EXPLICIT BIAS AND RACISM
BE A CHILD ADVOCATE AND ANTI-RACIST

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LEARNING OBJECTIVES

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 inequities in healthcare and juvenile justice systems that demonstrate explicit bias.

Discuss
Participants will discuss steps that can be taken by professional to stand up for children and families who fear retaliation by therapeutic or educational systems.

• 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
More Graves Found At New Site, Canadian Indigenous Group Says

July 1, 2021 8:15 AM ET

THE ASSOCIATED PRESS

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.
WHAT A "GOOD PARENT WOULD DO..."

- There are often times when parents inflict "beating" or "whipping" because of the realization that their children are placing in the path of harm. The physical, mental, and social development of their children stunted, damaged, and possibly killed with the capability of touched.

- These fears are based rightfully or on past actions of the disciplinary used and result consequences of false allegations against children of color who were ultimately murdered.

- So as in the name of Solomon Northup, L.S. 6846 a planter, can we ever expect that the man who used his own children with such severity that the journey would be punished and leniency of harshness which treated the child well?

Spare the Kids
WHY WHUPPING CHILDREN WON'T SAVE BLACK AMERICA

Stacey Patton
author of The Upset Hymn
FBI 'Actively Reviewing' Investigations Into Hanging Deaths of Two Black Men in Southern California

BY MADLEINE CARUSO
JUNE 18, 2020 3:34 PM EDT

The FBI, the U.S. Attorney's office for the Central District of California and the Department of Justice Crime Division are "actively reviewing" the recent hanging death of Robert Fuller in Southern California to determine whether there were violations of federal law. The FBI released that statement.

The announcement came after the families of the men publicly demanded further investigations into their deaths. On the morning of June 13, the body of Malcolm Mack, a 38-year-old Black man, was found hanging from a tree near a homeless encampment in Victorville, Calif. Less than two weeks later, on the morning of June 29, the body of Robert Fuller, a 24-year-old Black man, was found hanging from a tree in a park in the city of Palmdale, Calif., around 50 miles away.

The deaths come amid mass protests against systemic racism and police brutality that have swept the U.S. following the death of George Floyd on May 25.

Police initially said there was no evidence of foul play in either man's death, and on June 13 Los Angeles County Sheriff's Department said Fuller's death was likely a suicide, due to the lack of evidence otherwise. But both Fuller and Mack's families have said the men were not suicidal.
Teen victim of hate crime last year commits suicide

Ritcheson, 18, declined to get counseling after being attacked at the drug-fueled party in April 2006. A year later, he testified before Congress in support of a hate-crimes bill. In an interview with the Houston Chronicle in April, he said: "I shouldn't care what people think or say. It's just the fact that everyone knew I'm the kid. It was bigger than Houston. It was bigger than Texas. It was bigger than America. Everybody in the world knew what had happened and everybody knew the details of it."

Ritcheson, a Mexican American, was beaten and sodomized with a patio-umbrella pole. He also was stomped and burned with cigarettes, and his attackers poured bleach on him before leaving him for dead. He was hospitalized for more than three months and endured 20 to 30 operations.

David Ritcheson, 18, committed suicide on Sunday by jumping off a cruise ship.

ADDITIONAL VARIABLES IN EXPANDED ACEs

- Witnessing Violence
- Living in Unsafe Neighborhoods
- Experiencing Racism
- Living in Foster Care
- Experiencing Bullying

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 behaviors we have about a person, group or a situation. They affect our understanding, actions and decisions in an unconscious matter.
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 irritability. His head circumference was >35th.

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 comforted and he was followed subsequently followed regularly. His parents did not desire a DNR directive for him.
It was the parents' wish 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-mortem 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.

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 or face-to-face follow-up on how the family is feeling a week or two after the sting of this heartless encounter may have abated.

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

- Racism can cause harm to children in police
- Higher incidence of mishandled parental disturbance noted in minority women anxiety and depression during pregnancy
- Racism is blatantly evident in educational settings (institutional racism) as is seen in the schoolization bias against Black girls and the increased juvenile justice consequences for both Black girls and boys.
PREGNANCY AND CHILD-BIRTH

- Black women are 2.43 times 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 child birth) than white women who have not finished high school. (CDC, 2017)
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

![Graph](image1)

**The "Adultification" of Black Girls Compared with White Girls**

*Note: Adultification scores represent what was scored based on survey responses. White females serve as the control group and are ranked at the zero level. Scores extend in higher numbers as a percentage. Higher scores are rated as the unadultified perception of adulthood among Black girls.*

![Graph](image2)

**National Picture of School Discipline Disparities for Black Girls**

*In 2013-2014, 8% of all K-12 students in public schools in the United States received one or more suspensions.*

![Graph](image3)
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 AMI therapist) stating that contact at this level was to ensure that the appearance of a bias based upon race and/or disability would not be a consideration for this child or others.

STOP THE CRIMINALIZATION OF CHILDREN AT INCREASINGLY YOUNGER AGES

[Children's Defense Fund, 2019]

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

Too many youths are incarcerated for nonviolent offenses. (In 2016, two-thirds of the 92,854 youth in residential placement were there for non-violent 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 youths are arrested, charged, tried or sentenced as adults every year across the US).
The Juvenile Justice Delinquency and Prevention Act (2018) has 4 protections for youth involved with the justice system:

- Deinstitutionalization of status offenders (juveniles who have committed an offense that would not be a crime if committed by an adult [curfew violation or running away])
- The removal from an adult jail (compliance by 2021)
- Sight and sound separation from adults when in an adult facility ***
- States must implement policy, practice and system improvement strategies to identify and reduce racial and ethnic disparities among youth who come into contact with the juvenile justice system.

Multiple studies have demonstrated racial bias against youth of color at all decision points in the juvenile justice system (arrest, referral to court, diversion, detention, petition, adjudication, probation, secure confinement, and transfer to criminal court).

The National Child Traumatic Stress Network found that justice-involved youth experience an average of 5 different forms of childhood trauma. 62% children in their research experienced these adversities within the first 5 years of life.

The top trauma types were:
- Traumatic loss or bereavement M 59% F 65%
- Domestic Violence M 51% F 56%
- Impaired caregiver M 48% F 57%
- Emotional abuse M 46% F 54%
- Community violence M 41% F 30%
• 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 and
felt he could care for himself.
• 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
his "privates" and when the little boy protested,
Anthony asked if he could just put his penis in his
brother's butt. The younger child said it hurt, and
Anthony stopped and went back up to his room
without another word.
• His father had discovered him surfing adult
pornography on his cell phone prior to this incident.

• Evaluation of the preschooher 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. He also responded at
times, nonsensically.
• Their expressed worry was "Another Black boy
being sent to prison!"

• In this case, the potential for a racist juvenile
justice outcomes are a threat for the child.
• The "odd behaviors" resulted in a doctor going to
the JDC for an extended interview with
Anthony.
• He clearly had loss of touch with reality,
described himself under different names,
intermittently spoke in different voices with
foreign accents 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.
• 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.

Five years later: Flint water crisis most egregious example of environmental injustice, UM researcher says April 23, 2019

Contact: Jim Erickson erickson@umich.edu

• ANN ARBOR — On April 25, 2018, 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.
What the Eyes Don't See

A STORY OF DR. BELL, RESISTANCE, AND HOPE IN AN AMERICAN CITY

Mona Hanna-Attisha

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"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 III 1, 2, Ho De Lee 2, Caridad 1, Sathi 1, Devrim Aslan 1, De'Mauri Robinson 2, and Cleopatra H. Calhoun 1

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

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

By Nina Bai

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 raises overestimating a black patient's kidney function and delaying referrals to specialists, treatments and even transplants.

This year, UC San Francisco Hospital and Turkloberg in San Francisco General Hospital ended eGFR reporting by race. Following 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 profession.
16 years before the recommendations cited thus far, the AAP acknowledged institutional, personally mediated and internal racism which was harmfully impacting black children.

Since that time the prevalence of explicit bias and expressed racism has decreased.

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

- In the previous census report (2016), the majority of children under five in the U.S. were children of color.

- Pediatricians see children now 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.

- 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 affirms the provision of less analgesia to black children as compared to white children with appendicitis. (Sage et al, JAMA Pediatr. 2012;166:996-999)
• 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 being targeted. Sometimes, parents are pulled aside by a well-meaning aide, and given additional information.

Mrs. Torres has 2 twin daughters with autism. One is non-verbal 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 for recess because her presence seems to help her sister calm down more quickly.

The girl's 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 Hispanic children in the class.

The professional (doctor, social worker, therapist, school counselor) checked the school policy on recess and found that all children are required to have this time outside.

The mother was anxious about the professional taking any action on behalf of her children, fearing retaliation against her non-verbal 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.

The physician 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 send to the next two higher levels of school leadership to include in the correspondence.
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QUESTIONs
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