

Less Seen/Less Heard: Stories from the Margins
Full Episode with Sophie Godley

Craig Andrade: Hello, everyone. Welcome to Less Seen Less Heard, Stories From the Margin. My name is Craig Andrade. I'm Associated Dean of Practice, Director of the Activist Lab. I am joined today by a colleague, a partner, a friend from way back in all kinds of different areas of each other's lives.

Sophie Godley is Assistant Professor at Community Health Sciences Department in BU School of Public Health. She has been in my life in all kinds of wonderfully weird ways from shared engagement at the Department of Public Health and doctoral program at the School of Public Health. And then she going there as a professor and now me going there as a professor.

So we follow each other all over the different parts of Massachusetts and beyond, and here we are again.

Sophie, would you introduce yourself? Thank you for being here and thank you for helping to tell your story.

Sophie Godley: Thank you so much, Craig. It's lovely to be here with you. And yes, we have a really fun, circular relationship where we've worked at different places consecutively, and you helped me a lot with the DR PH program at BU, and I think I helped you with understanding some of the ins and outs of the Department of Public Health. So it's been a really mutually wonderful partnership, and I'm really grateful to you.

So yeah, so I'm Sophie Godley. I am, you know, really consider myself to be one of the luckiest people that I know because I have this really pretty phenomenal set of circumstances. I have an incredible job that I really love, and I really mean that.

And I also have a rich and robust life outside of work which I also really value, of course. I've been married for many, many years to my partner Kristin who I met in the mid-90s when we were both working at an AIDS organization in Boston. We have an 18 year old son who we are about to launch into the world. He's in his senior year of high school which is truly indescribable. I'm searching for words. I still can't really believe that the conclusion of this parenting gig is that you have to let them go, which I just find sort of stunning.

And let's see. So I identify – I use she/her pronouns. I identify as White, and my family's originally from outside the U.S. I moved to the U.S. when I was three and a half, and I became a citizen in the late 90s, so I became a U. S. citizen in the late 90s.

And yeah, that's some of the ways I identify, and I'm happy to talk about any and all parts of those parts of me.

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Craig Andrade: Well, that's a great start. And there's so many other facets. You know, just a scan on Instagram, I see, as they say, you're fur Baby, is it Bee [PH]? And your feather babies, you have hens., correct?

Sophie Godley: I do. I do, yeah. So one of the hazards of teaching public health, especially the way I do – I teach a very broad overview public health course to the undergraduates – and as part of that – this is actually one of the things I truly love – love isn't even a strong enough word – one of the reasons I absolutely adore this field is that under every corner and in every aspect, you can discover these new areas of injustice and interest and opportunity.

And one of the things that discovered in teaching this intro to public health class was the whole area of food safety and food justice and inequality around access to food, and it was something that, honestly, prior to teaching that course I really had not given much thought to.

My career had been really focused on poverty, sexual health, and adolescent health. But I started teaching this class, and I started learning, you know, a lot about food safety, and I became much more interested in where food comes from and how its produced and who gets access to it and whose lives are harmed in the making of the food that we eat.

And so I lost my mind, and now I've been raising chickens for ten years in my backyard. So I always warn my students, do get to into this because you never know, you might end up owning a farm.

Craig Andrade: How many chickens do you have?

Sophie Godley: Right now we have seven, but it varies. But we're heading into winter, so we probably won't get any new babies until spring.

Craig Andrade: I see some of the pictures of them, even some of the little chicks. It's just adorable. It can't help but make you smile. And I can only imagine all those little furry things and feathery things running around the backyards and all that kind of thing. It's wonderful.

Sophie Godley: It's incredible. It's really incredible. My wife is an avid gardener and so, you know, we produce a lot of food in our little, you know, less – we have just over an acre. And yeah, we grow tomatoes and raspberries and cucumbers, and then we have fresh eggs, so it's pretty cool.

Craig Andrade: You mentioned in some of your profile the kind of work that you had done around adolescent health and reproductive health. Can you say a little bit more about that? Again, there's another common interest that we share. You had been a program director around adolescent health and youth development that included the things we just described. I followed you and in a sense you

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helped me prepare for that, and I fell in love with all the elements that are part of those programs.

Sophie Godley:

So when I first graduated from undergrad – I often tell both my graduate and my undergraduate students this story because I hope it helps them to understand that, you know, paths in public health are often not linear but that staying open to opportunities and open to, you know, things that might be adjacent to what you think you're passionate about can actually lead you to really very satisfying next steps.

So for me, when I left undergrad all I knew was that I wanted to help people, and I knew I wanted to do something about racism, and that was about as specific as I was at that point. I had volunteered in a domestic violence program, and I had volunteered with inmates in a county jail in the Bay area actually. And so I was really like wondering should I be a lawyer, should I be a public defender, should I be a social worker? Those were kind of the themes I had in my head. I went to work for a domestic violence program in Summerville, very small domestic violence program in Summerville.

And what I figured out pretty quickly in that role was that I was really bad at it. That was not something I was skilled at, that working directly with people who were suffering, for me as someone who is very, very empathic and has like kind of an overworked empathy muscle, that that was a terrible fit because I didn't sleep. I was tormented by people's stories and what they've been through, and I was paralyzed with the overwhelming nature of what poverty and sexual violence and gender did to my clients.

And so I figured out that I needed to back up a little bit. Like I needed to do something that made a difference, but it couldn't be direct service. And so that meant law school was out of the picture. That meant social work school was out of the picture, and then I had to find some other path. And so I started working at an AIDS organization – and this is in the mid-90s – and I actually just told this story to my undergrads yesterday because we're starting our unit on HIV and AIDS.

I was working at AIDS Action Committee, which at the time was a large – New England's largest AIDS organization, nonprofit. Really wonderful organization. You know, all organizations have their quirks and problems, but at the time it was really a phenomenal place to work, especially as a young queer person coming out and being, you know, self-identifying that way.

So I had this job where I was talking all day long about sex and drugs. I was thinking all the time about social determinates. I didn't have that language. I didn't know that's what we would eventually start to call it. Let's face it,

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other people were calling it that at that time. I wasn't. I didn't have that language.

But all day long we were working on issues around sex and sexual health and stigma and drug use and substance use and addiction and trauma. And I had this incredible opportunity to work with volunteers. So at the time, in the mid-90s, a lot of people who were living with HIV were unable to work at, you know, 40 hour a week full time employment. They had, you know, a lot of health conditions, a lot of health issues, a lot of doctor's appointments, a lot of side effects from what few medications they were able to take at the time.

And so most of the people who volunteered with me were – kind of fell into one of two categories. Either they were mostly White, not entirely, but mostly White, gay, bisexual men who were living with HIV, or they were this other group entirely which was mostly African American women who either themselves were living with HIV, or they had lost a son, or they had lost a partner, or they had lost their beloved uncle in the Black community to HIV.

And what happened to me in the year and a half or almost two years that I was there is that I watched this kind of unbelievable health disparity play out in real time in front of my eyes. And what I mean by that is that – so '95, '96 is right around when we finally got effective tools to treat and prevent HIV. So we had antiretroviral therapy that actually did something, more than just give you diarrhea. It actually suppressed virus and people became healthy.

And what happened is my two volunteer groups suddenly parted ways. And my White, gay men, for the most part – not all of them – there was still way too many funerals, way too many deaths – but for the most part, the White, gay men who were volunteering with me at that time are still alive today.

They took full advantage of going to Beth Israel, going to MGH, working with doctors, working with clinical trials. They signed up for every clinical trial there was. They took every opportunity to seek out clinical, medical interventions that could preserve their lives.

And pardon my French, but the title of my essay to get into public health school was called "That Shit Will Kill You," and that was the line that I heard from mostly my African American, much more economically fragile volunteers who were terrified of taking antiretroviral therapies, with very good reason. Like let's be clear. It's not, you know, a problem on there part. This is actual lived experience which I think is really valuable.

But that dilemma, Craig, where I just saw right in front of my very eyes this one group being like we're not going to do that, that's terrifying, I'd rather just stay with what I know; I'm not going to experiment with anything, right.

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And those folks becoming sicker and sicker, and many of them dying, and then seeing this other group who were like how many trials can I sign up for this week, right.

It was such a contrast, and I just – I really honestly and truly went to public health school to figure that out. I was like why is this happening, and what can we do about it because it was just devastating to see what racism in medicine, what racism in healthcare, what the legacy of Jim Crowe in Boston, what all of that had done to get us to this point and how it was playing out in this medical setting with this terrible disease. It was so vivid to me. And honestly, that's why I got my MPH.

Craig Andrade: You know, Sophie, I'm so grateful for you telling that story. I'm having these flashbacks as I'm listening to you talk, and I didn't – I remember you saying that you were at AIDS Action, but it wasn't present in my mind until you just started to talk. The interesting cross section of our lives paralleling back and forth. I had been, in the 80s, a nurse at Boston City Hospital, now Boston Medical Center. We had had some of the first AIDS patients back then, and you know, the first one had no idea what this virus was, how it transmitted, all those kinds of things. We wore hazmat suits particularly on the wards caring for these individuals.

And one of the first patients was a mentor of mine who was a closeted gay Black man who was married and had three children living a dual life. And that's emblematic of the kind of challenges that were going on at that time. Not just for Black individuals, Black men in particular, particular those that were trying to maintain their dignity while they're living dual lives but also the kind of fear just about being queer.

And then, on the other side, at any one time seventy five percent of the population of our census in the hospital had substance use disorder as part of their demographic, and so the dual lives that people were living as people who were living as gay or bisexual or transgender or lesbian. And then those that were with relationships but not sharing their IV drug use, and all the dynamics of that was playing on the fear and the stigma that was happening at that same time well before we had a treatment.

I then became, while I was nursing at the City Hospital, joined AIDS Action as a volunteer nurse and massage therapist doing that care and seeing the kind of inequities, the kind of have and have nots. The people that were coming from Beacon Hill who were closeted gay people that were doing everything that their money could buy to find ways to go into another country to get treatment and then others that were just withering in a hospital or in a shelter, and the amazing disparities – we see the disparities now – but the amazing disparities that no one would look at them.

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Sophie Godley: Right.

Craig Andrade: Thank you for sharing that. Wow.

Sophie Godley: Yeah. I was just talking to my class about it yesterday because you know, that's kind of my origin story, right, my superhero origin story is that, you know, the people I met at that time – this was one of the first times in my life outside of the college environment where I met and worked with predominately African American folks and learned so much about my own racism and my own issues that I needed to confront and how I needed to be better equipped if I wanted to work in communities, which I desperately did.

And yeah, so I was really lucky that I discovered public health at that time as a way to try to answer some of these questions for myself like why does this inequity happen, and what can we do about it? How do we solve this? How do we get to the root of these problems?

And at the time, and when I was in my master's program, that was when I really got very, very focused on adolescence and thinking about this transition from childhood to adulthood and the sexual health education that either does or doesn't happen during that period and then the consequences, right.

That was sort of the next part of my story is that I had this great opportunity when I was in Seattle getting my MPH to work on an adolescent pregnancy prevention program, and it was statewide in Washington state. Washington state is a huge state, very diverse. Diverse in a really different way than Massachusetts is, so lots of different kinds of communities.

It was my first time really working specifically with Native American Indian communities, and first time I'd ever been on an Indian Reservation. First time I'd, you know, ever met with tribal leaders, seen a tribal health center. There was just a lot of firsts in that time.

And that was when I got really – I had a moment in my career where I was sort of laser-focused on pregnancy, on teen pregnancy. And that has stayed with me. That's still one of my passions. It's still something that I, you know, would probably say that's one of my primary reasons why I do public health is to think about that issue, talk about that issue, obsess over that issue. It's so complex. It's so problematic the way it's been framed historically. We still have so much to do. We have so much inequity in this country and in our state in particular.

So I was, again, really lucky to fall into a program that allowed me to explore the social determinates that this very authentic – in this very authentic way. I wasn't just reading about it in a book. I was actually visiting places where,

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you know, these inequities were on full display if you will. So it was tremendously gratifying to focus on that and to finally have an outlet for all of the frustration I had about what I had seen in Boston.

Craig Andrade:

I want to go back to that element that you spoke to, the kind of incredible systemic inequities, disparities that you experienced in all kinds of ways really up front and close. At the same time, before we go there I want to kind of lean in a little bit to the what you talked about how you – these weren't things that you read up in books.

The discussion that we both kind of share in different ways around the AIDS crisis and then the kind of reproductive health crisis that you saw and how that played out in all kinds of populations including indigenous populations. You saw that up close and personal. Can you say a little bit more about that?

You know, here now, in this moment following the murder of George Floyd and so many other Black and Brown people, are trying to help a broad section of the community who really doesn't understand until they saw that on film that these things were really happening on an ongoing basis for decades and centuries. And then there was that moment where a knee on a neck in front of the world was right in front of everybody, and that upfront and personal drives your public health practice, it drives my public health practice to kind of see the withering, the otherizing, the marginalization and the dismissal of people in all kinds of ways. Say more please.

Sophie Godley:

So as you were speaking I suddenly started thinking about my mom because I think my mom is who I would most credit for my unwavering commitment to people of color, immigrants, migrants, refugees. My mom was always a person who was committed and paid attention to people who were forgotten or unseen. She was incredibly empathic, as I am, and in particular really just could not stop thinking about and worrying about the world. That just was her nature.

And as much as I might have resisted it, especially in high school, I picked up on all of that, you know, and it became kind of part of who I am. Like if you are a person with great privilege, as I absolutely am and was, then you have an enormous obligation to pay attention, to read the hard stories, to watch the horrifying nine-and-a-half minutes. You know, however you do it, you have an obligation not to look away. I desperately wanted to look away when I was rebelling against her. I remember getting angry with her like why do we have to hear this awful story, right?

And now I'm so grateful that that's something she instilled in me. I miss her every single day. But that's this gift. I thought it was a burden to not be able to look away, but it actually is really a gift to feel that sense that, you know,

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no matter who one is, we have this collective responsibility for how the world works and whether or not people are suffering.

So anyhow, so I met, and I should credit my mentor at the University of Washington who I still – I'm still in touch with, who I still adore and respect deeply to this day, and that's Dr. Clarence Spigner.

I had absolutely no intentions of going to Seattle for graduate school. It made no sense. I was from Boston. I'd been accepted in schools in the Northeast. I went to visit UW, and Dr. Spigner happened to be in his office, and he sat down with me, and within like five minutes I was like okay, I guess I'm moving to Seattle.

And Dr. Spigner is one of the very first and very few African American tenured professors at the University of Washington. He was a child of sharecroppers from South Carolina. He was drafted into the Vietnam War. He went to Vietnam. He came back. And through the GI bill he was able to go to the University of California at Berkeley and get his bachelor's degree, and then he just kept going. He got his MPH, and then he got his doctorate, and then I ran into him ten or twenty years later in Seattle.

And Clarence had never lost some of his what he describes as kind of rougher edges, right So he's a very no bullshit person. He was not a quiet proper guy. He did not care what people thought of him and does not care. He's still teaching. He's in his 70s, he's still teaching. And I just could not believe my luck that I had this opportunity to learn from this man who's lived experience, you know, didn't make any sense. He shouldn't have been where he was. Everything had conspired against him, and yet there he was, right.

So such an honor and such a privilege to learn from him. He taught me a ton about the importance of history in understanding structural racism. I learned so much from him about, you know, some of the really old racist tropes about the so-called biological origins of race. I credit a lot of – and I tell my students this – a lot of the way I teach and how I teach and how I think about race and racism comes from him, comes directly from Clarence. And what a privilege to get to be one of his students. I mean, that is something I will never take for granted, that opportunity to learn from him in that way.

And I think, you know, I think to get back to sort of your earlier question, I think for me the commitment to antiracism, the commitment to noticing and paying attention and always investigating my own motives, other people's motives, to constantly be assessing situations for equity and inequity, it never ends. There's always more work to do. There's always – I always have things to learn. I always have different ways of approaching things.

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I put a question on one of my exams this past week. This was kind of fun, actually. So I asked my students to – the question was: Show off what you know; what did you study for that I didn't ask you about? So they got to write their own exam question, right, and then showoff. It was so fun because they all said really, really interesting things. They're so amazing.

And one of the students gave a very sharp critique of how she felt that the course, not me, but the course had over focused on Black/White racism to the detriment of other people of color. Fair enough. She is absolutely correct, right. That is something I have a lot of work to do on.

And at the same time, I obsessively worry and wonder, how could it possibly ever be too much to talk about Black/White racism? This country was built literally on that foundation.

So this is what I mean. Like it's endlessly interesting, and the stakes are so high. You know, I don't want this student to leave my class and feel that I did not meet her challenge. I don't want that to be how she thinks about her experience in my course, and yet here we are. It's December. The semester is basically almost over. I don't have a lot of time to repair.

So what do I do? I sit with that. I feel terrible about it, but then I have to get to work. I have to start planning next semester, and I have to think like, okay, how do I intentionally bring in more diverse voices into my classroom? We've talked a lot about anti-Asian bigotry because of Covid, but not enough, right. It's been insufficient.

So that's the other thing that I kind of love about my work is that I'm never done. I'm never just dusting off last semester's syllabus. I'm always thinking, okay, what do I need to do to change? How has my Whiteness gotten in the way of people's learning?

Craig Andrade:

I have to say, Sophie, so this all sides of this story, and I hear you, and I hear that student loud and clear, right. We, as a society, have buried these stories deliberately, right. And you as, and I mean this with the full weight of the words, super-teacher, are doing all you can to bring head and heart to uncover those stories in the realty, the two realities that the story of Blackness in the United States is the template for all the other otherizing and the story of Mexican Americans and other Latinx people that have come to this country, the story of multiple types of Asians: Japanese, Chinese, and others that have come to this country and all the pushback and traumatizing and imprisoning and deportation and on and on and on that have happened from that original script and revised for the new people that came here over and over again.

It will be 100 years until we can effectively uncover those and tell those stories. And you as a super-teacher means we can no longer make one or two

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people telling those stories in the classrooms and bringing that to a public health practice. Our next job of every one of us that can be in the classroom and can continue to support ever better the new tools and capacities of the future public health professionals that we need uphold. And the school finding ways to continue to make sure that we continue to make sure across the topic areas in departments and certificates that we embed that in all kinds of ways because it is a critical foundation to the work that we do, right.

All are true. And my heart aches the same way that yours does because it's way too late, and we're running out of time, and there's never enough time, and it is job-one in all kinds of different ways.

Sophie Godley: Right.

Craig Andrade: Can I redirect you in a way? We're running out of time. I want to ask you, one, to say a little bit about adolescent health because it also is less understood in all kinds of ways. And obviously, we can't not talk about reproductive health given what we're living with now and the Supreme Court in session today to potentially undo a long standing right for women and others?

Can say a little bit about that, and we'll let the people look at the edited podcast and then the full podcast if we go overtime.

Sophie Godley: Okay, that sounds good. So let's see. So with adolescent health, I think for me the joy and the beauty of adolescent health is that adolescents are a mercurial group. They're constantly, as the name implies, they're constantly evolving, changing. They have – what I love about thinking about adolescent health, and in particular what I have loved in my career about sharing with parents and with teachers and with folks in the community, is the developmental pathway of adolescence.

So I've absolutely loved the ability to translate the science so that the neuroscience, the physical science, the biology of, you know, what does it mean to go through puberty? What kind of changes do brains go through? You know, what does that do to development? To take all of that good scientific stuff, all that research, and to translate that into okay, when you want to throttle your teenager, what's going on? Let's pick that apart. Why are they behaving the way that they are? Why are you reacting to them the way that you are, frankly? And then what's the environment in which all of this is happening?

So that, to me, is like just, again, I'm just so grateful just to have that opportunity to talk to, you know, hundreds and hundreds of parents over the course of my career about kind of this wild, crazy setup where we are oversexualizing our children from the day – even before they're born talking

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about oh, you're having a girl, are they going to have a boyfriend or all the crazy stuff that we do that oversexualizes our offspring.

But then drawing them into this environment where, you know, they're not really allowed to talk about sex. They're not really allowed to talk about desire or their bodies or what's happening. And so the public health perspective is to not just focus on the developmental stuff, but to also think about the milieu, if you will, the context in which that's happening.

And so what I love in thinking about this is just like we might think about an environment can be healthy in terms of promoting physical activity or promoting healthy eating, right, you can also create an environment that is healthier for teenagers that specifically reduces the hyper-focus on athleticism, for example. So you can create a high school that is anti-homophobic, right. You can create a high school that reduces some of the crazy gender policing that often happens.

So I have just loved the idea that we can take some these structural interventions, and we can think about that with this age group, this very vulnerable age group. So adolescences are endlessly vulnerable, and they are endlessly resilient. They are both of those things, and they have incredible capacity to learn and change and teach us, the adults, right, but they also need protecting. They need some things, and what makes me a little bit banana pancakes is that we know what those things are.

Like the research is pretty clear what helps young people avoid, you know, health depleting habits like smoking or substance use or those kinds of things, or even reckless driving, right. We actually have a lot of information about what we need to do to reduce the likelihood of those things happening. What we don't have is the political will to make those things occur.

And so, again, working in adolescent health has, for me, been all about how do we translate what we have learned in research labs or in studies or in government agencies, how do we translate that into concrete advise that communities can use, that high schools can use, that guidance counselors can use to better support young people as they navigate this really tricky time? Again, this time of enormous potential and enormous risk.

Craig Andrade: I just want to do a time check. How are you for time?

Sophie Godley: I'm good. I just need to drop a note to somebody.

Craig Andrade: As you do that note dropping, if we can go over a little – because we're at 40 minutes for our conversation, but there's several other things I want to be sure we cover. The kind of deficit kind of frame that people bring to adolescence is often the dominant frame, and you've raised the resilience that they have in

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spades in all kinds of ways. And my own experience in adolescence health, the kind of resilience, the refusal to let go of their value of fairness, the want to be heard in a world that brings adultism and kind of thinks that because of their age they don't have anything to offer.

I welcome your thoughts on that, what society can do to acknowledge that adolescence, recognizing that it can go well past 20 until the brain is completely developed, how do we change society to help bring them to the table recognizing that they may bring solutions that we could never think of? And now is more a time than ever to make sure we have more of these kinds of voices to the table.

Sophie Godley:

It's a really great question. So one of the places that I come to – one of the again, sort of origin stories for me around this is my – you know, I've been on a lot of panels, as I know you have. And I have often had the experience of sitting in a panel and having somebody next to me who does research or who is an investigator or, you know, a scientist, a behavioral scientist talk about the great tragedy of queer youth.

And the story goes something like, you know, these are downtrodden, mentally ill substance using, smoking, messy, homeless disasters, right. They're all not going to make it to their 25th birthday kind of thing. Really profound suffering, this incredible description of suffering, right.

And I get really, really angry. This will surprise no one who is listening to this who knows me. But this makes me incredible angry because in my experience, queer kids are creative, they're funny as hell, they are irreverent, they are revolutionary, they don't care what you think. They have so much to offer. They have so many strengths. And yes, they also have, often, enormous health risks and enormous challenges that they are facing. But that is not the only thing about them, right. That isn't the only thing to describe them.

And I think that personal rage that I have felt when I hear communities describe – this community that I love and care about described in that way, that's part of what compels me whenever I'm describing a community that I am not part of or that I am part of to say both, not just to focus on the detriment, right, the problems, but to also talk about resilience.

So if I want to learn about gender identity and about how people are thinking about the really complicated and really important, you know, notions of what it means to be gender queer or gender fluid or nonbinary or to not identify or to have a sexual orientation and have a gender identity and have, you know, other identities that matter to you, if I want to learn about that, you know, getting on Twitter and following a couple queer teens, that is going to do it, right. I'm going to learn because those young people are leading the way in

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terms of how to think about this. They've thrown out a lot of the old garbage, and they're moving on, you know. They're way ahead of us.

So I think there's some basic like respect that people who are adults, people who identify as adults, need to have for the evolution of language and the evolution of our thinking.

But it challenges people because it means that – this is all about power. I mean, you know this. But it's all about power and it's all about, you know, how much power do I have to share, and what do I have to give up? If I'm going to learn from young people, if I'm going to make space – you know, it reminds me of that old guidance that we all give at the beginning of a class or a workshop where we might say – you've probably heard this – step up, step back. Like step up, we want to hear lots of voices, but some people are going to have to step back to make room.

And I think we've gotten maybe better at the step up part, but I still think there's a lot of people that need to learn how to step back. Like there are times when my voice – I learned this the hard way for sure, especially working in AIDS – where my voice as like a White lesbian in a long-term relationship with a kid, like literally, there could not be a less important voice in some conversations, right.

So you know, again, there was definitely times in my career – there still are – where I need to shut up and back up and create space for other people, get out of the way. And I think that's really hard for adults because, first of all, adults don't want to remember what it was like to be a teenager because many of us were traumatized by our teen years and we still haven't recovered from it, I would argue especially those of us who are queer.

But that's so important. It's so important, right, to create space. And how do we do that? We do that by backing up, right, by removing ourselves in some ways. So yeah, that's what I think of.

And then I think of the, you know, deep respect I have for the young women I worked with when I was doing my doctoral dissertation who were, at the time, teen moms, very young women, mostly under 22 raising sometimes multiple children, sometimes just one child on their own living in a really challenging part of Massachusetts with a lot of hazards around them, with a lot of assaults on their character and on their being without a lot of help.

And I think about for myself how, you know, we were – at the time our son was born we were both in our 30s. We had every resource there was. We had ridiculous things like baby wipes warmers. I don't know if your granddaughter has been subjected to this, but I just think of baby wipes

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warmers as the sign that society is collapsing. We have officially jumped whatever that expression is, right.

So I think we literally bought every single thing that there was possible to buy to support the life of this infant who we brought home from the hospital.

And again, two-mom family, both parents fully available, present. Nobody with active substance abuse. No one with active mental health issues. Lots of friends and family support. Two cars, a house, stable income. And we still thought we were going to lose our mind for the first year with worry and anxiety and stress. And you know, our only job was to keep this baby alive, and we still just could not – at times we just really, really struggled, you know.

And so I think about parenting from that incredible point of privilege that we had, and then I think about these young women who I met who have none of those supports, who have – you know, they are fighting for every ounce of dignity that they can scrape up, and they're phenomenal, absolutely phenomenal parents. Like resilient, smart, just stunning, stunning in their ability to take care of their children and their passionate love for their sisters and friends and family members.

You know, I have so much humility from that work and from the privilege from getting to do that work, to get to listen to their stories and to hear their concerns but also their delight in watching their children grow.

You know, some really basic fundamental assumptions that I had, even having worked in teen pregnancy for, at that point, you know, almost a decade and a half, I never really knew or understood that a lot of these teen moms dropped out of school because they needed to get a job. They didn't drop out of school because they were mad at school. They didn't drop out of school because they were stupid or they were failing. They dropped out because they literally needed to earn money so they could support their baby.

And like how did I get to where I got in my career without knowing that?

Craig Andrade:

Well, isn't it true that society has created that frame that otherwise we couldn't see the reality? We just talked about the resilience of adolescents. These teen moms were the epitome of the power of adolescence in the midst of caring for a baby, the most precious, fragile thing that we know, in the midst of – your frame of the opportunity that you had to help raise your child, and they're doing it, in a sense, with one leg behind their back and one arm behind their back, and still loving their other sisters in the neighborhood and caring for a whole bunch of other things.

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So proof positive that there is an incredible unkept power within adolescence whether they're queer, whether they're immigrants, whether they're any other nationality, ethnic group, racial group, that we have not been able to kind of highlight that.

I want to – thank you for that frame. It really kind of, one, helps us understand more of where you come from, the work you're so passionate about, and the people that we're trying to lift up, in a way, that helps them kind of be better known, better seen and heard.

You know, I mentioned earlier, the Supreme Court is getting ready to look at Texas law and Mississippi law and consider Roe v. Wade. Any thoughts given us just talking about teen pregnancy and the right for women however they identify to kind of be able to take care of their own body with their doctor's support?

Sophie Godley:

Yeah. So it's pretty horrifying. I think this is the, you know, this is the long fingers of the Trump Administration and the changes on the Supreme Court. I think that it's an incredible step backwards for health and safety for our communities. I think that we're going to have to get more creative about how we create opportunities for access to reproductive healthcare. There are lots and lots of stories from across the world from, you know, Ireland, long before abortion was legal there, you know, there was a particular reproductive health group that used to park like a container ship off the coast, and you could get on a boat from the coast of Ireland and go out to, you know, neutral waters and receive your healthcare, and then go back home.

So we're going to have to do those kinds of things to support folks in states that are not going to be able to access safe and legal abortion after this. I have no optimism about how this is going to go, and I think we're in for even more fights.

But I will say this one thing, Craig – I don't know if other faculty at the school who are much smarter than I am would agree with this – but I've always felt like reproductive health needs to be fought at the local level way more than at the national level. I think what happens at the local level is really, really important.

So your kids' sex-ed, for example, that's not decided by the Supreme Court. That's decided by your school board. And that's decided by your principal in some cases. So getting involved at that local level, to me, that's the key for reproductive health. Governments and mayors and state senators and state reps I think have a lot more power in this fight than the national picture.

Now, that's not to say that the Supreme Court ruling isn't going to empower those states to do terrible things because clearly they are. But I've always felt

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like, with reproductive health, we really need to think locally. And some of the national debates are just, you know, they're a lot of hot air. I feel like we have more of an opportunity for change at the local level. I may be wrong, but that's just my take right now.

Craig Andrade:

Yeah, no, I think there are twin truths there. The fact that home rule, local control, is a double-edge sword. It depends on where you local is, right. So what's in front of the Supreme Court is trying to say that states need to be able to do their own thing because some states don't believe in the right to choose, and they want to find ways to kind of dial back all that. That's been part of the battle.

It used to be that – there was a collaboration around the rights because long back when people women were dying because they were getting these botched jobs in all these different places. Now we're at a whole different place.

In Massachusetts we can do that local rule. We can have good sex ed in a local city or town that really want to do it well, and they have, and there will also be other places that don't think it's something that any school should be doing and only parents should be doing which there's benefits and obviously some really challenging ill-effects.

Lastly, before we finish, Sophie, I can't – one of the things that make you just the wonderful human that you are is your mentoring capacity and your teaching capacity. You, at BU School of Public Health, are one of the most decorated instructors, professors, teachers that there have ever been. That is not hyperbole, that is fact.

And when I was at the Department of Public Health, I know people – fill in names like Lisette [PH] – who feel like you have mentored them in ways that have provided a rocket ship to their success. I say this out loud so people understand that, and I'd love you to say a little bit about, one, how you bring both rigorous head and pedagogy to your teaching and your mentoring. And it is that much more freaking amazing because of the heart that you bring to it.

I've read some of the course evaluations as the interim chair of the School of Public Health, and your fan club is – I don't know if Beyonce has a fan club as big as yours. And it is not about popularity; it is because of what you and how you transform the classroom.

So mentoring and education, setting the tone for the future public health professionals of the world and the teen pregnancy professionals of the world and public health practitioners of the world, say a little bit about that as we close out this discussion please.

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Sophie Godley: Sure. Sure. Thank you so much for saying that. It's such an honor to get to do this.

I just love teaching. I really, really love it. I don't know how else to put it. I find it so exciting, so challenging. It's always different. It's always interesting.

One of the things I've really started to focus on in the past couple of years is the sort of disrupting this notion that classrooms have to be sterile environments and that relationships between faculty and students have to be transactional. And I actually think what helps me get to the kinds of conversations – and I don't always do this perfectly – but I think what students appreciate is, for the most part, they truly believe that I deeply care about their success, and I do. I actually really do.

And I really want them, especially my undergrads, I really want them to drop out of engineering school and switch to public health, you know what I mean? I want their whole life to be rocked. I want them to be like oh, no, I took this public health class, and now I can no longer do what I was going to do. Now I have to go do public health. And like then I feel like yes, that is exactly what I want.

And so I want to show them and demonstrate for them that you can have this career that's like endlessly fascinating and endlessly interesting and endlessly challenging, and you can actually make like a real difference in people's lives. Like what an incredible privilege, you know.

And so I just love that. And I think for the mentoring part, I think it's been absolutely my honor to mentor people like Lisette at the Department of Public Health or [Name] [00:59:33] who's now at the Department of Education and, you know, now has worked for the Feds for many, many years and is just a superstar. You know, young people of color who have not had a lot of cheerleading, you know, in their lives. And I think that being able to see people's potential and see their talents and just fan those flames, like it's embarrassing how little it takes to be kind and enthusiastic to people.

And once you do that and see how it builds people's self confidence and how their whole perception of themselves can change, that they can see themselves – like just to say – you know, just a stupid phrase I use a lot in my class is I'll say, well, you know, ten years from now when one of you is in charge of CDC – and like I see these little smiles, you know, like that – I know it's goofy but....

Craig Andrade: No, it isn't though.

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Sophie Godley: ...I really think that matters. I really think that matters to say to people, hey, did you know that we've had like, you know, an African American woman who is in charge of the Environmental Protection Agency? Like she is, like here's a picture of her. Let's talk about her, right.

Or one of my other favorite examples is this, you know, woman from a very working class background with this super heavy Massachusetts accent who rose to this – you know, she was also head of EPA. Like I love showing like a little YouTube clip of her, right, just so people can hear like there's that accent, right. Like you know, I just love that because it's like, again, just fan that flame where people's self-confidence and self-worth can build.

And then, of course, there's tons of structural stuff we need to do to dismantle the patriarchy and, you know, all the rest of it. But on a one-to-one level, I just feel like what a joy to see that spark in someone, see that potential in someone. And again, just the slightest bit of encouragement or saying to someone, I have faith in you, I think you can do this. You know, what's in your way? Like how do we move these barricades out of your way so that you can be exactly who you were meant to be, you know?

It's so rewarding. It's so awesome. I'm so lucky..

Craig Andrade: And Sophie, the School of Public Health, your students, and we as a community of public health practitioners, researchers, and educators are so lucky to have you as part of our team and not doing evil somewhere else with the same power.

I so appreciate you, and I'm so grateful for this conversation. We have covered so much ground from fur babies and feather babies and food insecurity to AIDS, to social justice, and those marginalized in all different directions, and raising up people, and then raising up our education pedagogy so that we can help make the world better with better professionals and leaders and people out there making the change that we want it to be.

I'm so grateful for everything in this conversation, and I look forward to continuing to connect with you on campus, and I can't wait for people to hear this conversation.

Thank you so much.

Sophie Godley: Thank you, Craig.