

Transcript

00:00:16 Speaker 1

Hey everybody, this is Martina sauna from back and buying my fakes. We were listening to the power and privilege and academia podcast. The show that gets together with academics, question academic hierarchies, structures and conventions, unpack their inherent issues and find solutions.

00:00:32 Speaker 1

Together we have a bonus episode for you. This area of power and privilege in academia is so vast and extends beyond some of the areas we've already covered. We initially recorded the episodes in 2023 and the bonus episodes were recorded a year later. So in this bonus episode in the # privilege series.

00:00:52 Speaker 1

This is with clinical associate Professor Elena Fleming. Eleanor is a public health dentist and assistant Dean for equity, diversity and inclusion at the University of Maryland School of Dentistry in West Baltimore in the United States.

00:01:07 Speaker 1

Her research examines how dentistry as a clinical and academic practise and research enterprise can be anti racist. In this episode we will discuss the Untold histories and how legacies can be connected with identities in the present.

00:01:32 Speaker 1

Very excited to have you on our podcast and I'm so happy we could do a bonus podcast with you. Eleanor. I just want everybody to know all about you and how wonderful you are. So please, can you just introduce yourself and also your interest on kind of power and privilege in, in academia and.

00:01:51 Speaker 1

While you were interested in doing this podcast.

00:01:54 Speaker 2

Sure. So, Eleanor Fleming, she her pronouns. I have interdisciplinary background, a pH. D in political science, dental degree. So licenced practising well. Licence to practise dentistry. I don't do clinical dentistry and the way that we traditionally think of it. And then additionally training and epidemiology.

00:02:16 Speaker 2

So my my lens through which to think about.

00:02:20 Speaker 2

Power and privilege comes through, you know, both looking at systems through like policy, politics, lens, social science background, but also in seeing the impact through a public health practise and the in inequities that are faced by typically minoritized.

00:02:40 Speaker 2

Populations and oral health. So my my sense of of the world is 1 of questioning and always seeing the interplay of systems, structures, policies that will always have some type of power.

00:02:56 Speaker 2

Dynamic.

00:02:57 Speaker 2

And also being very attentive to and dentistry, which is a very privileged healthcare providing profession, the ways in which privilege shows up and to who is able to join the workforce, who is able to become a faculty member, who is able to become a researcher.

00:03:17 Speaker 2

And how that who drives the what and the?

00:03:21 Speaker 2

Puts and part of what I try to do with my scholarship and advocacy in many respects is to ensure that we are talking about power and privilege, which in oral health we often do not do especially great jobs about that, but also looking for solutions in order to create.

00:03:42 Speaker 2

Opportunities for people who have the the skills and the passion to want to be a part of the solutions around inequities, but also doing it in a way that again helps to decenter that power, because now the the the point of interest be.

00:04:00 Speaker 2

How do you elevate?

00:04:02 Speaker 2

Community voices and make sure that those most affected by the problems are able to inform the interventions and the solutions, which again means another kind of

distribution of power and acknowledgement of, you know, even the privilege of being in the Academy and what that means for who sets the research.

00:04:22 Speaker 2

Agenda and kind of what are the questions that we even asked. So I think from a professional training perspective, you know that is who I am in terms of as an individual. I mean I'm zooming in from West Baltimore, I'm here in Maryland in the United.

00:04:38 Speaker 2

States Baltimore is the third largest majority Black City in this country. It is a city that is both southern, that has the built in social determinants of health of, you know, housing, redlining of histories of enslavement of police violence.

00:04:59 Speaker 2

Of all of the things that we often think of, of urban places in the United States, and so living in this place and being a part of a very rich and resilient community.

00:05:16 Speaker 2

Also informs how I ask questions and try to go about, you know again the the work of a scientific inquiry. So that's who I am.

00:05:20

Yes.

00:05:27 Speaker 1

I was really lucky to kind of listen to you when you were at the University of Bristol recently and I was struck.

00:05:36 Speaker 1

Book by the pictures that you presented of the first African American male dentist, the female dentist. And when the slide came up with the first black British male dentist and there was nothing no record for the first black British female dentist. It's something I had never even thought about. I'd never even been struck by the fact that dentistry.

00:05:56 Speaker 1

Is actually considered a very white profession, even by the fact you showed us on Google when you were Googling it. Who was coming up? What made you start gathering the courage to start telling these stories and collecting these these memories?

00:06:13 Speaker 2

So you know I I that is an excellent question and I think my approach to this work again comes from lived experience. So my undergraduate degree is in African American studies and I am lucky enough to have been trained by amazing African American historians who.

00:06:34 Speaker 2

Taught me the value of knowing histories and also being willing to tell those stories of histories. And, you know, certainly and.

00:06:45 Speaker 2

British and American contexts like we can name like whatever the first are, and typically those first are white men, right. And and then sometimes we can name the first who are white women and maybe sometimes it's like some other. But this sense of like, ooh, who the first star who look like me.

00:07:07 Speaker 2

It just becomes very critical to how I see myself as a prop.

00:07:12 Speaker 2

National in addition, I trained at a historically black college Meharry Medical College, which is one of two historically black dental schools in the United States that are still functioning and training the majority of black dentists in the United States being trained in a historically black college.

00:07:32 Speaker 2

Or university, whether as a professional student or undergrad, you're taught you're taught your history.

00:07:38 Speaker 2

Right. You're you're taught the the founding of the institutions. You're taught the the Giants who either graduated from your school or contributed in meaningful way. So since becoming a dental student in 2007, that dental history has always been very much alive and present to me.

00:08:00 Speaker 2

And it was striking in 20.

00:08:02 Speaker 2

20 when I made a pivot into academia and started, you know, asking these questions, asking the quiet questions out loud about structural and systemic racism, its impact on

oral health, its impact on oral health resource, the its impact on the oral health workforce.

00:08:23 Speaker 2

And seeing that we don't say these names and so one of the things that I was intentional about and I'll just let you see my what I use for who I am on zoom when my camera is off and that's Doctor Ida.

00:08:37 Speaker 2

Grey, who was the first black woman dentist in the United States, trained at the University of Michigan from Clarksville, TN, which is near where I'm from. And so I took it as this is how I'm going to show up in these spaces, always saying the names, always making sure that we are aware.

00:08:58 Speaker 2

Whether it's we as black people.

00:09:01 Speaker 2

We as dental, public health folks, we as dentists, whoever the we is, you're gonna leave knowing something about dentistry and how I understand the history and hopefully you will be curious enough to ask the question like why didn't I know that and also depending upon your specialty or your practise?

00:09:21 Speaker 2

To find out who those first are, because in doing, you know, a bit of research for Black History Month celebrations which we have in February, there is a very rich history of unnamed people in dentistry who happen to be black.

00:09:38 Speaker 2

And the degree to which we do not tell those stories of both their courage, their fortitude, their innovation and what they brought to clinical practise and community practise like shame on us for not doing that because if we believe that where we learned our best lessons is from the.

00:09:58 Speaker 2

Pass. We have a cadre of unknown folks or names that we don't elevate enough who can show us what a path should look like. And so I feel like that's what I try to do and using those images and saying those names.

00:10:16 Speaker 1

I think one of the the things I started to think about with history more and more is that there's all these famous figures that you can name and a lot of the famous figures as you mentioned, never really look like us. And one of my friends told me about a poet that were saying that she knows and it's where you never really die until the last living person.

00:10:37 Speaker 1

To get to who you are, which you know you have people like Julius Caesar, Cleopatra, who technically I guess would have been alive for over 2000 years because their stories are still being told today. And what do you think the value is in preserving these histories and and telling these stories?

00:10:55 Speaker 2

You know, historic preservation and a concrete sense of how do we save spaces and make sure that those spaces have the appropriate public histories. So even in London, I've been following on LinkedIn efforts in the city to have a.

00:11:14 Speaker 2

Artistic, historical, historically informed public space.

00:11:21 Speaker 2

That tells histories around enslavement, black British experiences, and kind of seeing the the care and the efforts that the city has seemingly gone to. And, you know, selecting artists, having these, you know, public spaces where you can vote. And yes, I did vote on my favourite.

00:11:41 Speaker 2

Like that is important because that is in many respects.

00:11:45 Speaker 2

How we remember history like you will forget, you know, unfortunately, a lot of what you maybe learn in a class, but when you see it in public spaces, when you have that reminder in a lecture, when you kind of have this space, like the podcast, to be reminded of these places, these people, these events that happen.

00:12:06 Speaker 2

I hope that it would spark us to see ourselves and that continuum of space and time, and to have a better sense of how we are essentially the inheritance of their work. So like we're running a relay race like we have the baton and now we gotta run the next leg of the race to get it to the next person.

00:12:27 Speaker 2

And you know, I think that we do a great job of this work in Community. So in Baltimore, there are so many efforts around preserving histories of neighbourhoods of, you know, famous figures of even not so famous figures who had tremendous impacts on community.

00:12:48 Speaker 2

And so you see this in community spaces in.

00:12:51 Speaker 2

Fact there's a.

00:12:51 Speaker 2

Whole history in Africa of the storytellers, the heroes. I think that's how you say it. My pronunciation is never quite right but GR.

00:13:02 Speaker 2

I/O ITS who were the storytellers. And you know, Molly and West African civilizations and kingdoms, who their task was to be the remembers was to tell the stories. And so for us and professional spaces, especially in scientific and research spaces.

00:13:23 Speaker 2

We owe it to ourselves to both know those paths, but also to be the inheritors of keeping those stories alive. Because if we don't.

00:13:34 Speaker 2

People will forget Ida Grey.

00:13:36 Speaker 2

And they are beat. They will tell some story that all black women have never been in dentistry. There's no need to really be inclusive, like it's only been these people. But it's like, no, there are these histories of people who have done these things, and it's incumbent upon us to continue those traditions of the work and the.

00:13:56 Speaker 2

Effort, but also in reminding ourselves of those stories of resilience. So we have what we need to keep going. And I think there's a lot to say about the way modern medicine is done because.

00:14:10 Speaker 1

And dentistry, because a lot of it still rely, like, you know, a lot of people still talk about the Hippocratic Oath, and how do you, like, think these, like, kind of legacies influence how people of colour are actually treated in in healthcare and in academia today?

00:14:25 Speaker 2

So again, another powerful and very relevant question. So now I'm thinking of, you know, maternal health and maternal morbidity and mortality here in the United States. And if I'm, I'm following what I'm reading coming from the UK, there's a similar problem. So what is the problem?

00:14:47 Speaker 2

Black pregnant people are dying more than non black pregnant people and there's a problem and the problem is not the blood. Pregnant people, right? It's it's the healthcare delivery system. And in the United States, again going back to times of enslavement, you had this.

00:15:07 Speaker 2

Workforce of women who were midwives who did the work of supporting pregnant people and births that were surprisingly safe, right, like, surprisingly, people just weren't like dropping like flies.

00:15:21 Speaker 2

Yes, but through the through modernity and how we think about medicine and who should be able to do particular types of work and who gets the licence and who gets the the foot in the door. If there's been this great erasure of black midwife.

00:15:41 Speaker 2

Lives and to the degree that now realising what a Sentinel problem this is and I'm and I'm using the term Sentinel to say like this is a public health emergency. The healthcare systems have failed people. And so now we are the Canaries and the coal mines ringing the alarm.

00:16:02 Speaker 2

What our payers and systems looking to do bring back midwives, bring back Dulas brain.

00:16:08 Speaker 2

That.

00:16:10 Speaker 2

People who look like community members to deliver care and culturally and community appropriate ways that folks need. There is a great body of literature that shows throughout many phases of medicine. So whether it's internal medicine or reproductive health, that black people.

00:16:31 Speaker 2

Minoritized people do better.

00:16:34 Speaker 2

When they have providers where there is this thing known as concordance and so to the degree that we acknowledge that we've got 2 problems like one people are doing black people, brown people are doing better with black and brown physicians, dentists, other types of healthcare providers and we know that there are not enough of them.

00:16:54 Speaker 2

So that's one part of the problem.

00:16:56 Speaker 2

And then the.

00:16:57 Speaker 2

Second part of the problem is that the majority of providers, typically who are white, are not doing this work well.

00:17:04 Speaker 2

And doing it in ways that are actually harming and killing people. So how can you attack this problem with innovative solutions to make sure that there is equity because there is no reason in the world?

00:17:19 Speaker 2

That any pregnant person in resource rich countries like the UK, like the US should be dying while giving birth.

00:17:30 Speaker 2

Like but that that should be something that we all just kind of take a pause on and say, like, what is happening. We need to make sure that just from a able to do a thing, give birth, there is safety. But we know that that doesn't exist. And so I think again looking back at the history.

00:17:50 Speaker 2

And seeing how care was delivered in community, again thinking about midwives seeing you know, funding and more attention being given to namely Black doulas, but also you know other minorities healthcare workers who can operate in this space of not being the nurse or the doctor but.

00:18:10 Speaker 2

In this kind of mid level provider range like that has to be where we focus for equity. And again history gives this this reason why we're doing this because it worked in the past and just thinking of these histories and where we are today and your identity and who you.

00:18:29 Speaker 1

You are. How is this kind of inspiring you to carry on doing what you're doing, and what do you want your legacy to be?

00:18:39 Speaker 2

So that is another great question. You know, if I'm if I'm brutally honest with you and just, you know, just being transparent, you know, I I hope my legacy is 1 where people can say like.

00:18:52 Speaker 2

She tried.

00:18:54 Speaker 2

Like she showed up and she tried to do the thing. I I don't live in any, you know, false, false sense of the world that like as one person, one black woman. I'm gonna be able to wave the magic wand and allow for the realisation of health justice.

00:19:15 Speaker 2

But I can do my part and I I hope that in.

00:19:20 Speaker 2

The impact that I'm hopefully having in scholarship in the scientific journals of saying the thing and saying the thing with evidence, because that's always the thing. Like, what do you mean this racism? Like, what do you mean? These histories like that didn't really happen, did it? And so when I bring the receipts.

00:19:41 Speaker 2

That show like yes, it happened.

00:19:43 Speaker 2

You can go back to these primary sources and do your own reading if you don't want to trust me, but to be able to bring this to the point of science and are we again asking the right questions, are we looking at root causes that often are going to be at the level of oppressions and the multiple oppressions?

00:20:04 Speaker 2

That people live with and intersection intersecting way.

00:20:08 Speaker 1

Please.

00:20:09 Speaker 2

And I think the other bit of it is, how does that all then get translated into better practises? So whether it is workforce diversity, whether it is supporting, you know, dentists again often non minoritized dentist and better practises, whether it's trauma, informed care, whether it is cultural.

00:20:30 Speaker 2

Community empathy, like all of the things that we would hope people would bring to serving people, helping to support and that part of workforce and professional development. And then the other bit of it, which again, I continue to go back to, is what does this mean for?

00:20:48 Speaker 2

Community. How will this translate into better outcomes for my neighbours because my neighbours?

00:20:56 Speaker 2

Need.

00:20:57 Speaker 2

To be left alone, right on the one hand, because it's not like these systems are gonna come in and save the day. So a lot of what we need to appreciate. And I think in terms of a legacy is also helping folks to understand that we need to take strength based approaches to seeing.

00:21:17 Speaker 2

People. And just because I may not show up or my neighbours may not show up with a PhD and you know all of the traditional social capital that we would look to to say like this is someone who can have optimal health. They may live in a multi generational home work.

00:21:37 Speaker 2

You know, barely with a living wage, but they have the support that they need to survive.

00:21:44 Speaker 2

And with recognising that ability for folks to survive and thrive, what can we also learn so that we're not coming in and saying you need oral health literacy, you just don't understand the value of brushing your teeth twice a day? No. They get it. Life just be licence and sometimes.

00:22:05 Speaker 2

You have to make choices between do I pay for the thousands of dollars of dental care that I probably need, or do I pay for rent?

00:22:16 Speaker 2

And to the degree that we are willing and these spaces to understand the reality of people and lives, and to allow that to inform how we deliver care with community and not just think that we're just going to come in and give care that community won't take like that.

00:22:36 Speaker 2

I think if there's anything that I could inform as a legacy, I would like it to be said that Eleanor helped oral health to get back to the importance of health, people and community that I think would be.

00:22:55 Speaker 2

A career.

00:22:58 Speaker 1

Well, practise. I really like that. I love that that concept as well of care and and community and how you mentioned that it's not just an individual doing one thing, but it's us as a collective doing something which also still plays into how a lot of these.

00:23:18 Speaker 1

Like histories and narratives and legacies played out, it wasn't really just like one individual. It's it's kind of a collective as well. So I I think that notion of.

00:23:30 Speaker 1

Being able to do that would make such a big difference. Would there be something that?

00:23:37 Speaker 1

You think the academic community could also do to to contribute to changing things.

00:23:45 Speaker 2

Yeah, I know. And that's that is the question that I think about now and my new role, new professional role as the Director of oral HealthEquity Research and Innovation is what is the, the role and responsibility.

00:24:01 Speaker 2

The of academic spaces and how can academic spaces, given that there is this academic industrial complex, work in a way to do less harm to community but also or maybe, and also to make sure that the scientific work that is done?

00:24:24 Speaker 2

Is work that communities actually need.

00:24:27 Speaker 2

So as researchers are we, you know, setting an agenda, a research agenda with community members, like, do we even know who our community members are, which I continue to be shocked at, people who are experts in spaces, and you ask them about, you know, the neighbourhood surrounding their institution?

00:24:48 Speaker 2

And they just, like, shrug their shoulders as though what they're doing, especially in a public health field, doesn't touch what's across the street from them. So I I think for.

00:25:03 Speaker 2

Academicians for clinician scientists, for researchers like actually go outside.

00:25:09 Speaker 2

Go outside and pay it. Note what you see.

00:25:13 Speaker 2

Note. Note what you see in your own backyard cause my grandmother taught me that we can't go out and fix the world. We don't take care of home and so to the degree that as scientists, as researchers, as clinicians, we see ourselves based in Community.

00:25:34 Speaker 2

And that is not the notion that modernity, that medicine and dentistry ever teach us, right? You're supposed to be the professional. That's like up here somewhere. And then there's like, this other ring of, like, community over there. But the two don't come together. So what would it mean for?

00:25:55 Speaker 2

The Academician, the researcher, the clinician scientist to see themselves as a part of a community.

00:26:03 Speaker 2

And especially if their science is supposed to address disparities and prove outcomes, advance equity, what does it mean to see yourself as a part of a community that probably is different from you?

00:26:19 Speaker 2

That may be minoritized in ways that you aren't, and to do that work in a collaborative way so that then we have that translation of the science to practise.

00:26:31 Speaker 2

Because we started from a foundation of the two being in lockstep together and not the scientists over here and the community members like far over there and we don't Createspace for collaboration, for listening, for trusting that communities know and again this is this is.

00:26:51 Speaker 2

Often very. I'm thinking about this from a particular black Afrocentric perspective, but you can see this in other.

00:27:02 Speaker 2

Communities that sometimes aren't your traditional Western, that this is the norm. It's not the individual, it is the community. So how can we move from? I am the scientist doing the scientific inquiry to we are a collective doing work that hopefully will.

00:27:23 Speaker 2

Impact and improve conditions for all.

00:27:26 Speaker 2

All of us.

00:27:27 Speaker 2

And not just I get the publication, I get the next research grant, I get the next promotion that I think is the mindset shift that should happen and hopefully with the pandemics that we're seeing around COVID around racism.

00:27:46 Speaker 2

Around now impacts the violence and what we are witnessing in the Mideast and other parts of the world are reminding us that there is not a whole lot of distance between us.

00:28:01 Speaker 2

And there's more.

00:28:02 Speaker 1

In common than what we see is different. So why not see ourselves as a we as an US and not as a me and a not? And I think that's a great place for us to end and leave it on. Thank you so much, Elena. This has been so lovely. So great talking to you and I'm really happy that we got to meet each other.

00:28:22 Speaker 2

So happy and thank you for being so supportive of my voice and my ideas because often.

00:28:32 Speaker 2

Folks like us don't get the platform to share where we have the passions and the expertise. So thank you for creating the space for these conversations, because if we're not doing it for us 9 times out of 10, nobody else is. So, so kudos and.

00:28:52 Speaker 2

Again, thank you. Thank you for creating this platform.

00:29:09 Speaker 1

In today's podcast, we talked about legacies, narratives, and identity elements, experiences in dentistry and academia, the value of preserving.

00:29:17

File.

00:29:18 Speaker 1

History and the impact of legacies. I'd like how Eleanor discussed what she would like her legacy to be. I think it's a difficult question and it was good to talk about academic dentistry, design and public spaces to hold a retelling of histories. I really think I should find out about this exhibition in London.

00:29:39 Speaker 1

And try and attend it at some point.

00:29:41 Speaker 1

Thanks for listening to the power and privilege and Academia podcast brought to you by Black and Brown in bioethics. Be sure to visit blackbrownbioethics.blogs.bristol.ac.uk to listen to more of our podcasts, follow our work, and connect with our network.

00:30:01 Speaker 1

Credits. Thank you to the Centre for Ethics and Medicine at the University of Bristol and to the Ethox Centre at the University of Oxford for all their support. Thank you to Doctor Kassim Ashra for providing intro and outro boots.