

MEDICAL ADVOCACY IN THE FACE OF ADVERSITY...ANTI-RACIST

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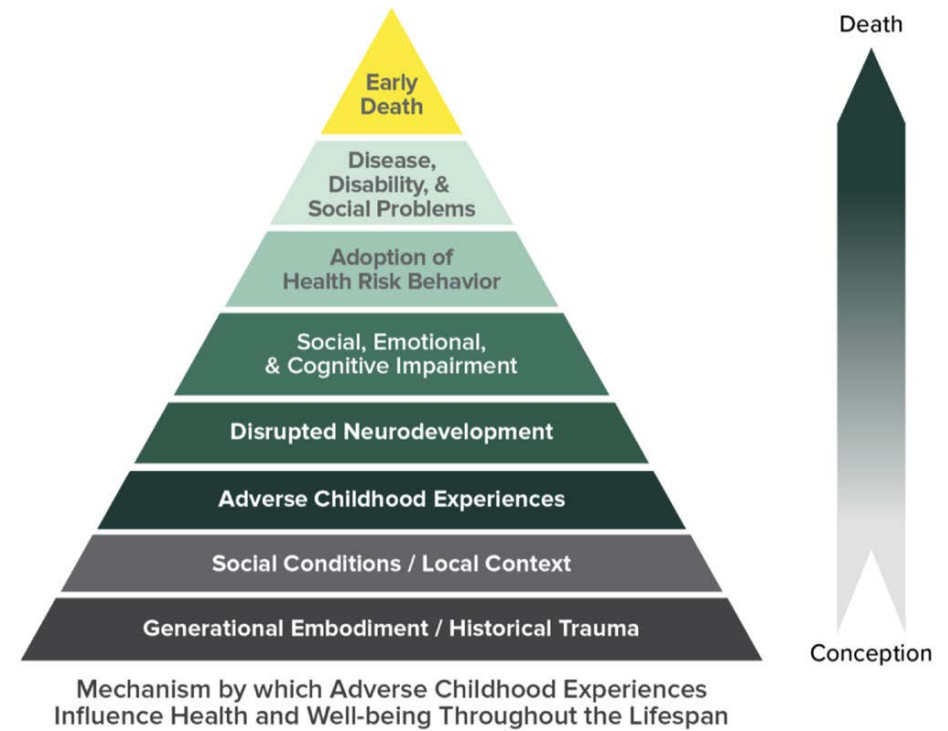
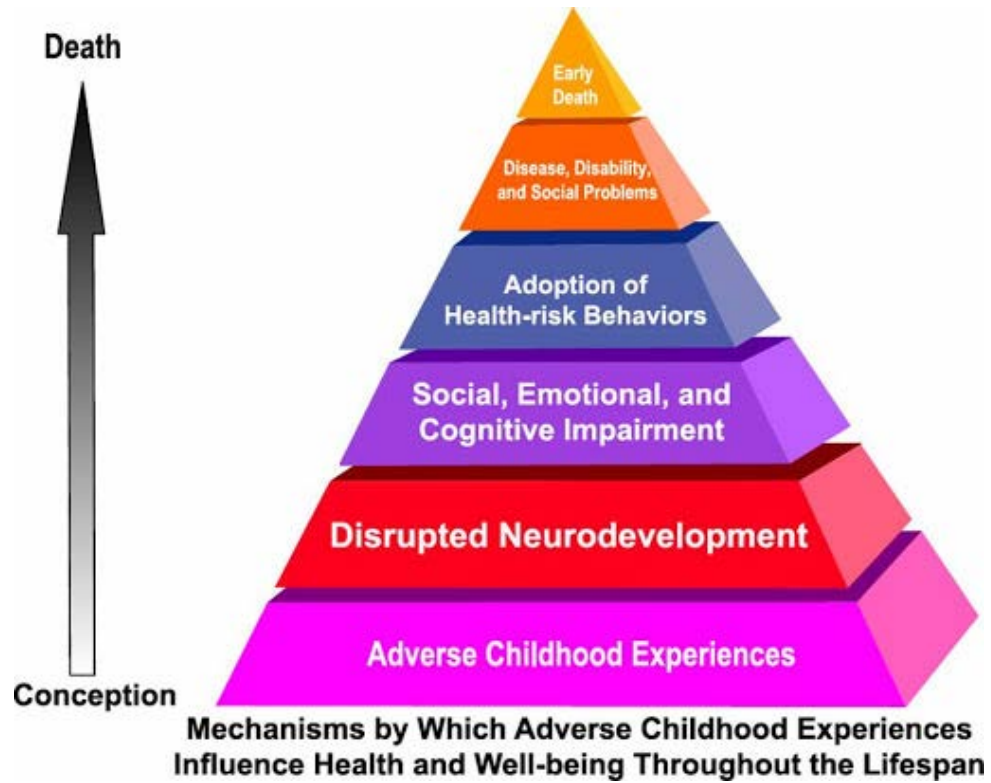
Department of Pediatrics

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GOALS

Define	Participants will define examples of generational trauma based upon systemic racism and present discriminatory practices.
Learn	Participants will learn of the consequences of discrimination against children of color,
Learn	Participants will learn of the role of advocacy and anticipatory guidance for medical professionals to promote an expectation of equality for families and from service providers.
Discuss	Participants will discuss steps that can be taken by health care providers to stand up for their parents who are fearful of retaliation by therapeutic or educational systems.



WE ARE THE SHODS, WE ARE THE LAST WITNESSES.
WE ARE SHODS FROM OLAMCHILKON AND KAMCHILKON
FROM PEAGUE, FAGE, AND NANTODON.
AND BECAUSE WE ARE ONLY MADE OF FARGE AND KATON
AND NOT OF BLOCH AND SLASH, EACH ONE OF US IS SHODD IN HEART.

© 2000 THE SHODS OF KAMCHILKON





Spare the Kids

WHY WHUPPING CHILDREN
WON'T SAVE BLACK AMERICA

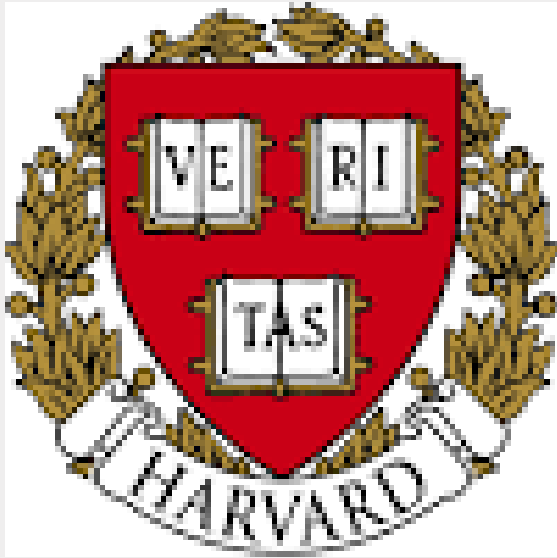


Stacey Patton

author of That Mean Old Yesterday

"Without condescension or unnecessary moralizing, this book will challenge your most deeply held assumptions and refute your strongest arguments."

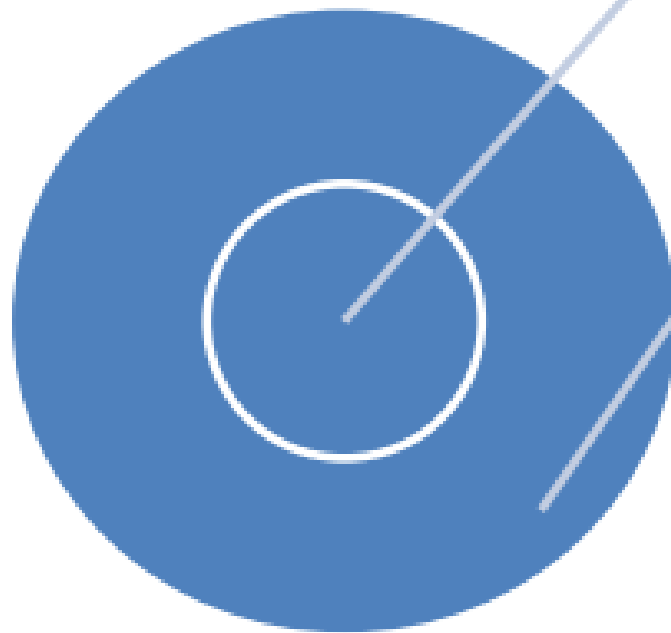
—Marc Lamont Hill, author of
Nobody: Casualties of America's War on the Vulnerable, from Ferguson to Flint and Beyond



CENTER ON THE DEVELOPING CHILD HARVARD
UNIVERSITY

Shonkoff JP, Slopen N., Williams, D. Early Childhood Adversity. Toxic Stress, and the Impacts of Racism on the Foundations of Health. *Annual Review of Public Health*, 2021

- Many families of color experience substantial burdens:
 - Unequal treatment in **healthcare**
 - Unequal treatment in **education**
 - Unequal treatment in **child welfare**
 - Unequal treatment in **justice systems**
 - Entrenched **barriers to economic advancement**
 - Frequent indignities resulting from **cultural racism**
- Reducing health disparities also requires targeted strategies that address the social inequalities that have historically limited opportunities for certain groups.



Colorism: "The practice of reserving positions of social privilege for lighter-skinned People of Color": Experienced by Dark Skinned People of Color (Hunter, 2008, p. 81)

Racism- "A system of advantage based on race": Experienced by both Dark Skinned and Light Skinned People of Color " (Tatum, 1992, p. 3)



Follow

#BankingWhileBlack: A bank called the cops on a black man because his paycheck was too high: trib.al/TpF6JDj



9:00 AM - 19 Dec 2018

1,196 Retweets 1,396 Likes



The New York Times

OPINION

Banks Should Face History and Pay Reparations

The financial industry can close the wealth gap and serve as a model for a nation struggling to reckon with racism.

June 26, 2020



Modern-day redlining: How banks block people of color from homeownership

By AARON GLANTZ AND EMMANUEL MARTINEZ

REVEAL |

FEB 17, 2018 AT 2:30 PM

INTERNALIZED RACISM

When children are exposed too often to prejudice and discrimination which is personally mediated racism, they are at increased risk of believing that they are treated poorly specifically because of their race, ethnicity, or color of their skin.

This is a much more difficult problem to attack. Careful discussion with the child's parents is necessary by the health care provider to assure that the parent is not projecting their own feelings of discrimination and the child is adopting this belief without evidence.

On the other hand, when a child experiences personally mediated racism, there is an increased risk for low-grade inflammation (↑ CRP).

INCREASED LOW-GRADE INFLAMMATION

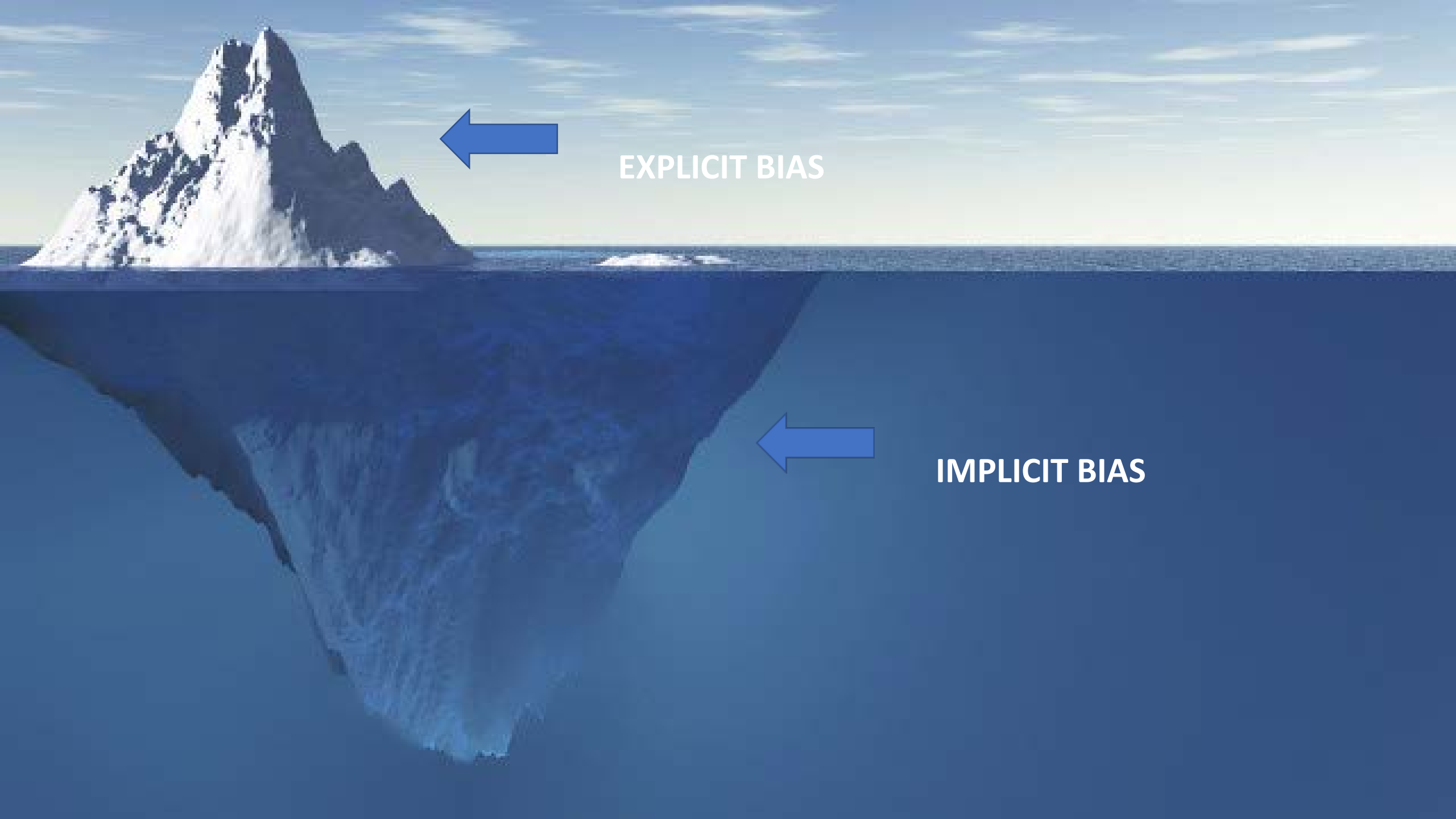
Among American born children, a study was conducted and revealed that **low-grade inflammation was noted for levels of CRP between 1-10mg/L.**

These levels were found in 17% of White children, 19% for other races of children but **22% of Black children and 26% for Hispanic children.**

Inflammation was even higher for children of foreign-born families: **31% for Hispanic, 26% for Black and 22% of other races.**

BIAS – THE KNOWN AND THE UNKNOWN...

- **Explicit biases** are those conscious attitudes in beliefs we have about a person, group or situation. We are aware of these biases.
- **Implicit biases** are those unconscious (unintentional) attitudes and beliefs we have about a person, a group or a situation. They affect our understanding, actions and decisions in an unconscious matter.



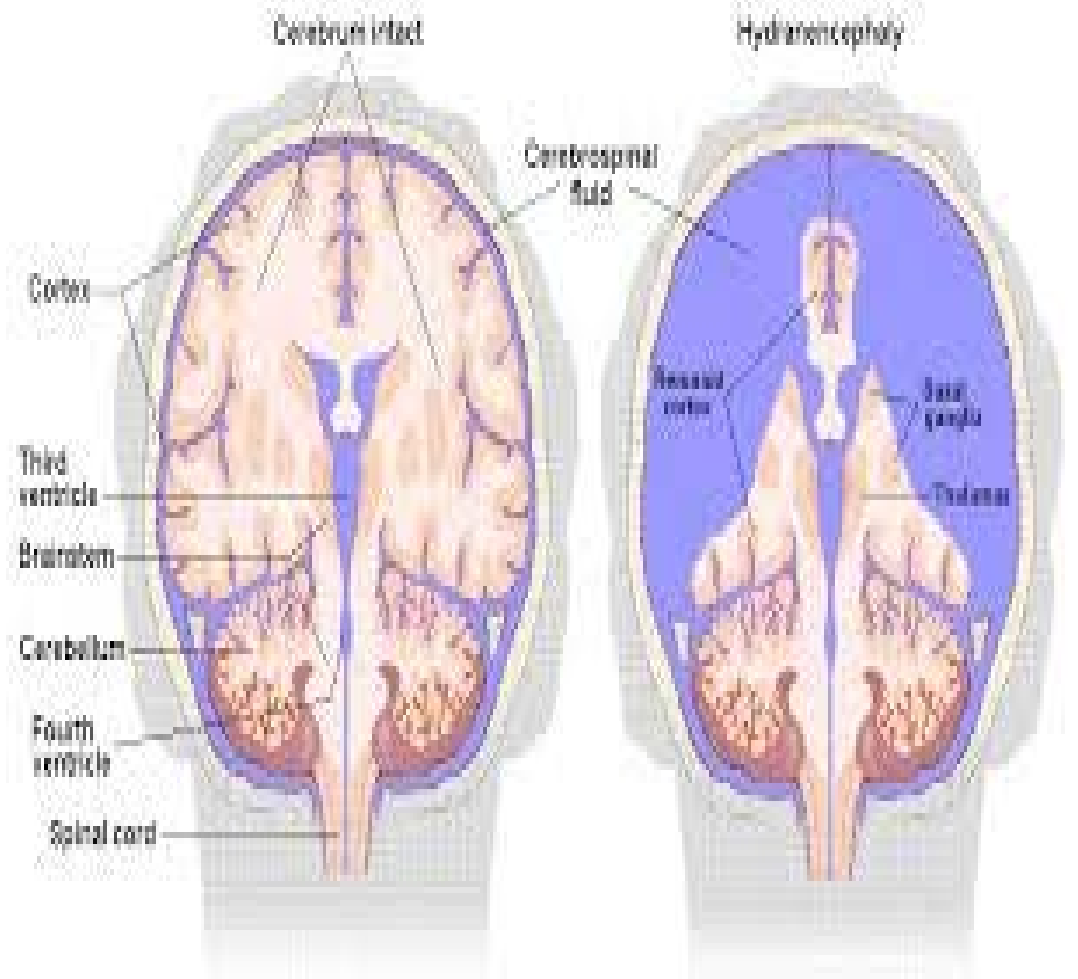
EXPLICIT BIAS



IMPLICIT BIAS

“WHY DID YOU BRING US HERE?”

- A.S. was a 3-year-old boy when he presented to the E.R. because of gasping respirations and a rectal temperature of 94 degrees.
- His parents had immigrated from Somalia to the U.S shortly after he was born. He first presented to the Developmental Pediatric Clinic at 3 months of age because of poor feeding manifested by poor swallowing and roving nystagmus. His head circumference was $> 95\%$.
- A head CT revealed that he had been born with hydranencephaly and was blind and deaf. He had a minimal gag reflex. His parents were counseled and consoled and he was followed subsequently followed regularly. His parents did not desire a DNR directive for him.



PARENTAL WISHES

- It was the parent's wishes that their son be seen at least once by a Pediatric Neurosurgeon before he might succumb to his condition.
- Consequently, he was transported to the local hospital with a request for a consultation by the staff Pediatric Neurosurgeon which took place in the Emergency Room. As the toddler was so unstable, a physician accompanied the patient.
- When the Neurosurgeon obtained a CT and reviewed it in the parent's presence, it was the parent's expectation that he would likely agree with the pre-morbid diagnosis and that there was no hope for any intervention.



- The Neurosurgeon had a resident with him, and ignoring the parents, the physician pointed to the brain study and stated: “This is exactly what an alligator brain looks like! How amazing!”
- The parents were aghast and insisted that they leave with their son immediately. He died 2 hours later.

PARENTAL REACTION

- The stages of grief for the long-anticipated death of their son was completely derailed.
- The family could not accept our consolations for the wonderfully good parents that they had always been because they were so distraught at the animal terminology used to describe their beloved son.
- They were convinced that their brown skin empowered the physician to be so callous and dehumanizing in the use of his words.

WHAT CAN WE DO OR SAY?

- When we hear or (worse) witness what appears to be an act of explicit racial bias, **we should validate our patient's family member's perception.** The parents said that they felt he would never had said that about a white child.
- **We can offer some response on the family's behalf** e.g. offer to write a letter to the neurosurgeon as well as to the Chief of Staff of the hospital regarding how wounding it was for the family to hear a health care provider compare their child to an animal.
- **We can apologize to the family for the actions of a peer** whom we brought into the final hours of their child's life. Knowing that a professional has empathy can provide some reparation.

WHAT CAN WE DO OR SAY?

- Remember the medical condition and the normal aspects of death and dying. One might want to provide a brochure from your hospital on grief support or if there is not one available, several children's hospitals in the country have such materials which can be downloaded.
- It is very compassionate to perhaps **offer a virtual follow-up on how the family is feeling** after the sting of the encounter may have abated.



Racism harms children as it contributes to chronic and at times, toxic stress.

Racism harms children *in utero* (Higher incidence of neurodevelopmental disruption noted in mothers with anxiety and depression during pregnancy).

Racism is blatantly evident in educational settings (institutional racism) as is seen in the adultification bias against Black girls and the increased juvenile justice consequences for both Black girls and boys.



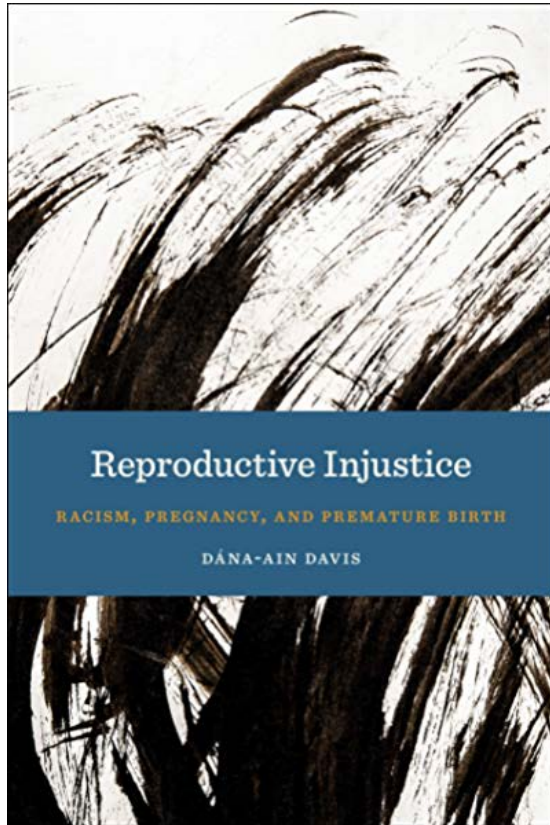
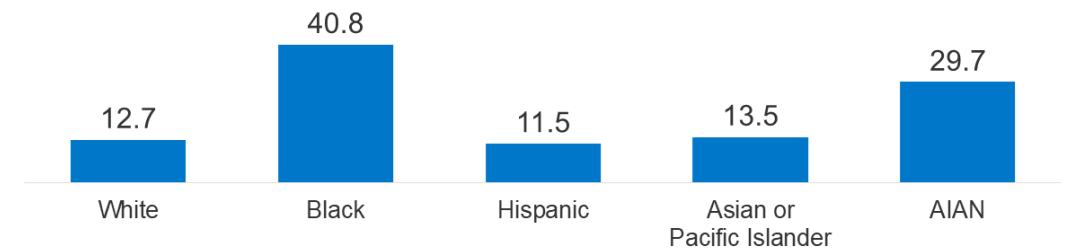


Figure 1

Pregnancy-Related Death Rate by Race/Ethnicity, 2007-2016

Per 100,000 live births:



NOTE: AIAN refers to American Indian and Alaska Native people. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.
SOURCE: Emily E. Petersen et al., "Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016," *Morbidity and Mortality Weekly Report* 68, no. 35 (September 2019): 762–765, <https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm>

KFF

- **Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016**
- Weekly / September 6, 2019 / 68(35);762–765 MMWR
- Emily E. Petersen, MD1; Nicole L. Davis, PhD1; David Goodman, PhD1; Shanna Cox, MSPH1; Carla Syverson, MSN1,2; Kristi Seed1,2; Carrie Shapiro-Mendoza, PhD1; William M. Callaghan, MD1; Wanda Barfield, MD1 (View author affiliations)

PREGNANCY AND CHILD-BIRTH

- Black women are 243% more likely than white women to die from pregnancy or child-birth-related causes.
- College-educated Black women have worse birth outcomes (e.g., infant mortality, low birth weights, dying in childbirth) than white women who have not finished high school.



VOGUE

A photograph of Serena Williams on the cover of Vogue magazine. She is smiling and holding her young daughter, who is looking towards the camera. Serena is wearing a red top. The magazine title 'VOGUE' is printed in large red letters at the top. Text on the left side of the cover includes a quote, her name, and a description of the feature.

"THE
EMOTIONS
ARE
INSANE"

Serena

OPENS UP ON
MOTHERHOOD,
MARRIAGE
& MAKING HER
COMEBACK

AFTER BIRTH.....

- Black infants have 2.2 times higher infant mortality rates, regardless of the socioeconomic status of the mother.
- Black infants are 3-5 times more likely to die at birth because of low birth weight.



MAJOR HEALTH DISPARITIES EXISTING BETWEEN BLACK AND WHITE CHILDREN

Families USA, 2019

- Black children are twice as likely to die from sudden infant death syndrome
- Black children are 56% more likely to be obese.
- Black children are twice as likely to have asthma
- Black children are 61% more likely to attempt suicide as high schoolers as a result of depression.



Girlhood Interrupted:

The Erasure of Black
Girls' Childhood

REBECCA EPSTEIN

JAMILIA J. BLAKE

THALIA GONZÁLEZ

BLACK GIRLS NEEDED....

Less nurturing

Less protection

To be supported less

To be comforted less

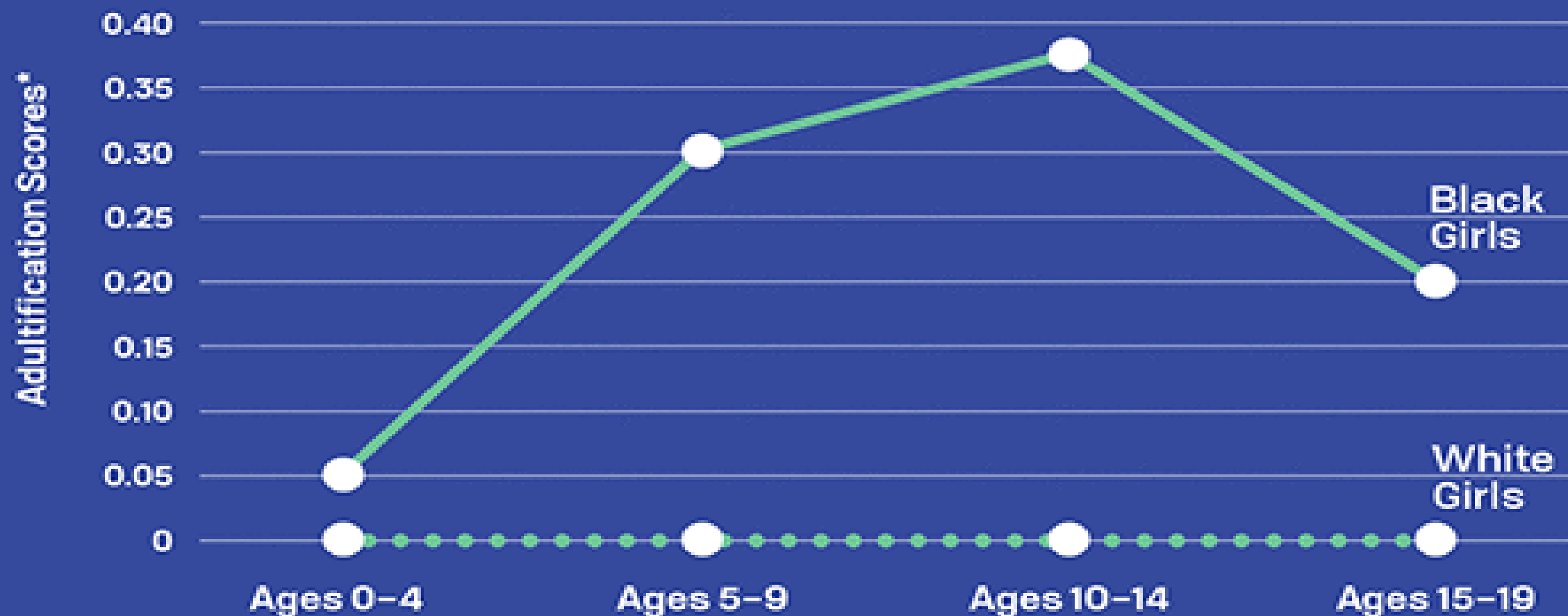
They were also seen as more independent

They were seen as knowing more about adult topics

They were seen as knowing more about sex



The "Adultification" of Black Girls Compared with White Girls

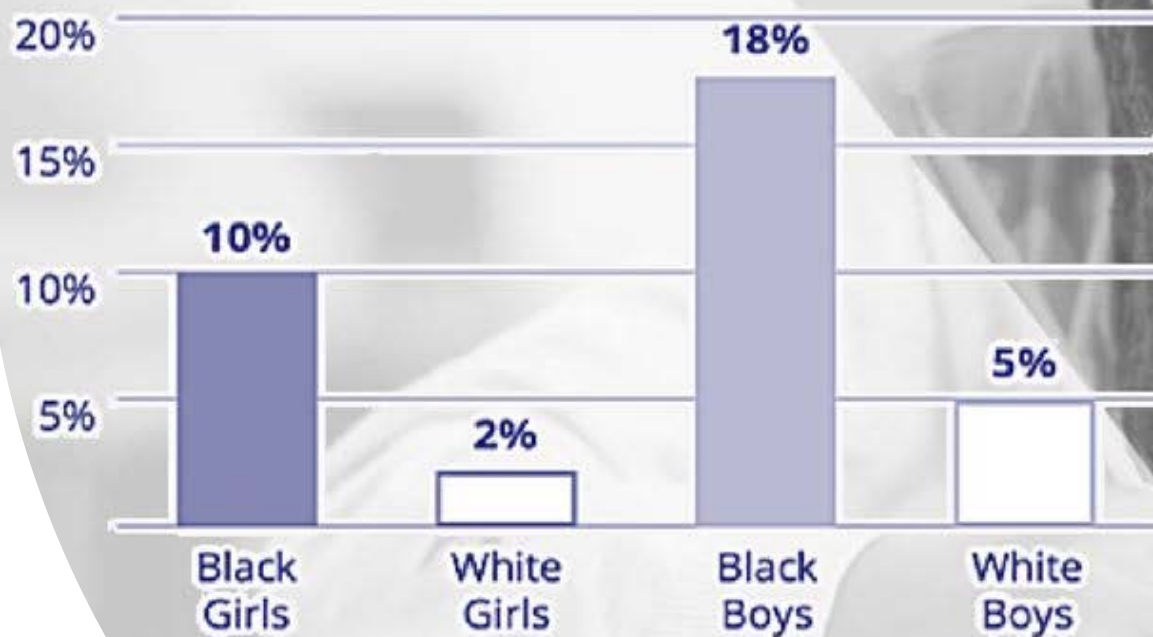


*Note: Adultification scores represent latent mean scores based on survey responses. White females serve as the control group and as such their score is fixed at zero. Scores cannot be interpreted literally (e.g., as a percentage). Higher scores presented on the y-axis reflect respondents' greater perceptions of adultification for black girls.

National Picture of School Discipline Disparities for Black Girls

In 2013-2014, 6% of all K-12 students in public schools in the United States received one or more suspensions

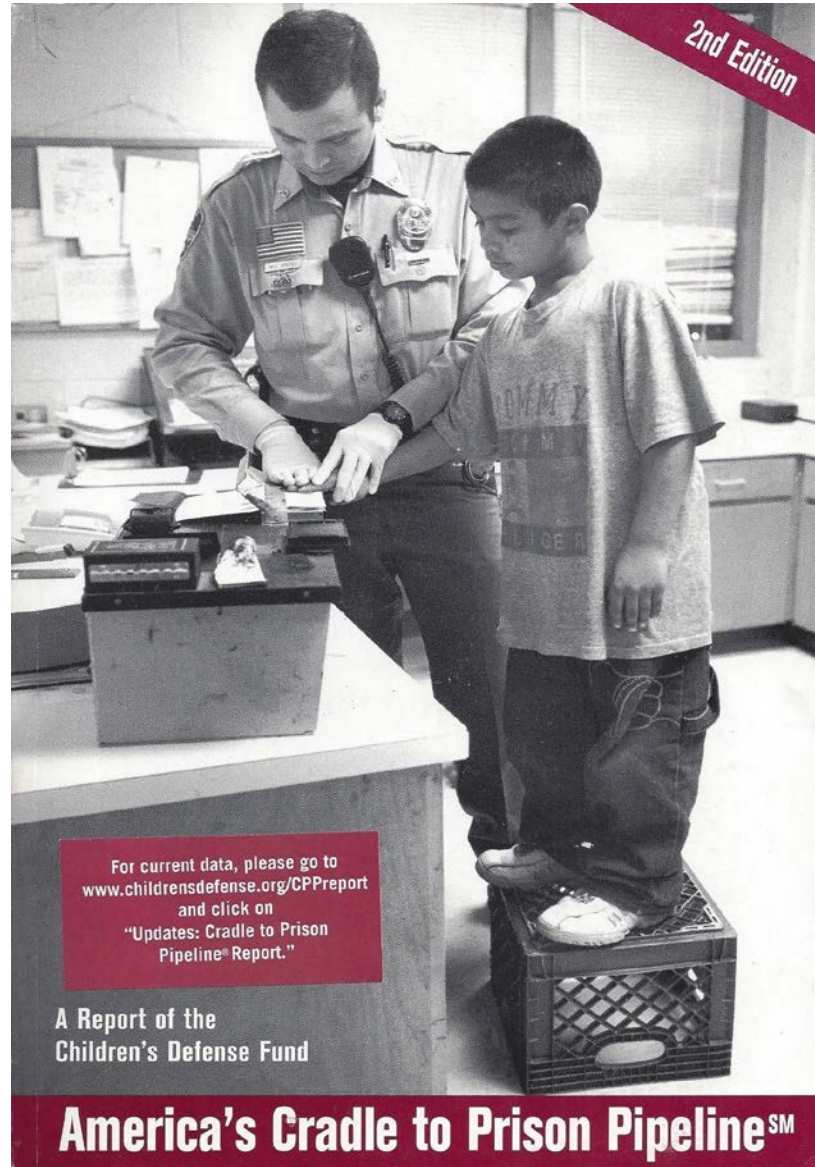
One or More Suspensions in 2013-2014



Off. For Civ. Rts., U.S. Dep't of Educ., Civil Rights Data Collection: A First Look:
Highlights on Equity & Opportunity Gaps in Our Nation's Public Schools

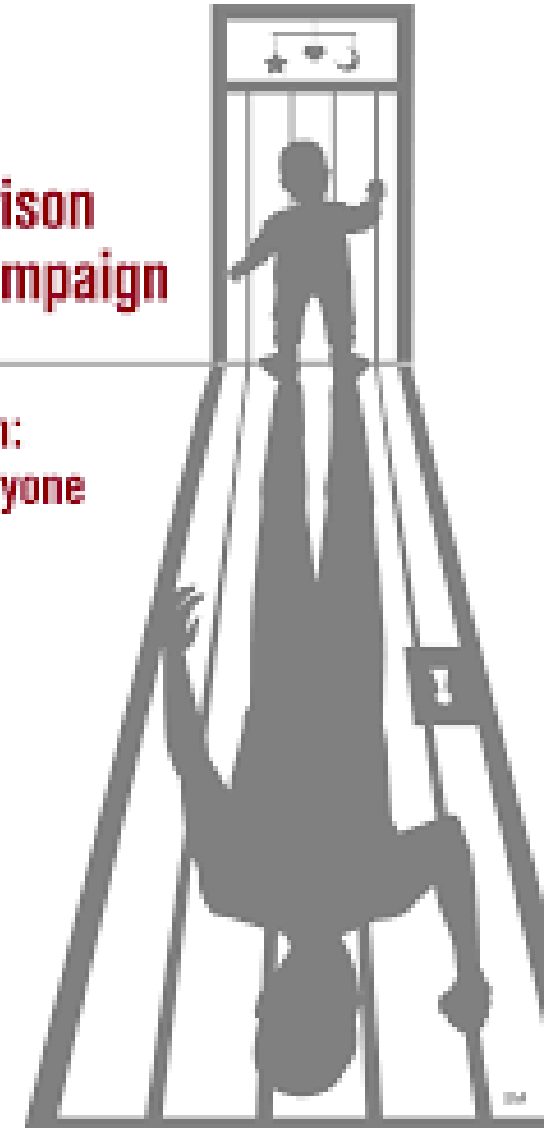
WHAT CAN WE DO OR SAY?

- **We can write a letter of diagnosis with parental consent to the school** and affirm that our patient's IEP affirms that certain behaviors are common for the diagnosis and the patient/student should not ever be considered for suspension.
- **We can call the principal** of the school and query about their understanding of IDEA and realistic expectations.
- **We can notify the school system superintendent and discuss behavioral modifications** (perhaps provided by her ABA therapist) stating that contact at this higher level was to assure that the appearance of a bias based upon race and/or disability would not be a consideration for this child or others.



Cradle to Prison Pipeline® Campaign

A Call to Action:
A Role for Everyone



THE SEXUAL ABUSE TO PRISON PIPELINE: THE GIRLS' STORY

Human Rights Project for Girls
Georgetown Law Center
on Poverty and Inequality
W. Foundation for Women

HUMAN RIGHTS
PROJECT FOR GIRLS

JOINING THE FIGHT FOR GIRLS
GEORGETOWN LAW

W
THE FOUNDATION FOR WOMEN

GIRLS IN JUVENILE JUSTICE



BOYS IN JUVENILE JUSTICE



Girls' rate of sexual abuse is 4 times higher than boys' in juvenile justice, and girls' rate of complex trauma (five or more ACEs) is nearly twice as high.

Source: Michael T. Baglivio et al., US Dep't of Justice, Office of Justice Programs, Office of Juvenile Justice & Delinquency Prevention, *The Prevalence of Adverse Childhood Experiences (ACE) in the Lives of Juvenile Offenders*, 3 J. Juv. Justice 1, 9 (Spring 2014), available at <http://www.journalofjuvjustice.org/JOJJ0302/JOJJ0302.pdf>.



A circular frame containing a video still of Justice Murray Sinclair. He is an older man with grey hair, wearing a dark blue jacket over a dark shirt. He is looking slightly to his left with a serious expression. The background is dark and out of focus. In the top right corner of the video frame, the text 'cbc.ca/unreserved' is visible. In the bottom right corner, '(CBC)' is visible. A large white quote is overlaid on the left side of the image.

While Indigenous children were being mistreated in residential schools by being told they were heathens, savages and pagans and inferior people -- that same message was being delivered in the public schools of this country."

- Justice Murray Sinclair,
TRC chairperson

A blue ribbon graphic with a 3D effect, featuring a lighter blue top surface and a darker blue bottom surface, framing the text on the left side.

Health Care Providers Stance on the Criminalization of Children

STOP THE CRIMINALIZATION OF CHILDREN AT INCREASINGLY YOUNGER AGES (CDF)

Children and youth of color face high risk of future involvement in the juvenile and adult criminal justice system.

Too many youth are incarcerated for nonviolent offenses. (In 2006, two thirds of the 92,854 youth in residential placement were there for non-violence offenses)

There are significant racial disparities in the juvenile justice system (Minority youth represent 40% of the juvenile population but 60% of committed juveniles).

Everyday thousands of children and youth are locked up in adult jails and prisons. (An estimated 200,000 youth are arrested, charged, tried or sentenced as adults every year across the US).

PROBLEMATIC SEXUAL BEHAVIOR

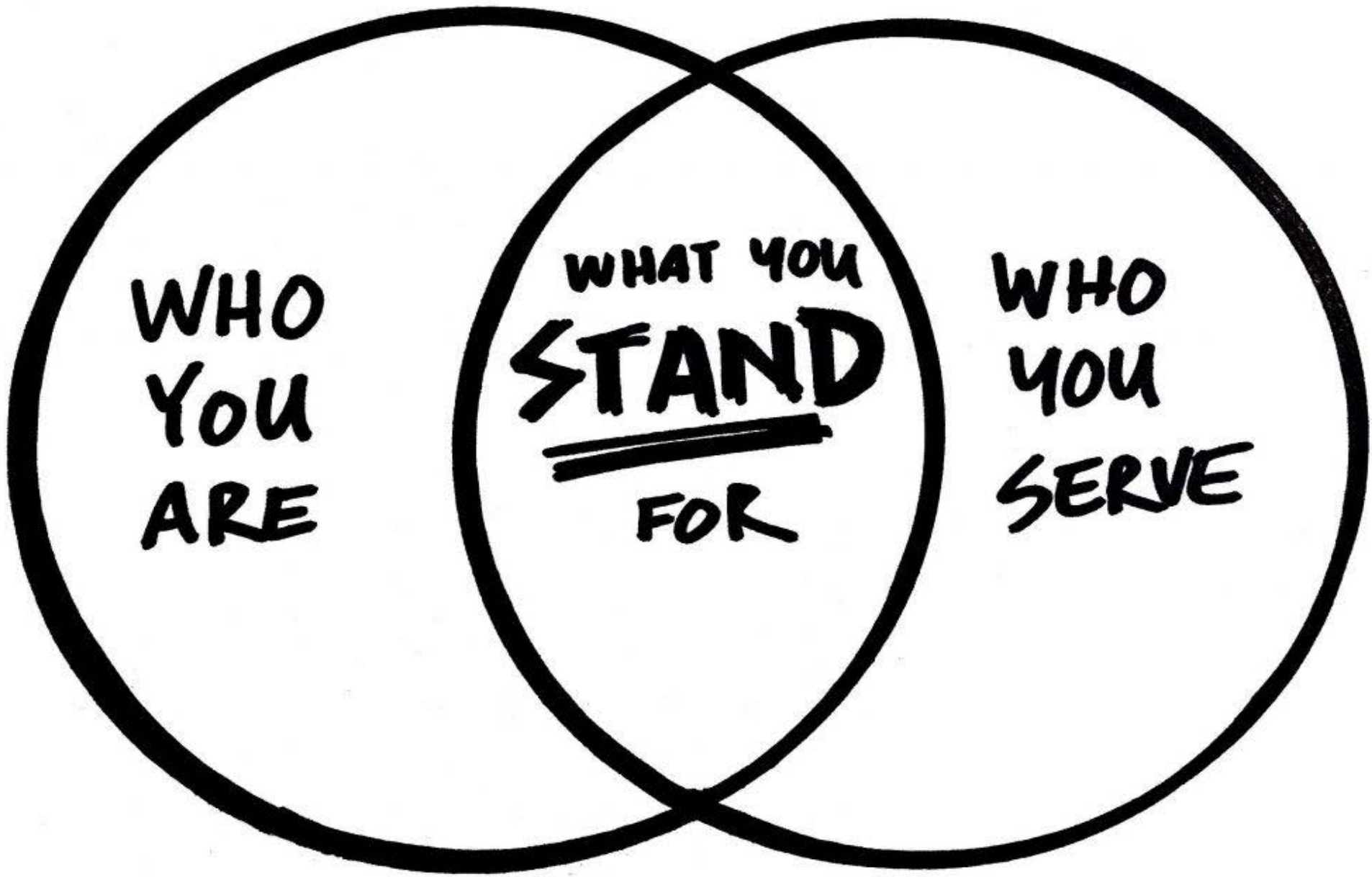
- Anthony was a 13 year old teen visiting his non-custodial father and family for the summer. His mother lived in another state and was glad for him to be gone because she worked 2 shifts every day as a chef.
- Anthony spent a great deal of time on his cell phone in his room both at his mother's and his father (though his father tried to engage him more but found him very odd in his responses).
- One morning, Anthony's 5-year-old brother disclosed at the breakfast table that Anthony had made him lick in "privates" and when the little boy protested, Anthony asked if he could put his penis in his brother's butt. The 5 year old did, but said it hurt, and Anthony went back up to his room.

THE ER VISITAND THEN THE ARREST

- Evaluation of the preschooler was benign in the ER. His history was consistent with what he'd reported earlier.
- The local police came to the family's home later that evening and arrested Anthony taking him to the Juvenile Detention Center (JDC).
- A discussion with both the father and his wife and Anthony's mother and her fiancé resulted in a common ground of fear for a criminal outcome. Both biological parents noted that Anthony had odd behaviors and didn't always seem to understand consequences.
- Their expressed worry was "Another Black boy being sent to prison!"

WHAT CAN WE DO OR SAY?

- In this case, the potential for racist juvenile justice outcomes are a threat for the child.
- The “odd behaviors” resulted in **going to the JDC for an extended interview with Anthony.**
- He clearly had loss of touch with reality, described himself under different names, and occasionally talked towards the ceiling. **A concern for schizophrenia entered into the differential.**
- **Careful case management resulted in his being transferred from the JDC to an inpatient psychiatric hospital** with confirmation of the diagnosis. A letter was sent to the Court, and charges were dismissed.





#VaccineReady | April 2021



GUIDELINES

FOR

THE

ASSESSMENT

AND

TREATMENT

OF

RACE-BASED

TRAUMATIC STRESS

INJURY

Measuring the Effects of Racism

Robert T. Carter and Alex L. Pieterse

Commission: 'Systemic racism' at root of Flint water crisis

By JEFF KAROUB

February 17,
2017

- FLINT, Mich. (AP) — “Systemic racism” going back decades is at the core of problems that caused a lead-contaminated water crisis in the majority black city of Flint, according to a **Michigan Civil Rights Commission report** issued Friday.
- The report says the commission did not unearth any civil rights law violations and that nobody “intended to poison Flint.” But the 130-page report based on the testimony of more than 100 residents, experts and government and community leaders at public hearings and other meetings last year concludes that decisions would have been different had they concerned the state’s wealthier, predominantly white communities.

- **Ethn Dis. 2018; 28(Suppl 1): 241–246.**
- Published online 2018 Aug 9. doi: 10.18865/ed.28.S1.241
- PMCID: PMC6092172
- PMID: 30116093

- **“I think that’s all a lie...I think It’s genocide”: Applying a Critical Race Praxis to Youth Perceptions of Flint Water Contamination**

- Michael Muhammad,¹ E. Hill De Loney,² Cassandra L. Brooks,¹ Shervin Assari,³ DeWaun Robinson,² and Cleopatra H. Caldwell^{1,4}

**Five years later: Flint
water crisis most
egregious example of
environmental injustice,
U-M researcher says
April 23, 2019**

Contact: [Jim
Erickson](#) ericksn@umich.edu

- ANN ARBOR—On April 25, 2014, the city of Flint began using the Flint River as its drinking water source. The switch, imposed on the city by state-appointed emergency managers, led to what University of Michigan researcher Paul Mohai calls it the worst example of environmental injustice in recent U.S. history.
- Mohai, a professor at the U-M School for Environment and Sustainability, was a founder of the U.S. environmental justice movement and began studying the topic in the late 1980s.
- **“Given the magnitude of the disaster in Flint, the role that public officials’ decisions played that led to the poisoning of the city’s water, their slow pace at acknowledging and responding to the problem, and the fact that Flint is a city of almost 100,000 people indeed makes this the most egregious example of environmental injustice and racism in my over three decades of studying this issue,” Mohai said.**

We must take an anti-racist stance challenging systems, practices, and attitudes that maintain structural inequities against all people of color.

Education October 8, 2020

UCSF Expands Courses on How to Be an Anti-Racist Scientist or Clinician

By Nina Bai

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[Print](#)

In most hospitals around the country, an estimation of a patient's kidney function, known as the eGFR, is adjusted higher if the patient is Black. **This “race correction” is built into electronic health records and taught in medical schools, but traces its origins to the racist assumption that Black people have more muscle mass.** In practice, **this race-based adjustment risks overestimating a Black person's kidney function and delaying referrals to specialists, treatments and even transplants.**

This year, UC San Francisco hospitals and Zuckerberg San Francisco General Hospital ended eGFR reporting by race, becoming some of the first hospitals in the country to do so.

The change is part of a growing awareness of racism in medicine and health research, and a movement to train the next generation of clinicians and scientists in ways to counter racism in their professions.

PROFESSIONAL RESPONSE

16 years before the recommendations cited below, the AAP acknowledged **institutional, personally mediated and internal racism** which was harmfully impacting black children.

Since that time the prevalence of consciously expressed racism has decreased.

However unconscious, implicit bias persists unabated according to the *AAP News*, March 2016.

PROFESSIONAL RESPONSE

Douge JR, Linton LM, Kohler JR. Commentary: **Pediatricians called to address racism, intolerance to achieve health equity** (*Pediatrics, AAP Public-Health Special Interest Group, 2016*)

- In the previous census report (2016), the majority of children under five in the U.S. were children of color.
- Pediatricians see children who experience PTS because of unsafe neighborhoods, Central American children who will have already escaped death and persecution because they didn't want to join a gang, and children who are afraid of losing a parent to deportation.

Professional Response, 2016 (con't.)

- Pediatricians see mothers who fear for the safety of their black sons on the streets and particularly of danger at the hands of police.
- Pediatricians see children who feel they must hide their Muslim religion and identity to avoid being bullied or discriminated against by peers and even by adults.
- **Even within our own profession, evidence of unconscious racial bias still affirmed disparate provision of analgesia for abdominal pain in black and white children with appendicitis** (*Goya et al. JAMA Pediatr. 2015; 169:996-1002*)

WHAT CAN WE DO OR SAY?

- **SPEAK OPENLY** – At times, parents are fearful about speaking of a perception of discrimination to a doctor. The initial comments may entail “feeling the listener out” to ascertain if the parental perception is accurate. Respond openly – “Tell me more about that...”
- **EXPLORE EQUITY** – If a parent speaks of a setting where a child may be one of a few or the only minority child, listen even more carefully and engage the parent to make sure that her child is not targeted. Sometimes, parents are pulled aside by a well-meaning aide, and given additional information.

EDUCATIONAL EXAMPLE OF INSTITUTIONALIZED RACISM

8-year-old Shena recently began attending an elementary school in a neighborhood with few minority children. She was the only Black girl in her classroom and there were two Black brothers who were twins.

When weather prevented the children going outside, they would square dance in the classroom. Shena was only allowed to dance with one or the other Black boys in her class.

One afternoon, both of the boys were absent, and Shena was not allowed to participate in dancing at all.

IMPACT

Shena was sad that she didn't get to dance with her other male classmates.

She wondered if this was because she was different. She was one of the smartest children in the class.

Her teacher made the rules and told her that there was "no one for her to dance with" that day, despite the fact that there were more boys than girls in her class. Shena later told her mother.

PARENTAL REACTION

Made an appointment telephonically with the teacher to discuss the matter.

The teacher responded that this was somewhat of a “policy” and she thought Shena would prefer to be with “her own”.

When Shena’s mother objected, the teacher inferred that she might have to get permission from all the parents of the boys in the class.

HOW CAN A HEALTH CARE PROVIDER HELP?

- **The health care provider can listen with empathy**, both from Shena and her mother. There should be an offer by the professional to contact Shena's school both telephonically but also in writing.
- The health care provider can **reassure Shena** that she is a lovely and very smart child and that she should be able to dance with anyone.
- The health care provider should explore options with Shena's parent: encourage the mother to talk with the principal, inquire at a higher level of a solution suggesting that the optics appeared discriminatory, and simultaneously, **the health care provider can write a letter to the principal (cc: to the teacher) observing that this behavior is discriminatory and would like to have a discussion on solutions by the school.**

PROFESSIONALS CAN BE EMPOWERING

- When an agency receives an order for therapy but decreases the hours in contradiction to the order, parents often feel that they have to accept the change because they are worried that a therapist may not treat their child fairly or otherwise.
- An **alternative action can and should include a physician/nurse case manager call to the agency challenging the nature of the agency changing the orders.** If the patient is a minority child, **it is reasonable to ask if there are any factors about THIS child as compared to others that one may have referred that lead the agency to decrease the ordered treatment** particularly since the agency may have been compliant with orders in the past.

PERSONALLY MEDIATED RACISM

Mrs. Torres has 2 twin daughters with autism. One is non-vocal and has lots of self-injurious behaviors as well as a high activity level.

Her twin sister is much calmer but is often not allowed to go outside during the day because her presence seems to help her sister calm down more.

The girls mother comes in to talk about her feelings that her children are being treated differently from others in the class. Her children are the only Latino children in the class.

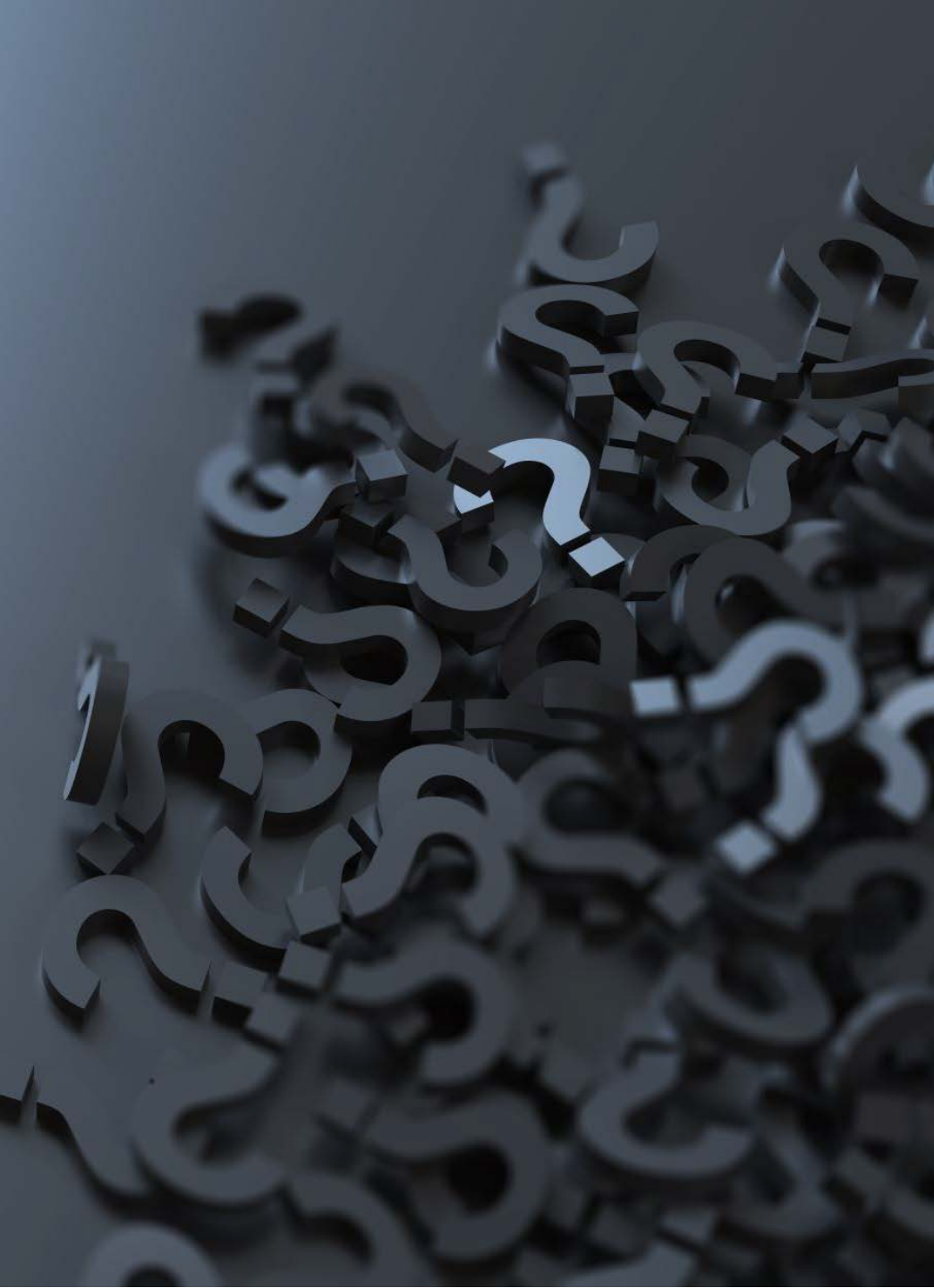
SOLUTION AT THE LOWEST LEVEL

The **physician checked the school policy on recess and found that all children are required to have this time outside.**

The mother was anxious about the physician taking any action on behalf of her children **fearing retaliation** against her non-vocal child by classroom personnel.

With the mother's permission, **the physician called the principal after convincing her patient's mother that this was discriminatory treatment of the twins** based on race/ethnicity and possibly disability based. **She also wrote a letter and scheduled a call to the school regarding the student's rights.**

If there was no improvement, the physician's plan was to consider writing a support letter for her patients and determine the next two higher level school staff to include in the correspondences.



QUESTIONS

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