

VCHIP CHAMP VDH COVID-19

June 19, 2020 | 12:15-12:45pm Call Questions and Answers*

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Practice Issues: AAP-VT Chapter Task Force on Race and Health Equity

Rebecca Bell, MD FAAP, Chapter President: The first meeting of the AAP-VT Chapter Task Force on Race and Health Equity took place this morning, including the creation of plans to break up into working groups. The groups will put together guidance and resources around clinical practice and improving care for people of color. There is interest in building culturally safe medical homes and treating patients with black or brown skin in clinically appropriate ways, including screening for the adverse effects of racism. We hope to have tangible resources in the coming months and year.

Practice Issues: Racial Equity Discussion

Xusana Davis, JD – Vermont Executive Director of Racial Equity: Public health is something that I'm passionate about, and it's nice to be around like-minded people who understanding how many factors impact health or healthy living. What topics would you like to discuss today?

Q: I heard you speak on the Vermont Edition program on June 3rd and this morning during the Governor's briefing and really appreciated your answers to questions from Vermonters about what they can do to support racial equity in our state.

A: Xusana Davis, JD, Vermont Executive Director of Racial Equity: <https://racialequity.vermont.gov/resources>. This is a resource guide that we put together in response to that question. You will note that health is conspicuously absent. We will be remedying that. Other ways to get involve, look at your work, especially from a Human Resources standpoint. Look around. Is your workplace diverse? Talk to the people who do hiring. Are they reaching out to HBCUs (historically Black colleges and universities) to do some of their recruiting? Will they be able to find appropriate, safe housing when they get here? Will their children be bullied in schools? Call police department and ask if police officers are mandated to wear body cameras, which is something that has saved lives or at least helped vindicate lives in some way. Call your state legislature. Sit in on a virtual hearing. Find out what they are talking about from an equity perspective.

Q: Can you tell us more about the challenges you've faced in VT that was different from NY?

A: Xusana Davis, JD, Vermont Executive Director of Racial Equity: I miss Thai food. I haven't been able to find it here. It's really been a challenge. Living in VT feels a lot like living in the suburbs that I lived in in middle and high school. I have gotten used to being the only person of color in a room. It gets more pronounced the higher you go in your education. It hasn't changed much, except how open some people are with their symbols and their opinions (i.e. people who proudly display their confederate flags outside of their homes). That's been a challenge. The one challenge I was most afraid of is the winter, and last winter was milder than I thought it was going to be.

Q: Can you speak to how, once recruited, we can help with what seems to be inevitable, a representation fatigue for junior faculty? When there's only one POC in a department, so many others come to them for help. It's hard for them to get the actual work done.

A: Xusana Davis, JD, Vermont Executive Director of Racial Equity: This is very common in higher education and other professional arenas. It can be really exhausting to be the representative brown person in the room to tell

*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.

everyone what's okay and what's acceptable. In a place like Vermont, it's so tough because you often are the only one. I think people feel responsible to play that role. I'm reminded of someone telling me that they, as faculty at a higher institution, created a support program for faculty of color, but the faculty of color themselves were the ones who were tasked with running and maintaining that. The institution didn't take the lead in providing those resources. One thing to consider is, when you talk about providing support for your employees and faculty of color, make sure that you are providing that, at least the space. Bring in people who are appropriately suited to provide that education. Our Agency of Natural Resources is a great example. They have a Diversity and Equity Committee, and the Secretary gave that group a budget and allocated a certain number of staff hours to spend on the Committee and its work. That was a tangible show of support. Representation fatigue is a real thing. In the same way you are learning and benefitting your colleagues of color, you also want them to benefit from tools and experiences that will make their lives better. I was recently on a call with women of color, and a white parent asked the Black parent if she could talk to the white parent's child about the murder of George Floyd and what was going on. This was a Black parent who really needed a lot of support, but the white parent wanted something from the Black parent to help her child. How do you frame your requests in a way that respects the experience and emotional well-being of your colleagues of color?

Q: How do you see your role in the current movement to defund police departments and reinvest that money into social services like affordable housing, living wage jobs, universal healthcare, etc.?

A: Xusana Davis, JD, Vermont Executive Director of Racial Equity: This is touching on issues of funding and about reform rather than defunding the police. They are calling for defunding of police with simultaneous action of providing services to prevent people from ending up in the criminal justice system. Nutrition helps cognitive function. When people live in food deserts or food swamps, if they are young people in school, they have difficulty focusing in school. If you are a young person suffering from poor nutrition or insecure housing, then future interactions with police officers may elicit poor behaviors. It would be better to invest in housing and food to help prevent involvement with the justice system. If we build a prison today, it will be ready to incarcerate a current 8-year-old. We are investing in that child's failure. We need to invest in their life success.

Q: What recommendations are being made to enhance the education of police officers so they are able to better serve and protect the community? It seems they are in a role of being a social worker and at the same time, protect the public.

A: Xusana Davis, JD, Vermont Executive Director of Racial Equity: When we talk about police officer training, the officers who killed Rayshard Brooks had just received de-escalation and excessive force training. The training doesn't fix systemic racism. In thinking about training and education of law enforcement officers, there is a professional training, and then there is social training. For example, I would recommend that any person, but especially police officers, read [White Fragility](#). Police officer training needs to happen as part of their professions, but it doesn't make a difference if they don't change at the human level.

A: L.E. Faricy, MD, UVMCH Pediatric Pulmonology: The idea of building those early supports, developing healthy communities, it's very in line w/ the pediatrician worldview.

Q: Any advice on how we can start work to make changes at our smaller area hospitals regarding racial equality? Tangible things we can do. It's one thing to have an equality statement but it's another to actually initiate change, particularly if leadership may not think it is an issue at the forefront of importance.

A: Xusana Davis, JD, Vermont Executive Director of Racial Equity: In movies and television, there's that decision of staying with the cool kids or branching out and doing the right thing. I think about that with corporations who want to quietly support equity, but don't go all the way. I say "we can't be secret friends. If you are in it, then you need to be in it all the way." If you are a smaller area hospital and you say you care about equity,

diversity, and social awareness, then find out how many people of color work there and in what roles. If you have a patient who says they don't want to be touched by someone from Jamaica or who looks like that, how do you respond? Do you confront the patient and say "we hire qualified people, and they will be able to take good care of you"? How do you stand up for people of color? Or do you let it go? Additionally, how do you treat patients of color? There is a nursing textbook about pain evaluation that says "Jewish patients just want their pain validated," and that's how we are educating people to take care of patients. Look at (1) who are you hiring, (2) for what roles, and (3) how are you treating your patients.

Q: What specific advice would you give to white people serving as mentors to BIPOC pre-medical and medical students?

A: Xusana Davis, JD, Vermont Executive Director of Racial Equity: Know when to step up and when to step back. If you think you are a good fit for that med student, then stick with it by all means, but if you think there's a better offering for that student, then give a warm hand-off to that person. I'm not saying that as a white person you shouldn't mentor a student of color, but ask yourself if you know someone else who is similarly qualified and, if I do, am I asking that person to take on more emotional labor? If so, how am I helping that person accomplish that? In higher education, we have a lot of faculty of color who agree to be mentors to students of color, which means less time for scholarship, publishing, and research. What kind of trade-offs are we asking people to make in order to serve as resources to us and to students?

Q: Would you like to share your email address?

A: Xusana Davis, JD, Vermont Executive Director of Racial Equity: Xusana.Davis@vermont.gov