

State of California AB 3121 Task Force to Study and Develop Reparations Proposals for African-Americans- Virtual Hearings

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Gratitude

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Locating My Voice

Descendent of Those Africans Trafficked to America

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EXISTENTIAL CRISIS: The Ideal of America and The Realities of the United States

Johnson, 2021



Complex Trauma and Ethnic Identity

Cultural Trauma:

- is an attack on the fabric of a society, affecting the essence of the community and its members

Historical Trauma:

- cumulative exposure of traumatic events that affect an individual and continues to affect subsequent generations

Intergenerational Trauma:

- occurs when trauma is not resolved, subsequently internalized, and passed from one generation to the next (Bigfoot, 2007)

Racial Trauma:

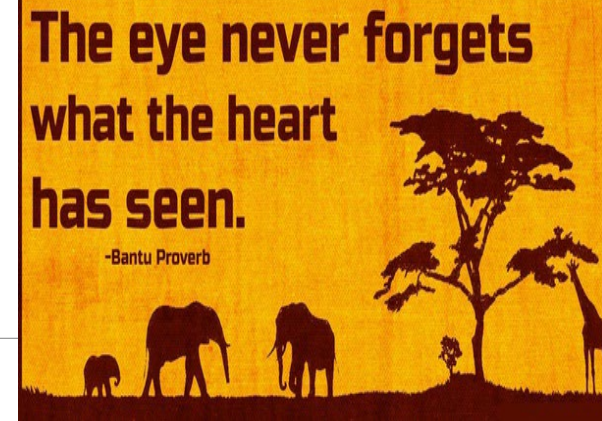
- physical and emotional symptoms that people of Color often experience after exposure to particularly stressful experiences of racism (Carter, 2007)

Collective Trauma

“A dramatic loss of identity and meaning, a tear in the social fabric affecting a group of people that has achieved some degree of cohesion” (Eyerman, 2001 p. 2).

A collective experience of major disruption and a **social crisis of meaning and identity**.

Forced to make sense of assaults to one’s humanity, the pain inflicted, and perplexing attributions of responsibility



SYSTEMS OF OPPRESSION FUEL RACIAL TRAUMA

- It involves negative, rejecting, and/or demeaning societal messages that undermine self esteem (Butts, 2002)
- Internalized racism is the way in which members of the stigmatized group begin to accept the negative messages about themselves that they see in the world and to reflect that negativity in their behavior (Jones, 2000)
- Associated with Psychosocial Stress and Spiritual Wellness
 - Stress related to racism has been linked to hypertension, cardiovascular disease, diabetes and infant mortalities (American Public Health Association, 2010)

Normal Reaction to Abnormal Situations

Realignment *after* Trauma????

Identify levels of impact
interpersonal, social-cultural,
institutional, or geo-political

Reset Nervous System (Manage
arousal)

Free the body of the impact of
trauma

Mastering staying present

Monitoring trauma symptoms

Feel full range of emotions

Coming to peace with
memories

Coming to terms with the
event (s)

Filling in what was missed

Become whole

Give to others

What happened to you? vs What's wrong with you?

STRUCTURAL RACISM

American Psychiatric Association's Apology to BIPOC*

- Early psychiatric practices laid the groundwork for the inequities in clinical treatment...
- These actions sadly connect with larger social issues, such as race-based discrimination and racial injustice, that have furthered poverty along with other adverse outcomes.
- Since the APA's inception, practitioners have at times subjected persons of African descent and Indigenous people who suffered from mental illness to abusive treatment, experimentation, victimization in the name of "scientific evidence," along with racialized theories that attempted to confirm their deficit status.
- These appalling past actions, as well as their harmful effects, are ingrained in the structure of psychiatric practice and continue to harm BIPOC psychological well-being even today.
- Unfortunately, the APA has historically remained silent on these issues.
- Recognizes that this inaction has contributed to perpetuation of structural racism that has adversely impacted not just its own BIPOC members, but also psychiatric patients across America.

STRUCTURAL RACISM

American Psychological Association's Apology to People of Color

Apology to People of Color for APA's Role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in U.S.

Resolution adopted by the APA Council of Representatives on October 29, 2021

The American Psychological Association failed in its role leading the discipline of psychology, was complicit in contributing to systemic inequities, and hurt many through racism, racial discrimination, and denigration of people of color, thereby falling short on its mission to benefit society and improve lives. APA is profoundly sorry, accepts responsibility for, and owns the actions and inactions of APA itself, the discipline of psychology, and individual psychologists who stood as leaders for the organization and field.

- APA Apology to Communities of Color: Implications for the Future of Psychological Science Recorded Webinar: <https://www.youtube.com/watch?v=5irBUjMEr2k>
- APA's Commitment to Addressing Systemic Racism website: <https://www.apa.org/about/apa/addressing-racism>

<https://www.apa.org/about/policy/racism-apology>

Drawing from a Poisonous Well!

Fuels the lie of white supremacy & lie of Black inferiority

Drapetomania

- The urge to escape from slavery
- Medical intervention – removal of big toes

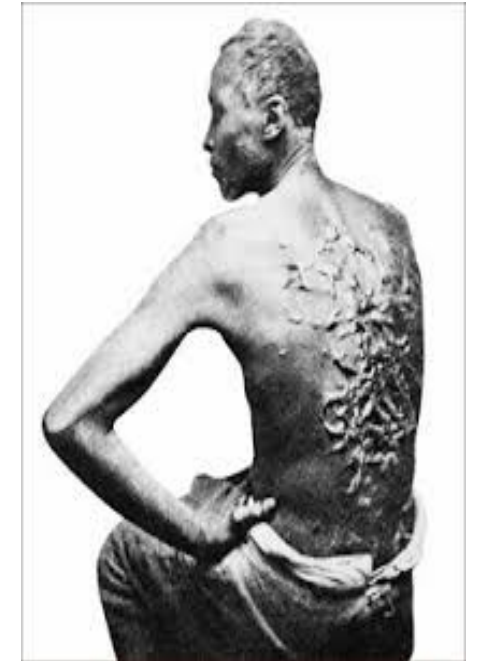
Dysaesthesia Aethiopica

- Being prone to laziness
- More among free Negroes living in clusters

Cure: “whipping the devil out of them”



Cartwright, 1851



"The Evolution of the ABPsi"

The Association of Black Psychologists, Inc. was born in the social, cultural, and political vortex of the civil rights and Black power movements occurring in the United States.

Robert Williams (2008) notes that except for Kenneth Clark and Martin Jenkins, Black psychologists were virtually unknown prior to 1968.

African American students and professional psychologists found **the Association of Black Psychologists (ABPsi)** in San Francisco in 1968.

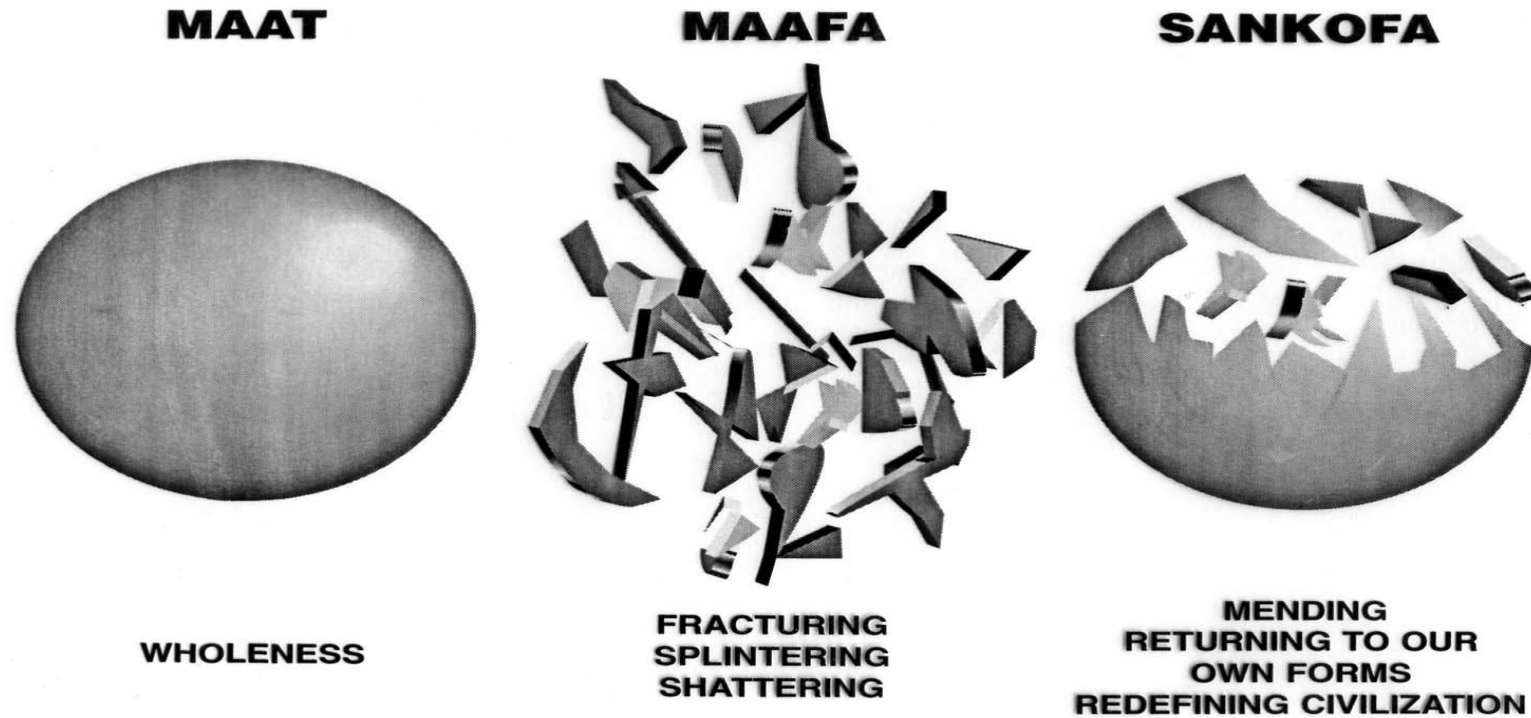
The ABPsi was formed as a national organization, now international, **free and independent of the American Psychological Association**

Charged the American Psychological Association with condoning the White racist character of American society and failing to provide models and programs conducive to the solving of African American problems stemming from the oppressive effects of American racism.

"It is extremely important to point out and highlight that we declared the primacy and importance of our Blackness over our status as psychologists."

Nobles, 2018

Afrikan Trauma Cycle as a Healing Framework



(Ani, n.d.)

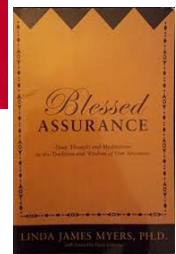
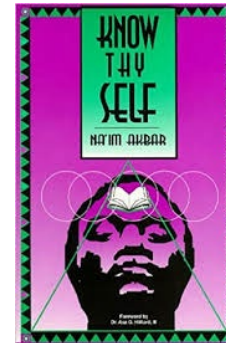
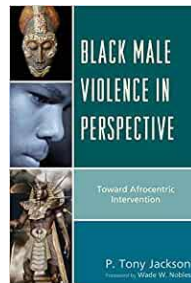
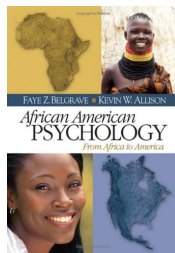
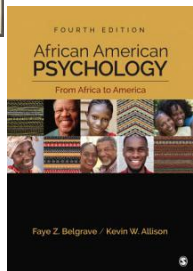
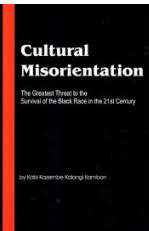
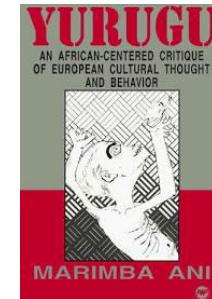
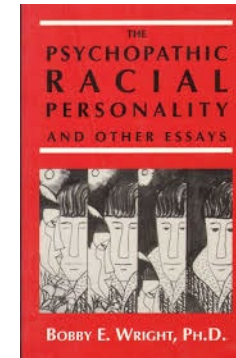
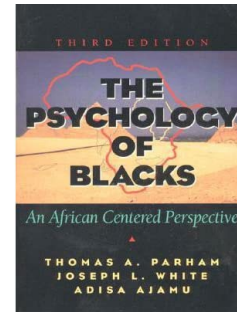
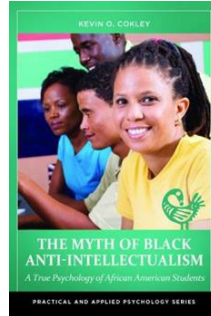
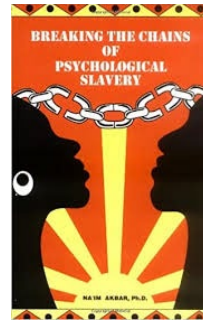
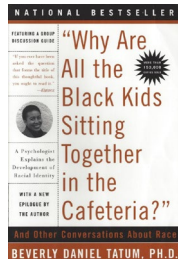
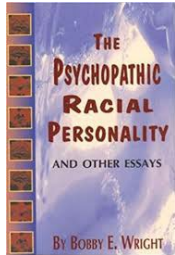
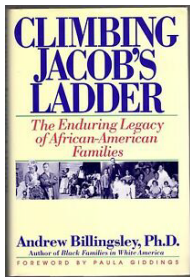
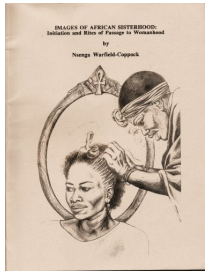
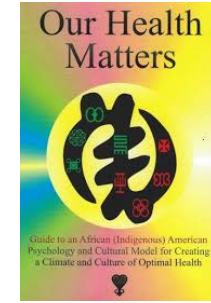
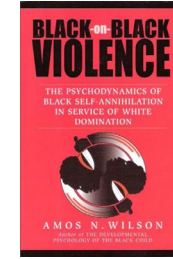
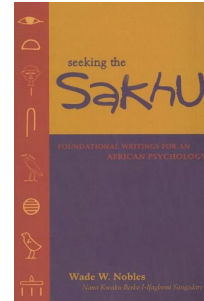
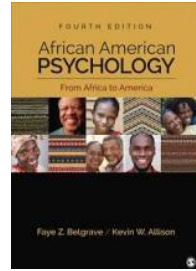
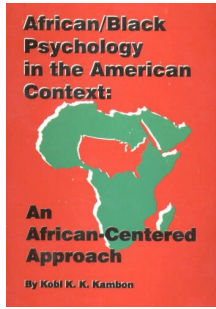
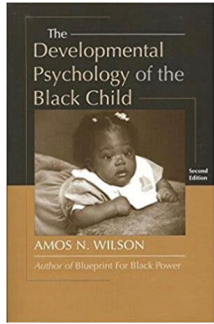
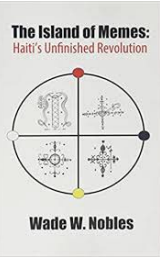
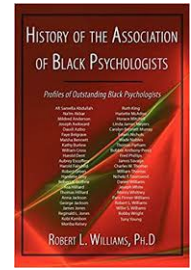
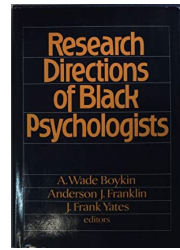
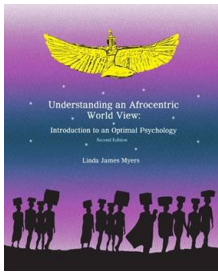
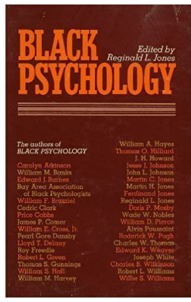
Unsung Scholar-Practitioner Warriors

We have the science to heal our people, we are challenged by the reach...structural racism.

- Daryl Tassogle Rowe, African-centered Metatheory
- Edwin Nichols, Socialization and Cultural Competence
- Fred Phillips, Ntuology or NTU Theory
- Linda James Myers, Optimal and Suboptimal Theory; Belief Systems Analysis
- Wade W. Nobles, Black(Extended) Self Concept, Culturecology
- Nancy Boyd-Franklin (Multi-Systemic Theory)
- Kevin Washington (Ubuntu)
- **And more....**



UNsung SCHOLAR-WARRIORS



Reparations

Nothing For Us Without Us Approach

Require mental health profession accountable for its role in the madness.

- Federal and State Funding Guidelines Reform
 - Insurance disparities

Funding the delivery and research of programs utilizing culturally-informed care that includes tenets of Afrikan/Black psychology.

- ABPsi Bay Area Chapter Therapist-n-Residency Program

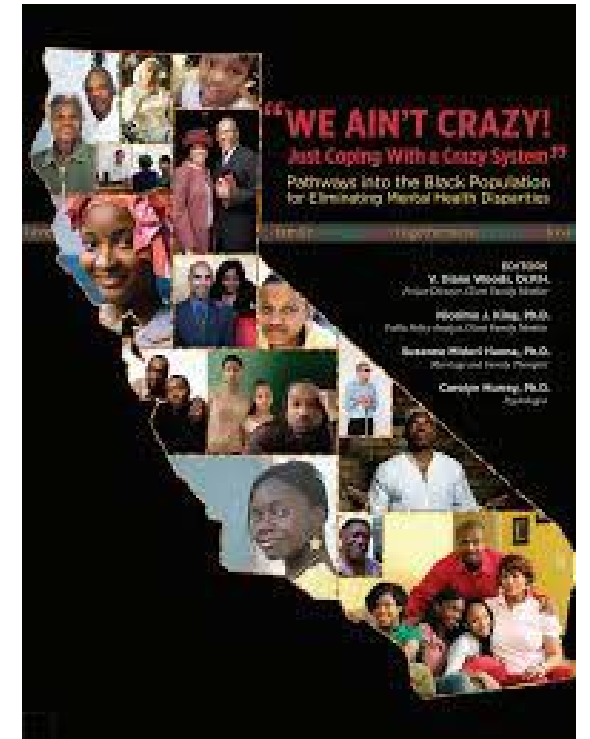
Recognize and Privilege Community -Defined Practices (Community Wisdom)

Black mental health workforce that is culturally-grounded and informed

- Charge the system to address barriers
- Reward institutions for both recruitment **and** retention

Genuine Transformation: Dismantle Racism within Mental Health Services and Promote Cultural-Accountability

- Elevate Black psychology scholarship (education, research, and practice)



COVID19/1619 RACIAL PANDEMICS

LIVING WITH SICKLE CELL ANEMIA IN THIS CONTEXT



Vos, 2020



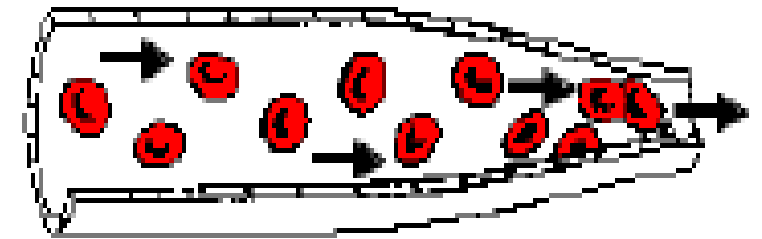
What is Sickle Cell Anemia (SCA)?

First described in Chicago in 1910 by James Herrick as an inherited condition that results in a decrease in the ability of **red blood cells** to carry oxygen throughout the body.

Sickle red blood cells become hard and irregularly shaped (resembling a sickle)

Become clogged in the small blood vessels and therefore do not deliver oxygen to the tissues.

Lack of tissue oxygenation can cause excruciating pain, damage to body organs and even death.



Normal cells move freely



Sickled cells get stuck

Sickle Cell Anemia

MORBIDITY

Stroke or brain damage

Pneumonia or Acute Chest Syndrome

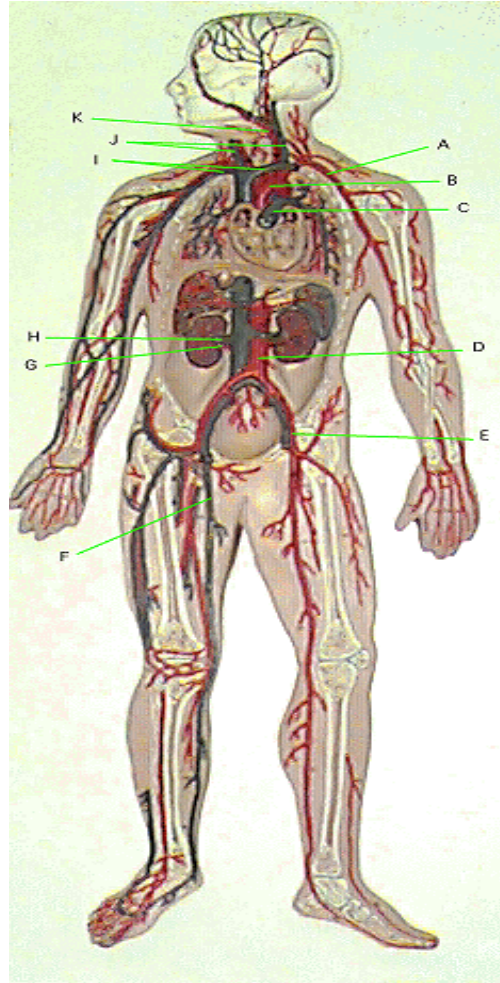
Kidney failure

Increased infections

PAIN Episodes (VOE)

Splenic sequestration

Delayed puberty, priapism, high risk pregnancy



TREATMENT

Stem Transplant (Bone Marrow Transplant)*

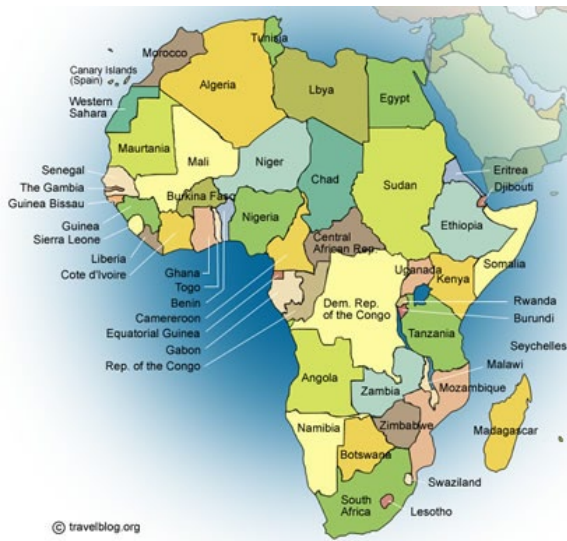
Penicillin (typically at birth)

Blood Transfusions

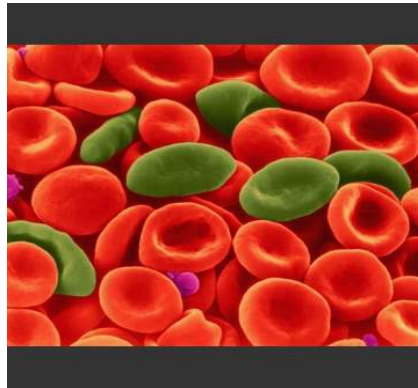
Folic Acid supplements

Hydroxyurea

- L-glutamine (Endari)
- Oxbryta (Voxelotor)
- Adakveo (Crizanlizumab)

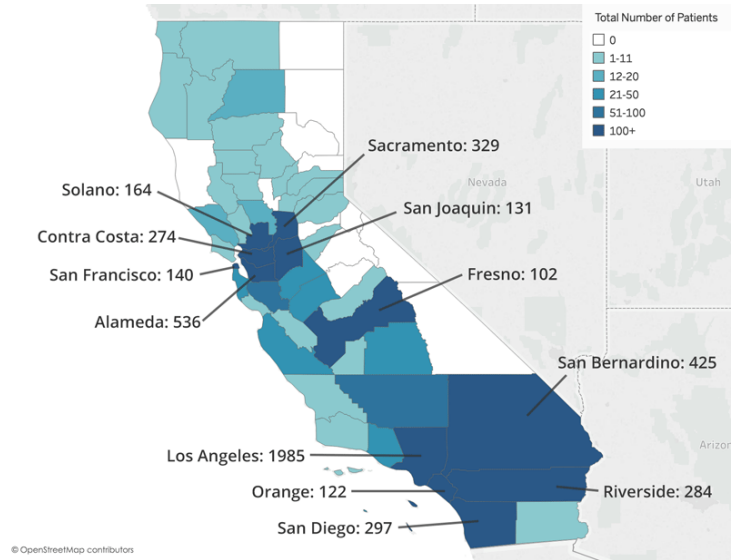


Prevalence



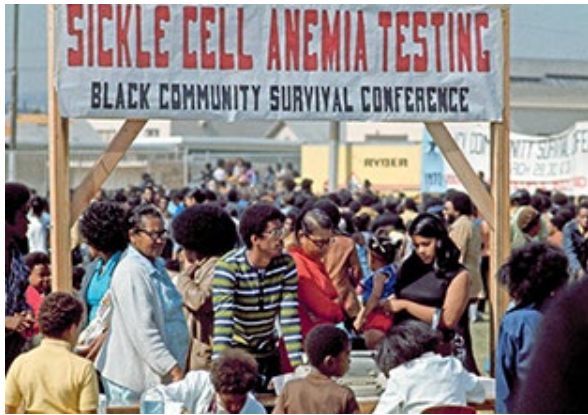
- It is estimated the up to 80,000 people in America have Sickle Cell Disease
- 1/500 African Americans have Sickle Cell Disease
- 1/1000 -4000 Hispanics have Sickle Cell
- 1/12 African Americans are carriers for Sickle Cell
- 1/50 Asians are carriers for Sickle Cell
- 1/100 Greeks are carriers for Sickle Cell

Cobos, 2010

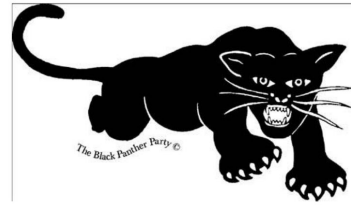


California Newborn Screening

- Between 75 and 100 newborns are diagnosed with sickle cell disease at birth.
- About 3,500 newborns carry sickle cell trait.
- About 10% of births with sickle cell disease are Hispanic non-Black, while nearly 40% of sickle cell trait identified newborns are Hispanic non-Black.
- The rest are nearly all Black non-Hispanic newborns, with a small number of White, Native American or Asian babies.



THE BLACK PANTHER PARTY



Black Panthers


Understood to politics of Sickle Cell Anemia

“Sickle cell disease is a microcosm of how issues of race, ethnicity, and identity come into conflict with the issues of health care.” (Wailoo, 2001)

Beginning in the 1960s, the civil rights movement, media coverage, and grassroots civic engagement, such as that of the Black Panthers, helped stimulate public awareness of SCD (Bassett, 2016)

THE BLACK PANTHER PARTY
ANNOUNCES....

**THE GRAND OPENING OF
THE
BOBBY SEALE
PEOPLE'S
FREE
HEALTH CLINIC**



SATURDAY
APRIL 24th 1971
2:00 P.M.
3236 Adeline St. Berkeley

A persons' health is their most valuable possession, improper health care and inadequate facilities can be used to perpetrate genocide on a people. The present racist, fascist government used its facilities for that purpose -- the genocide of poor and oppressed people. The people must create institutions within our communities that are controlled and run by the people in order to insure our survival. With this in mind, the Black Panther Party announces the opening of our first Free Health Clinic in the Bay Area.

ALSO.....FREE FOOD & CLOTHING ON OPENING DAY

For further information contact:
Black Panther Party...Berkeley Branch
2230 10th St, Berkeley...Phone 848-7740

SICKLE CELL DISEASE HEALTH DISPARITIES

Sickle cell disease (SCD) is the world's most common genetic disease, affecting approximately 100,000 people in the United States. As a group, people with SCD experience worse health outcomes compared to other diseases and have access to fewer health resources. This lack of equality is termed a health disparity.

HEALTH OUTCOME DISPARITIES

Health outcomes are the "outcomes or results of a medical condition that directly affects the length or quality of a person's life."



The average life expectancy for people with the most severe form of SCD is 30 years shorter than that of people without SCD.



Patients with SCD have the highest rate of returning to the hospital within 30 days of being discharged compared to other health conditions.



The rate of stroke in adults (age 35-64 years) with SCD is 3x higher than rates in African Americans of similar age without SCD.

HEALTH RESOURCE DISPARITIES

Health resources are "the materials, personnel, facilities, funds, and anything else that can be used for providing health care and services."



The majority of SCD patients are Medicaid beneficiaries. Less than 70% of doctors in the U.S. accept new Medicaid patients.



Healthcare providers may inaccurately perceive SCD patients as drug-seekers and may doubt their severity of pain. As a result, patients with SCD often experience longer wait times to see a doctor and to get pain medication when visiting the emergency department.



The number of physicians trained and willing to treat SCD patients, especially adult patients, is limited.

Through a partnership with the Centers for Disease Control and Prevention's Division of Blood Disorders, Tracking California and the Georgia Health Policy Center, the CDC Foundation is implementing the Sickle Cell Data Collection (SCDC) program to collect health information about people with SCD to study long-term trends in diagnosis, treatment and healthcare access. The SCDC program aims to use study findings to inform policy and health care changes that decrease health disparities for people with SCD.

The project is receiving funding support from Pfizer Inc., Bionerativ and Global Blood Therapeutics and is active in California and Georgia. Additional support is needed to expand the program to all of the United States to improve the disparate state of SCD.



To invest in the SCDC program or to learn more, contact the Advancement team at the CDC Foundation: advancement@cdcfoundation.org, 404.653.0790.

Health Care Disparities

"A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage"

Disparities "adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

Reparations: Nothing For Us Without Us Approach

Re-establishment of Comprehensive Centers across the developmental lifespan

- Mental health services (preventive care)

Updating the 1977 California Children's Services (CCS) Standards

- AB 1488

Actively elevate the grassroots advocacy programs and community-based organizations

- 10-point Emergency Room Plan promoted by Cayenne Wellness Center and Children's Foundation

Address insurance reimbursement and parity

- Increase compensation for caring for Champions
- Expand funding for greater equity for services despite private or public insurance

Required education for healthcare providers; inclusion of advocates and Champions

- Incentivize the 'best and the brightest' to increase research and practice

Acknowledgments

Children and Families that have trained me.

Carolyn Rowley, PhD
Keith Quirolo, M.D
Cayenne Wellness Center and Children's
Foundation

Wanda Payton
Sickle Cell Community Advisory Council of
Northern California

Shayla Betts
Cassandra Jackson
Saybrook University Graduate Students

*May your choices
reflect your hopes and
not your fears.*

~Nelson Mandela