

>> This is the essence of our day together.

To really listen to what these young folk have to say.
And before we selected the students and even after,
I asked to get all their files, the sketches, you know, and --
because I wanted to get a sense of who they are.
And when you're in high school, and sometimes
when you start college, you really haven't done a whole lot
of things you want to put on paper.
You done a whole lot of things,
but you don't know what's important
and what's not important.
So I looked at the bio sketch
and thought I'd do it a different way.
Rub it in to try to read what they --
what the descriptions are.
Also have learned over time that names are very, very important.
And it's nothing more offensive or insulting
to say somebody's name wrong.
And it doesn't have to do with how it spelled.
It's how it's pronounced.
We had a young woman who, in the NPH program
at Tuskegee several years back.
Really bright, really energetic.
My friend, she did her undergraduate, studied at Emory
and came to Tuskegee to do the NPH degree.
And had her name and I, you know, I can read
and do phonetics pretty good, and her name was Beatrice.
Easy to pronounce.
And so when she came, first met her,
and said, "This is Beatrice."
That's what I said as I introduced her to people.
"This is Beatrice."
And the first time she didn't say anything.
The second time I introduced her, "This is Beatrice,"
and she kind of looked at me kind of strange,
and then the third time I introduced her to another forum.
I said, "This is Beatrice."
And she's an NPH student at Tuskegee.
Real proud of her."
She pulled me aside.
She said, "Dr. Warren, in all due respect,
I was named after my grandmother and her name was Beatrice.

My name ain't Beatrice.
I was named after my grandmama and her name was Beatrice."
So I learned at that point, I ain't trying
to pronounce anybody's name anymore [laughter].

I want you to hear them tell you what their name is
so you won't mess up like I did.
The other thing that I want them to do is --
and saying their full name,
I want them to say where they're from.
And for many of us where you're
from is different than where you are.
Some of us, where you're born and where you're from

and where you are changes regularly.
So I want them to tell you where they're from and when they are.
That is where I am is the high school
where I am and what level I am.
And then lastly, so we won't spend a lot of time talking
about them instead of listening to them,
the most important thing
that you want this audience to know about you.
Not what I think is important,
but what you think is the most important one thing
that you want the audience to know about you.
And it doesn't really matter what we think.
Let me give you an example, because I've learned to listen
to my now grown children.
And then we'll move on because I think it's important.
I'm a dentist by my primary training.
As you notice, I have a diastema.
That's what dentists said.
It's a gap.
That's what you call it, a gap.
And my mama had a gap.
My daddy had a gap.
And all -- most of them, they all had it, so --
but when I got in dental school, we were taught that, you know,
that the anatomical profile, the appropriate one,
your teeth are aligned and there's no diastema.
So I'm going to be the studious dental student.
No diastema.
And the -- so when -- as my son was coming up and got to be
about 12, we took him to the dentist, and I paid 3-,
\$4000 for braces to straighten his teeth
out so there wasn't any gap.
It wasn't a diastema they said professionally.
Three years and it was all straight.
His profile was perfect.
And then you get a retainer that you wear for two ears.
That gives the bone a chance to solidify
so the teeth won't move again.
So I got the retainer.
And I'm paying big-time money.
And I noticed he wasn't wearing the retainer.
Said, daddy, I lost it.
So I got him another one.
And he wasn't wearing the retainer.
I said, well, what idea?
I only paid \$5000 to get you some braces, and it's perfect.
What's wrong, Brad?
You're not wearing your retainer.
Your teeth going to -- he said look, man.
You got a gap, my grandmama had a gap, my uncles' had a gap.
I want my gap back [laughter].
My son is 34 and if you see him, guess what?
He's got a gap.
I say that to say you identity, who you want them to know
who you are, is critically important.
It's just not the whole story,
just what's the most important thing

that you want this audience to know,
because that will contextualize what you say.
You know what I'm saying?
They will understand what you say a lot by who you want them
to know, what you want them to know about you.
So let me start with my immediate right, and your name,
where you're from, where you are at your school, your grade,
and the most important thing, four things.
Now I'm going to say it again
so you all won't be wondering what you're supposed to do.
Your name, got that.
Shouldn't be too hard.
Where you're from.
Where you are.
That's the school, grade.
And the last and most -- what you want them to know about you.

Sir.

>> Morning, everyone.

My name is Adlfo Berduo, and I was born
in Atlanta, Georgia.

And I'm currently a senior at Chamblee Charter High School,
and what I want you guys to remember me about is
that all I want to do is spark change
within my Latin [inaudible] community.

I've see the, you know,
within my community we've been struggling a lot financially
and with healthcare.

And I just want to make a change for them.

>> Good morning.

My name is Kendarius Ivey.

I am a senior at Booker T. Washington High School
in Tuskegee, Alabama.

And a small thing about me --

I'll be attending Tuskegee University in the fall
as a sophomore, and I guess that will be it for the time being.

>> Hi. I'm Emma MacDonald.

I'm from Conyers, Georgia,
and I'm a sophomore at Rockdale Magnet.

And I really don't know what I would like, want you guys
to know about me, I guess.

I have two older brothers, and I also just want to change things
for the better, whether that be environmental or just equality
for different people.

>> Okay, hi.

My name is Maya Martin.

I'm 18 and I'm a sophomore at Agnes Scott College.

And we're both from VOX ATL.

And one thing I'd want you to know about me is
that I'm a journalist.

I love writing about people and writing
and listening to NPR [laughter].

>> Good morning.

My name is JaMyia McNeil

and I am from Tuskegee, Alabama.

And currently I am a senior
at Booker T. Washington High School.

And I plan on attending Tuskegee University in the fall.

And I chose Tuskegee because that's where I wanted the change to start.

Thank you.

>> All right.

So you have a sense of who you're going to be listening to.

And what I want to frame this conversation, it is a conversation, around the topic areas that the whole day is grounded in and around.

We wrestle with these topic areas because there's all kinds of things going on in the work, you know ?

And it's fuzzy.

And there weren't, because of the nature of the timing and whatever, there wasn't a lot -- we didn't have young folk with us, so we were trying to figure it out.

And that's why it took us so long, trying to figure it out.

And, you know, you say, well, when I saw in high school, well, that didn't work at all.

So what we -- we framed them the best we could and so as we want you all to respond to these topic areas with just a statement of what -- how you interpret them to be and what that means to you.

And it may mean something very different.

That gives us a context in which to have this broader conversation.

And we'll do that.

And then, most important, as we learned from last year, is the questions that you all have about the folks up here.

So we want to at least get some sense of that.

So we'll go by the first topic area and then let them say what that means in their context for each of the panelists, and then we can have some conversation about that.

So we're going to subset these because they're very important areas as we view them.

And you all may view them differently.

So why don't we start in since we have kind of a line already.

We'll start to my immediate right.

The first topic area is adolescent access to sexual health education and services.

And let me start by saying, what is an adolescent?

So let's start here with our first panelist, Adolfo.

What does this topic area mean?

But also want to hear what you think an adolescent is.

And there are no right or wrong answers to this conversation.

What do you think an adolescent is?

>> All right.

So, for me, what an adolescent is is, you know, you guys, someone that's like I guess getting into those stages of becoming an adult and -- that was good.

>> Okay, yeah.

And what is your thoughts about this first topic area, adolescent access to sexual health education and services?

What does that mean to you?

And what we're really trying to get you to say,
not what it means to us, what we intend it to be.

What does that mean to you when somebody says access
to sexual health education and sexual health services?

>> So, in a sense, I feel that sexual health is something
that needs to be addressed, so I mean I have quite a lot
of examples, so I grew up in the city of Doraville,
and I've attended Sequoia Middle School and now Cross Key --
and then I went to Cross Keys High School before going
to Chamblee.

And those two schools compared to Chamblee are very different.
Chamblee is very -- you know, they got all the funds
from the state, so they have a good health program
within the school.

But then there's schools like Sequoia and Cross Keys,
and then they don't, they don't have the sort
of aid from the state, so.

When I took health in seventh and eighth grade, like it --
they didn't really address -- what is it?

Like sexual health and everything like that.

And so I feel like there needs to be, I don't know,
some sort of like program for that.

I mean, I didn't really get --
so most of my education

from that topic would have probably been from like,
I don't know, just from experiences
from the outside world like just being with friends
and just seeing what other people

within my community have done and what pathways they've taken.
I could say from person is that their choices weren't the best
and I mean their health hasn't been that well either
because of those choices.

So I feel like there needs to be some sort of change
for those communities and those areas.

I mean, on the other hand, Chamblee, it's more of a --

I mean they have more funds so their -- the area of Chamblee --
so Chamblee's quite a big city, and it's divided into two areas.

I like to call it the poor area of Chamblee
and the rich area of Chamblee.

And my school is mainly in the rich area of Chamblee.

And I mean their programs are good, too.

But you don't see that type of stuff that I've seen in the city
of Doraville or in the poor part of Chamblee.

And that area of Chamblee's filled with a lot of Hispanics
and a lot of -- mainly from Guatemala,

and they don't really know what the sexual health --
like how to have like protected sex or abstinence
or anything like that.

Like they don't know that those type of stuff,
so I really do feel like we need to address those topics more
in areas like Doraville or that one section of Chamblee.

>> Thank you.

>> First I'm going to address what I feel an adolescent is.

I feel like Adolfo said.

An adolescent is just somebody that's come

into those states of adulthood.
As far as adolescent access to sexual health and education,
in my community, in my hospital, we do have health classes,
things of that nature.
But in our health class we don't address sexual health.
We don't address sexual health.
It's not looked at as much as it should be.
For especially being adolescents.
You know, you get your stuff like -- it happens.
Can't even gloss over.
It happens.
So for us to not address it the way that it --
address it as much as it should be,
it was a detriment to young people.
And I suggest point blank to send it --
I just can say that it needs to be addressed more.
It's too many kids fall victim to not being apprised
of how important it is to be knowledgeable of it.
To be ignorant of it is -- it hurts you more than it helps.
A lot of older people think that if you don't know you won't try.
No [laughter]!
That's not how it works.
So like -- as older people I would ask
that... let your kids know.
>> So going back
to the definition, the adolescent thing.
Yeah, I really just think it's someone who's still
like learning how to kind stand on their own two feet,
like learning of themselves as a person.
That's not really like I said.
It change.
Because it really does change from person to person,
like how fast that person matures.
And then about the topic, I know that I haven't had to go
to a real health class since sixth grade.
And, of course, they didn't talk about anything relating to that.
It was mostly just about like drug
and alcohol prevention stuff.
And then you get into high school.
Like it's required that you take a health class,
but really we're focused on going through
and becoming like competitive enough
for the college admission classes.
It's like I took health online
and I took physical education online over my summers.
That way I could take more Aps.
So that way I could like get into college.
And, of course, over that, like there --
you would think that if there's not that like awkwardness
in the room of trying to address it,
then like they would put something in there
like a PowerPoint you'd have to look or something.
But there wasn't.
Like -- and if the system is like going through,
and it's like this slack in trying to educate
like heterosexual use on this, then you know
that it's even more lacking for LGBTQ.

You just -- and they're not getting the different information that they need without having safe sex or anything like that.

And then heterosexual youth aren't learning about family planning, the different options that they have, and the different ways to go through it and set up their life for success.

That way they can get to where they want to be before they make like knowledge decision of what they want to do.

.
>> Yeah. And so I'd like to see a very small conservative high school and I think that we learned about -- abstinence was definitely encouraged, and it was very like heterocentric, and -- yeah.
So I think that a comprehensive sexual health plan would include all kinds of relationships including LGBTQ Plus.
And not just abstinence, but how to have safe sex. Because, you know, like you said, people are going to do these things anyway, and it's just like best to know and how to like to know overall sexual health because it's part of like who you are as a person overall.
And I think like it also includes having access to HIV testing condoms and birth control like without parental permission because like even if you're doing these things, you need to have an avenue to do it safely without like your parents knowing, because you're not going to reach out if you have to go through your parents.
So, yeah. Most of what I learned about like sexual health was through the Internet, and I think it should not be that way.

>> Okay. I agree with all of them, but I feel like sexual education should be taught in all -- we'll not all group, like middle school and up because all the students like they know exactly what they want and what they're going to do, and the way that we're being raised now, I feel like we're going up after then everyone else did.
So at my middle school, we used to learn about sexual education with -- we had a coach, his name was coach, Patrick, and he used to teach us about all types of diseases and I forgot everything he said.
But that was in like seventh grade [laughter].
But he taught us a lot.
We used to take a lot of tests, but it was very anonymous, so he wouldn't know who -- he would just know like what we're doing.
And I feel like every middle school should have that just to like show the students what they need because they won't talk to their parents unless it's like life or death, so I feel about it.
>> You know what?
You have a sense of what they think.
Rather than let you ask them questions now, because we'll be the whole day on this one subject, I want to do the same thing with all those topic areas.
So just jot down your questions so we can get

through at least the subject areas
that we thought were important so you have a sense
of where they're coming from with that.
So we'll come back to that.
But the second topic area facing substance abuse
and mental health challenges with facts and moral courage.
Facing substance abuse and mental health challenges
with facts and moral courage.
Panel, what does that mean to you?

>> So like I said before, I was raised
in a small city that's filled with a lot of minorities
and substance abuse was something that was --
well, not really now,
but growing up in my elementary school days was something
that was common and -- I mean in that area
like people wouldn't say anything.
It would be adults doing it, kids doing it.
Like I'd be outside on the soccer field playing,
and then you'd see other people I mean doing drugs
and all that stuff.
And -- I mean to me it was just common in my area.

And why they did those stuff and I really don't know why.
I guess it's just because everyone in that area did.
People would just follow that path like, oh, hey,
I'm going to do it, too.
And it just continues on and on.
And now that sort of substance abuse,
I don't really see it that much in my area.
I mean it's still present, but it's not as high
as it was before, but I mean mentally it didn't really affect
me because -- well, me personally,
because I really didn't care about that type of stuff.
Like my parents kept me going on the right path
which I'm thankful for that.
But there are other -- I've had friends,
and even family members, that went down that path
of substance abuse and, I don't know, I feel like in those areas
where there are a lot of minorities it's just not --
there aren't any programs or organizations present to sort
of get them aware that this isn't the way
to go and stuff like that.
>> Okay. Substance abuse is, quite honestly, in this climate

like now, it has become really normalized, and it's not okay.
If I had to say, if I had to put a thing on it, I'd honestly say
that it's like media pop culture thing.
People don't know how to differentiate
between reality and what they see.
So it's like a lot of younger people, especially marijuana --
young people smoke, young people smoke marijuana, and I --
a lot of people, you know, a lot of people say they -- it's okay.
It came from the ground, it came from Earth,
ain't going to hurt nobody, but still like it's not --
it got to be something, come on.
It's something got to, something got to happen

because it's not okay.
People don't have the, young people, especially,
don't have the -- I don't want to say don't have,
but the mature -- I don't way
to say they don't have the maturity, but we think we do,
and we don't at times.
And we don't a lot of the time.
And it's just -- we should be able --
somebody should be there to let us know, not to like nag
and like talk down, but to let us know that we do have limits.
As young people we don't see that we have limits.
But we have limits, and I just want -- I just feel as if --
to look at substance abuse, be it over-the-counter medication,
be it drugs, be it alcohol, be it whatever, we should be able
to look at it with clarity, look at it for what it is,
take it at face value, and just know that it's not for us.
And that's just my little look at it from Plainview.
>> All right.
So I'm going to go through.
I'm going to like go into like my personal experiences
with my life with this.
So my oldest brother, he's five years older than me.
When he was in high school, he was diagnosed
with bipolar depression and anxiety.
And before he was able to have access o the right medication,
he went and he turned to substance abuse,
whether that be alcohol or smoking lots of other things.
And it -- you know that kind
of stuff affects people differently?
But for him, it wasn't good, and he got into some trouble with --
when he was going -- he was using those other substances,
and it really messed up his life for a while.
And that was really hard for all of us.
It was hard on -- like at home when he was going through
and he was suffering like that and then he was in a lot
of different facilities trying to get help.
But I think that if we went through and we tried
to like destigmatize mental illness, if people knew
that it was okay to reach out and ask for help, like earlier,
before it got to that breaking point, then people would be able
to get access to the like legal
and safe medications they needed.
That way they wouldn't feel that way and they wouldn't have
to turn to these different substances
to try and help themselves.
And it would just be a lot easier.
So I think that we need to open up our conversation.
That way people are okay with like going and reaching
out for help before it gets to the point where it's going
to ruin their lives and hurt the people around them.
>> Yeah. Yeah.
Thank you for sharing that.
But I think that we should treat people who struggle
with substance abuse with compassion, and treat it
as a disease instead of a lifestyle choice.
And I think that's [inaudible] to jail
for doing drugs is not the answer.

>> Substance abuse is very common, especially Alabama, so I see it mostly every day, and I feel like it's very common because the students and everyone else, they're able to get access to these drugs, like how easily, so. And I feel like we have a lot of problems because we don't know how to talk about our problems, that we don't know how to handle it. So we turn to drugs and alcohol and everything. So everyone, mostly in my school, they mostly smoke weed. And it's not good at all. But it's easy access and they feel like it -- a sense of peace and calm, so.

>> Thank you about that very sensitive and I think an important topic. How does -- what are the intergenerational challenges, you know, looking at your parents and other folks? How those intergenerational challenges, structures, impact upon substance abuse and the diversity of your population of young folk? Are adults helpful, they're not helpful? What are the challenges that you see with what we call intergenerational structural challenges around substance abuse?

>> All right. So for me the -- I guess from what I've seen, the older generation, mm, hasn't really helped out.

I mean because mostly, like I said before, mostly people in my area are Hispanic and they tend to have that mentality of back in the day like in Mexico or in Guatemala, which is -- I mean, once you hit the age of five, go out there and work on the fields, go cut the maize, collect the coffee beans and all that. And coming to the U.S. because of poverty in those areas, they have that mentality of, oh, I hate your five. You're old enough to do this, you're old enough to do that. And I mean most of the time most of the kids growing up from parents with these mentalities, they just end up raising themselves in a sense, so. And any -- most of these kids have fallen in substance abuse and it's mainly due to either because their friends have told them to, hey, try this, or just because they felt lonely out there and they didn't have anyone to talk to, because, I guess that they're -- before their parents think they're like -- they have that mentality of Guatemala or Mexico or any other area, and they just don't have anyone to talk to. Like the parents are out there working just to get enough money for the rent and for food. And I don't know. Because of -- from what I've seen, that's why I think that the older generation hasn't really helped out. >> In my case, I was raised the first few years of my life by my grandparents. And my grandparents, they didn't like -- they talked to me. So I was never -- I never wanted --

I never wanted to get any close to substances of any nature.
And like they would always talk to me even if I did.
Like they'd tell me, they'd lay it down.
And like I remember when I went to my first party,
my granddaddy said, don't get drunk.
People take advantage of you.
And I took -- and I -- you know, so I don't drink.
I don't smoke.
So it's just like a lot
of people don't have that support system.
A lot of people don't have somebody
in their ear telling them, [inaudible] the way,
if they do something, do it in a way that don't put them --
that doesn't put them in danger.
A lot of people don't have that.
A lot of -- so that older generation,
a lot of people don't have that older generation
that got some sense to tell them what to do and what not to do,
or how to do it if they do do it.
So it's like a lot of people don't feel
that positive hold on them.
A lot of people don't have it.
And when they don't have it, they just --
they are a victim of circumstance at that point.
And if they have a hold, and it's not positive,
it's even worse, because now they're being pushed toward
doing something that's not helping them out.
And that's just -- it defeats the purpose.
If you're not contributing, you're taking away.
So you're not helping anyone.
You're not doing anything worthwhile.
You're just holding them back.
And that's what the older generation does for some
of the people that I see
around Booker T. Washington High School.
But, thankfully, we have a support system
at Booker T. Washington High School now named Belinda
Copeland Sullen who is actually there for students.
But it's up to the students to go to her.
She leaves her door open.
But it's up to them to go to her.
And that's just it.
>> I think this kind of like goes back to what we talking
about over originally, like if you just tell kids not
to do something with no explanation,
they're not going to listen.
If you're just like, don't have sex.
Like, okay.
Don't do drugs.
Like, okay.
And then like you have to actually have a conversation
about why these things are important
and the different effects it can have
because it's like, I know kids.
They'll go and they'll be like smoking weed, and [inaudible].
I promise to be drug-free, guys.
Look at those.

And they're going to me, like, posting with their little like backgrounds and stuff they set up around the school. But it's like people aren't taking it seriously because they haven't been told about this area's consequences that these kind of things can have.

It's just, don't do it.

And that's the end of the conversation.

But, really, you need to understand what you're doing.

You need to be knowledgeable and be able to make those decisions for yourself.

And I think that adults are responsible for going through and providing that information to the use, so that way they can make those knowledgeable and conscious decisions on their own.

>> So I can't always speak to this

because I don't have experience in substance abuse or -- in my immediate family,

but I would just echo Kendarius and Emma

that a support system of people saying like,

this is grounding you and who you are before you go off

to college is especially important,

and like educating people that the effects of these strokes.

>> I feel like it depends on who you were raised by,

like if you were raised by your mom or your dad or both,

and I feel like it depends on who you surround yourself with and your friends and your friend's group

because they have a really big impact on what you're going to do, or what you decide to do.

And that's all.

>> You know, in different communities around the country, and even within communities, we have a challenge

with accessing fresh fruits and vegetables, you know.

Sometimes you can get them, but you don't want them, you know?

And sometimes you want them, they can't get them.

If you've had an experience with getting access to, you know,

fresh fruits versus going to the store and buying the Pepsi

or Coke or whatever, or is that a issue for you?

You just -- is that a issue, getting the right kind of food that you think you should be having in your community?

>> I mean, personally, I haven't experienced anything

like not having access to fresh fruits or vegetables.

I live like right next to a farmers' market,

so whenever we need something, I just go around quickly and grab something real quick.

But I have friends that do -- that have --

it's been hard for them to get access to them and mainly

because they don't have a like the other parent --

like they're missing a dad or a mom, and it's kind of hard

for them finding food, so -- and one of my neighbors,

he's a junior at my school, and we've been good friends for quite a while now, and, you know,

he's sort of an inspiration to me for what he's doing

because he's working hard in engineering.

But the thing with him is that --

so he's grown up without a father and food has been kind of a struggle for him.

Like his mom works at a -- cleaning hotels, so whenever, in hotels, when they don't have like, I guess, extra food that they don't use, she just grabs it and takes it home and take note of this. She's also raising five kids, so it's hard trying to feed five boys every single day. So for them, access to food has been pretty hard and -- I don't know. I've helped them out a bit with food and all that, but I mean, from what I've seen it's pretty hard just trying to get fresh fruits and fresh vegetables every single day. And I could imagine the struggle that the mom goes every single day, working from 7 a.m., coming home at 9 p.m. and barely seeing her children. And she doesn't even know at times if they eat or if they don't eat. I mean, she comes in with food from the hotel, but, I mean, sometimes it's not even like -- I don't want to say it's not good food, but it's not like the most healthiest options of food, and I feel like it's something that needs to change within that area.

>> In my community, at the high school, we had a vegetable garden at the high school. But it got a little rough. But thanks to the way I was raised, my grandparents, we grow fresh, we grow fresh, we grow all our -- well, I ain't going to say all our food. But we eat greens okra, peppers. We grow a lot of stuff, so when I want something to eat, I go to Grandma's house [laughter] because Mama don't feel like cooking everyday. But in Tuskegee, as a whole, it's really hard to get fresh fruits and vegetables because you go to Piggly-Wiggly, and they don't -- the vegetables and the fruit in Piggly-Wiggly, just being honest, they don't look like, they don't look -- no, people look at their food, but it don't look attractive. It don't make you want to eat it like -- and I just think that food -- Houston have -- you not going to get anybody to eat healthy by having food that don't look healthy to eat. And with Matt Donners on this corner, American Deli right down the street, and Church's and Burger King right across from each other, some not going to happen [laughter]. So it's just the access to fresh fruits and vegetables in Tuskegee is not, it not, it's not that, it's not -- yeah. It's not conducive to being healthy. It's not conducive to living a healthy lifestyle. It's getting better. It's honestly getting better. We getting it on. We're getting the vegetable garden back up and running at BTW thanks to 4-H and the students on campus at Tuskegee University. But it's -- it could be a lot better. But it's going to get done.

>> So in Rockdale it's not really about like whether or not -- it's like there are fresh fruits and vegetables at the stores and stuff, but everyone knows like going there and trying to purchase healthier foods is always way more expensive than being able to just like go to different fast food places and people can be like, but it's really not if you go through and you get these foods, and you're like meal prep and you're all set for a week. And it's like -- but it takes a lot of money to be able to originally get that, and if you don't have that big sum of money to begin with the you can't do that. So sometimes it ends up being like more expensive when you don't have that money originally even though like if you had that all at once then it would be able to work out. And that I'm going to go on another tangent just about like access to different healthy foods and stuff. I know that in Rockdale we go through and we have programs that that way students can come to us at locations, over breaks, so over the summer, to be able to get food. But I don't know who goes there and provides that food, but I know that a lot of the time, especially recently, if we've been getting like a lot of negative media around, our different like food options that we have. I know that at one of the high schools, it was like a month or two ago, we went through and we learned the news for having like the chicken stuff, and then people are going through and there was like video circulating of all these different like spoiled drinks that people are pouring out and just -- we've had two elementary schools shut down within the previous year because there's been an outbreak of like norovirus. So it's like there's a lot of stuff going on in these kitchens that's not providing healthy food, and this is what we're going through and we're like bringing to these people when they don't have access to those schools, and it's like we're just going through and we're feeding into that, like, unhealthy lifestyle for these people. They're like trapped in a cycle or poverty. They think that we need to do a better job of like going through and getting people these like resources to healthy food. That way they can go through and actually like focus on their studies or what they want to do and be able to like better that and break that cycle and get out of it and provide a better life for their kids.

>> I live in Lithonia and we have a few grocery stores, I think my mom puts in like the extra fruit to buy fruits and vegetables, but I that's like not a choice for everyone because there are food deserts that exist, and college is especially a difficult time, especially if you're not on the meal plan of the college that you go to. If you don't have a card then you would have to walk like four miles to go to -- and get fresh fruits and vegetables, and it's so much easier to just like go to some place and buy Doritos.

So, yeah, I think that's
like been especially hard time is all.

>> Personally I don't feel like any grocery store in
Tuskegee is good.

I used to work at Piggly-Wiggly and I feel
like that place was terrible and and nasty
like it was nats flying around all of the fruit.
I don't know who would buy it, but some people did,
because that's the only option they had.
But I feel like it should be way better.
We shouldn't have to go to Walmart or any store in Auburn
to buy our food, but we have to.

>> The last question, the minute we can have some really
dialog.

I asked you early on about what does being an adolescent mean?
What does that mean to you?

And, you know, right now there's some rules,
regulations about taking certain vaccines.
Everybody's supposed to get a flu shot and other things,
and certain schools you can't go
to without getting your vaccines up to date.
Who should be -- should you be responsible for deciding that,
if you want to get a flu shot or don't want to get a flu shot?
What do you think?

>> Yeah. I feel like the individual has the right
to choose if they want the flu shot or if they don't,
like I'll use myself as an example.
I have two other little siblings and the three of us, we go,
when it's like flu season we go to the doctor
and get our flu shots.
But my parents, they don't get flu shots.
Number one, it's kind of -- well, it's not that expensive
for them, but I guess they just don't want to pay for it.
And also I feel like their immune system has --
is pretty good, too, because of the way they've grown up.
They grew up in Guatemala in [foreign words],
and in that area it's filled with poverty and most
of the time they've lived out there in the outdoors
so they've seen like -- they've contracted almost, I don't want
to say everything, but they've contracted quite a few deadly
diseases and they've survived it.

Like my mom says, just get a few penicillin
and you'll be good is what she said [laughter].
Yeah, that's how -- I mean, that's the way they grew up,
and they've also grown up with a lot of home remedies,
so I feel like their immune system is built up
and I guess that's the reason why my mom
and my dad don't get flu shots.
But when it comes to us, they tell us every single year, like,
yo, go get your flu shot, go get your flu shot, this and that,
because -- I don't know.

I guess they feel like just because we didn't grow
up in the area that they did, they feel like that we need
to get the flu shot and, I mean, in a sense I feel --
for me, I don't want to say that I like getting a flu shot, but,
I mean, it's something that needs to happen because, I mean,

the flu's like -- it concerns something deadly, so, yeah.
>> I always -- my thing --
I don't like the idea of putting somebody else at risk,
so I get my flu shot just to be safe.
That's just how I roll.
I don't like the idea of being the person
that got somebody else sick or hurt because I'm not together.
So like -- and then, at the same time,
I want to be together, too.
I don't want to fall out, so I'm going to get my flu shot
because that's just what I think should be the --
this is what I think should be the standard I guess.
I don't know [laughter].
>> When you're talking particularly
about like flu shots, I think it's a decision --
if you're going through and you're talking
about different vaccines, like you go and you
like give children at a young age,
like before they go to school and stuff.
I think that there should be certain things that you
like have to have before you go to school.
That way, like, if there's an outbreak or something,
then like it doesn't go through and just completely
like get all these kids sick
and like hurt them like, you know, all that.
But I also think that if some people have certain reasons why
they don't want to, if it's like a religious reason or just
like something that's like medical,
then they should be able to have the opportunity to be able to go
around that through like a certain system that's been
in place.
But I think that that needs to be like monitored,
so that like people aren't just like, oh, yeah,
I'm apart of this thing, so what do I do if I really --
it's like, oh, I'm going to feed my kid basil
and they're going to be okay.
So I mean [laughter], I just think [laughter], we should go
through and we should have like --
we should try and ensure the maximum protection of our kids,
especially in the school system you're going through.
And you're like putting hundred, thousands of kids all
in the same place, like every day.
And it's like these people are interacting.
My school is one hallway.
We pass by each other every time classes change,
and so it's really easy for stuff to spread.
So, I think we should try to-- you know?
Crack down on it a little bit.
>> I mean, I haven't gotten the flu shot this year [laughter]
partly because it's painful and also it takes time.
So I think like I would want some education
like for every one adult, why it's very important
to take the flu shot in particular, and, yeah,
just like why is it important, education.
>> We should have the right to say whether
or not we want to get a shot.
Once we become a certain age, but me, personally,

I don't get flu shots because every time I got them I would get the flu.
So my mom told my doctors every year that I was not going to get any.
My sister, too.
We never get, you know.
>> I use the flu shot because it's still fuzzy to some people. The sign says there, but it's still fuzzy to some people. You all have heard what they think about today. We struggle with for months to figure out the topics that -- and you -- they clearly have an opinion about it. And they're entitled to it. You know where they're coming from. Now they need to know where you're coming from. So we're open to address your question to any one of our panelists or to the whole group so we can really have a kind of exchange and we can both learn. Questions?
Thoughts? Okay.
Let's talk with Dr. Brett.

>> I wonder if you just talk to them about what child's driven you to be sort of active and, you know, thinking about how to improve your community. And I think back when I was in junior high school, and I said I wasn't thinking about how I'm going to get out there and change the community. So I'm wondering how can we get warm, young people, and even adults, to be thinking more outside of themselves so they're not just focusing what's good for me, but how they can help others.
>> Do I have a question, Claire?
>> As for why I decided to get active, I think back to -- I can't remember who said -- I want to say it was John F. Kennedy that said, "Think not what your country can do for you, but what you can do for your country." That was something because I want to serve on -- in -- but before I serve, I want to be able to leave where I came from in a better place than I left it. I want to be able to look back and be able to say, hey, I did all right. And, but as far as getting other people to get up and move, my thought process is when -- once you see somebody that did well for you, and they're doing well for themselves later, people get it together. That was my thing. I saw -- my mentor, Dan [Inaudible], he's the 4-H Extension on Aging for our region, and he does a lot of stuff for the school system between Macon and Bullock County, and I see the stuff that he does. He's the one that got like the vegetable garden garden. He's the one that does community service around the school. He is in charge of the Halloween Harvest that they have during -- in October for Halloween where the kids come

out to the football field and pass
out the candy, stuff of that nature.
And I just think that young people get active
when they see other people getting active,
especially other young people.
And they see us go everywhere, and they see
that it's achieving something.
That's when people start to lend a hand

>> Oh, yeah [laughter].

>> So I see it as an accomplishment partly to be able
to stand up and do all these things for my community,
but I also see it as a privilege
because if your parents are absent and you're
like supporting all of your siblings, or if you have
to work every afternoon after high school,
then you're not going to be able to do all these programs.
And so I see it as a privilege.

I've had a lot of conversations with my mom about this, that --
like when she was in high school and college,
she had a very different experience just
because she would have to work instead of like being able
to do all these internships, unpaid opportunities.
And for me to now have this opportunity
to do these different programs and climb in my career
and learn, I feel like a certain duty to give back, yeah.

>> To much is given.

>> I think that really the first step to going through and
like creating a better world is to care about and like try
and stand up for issues that don't directly affect you.
Because it's like if you're going through
and you're struggling with something that I'm going
to help you, you can like get on the same level.
And then if I'm doing good, I'm struggling with something
that doesn't directly affect you
I that know you're going to like reach out and help me back.
That way we can all like size up together.
And I think that this generation in particular, you know,
we're exposed to so much more.

We have like constant updates on everything that's going wrong,
not only in the U.S., but just in the world overall.

And so I think that we have a lot of different opportunities.

And maybe I just am surrounded by good company.

But I know that a lot of my friends, both at VOX,
the program that we're a part of, and by my school,
like all my friends, when I go through and they want
to make a change, they want to make the world better.

And it's just like -- I think that going through
and providing opportunities like this are really important.

And the first step to doing that, like we started off saying
that it hasn't always been around.

And I think that this is one of the first steps to going through
and making a real change, so I appreciate that.

>> Next question.

The back to my right.

>> Yeah. Hi.

Do you guys think that minors should be allowed to go -

>> Let us know who you are so we can --

>> Oh, sure.

My name's Alex.

I'm from Chicago, Illinois.

I was wondering if you guys think it would be okay or ethically okay for a minor to go and get a vaccine or a flu shot without their parents' permission.

I guess it's a question of personal freedom versus public safety, or I mean, if you're a 16-year-old, you can't go and get a vaccine or a doctor can't legally give you a vaccine without a parent's permission, correct?

So --

>> I don't really have an explanation for this.

I'm just going to say yes.

If, like, you know, it's your body.

If you think I want to, you know, not be a danger to others, then I think you should definitely have that right.

>> I say no because you don't know what you're putting inside your body if you're not looking to do it. Your parents might know something that you don't know.

>> I would also say yes because you have autonomy over--

You should have autonomy over your own body even if you're 16. Yeah.

>> I'm a little indifferent.

I say I'm a little in the middle, but I'm kind of sort of leaning towards no, too.

But at the same time I know that there are people out there that are like against vaccines for whatever reason.

And I know I --

I recently read a story about this lady that's suing her son because he went and got a vaccine without letting her know.

And I -- it's just -- it's weird.

So I'm not going to say I have an opinion or I don't have an opinion

because I'm somewhere in the middle.

But I'm leaning towards no [laughter].

>> I mean, I'd say yes, too, like we have the right to --

I mean even to go get vaccines and I guess protect ourselves from other diseases that could potentially be deadly towards us.

>> Next question.

Dr. Hodge.

>> Good morning, everyone.

>> Good Morning.

>> And thank you young people for absolutely brilliant responses because you attempt to highlight somewhere, even if its between the most important features of what you defend.

I -- this -- Miss MacDonald I absolutely love that statement you said about defending causes

that may not directly relate to you.
But the fact that it affects somebody else,
then it's a cause worth defending.
The question I have is under drug substance abuse question.
And this is probably to the, to Steve, personal.
Must I be an -- Ms. MacNeil.
And that is one would think that this small town of Muskogee
that there's limited supply of drugs and substances to abuse.
But the way you refer to it is
like you see it on a regular basis.
Is there -- how does that occur in such a small town?
Is that pipeline between Atlanta/Montgomery [laughter].

>> So -- all right.
So the way I have seen it -- I don't say undesirables.
I really hate saying that.
But there are undesirables around Tuskegee that just --
they at today -- ah, I don't like saying
that because it just --
it paints this picture that's not positive at all.
But there are young people around Tuskegee, especially,
and the school does not -- they're not a part of that --
they're not -- I don't feel like they want to contribute
to making Tuskegee a positive place, so they --
so they add to the negativity,
add to the air the negative reputation
that some people see that Tuskegee has.
So -- I don't want to use names.

[Laughter]

But we recently had a young man
at Booker T. Washington High School that he tried to give --
he was on call in the hallways, he was caught
in the hallway smoking, and it was just like --
the big question was, why and how?
Like where'd you get it?
How did it get here?
Because this young man wasn't one of those students.
So like what happened in-between you getting to school
and you smoking that got it in your hands.
And that has always been the big question
because BTW is not a place like that.
That's not a place where things like that happen.
So, to address your question, I don't want to say
that there is a pipeline that's something like --
I don't want to say that people --
I don't want to say that it's just like --
it's just that it does happen a lot, not on a daily basis,
but it happens a lot, way more than it should.
And I don't like bringing a problem out there but --
without providing a solution,
but I don't have a solution for it.
And that bothers me.
But I don't know -- mm.
That's a dilemma.
We could talk about that later [laughter].
>> I think--
>> Okay. But, honestly, I kind of forgot your question

because [laughter] Kendarius just pushed me over [laughter].

>> Oh, okay.

Let me reiterate the question.

But also let me say to you that that statement you made about that sometimes that we only go to parents with life or death issues, that was very impacting.

And it seems that there's kind of divorce in the dialog between parent and young people.

And I'm concerned about that.

But the question I asked was, in a small town like Tuskegee, one might think that there's not drug activity at all, you know.

And not like your inner city, like an inner city [inaudible] for space you have a lot of open spaces like --

so how is it the case, or why do you think it is the case that there is such [inaudible] abundant supply, there is an accessible supply of substances to abuse?

>> I feel like since Tuskegee is a small town.

People would really overlook it.

They wouldn't expect it.

So Tuskegee -- mostly like this students, they most smoke weed.

So it's like their parents are allow them to, so they think it's okay.

So they're going to continue

to do it unless their parents stop them.

And the statement I said about the parents

with the life or death situation?

Students, like -- We will not tell-- like if you're depressed, if you're going through something,

you will not tell your parents unless it's

like something hurting you physically, probably.

But you don't know what you're getting yourself into.

But mentally, when problems happen, you're not going to tell your parents because you don't want them to look at you differently or judge you.

>> Yes, ma'am.

>> Okay. Hi.

We've received a few questions to the [inaudible] mailbox.

So the first question is from Marco Salas, who's a student at Chattahoochee County High School.

And he wants to know, do you think social media is inflicting or making our stress rise,

as us high school kids does it affect our health just being on social media?

>> Oh, just a minute, I guess.

I would say yes because social media, you're looking at it from a different point of view.

You're trying to make your life like the --

like everyone has their expectations on social media.

I use Facebook as an example.

Facebook is like -- they have these quotes on there.

It just looks all great and happy,

but it's like that's what you want your life to look like.

And I don't feel like that's right.

I feel like we should have our own mind.

We shouldn't be looking toward social media for a life.

Like we should have our own.

And I feel like every student, or everyone should think about deleting everything like social media, and trying to find their self.

>> I'd say it's a big yes.

It does contribute to stress.

I mean, most adolescent now we tend to care about what other people say about us, or on the Internet, or we tend to care on --

how good we look on these social media platforms.

And we care more about that stuff and not other things that are going around the world right now.

And when we care about things that are going on in social media, we -- I don't know.

It brings more stress towards us because we worry about, oh, hey, what did this person say or did this person say, or how many likes did I get?

This and that.

And we tend to forget what reality is like when we're on social media.

>> So I think social media gives us unhealthy standards to look like two because everyone is posting like the most positive things that are happening in the lives instead of like the negative.

But I also don't think that we can just do away with social media forever.

Like it's here.

It's a part of our lives and it's something that many people enjoy and use like on a daily basis in the teen population.

And I think there's tools for using social media.

And so what I do is like I follow a bunch of like mental health and positivity accounts.

And I also have like on/off timer that limits my time to like 30 minutes per day.

And -- oh, yeah, that's what I do.

>> I just think that, you know, everything -- like too much of anything is a bad thing.

Really everything can be like positive moderation, but going through and having -- like everyone else said, going through and having these unrealistic expectations, because everyone's going through and playing the best to propose online [inaudible].

But also like I was talking about before, this generation has access to a lot more information than any previous generation has had before.

So they're also going through and they're getting constant news updates about they're still shooting, the child was killed due to police brutality, all these fun things.

So I think that that definitely takes a toll as well and contributes to the higher rates of mental illness in my generation which, once again, things are --

actually, I need to open up that conversation between youths and adults.

So I'm coming full circle here.

>> Social media -- yeah.

It's a big detriment to health.

Like she said, it's also -- it also has its --
it also has its positive --
it also contributes to a positive look on life
to but, social media, yeah, it hurts.
It hurts a lot.
It hurts a lot with young people because, like I said,
for young people -- a lot of young people don't know how
to differentiate what they see --
they don't know how to differentiate entertainment
with reality, and it becomes a problem.
A lot of people spend too much time on it.
I deleted my Facebook.
At the start of life -- I want to say April, I deleted Facebook
because I -- okay, Crunch time.
I spend too much time on it.
I would tell you how much time you spend on every app,
and I was spending -- I spent like 45 minutes,
way too much time to spend on one thing, so like I just --
I had to get rid of it.
I as spending too much time on it.
I started to get fat, so I had to go back to doing --
I had to get back into my, had to get back into my setting.
I had to get myself back where I was before.
So I feel like social media --
it does mess with you a little bit.
It messes with you the way you read, they way you look on life,
and it messes with how you live your life.
But that's just -- it just depends on who you are
as a person, whether or not you can compartmentalize what's
important, what you can prioritize,
what's important, what doesn't belong?
And if you can, go for it.
But if you can't, get rid of it.
And that's just the individual responsibility.
That's the key to success.
>> Question at the mic.
>> Morning.
Thank you again for sharing your stories.
My name is Kalifa Wright.
I'm a Fellow here at the CDC.
And just going back to talk a little bit
about sexual reproductive health
and who you feel you either can or cannot talk to.
Do you think you can speak with your health providers
about sexual health or just your --
whatever you're going through in general, and if so, why?
And if not, what do you think health providers can do to make
that space more open for you to feel comfortable?

>> Okay. I'm going to say yeah.
I mean not yeah.
I'm sorry.
I'm going to say yes [laughter]
because basically that's the way my folks paid him for.
So I'm going to say yeah.
I mean if you're my doctor, I should be able to talk to you --
I should be able to ask you questions if I'm

like curious about something.
I should be able to ask you a question.
If I need -- so I live in one.
I should be able to ask you a question because I put it
in Google, it's going to tell me that I'm dead already.
So I need to be able to ask you stuff.
I just need to be able to ask you, sir.
So like that's just it.
All right [laughter].

>> I'm going to say no.
I don't -- well, the doctors --
it's like I feel uncomfortable [laughter].
I don't know why I always feel uncomfortable.
But it's just like -- it's like really cold
in the back of his office.
You can't really talk because they have a nurse
in there, too, probably.
And then it's like sometimes I don't --
I have a doctor and she's like --
I don't know, I don't want to say it like this.
But she kind of looks like a man kind of, and it's like --
it gives me bad vibes.
And it feel like she's looking at me in a different way.
I don't like it though.

>> Yes, sir.
>> Do you all agree that it is harder to grow
up in this generation and time period than generations before?

Like just the social media and all the things
that are happening in the world.

>> If you name so we can get--.
>> Oh, my name is Kevin [inaudible].
I'm a freshman at Tuskegee University.

>> I feel just like every generation has their problems
with growing up.
I don't want to say that it's any harder growing up now
than it was before because every generation had their problems.
My granddaddy tell me all the time, how he had to walk
to 12 miles to school [laughter].
And I'm not going to say that we know
that the high school was only five miles away,
but it's just [laughter].
It's just every generation has their problems.
So like I'm not going to step over anybody here
and make anybody's problems seem like they're not as big
as they are, because everybody's got their problems,
everybody deal with their problems differently.
Yeah. That's it.
>> Yeah, I agree with him.
I wouldn't say that it's harder, but I definitely think that it's
like different things that are giving us problems.
And so I don't think that adults can be like I had
to do this, so we can do it.
This is a completely different situation.

Will you please listen to what I'm saying [laughter]?

Yeah. I really just think that I'm not going to say it's harder, but I think that's definitely different struggles that we're dealing with.

>> Right.

>> I feel like it was harder back then versus now.

But it's harder now education-wise.

Like we have to have a degree for certain things

and you can't get far with just a Bachelor's degree probably.

Like you have to have a Master's

or a Doctor's degree in order to do good.

But back then, it only took one.

>> Somebody at the mic.

>> Yeah. Go ahead.

But, Captain Wilkins, you can speak first.

>> Okay.

>> I'm Malaika Washington.

I work in the position of Adolescence

in School Health here at CDC.

Our Division Director will be here later this afternoon.

But I had a couple of follow-up questions that I wanted to ask after both Alex and Califia's questions.

The first was around immunizations

and just trying to figure out.

I know two of you all said

that you don't quite feel comfortable making that decision.

I wanted to know at what age you felt it was appropriate to make that decision.

I know people have commented also on my dress.

I just came back from Uganda, which is the neighboring country to the DRC, the Democratic Republic of Congo, where they're having a Ebola outbreak, right?

So we now have a vaccine there,

and daily we were getting reports in on the number of cases, a lot of whom were young adolescents and babies who had contracted Ebola in the Congo.

And some of them died.

And so we are seeing that, you know, parents are obviously making their own decisions on their child's health.

And this is a different country and all of that, but it made me wonder at what age, you know, you all might even feel comfortable making decisions around immunizations.

You know, there were adolescents whose parents refused the vaccination on their behalf, and then, you know, subsequently, they were removed from Ebola Treatment Units and, you know, left to go home to home remedies.

And so I just wondered what your take was, and, of course, we are seeing the measles vaccination being refused here, and kids, you know, spreading it as well.

So just wondered your thoughts on the age that was appropriate to make those decisions for those of you who, you know, said no.

And even for those of you who said yes, at what age you really feel that decision should be made.

My second question, to follow up with Khalifa's was just around -- we have a parent-child like a doctor-child brief that DASH put out that said that parents should allow kids time alone with their doctors, to have those confidential conversations around reproductive health specifically. So I know some of you are saying that you don't feel comfortable with your provider, and it just, again, made me wonder, well, is that really what we should, you know, say is the most -- be the best thing to do, to have that confidential conversation so you don't feel uncomfortable with your parents present, to have those discussions with your provider. So the first question is around immunizations and the age that you can consent for immunizations. And then, do you feel that it's appropriate to have time alone with your provider to have those reproductive health conversations?

>> For the first question I said no, and I feel like you should be at least 17 or 18. But if you're younger, I feel like you should be able to talk to your parents and tell them that you wanted, and that they should let you, or yeah, you have to talk about it, and she could tell you why you're not going to get it. But that's it [laughter]. And the second question you said -- well, with -- one of my doctors say that we have, the children have the right to say whether or not they want their parents in the doctor's office, and whether or not they want them -- whether or not we want them to know what's going on. So we have the right to do that. But me personally, I would say yes, like we should have the right to do that. But sometimes I want my mom present. >> To the first question, I was one of the people who said yes, a 16-year-old should be able to get immunization. And I think that the age should be young. And then not like a professional and like developing children or anything, but I think it should be young because like if -- even if I'm just 16 or just 13, I should have a choice in like my body, or whether I live or die out of these -- yeah. And that should be obvious.

>> I also said yes originally. Sixteen, like 100%, yes, you should have the option. If you can drive yourself there, then should be able to get the shot. That's what I think. But younger than that, it's like I would say -- I know a lot of people that like they're like 12, and it's like, yes, I would trust you to be able to make the appropriate decision what you want to do with your body. But also like is it even possible for you to get there? I don't want some stranger to come and like talk to you

and be like, you need to come and get your vaccination,
like get in my car [laughter].
It's like, I don't know.
It's just -- it gets messy there because it's
like how are you going to get -- just like logistically,
how is this going to work out, who is taking you there?
Like I don't know.
That just makes it really fuzzy.
But 16, yes, you should have the decision.
I'm 16, I probably sound bias, but, you know.
>> And then time alone with your physician?
>> I also think it should be an option.
But once again, I don't know exactly how that would work
because if you're going through and they're like,
do you want to have a moment like away from your parents?
Like your parent is going to like death stare you,
like what do you want to say when I'm not there?
So it's like -- I don't really know how
that would work out, either.
But ideally, yes, I think we should be able
to have the decision whether
or not you want your parent present.
>> For your first question, I would say,
once they enter high school would be an appropriate age
in my opinion.
And for your second question,
I would say it all depends on each individual.
Like if you want to have like a time --
like a conversation with your physician alone,
without your parents, then, yeah, you can just
like ask your doctor, I need to talk to you about this,
or talk to you about that, can my mom like step out for a bit.
And, yeah.
>> I'm sorry.
>> Okay. [Laughter] As for the first question, I would --
I'm in the middle, but as far as like in life
or just situations, 16 is enough.
I know a lot of people -- I know a lot of mature people,
and even in that case, especially in that case
where people are literally dying from something,
they should be able to say, yeah,
I need that because I don't want to die.
Because that's just -- you want to live.
I mean, I understand people don't trust the government,
that's just honestly.
>> Exactly.
>> And like -- but you see people
around you are literally dying from something,
you want to go home and put mud on it?
Come on, man [laughter].
I understand the -- I understand the logic, but still, don't --
that's -- you're putting your child life on the line.
So 16, yeah.
A little younger than that,
and a country like America, probably not.
But it's subject to circumstance.
But as for the second question, yeah.

Yes, ma'am, I do believe that a patient should -- a child should have time alone with their doctor if they have questions about stuff because we can't talk to our parents about certain things.

I don't -- yeah, I'm not even going to tell no tale.

I don't like to talk to my folks, my mom and my dad, about stuff, because I know how they are.

And I know they still --

you know, they want to hold you tight because, you know --

>> You're they're baby.

>> -- you they baby.

>> Right.

>> But I talk to my grandparents about stuff because I'm really, really close to my grandparents.

I talk to my grandparents and my auntie [inaudible] because we're just really close-knit people, we're really tight.

We talk to each other about everything.

And that's just -- that's just me.

Everybody don't have that.

So being able to talk to your doctor about something that you feel is important, that's paramount to your health, then go for it.

That's should be an option, that should be allowed.

So that's my spiel.

>> At this stage in your life or your age group, what impact do you think social media still has on bullying?

>> Social media and bullying?

I'm considered a weird kid, so like as far as like being on social media, I share my anime memes and my band geek posts and stuff like that.

But nobody ever tried to come at me about it.

Because I'm a pretty solid guy, so like nobody try to pick on me, nobody try to mess with me, not since middle school [laughter].

I'm not going to get into middle school.

But nobody -- [laughter] nobody bothers me about it.

I have seen it, and when I see it, I step in.

But I don't see it a lot.

I definitely don't see it a lot because it's just being -- being a menace to somebody else because of what they like to do on social media, because of what they share, is not -- it's not -- I'm going to go ahead and say it's not cool no more.

People used to think bullying was cool, and honestly it's not. It's not no more.

Nobody looks at -- nobody glorifies being put -- standing in somebody way, making -- being a menace to somebody else.

Nobody glorifies it anymore.

So it's like you going to leave the due alone or we going to handle you.

That's how it is at Booker T High School.

We going to handle somebody.

So like that's just how it is.

And, yeah, social media, it contributes,
but not as much as it used to.
That's to answer your question.

>> Social media exacerbates bullying, in my experience.
And it used to be that you could go home from school
and for it not be there anymore.
Like home could be your safe place, but now like social media
and your phone follows you everywhere.
So if you have an online presence, it's everywhere.
And like bullying is constant.
And I think can also be a weapon used
by an intimate partner violence situation.
Not to get off topic, but, yeah, that's like a method of control
that people use nowadays against their partners,
by stealing their passwords, or just constantly messaging them.

>> Question?
Yes. Yes, sir.

>> I'm [inaudible] Thomas,
a sophomore from Tuskegee University, and my question is
about substance abuse.
So you talked about how it's normalized, and I agree.
How do you think we got to that point
to where it's just accepted by everybody --
it's just a normal thing,
and how do you think we can take a step back
and undo some of that?
>> Okay. I feel like we got to that point, like I said, pop --
I hate saying pop culture, it sounds so --
but pop culture is like, it's just --
it casts a light on it so much.
And once somebody sees something so much, it doesn't even have
to be in a positive light.
Once you see something so much it becomes a habit.
A habit becomes a ritual.
And now everybody is doing it, so maybe I should try it.
But as far as remedying, as providing a solution to for it,
that will only come with time.
Once you see -- if we started showing the things that --
the negative things that come with substance abuse,
more so than we show how it makes somebody feel, yeah,
you going -- you smoke, you going to feel like you
in the cloud, you're going to feel cool, calm,
relaxed, hungry, want to take a nap probably.
But what happens when you start relying on that?
What happens when it becomes such a big part of your day
that you can't have a good day without smoking weed?
That's when it becomes a problem.
That's when -- that's when a hobby becomes an addiction.
That's when you just -- what else can you do.
But as far as solving that problem,
that particular problem, it's a -- just -- you just got to --
you have to normalize being within yourself.
You have to normalize being able to sit with yourself
for a little while and take all your problems,

think about them before you turn
to something else to get rid of it.
Think about them.
Just think about them.
Like I don't like being in my head [inaudible]
because I know how my mind get.
I over think the mess out of something.
I can turn something real small
into something it's really not what it need to be.
So I do things.
I have hobbies.
You see me moving and stuff a lot.
I can't sit still for that long, so I --
I'm not a good artist, but I draw.
I fumble around in my book, I write stuff, I read.
You just got to find your niche, find something that keeps you
in the mind frame where you don't have to turn
to something that's going
to hurt your body or hurt your mind.
Keep your spirit clean, that's all I can say right there.

>> Yes, sir?

Go ahead.

>> So -- oh, [inaudible] Davis, first year grad student
at Tuskegee University.

So what I have been hearing is that it's being said
that you can't talk to your parents, or to adults,
because you don't want to feel as though you're being judged.
Do you think that some of the reason why they don't reach
out is that they don't want to look different in your eyes?
Do you think that some of the reason why like adults,
your parents, don't reach out and try to talk to you
about these things is that they also don't want to be judged
by their children, or look different
in their children's eyes?

>> Well, I think it's an awkward conversation to have
with your parents, or to have with your child.
So, yeah. But I think that if parents can start having these
conversations kind of earlier, like age appropriate but earlier
and just like more over time instead
of just one conversation,
like this is what happens, just like over time.
And just have it as an ongoing conversation and make sure
that they know that you can ask questions of them.

>> Yeah, I think I agree with that.

It's like it's not -- I don't think that you should be
like we're going to have a conversation about this.
It's like I think it should just be that you need
to make it clear that if your child does want to have
that conversation, or does have questions,
that you're like there when they decide to do that.
Because if you go through and you like push it on to them
at a time like when they're uncomfortable,
then they're not going to want to talk about it anymore.
They're going to want to end the conversation there.
So I think that needs to be like the adult has to open

up the door and the kid has to decide to walk through it.
Like it's a two way thing.
>> I believe that -- I do think that parents don't want to talk about certain things because they don't want to be judged by their kids, because in watching my parents, I know that parents don't like to be asked questions that they can't answer.
Because they don't want to tell their children the wrong thing. They don't want to be the person that puts their children in the wrong path because they don't want to hurt they kids. That's in watching my parents.
That's why I turn to my grandparents, because they're -- they have more experience with it, I guess.
They have learned from their mistakes, they have seen what their children have done, so it's just like I know how to handle it now.
So I just think that parents don't want to let their children down.
That's why -- that's why it's like a atmosphere where you -- I guess that's why you don't want to go to your parents for certain things, because you know that your parents going to react a certain way.
And they react that way because, I guess, they don't want to be asked questions that they can't answer.
And they don't want to be the person that makes their kids do something that they shouldn't do.
>> I would say that it varies from parent to parent.
So -- I mean, it depends, now that I think about it, like I'll be honest, I haven't had any conversations like that with my parents because I don't know I guess the hardest part is trying to break the ice with them with that sort of conversation.
Like how do I approach it to them.
Like, hey, mom, hey, dad, let's talk about this and let's talk about that.
I would say that would be the hardest part.
But personally, for me, I don't want to say that my parents don't care, but, I mean, they have that mentality of, hey, I have raised you well for 18 years, and now it's all on you.
If you want to mess up your life, that's on you, I have raised you well and it all depends on you now.
>> Last burning question.
Yes, ma'am?
>> Good morning.
My name is Katun Mohammad [assumed spelling],
I am a first year clinical scout psychology master's.
I want to say, you guys are brave and I am proud of you guys.
My question is, as mental health awareness rises, how likely do you think the youth are being more susceptible to using these resources?
>> Say that one more time.
>> How susceptible do you think the youth are using mental health resources nowadays?

>> Okay. Mental health -- all right.
In the black community mental health is stigmatized.
You know how -- my cousin, when he was 10 years old he was
in the car with his mom and she was killed when she --
a log truck slammed on brakes, and,
you know, his mom was killed.
And about a week later his dad was shot
in a gas station in Union Springs.
And he is now 26 I want to say, he's now 26 or 27,
and he's just recently went --
he's just recently spoke with a psychiatrist,
psychologist, you know.
And the thing is, they didn't seek that help for him.
And it shows now.
It shows in everything that he does,
because he doesn't talk to them anymore.
He moved to California right after he --
like after he graduated college he moved to California
and he hadn't been back since.
Well, he came back once for his grandfather's funeral,
that was last month.
But he left and he we hadn't heard from him since.
I'm the only -- me and my cousin, Broderick,
we're the only persons he talks to.
Because he doesn't feel comfortable talking with them
because they didn't support him when he needed it.
Mental health is -- a lot of people don't
like to acknowledge mental health as an illness.
A lot of people don't like to acknowledge it as something
that needs to be addressed, and that's a problem.
Because when you -- you don't --
when somebody come to you with their shoulder dislocated,
you don't tell them, oh, you'll be all right, go sit down.
Well, my granddaddy,
but [laughter] that's something else.
That's something else.
That's something totally different [laughter].
But it's just you need to --
and it's something that needs to be addressed.
And it's not -- there aren't enough --
there aren't enough resources in a lot of communities
because a lot of people sees
as it something that's not necessary,
and that's just not the case.
It's very necessary, especially now because young people --
a lot of young people are experiencing mental --
they experience a lot of stuff now.
A lot of people experience way too much to not have something
to bring them to calm.
And it's -- it shouldn't be.
>> I think that there's still a really big thing where people --
like I think that I know more people now that acknowledge
that mental health problems exist,
but I think there's still a lot of blaming going
on of the person experiencing it.
Like I know especially with like the child to parent gap,
it will be like you're going to through

and you're doing all these things,
and you're like trying -- you're overloading yourself.
You're doing this to yourself.
Like you're -- you wouldn't be feeling like this
if you weren't going through and trying
to like have these different ambitions, even if it's
like in the best interest of the person.
It's just -- I feel like there's a lot going
on where mental health still isn't accepted as something
that just happens to you, it's something
that you bring upon yourself.
And so I think that that's why a lot of people are afraid
to get help, because if they go and they try and have
that conversation, it's like, well, what do you need to change
so you don't feel this way, instead of what can we do
to like help you get past this and live your best life.
So I think that there's still a big adjustment that needs
to happen about how we view mental health.
>> All right.
>> Okay.
>> No, no, go ahead.
No, you got something to say, let's -- go ahead and say it.
Go ahead.
>> Okay. I feel like mental health is very --
like in the black community they think that it's uncommon.
They think that you're not going to have any problems.
And if you do, you're just over exaggerating.
But me, personally, I feel like when I was going
through what I was going through it's like no one asked
if I was okay, or if I needed anything, or how I was doing,
or just like simple questions to see that the person cares.
So I feel like I had to get through everything by myself,
and express everything by writing, or reading,
or doing something different.
And I had to learn that I will have
to put my happiness before everyone else,
before anything else.
So I was just like you have to learn
from yourself and stuff like that.
>> Let's thank this wonderful panel.
[Applause]

Standing ovation, that's something [laughter].
You know, it's one thing to come to a wonderful place like CDC
or like other places where everybody knows about it,
but after you have gone, nobody knows you were there.
And nobody knows what you have done.
So I think they deserve more than just the acknowledgement
of being here, and the director of the Office of Minority Health
and Health Equity, Dr. Liburd has a wonderful certificate
for each one of them.
And I think she ought to present it to them, and we ought
to take a picture to let the world know they were here.
So, Dr. Liburd.
As I mentioned -- you mention their names,
they can come right on up.
>> Okay. And before I do that, I want to congratulate you all.

You -- I don't even know if you realize the weight
of the last hour and a half, and what you have represented
on behalf of an entire generation
in this really coveted forum.
So you should be exceedingly proud, your parents,
your teachers, your -- all the people
in your community should be somewhere going,
they belong to me.
Because that's who is responsible
for your being here today.
So thank you so much.
So I want to present this certificate to JaMyia McNeil.
[Applause]

Kendarias Ivey, who I --
[Applause]

Emma MacDonald.
[Applause]

Maya Martin.
[Applause]

Adolfo Berduo.
[Applause]

[Applause]

at Tuskegee several years back.