

IDEAS AT FORD WITH CHARLES BLOW

Disabilities You Can't See With Kevin Love and Yolo Akili Robinson

Kevin Love, NBA champion and Olympic gold medalist, and Yolo Akili Robinson, founder/executive director of the Black Emotional and Mental Health Collective (BEAM) and Ford Global Fellow, join Charles Blow to discuss why it's essential to remove the stigma around mental health support and how they're working to champion this movement.

ANNOUNCER: Please welcome to the stage, Charles Blow.

[Charles Blow, a Black man with a gray beard wearing a black suit, host]

CHARLES BLOW: Hello and welcome to “Ideas at Ford with Charles Blow,” where we bring together some of the world’s best activists and thinkers to try to solve some of the world’s biggest problems. And tonight we are discussing mental health disabilities that we cannot see. And we are being joined by Kevin Love, NBA champion and founder of the Kevin Love Fund, which aims to help people to prioritize their mental health and well-being. And Yolo Akili Robinson, founder and executive director of BEAM, a nonprofit mental health collective. So I want to start with a big question. I want both of you to, to weigh in on this. Why is it that we still do not treat mental health with the same urgency and care with which we treat physical health?

[Yolo Akili Robinson, an African American with light brown skin and short black curly hair wearing two gold hoop earrings and a turquoise colored shirt, Founder and Executive Director, Black Emotional and Mental Health Collective]

YOLO AKILI ROBINSON: We live in a deeply, what I call, “ableist culture.” A culture in which performance, productivity is highlighted above all things. I often call it like we have a it's, it's profit over care, right? And so I think that that is the context in which we exist in, which fuels this inability to really kind of hold and recognize when things we associate with vulnerability, things that we associate with softness, things we associate that are, that are making you not productive, right. Because when we talk about the history of mental health in this country, it's really about the pathology of, “You're not a productive person,” right? So now you are ill, right? You can't produce. Your body doesn't do this. Your mind doesn't do this. So now you are a pathology as opposed to, “You are different. You need different support. You need different resources. You need different kinds of care.” Right. And so I think we always have to start with that backdrop of ableism and how it influences this rugged American individualism we have. Right. You got to keep on going. Push through, you know, like make through. That is one of the many reasons I think in this moment we have not—this moment in our culture—we haven't taken mental health seriously with that significant investment outside of a lot of letters, a lot of

conversation. When I think about public investment, philanthropy, philanthropic investment, that doesn't reflect a commitment to mental health, in my opinion.

CHARLES BLOW: Kevin, I want you to get you to weigh on that as well, because, you know, if we saw a brown spot the size of a nickel on our face or on our shoulder, we're running to the doctor. But we don't engage with our mental health with the same sort of urgency. We can feel bad for long periods of time, not tell people, and be afraid to disclose that. Why is that?

[Kevin Love, a white man with blue eyes and brown hair speckled with gray, NBA champion and Olympic gold medalist]

KEVIN LOVE: Yeah. And it's a great point that Yolo mentioned. First of all, thank you for having me here at the Ford Foundation. This is, you know, truly an honor and speaking about something that we are very passionate about. But I think it's, it's definitely institutional. You know, it starts really at the top. And it, it isn't taught to us in schools. And I know I have a unique perspective because I'm an athlete and I, you know, we so much at the time look after our physical health. And then, you know, we kind of are taught a playbook early on. I certainly was from my father who was born in 1949, that just to compartmentalize it, you know, put it over there. Your feelings don't matter, your feelings aren't valid. And I think that made us and made me emotion-phobic early on within my life and certainly within my career as well. But, you know, within schools, within our education system, we aren't taught at an early age. We're taught sexual health, we're taught physical health, but it's often overlooked. You know, speaking about the feelings wheel and really being able to articulate, and not tell a story, actually articulate, what we're feeling in that moment and why. Being able to name it, being able to have the language or express yourself through different mediums, in order to then do the work early and get early intervention.

So I think, in, in, in having a father who struggled with, with mental health and somebody that was, was very depressed, our family has always been prone to, to melancholy and it's, it's generational. I don't think that, you know, we've had the, the proper teachers within our educational system, but we're not well-equipped then as well to, you know, teach our kids or teach, you know, different members of our family, within that space. And again, we just, I think we all, men and women suffer in silence. But you know, for every 10,000 people that are struggling, there's only one therapist, there's only one licensed therapist in order to take care of that next person. So there quite literally isn't enough from an educational standpoint, but also from a medical standpoint in order to take care of people. So I don't think we're, we're looking at, you know, physical health the same as mental health because we also across the board, quite literally don't have the resources.

CHARLES BLOW: Yolo, Kevin talked about this idea that we teach physical health. We, in schools, we teach sexual health in some schools. But we don't teach mental health. You know, kind of healthy mental dispositions in relationship to your emotions. Is that changing? How do we get that to be better? How do we have more people with curriculum? How is it not just on teachers shoulders to be undercover, triage mental health experts.

YOLO AKILI ROBINSON: Yeah. So the first piece I think they're false dichotomies. I think that the West has this kind of belief that physical health is here, emotional health is here. You know, these things are not interconnected. And when I think about Indigenous perspectives, when I think about other cultural perspectives, the idea they're all interwoven, right? When we talk about young people, particularly, you know, there's a large body of research showing that like, when children are malnourished, they often embody symptomology that is akin to ADHD. Right. And so now you're like, wondering like, "Well, is it ADHD or is this child hungry?" Right. Because there's a physiological correlation to how it might show up in my nervous system. Right. And so I think that, like, one thing we have to really challenge at the core of what I call "colonial psychology" is that idea that everything's separate, that like your physical isn't connected to your mental health, then to your emotional health.

And how do we name that? Like, for example, and in many of our communities, we talk about somaticization, right. The reality that I might not verbalize what I feel, but my body always remembers what I feel. Right? You have, have folks in my community, in my family, who always talk about shoulder pain or leg pain. Go to a physical doctor, doctor says there's nothing wrong with that part of your body. But what happened is, this shoulder is the same day, maybe I lost a loved one. And so I'm holding that grief and that sadness here. I'm holding that pain in a different part of my body. Right? Like there's all this, there's an interconnectedness to our bodies and our and our mental health that we have just begun to explore.

I know Western psychology tries to present itself as if it has solved all the things. But that's not true. There's a lot of, and wisdom and indigenous belief systems that show the interconnectedness of how our bodies and our emotions operate. So I want to say that piece, the second piece I want to say is, I know Kevin, you said earlier about like, you know, the one therapist for like 10,000 people. And we talked about this piece, too. For me, one of the reasons I started BEAM is because when I was looking at my community, I was recognizing that the mental health system was not designed to serve my community, and was not serving my community. But the people I saw who were the first responders, who were holding the critical mental health crisis, they were teachers. They were faith leaders. They were community healers. They were activists. Those are the folks who formed what I call this "underground wellness network."

CHARLES BLOW: Tell the audience what BEAM stands for.

YOLO AKILI ROBINSON: Yes, oh, Black Emotional Mental Health Collective. Excuse me. And so I saw these people showing up as this underground wellness network. Right? There were the folks who I saw. I saw teachers who were advocating for kids who they saw were not being monitored appropriately by the psychiatrist on the dosage of the drugs they were on. I saw pastors trying to keep kids out of psychiatric holds, because in many states, when you are in a psychiatric hold, it's very difficult to get out of that. Right? And it becomes very complicated and traumatizing for many youth. Right. And so one of the reasons I started Beam because I was like, "Who is investing in this, in this underground wellness network that is holding what many

therapists and social workers are not able to hold, or can't hold, or just not in the community to hold?" Right. Because the approach, taking the approach with Western mental health, which is just like build up the professional class. Yes, we need more psychiatrist, therapists. I will never dispute that, we always need, but we also need to think about it from, once again, a collectivist standpoint, an Indigenous standpoint. How do I make sure everybody in the village has more skills, more tools, and more resources? How do I make sure I create collective learning spaces? This is what we do at BEAM, as opposed to, "I'm going to take you, one person, and take you into therapy." I'm bringing you, your mom, your dad, your cousins. We're all going to go to a group space and we're going to learn about unlearning rigid masculinity. We want to learn about PTSD. We're going to learn new coping skills and strategy skills on a collective level. And now what's happened is, you're taking that back to your family and your community, and it's dispersed as opposed to being individualized. We need collective care. The future of mental health in this country is about healing and wellness circles. It's about collective care. You know, we will always have one-on-one therapy, but we need to build up the capacity of everyone in our village to have more tools and skills to hold space and also, normalize spaces that, where fathers are coming together, who are new fathers and process with other fathers, right?

Where, for example, in our network, we have groups of women who are grieving come together as mothers who have lost children. Right. That's, that's a selective space, a really difficult space. But they need support from people who have been through that right. We have spaces that also offer for people who are formerly incarcerated who say, "I want to heal or try to move through some of the experiences I've been through," right. Collectivism is important because, as you know, Doctor Vivek Murthy from the, the former US surgeon general talks about, isolation is killing our communities, right? It's the idea that I don't—I think I'm alone. I'm the only person this is happening to. But when we put us in the space and we actually, with guided trained facilitators—people holding that space to help us see each other—people feel more aching to learn, to listen, to be safe, especially—we talked about the older generation, right? I have groups we do with like older Black man, I can't get certain, I haven't been able to get some of my colleagues who are older to go into a one-on-one therapy situation, because it feels like you're judging me with that pen and paper across me, but I can get you to sit in a circle in a barbershop and have a conversation. Because there's something leveling about that. We're seeing each other, and it's also sacred. It's also a part of the ring shout. It's a part of the church culture. It's a part of sports culture. The circle is sacred, right? Those are pieces I think we need to encourage.

CHARLES BLOW: Kevin, you made some waves when you posted an op-ed about a mental health challenge you were having during a game. Tell us about that experience, writing the op-ed and what responses you got from that.

KEVIN LOVE: Well, I had a very public panic attack in November of 2017, and it was, within a safe space. You talked about having that community, having that space where I could run to and it was free. It was a place that I always knew that I could be myself. I wouldn't be looked at as different. But in having that very public panic attack and mental health episode on the court, in the locker room, at our training facility, it took that away from me and it, it compromised a lot

of my identity. I mean, so much of my identity was wrapped up in being just a basketball player, and I couldn't separate not having the court and, you know, going about my everyday life and, you know, being Kevin Love, the individual, being Kevin Love, that wasn't just a basketball player. So I had suffered, from acute anxiety, growing up, in my life, a lot of bouts with severe depression and, not unlike my dad, I was—found myself in in bed. I would, you know, go to school, I'd go to basketball practice, and then, you know, the rest of the time, I would just, you know, kind of be in a dark room and in my bed throughout. So I had that, that public panic attack. And, a lot of that year was very complex and layered.

There was the expectations. There was the problem of being estranged from my family. There was, of course, the mental health, you know, problems that I had faced and dealt with throughout the course of my life. So a lot of these pillars were falling, you know, within my life that that led to that point. And, you know, the team didn't know what was going on. So they were, you know, turning on me. And while I was having success on the, on the court, that expectation was weighing on me very heavy. And it was 2018, I've been named an All-Star that year, but I had broken my hand. You know, the team had turned to me, on me, started talking about, you know, potentially what was going on with my mental health out in the open.

And I started getting questions about it at All-Star of, of that year, which was in Los Angeles from the global media. So I said, okay, I want to take this into my own hands and take control. For lack of better term, of, of my story, I didn't want anybody else to share my story. So in March of that year, I decided to pen a first person article, that “Everybody's going through something.” And the response to that was incredible. It was unlike anything I could have ever expected and it was overwhelmingly a positive response. So we took that and in September of 2018, I started the Kevin Love Fund. And, you know, fast-forward to now, we started a social emotional learning curriculum where we have, we model vulnerability within the classroom. So we're not, you know, going down the hall to, you know, a counselor or even a therapist. It's community-driven. The teachers are modeling it, and it's been amazing to see the students and student athletes open up and share their stories.

You know, within the classroom. And it just creates, you know, so much dialogue. It allows the kids, through 15 different lesson plans and different mediums, to be able to express themselves. If they can't do it through the spoken word, they can do it through music. They can do it through, they can share it through photography. So they have a way of expressing themselves that they wouldn't otherwise have had. So we're setting up the next generation for a lot of success. And, you know, allowing them to be empowered within a space that they wouldn't otherwise, maybe have tried or, you know, accepted.

CHARLES BLOW: Why do you think that professional athletes across sports, both men and women, have emerged as the leaders on this conversation about mental health in recent years?

KEVIN LOVE: A large part of it is the same reason I hung on, you know, Shaquille O'Neal and, and Charles Barkley's every word. Because I quite literally looked at them as superheroes. They were my, my heroes growing up. And I think that were, so much of the time, looked at as

indestructible, and made of Teflon and bulletproof and, you know, people that quite literally can't be hurt. Success is not immune to depression. This is something that doesn't discriminate. And we are, certainly have our share of, of struggles as well. But I also believe that, you know, the fact that the game has become so global.

You just saw this year Steph speak about, Steph Curry speak about him having performance anxiety and LeBron James talking about going and seeing a therapist. So these conversations matter because of, you know, so many eyes are on them and so many kids look to them as heroes, hang on their every word just like I did. The same thing could be said for Simone Biles and, and Naomi Osaka. So it's all sports. It all intersects. And again, it's that idea of taking care of your body and mind. And who better to, you know, show that and outwardly express that than athletes. So I do think that that reach matters as well as, you know, we look at it like we have a responsibility to share that at the, at the highest level.

CHARLES BLOW: Globally, depression is one of the leading causes of illness and disability among adolescents. Our children are experiencing a crisis. What is fueling that crisis and how can we best help and support these children?

YOLO AKILI ROBINSON: Well, I live in Los Angeles, and I can tell you some of the things that are fueling the mental health crisis for the youth that I'm in community with are the divestment of public and public funding, the fact that their schools are no longer safe spaces, or the people, our children are worried about, their parents, their families and loved ones being snatched away.

Where prisons—where education systems in schools feel like prisons. I go to some school system like, “Wow, I feel like I'm incarcerated coming in here. What does it feel like for the students coming here every single day?” Right. And so when we talk about the rising rates of, you know, adolescent mental health, we have to name those things. Name about the system, systemic and structural realities. Because the reality is, in my opinion, we're just now getting this data. But when I talk to my great-grandparents, when I talk to my parents about their experience, they were suffering from similar things, too. It just wasn't being captured. It wasn't being documented. It was being silenced and suppressed down, right?

So I'm even curious about is it new or is it just now being named, right? Is my question about it? Right. But I think we have to look at all those structures and what's happening in our culture, in our world, and also how, you know, younger people are coming to a world. They have access to all this information. They see this, they see what's happening in the world while things are becoming more increasingly unaffordable. They're also having experienced a lot of kids that I talked to who are very smart because I always, I always say this piece too: We like to think of mental health is like, you know, mental health therapy as being this really glorious thing.

You get a nice therapist with a big, like, well lit room, and she has a great book, big, big bookcase. And that's not the reality for most folks, right? I know most of the kids I talk to, they say they don't see a difference between the prison-industrial complex and the mental health-

industrial complex. Right. They're the same people who talk about saying, "Guess what? When somebody says mental health, I think about the social worker who took my cousin away." Right. So we have to get real honest about what's happening in therapy and what's happening in the mental health system for poor and disadvantaged and underserved communities, because it's not glorious and safe. Even working with kids who told me to like, "Hey, actually, for years I've been having ideations and thoughts about hurting myself.

But guess what? I know that school counselor's a mandated reporter I'm not going to tell her because you know what happens. I saw what happened to Ricky and he was taken into put on a hold and he came out. He ain't been the same since." Yeah, we have a mental health system that literally puts people through a psychiatric process that we have large bodies of data that shows further traumatizes people. Right. And so they were wondering, "Why aren't the kids telling us, telling us when they have no experiences about hurting themselves?" Because they're scared of what will happen to them. So how do we make safety? How are we, how are we in a world where we know it's increasingly difficult to be here and then we're literally incarcerating our heart—feels like incarceration for young people being pathologized

for having a hard time being here. You know, these are the things that we have to address at the core of the system, right? I'm always fascinated with Western mental health. Like, you know, as somebody who really is deeply committed to African, Indigenous ways of being, you know, in Western mental health, when someone's having a psychiatric emergency or a psychiatric problem, the idea is, "I need to take you somewhere and isolate you." Right. "I'm going to put you on a hold in a cold, padded room. You can't touch anybody"—that, that's the—"I'm going to potentially give you drugs." That's a really curious perspective. When I think about Indigenous perspectives, they're like, "You're in distress. You don't need isolation. You need connection." You need connection to your people. You need connection to yourself.

You need connection to your land. You need connection to your spirit. We have got it completely mixed up. And the kids and the youth and we all know that. And we're scared, and are scared to engage the system because they're like, "The system isn't going to protect me. The system isn't about going to see my mental health." And unfortunately for a lot of our kids, that's the case. What kind of system have we created? Is this a wellness system, or is this actually just a pathology system? A system is really dedicated towards: Are you productive? Are you not productive? And if you are not productive, let's get you medication. Let's get you, force you into productivity. But let's not change the fundamental nature of the system which creates the unwellness.

CHARLES BLOW: It's just—following one thing you said in there. I wanted to just be clear about this: Do we need to stop romanticizing the stoicism of our elders? Because maybe what we consider to be the stoicism was trauma.

YOLO AKILI ROBINSON: Oh, absolutely. Absolutely. I mean, and many of us, you know, if we're doing our healing work and we've talked to our family members, we're like, "Yes, we do need to stop doing that," right? Because, you know, I think about my father and uncles and men

in my life. And, you know, we do a lot of work around masculinity and mental health and, you know, sometimes you hear elders say that like, “Well, we didn’t have mental health back in my day.” I’m like, “Well, I’m not sure if that’s the case, dad.” You know what I mean? Like, you had different strategies to navigate that, right? Because one of the crises that we’re having in this country around masculinity is that we have a, we have a dominant concept of masculinity that has stripped the full humanity away from men. And me and Kevin were talking about this, right? We have people who are masculine and menfolk who are literally believe that they don’t—they don’t have emotions. You know how many times I hear that, like, “I’m not really a feeling person.” I’m like, you’re a human being and you don’t have any feelings? That’s a belief that men have, right? And when you believe that you don’t have emotions, those emotions are going somewhere.

KEVIN LOVE: Yeah. I mean, I’ll let you finish, but like you feel like a failure that you even had those emotions.

YOLO AKILI ROBINSON: That it’s a failure if you don’t have if you have those emotions, you’ve done something wrong, right. And, you know, I tell this story all the time about, like, you know, my godson who was learning how to walk. And when he fell, I went to pick him up. And all the men—this is at a barbecue with my family— all the men are like, “Put him down. You got to be a man. You can’t be going to—he’s gonna be a punk. Put him down. Don’t let him cry.” And I’m like, “He doesn’t know how to walk yet. And what’s—and you all are obsessed with him becoming a man. What’s going on?” And for many of the men in the room, what’s happening is that the coping strategy that many men in this country have learned to cope with patriarchy, to cope with for many Black men to cope with racism is—cut off your emotions, suppress them, silence them, and then you’ll be safe. Because if I show my vulnerability, they will exploit my vulnerability, they’ll hurt my vulnerability and what we’re trying to like now, lean into and offer, is that there is a time to be soft. There is a time to be strong. You have a right to the full range of your expression. It is not the responsibility of women to do the emotional labor for you. You need to get in there with your brothers and other men and do that work, right. These are, this is the work that we’re trying to shift us away from. But it is trauma, right? It’s literally general—patriarchy is trauma on not just men and women, but all people of all genders. So how do we begin shifting that pattern to let men lean into the fullness of their humanity? What does that look like? You know.

CHARLES BLOW: Kevin, Yolo was talking about young people fearing talking to some people because they’re mandatory reporters. They feel like they will be punished in some way for doing that. How does that show up in the League, in sports, where there may be someone on staff by the team that you could talk to—in theory—but how does that play out? Because they are responsible to the team, not to you.

KEVIN LOVE: I mean, that’s a great question. So you know when a player gets hurt or they have, you know, a mental health episode, they’re thinking the same things. They’re thinking, you know, “How is this going to, you know, impact my mental health or excuse me, my livelihood. And if I am going to expose this, what is my life going to look like moving forward?” But you see

it, again all the time. It's, you know, it's you feel like it's going to be used against you but, you know, the doctors who are looking out for their own best interests and the team's best interests and not looking out for mine, the individual. You know, they had told me that I could play and they had not given me all the information and all the facts that was going on, you know, with my body. So, you know, and you see it all the time.

I don't want to come to somebody within the organization because there isn't that trust there. There isn't that feeling of community. And that's not a knock on the NBA. I think it's just an overall distrust. And we've been misled for, for, for so many years. But I think the beauty of it is there is a shift happening. But I still think that it's a tough, it's a tough space to navigate. It's a tough one to answer because there is so much ground to, to be made up.

CHARLES BLOW: How do you think the league or individual teams can address that? How do we make this better so it feels—people feel safe enough to say, “I can still perform, but like anyone else with any other sort of injury, I am dealing with this, this issue. And, I am still available to be part of this team.”

KEVIN LOVE: Yeah, I think the simple answer is just to continue to have these conversations and eliminate the stigma. I mean, I think there is such a stigma still around, you know, high performance and, you know, having serious, you know, mental health issues, or dealing with grief or distrust among, you know, teammates and, and the coaching staff. So it is, it is very complex. And this, again, I'm not knocking the NBA by any means, because this is uncharted, different territory for them. But I think that there's much to be done even integrating that into high school and college basketball. And I couldn't even imagine what it would have been like, the, the social pressures, the, you know, social media, the, you know, outside influence that, you know, there's so much money within our sport now that is driving so many people to do things that are not pretty. And, you know, we—I think that children's and kids' mental health is kind of getting pushed to the side. And if, you know, you're a coach or you're somebody who's recruiting a kid out of high school or, you know, you're doing, you know, it's happening now with pre-draft workouts within the NBA—and you're, you know, these kids have a, serious problem with their mental health or something that they're going to expose.

It's, you know, ultimately, it's something that they're going to turn inward on and not, not want to expose it. So, you know, I think the culture needs to shift, the dynamic needs to shift. And it's going to take, you know, the entire league looking at it and approaching it in a completely different way.

YOLO AKILI ROBINSON: We need to protect disabled people. Right? We like, we need to. We have to really grapple with the fact that we live in a country that is not protecting disabled people. Visible, quote unquote, disabilities and disabilities that are not visible. Right. And we have to have structural and policy support and protections. Right. And I think that's the piece that has to always be held in this conversation to make it safe enough for players to say, “I need this, I need—I am navigating this.” For any human being to say like, “I need this,” whether it is, care or whatever that is. We have to really start to interrogate this because all of us, as we age,

we become increasingly more disabled. Right? That's a part of the human journey and experience. But we live in a culture that still privileges this idea of high performance, hyper-productivity that is not sustainable, like many things in our culture. Right. And it's not realistic and not healthy.

CHARLES BLOW: Kevin, you've done a lot of work with the NBA Players Association, taking players into school settings. What has been some of the most moving, remarkable, memorable experiences you've had having professional players talk to high school athletes?

KEVIN LOVE: I would say for, for me, it was, you know, seeing the power again of that community feel. And, you know, I've seen what LeBron has done with the, I Promise School. I've seen what, you know, Chris Paul has done with providing resources within schools, as well. DeMar again, with his, you know, mental health foundation. So we're just, we're in so many spaces where we're able to have a lot of influence. And, you know, I'm very proud to be a part of the NBA where we're not just they're not just having our backs with, within the space and the things that we want to get done in the community. They're actually a driving force. You know, they press "go" or they press "send" on a, on a PSA and it gets to hundreds of millions, if not billions of people because it is such a growing sport. And, again, that community instills major hope. And I believe that, you know, it's, it should be a driving force within sports as well. Again, it's something that I've seen early on in my career.

CHARLES BLOW: I'm glad you invoked the idea of hope, because I'm gonna ask both of you the question I ask all of our guests at the end of our sessions. What is it in this space that gives you hope for change? Let's start with Yolo.

YOLO AKILI ROBINSON: There are about 62 partner organizations we collaborate with across the world—the United States, Haiti and South Africa, and every single day I get an opportunity. I get the privilege to witness these folks, some of them who are therapists, some of them who are just everyday folks who are coaches, who are teachers, who are Indigenous healers, who are practitioners. I see them show up for our folks. And with so much care and so much thoughtfulness, with so little resources, with so little backing, I see them transform hearts. I see them save lives. And every day I realize that that underground wellness network, those folks are the people who are often forgotten. The Black queer folks, the immigrant folks, the trans folks, the disabled.

Seeing that collaboration, that connection, that underground network gives me hope. And it lets me know our communities have the power to heal, and that we will always have that network, right, even as we see the continued divestment from public health infrastructure. I know that in our community, our folks are still going to be on the ground. Our folks are still going to be pulling up in the barbershops, with the, with the different events. And the stylists are going to be doing whatever they can. And that gives me hope, because it lets me know that the movement for healing, the movement for healing justice, it's not going anywhere.

[applause]

KEVIN LOVE: It's definitely tough to follow. But I would say, you know, I see it within my fund as well. It's, you know, the teachers quite literally changing the course of a kid's life and understanding that, you know, you change one kid's life, you might change their siblings or their peer group and their friends. It could be their family. And that just has a ripple effect. And it really does snowball into potentially impacting the entire community. And I think, you know, it's amazing to see that within the classroom because that's a space where, you know, you're supposed to go and be safe, and being empowered to be yourself. But it's also having these type of conversations. What gives me hope is that we're on the same team.

CHARLES BLOW: So let's give them both above a round of applause. Thank you everybody.

[applause]

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Erick Mathus

Brendan Metz

Makeup Artist

Angelique Velez

Music

De Wolfe

[The Ford Foundation logo is stacked in a bold black serif font, then transforms into a single letter “F” set inside a black circle.]

End of transcript.