AB 3121 California Reparations Task Force Testimony

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Thank you Chairperson and Task Force Members for this opportunity to present testimony in service of the critical need to develop reparations proposals for African Americans.

While my original training and practice was as a maternal health clinician, specifically as a nurse midwife, I recognized the deep and pervasive impact of trauma on the health of not only mothers and their infants, but also on entire families. So for the last 15 years, I have refocused my work on the topics of stress, trauma, and resiliency in the social service, education, and healthcare sectors with a particular focus on marginalized, vulnerable, and oppressed populations. I primarily serve as a consultant and strategist for trauma-informed and equity-focused organizational development and as a trainer for professionals wishing to grow competency in these areas. I am currently leading the anti-racism initiative for the Los Angeles County Department of Health Services, the second largest safety net health system in the country.

I was asked to present my expertise on a particular aspect of racialized trauma that is little talked about, but which is pervasive and insidious in its damage: the phenomenon of appeasement. I will spend a moment defining appeasement and describing its physiology before detailing the serious implications for the health of African Americans.

Appeasement is any relational behavior designed to pacify interpersonal threat. Although it exists on a larger continuum of strategies which help us get along with others, these behaviors vary according to the amount of perceived or actual power held by the parties involved. For example, when the power imbalance between people is relatively small, both parties might usefully and comfortably employ negotiation to come to a satisfactory resolution to a disagreement. Only when there are significant power

differences does appeasement come into play. Appeasement asks for nothing from the person holding power except that they do not harm us. For the person with less power, appeasement is a survival strategy designed to at least let us live to fight another day.

Appeasement is more than a culturally conditioned response to social hierarchy; its roots stretch deep into our shared stress biology with other social animals. I will offer a quick review of stress responses in order to clearly explain what is happening in appeasement and how it is relevant in racialized trauma.

Often when we talk about stress responses, we hear the term “fight/flight” which describes the activation of the sympathetic nervous system with the resulting state of high adrenaline, coupled with increased blood pressure and blood sugar and a cascade of other physiological reactions. This state is a normal defense response that is meant to be short lived before a return to baseline.

There is a second and less known stress or trauma response termed “freeze.” This is when the threat is perceived to be so serious that movement to combat or escape the threat is essentially shut down by the autonomic and central nervous systems, along with significant changes in the cardiovascular, hormonal, and other body systems. There is a gradient of intensity in this response. At the most extreme end is a shock state which, if prolonged, is not compatible with life. Due to its intensity, the freeze response is intended for very short term reactions to highly threatening situations.

In appeasement, there is a substantial activation of both the fight/flight and freeze systems simultaneously. However, the fight/flight response is not externally expressed—in essence, put on hold by a freeze response—as if hitting the gas and brakes at the same time. Appeasement is a natural part of our human response repertoire when confronted with social situations in which none of the other stress response options are seen as viable. In other words, we appease when the nature of the relationship makes escape impossible, defensive attack is not prudent, and playing dead is not realistic. More specifically, we appease in situations where the unequal power relationship is embedded in the lifeworld of the victim.

The latitude to fight or flee in response to a stressor or threat is often reserved only for those with significant social privilege including that of white skin. The ability for a White person who is pulled over by law enforcement for speeding to argue their case (essentially fighting) is a privilege that is not afforded to Black people in this country. Even the latitude to run away when threatened is not freely given to African Americans. The history of this country to this current time is frequently punctuated by cases of unarmed, non-confrontational, and even fleeing Black people having been killed by law enforcement officers and White mobs enabled by law enforcement. These cases live in the hearts and minds of African Americans as a cautionary tale of the dangers of expressing the biologically driven fight/flight defense response. But this fight/flight response doesn't go away; instead it is literally frozen in place through the dual stress system activation of appeasement, which exacts a heavy energetic cost.

In these contexts, it's fairly easy to see appeasement as a trauma response and survival strategy. So, the appeaser faces a double bind of sorts. If they fully express the fight/flight defense response, they risk potential violence or other harms, but if they simultaneously freeze the fight/flight defense response in an act of appeasement, then they pay the heavy metabolic price of high dual stress system activation. Biology and cultural conditioning influence one another in both the response and the outcome.

It is not just in cases of interaction with law enforcement where appeasement responses come to bear. Black people face racialized social and power hierarchies in the workplace, in the classroom, and in the community. Black people face racially-based threats, intimidations, and negative assumptions on an everyday basis. And the impact goes far beyond feeling hassled or irritated. Remember the milder fight/flight and more intense freeze responses are intended for only short term use. Prolonged pure freeze responses are lethal, but even extended times in fight/flight states mean ongoing secretion of stress hormones adrenaline and cortisol with the attendant rises in blood pressure and blood sugar. Even without medical training, it is easy to see how chronic fight/flight activation can lead to hypertension and diabetes.

Also remember that with appeasement we have dual activation of both fight/flight and freeze systems. Living with daily experiences of racism induces a chronic overactivation of stress systems which in turn induces a domino effect on interconnected biological systems that overcompensate and eventually collapse upon themselves. Physiological dysregulation and dysfunction produces widespread pathological changes. For example in the immune system, effects include excessive inflammatory cytokines, auto-immunity, and immune suppression. In the brain, there is hippocampal atrophy with associated decreased memory of all types. Genetically, telomere shortening indicates accelerated cellular aging. Life expectancy is shortened.

The impact of appeasement is compounded by the fact that escape is largely impossible; Black people must regularly interact with White people as a matter of practical survival. To understand what's going on when Black people engage in appeasement, it's critical that we see racism as continuously traumatic and the abusive inter-group dynamics of racism as a social context in which traumatic entrapment can be experienced and trauma responses should be expected. According to psychology researcher Dacher Keltner, "Appeasement begins when the conditions of social relations lead one individual to anticipate aggression from others." For African Americans, this means that expressions of modesty, politeness, agreeableness, shyness, uncertainty, or deference may instead be an attempt to deflect or prevent aggression from White people. When one lives in close and direct contact with members of a dominant social group, appeasing may become so automatic that the appeaser may not even feel distressed in the moment. Instead, the cost comes later—as exhaustion, as chronic ill health, as demoralization, as an erosion of one's sense of dignity and self-worth.

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