And really starting there.

Because, you know, when we think of ourselves as people, and we turn to that then as our past, and start to think about who we want to be as grandparents for our children and grandchildren, that can help us start to envision a road that we want to see.

Not just for ourselves but all our future generations to come.

So really starting again with ourselves to really see what we see for our communities is part of the starting point.

And I think that really highlights the two previous points that were made.

Especially that emphasis of really looking back to our past to see our future.

that I'll end with that.

Thank you all so much.

We have reached the end of our time we didn't get to all the questions, but I believe, and I hope you felt this was a really powerful discussion.

As I mentioned at the top of the webinar, it's different from some of the other webinars and hopefully you'll all take the time to reflect and have your own reckoning about your learning today.

I hope that you all will continue to join us for future webinars.

And I see we have one coming up on housing on Wednesday, October 14th, and one on environmental racism on Tuesday, November 17th.

And you'll be notified of all of our future webinars.

Please join me in thanking our panelists and all of our speakers for this webinar.

You've given us a lot to think about.

And I hope this is one of several discussions that we will have specifically on racial healing.

Because it is a necessary part of this process that we are all involved in and working towards and advancing racial equity.

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TRANSCRIPT

And please let us know what your thoughts are on this webinar.

We read your surveys.

We do what we can to incorporate your feedback.

And we hope to continue these webinars in 2021.

So your feedback is really valuable to us.

With that, I again thank all of the participants and all the speakers.

And we'll conclude the webinar.