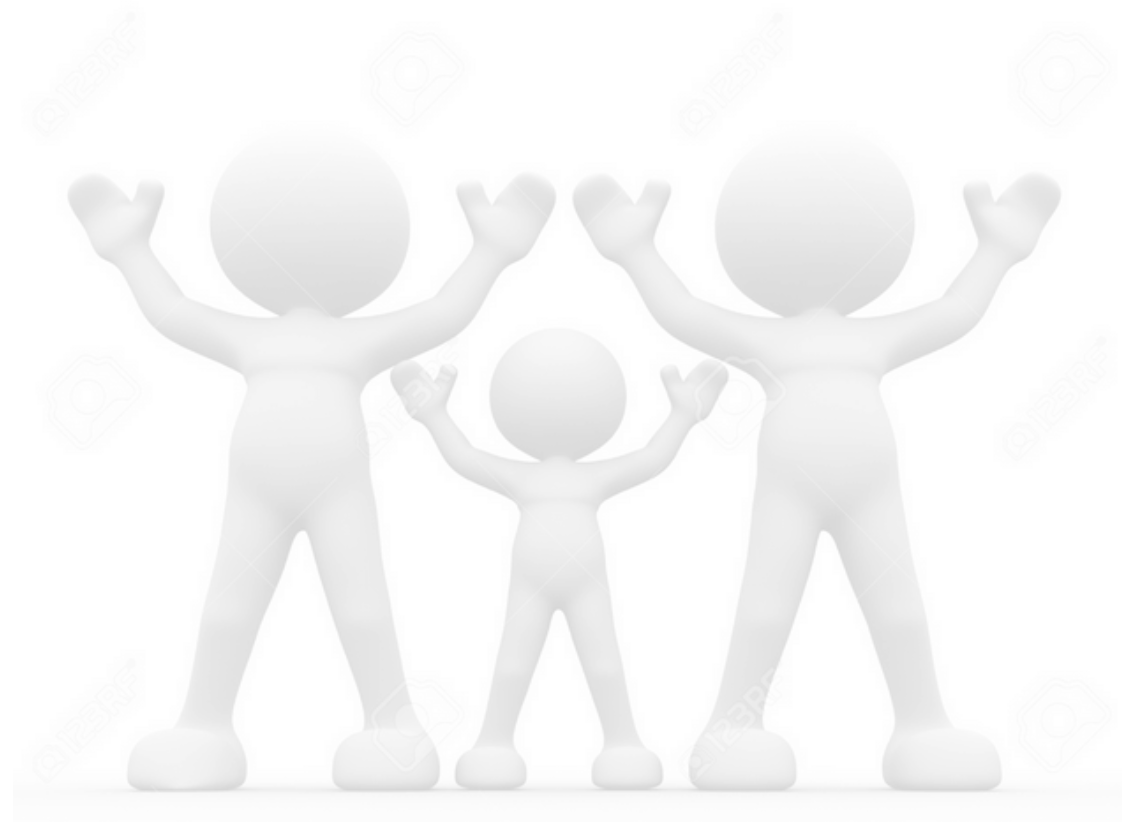


Pandemics + Policing + Protest

On Racism and Health



November 14, 2020

Rhea W Boyd MD, MPH

Physicians for a National Health Program Annual Meeting

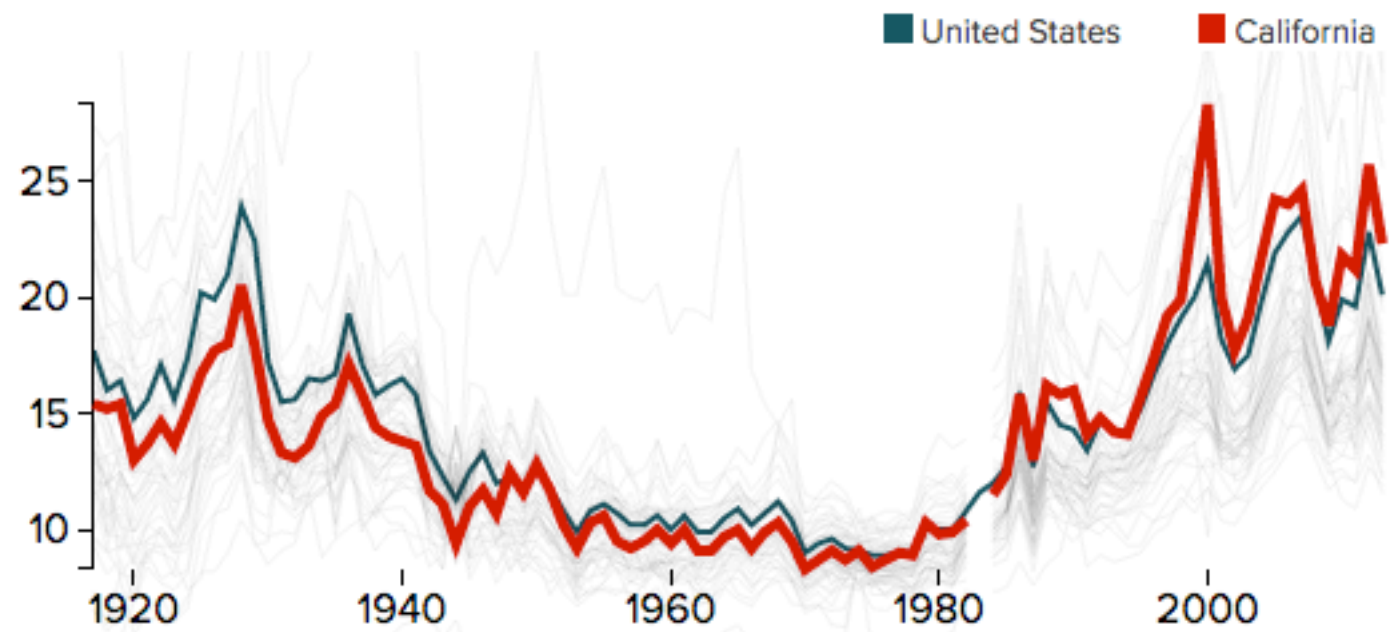
@RheaBoydMD

Neither I nor my immediate family members have a personal financial relationship with a manufacturer of products or services that will be discussed in this presentation.

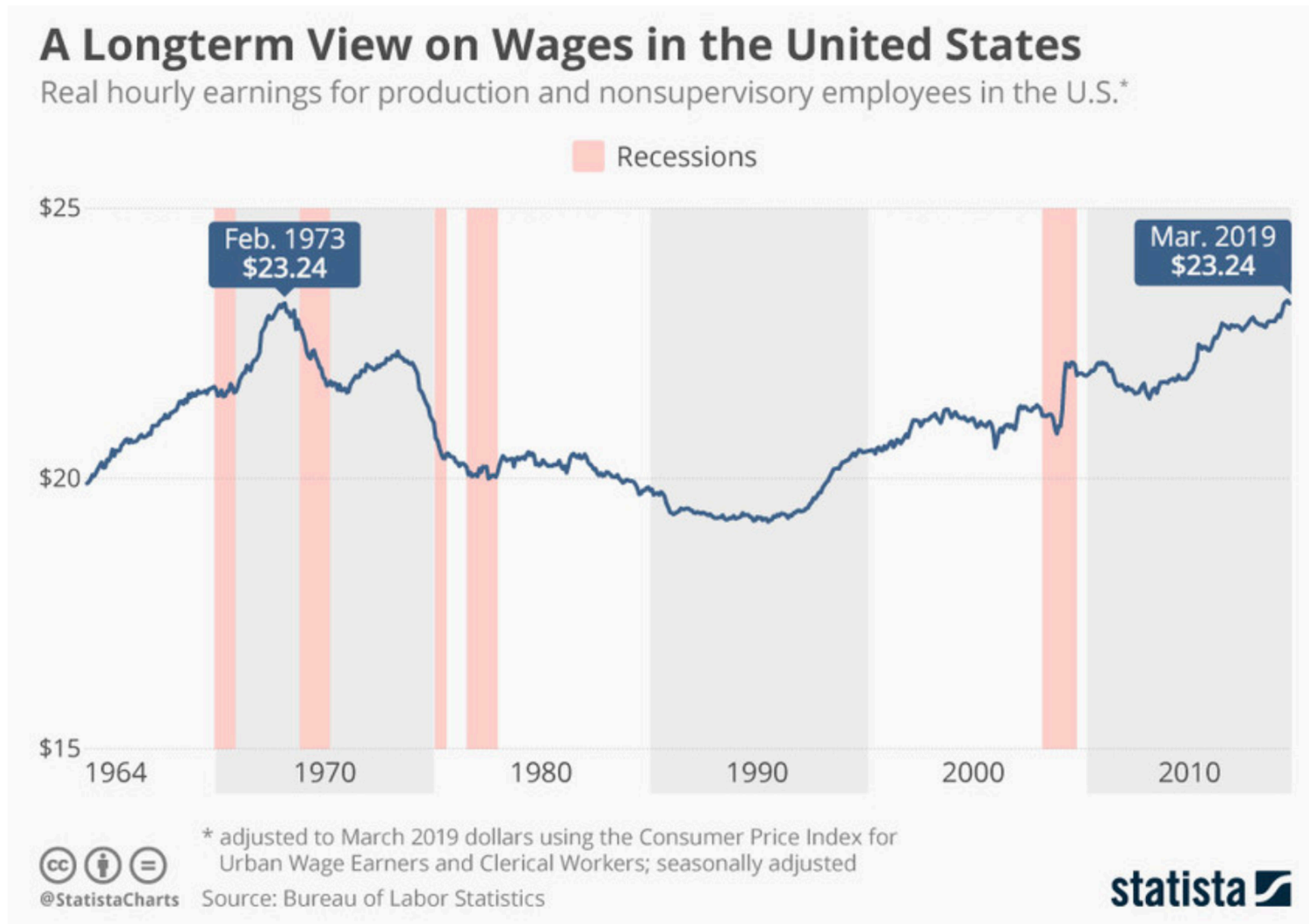
Inequality is growing.

Share of income captured by the top 1%, 1917–2013

The share of all income held by the top 1% in recent years has approached or surpassed historical highs.



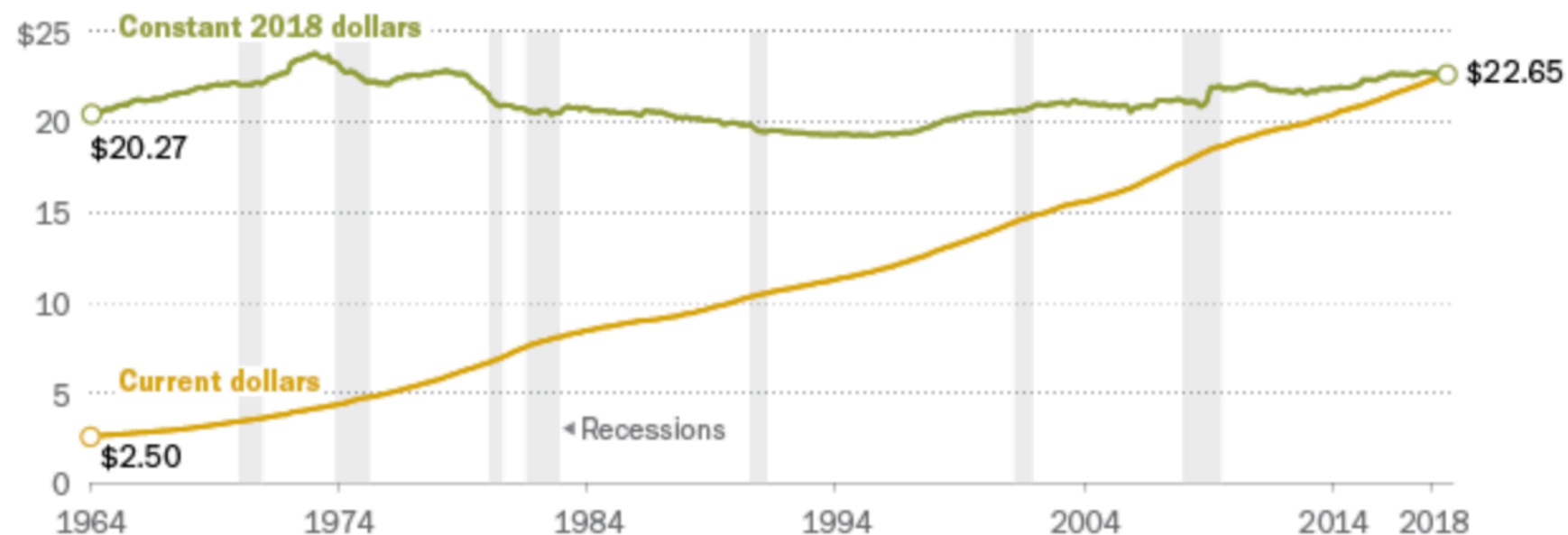
Wage stagnation is profound.



Purchasing power of the US workforce has *barely* increased over the last 50 years.

Americans' paychecks are bigger than 40 years ago, but their purchasing power has hardly budged

Average hourly wages in the U.S., seasonally adjusted



Note: Data for wages of production and non-supervisory employees on private non-farm payrolls. "Constant 2018 dollars" describes wages adjusted for inflation. "Current dollars" describes wages reported in the value of the currency when received. "Purchasing power" refers to the amount of goods or services that can be bought per unit of currency.

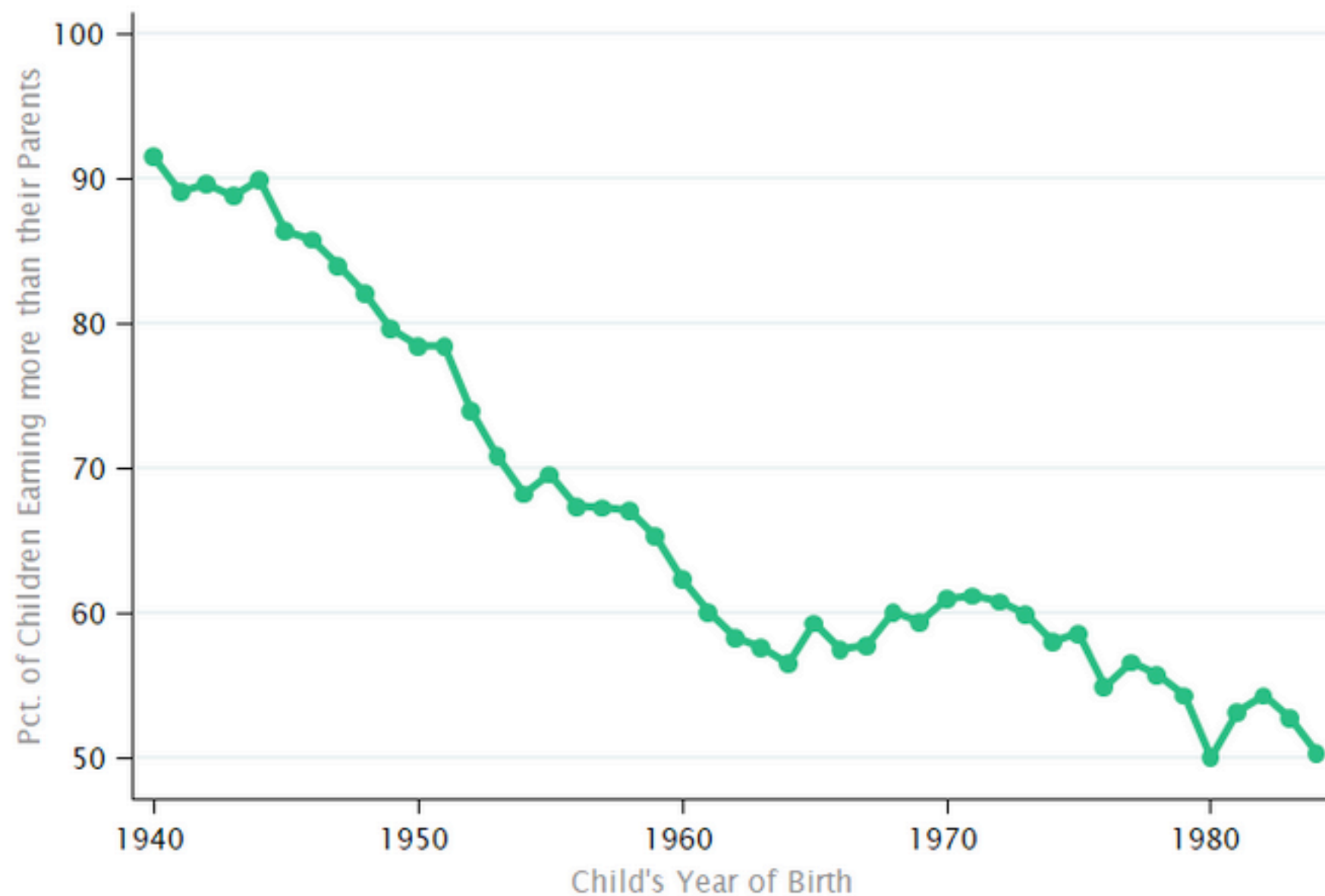
Source: U.S. Bureau of Labor Statistics.

PEW RESEARCH CENTER

Pew Research Center. [For most US workers, real wages have barely budged in decades.](#) August 2018.

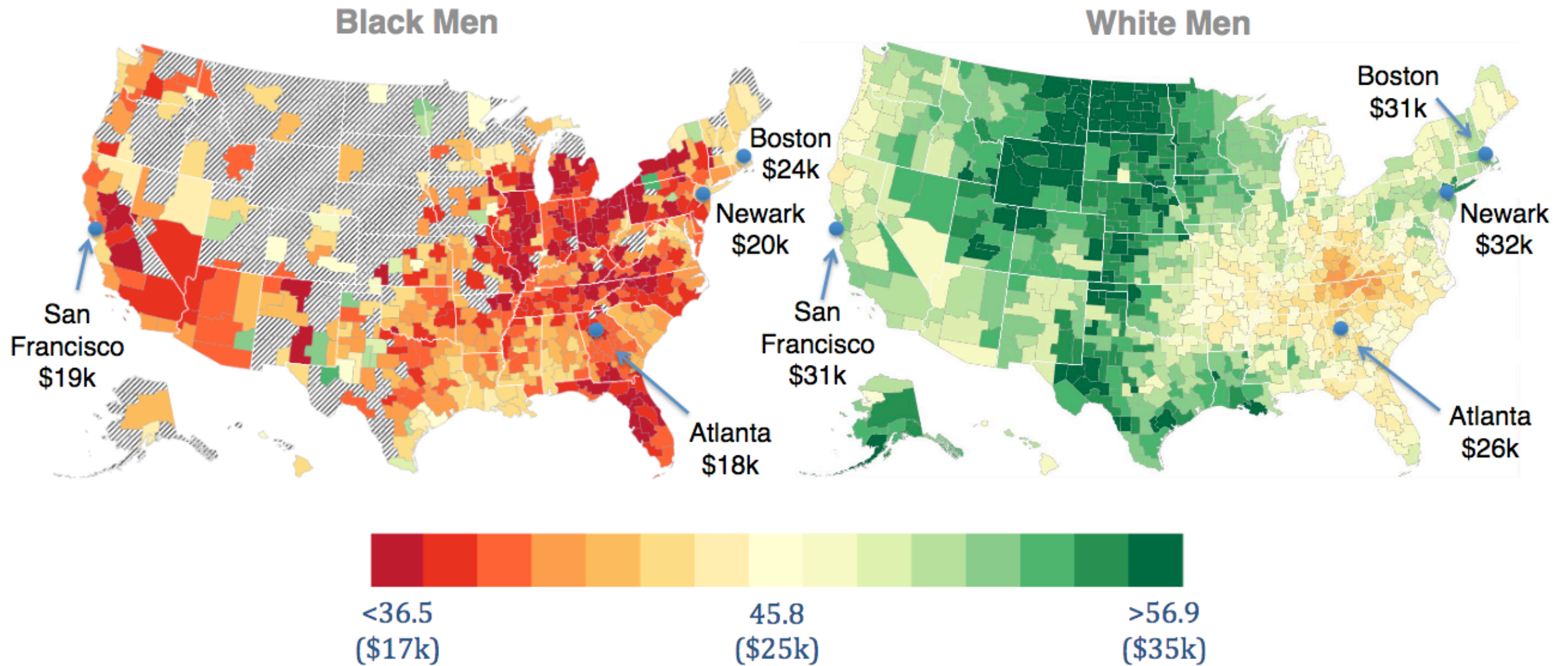
We are a part of a generation for whom *only* **half** of children will **out-earn** their parents.

Percent of Children Earning More than Their Parents, by Year of Birth



Two Americas: The Geography of Upward Mobility by Race

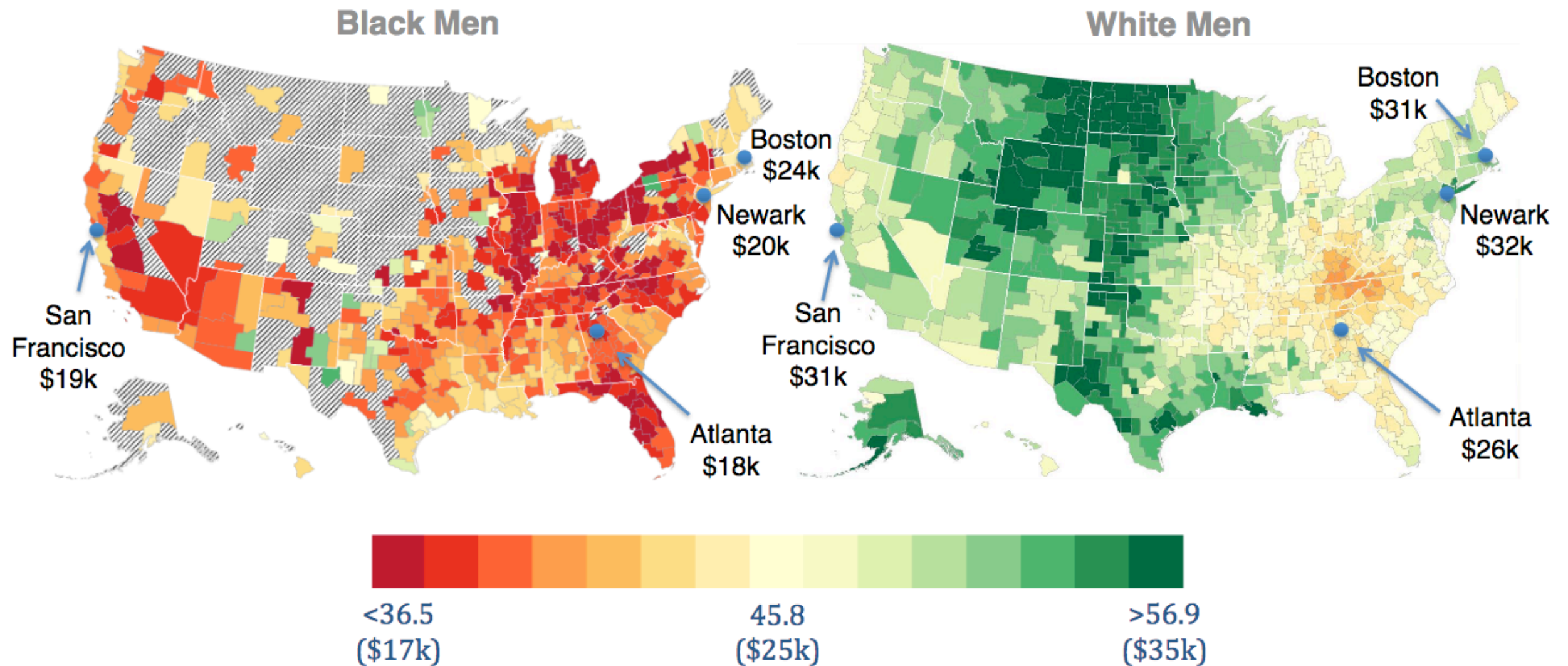
Average Individual Income for Boys with Parents Earning \$25,000 (25th percentile)



Chetty, R. et al. Race and Economic Opportunity in the United States: An intergenerational perspective. Opportunity Insights. 2018.

Two Americas: The Geography of Upward Mobility by Race

Average Individual Income for Boys with Parents Earning \$25,000 (25th percentile)



In **99%** of neighborhoods in the US, **black boys** **earn less** in adulthood than **white boys** who grow up in families with comparable incomes.

Black and white children fare very differently in America,
even if they grow up with two-parents, comparable
incomes, education, and wealth, live on the same city block
and attend the same school.

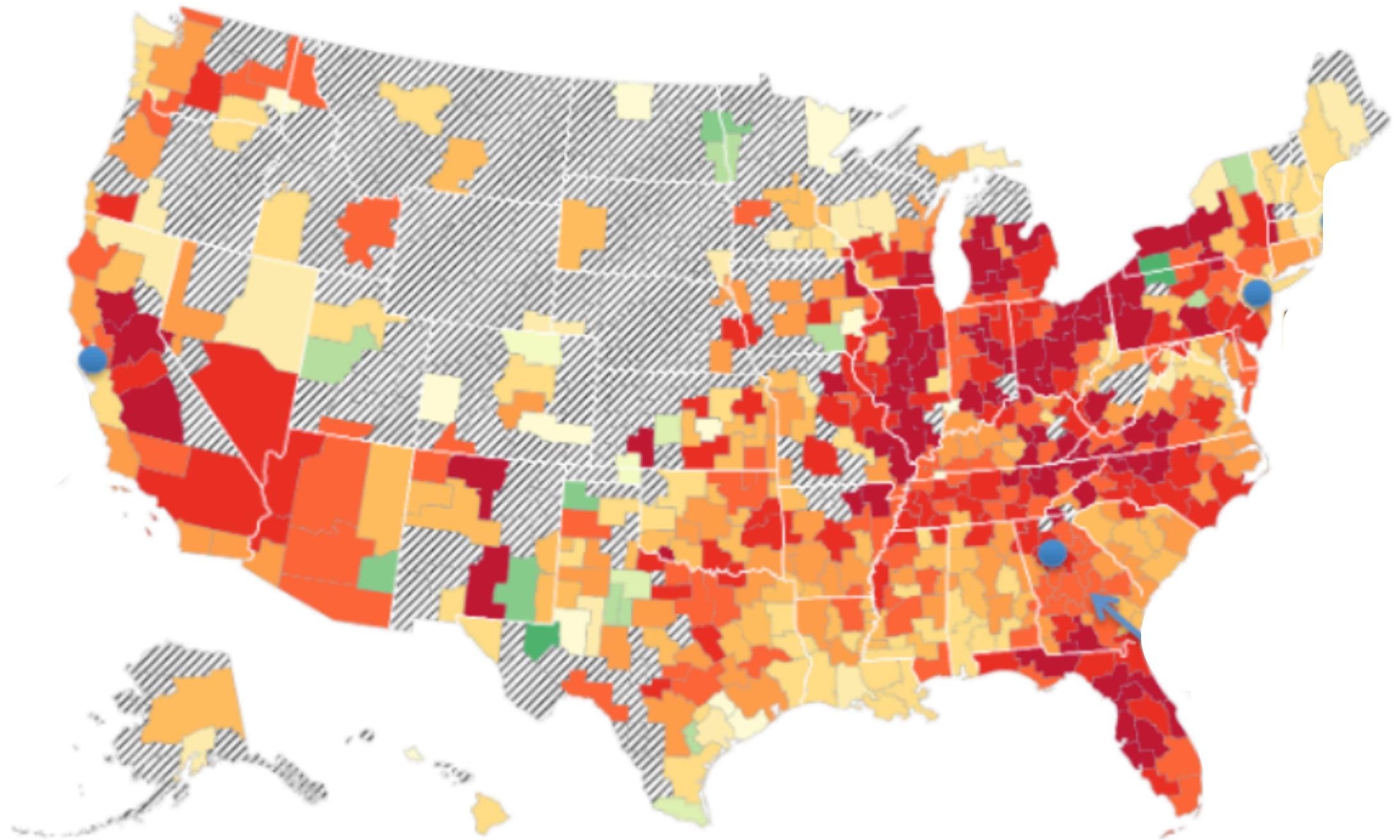


Black and white children fare **very differently** in America,
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incomes, education, and wealth, live on the same city block
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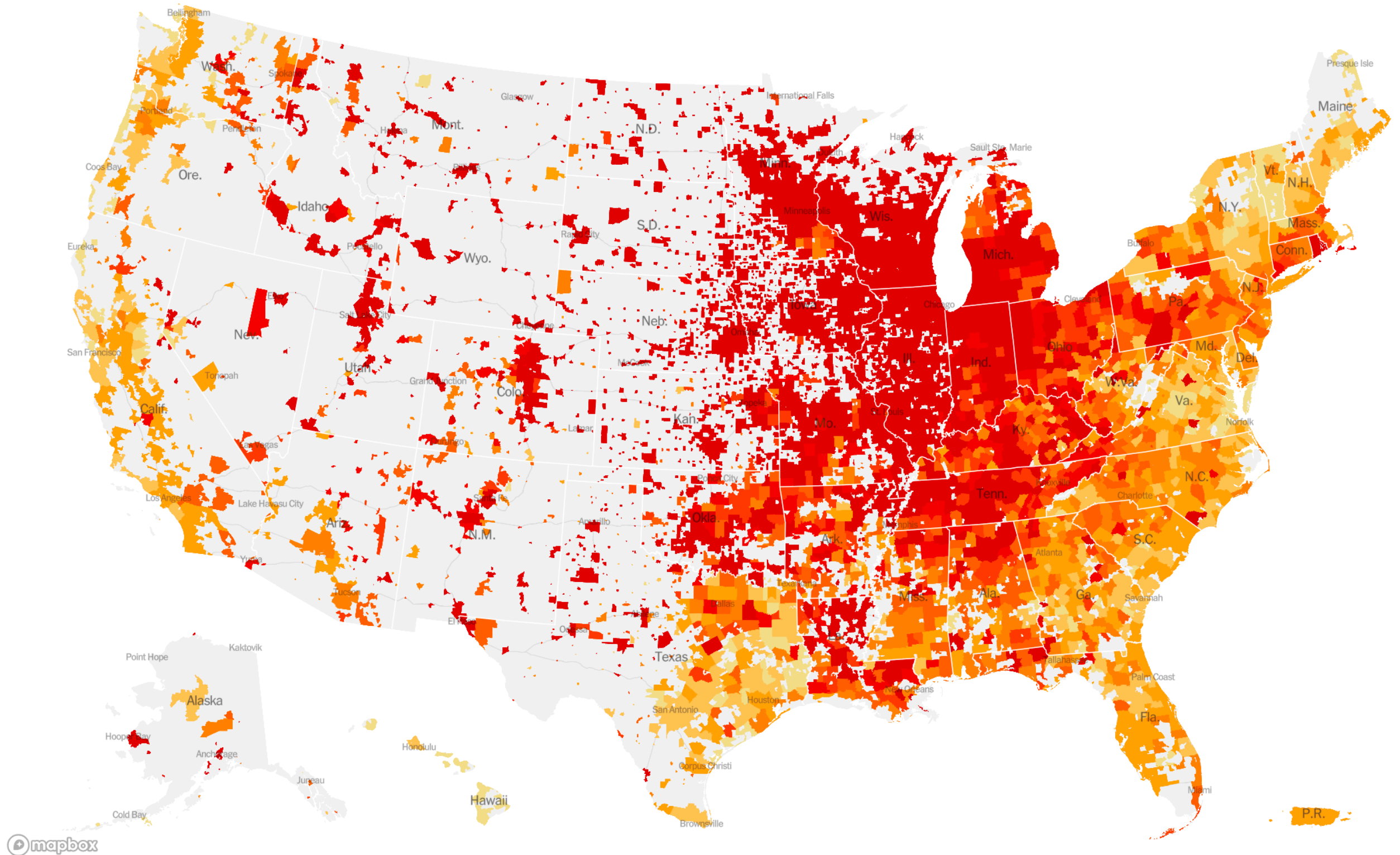
*These gaps are smallest in areas with **low racial bias** among
whites and **high father presence** in black neighborhoods.*

Pre-Existing Inequality



Chetty, R. et al. Race and Economic Opportunity in the United States: An intergenerational perspective. [Opportunity Insights](#). 2018.

COVID-19 Hot Spots

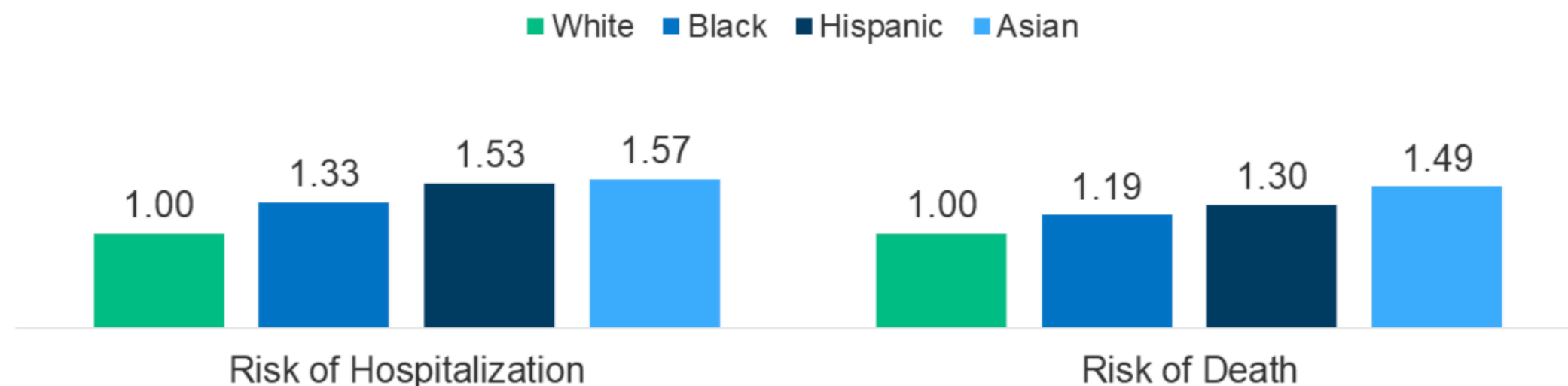


NYTimes. [Coronavirus in the US. Latest Map and Case Count.](#) As of Nov 14.

Figure 6

Risk of Hospitalization and Death among Epic Patients who Tested Positive for COVID-19

Probability of experiencing hospitalization or death compared to White patients with similar sociodemographic characteristics and underlying health conditions:



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. Data for other racial groups not shown due to insufficient data. Values shown are hazard ratios after controlling for age, sex, geographic social vulnerability, and select comorbidities.

SOURCE: Epic and KFF analysis of Epic Health Record System COVID-19 related data as of July 2020.



Figure 6: Risk of Hospitalization and Death among Epic Patients who Tested Positive for COVID-19

TABLE. Demographic and clinical characteristics of children aged <18 years hospitalized with COVID-19 — COVID-NET, 14 States,* March 1–July 25, 2020[†]



Characteristic	No./Total no. (%)			
	All ages	0–2 years	2–4 years	5–17 years
Any underlying condition by race/ethnicity (N = 94)				
NH White	14/94 (14.9)	4/14 (28.6)	0/9 (—)	10/71 (14.1)
NH Black	28/94 (29.8)	3/14 (21.4)	2/9 (22.2)	23/71 (32.4)
Hispanic or Latino	43/94 (45.7)	7/14 (50)	6/9 (66.7)	30/71 (42.3)
NH American Indian/Alaska Native	2/94 (2.1)	0/14 (—)	0/9 (—)	2/71 (2.8)
NH Asian or Pacific Islander	3/94 (3.2)	0/14 (—)	0/9 (—)	3/71 (4.2)
Multiracial	1/94 (1.1)	0/14 (—)	1/9 (11.1)	0/71 (—)
Unknown	3/94 (3.2)	0/14 (—)	0/9 (—)	3/71 (4.2)

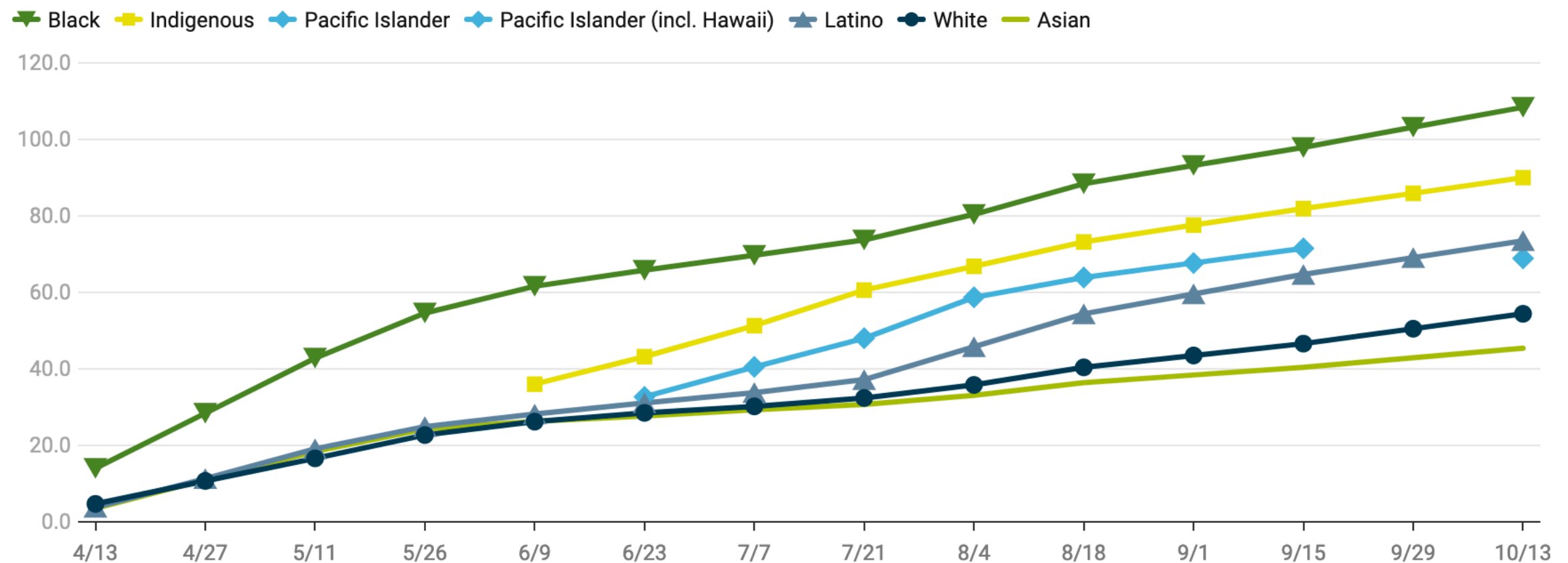
TABLE. Demographic and clinical characteristics of SARS-CoV-2–associated deaths among persons aged <21 years — United States, February 12–July 31, 2020*



Characteristic	No. (%)
Race/Ethnicity	
Hispanic	54 (44.6)
American Indian/Alaska Native, non-Hispanic	5 (4.1)
Asian or Pacific Islander, non-Hispanic	5 (4.1)
Black, non-Hispanic	35 (28.9)
White, non-Hispanic	17 (14.0)
Multiple/Other [†]	2 (1.7)
Missing/Unknown	3 (2.5)

Black & Indigenous Americans experience highest death tolls from COVID-19

Cumulative actual COVID-19 mortality rates per 100,000, by race and ethnicity, April 13-Oct. 13, 2020



Note: All intervals are 14 days apart, except for 5/11-5/26, which is a 15-day period. 9/1 and 9/29 data has been interpolated. Pacific Islander data prior to 10/13 did not include Hawaii, as it was not releasing data; its inclusion resulted in an overall drop in the Pacific Islander rate, which begins a new series at 10/13.

Source: [APM Research Lab](#) • [Get the data](#) • Created with [Datavrapper](#)

Health Disparities

Population-level differences in health.

Health Inequities

Population-level differences in health that are avoidable, unnecessary, unfair, and *unjust*.

Health Inequities arise when certain populations are **made vulnerable** to illness or disease, often through the *inequitable* distribution of **protections** and **supports**.



Jones CP. Levels of racism: a theoretic framework and a gardener's tale. *Am J Public Health*. 2000;90(8):1212-1215.

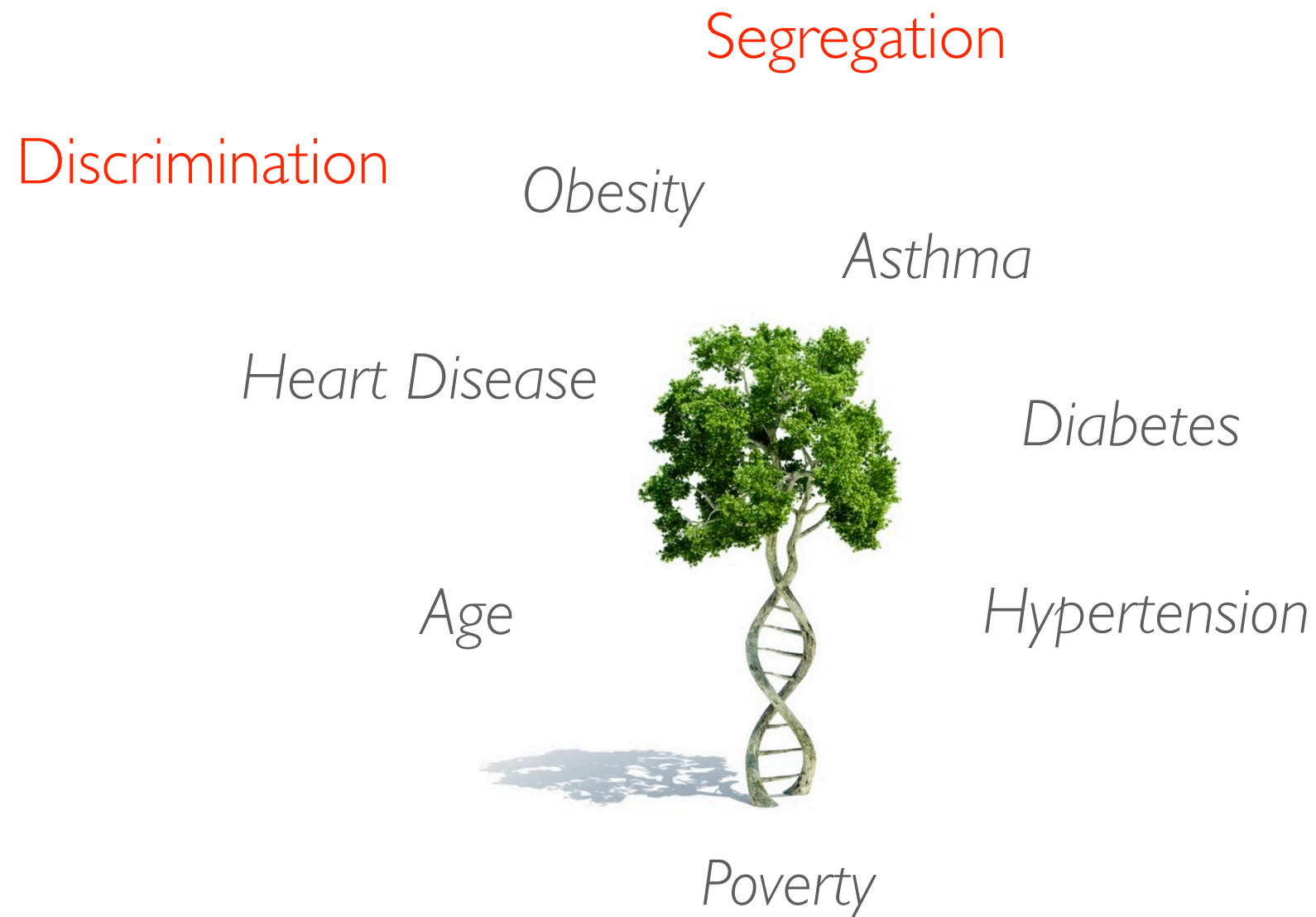
Williams DR, Lawrence JA, Davis BA. Racism and Health: Evidence and Needed Research. *Annu Rev Public Health*. 2019;40:105-125.

Segregation



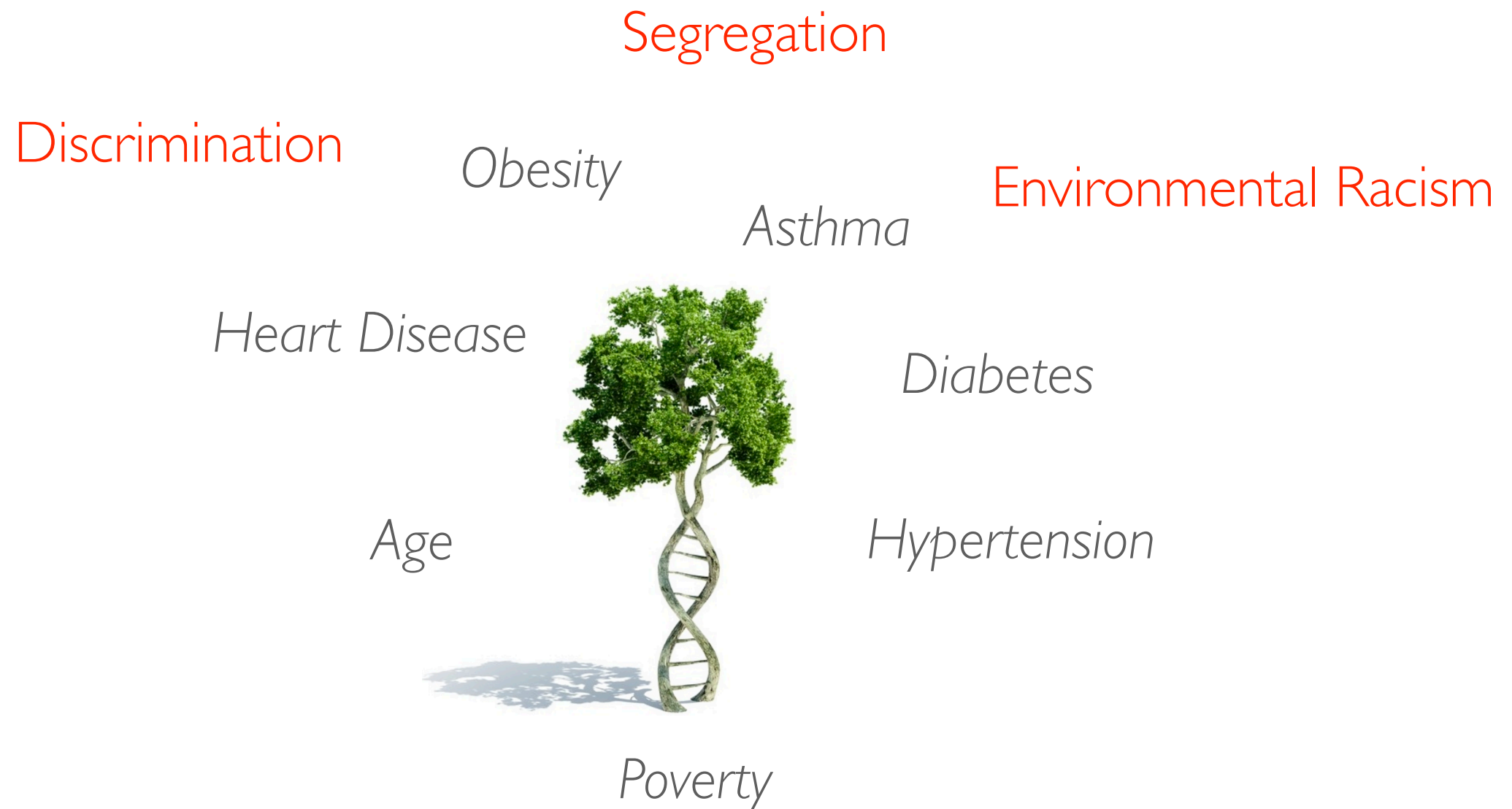
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Segregation

Discrimination

Obesity

Environmental Racism

Asthma

Heart Disease

Diabetes

Racial Wealth Gap

Age

Hypertension



Poverty

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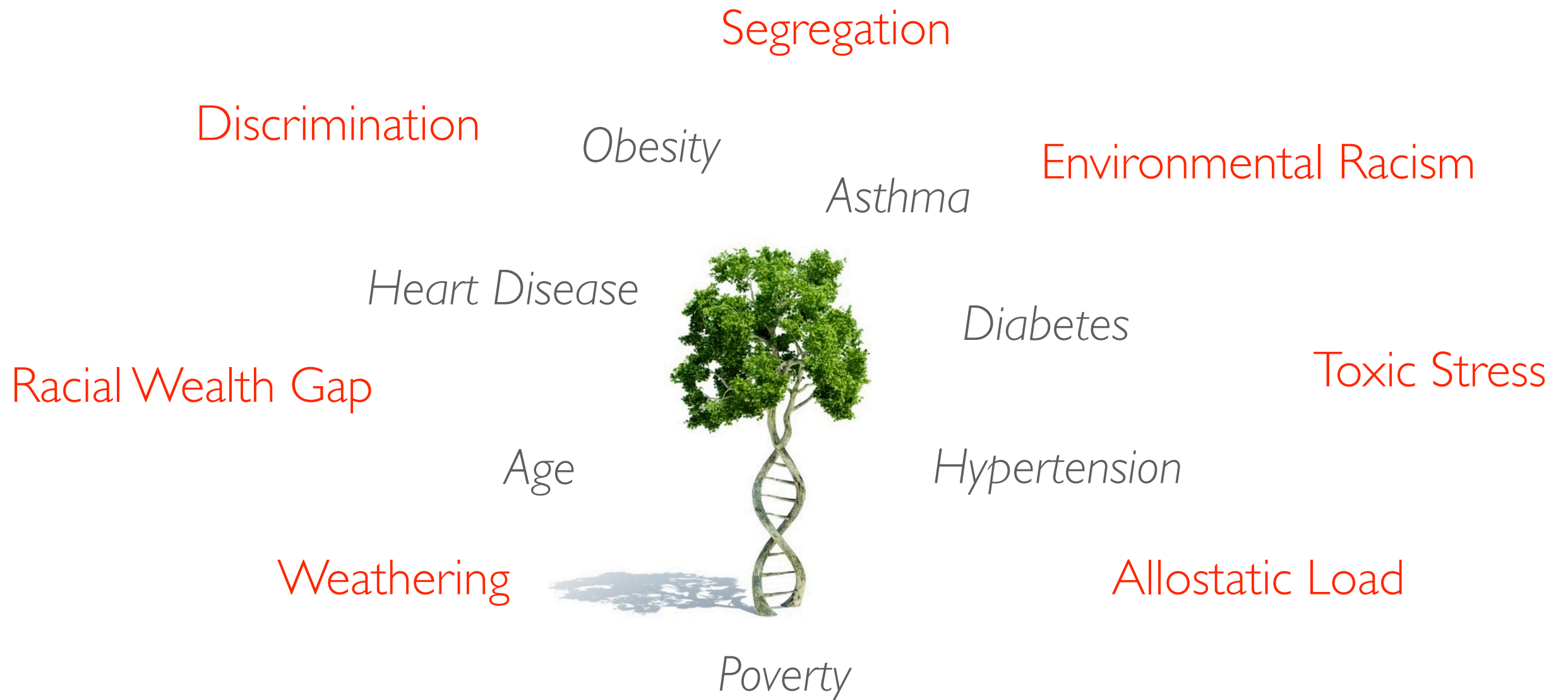
Allostatic Load



Poverty

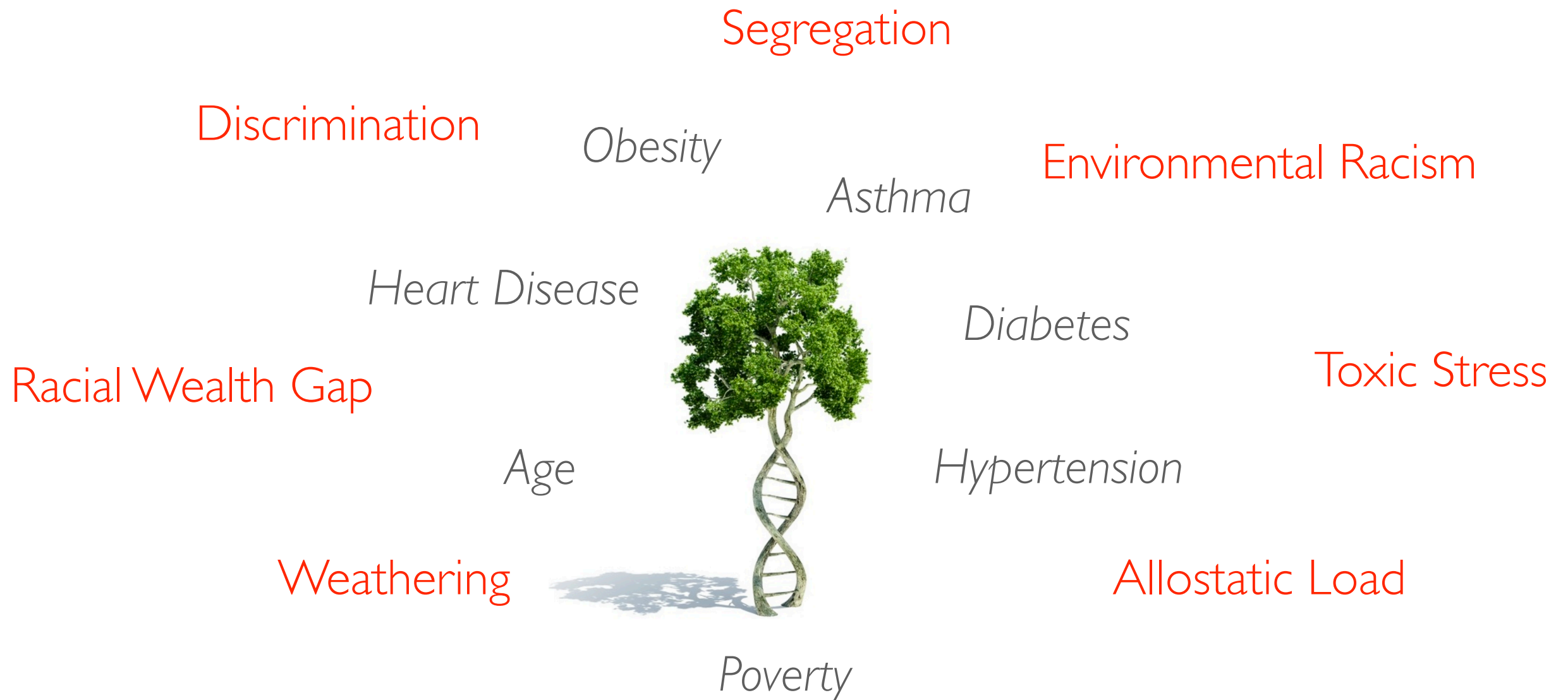
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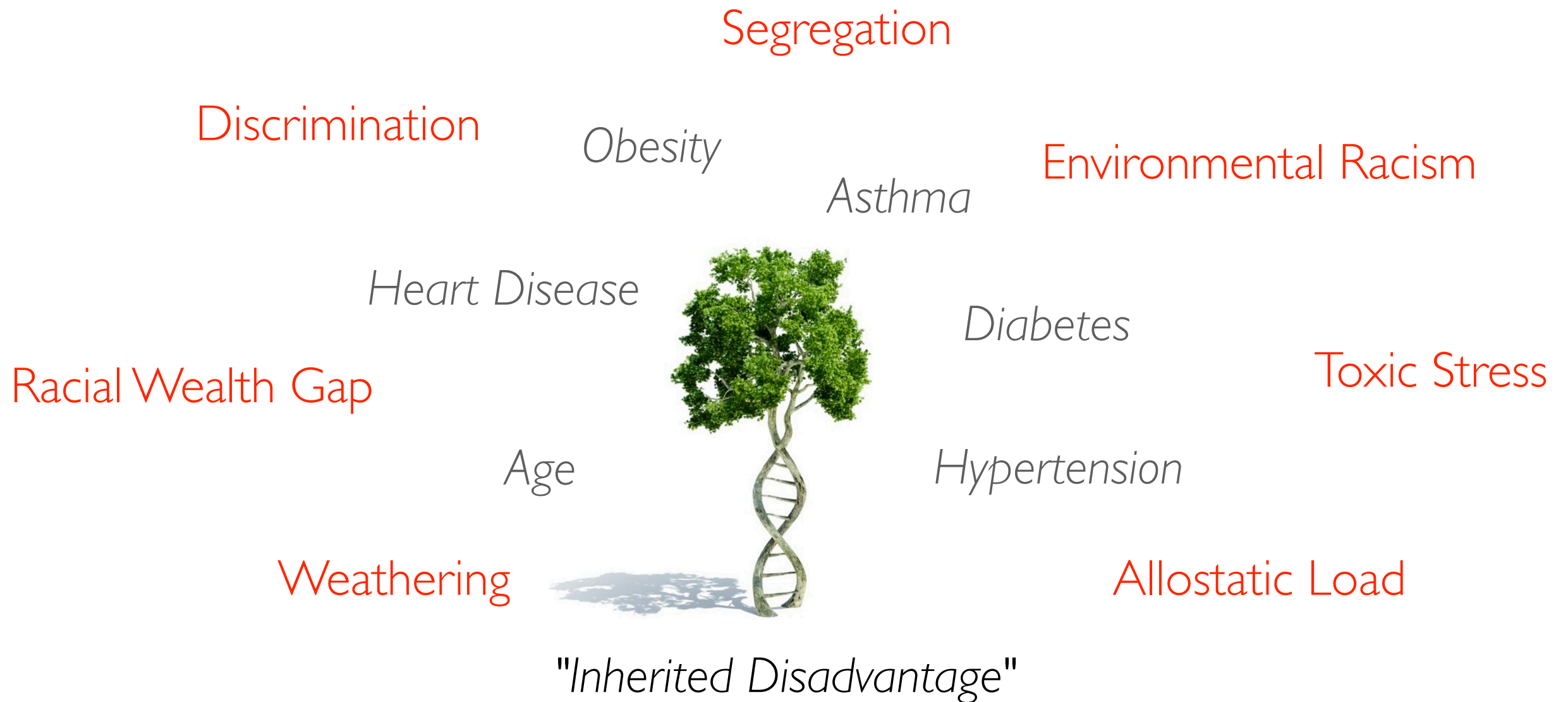
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Structural Racism refers to *differential access* to goods, services, opportunities, **by race**.

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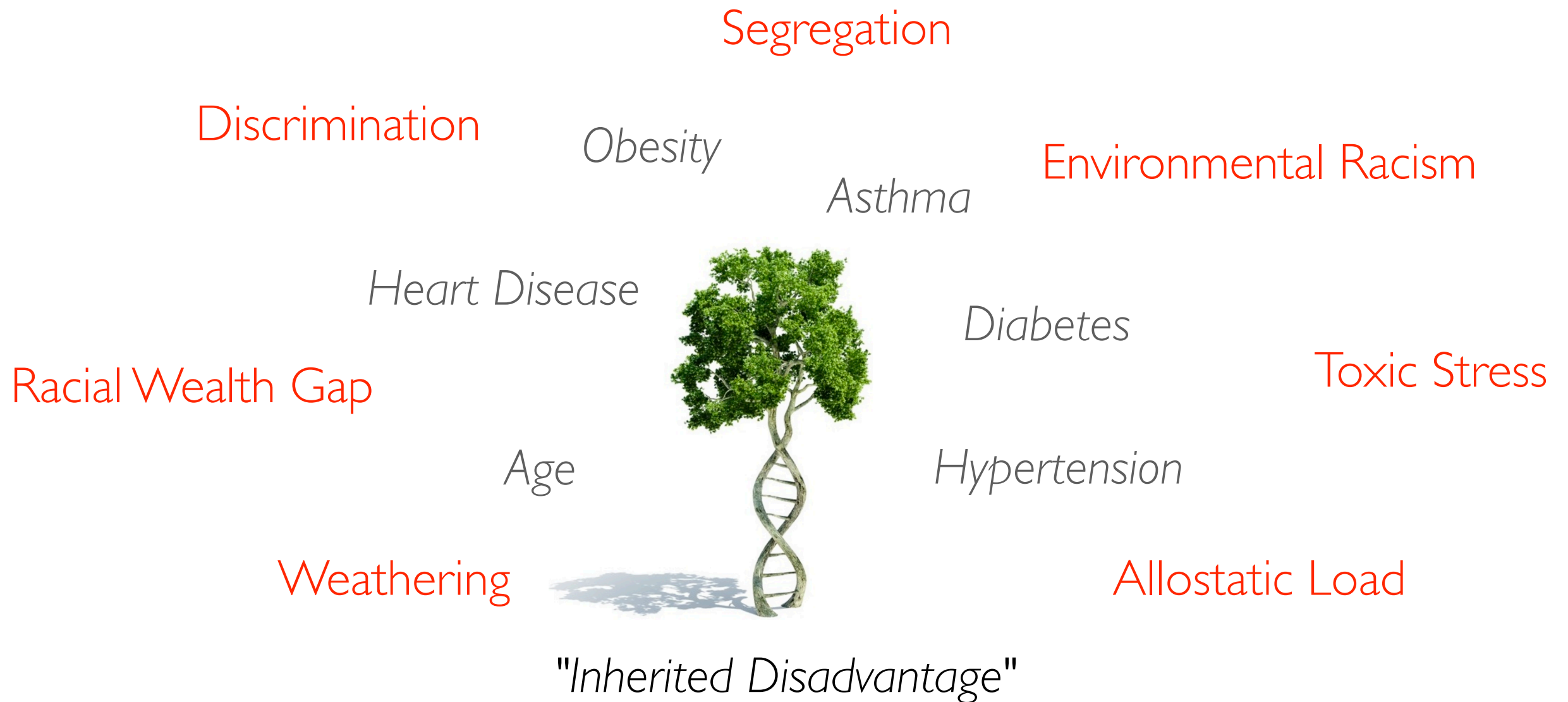
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The physical and structural **environment** in which humans grow, learn, work and play shapes *intergenerational* population health.

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Williams DR, Lawrence JA, Davis BA. Racism and Health: Evidence and Needed Research. *Annu Rev Public Health*. 2019;40:105-125.

Hand-washing is one of the most *important* ways to limit exposure to and spread of infectious disease.



Race is the *strongest predictor* of water and sanitation access.



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African American and Latinx populations are about *twice as likely* to lack access to clean water in their homes.

Race is the *strongest predictor* of **water** and sanitation **access**.

African American and **Latinx** populations are about *twice as likely* to lack access to clean water in their homes.

Native Americans are **19 times** more likely to lack access to clean water in their homes.

Race is the *strongest predictor* of **water** and
sanitation **access**.

Structural Racism, in this case, functions through
residential **segregation** and **public divestment** in
Indigenous and Black communities, to **exclude**
populations from access to clean water and a
critical public health intervention as simple
as *hand-washing* which shapes the **racial**
distribution of COVID-19 in the US.

Inequitable Risk* of COVID

Infection + Complications

The preconditions that render certain racial and ethnic populations *vulnerable* to COVID19 are **not** simply summarized as "poverty" or "underlying illness".

Inequitable Risk* of COVID

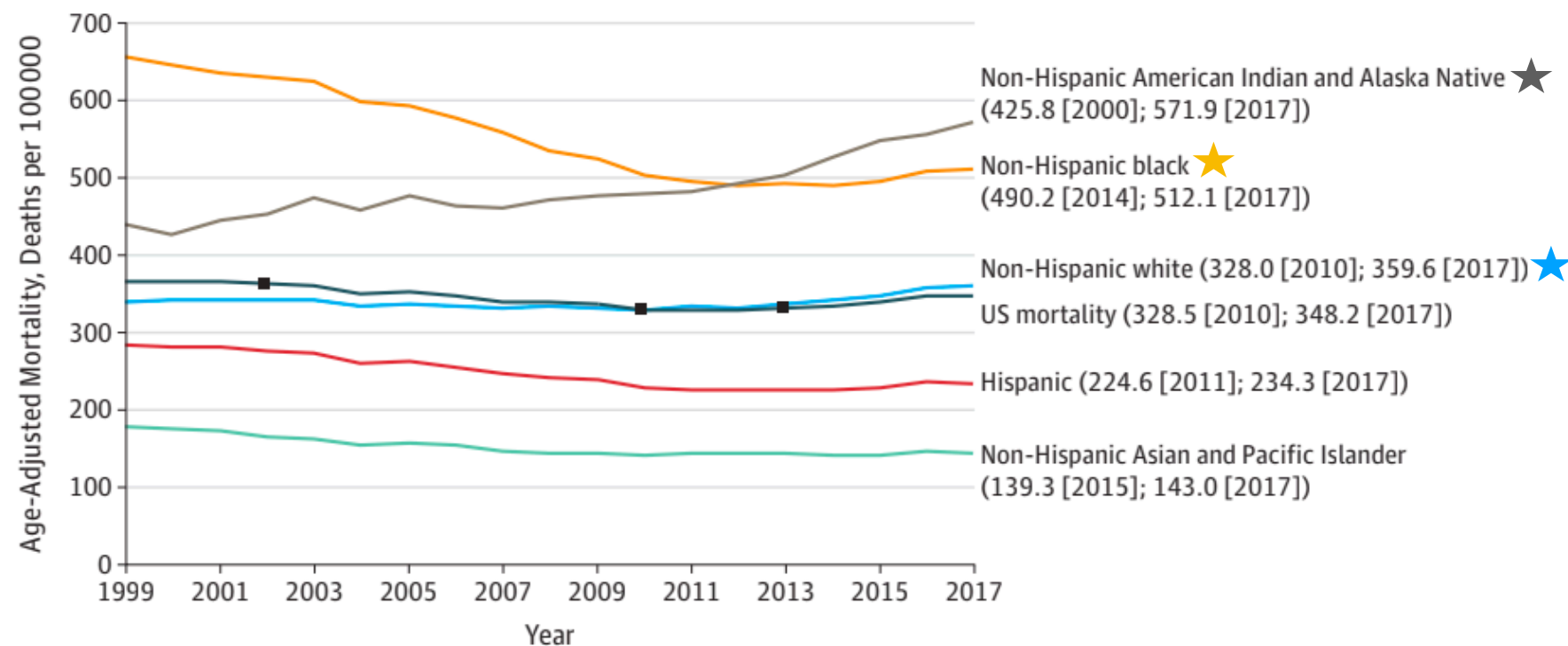
Infection + Complications

The preconditions that render certain racial and ethnic populations *vulnerable* to COVID19 are **not** simply summarized as "poverty" or "underlying illness".

They are **legacies** and *current* **practices** of racial exclusion, discrimination, disinvestment and violence that concentrate disadvantage, create adversity, shape population-level opportunities for health and provide conditions for disease.

Age-adjusted All-Cause Mortality is Increasing.

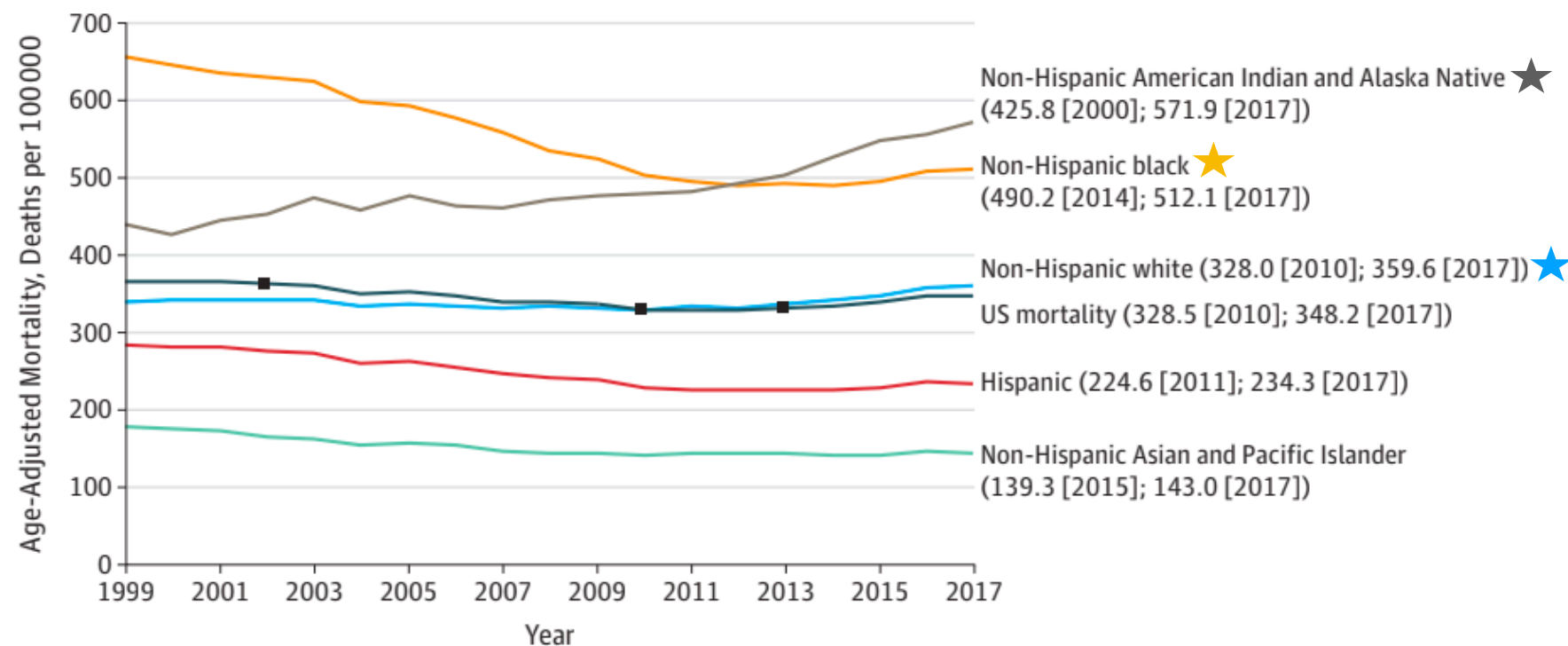
Figure 5. Age-Adjusted Mortality Rates, US Adults Aged 25-64 Years, by Race/Ethnicity, 1999-2017



Black curve indicates age-adjusted mortality for all US adults aged 25 to 64 years; bolded data points indicate joinpoint years, when the linear trend (slope) changed significantly based on joinpoint analysis. The lowest mortality rates per 100 000 (and the years they were achieved) are listed first in parentheses; mortality rates for 2017 listed second. Source: CDC WONDER.²⁰

Age-adjusted All-Cause Mortality is Increasing.

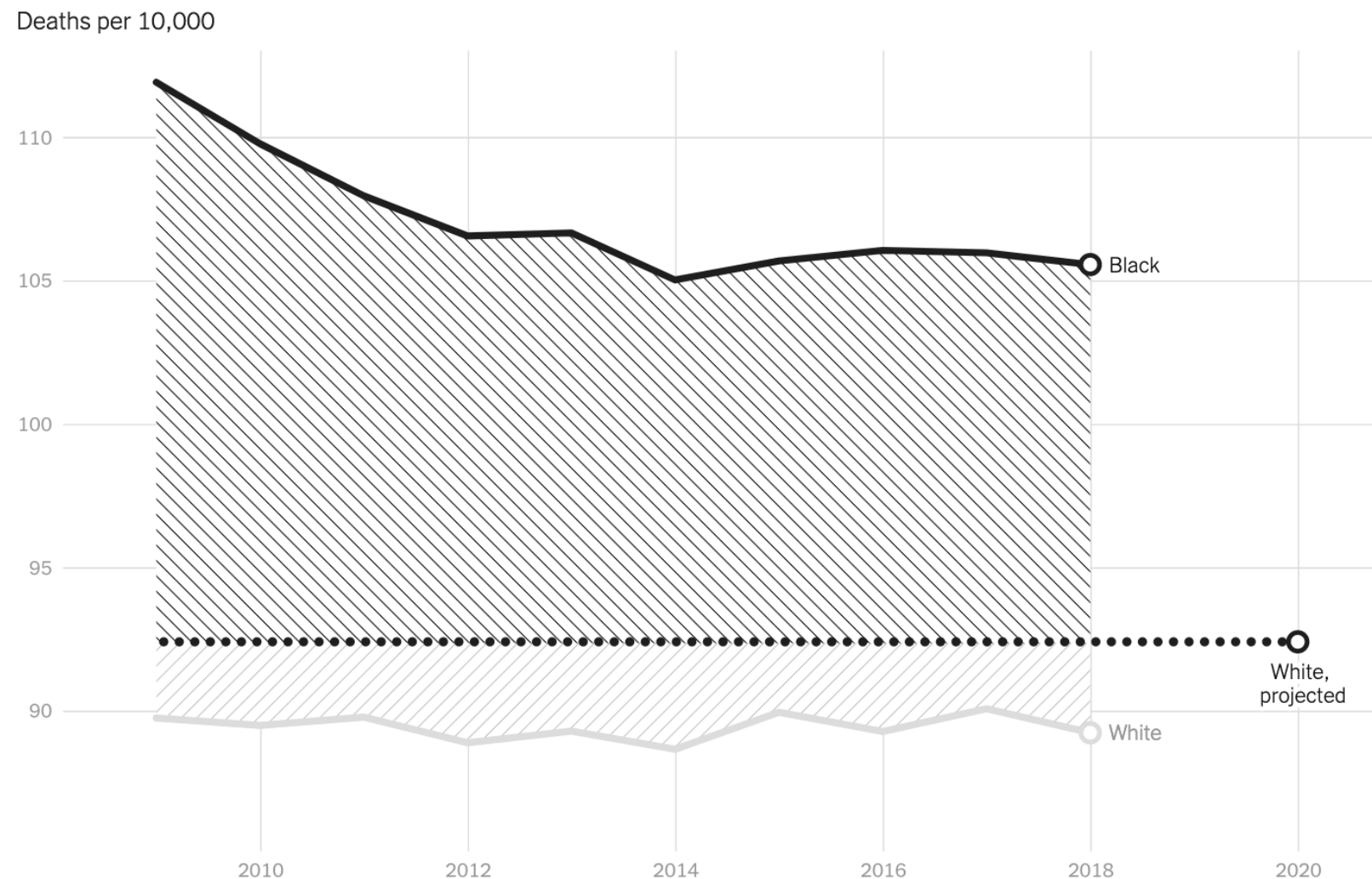
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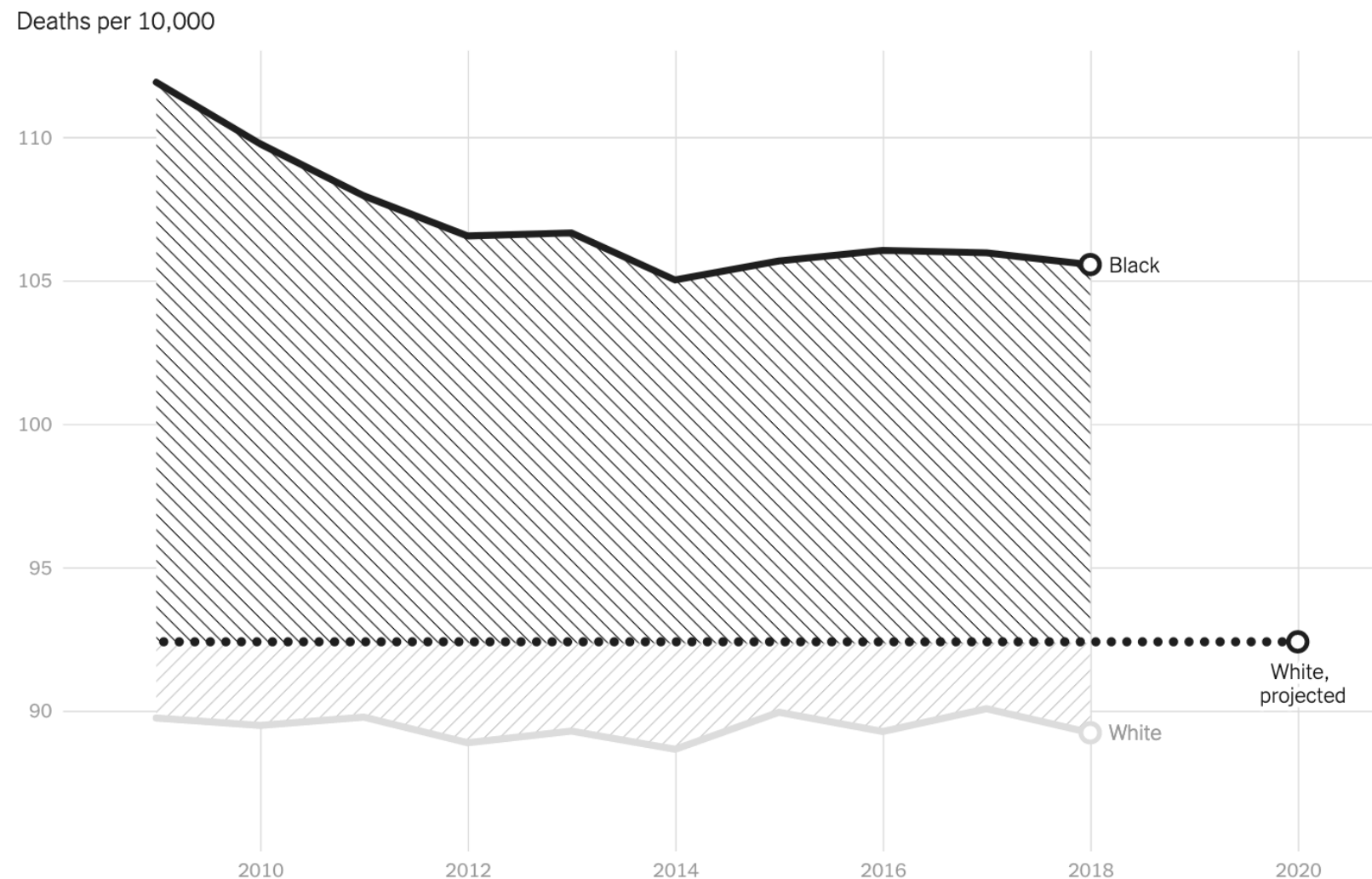
Life Expectancy is decreasing in the US.

Despite COVID 19, *white mortality* is likely to be **less** than what **Black** Americans have experienced **every year**.



Note: Mortality rates are adjusted for age. The projection for 2020 uses 2017 mortality as a baseline, applying shares of non-Hispanic white Covid-19 mortality to total excess deaths for each state as of July 25. Source: Elizabeth Wrigley-Field, "U.S. Racial Inequality May Be as Deadly as Covid-19"

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In 2020, *white life expectancy* will remain **higher** than *Black life expectancy* has **ever been**.

What are **legacies** and *current* **practices** of racial exclusion, discrimination, disinvestment and violence that concentrate disadvantage, create adversity, shape population-level opportunities for health and provide conditions for disease?



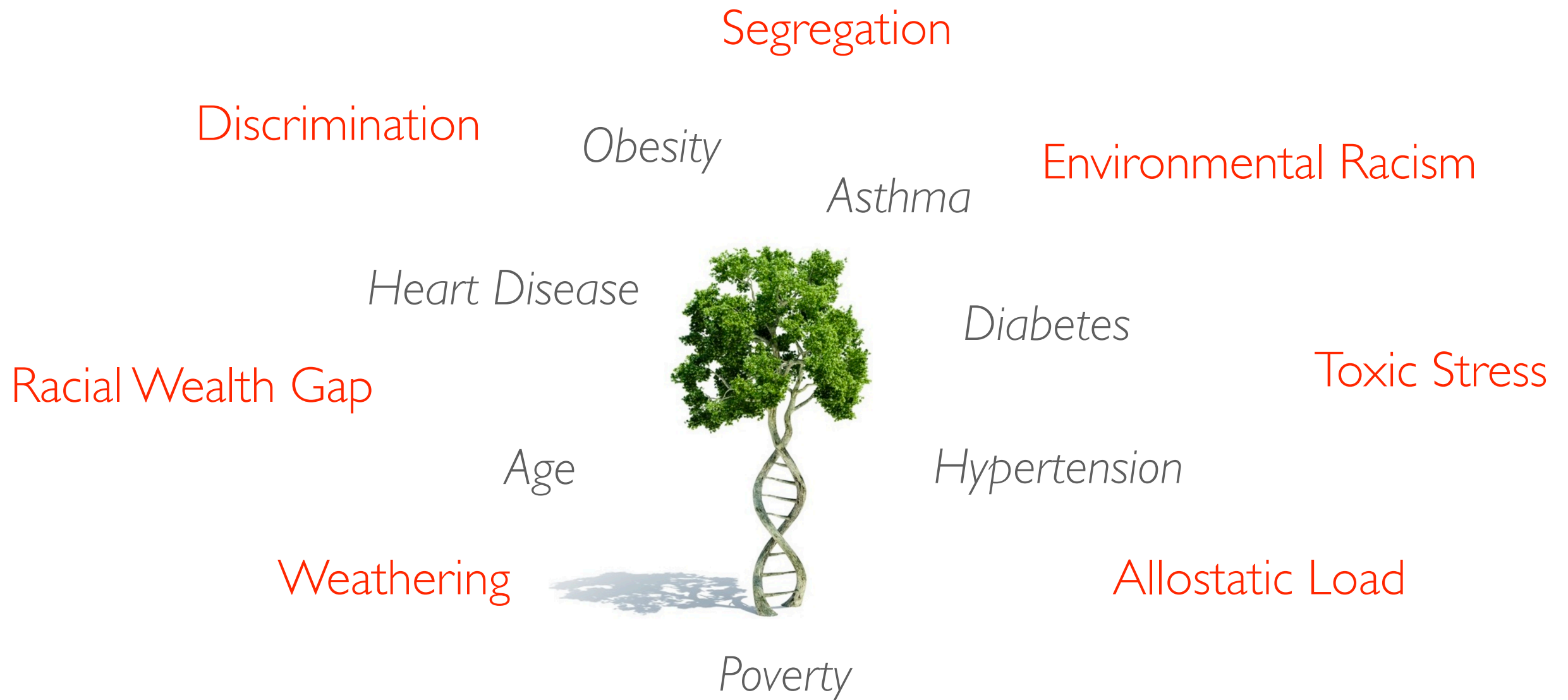
[Wikipedia Commons](#). Street car terminal Oklahoma City, Oklahoma. 1944.



Don Hogan Charles. The New York Times.



Time Magazine. The Roots of Baltimore's Riots. Photo by Devin Allen. 2015.



The physical and structural **environment** in which humans grow, learn, work and play shapes *intergenerational* population health.

Segregation

Discrimination

Obesity

Environmental Racism

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Heart Disease

Diabetes

Racial Wealth Gap

Toxic Stress

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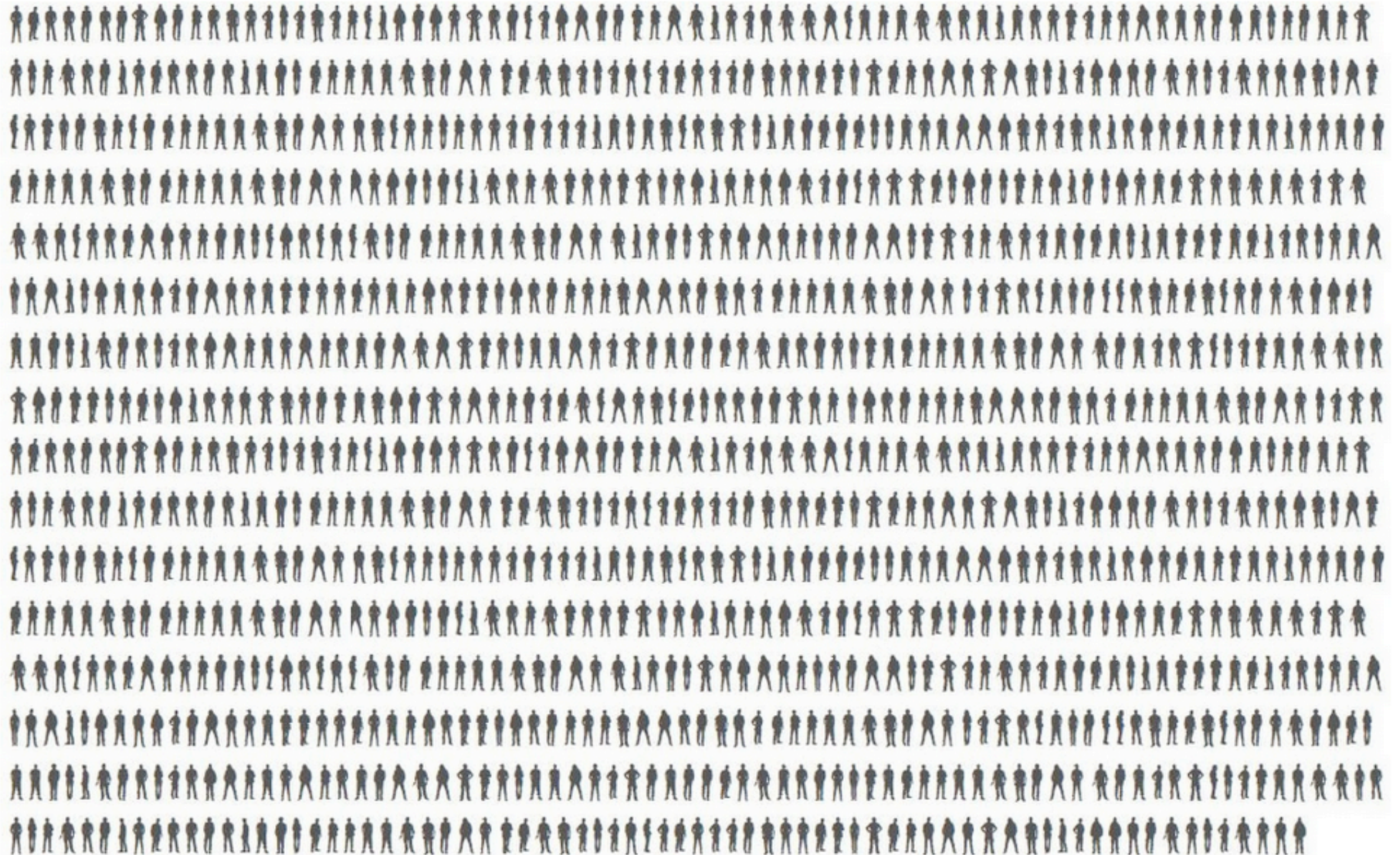
Weathering

Allostatic Load

Police Violence

The physical and structural **environment** in which humans grow, learn, work and play shapes *intergenerational* population health.

More than one thousand people are **killed by police** every year in America





1 *in* **1000**

Black men + boys will be **killed** by police.

Police Violence as Community Violence

Living in **lethally-surveilled** areas is linked to a greater risk of **high blood pressure** and **obesity** for *all* neighborhood residents and to a greater risk of obesity for **women**.

Lethal police brutality is an important **neighborhood risk factor** for **illness**, especially, for women.

Exposure to ICE Violence

A 2018 study of 545 Mexican-origin women found a significant association between *worry about deportation* and *greater risk of obesity, higher pulse pressure, and higher systolic blood pressure.*

Torres JM, Deardorff J, Gunier RB, et al. Worry About Deportation and Cardiovascular Disease Risk Factors Among Adult Women: The Center for the Health Assessment of Mothers and Children of Salinas Study. *Ann Behav Med.* 2018;52(2):186-193.

Exposure to Policing *in School*



Across the **US**, more than 14 *million* students (nearly 1 of 3) attend a K-12 public school that has a **police officer** but *no* **psychologist, nurse, social worker, or counselor.**

Exposure to Policing *in Clinic*

Mandated reporters within child-serving systems can extend the carceral gaze into children's lives through referrals to Child Protective Services.

"This renders marginalized populations hyper-visible to the state in ways that may reinforce inequality and marginality."

Fong, Kelley. 2020. "Getting Eyes in the Home: Child Protective Services Investigations and State Surveillance of Family Life". *American Sociological Review* 85 (4):610-38.

Kim H, Wildeman C, Jonson-Reid M, Drake B, "Lifetime Prevalence of Investigating Child Maltreatment Among US Children", *American Journal of Public Health* 107, no. 2 (February 1, 2017): pp. 274-280.

Exposure to Policing *in Clinic*

Mandated reporters within child-serving systems can extend the carceral gaze into children's lives through referrals to Child Protective Services.

1 in 2 Black children will experience a *child protective services investigation* by age 18 years.

Fong, Kelley. 2020. "Getting Eyes in the Home: Child Protective Services Investigations and State Surveillance of Family Life". *American Sociological Review* 85 (4):610-38.

Kim H, Wildeman C, Jonson-Reid M, Drake B, "Lifetime Prevalence of Investigating Child Maltreatment Among US Children", *American Journal of Public Health* 107, no. 2 (February 1, 2017): pp. 274-280.



For youth who experience it as
**caregiver absence, custody
transitions**, or the
criminalization of peers,
police exposure can be linked
to events associated with
loss or **stress**.

This transforms **routine police encounters** into
events that in *quantity* or *severity*
affect their **health**.

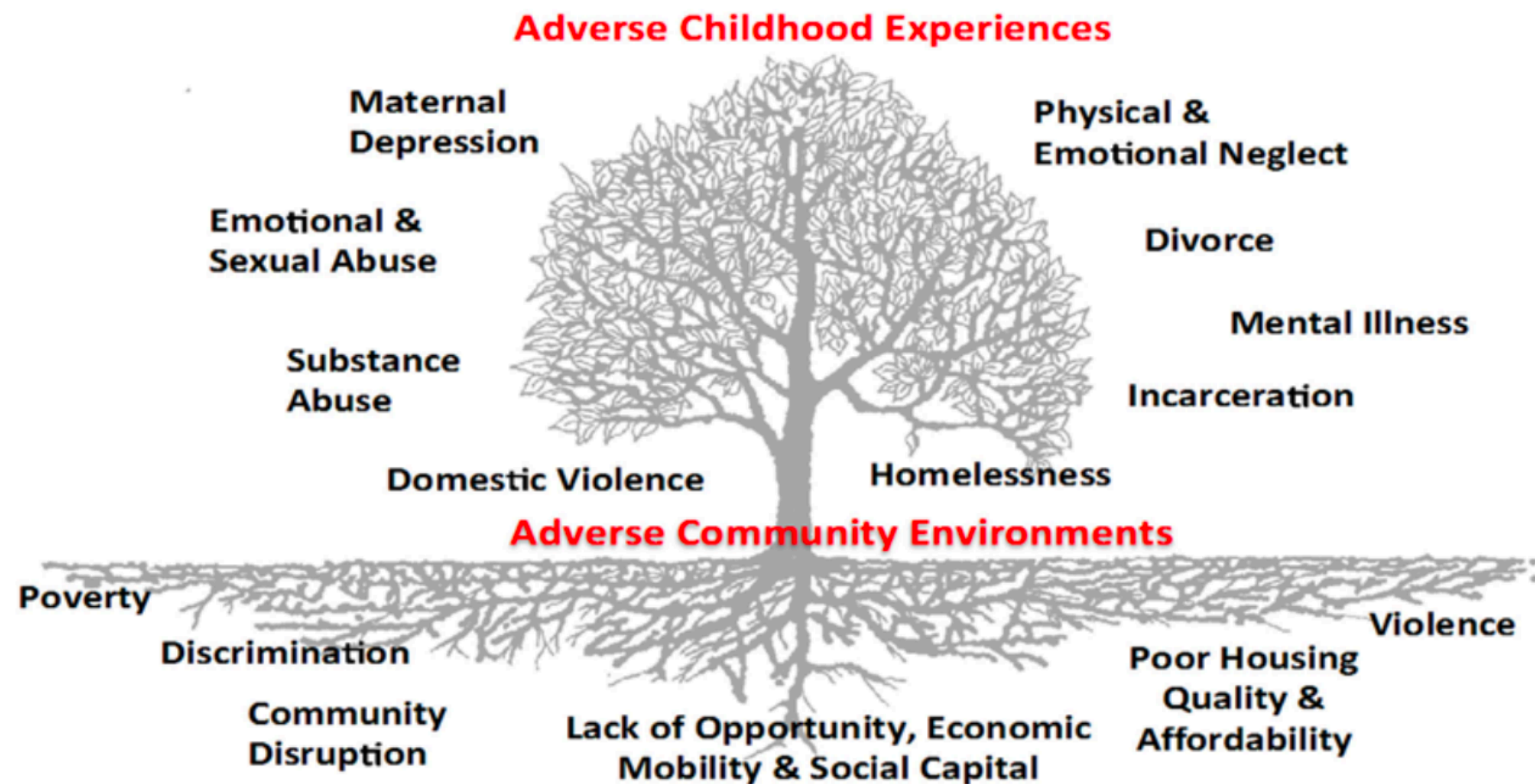


The **violence of policing** **separates** children from the *social networks* on which they rely and in which they **thrive**.

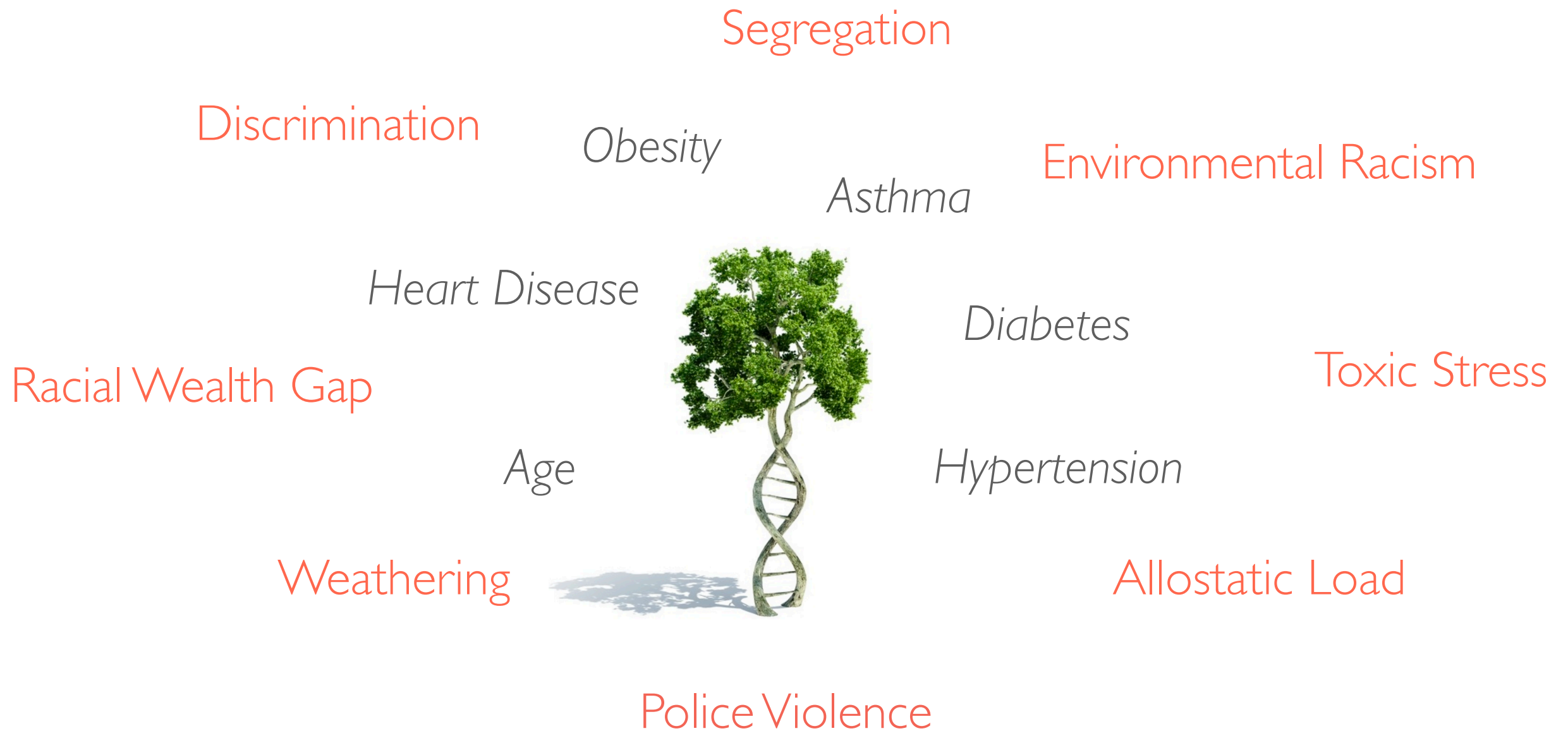


The **violence of racism**, and the various **structural inequalities** it engenders at a population-level, impairs and *disappears* **caregivers**.

Racism is a *critical* root of childhood **adversity**.



Ellis, W. Dietz, W. A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93.



Racism is a *devastating* root of chronic, **undertreated** disease and **preventable** premature death.

Jones CP. Levels of racism: a theoretic framework and a gardener's tale. *Am J Public Health*. 2000;90(8):1212-1215.

Williams DR, Lawrence JA, Davis BA. Racism and Health: Evidence and Needed Research. *Annu Rev Public Health*. 2019;40:105-125.

Racism kills people.

Equality *saves* lives.

Ducharme J. 'Protest Is a Profound Public Health Intervention.' Why So Many Doctors Are Supporting Protests in the Middle of the COVID-19 Pandemic. Time. June 2020.

Equality *saves* lives.

Protest is a *powerful* and *vital*
public health intervention.

Ducharme J. 'Protest Is a Profound Public Health Intervention.' Why So Many Doctors Are Supporting Protests in the Middle of the COVID-19 Pandemic. Time. June 2020.



At protests, mostly white crowds show how pandemic has widened racial and political divisions



1/30 Over 1,500 people attended a rally at the capitol in Sacramento, May 1, 2020. asking for the reopening of the economy, closed due to the coronavirus. (Carolyn Cole/Los Angeles Times)

By HAILEY BRANSON-POTTS, ANITA CHABRIA, ANDREW J. CAMPA, PRISCELLA VEGA

MAY 8, 2020 | 5 AM

CORONAVIRUS >

His plane-disinfecting invention didn't take off — until COVID-19 hit

Tom Brady holds group workout with teammates days after NFLPA recommended against it

How will the COVID-19 pandemic end?

What we are wondering: Updates, goals, links, numbers and distractions (free)

These governments tamed COVID-19. They're keeping social distancing in place

Cases statewide »

196,044
confirmed

5,725
deaths

As of June 24, 10:36 p.m. Pacific



Whiteness becomes both **normative** and
“*absently present.*”

Diana Gustafson. White on whiteness: becoming racialized about race. Nursing Inquiry. 2007.

Angie Wang. The New York Times. 2016.



White is a racial status affixed to a skin tone.

Whiteness describes the structural apparatus in which that status functions, gains meaning, and adapts over time.



Whiteness describes the **structural apparatus** in which that status functions, gains meaning, and adapts over time.

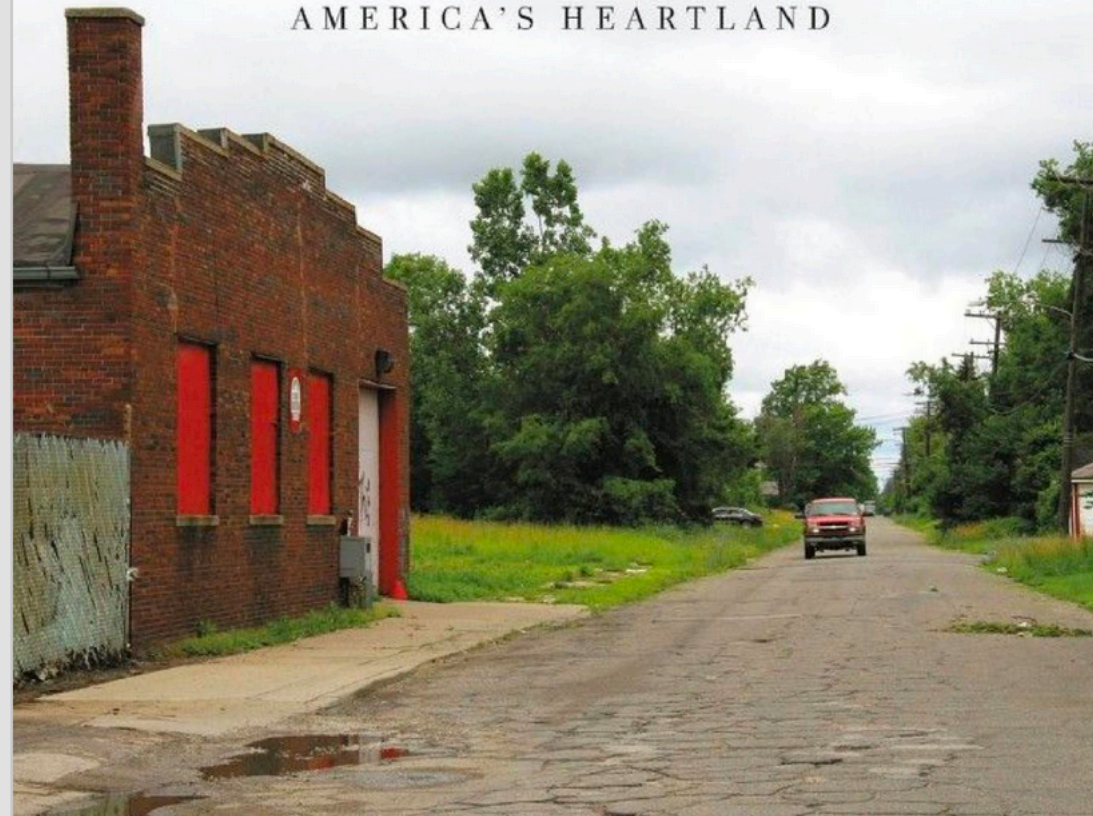


Through laws and norms that *empower, normalize, favor, and reward* white people, as a population.

JONATHAN M. METZL

DYING OF WHITENESS

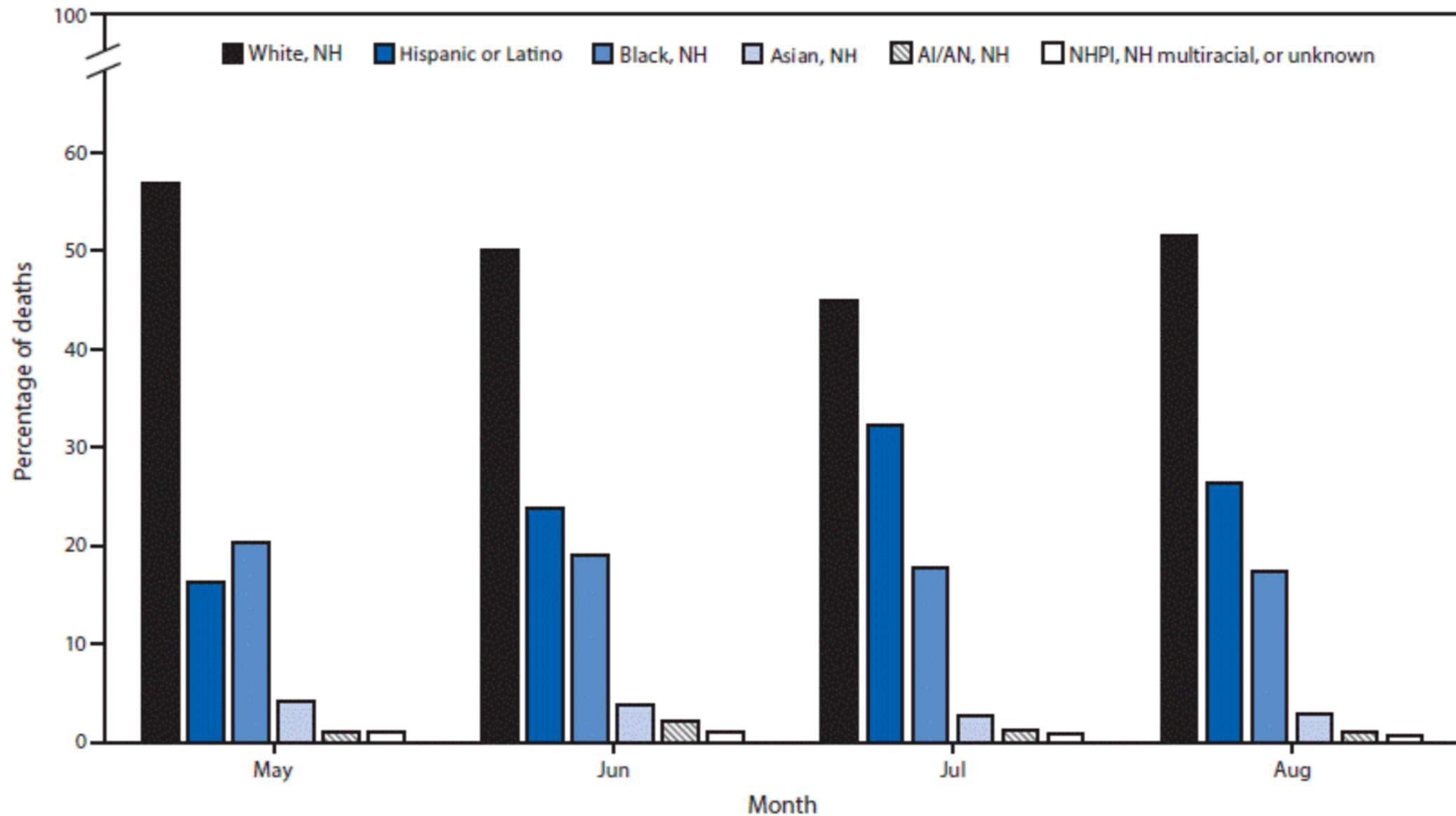
HOW THE POLITICS OF
RACIAL RESENTMENT IS KILLING
AMERICA'S HEARTLAND



Metzl J. Dying of Whiteness. Basic Books. 2019.

As of Oct 31, **114,995** white Americans have **died** of COVID-19.

FIGURE 2. Monthly deaths, by race/ethnicity* as a percentage of all COVID-19–associated deaths (114,411) — National Vital Statistics System, United States, May 1–August 31, 2020



National Center for Health Statistics. Deaths involving COVID-19 by race and Hispanic origin and age, by state. As of Nov 4 2020.

Gold JA, Rossen LM, Ahmad FB, et al. Race, Ethnicity, and Age Trends in Persons Who Died from COVID-19 - United States, May–August 2020. MMWR. ePub: 16 Oct 2020.

To adequately respond, *at scale*, to **racism as a public health crisis**, we must name it, identify *how* it works, and then **eliminate** it.

Naming Racism

A 2018 systematic review of the public health literature between 2002 and 2015 found *only* **25** articles **named** "institutionalized racism" in the title or abstract among all articles published in the public health literature and in the 50 highest-impact journals.

Naming Racism

A 2018 systematic review of the public health literature between 2002 and 2015 found *only* **25** articles *named* "institutionalized racism" in the title or abstract among all articles published in the public health literature and in the 50 highest-impact journals.

Institutionalized racism was a core concept in **16** of the 25 articles.

Identify *how* **Racism** works

If we don't, our research and our clinical practice
tacitly exacerbates the *insidious* harms of
"patient blame."

Identify how Racism works

If we don't, our research and our clinical practice tacitly exacerbates the *insidious* harms of "patient blame."

One common and accepted manifestation of patient blame is the *undue* focus on patient mistrust, as a potential *driver* of racial health inequities.

Identify how Racism works

"While patient trust certainly shapes health care use behaviors and is an important part of the patient-physician relationship, incessant racial health inequities across nearly every major health index reveal less about what patients have *failed to feel* and more about what *systems* have *failed to do*."

Identify how Racism works

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To be clear, **patient trust** will *never* solve **racial health inequities** or narrow gaps in outcomes.

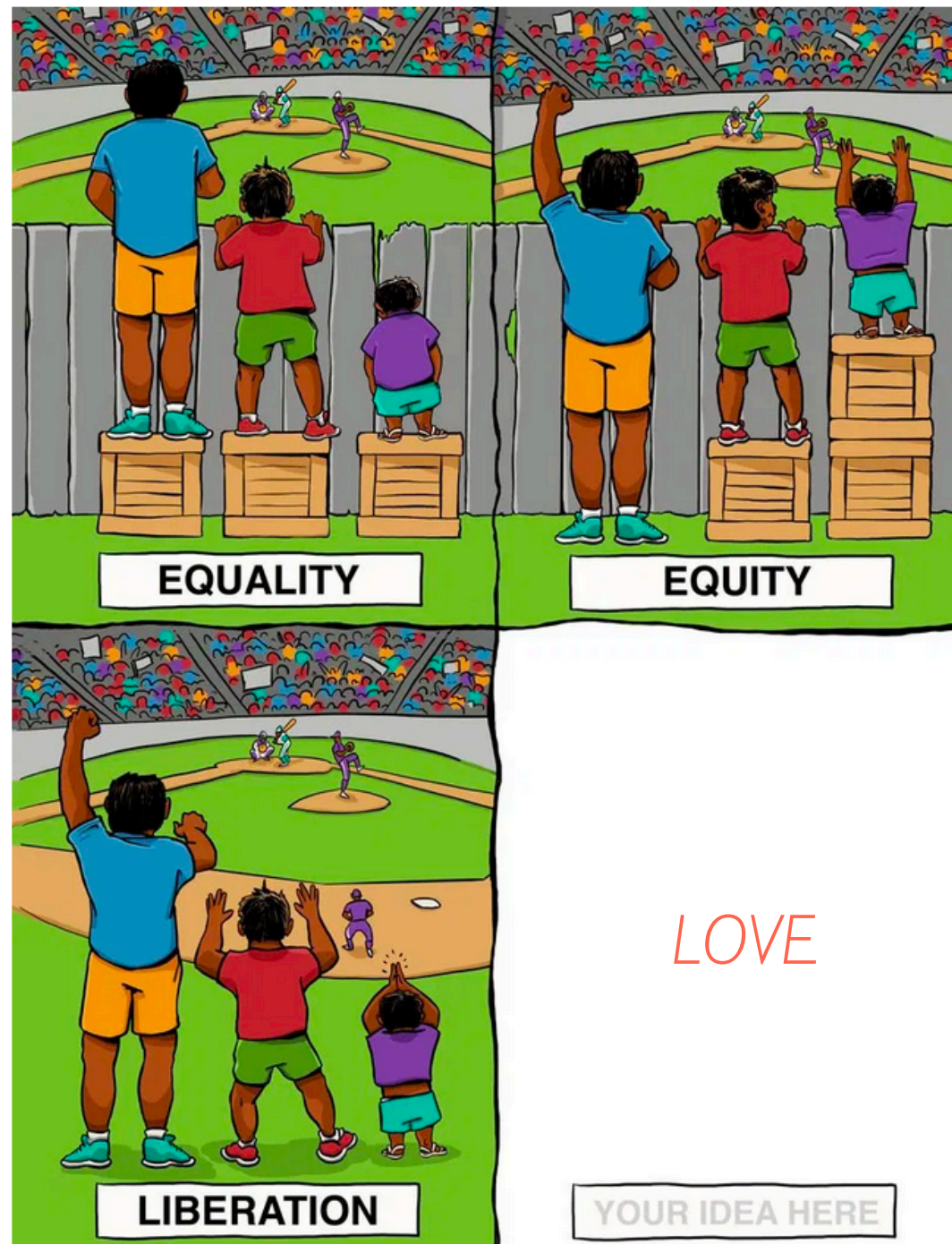
Identify how Racism works

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Eliminating racism solves racial health inequities.

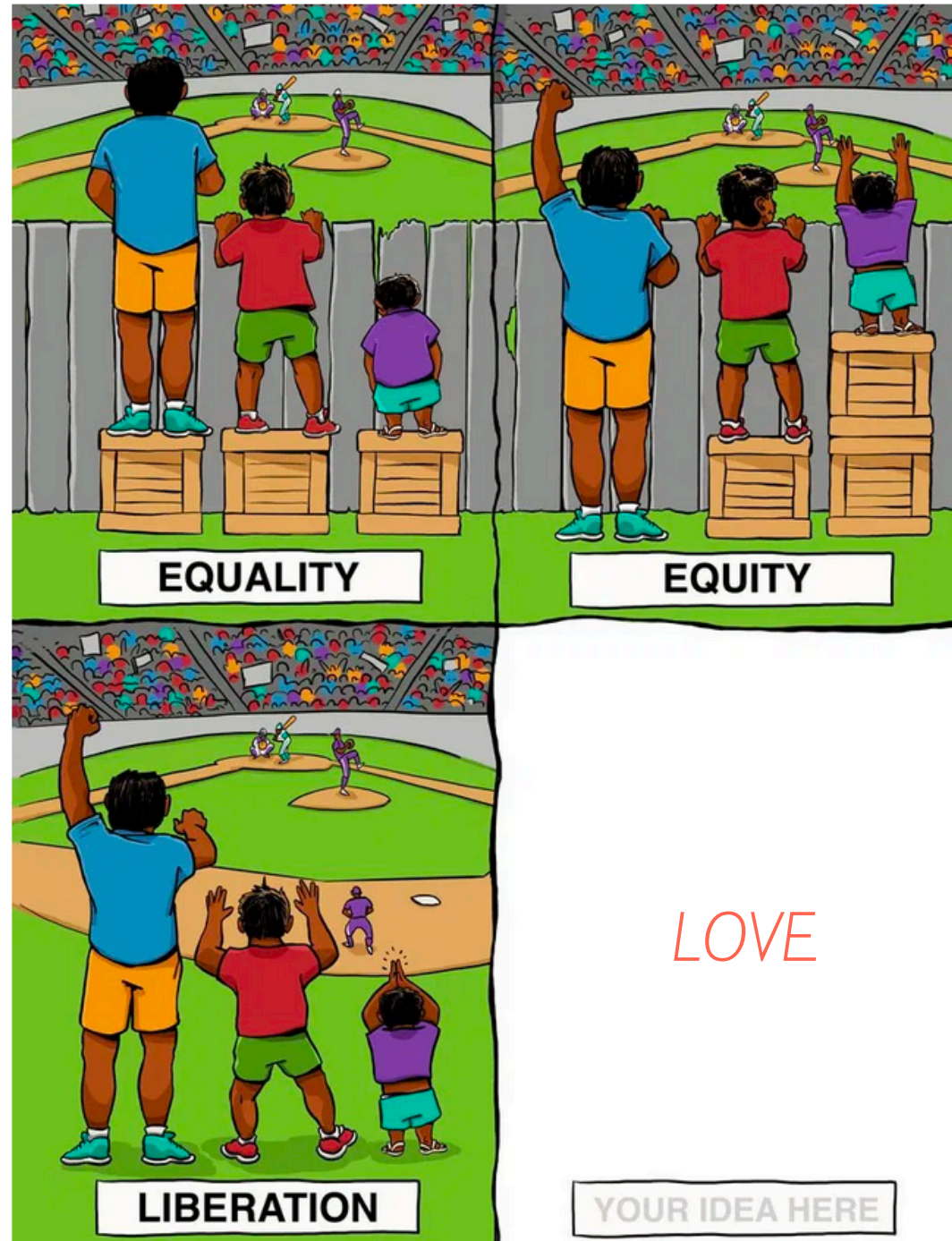
To effectively **eliminate racism**, we, as a field, must move towards **abolition**.

Universal
Healthcare



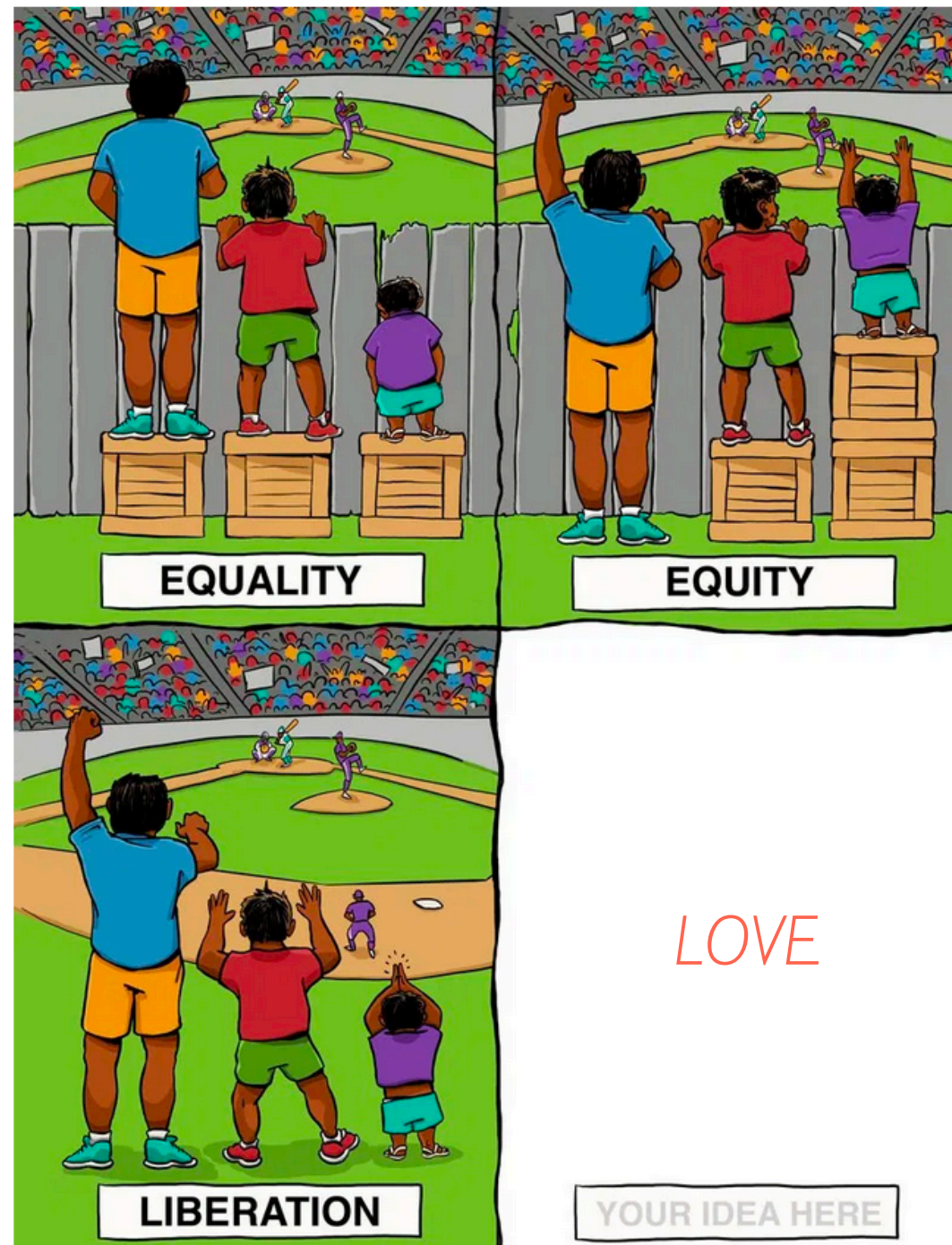
LOVE

Universal
Healthcare



Mandated
Worker
Protections

Universal
Healthcare

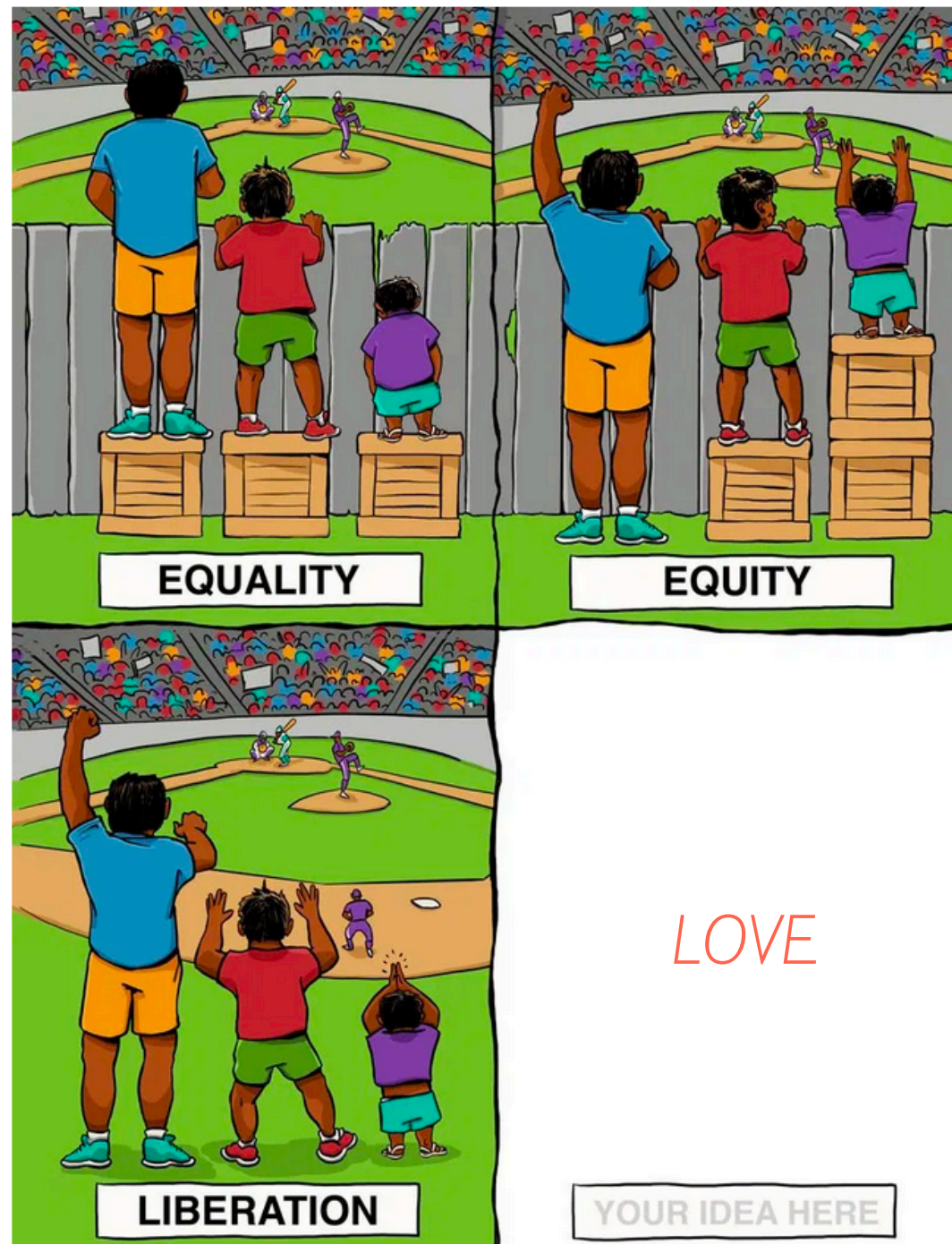


Mandated
Worker
Protections

Universal Testing
for COVID 19 in
communities
plagued by the ills
of *Segregation*

LOVE

Universal
Healthcare



Mandated
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LOVE

Share PPE

Universal
Healthcare

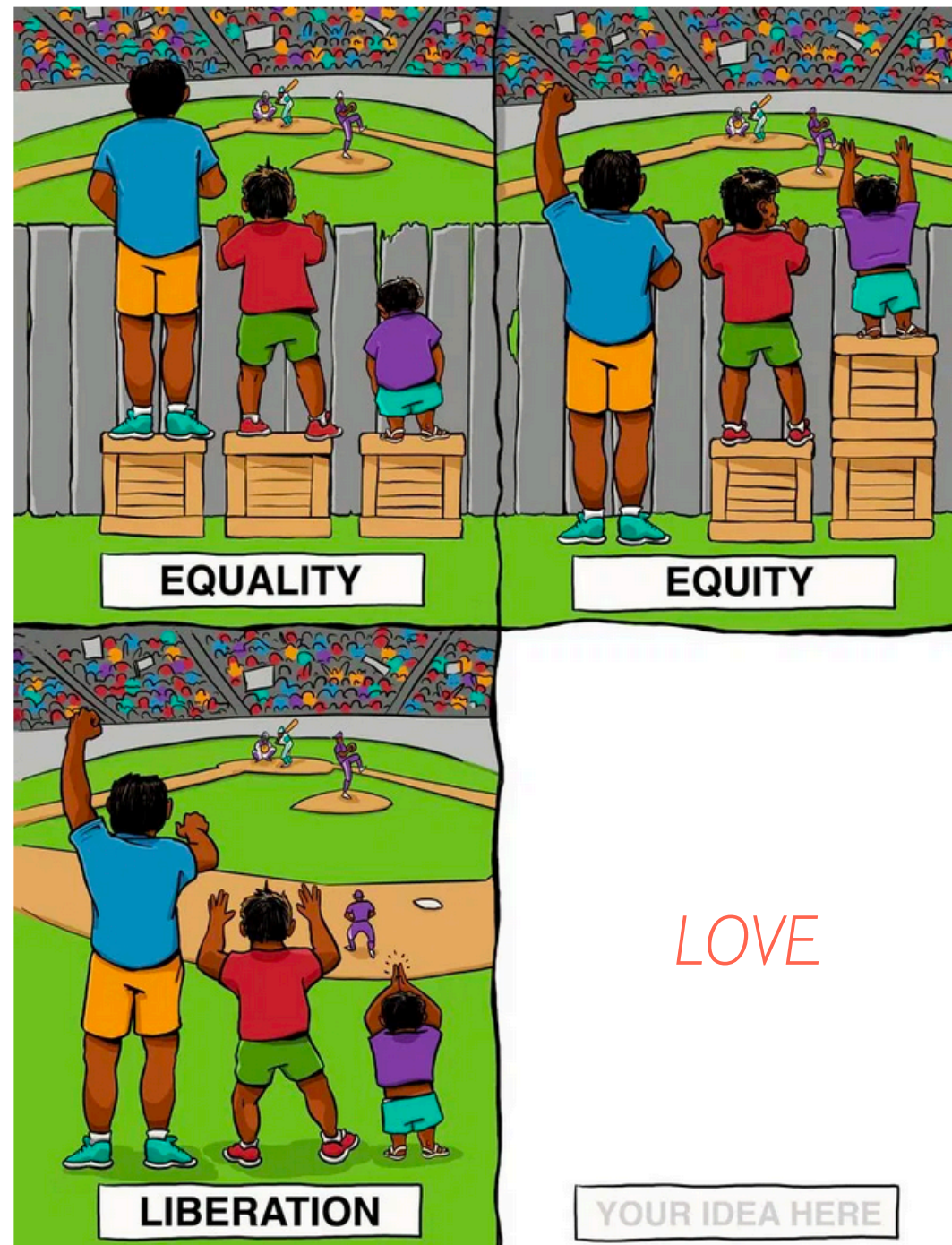
Universal Testing
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Mandated
Worker
Protections

LOVE

Share PPE

Love must be the metric by which we measure our health systems
performance and the impact of the "care" we provide.



We have to confront the ways inequality is
"constructed and *perpetuated*."



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Barceló NE, Shadravan S. Race, Metaphor, and Myth in Academic Medicine. Acad Psychiatry. 2020 Oct 21.

Redistribute Wealth



For every **dollar** of wealth held by a household with **white children**, households with **Black children** have *just* **one penny**.

Percheski, C., & Gibson-Davis, C. (2020). A Penny on the Dollar: Racial Inequalities in Wealth among Households with Children. Socius.

Flynn A et al. Rewrite the Racial Rules: Building an Inclusive American Economy. The Roosevelt Institute. 2016.

Redistribute Wealth

"A *progressive* economic agenda that seeks to **raise the minimum wage**, for example, will benefit Black Americans, but it will *not* change the fact that **a dollar** of income in **Black hands** buys **less safety**, **less health**, **less wealth**, and **less education** than a dollar in white hands."

Percheski, C., & Gibson-Davis, C. (2020). A Penny on the Dollar: Racial Inequalities in Wealth among Households with Children. Socius.

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Police *Free* Hospitals

PROPOSED ALTERNATIVES TO SHERIFF PRESENCE AT SFGH AND DPH CLINICS

Presented to: SF Department of Public Health Leadership

Developed by: DPH Must Divest Coalition and Community Partners

Who do we serve? Who do we protect? What is the foundation of the system we choose to invest in? We must carefully contemplate these questions and challenge ourselves to interrogate and dismantle systems that do not reflect our hospital's mission.

The people we care for come to us from all circumstances, and many bring with them complexities of trauma, economic inequities and the burden of racism and other forms of historic marginalization. Our hospital's polished vision for our patients is to "advance our community's wellness in a person centered, healing environment." Instead of providing a person-centered, healing environment, we ask our patients to enter their care through courtyards, lobbies and hallways flanked by armed sheriffs. We ask them to exist in clinical spaces inherently rendered unsafe for them by the sheer physical presence of the San Francisco Sheriff Department. Entangling sheriff presence with our medical care presumes the concept of safety requires armed law enforcement for all; an assumption which invariably leads to harm for many.

Police *Free* Schools



WE CAME TO LEARN

A CALL TO ACTION FOR POLICE FREE SCHOOLS

Advancement Project. We Came to Learn: A Call to Action for Police Free Schools. 2018.

Black Organizing Project. Oakland, California. George Floyd Resolution. 2020.

Build Sanctuary

"Black people live
without sanctuary in the
United States..."

- Professor Leah Wright Rigueur, *Harvard University*

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...from the intersecting forms of **violence** that
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Invest in the Care Economy

"When the costs of **policing** and **courts** are combined with the costs of operating **prisons**, **jails**, **parole**, and **probation**, the annual cost of these systems is estimated to be more than **\$181 million** *per year*."

Invest in the Care Economy



Care Not Cops. Portland in Solidarity Against COVID 19.

Critical Resistance. 8 to Abolition Framework.

Confront Whiteness

INTRODUCTION

The summer of 1967 again brought racial disorders to American cities, and with them shock, fear, and bewilderment to the Nation.

The worst came during a 2-week period in July, first in Newark and then in Detroit. Each set off a chain reaction in neighboring communities.

On July 28, 1967, the President of the United States established this Commission and directed us to answer three basic questions:

What happened?

Why did it happen?

What can be done to prevent it from happening again?

To respond to these questions, we have undertaken a broad range of studies and investigations. We have visited the riot cities; we have heard many witnesses; we have sought the counsel of experts across the country.

This is our basic conclusion: Our Nation is moving toward two societies, one black, one white—separate and unequal.

Reaction to last summer's disorders has quickened the movement and deepened the division. Discrimination and segregation have long permeated much of American life; they now threaten the future of every American.

This deepening racial division is not inevitable. The movement apart can be reversed. Choice is still possible. Our principal task is to define that choice and to press

for a national resolution.

To pursue our present course will involve the continuing polarization of the American community and, ultimately, the destruction of basic democratic values.

The alternative is not blind repression or capitulation to lawlessness. It is the realization of common opportunities for all within a single society.

This alternative will require a commitment to national action—compassionate, massive, and sustained, backed by the resources of the most powerful and the richest nation on this earth. From every American it will require new attitudes, new understanding, and, above all, new will.

The vital needs of the Nation must be met; hard choices must be made, and, if necessary, new taxes enacted.

Violence cannot build a better society. Disruption and disorder nourish repression, not justice. They strike at the freedom of every citizen. The community cannot—it will not—tolerate coercion and mob rule.

Violence and destruction must be ended—in the streets of the ghetto and in the lives of people.

Segregation and poverty have created in the racial ghetto a destructive environment totally unknown to most white Americans.

What white Americans have never fully understood—but what the Negro can never forget—is that white society is deeply implicated in the ghetto. White institutions created it, white institutions maintain it, and white society condones it.

*

Relationship-Centered Healing



Racism works to fracture and scatter families and communities. Healing requires reunification.

We must move to **abolish racism**, from every institution, every practice, every policy and every social norm in which it operates and **too often hides**.

The *future* health and well-being of our children and our children's children will be measured by how well we succeed in this.