

Scene 1 - Just a prayer away

Keith singing –

“I know that there are times in your life.

“When the wheels just seem to turn.

“And uncertainties about your tomorrow seem to go

One thing you should remember and you should always know

Out of everyone who loves you

I love you the most”

“I’m just a prayer away

Call my name with your heart

With your heart and I’ll hear every word you say,

When you cry at night I’ll wipe your tears away.

Just pray my love, I’ll be there right away.”

Keith:

“Because of the color of my skin everybody knows when they see me, what I am. Or at least they think they know what I am based on my skin color.

And not the content of my intellect, the content of my kindness or the person that I am.

It’s not really based on what’s on the outside. And because of what’s on the outside most people shut themselves off to what’s on the inside. That’s something I’ve had to deal

with for 44 years. It’s nothing new. It’s nothing strange. I expect it. I don’t accept it but I except it.

Scene 2 - Joshua Quincy School

Keith:

"My name is Keith Hartgrove and I’m a victim of quadruple by-pass surgery. I’ve survived three heart attacks, one of which according to the doctors, my heart stopped for a while and I had some extraordinary experiences during that period."

K: How are you today?

Boy: “Good”

K: “Now, can we say Mr. Hartgrove?”

Boy: “Mr. Hartgrove”

K: “You’re so good, you’re so good.”

Scene 3 - Keith growing up

Mrs. Hartgrove:

“Keith grew up as an all around boy, he was very healthy and he played basketball and all the games that the kids played. And, Keith as a baby was born a vegetarian and that troubled us, it troubled me and it troubled my husband because we thought that children needed to have meat.

And when he started to school I didn't know what I could send for his lunch. But it was peanut butter and jelly, peanut butter and apples and all the vegetables and all the fruit and everything that I could give him, all proteins, he had cheese and everything. And, he grew up very strong and very healthy. Of course he took a lot of teasing from his classmates because they called him Mr. Cabbage or Mr. Peanut Butter or anything."

Keith:

"I had a very loving childhood. I had two parents that despite of all the adversity they had, gave me a good childhood, allowed me to be a child, allowed me to grow in a happy family."

Betty:

"We've lived in this house for 45 years. Keith was just a little over 17 months old when we moved in here, this is home to him and his two sisters."

Keith: "All right mom, I'll see you later, "

(Keith & mom chat about phone books he leaves)

Rev. Groover:

"This section of Roxbury is known as the Sugar Hill Section, historically where over the past 40 or 50 years, the middle class African Americans, the doctors, the teachers, the lawyers lived and owned homes here. At the same time they can not escape and their children and their children's children can not escape the same systemic forces that are depriving people of life in other sections of the city and lower Roxbury, it's happening here as well and it's taking place.

So we must not fool ourselves into thinking we're guarded and we're protected and there's a fortress that's protecting us from what's also destroying the lives of children and people, particularly when we talk about heart diseases, it's happening here as well."

Scene 4 Heart disease & African Americans

Dr. Paula Johnson

"Cardiovascular disease in our population in general is the number 1 cause of mortality. But we know for African Americans is that not only do we die in greater numbers proportionately but we also die at younger ages.

And what's interesting, a number of studies have been done to figure out, well, gee is it socioeconomic status, is it risk factors.

It's probably some combination but no one can really explain away the total difference by looking at those factors, so that we can't fully explain that very significant disparity.

Dr. John Rich

"And we find that African American men have the highest death rate from cardiovascular of any other group. Now clinically, we also know, that African American people are more likely to have high blood pressure which is a precursor for cardiovascular disease, heart attack and other things. The other factor that, whenever you talk about race, we

realize we're not talking about the biological functions of race but we're talking about the fact that there are other forces in society that mitigate against the health of people of color. Because it's not just cardiovascular disease where we see these disparities, but also in cancer and other diseases where African Americans have higher death rates. So that when we think about it we think well, maybe it's that African American people are poorer and therefore have less access to healthcare. And that is one of the reasons but we also know that a number of studies have demonstrated that African Americans in the health care system get a different class of care. For whatever reason providers seem to treat people of color differently, either in terms of diagnostic services or in terms of what kinds of interventions they get. So we recognize that race represents a more complex mix of factors than just whether your skin is black or what your ancestry is."

Scene 5 - Heart Attack Story

Betty Hartgrove:

"We have two services at church, an 8:00 service in the morning and an 11:15. So, after the 8:00 service, I never come home because I'm part of the finance committee. But, something said to me, go home and , for a few minutes in between the service and maybe get a cup of coffee or something and then come back. And I did! "The phone was flashing and it was the nurse from the Carney Hospital. She was telling me that Keith was there at the hospital and that he hadn't been feeling well and she thought that I should know it and get there to see about it. Oh, I got so upset, and I called the hospital and they told me they thought he was having a heart attack. And that he had not been feeling well and that they were looking after him in the emergency. So I called Cheryl, my oldest daughter and told her that Keith had had a heart attack and did not get to work. He had driven himself to the hospital, they didn't know how he did it. "

Lamar:

"Dad were you going faster than this?"

Keith:

"No, I was going about this speed, there was traffic like there is now. "

Lamar:

"Oh. And how can you tell that you're having a heart attack?"

Keith:

"It hurts"

L:

"It hurts?"

K:

"It hurts, it hurts a lot."

L:

"It hurts a lot okay"

K:

"yeah"

Keith:

It was very hard for me to drive because I had to shift gears with my right hand. My left arm was hurting so bad I couldn't really use it, so I had to shift and go back to driving with my right hand. 'Cos I had to just keep my left hand down. So if you can imagine shifting, and then putting the hand back up and shift again, and hand back up, and it was pretty hard. The first thing I thought about was, am I gonna make it? Second thing I thought about was, should I be driving. And then I started thinking about, you know, if I pass out on my way, would anybody notice what was going on and would they be able to get somebody to help me in time. And then I really started feeling bad about taking the chance of driving cos I thought you know, well I could hit somebody standing in the street, or I could run a red light and smash into somebody and take them with me. So I started feeling really bad and I tried to just focus on making it. It seemed like a real long time especially here in Codman Square because this is a traffic place, you know cars kind of get congested here. That was kind of scary for me cos that's when I realized that I could hurt somebody, I could just not be alert enough to stop when I needed to or be able to stop when I needed to. And that bothered me a lot. And then I tried to figure out, well, here I could go either straight or take a left. And I just didn't know what was better, whether I should do something that would possibly keep me going, or try to save other people's lives cos by this point I really knew that I shouldn't have been driving. But, at this point it was kind of like too late, I had to do something. I couldn't leave my car here and just try to get an ambulance or get somebody to call an ambulance for me and leave my car. So, this is the route I took, the road less traveled. By the time I got here I knew there was no question I was gonna make it. But I, I prayed a lot."

Betty:

"And he got to the hospital and apparently, just got out of the car, he did not pay as he went in, he just drove to a spot that he could stop."

Scene 6 - Racism & Heart Disease

Charles St AME Congregation singing "We've got to celebrate"

Rev Groover:

"Disproportionately, African American men primarily, and women as well, die from heart disease. And when I think of my own family both sets of my grandparents died of heart disease prior to the age of 50.

In our faith, we connect the body and the spirit and they're inseparable. And so if one talks about having a healthy spirit one must also possess a healthy body."

Dr. Nancy Krieger

"We can do things like embody inequality, literally bring into our bodies exposure to toxic substances to hazardous conditions, or to interpersonal stressors not to mention the effects of the ways that different forms of institutional inequality such as residential segregation or occupational segregation affects possibilities for living standards. And then all the things that are contingent on that. We can embody those aspects of inequality or conversely embody those aspects of privilege. And then end up with biological manifestations, biologic expressions as it were in this case of race relations. So that while

there may not be innate fundamental differences between, say African Americans and Whites, there may be still biologic differences that are acquired because of the fact of living in a racist society.”

Keith

I always thought of myself as a pretty healthy individual, being vegetarian and really kind of enjoying not having to eat greasy foods and stuff like that, you know. I thought I was doing pretty well. But, stress. You know you feel it and you don't pay it any attention, but all the time it's like a time bomb. It's ticking. You can hear it in the background but you don't pay it any attention. Then all of a sudden you have to.”

Dr. Vanesso Britto

“Stress plays a very important role in all of our lives and certainly when you're in a social environment that causes you to sort of be on guard, much of the time, whether or not you're even aware of it on a conscious level, has some physiological effect on our bodies, there's no question about it. Has it been measured? It probably hasn't been quantitated to the extent that it would be recognized in wide scientific circles. But certainly anyone who lives in America and has gotten to the age 15 or 20 or 30, can give you countless numbers of incidents that have been both subtle and overt. So, the mind and body are connected and it would be hard to say that people would not be internalizing some of the stress that they encounter in their work-a-day lives in their social lives, in just about everything they do.”

Dr. Camara Jones

“ I have a question that I've developed: How often do you think about your race? And I have looked at it among white respondents and black respondents and the distributions are quite different. In one group of white respondents, 50% said that they never think about their race. The options were, “How often do you think about your race: never, once a year, once a month, once a week, once a day, once an hour or constantly. In this group of white respondents, 50% said they never think about their race and only .3% said they constantly think about their race. For the black respondents, 23% said that they constantly think about their race and if you take once a day or more frequently, more than 50% thought about their race at least once a day. Whereas a much smaller percent said never, it was actually 11% percent which quite surprised me. And I think those 11 % probably are living in racially segregated settings where they're not thinking about their race but are being impacted by institutionalized racism. But it's quite a different thing, so you have a conversation about race, it's easy for white people who don't think of themselves as having race to talk about race. But if you were to have a conversation about racism and how it adversely impacts not just the stigmatized races, but all of us, this whole nation. Think of the resources that are wasted because we are discarding all of the talent, all of the human wealth that we have in ghettos, and barrios and reservations. We as a nation are behaving as if we could get along very well thank you without all of that genius.”

Dr. Nancy Krieger

“It’s been well recognized particularly with work that was prompted by the horrors of WWII and fascist ideology that you began to get even more scientific analysis and statements saying that there are no such things as distinct biological racial “groups”. That is a myth and it is a fallacious and dangerous myth. That’s not to say that we as a human species vary in a whole variety of different traits. But the assumption is that if you have for example a certain “skin color” that automatically means you know something else about that person’s biology and basically, that’s not true.”

Dr. Camara Jones

“First of all, race doesn’t measure genetics. Race is a social construct, it’s not a biological reality. And the way that we see race in this country has changed over time. Many groups that were not white are now white. You know groups have moved from Asian to various... you know. So there are different ways that we see race. I’m black in this country. I’m told that if I went to Brazil I’d be white. And actually sometimes I’d thought that maybe I’d go try that for a little while. In South Africa I would be colored. And with the same genetic endowment if I stayed in any of those countries for a long time, my health would take on the pattern of the group to which I was assigned. Not having anything to do with my genes.”

Keith

"Healthwise, racism has been a burden, it's been a struggle. It's taken its toll and I've beared the weight, and now I wear the scar of it."

Dr. Cornel West

“Race as a category only emerges at a particular historical moment. There had been some color prejudice, there had been some color differentiation, but race as a category was first introduced by Francois Bernier in a paper in 1688 in France and doesn’t become part of so-called scientific discourse until Linnaeus in 1735 and his natural history. And of course, he’s one of the towering figures. And by the 18th century you’ve got a full-scale discourse of racial hierarchy, Europeans at the top, Africans at the bottom. By the 19th century it becomes, not simply “science”, but it becomes part of popular discourse in a way that had not been the case two hundred years before. At all. You see. Take a great African like Augustan, of the 4th and 5th century. He was an African, probably roughly the same color I was, part of the Roman empire, nobody made that big a deal about it, you see race didn’t matter as much. Hue hardly mattered as much, he was a roman, imperial, elite, from Carthage, Northern Africa, you see. It didn't make that big a difference.”

Dr Camara Jones:

“A lot of my work is on the impact of racism on health and conceptualizing how racism could impact on health, you know a lot of people say racism what do you mean by that how could that be health? And that’s because most people think only of, like, personally mediated, what I call personally mediated or interpersonal prejudice and discrimination as racism and I think about racism on three levels, and all three of which can impact on health. The first is institutionalized racism, the 2nd is personally mediated racism and the

3rd is internalized racism. So my kind of quick definition of institutionalized racism is differential access to the goods, services and opportunities of society by race. It manifests in terms of material conditions, access to power and societal norms. And this is the kind of racism that doesn't require that an individual did something. It's often manifest as inherited disadvantage.

A Martian could come and look at the distribution of goods and resources in this country and say there's something systematic going on here by race, there's evidence of that. Personally mediated racism I define as differential assumptions about the abilities, motives and intents of other people by race and then acting on those differential assumptions.

So that's what most people think of when they say racism. That's the prejudice: the different idea and then the discrimination: the different action. And it doesn't have to be intentional that's a very important aspect. And then internalized racism I define as acceptance by members of the stigmatized races of the negative messages about our own abilities and intrinsic worth. It's basically accepting limitations to our own full humanity."

Keith:

I can remember in the 5th grade I had a teacher who told me "you'll never be anything, you'll never amount to anything you'll always be a nobody." I didn't realize how much that affected me until I was older. But it always rang in my head you know, and I always felt like, well I can only go so far, I only can do so much, you know. And although I tried to prove her wrong, it always had a negative affect. And I never realized how much of a negative affect. But you know if you're told enough times by enough people 'you're nothing, you're nobody', after a while you begin to believe it and it does limit you."

Keith

"Now I have the opportunity to say to kids, I believe in you. I know you can do it. I know if you put your mind to it, there's nothing you can't do. Those are some of things I'm addicted to, to being able to say to kids, and believe it and understand that some of them have never heard it. Some of them have never been told I care about what's happening with your future."

"I did good, didn't I? "

Keith

"I just averted a very embarrassing moment. I was able to defeat six girls in a foot race to keep me out of a dress. The bet was if they beat me I had to wear a dress all day and if I won they have to do two page Black History reports. So I figured it was worthwhile me being a little out of breath to get them a little more education and have fun while doing it."

(What, again? Hold on.

We have to be fair to the children....)

Scene 7 - Racism & Healthcare

Reverend Groover

"WEB Dubois prophesied at the turn of the century that the race issue would be the prevalent and the pressing issue that would consume the entire century. And he was right. And it still is the case, African Americans continue to lead lives that involve the burden of racism, discrimination, economic poverty, residential segregation, substandard education. All of these stressful factors continue to play a very major role in producing heart diseases. Heart disease is not only genetic, it's not only hereditary, it's not only physical, but it is also institutionally based, it's culturally, it's societally, all of these factors, environmental factors play a role, play significant roles in increasing and perpetuating heart diseases among African Americans."

Keith

"It's hard for me to admit racism has diminished me. I want to be strong I want to be able to stand up to the test and say, Oh yeah, I've weathered the storm and I've come out and I'm some kind of hero or something. I don't see myself that way. I see myself as beaten. Beaten down but not overcome. Just, I've had my bout with it I've dealt with it to the best of my ability, but I'm weathered. Like a rock that sits by the shore. Every time it gets hit by a wave its a little bit less than it was before. That's how I feel. I've weathered all the waves. I'm still here, but I'm not the same rock I was when I started. And I feel that, and that's not easy to admit. And I'd be a lot better for my children. I have an 11 year old boy, who right now would love for me to run and play basket ball with him. And I've done it, but I tell you, I pay a price. And I'm not so willing to do it as much any more. It's harder for me."

Dr. Gary Taylor

"Blacks, African Americans if you will, in this country, receive less than optimal care for heart disease than our white counterparts do. And we can only ascribe, we can only associate that with racism, I mean, what else can be accounting for that? "

Dr. Nancy Krieger

"Turning the question to how racism affects health from that there are racial ethnic disparities in health is a major mind shift. And is one that I think is beginning to happen in public health and it's happened only because of an extremely long legacy of people who have been arguing along these lines. But these are not new ideas, but they are ideas that we have to work with in our generation because this is where we are and this is now. And we're only here because of all the work and struggles of people who have come before. "

Dr. Linda Clayton

"The issue of race and class and health system has existed since the beginning of the health system in the United States.

The health system was structured on the basis of race and class. And what Michael and I found in our research is that the African American experience in the health system in many ways has paralleled our citizenship status. And as we know, we really did not get the

voting rights until the mid to late 1960's and it was during that same period of time that the health care facilities in the United States were desegregated by law. So prior to that it was a completely segregated health system

And it really wasn't until the late 1960s that African Americans began to get even access to the lower tiers of the multi-tiered system in the United States and that tyranny exists today.

Dr. Michael Byrd

“Well we've coined a term for it, it's the blind spot. It's the blind spot in the US health system. It's almost equivalent to the viewpoint that the South Africans had about apartheid until recently. And until this blind spot is eradicated, wherein dialog is established and people can really learn the facts energizing this problem, and the structural defects that have facilitated this problem and cultural competence courses and multicultural exercises to help correct the biased clinical decision making that goes on routinely on a day to day basis, then we are really not going to do very much. Like you said, this is a 381 year old problem in the United States, deeply engrained in the medical social and the scientific western culture. And until real substantive corrective action are taken to approach it that way, then we are going to have a very very difficult time eradicating or correcting. And we're hopefully can begin perhaps engaging on the road toward justice and equity in health care for everyone in America.”

Dr. Paula Johnson:

“Basically beginning probably about 11 years ago that was when the first data, the first really good data started coming out about these disparities in treatment and the first studies were really done on administrative data and what I mean by that is kind of chart review type of data, data you can get from files that medicare uses. And what we've seen over those kind of ensuing 10 years are more and more data including my own that really show that African Americans are diagnosed less frequently when they have signs and symptoms that really point towards heart disease. The diagnosis of heart attack is not made at the same rate when it would be appropriate to make it.

There are data to suggest that there may be under utilization of cardiology procedures in African Americans who have a very high risk factor, you know, a great number of risk factors. There was a study published that looked at scenarios in which actors, basically presented all with the same symptoms, so they basically gave the same history, talked about having the same symptoms, etc. And physicians, who viewed these videos were far less likely to refer African American patients for further testing. And that was even the disparity, once again was greatest for African American women.”

Dr. John Rich

“When we think about racism as it effects medicine, we know that the people who become doctors have grown up in the society at large and that there may subtle attitudes, subtle held beliefs that lead them to certain decisions in medical decision making that are different for people of color than for people who are white. I don't think for the patient that's perceived as hostility, I think it's perceived as a caring provider. But at the point where a decision is made there seems to be some influence of race.”

Scene 8 - Keith's Experiences in Hospital

Keith:

“The physician that was charged with stabilizing me, that two days that I spent at Carney before being shipped to Brigham and Women's hospital for my surgery were spent with Dr. David Dobroski. My doctor, Dr. Taylor, called him and said "Don't let my brother die". Dr. Dobroski took that really to heart. I think he was more worried about me than I was.”

Dr. Dobroski:

“Sometimes people come in with heart attacks, its very clear based on their ekg that that's what we're dealing with, it's a very simple decision to give thrombotic therapy, but in his case it wasn't so cut and dried and straight forward and so I think a lot of the concern you saw was really my deliberating, agonizing over what's going to be the best therapy for him, am I really sure that this is what I'm dealing with, is he really having a heart attack, if I give him this therapy and there's some complication that obviously is not something I wanted to do. So, I was concerned on many levels about him and what was going to happen and whether I was correctly diagnosing what was going on. So, all that was going on but probably I had a sour look on my face, most of the time so I think that was probably what gave him some concern.”

Dr. Paula Johnson:

“We have not, I think faced some of the hard reality that there's probably bias in the way that we treat patients and how do we begin to understand that and how do we begin to understand it in a way that leads us to changing behavior. And I think we just haven't gotten there.”

Keith:

“During my time in the hospital, in recovery I had a nurse who I considered to be pretty prejudiced. And during that 8 hours, you know there were points where I was really angry and really quite upset with the treatment I was getting. But I realized that because we had a one on one relationship she was directly in charge of my well being, I could only get so mad, I could only say so much to her, because she had the power of life and death over me. It was a very humbling experience. It made me realize that, you know, at any point she had the power and I could do nothing. I was powerless. ”

Scene 9 - Racism is Alive & Well

Dr. Camara Jones:

“Racism is alive and well and kicking and hurting. It exists and that's the biggest hurdle for white folks to understand. Part of it's because white folks by virtue of their whiteness, and they don't have to do anything else, are benefiting from a racist system. Many doors that say closed to me open up when the white person approaches and they don't even realize there was a door there. It's not only that the door is opening they don't even know that there was a door. That's the biggest hurdle, is understanding that racism is

alive and well and exists in this country and is affecting people adversely. It's affecting the whole nation."

Dr. Cornel West:

"It's always there in your everyday consciousness that's really what it means to be black in America, to be at risk. If you're at risk you have to be very cognizant and alert, to what's coming at you. At the microsocial level, on the ground, on the larger macrosocial level, in terms of policies and the various activities at the workplace, with the police and so on. But it's not the kind of thing that gets you down, you keep moving."

Dr. Vanesso Britto:

"There are times when you let your guard down, as it were, and not necessarily feel like you should have your guard up or you should be, that filter should be in place and then something happens. And it's like, oh, ok, I remember now, you know, my fault, I should have not left myself vulnerable. I don't want you to think that people walk around in a paranoid state, but as I said, it's there sometimes not even on a conscious level."

Gary Taylor:

"It's very nice that people treat me very well most of the time when I have my white coat and stethoscope on, but it's still not unheard of, it's still not unusual for me to be walking down the street and to be associated with a gang member, to be associated with a drug dealer, to be associated with other negative aspects in our community. Not everyone who drive a BMW and lives in the black community is a drug dealer or a pimp and that's the way we're looked at to be honest with you."

Keith:

"I still have to deal with discrimination, I still have to deal with racism, I still have to deal with institutional racism. I still have to deal with the fact that there are people that I deal with that just don't like my black face."

Betty

"You're going to hear these things, people are going to call you names and whatnot. You're going to experience not receiving the job you want, I said, but that's okay. It will all come out right in the end. And, it bothered him, it bothered him underneath, underneath. He had to overcome it, because I told him he had to overcome it. I said I've gone through the same thing."

Scene 10 - We Do Have Choices

Dr. John Rich:

And that even in this world where there's a lot of oppression, there's some things that I can take on and do for myself and my community and my family, that will reduce my likelihood of dying of cancer, reduce my likelihood of dying of cardiovascular disease. And I'm not sure that in a community wide way we've accomplished that. To simply say, racism is a given, it's not just you, it's not just your individual behavior, it's racism is a given, but within that context there's some things you can do. I think that's liberating

for folks, because they recognize that there's some systems changes that have to come about. But that those system changes shouldn't limit their desire to get knowledge, their desire to get information, their desire to improve their community so that it's a place that they can exercise, and live in healthy."

Dr. Vanesso Britto

"If you don't demand better produce, if you don't demand better cuts of meat, if you don't demand certain things and yes, it can be very expensive to eat properly. But we only have one body. And I can't stress enough that there are ways to do it. There are ways to make substitutions and changes in the things that we feed ourselves."

Keith

"It was easier to grab something quick then grab something healthy. It was easier for me to just continue to work instead of sitting down to have a meal. It was easier to eat on the run under stressful situations rather than to sit down and take some time to treat myself better."

Dr. Taylor

"What this had taught Keith is that if he doesn't change, he's going to die a young man. He pretty much had a heart attack 7 years ago, didn't change very much for a number of different reasons and had another heart attack 7 years later. I think Keith realizes that he's got to make some major changes in his life. He's got to make sure that he's insured, for example, so he can get the medication that he needs and he can feel free to see doctors like myself, not only when he's in trouble, but also just to have frequent check ups. We take better care of our cars as a whole than we do our bodies. We would never let our cars go more than the required, recommended mileage before we get a tune up, yet most men, don't see doctors on a regular basis as a whole."

Dr. Vanesso Britto:

"What we need to do is educate ourselves. What we need to do is understand our family histories and understand that we don't have to lose our traditions, we don't have to lose ourselves as a community but we do have to get healthier or else we're not going to be here."

Dr. Johnson:

"In order to achieve what we need to achieve, it's not just going to be the medical community. It's going to be, you know, it being recognized as a major public health issue. And there needs to be a kind of awareness and advocacy around it that probably has some grass roots activity, as well, in order to make this a real significant priority."

Dr. Gary Taylor

"We need to start putting our fears away and we need to start using our sixth sense to really figure out who has got our best interest at heart and who has not got our best interest at heart. And most importantly we need to stop being turned off by the entire system. Racism is never going to end, but that doesn't mean we should stop looking for good health care because there are too many racist individuals out there. Because if we

do that we're going to lose the war, we'll win the battle but we'll lose the war and we're gonna die, continue to die young earlier than other people."

Dr. Johnson:

"Talk to your friends, you know, talk to those who are around you. You know if you're a person who goes to church, talk to the people in your church. Begin to share information and experiences because I think that sometimes those are some of the most positive educational experiences and can really help people begin to validate what they've been feeling and to also get some good information."

Rev Groover

"For every Keith Hartgrove there can also be thousands of other African American men and women who can experience the victory that was experienced by Keith. That's our quest, that's our mission. Keith is a living witness that it can be done but we all must be committed to it as well."

Keith

"We do have choices. And I think having the experience that I had made me realize that I have to be lot more active in how I do things, how I treat people, how I go through this world and show the love of God to other folks."

Scene 11 - Gifts of the Church Community

Keith:

"I've been singing with the men's chorus sort of off and on for the last three or four years. I'm not the kind of person that wants to be noticed or you know, I just want to participate. Because I do love to sing, I do love the spirit of comraderie. Out of gratitude for my second chance I vowed that I would do a solo and that I want to sing something that would inspire just all the people of the church."

Rev Groover

"One of the gifts of a church community, particularly in the African American church community is the rich experience of fellowship, of edifying one another, encouraging one another. I am aware that when Keith was hospitalized many parishioners made phone calls, some who weren't able to speak to him called his mother, many parishioners went down on their knees and prayed for Keith and encouraged Keith. And when Keith returned back to the church, when he was able to, many parishioners embraced him and said Keith we've been praying for you and we regard you as a walking miracle. Keith's life has been encouraged by this experience, not only out of his faith in God, which is a steadfast deep faith, but also out of the richness of the fellowship, who when one of us is experiencing a crisis, the entire church family is there for that person and that's one of the joys of being a part of a church community."

Mrs. Hartgrove

"It has changed his life to the degree that he wants to learn more and more about what we are here on earth for, why we are here. And he's gonna work out his soul's salvation, he's

gonna work it out. And this is something people really don't understand and I guess we never will until it's our turn to go through that experience."

Scene 12 - Hell is a Real Place

Keith

"Hell is a real place and it's up to you whether you go there or not."

Keith:

"I remember my heart stopping, I remember my spirit leaving my body, I remember seeing my body laying on the table wide open, you know, ribs to the sky and my whole chest cavity being open. I remember saying wow, is that me? I remember that. And I remember not feeling any pain, but then I remember a really dark place and I remember, I remember touching the ground, but the ground wasn't solid. And I remember sinking into, I remember sinking into this disgusting earth, like quicksand. I remember it being so pungent an odor that it was toxic. I remember sinking down. I remember seeing people suffering and hearing screams of agony and a struggle to leave that place to get out of that quicksand and quagmire. And yet not really having anything to hold on to or any way to pull myself out of it. Then I remember at one point, just before I really drowned, I remember hearing people calling out my name and prayers. I remember people saying lord let him live. I remember.

This was a second chance for me, and I think that the love that I showed my father on his last days were really part of the reason why I was given a second chance and I know I have to be more active in those choices and how I do things and it's caused me to change my life in a lot of ways."

Scene 13 I've Got So Much to Thank God For

Rev. Groover

"Keith Hartgrove, young brother suffered a very critical heart attack and the Lord brought him back.. And so, for this reason, we've asked the men's choir, the Richard Allen brotherhood to sing first and our soloist will be none other than brother Keith Hartgrove."

Keith singing solo:

"Lord, I want to thank you. You opened my eyes that I might see. When I was sick, and I couldn't get well, Lord you touched my body and now I can tell, I've got so much to thank God for."

Chorus

I've got so much to thank God for."