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[Daily News](#)
[Top Stories](#)
[World](#)
[Politics](#)
[Business](#)
[Growth Minute](#)
[Sports](#)
[Health](#)
[Women](#)
[Opinion](#)
[High Tech](#)
[Entertainment](#)
[Music](#)
[Features](#)
[Books](#)
[Poetry](#)
[Movie Reviews](#)
[Home & Garden](#)
[Industry](#)
[States](#)
[Smoking](#)
[Health Column](#)
[Senior Health](#)
[Environment](#)
[Education](#)
[SupportOurTroops](#)
[Iraq](#)
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[Nepal](#)
[Cartoons](#)
[Video Releases](#)
[Most Read](#)

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Dr. Rani Whitfield "Tha Hip-Hop Doc" Interview with Kam Williams

by Kam Williams

While the naysayers felt Hip-Hop would only be around long enough to quench a temporary thirst for kids in the South Bronx, it's gone on to become an all-encompassing cultural trendsetter. Rap's main component, music, has done much to create an undivided nation regardless of color, religion, background or profession. And Rani G. Whitfield M.D., a board certified family physician, is a pioneering participant in that regard.



A native of Baton Rouge, Louisiana, Dr. Whitfield earned his undergraduate degree while attending Southern University. From there, he moved on to complete a sports medicine fellowship at Ohio State University and ultimately finished up his family practice in Dayton.

Upon moving back home, he became active in the community, mostly offering his services to local schools. As the team doctor at all-black Baton Rouge High, he built a solid rapport with the students. Currently in the midst of developing the Hip Hop Healthy Coalition, he plans to merge his three favorite pastimes: music, medicine and sports for the good of the community.

Dr. Whitfield calls his most crowning achievement his sixteen month old daughter, Raina. "That's it," he says. "When it's all said and done... my goal in life is to never neglect her and always make sure I take care and do for her."

KW: You're known as "Tha Hip-Hop Doc." How'd you get such a colorful nickname?

RW: The name was given to me by the kids at the local high school I work with here in Baton Rouge. While riding in my car to sporting events, I would play alternatives to their sometimes "hard on the ears" music, and they began to really enjoy my music. It became a challenge as I would play old school hip-hop that was clean, but creative like Run DMC's "King of Rock" or the Sugar Hill Gang's "Rapper's Delight". Sometimes they enjoyed it, sometimes they didn't, but it would bring about discussion, dialogue, and a rapport.

KW: How were you able to develop that rapport with the Hip-Hop Generation?

RW: By being accessible to my students and having a true and sincere love of hip-hop music. Young people only respond when they feel that you are sincere and actually care about them. To be easily accessible to young people makes a big difference. Even when I lecture at places away from my hometown, I think the young people can tell that I want to be there and I give my all to them.

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KW: Does that lead to criticism from your colleagues, the way that Professor Cornel West took some heat, and eventually left Harvard for Princeton after making a rap CD?

RW: It has to a certain degree, but I can't let that stop me. You can always find something wrong with an approach to reaching young people. To be totally honest, I could care less if it was classical music, country music, house music, etcera... As long as it grasps the attention of these young people and educates them, I'm all for it.

KW: Have you ever been to Princeton, which is where I live?

RW: I have not, but I would love to...Send a brother a ticket. [Laughs]

KW: Why do you care about the kids, when so many people easily dismiss youngsters who embrace the gangsta' rap lifestyle, and its seeming celebration of materialism, violence, misogyny and womanizing.

RW: Well, it may sound corny and it is a bit overused, but the children are the future. I have a 19-month-old daughter and I want her to grow up in a better world. In order to do that, I have to understand this world and what's going on around her. I will do whatever it takes to have a positive influence on young people. I also see the innocence, creativity, and energy in young adults and the need for structure in their lives. The gangsta rap, materialism, violence, misogyny, and womanizing is what is produced and played, so that's what they are conditioned to listen to and learn. I feel as if it's my responsibility to bring a more positive spin to hip-hop with out jeopardizing its creativity and international appeal. If we continue to allow certain types of hip-hop music to define this generation, it will always be negative.

KW: How bad is the AIDS crisis in Baton Rouge? Is it hitting the black community there worse than the rest of the country?

RW: The HIV/AIDS epidemic hits very close to home as the Southern states have the highest HIV/AIDS rates in the country. Baton Rouge, my birthplace, has had the highest HIV/AIDS diagnosis rate in the state of Louisiana the last five years. Baton Rouge also suffers from the sixth highest AIDS case rate in the nation compared to New Orleans, which has the seventh highest rate. Hurricane Katrina placed a tremendous burden on the HIV/AIDS population throughout the New Orleans and Baton Rouge regions. Many HIV/AIDS residents, primarily African-American, displaced by the storm, have attempted to return home only to find the necessities of housing, employment, and healthcare unstable and fragmented. Statistics can be skewed and as a state we do a pretty good job when it comes to reporting. There are also campaigns, like the one designed by Mayor Kip Holden, the first African-American Mayor President in the history of Baton Rouge, to increase education and raise awareness about this dreaded disease. I serve on his HIV/AIDS task force, and one of our goals is to increase testing among African-Americans. We African-Americans are being hit hard in the state and the city, and something must be done immediately.

KW: Why do you think the HIV infection rate is rising among blacks while declining among the rest of the U.S. population?

RW: There seems to be a sense of denial in the African American

community. We survived slavery, Willie Lynch, Jim Crow, and the civil rights movement, and now we are faced with one of the most devastating diseases in the history of man. Although HIV is preventable if behaviors are changed, and there is increased awareness, we, as a community, a nation, have decided to ignore this illness. If someone is infected, they are gay, dirty, substance abusers, or promiscuous. But what about the innocent child who is infected by his mother while resting in her womb? Or the unsuspecting wife whose husband has decided to have casual relationships with men and/or women and brings the virus into his own home? Our inability to feel comfortable discussing HIV has led to the spread of this virus in all facets of our community. Church leaders, politicians, and community leaders must stand up and speak out against HIV. Until we can discuss this disease comfortably at the dinner table, churches, barber shops, and schools, the problem will continue.

KW: Do you think that homophobia in black culture contributes to the problem by causing many gay men to hide their sexuality on the down-low?

RW: Definitely! Jobs, careers and family relationships are all at risk once sexuality comes into question. I have patients who are not only gay, but also HIV positive who have only told me about their status and sexuality. It's a lonely and hard life for these men and women to live a lie on a day-to-day basis, but many hide to avoid criticism, ridicule, and ostracism.

KW: They say the rate is especially skyrocketing among black females. How are most being infected, by straight men, brothers on the down-low, or by intravenous drug use?

RW: By all three methods. Center of Disease Control statistics from 2005 still have heterosexual contact as the most common route of infection for women, however IV drug addiction and the down-low brother, and men having sex with men play a significant role as well.

KW: From reading your chapter in Gil Robertson's book *Not in My Family*, I see that you do a lot of work with inmates in prisons. Movies always make jokes about prison rapes. How frequent is the phenomenon? And is it possible that with over a million black men in jail, many are becoming bisexual behind bars, and then leaving HIV+ by the time they are paroled?

RW: Rapes definitely occur in the prison, however, there is consensual sex among men as well. I've had inmates argue and debate with me on this issue. They tell me that I don't understand because I have never been incarcerated; that it's a normal phenomenon to desire another man after being incarcerated for long periods of time. To some of the "long timers", it is socially acceptable while incarcerated to have an ongoing relationship with another man, but not discussed upon exit from prison. The prisons have their own rules and, for some, homosexuality is a way of life. Due to fear, many rapes go unreported, so to give actual numbers is impossible. My rapport with the inmates, however affords me the opportunity to find out about some of the rapes and get these inmates counseling and placed in a safer environment.

KW: You say that many young people are in denial and don't even want

to get tested. What percentage of people transmitting the disease does so unknowingly?

RW: There are 200,000 to 300,000 individuals in the US estimated to be HIV positive and don't know and have not been tested. These are estimates only. This is scary when we already have approximately 1.2 million people in this country living with HIV/AIDS and half of those are African-American.

KW: How does being diagnosed as HIV-positive usually change an individual?

RW: Significantly! In my opinion, there is nothing positive about being HIV-positive. Some people like Jeffery Robinson, Gil's brother, and Magic Johnson have done some really wonderful things in the communities to educate and increase awareness, but what I see most is depression, anxiety, suicide attempts, decreased levels of confidence, and embarrassment. That's just the reality of the current situation.

KW: How hard is it to see so many young patients pass away?

RW: Very hard. I love young people and I steal energy and creativity from them. Premature death from illness and injury is not uncommon in my life as a physician who practices in the substance abuse and prison systems. Death from things that are preventable such as heart disease, obesity, cigarette smoking, and of course HIV/AIDS is unacceptable in today's age of technology and information. Yet there continue to be huge disparities in health care, and younger people are dying from things that are preventable. This will be the first generation of young people that will have a decreased life expectancy due to poor decision-making and unhealthy lifestyles. I have a beautiful daughter and she deserves every chance possible to live and to live healthy. Death before 85 ...that's absurd.

KW: What approach to sex do you recommend to teenagers you counsel, abstinence or protection?

RW: Both. You don't live in America if you believe that young people are not having sex. I always encourage abstinence and monogamy with my young people, but I'm also realistic. I see the results of unprotected sex in this population...unwanted pregnancy, STDs, including HIV, and ultimately death. My parents laugh and say, "When we grew up, there was gonorrhea, chlamydia, and pregnancy. Now you can have unprotected sex, and die."

KW: What is your best piece of advice for those who are sexually active?

RW: Get tested; know the risk factors for HIV/AIDS and other STDs; test together, and on a regular basis; use protection: condoms, gels, creams; get educated about all STDs; be open and honest about your sexual practices in the past; be honest with your partner...the life you save may be your own, and theirs as well.

KW: How about for intravenous drug users?

RW: The same advice, also to never share needles and to get tested frequently.

KW: What interested you in medicine?

RW: I've always enjoyed helping people, and I felt at a young age that medicine would afford me that opportunity. I never knew it would blossom into "Tha Hip Hop Doc" which has the potential to help more than just one.

KW: How hard was achieving that goal, being black in Baton Rouge?

RW: As usual, being African-American in any environment is challenging, particularly the South, but I persevered. I was schooled at HBCUs [Historically Black Colleges and Universities] on the college and medical school level, and understood early on that to be considered good, you had to be better than the rest. I expected worse treatment, but my professionalism, punctuality, commitment to my patients, and passion for medicine and people have made the transition into the "real" world doable.

KW: Why do you think the educational system seems to be failing black youth, particularly boys, today?

RW: Many fear young black youth, especially men. They have been labeled violent and non-caring. This is not true, but the ability to reach them is not always easy. This is one of the reasons I use hip-hop to educate the youth. It's not a game, and if I didn't have a true love for hip-hop, I would find another avenue to attempt to bring these positive messages. Going into the community, being accessible, and not being intimidated is only the start, however. We need to demand better schools, after school programs, summer jobs, and vocational training in the high schools so that these young people have options. College is not for everyone, and some can't afford to go. Give them options and provide community examples of those who have achieved. If it's not realistic, you've lost the battle with this generation.

KW: What advice do you have for anyone who wants to follow in your footsteps?

RW: Do what I did: find a mentor who is doing what you want to do and shadow that person. Start this process early. If you don't like the career, ask this mentor whom he or she knows in the community, and get a personal referral. It's all about networking. I have students working with me all the time. It's my duty to serve and educate my community.

KW: What do you do to unwind?

RW: Play music. I'm a bass guitarist. I study music, play the piano, teaching myself. I love and hug on my daughter. I weight train on a regular basis. I play basketball, cook Cajun, read, when time permits, and sleep, when time permits.

KW: I know that you completed a sports medicine fellowship at Ohio State, so how did you feel when they lost the NCAA Championship basketball game to Florida recently?

RW: Terribly; I love the youngster Oden. But to be honest I was more into the women's games. I am a big fan of LSU women's basketball and a great fan and friend of Coach Pokey Chatman. One of LSU women's players, Quianna Chaney, was not only my student at the high school I do volunteer work for year-around, but she was also my student-worker

this past summer. We would go to the gym after work and play one-on-one. That girl can shoot the lights out of the gym. I was so proud of her in the last few games; and even in defeat, remain proud. I text-messaged her before each game with words of encouragement and coaching tips.

KW: Did she follow your advice?

RW: Only when they won [Laughs out loud]. Anyway, I was just proud of her and all the girls for dealing with the adversity after the abrupt resignation of Coach Pokey.

KW: Is there a question you always wished a reporter would ask you, but none ever does?

RW: Yeah.... How much do we owe you? [Laughs again] Seriously, though, most of the interviews I have done are right on it. My mission, hip-hop and health, is so unique that, by the time I get to the interview, they have researched me well enough.

KW: Thanks for the time and commitment to youth, and good luck with all your endeavors.

RW: Life's been good to me...I am truly blessed. It's Tha Hip Hop Doc, they call me H2D. Come on Kam, let's get hip-hop healthy. Peace, I'm out!

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