

TRANSCRIPT

A Social Justice Advocate's Winding Path to Public Health

An interview with Dr. Vicki Breitbart

Conducted by: Mindy Eve Myers

MINDY EVE MYERS:

This is Mindy Eve Myers, Presidential Fellow at the Open Society Foundations. I'm speaking today with Dr. Vicki Breitbart, the director of the Health Advocacy Program at Sarah Lawrence College.

You've worked in public health for at least two decades, but I've noticed your background includes early childhood education and also social work. How did you move into the realm of public health?

DR. VICKI BREITBART:

I started actually in a special pre-Head Start program, in Harlem, and in working in that program, I realized that I was really more interested in working with the families. I remember one day there was an article about our program, because it was so unique and so new. One of the parents came in and said—she looked at this headline, which said, *New Program For Disadvantaged Kids*. And she said, "Who's disadvantaged?" And from that moment on, I realized, "Okay, you know, I need to take a different stance on this," and then went to social work school to really do that and work more with community and parents.

My first job actually after I graduated social work was working in—at the time was called a shelter for domestic violence. There were so many policies and so many issues that I really wanted to delve into in much more depth. I got a job as a social worker in a hospital, working in women's health. Then I got a call, "How about working at the department of health in this program on infant mortality?" And so I went where the work led me. That was my first job which would be called definitely public health.

MINDY EVE MYERS:

So once you got into public health or the department of health, what happened from there? How did your prior experience in early childhood and social work inform that work?

DR. VICKI BREITBART:

I think that the background in education and the background in social work really gave me a very big and broad perspective of what the issues were. I came in to direct what at that time was called The Women's Health Line, which was really a way to access reproductive health services. It really gave me a clue as to what the issues were that women faced and what the disparities were, in terms of the different communities. And I began to develop programs out of that. We got a call from Ruth Messinger, who was the borough president at the time saying, "Oh, I have \$500,000. What would you like to do with it?" And I said, "What we need is a center where women can go for health information and testing for pregnancy, and then decide whether they needed or wanted contraception or whether they wanted abortion or whether they wanted prenatal care." And we created the program.

And then at the time we got more money from the city to do the project, I became program management officer. Because it was a way to really envelop all the programs that were dealing with trying to reduce infant mortality. And I was working with Dr. Wendy Chavkin at the time. And we got some money to do research looking at whether programs really were all inclusive or whether they were sort of bifurcated by contraception or abortion or parenting. And so we went around to different places throughout the country talking to women in women's health to see whether there was a way to really integrate the services.

I then went to Health and Hospitals Corporation, looking at how the systems work for or against women's wellbeing. And there were two distinct programs at the time. One was about substance abuse during pregnancy and one was adolescent programs for women who were pregnant. Out of that came another research project.

And I joined Dr. Chavkin again, this time at Columbia, looking at actually at that point whether or not women's issues and infant or fetus issues were really opposed to one another, or whether they could be integrated in some way. And again, we went around the country and we really looked at what the policies were and what possibilities we really wanted and what policies we really wanted to advance.

And out of that came a lot of articles basically labeled things like "Finding Common Ground." You know, where women's issues could really bring together so many things, instead of dividing up the prenatal care and the contraception and the abortion issues. And we worked very much for priority for women who were using drugs in drug treatment centers. Because we found out that that was not really afforded them, even in New York—even in New York.

And so we really worked for that policy change. Women who were pregnant were actually put on the top of the list as a priority for substance abuse. So again, it was, like, the practice and the policy were very much entwined.

MINDY EVE MYERS:

Was there anything you wish you'd known going into it that, you know, if you'd gone on a public health track, you might have had certain information. Is there anything that you think back that was challenging?

DR. VICKI BREITBART:

Well, I don't think I ever got a good solid background in statistics and epidemiology and have really gained that throughout my experience. And that's something I think would've been good to know. When I was a Revson fellow at Columbia, it allowed us to take a variety of courses throughout the Columbia University system. And I looked into biostatistics and epidemiology, knowing that that might be something that I would want. But it turned out that I wound up taking courses that were also very near and dear to my heart.

I took a course in sexuality. I took a course on H.I.V. and ethics. So I think I've sort of learned

a lot of research methodology on the go.

MINDY EVE MYERS:

Your career has also coincided with a host of changes for women in the workplace over the years. If you could talk a little bit about maybe some of the challenges you found there and what, you know, you might have done to overcome or deal with some of those?

DR. VICKI BREITBART:

It's very interesting to me to have just read an article about men and women sharing housework and parenting that was just recently in *The Times*. Because when I went to social work school, that was a lot of what I looked at were male-female stereotypes and roles and gender inequality. And wrote a very extensive paper on the impact of women being both the reproducers and socializers of children and men not really sharing that role.

And I think that it's changed somewhat, in little ways. I think what the article pointed out was there's more of a willingness to actually share parenting, to share housework, to share the responsibilities of a family. But the policies have not kept up.

MINDY EVE MYERS:

And how—did you come across any of this personally as you were working through—juggling—career and education and any family obligations? It's a lot to do now. And I think back then in that environment it might have been more challenging.

DR. VICKI BREITBART:

Well, work/family balance has been an issue for women forever. But one of the ways that I dealt with was first choosing partners who were interested in doing that, (LAUGH) sharing that. That's pretty important. And the other is that I lived in two communes. I moved into a commune actually in New London, Connecticut. And the focus of the commune was to start a free school in the area, because I was still involved in education, at the time, and daycare. But after a year, I found I couldn't really (LAUGH) survive outside of New York (LAUGH) and came back. But shortly after that, joined a commune in Brooklyn. We were ten adults, at that time, was only my at then two children. And I think it made all the difference. We shared cooking. We ch— we shared housekeeping. We shared all the financial, fees and bills and whatever. We didn't share childcare. But they were there. And they were also part of the— my family. And so after several years of living in that situation, one of the other families then had two kids. We had two kids. And what we did was, moved in together into a house that had no separation. And so we created an ext—our own extended found family.

The other thing that we did, we started our own daycare centers. When I lived on the Upper West Side, on Columbus Avenue—now probably has a Starbucks—but we squatted (LAUGH) in an abandoned building. We turned on the electricity. We turned on the water. We built all the furniture. And we started our own daycare center. And we expanded and eventually moved into a building that was next to a church. And we ran it cooperatively.

And at that time, this is where the policy and all of the other things sort of kick in, I also joined a group called The Community Control for Daycare. We went to a variety of different communities around New York to help people set up their own cooperative daycares. Of course, one of the problems was the lack of government support for families that couldn't afford for the low fees that we had. Or couldn't afford to take the time to work in the cooperative. And it was never ideal. Because there was not— There's very little support for cooperatives, for collaboratives, for joint anything. People are still making their way and doing

these things, but in piecemeal.

MINDY EVE MYERS:

You also had spent a significant amount of time with Planned Parenthood, right, starting in 1996. And I think you had started your doctoral program shortly before then?

DR. VICKI BREITBART:

Uh-huh (AFFIRM). Uh-huh (AFFIRM).

MINDY EVE MYERS:

Could you talk a little bit about what was the decision behind shifting into each of those directions?

DR. VICKI BREITBART:

That was very personal. In 1995 my daughter had just graduated from college and was traveling cross country. And she was killed in an avalanche in Glacier National Park.

I think my life very much was before and after that. Before her death, after that. She, like me, was very committed to reproductive justice, had been working actually in an abortion clinic as a counselor while she was going to school. While she was at school, she was also doing a lot around antiviolence and contraceptive work on her college campus.

And so, I felt I needed to basically continue my daughter's legacy and do more of what she would have done in terms of the frontline and be much more involved with the practice and with the day-to-day struggles and fight for reproductive justice.

And so, at that point, a job came up which really did speak to a lot of my skills. It was directing the Clinician Training Initiative. It was a policy practice program, training program, all wrapped up in one. And it was just perfect for me. So it was a way back into trying to do her work. (LAUGH) Everything followed from there. I mean, I must have had at least ... well, God, five or six jobs at Planned Parenthood. But I think each individual job may have only been about four years. I changed jobs quite a bit and went from doing the clinician training to be much more steeped in clinical services. And with my social work background, I supervised the social workers. I wound up being able also to coordinate the substance abuse program that they had at Planned Parenthood called Street Beat that worked literally with people on the street about H.I.V. and H.I.V. prevention.

And I was also able to move into some other positions having gotten my doctorate in organization development and leadership. So I went from clinical services to executive staff and being the executive vice president sort of overseeing, doing some of the strategic planning, which is what I had really done a lot of thinking about while I did my doctorate. From there, interestingly, because I had done research as part of my doctorate, then started the research and evaluation division of Planned Parenthood, because there was no such thing at the time.

MINDY EVE MYERS:

And what was the decision to leave?

DR. VICKI BREITBART:

Well, I think that I had painted myself somewhat into a corner. Because research and

evaluation, though important— and I worked with the federation that had a research division, but also wasn't doing much. And we just didn't get the funding to continue it. And I wasn't gonna go back and do the strategic planning or the other stuff that I had done there. So it was sort of time to go. And I was teaching, at the time, and thought that's what I would be doing.

MINDY EVE MYERS:

So you have, I think, pointed out already a couple of unifying threads: wanting to be more directly involved with the communities, going where the work presented itself. What other ones that maybe we haven't touched upon? Is there anything that is obvious to you now but wasn't so at the time?

DR. VICKI BREITBART:

I think the major theme is trying to reverse the injustices that I see. For me, a lot of it was about women. I was brought up by a very strong woman in a family with very strong women, but all of whom were basically restricted in where they could go, what they could do, how they could develop. And so that's where a lot of my underlying discomfort with the injustices were very much focused on how we experienced it, how we still do experience it (LAUGH) as women. And that was, I think, the driving force.

Then the women's movement started. And I joined a consciousness-raising group. And again, it just smacked me in the face about the sense of injustice. And while I say I'm working for reproductive justice, it's really bigger than that. It's really about social justice. Because all the issues that we were facing were totally linked to everything else.

Even in the program I'm at now. I mean, for me, this— the job I'm at now really pulls together all of it. It's called health advocacy. And it really is about looking at the complex intersection of race, gender, and class, in terms of our health, which I think is so pivotal in our lives.

MINDY EVE MYERS:

Is there anything out there that you haven't explored that you'd like to?

DR. VICKI BREITBART:

Well, (SIGH) I recently had ... an accident personally. And it's made me look at the issue of trauma. Of course, I had had that huge trauma in my life, but hadn't really looked at it in terms of the impact that it has on individuals, families, community, and on systems. And recently, this accident has really made it much clearer to me. The whole way we don't deal with trauma and don't support resilience in our society. So for me, resilience has really become the next thing I really want to understand better. Where does that resilience come from? What helps that? What supports that? What builds that?

MINDY EVE MYERS:

And if you had to do it all over again or (LAUGH) if you were just starting on the path now, what might you do differently?

DR. VICKI BREITBART:

Well, I think for a long time I wasn't a main character in my own story, as they say. Things came to me. Jobs came to me. I didn't sit down and say, "Where's the next thing I want to do? What's the next thing?" which is what I'm asking my students right now (LAUGH) to do when they develop their capstones is, "Where is your passion? Where does that lead you? How will

that really direct you to the next step?" So I think I might suggest that people do that a little bit earlier than I did, in terms of really figuring out, "What are your strengths? What are your passions?" And really write your story. Create your story more than have it created for you. And I— that's not—that's not easy. I don't know if I could have really even understood that earlier. Yes, I would have liked to have seen my life more as possibilities. But, you know, I—the era I lived in—that wasn't what it was. So for what it was, it was great. (LAUGH) It was great. I wouldn't make any other choices really than I made. I think I'd be a little bit more tolerant maybe and a little wiser earlier. But the choices turned out to be pretty good. The people in my life have been extraordinary. And that's what it's all about.

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