

# ANTI-BLACK RACISM

Providing a framework for examining privilege,  
oppression, power, supremacy, & equity

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AAP-CA3 Chapter

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# HOUSE RULES

Conversations about racism  
can be:

- \*challenging
- \*uncomfortable
- \*unfamiliar

**01**

Be in a BRAVE space

■  
**02.**

Be civil with controversy

**03.**

No judgment

**04**

Allow for growth

■

Objectives

# WHAT WE'LL COVER IN THIS SESSION

History of  
Racism in  
America

Racism in  
medicine

Structural  
Racism

White Privilege

Implicit Bias

AAP Policy  
Statement

Health Disparities

Creating change

# ABOUT THE SPEAKER

**I am a board-certified pediatrician, mother of two, wife of one, and passionate about reducing health inequities and educating about equality**



# **RACE IS A SOCIAL CONSTRUCT**

Knowledge is constructed by human activity

Meaning is created by human interactions

# RACISM IS...





# DECLARATION OF INDEPENDENCE

"All men are created equal"

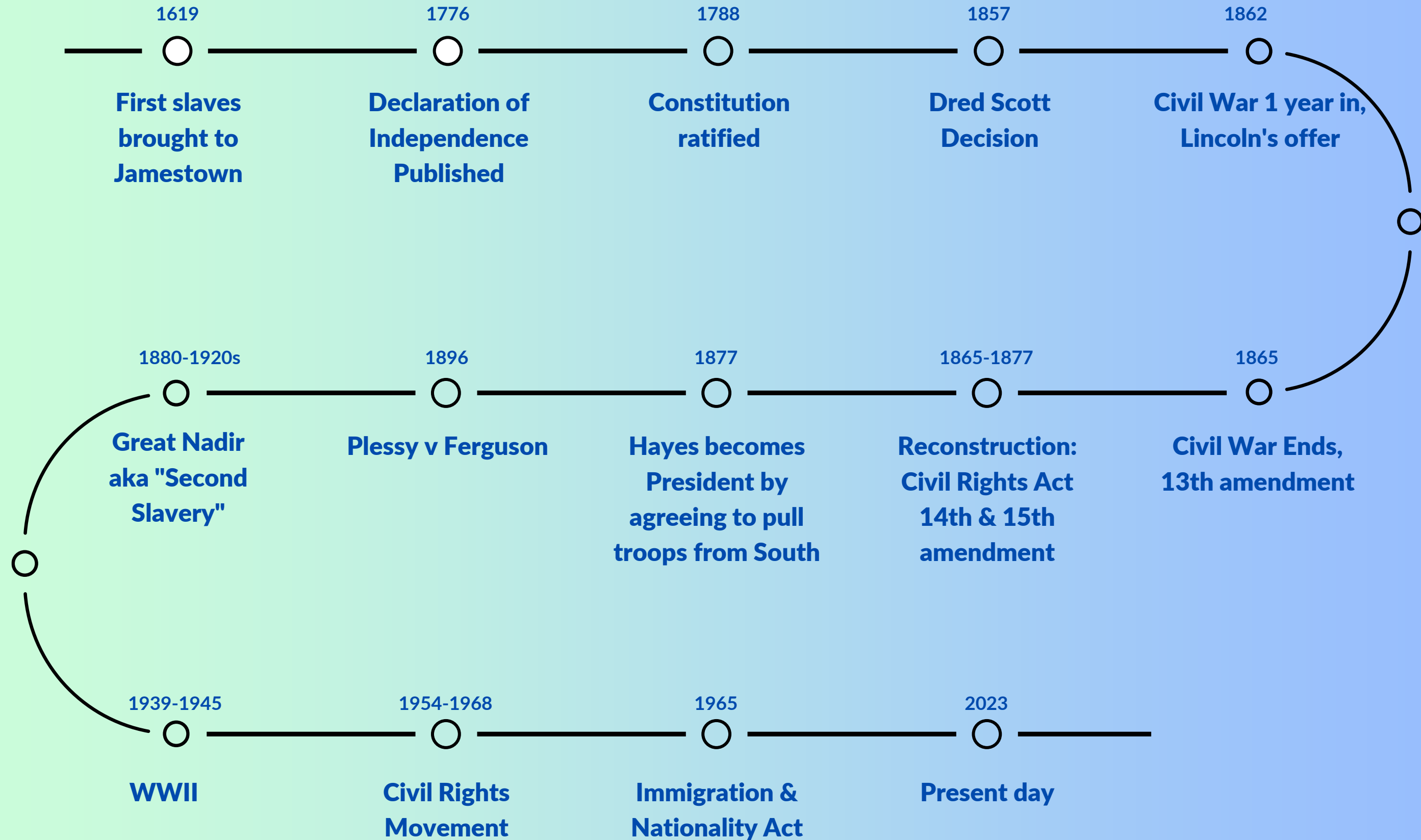
1/5 of the country was NOT

Founding fathers CHOSE to protect slavery

10 out of first 12 presidents were enslavers



# US RACISM HISTORY TIMELINE





# MYTHS ABOUT BLACKS



John  
Brown

Excruciatingly painful medical experiments on slave by Dr. Thomas Hamilton, in 1820s

Falsely believed

- \*black people had thicker skin than white
- \*blacks had large sex organs
- \*blacks had small skulls
- \*blacks had higher tolerance for heat
- \*blacks immunity to some illnesses and susceptibility to others

Blistered to hands, legs, feet, every 2 weeks for 9 months, could no longer work

# MYTHS ABOUT BLACKS

- Blacks were impervious to pain
- Blacks had weak lungs that could be strengthened through labor

Dr. Benjamin Moseley: "I have amputated the legs of many Negroes who have held the upper part of the limb themselves." *A Treatise on Tropical Diseases*

Dr. J Marion Sims: father of modern gynecology

Used black women as subjects in experiments without anesthesia in painful operations

In his autobiography, he describes the agony women suffered as he cut their genitals again & again to perfect vesico-vaginal fistula repair

Dr. Samuel Cartwright, claimed blacks had lower lung capacity and thus forced labor was a way to "vitalize" the blood & correct the problem. And that slaves were prone to a "disease of the mind" called drapetomania that caused them to run away from enslavers, so he prescribed "whipping the devil out of them" preventatively.

*Report on the Disease and Physical Peculiarities of the Negro Race*

# MYTHS ABOUT BLACKS STILL LINGER

2016 survey of 222 white MEDICAL students & residents showed 50% endorsed 1 myth about physiologic differences between black and white people  
1/3 believed blacks had thicker skin.

















*Proceedings of the National Academy of Sciences*

2013 review of studies found that black & Hispanic people (children & adults) received inadequate pain management compared to their white counterparts

*American Medical Association Journal of Ethics*

# PROJECT IMPLICIT

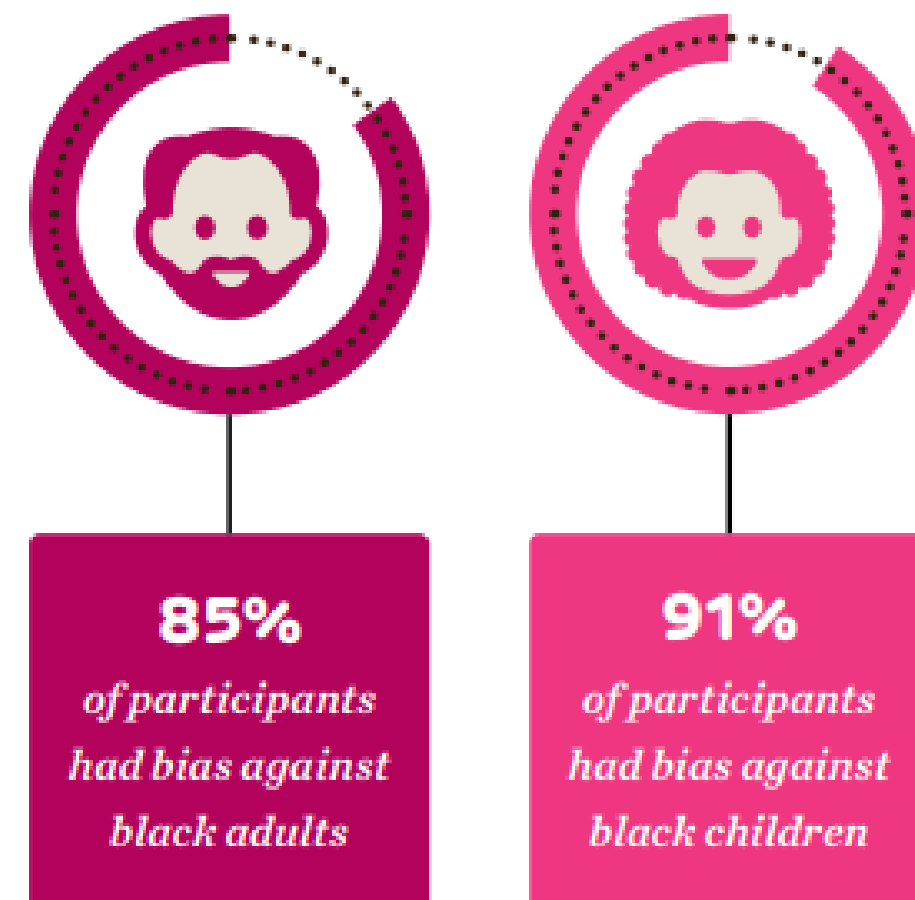
## CHILD RACE IMPLICIT ASSOCIATION TESTS (IATS)

Black								
White								
Good	<i>Joy   Love   Wonderful   Pleasure   Laughter   Happy</i>							
Bad	<i>Terrible   Horrible   Evil   Awful   Agony   Hurt</i>							

Take the test: <https://implicit.harvard.edu/implicit/>



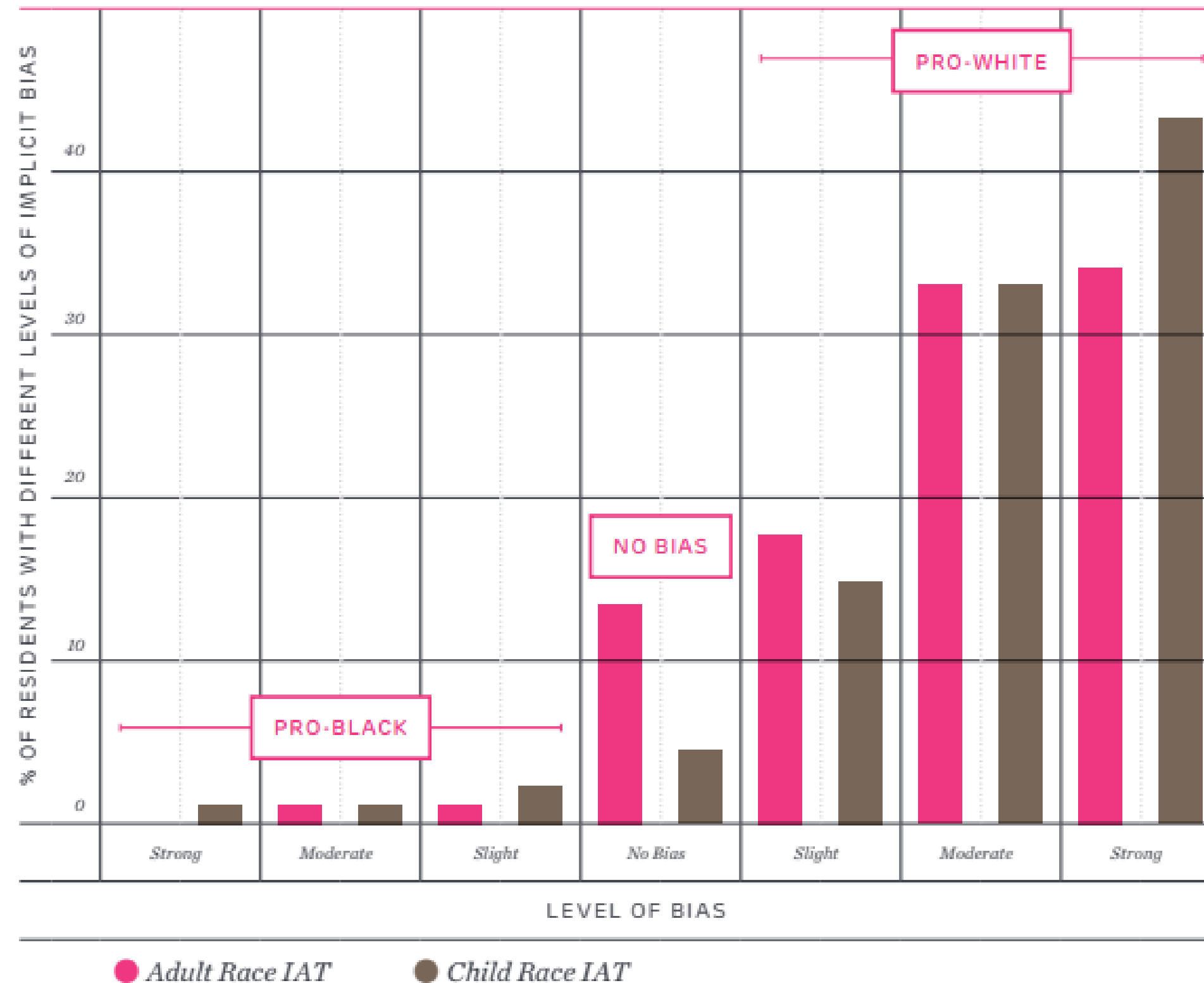
**Most resident physicians in our study had pro-white/anti-black bias** on both the Adult Race IAT and Child Race IAT, which reflects other research on implicit bias on the general population.



**Neither Adult Race or Child Race IAT scores varied** by resident personal characteristics. Pediatric residents in our study had similar implicit biases as resident physicians from other specialties (i.e. emergency medicine residents, family medicine residents).

**Physicians in our study had similar scores** on the Adult and Child Race IAT, indicating comparable levels of bias against black adults and black children.

**PERCENTAGE OF RESIDENTS WITH DIFFERENT LEVELS OF IMPLICIT BIAS TOWARDS ADULTS AND CHILDREN**



# WHAT DOES THIS MEAN?

Increase awareness of implicit bias

Understand role in clinical encounters

Create strategies to reduce physician bias

Put in the work to do better.

# **WHITE PRIVILEGE**

**"White privilege is like an invisible weightless knapsack of special provisions, maps, passports, codebooks, visas, clothes, tools and blank checks."**

**-Peggy McIntosh, The Seed Project**

# MY PRIVILEGE

Write/say your realizations out loud to  
prevent them from being taken for granted

I can be confident of renting/buying housing in an area which  
I can afford and in which I would want to live.

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I can take a job with an affirmative action employer without  
having co-workers suspect that I got it because of race.

---

I can arrange to protect my children most of the time from  
people who might not like them.

---

I can do well in a challenging situation without being called a  
credit to my race.

---

If a cop pulls me over or if the IRS audits my tax return, I can  
be confident I haven't been singled out because of my race

---

I can be sure that if I need legal or medical help, my race will  
not work against me

---

In healthcare & the legal system, I will not have to fear  
someone not understanding me because of a language barrier



# **SERIAL TESTIMONY**

**01**

**What are 1 or more ways  
you've had an unearned  
disadvantage in your  
life?**

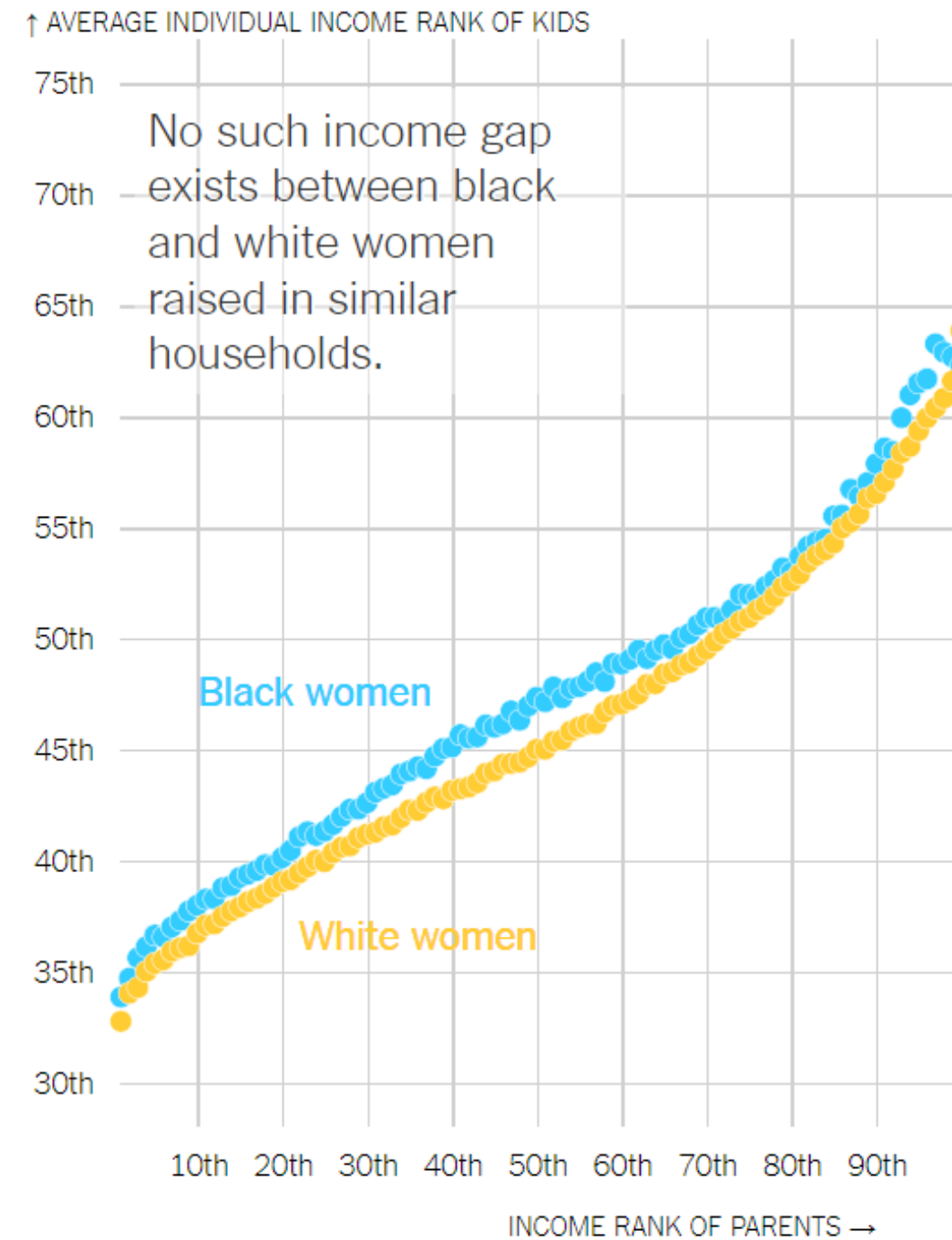
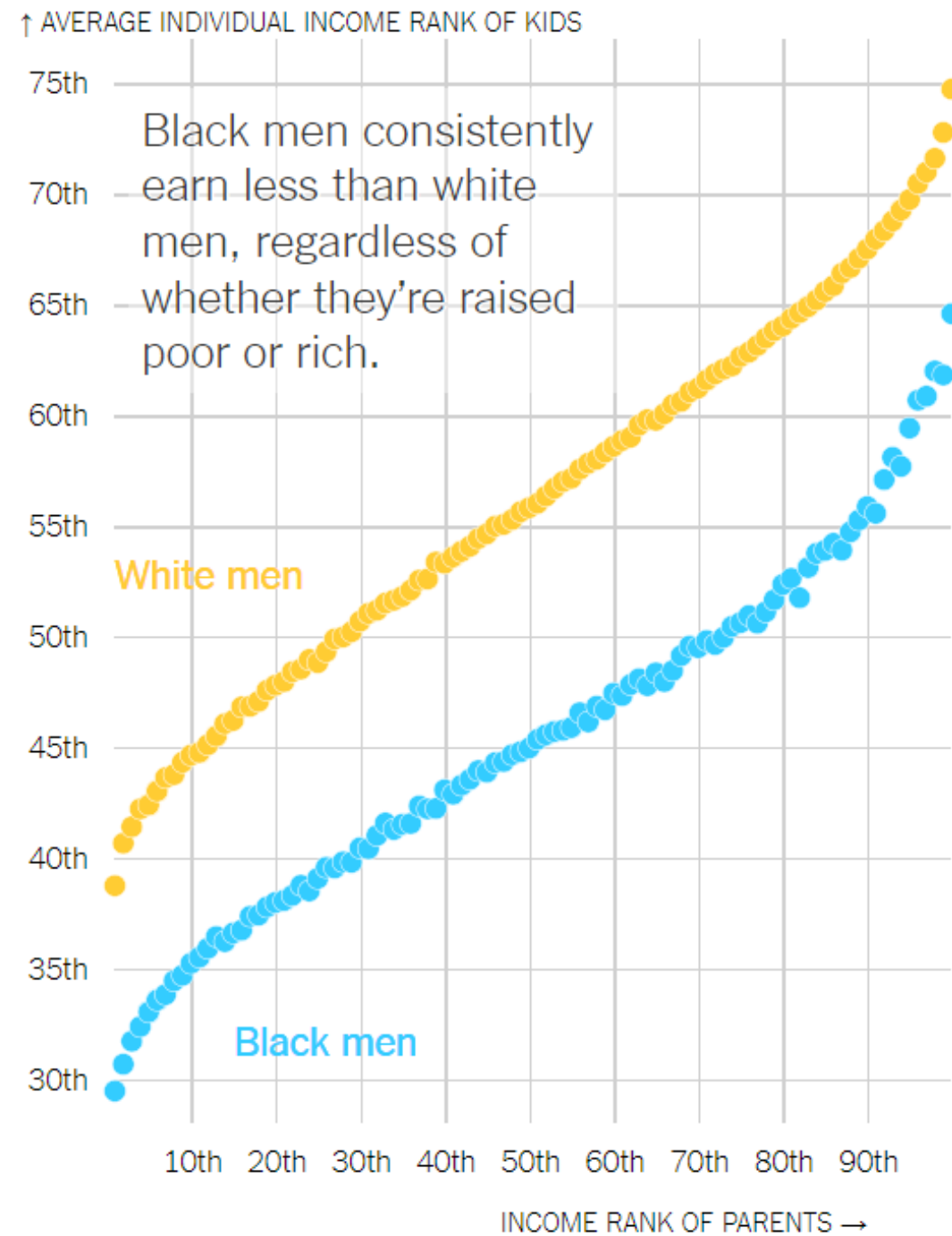
**02.**

**What are 1 or more ways  
you've had an unearned  
advantage in your life?**

**03.**

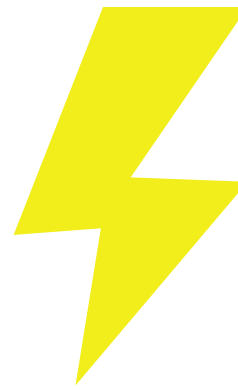
**What is it like to  
sit/hear/talk about these  
unearned disadvantages  
& advantages in life?**

## Large income gaps persist between men — but not women.



# WHAT CAN I DO ABOUT IT?

Use unearned advantage to weaken systems of unearned advantage



# PRIVILEGE = POWER

Sharing power may lead to changes in behavior

☐ Paying attention

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☐ Making associations

---

☐ Intervening

---

☐ Speaking up

---

☐ Asserting & deferring

---

☐ Being alert

---

☐ Taking Initiative

---

☐ Allyship & Advocacy work

---

☐ Lobbying

---

☐ Campaigning

---

☐ Protesting

---

☐ Organizing

---

☐ Recognizing and acting against both the external and internalized forms of oppression & privilege





# **AAP MEMBERSHIP OF BLACK PHYSICIANS**

Source: <https://publications.aap.org/pediatrics/article/146/3/e2020019794/36677/Truth-Reconciliation-and-Transformation-Continuing?autologincheck=redirected>

**November 1944—American Academy of Pediatrics Executive Board**

*"I know Smith and he is a very nice fellow. Scott has for a year or two attended the Sunday morning clinical conferences at Children's Hospital. He has taken part in the discussion of cases at Freedman's Hospital. I think the local men in Washington would like to have something to say about men taken into the Academy from that particular location. I think they would rather resent an effort being made to put these men in. I would like to hear what [Region II Chairman] has to say."*[5](#)

*"We allow negroes to come to our meeting and we fix a separate place for them to sit. They do not become members. If they became members they would want to come and eat with you at the table. You cannot hold them down."*[5](#)

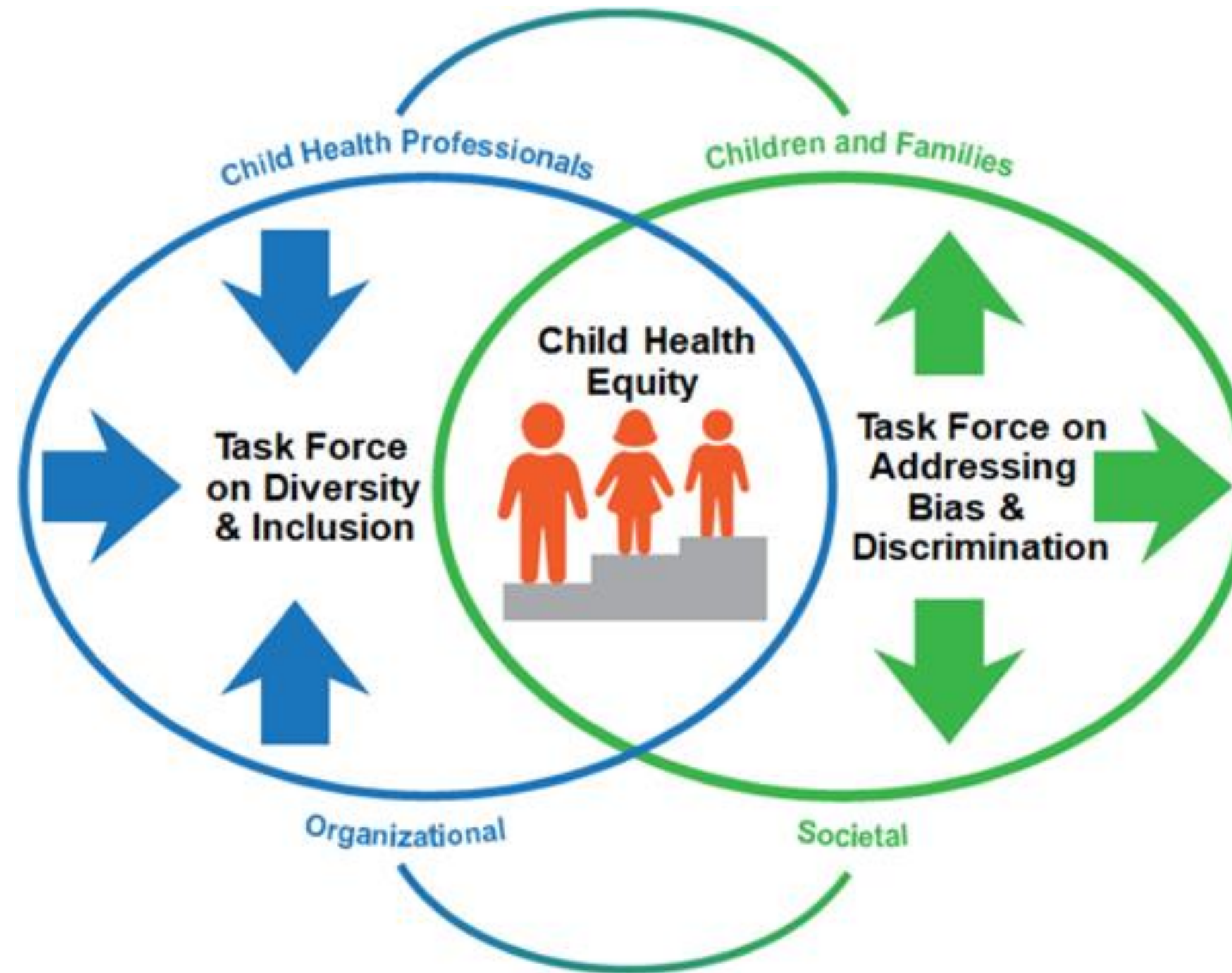
# DO BETTER

The Board of Directors of the AAP:

- 1) Apologize for the racism that contributed to the inequities that Drs. deGrate Smith, Scott, and other pediatricians have endured,
- 2) Commit to a bylaws referendum to explicitly codify that AAP membership does not discriminate on the basis of race, ethnicity, religion, sex, sexual orientation, gender identity, disability, or national origin.

"Healing starts at home with truth, reckoning, and honest reconciliation"

# DO BETTER





## POLICY STATEMENT

Organizational Principles to Guide and Define the Child Health  
Care System and/or Improve the Health of all Children

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

# The Impact of Racism on Child and Adolescent Health

Maria Trent, MD, MPH, FAAP, FSAHM,<sup>a</sup> Danielle G. Dooley, MD, MPhil, FAAP,<sup>b</sup> Jacqueline Dougé, MD, MPH, FAAP,<sup>c</sup> SECTION ON ADOLESCENT HEALTH, COUNCIL ON COMMUNITY PEDIATRICS, COMMITTEE ON ADOLESCENCE

**"No matter how hard women work to have the best pregnancy and birth outcomes possible, black mothers in the United States—regardless of wealth or educational background—are still three to four times more likely to die during and after childbirth. Their babies share this fate, and are twice as likely to die in infancy as their white, non-Hispanic counterparts"**

Source: <https://www.americanprogress.org/article/environment-racism-built/>

**Black babies are less likely to die when cared for by black doctors, US study finds**

*BMJ* 2020 ; 370 doi: <https://doi.org/10.1136/bmj.m3315> (Published 21 August 2020)

Cite this as: *BMJ* 2020;370:m3315

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**"Racism is a fundamental cause of racial disparities in health. We must confront institutionalized racism if we seek to eliminate those disparities"**

Dr. Camara Phyllis Jones, MD, MPH, Ph.D

**Black communities  
are:**

- **less supported/resourced**
- **under/disinvested**
- **isolated/devalued/trapped**
- **deprivation induced crime/violence**
- **under policed/over criminalized**
- **preyed upon**
- **destabilized/stressed out**

High burdens/costs for blacks forced to navigate systems/environments that were designed to be inequitable and exclusive, built on legacy of socioeconomic exclusion while exploiting their communities

# The role of Child Protective Services

As of 2018, Black children = 14% general population

53% of Black children will be investigated by CPS

Once in foster care, some research indicates Black children are less likely than white children to be placed with families

Discretion = bias

Justice depends on race, income, zip code, and caseworker/judge assigned

Remove race from case = remove some bias

# What can we do:

**“I have come to believe over and over again that what is most important to me must be spoken, made verbal and shared, even at the risk of having it bruised or misunderstood.**

***Your silence will not protect you***

**...while we wait in silence for that final luxury of fearlessness, the weight of that silence will choke us.”**

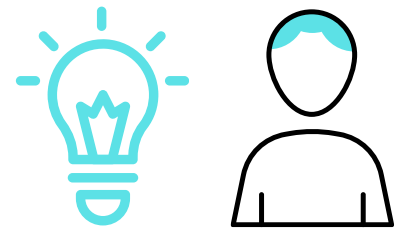


# HOW?

**SPEAK UP & NOW:** Ignoring anti-black racism is complicit  
**Microaggression framework:** I feel X when you say Y  
because of Z

**EDUCATE YOURSELF:** No one is obligated to teach you  
how you are being racist e.g. "minority tax"

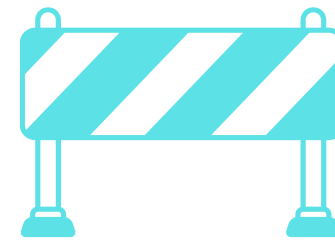
# REFLECTION



How do you want  
to contribute to  
tackling racism at  
AAP-CA3?



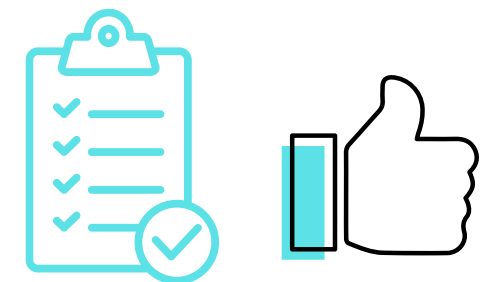
How will you get  
there?  
List steps



What are some  
obstacles?  
List barriers



How will I confront  
these obstacles?  
Who can I ask for  
help or support?



How will I know I  
have made  
progress? When &  
how will I re-  
assess?

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Thank  
you!

# **QUESTIONS OR FEEDBACK?**

Email me at [cpatel1017@gmail.com](mailto:cpatel1017@gmail.com)

**"Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death."**

**Dr. MLK Jr.**