



March 27

EPISODE ONE: In Sickness and In Wealth 56 min.

The hour-long opening episode paints the big picture. Set in Louisville, Kentucky, it is a story about health, but it's not about doctors or drugs. It's about why some of us get sicker more often and die sooner in the first place. What are the connections between healthy bodies and healthy bank accounts and skin color? How do social policies and the way we organize work and society affect health? Solutions, the show suggests, lie not in more pills but in more equality. "In Sickness and In Wealth" sets out the series' main themes: that health and longevity are correlated with socio-economic status, that people of color face an additional health burden, and that our health and well-being are tied to policies that promote economic and social justice.

Six additional 25-MINUTE EPISODES are each set in a different racial / ethnic community and explore different health pathways (these segments are bundled together two to an hour for the PBS broadcast):

April 3

Bad Sugar

This episode travels to the O'odham Indian reservations of southern Arizona, which are marked with the dubious distinction of perhaps the highest rates of Type 2 diabetes in the world. There it explores a re-conceptualization of chronic disease as the body's response to 'futurelessness' – a condition arising from decades of oppression and historical trauma. It looks at the prospects for a new approach that places a community taking control of its own destiny as fundamental to regaining health.

Place Matters

Recent Southeast Asian immigrants, along with Latinos, are moving increasingly into what have been neglected Black urban neighborhoods—and now their health is being eroded too. What policies and investment decisions foster neighborhood environments that harm—or enhance—the health of residents? And what local actions can make a difference?

April 10

When the Bough Breaks

Infant mortality rates among African Americans remain twice as high as among whites. African American women with graduate degrees still face a greater risk of delivering pre-term, low birth-weight babies than even white women who didn't finish high school. Investigating possible causes, researchers are circling in on the added burden of racism as a long-term risk factor.

Becoming American

Recent Mexican immigrants, though poorer, tend to be healthier than the average American. But the longer they're here, the worse their relative health becomes even as their socioeconomic status improves. This is known as the "Hispanic Paradox." Is there something about life in America that is harmful to health? Conversely, what is protective about new immigrant communities that we can all learn from? Can community and labor organizing reverse the downward trend?

April 17

Not Just a Paycheck

How does employment policy and job insecurity affect our health? Residents of western Michigan struggle against depression, domestic violence and an uptick in heart disease and diabetes when the largest refrigerator factory in the country shuts down. Ironically, the plant is owned by a Swedish company, where shutdowns, far from devastating lives, are relatively benign events – for some even an opportunity – because of Swedish government policies.

Collateral Damage

Patterns of uneven development mark the Pacific islands and diabetes, cardiovascular and kidney diseases, even tuberculosis, are taking a growing toll on Pacific Islander populations. In the Marshall Islands and in the unlikely spot of Springdale, Arkansas we can see how U.S. occupation, military policy and globalization impact people's health--often in unanticipated ways.