THE IMPACT OF RACIAL TRAUMA AND THE ROAD TO HEALING

‘It just weighs on your psyche’: Black Americans speak-out on mental health, trauma, and resilience!
Lung Association report reveals best and worst states for tobacco control policies, outlines steps to reduce burden of tobacco in Wisconsin

Wisconsin received mostly failing grades for policies to prevent and reduce tobacco use, according to the American Lung Association’s 21st annual “State of Tobacco Control” report, released today.

The “State of Tobacco Control” report evaluates state and federal policies on actions taken to eliminate tobacco use and recommend proven-effective tobacco control laws and policies to save lives. This is critical, as tobacco use remains the leading cause of preventable death and disease in America and takes the lives of 785,000 Wisconsin residents each year.

“Wisconsin lags behind when it comes to tobacco control policies, and as a result, (and despite reductions over the past decades) we still have higher than average adult smoking rates at 13.3%, and 22.2% of high school students use a tobacco product,” said Molly Collins, director of advocacy for the American Lung Association in Wisconsin.

“This gives us an important opportunity to improve the health of our state through proven policies, such as increasing tobacco prevention and control program funding, for helping to end tobacco-related health disparities. To learn more about this year’s “State of Tobacco Control” grades and take action, visit Lung.org/sotc.”

Wisconsin Grades
The “State of Tobacco Control” report grades states and the District of Columbia in five areas that have been proven to prevent and reduce tobacco use and save lives. In the 2023 report, Wisconsin received the following grades:

- Funding for State Tobacco Prevention Programs – Grade F
- Strength of Smokefree Workplace Laws – Grade A
- Level of State Tobacco Taxes – Grade D
- Coverage and Access to Services to Quit Tobacco – Grade F
- Ending the Sale of All Flavored Tobacco Products – Grade F

“Wisconsin lags behind when it comes to tobacco control policies, and as a result, (and despite reductions over the past decades) we still have higher than average adult smoking rates at 13.3%, and 22.2% of high school students use a tobacco product”—Molly Collins, director of advocacy for the American Lung Association of Wisconsin

Tobacco Products – Grade F
This year’s report noted the need for Wisconsin policymakers to focus on increasing funding for tobacco prevention and quit smoking programs in the state budget.

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An investment in prevention is especially important given the ongoing youth vaping epidemic. Despite receiving $77.2 million from tobacco settlement payments and tobacco taxes, Wisconsin only funds tobacco control efforts at 12% of the level recommended by the Centers for Disease Control and Prevention (CDC). The Lung Association believes increased funds should be used to support the health of our communities, and to prevent tobacco use and help people quit, and not switch to e-cigarettes.

These programs are also critical for helping to end tobacco-related health disparities.

To learn more about this year’s “State of Tobacco Control” grades and take action, visit Lung.org/sotc.
Milwaukee County Behavioral Health Services

‘ACCESS CLINICS’
Provide Mental Health and Substance Use Disorder Support

Milwaukee County DHSS Behavioral Health Services (BHS) has three locations providing mental health and substance use disorder services to the community.

The Access Clinics are located within Federally Qualified Healthcare Centers. These partnerships bring greater access to behavioral health resources and services, meeting residents where they are.

Opening Access Clinics in neighborhoods across the county is part of the overall redesign of the behavioral healthcare system, more than ten years in the making, shifting from an institutional model of care to community-based settings.

The Access Clinics support uninsured or underinsured Milwaukee County residents over the age of 18 who are facing a mental health or co-occurring crisis by connecting them with the community-based model of care.

“I want residents to know, you can access mental health resources right here in your neighborhood.”

The newest Access Clinic opened this year at 8200 W. Silver Spring Drive, in partnership with Milwaukee County Behavioral Health Services, Inc. (MHSI). MHSI has a more than 30-year history of being a trusted neighborhood healthcare provider.

This partnership creates greater opportunity to connect with residents who may not know how to access crisis mental health and substance use disorder services.

Services offered at BHS Access Clinic North and all of the Access Clinics, include crisis mental health and substance use assessment; therapeutic check-ins, peer support services, medication bridge evaluation; and linkages to long-term behavioral health community resources.

“Our goal remains to connect the community to compassionate quality behavioral healthcare that helps those we serve continue their path toward healing,” said Dr. Ken Cole, Director of Outpatient Treatment, Milwaukee County Behavioral Health Services.

“With clinics across Milwaukee County, our goal is to reach more residents, address root causes, and create greater awareness around how to best to access the services our clinical teams have to offer.”

The Access Clinics are available 24/7, seven days a week, and connect the community to comprehensive behavioral health services.

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In Need of Mental Health Services?

We’re here for you.

MKE CNTY Behavioral Health Services Launches Mobile Crisis Program to Better Serve the Community

Adult Mobile Crisis and Children’s Mobile Crisis Teams have combined services to provide mental health support for all ages.

Wraparound Milwaukee’s Children’s Mobile Crisis Team is merging with Milwaukee County Behavioral Health Services’ Mobile Crisis Team to form one program known as Milwaukee (MKE) Mobile Crisis.

Previously, these separate mobile teams were contacted through different crisis lines depending on the age of the individual needing services.

The merger into one comprehensive program delivers easier access to care by providing community members with one crisis number to call for mental health support regardless of age.

Individuals and family members of any age facing a mental health or co-occurring crisis can call 414-257-7222 to reach Milwaukee Mobile Crisis. Mobile Crisis Clinicians may be dispatched anywhere within the community 24/7 to provide in-person assessment, stabilization, connection to additional services and appropriate follow-up.

“This streamlined process will ensure all individuals, regardless of age, will receive the proper support they need,” said Brian McBride, director of Wraparound Milwaukee.

“Our clinicians are trained to support all individuals experiencing a mental health crisis and are able to help make additional connections to care and support needed for long-term recovery.”

For the past ten years, Milwaukee County has been redesigning its health system to better serve its residents.

HEALTHY START • FALL • Page 3
UNDERSTANDING DIABETIC NERVE DAMAGE

Manage your blood sugar to prevent diabetic neuropathy

About half of all people with diabetes have some form of nerve damage. That damage is called neuropathy and can be painful or result in loss of protection sensation.

Diabetic neuropathy is a serious and common problem of diabetes. It usually develops slowly, sometimes throughout several decades. It most often damages nerves in your feet.

Depending on the affected nerves, symptoms of diabetic neuropathy can range from pain and numbness in your legs and feet to problems with your digestive system, urinary tract, blood vessels, and heart.

Some people have mild symptoms. But for others, diabetic neuropathy can be debilitating or painful and, in some cases, disabling.

It’s a common and potentially serious complication of diabetes. You can often prevent diabetic neuropathy or slow its progress with tight blood sugar control and a healthy lifestyle.

Different kinds of neuropathy

There are different types of diabetic neuropathy that affect different areas of your body, causing a variety of symptoms.

The most common type, peripheral neuropathy, causes pain or loss of feeling in the toes, feet, legs, hands, and arms.

Another type, autonomic neuropathy, can cause changes in your digestion, bowel and bladder function, sexual response, and perspiration.

It can also affect nerves in the lungs, eyes, and heart. If you have diabetes, contact your doctor if have any symptoms of neuropathy.

Also, you should have your feet evaluated to determine if you have loss of protective sensation; this can result in your inability to feel some objects in your shoe and thus increases your risk of foot infections or ulcers.

Spot the symptoms

 Tingling, numbness, and pain are all common symptoms of neuropathy. If you have diabetes, contact your doctor if have any symptoms of neuropathy.

Also, you should have your feet evaluated to determine if you have loss of protective sensation; this can result in your inability to feel some objects in your shoe and thus increases your risk of foot infections or ulcers.

If you have diabetes, contact your doctor if you notice when you step on something sharp or bump your toes against an object. You may not realize when you touch something too hot or too cold, leading to further injury.

Monitor your blood sugar

Protect yourself and prevent diabetic neuropathy by tracking your blood sugar levels.

Keeping a record of your levels and sharing it with your health care team can help to understand your body’s response to your diabetes care plan. Be track your blood sugar levels and avoid developing further health conditions.

Secure Messaging is also a convenient way to reach out to your health care team.

The Importance of Vaccinations: Safeguarding the Health of our Families

Immunizations are a vital aspect of your family’s health, as they offer the best protection against preventable diseases.

They work by stimulating the body’s immune system to protect against viruses or bacteria that cause infection. After vaccination, the immune system is prepared to respond quickly when the body encounters the disease-causing organism.

Vaccines are Safe and Effective

The routine immunizations are thoroughly tested and regulated to ensure their safety. Before a vaccine can be approved, it must go through years of testing to show it is safe and effective, and that its benefits outweigh the risks.

Once a vaccine is approved for use, the FDA and CDC continue to monitor its safety.

Staying on Schedule

The City of Milwaukee Department of Health and Wellness encourages all residents to get vaccinated for influenza, polio, cancers caused by HPV, and whooping cough. There are also recommended vaccines for adult age groups including vaccines to prevent influenza, shingles, and pneumococcal disease, like ear and sinus infections.

We all have the power to protect ourselves, our children, and our community against serious, preventable diseases.

In the City of Milwaukee we are making strides by increasing the number of children who receive routine vaccinations. We are also seeing an improvement in the number of adults who are up-to-date on their immunizations.

The City of Milwaukee Health Department Clinics provides vaccinations free of charge to children (18 years of age or younger) who meet one of the following criteria:

- Child is uninsured (no insurance status at any time)
- Child is 6 months or older, regardless of insurance status at any time
- Child is Native American or Alaska Native

Flu shots are also available at no charge to anyone 6 months and older, regardless of insurance status at any Milwaukee Health Department WalkIn Clinic.

Call (414) 286-8034 to check for flu vaccine availability.

Milwaukee Health Department Immunization Clinic Hours of Operation:

Milwaukee Health Department Immunization Clinic

Northwest Health Center
7630 W. Mill Rd.
Mondays: 8 a.m. – 1 p.m.

Southside Health Center
1639 S. 23rd St.
Tuesdays: 8 a.m. – 1 p.m.

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Milwaukee Health Department Immunization Clinic

Northwest Health Center
7630 W. Mill Rd.
• Wednesdays: 3 – 6 p.m.
• Fridays: 10 a.m. – 1 p.m.

Southside Health Center
1639 S. 23rd St.
• Mondays: 3 – 6 p.m.
• Tuesdays: 1 – 4 p.m.

DON’T MISS A VACCINE

Visit a Milwaukee Health department clinic to keep you and your family updated on routine immunizations!

Keenan Health Clinic
3300 N. 35th St. | 414-286-8460

Northwest Health Center
7630 W. Mill Rd. | 414-286-8830

Southside Health Center
1639 S. 23rd St. | 414-286-8620

Please visit Milwaukee.gov/clinics for clinic hours.
You deserve compassionate care.

Personalized healthcare when you need it most

Your questions and concerns about your health matter. Ascension Wisconsin care teams are here to empower you and your family by listening, respecting your experiences, and creating a care plan that works for you. You deserve to be seen and heard. That's why our doors are always open to provide health and healing, for the whole you — body, mind and spirit. To us, you are more than a patient. And together, we are a community.

Listening to you, caring for you.
The issue of justice," explained Tito Izard, MD and president & CEO of Milwaukee Health Services, Inc. The panel of African American health administrators covered a plethora of healthcare equity issues, including disparities and policy concerns.

The recent U.S. Supreme Court ruling restricting the use of race as a factor in college and medical school admissions was among the topics discussed. The panelists included Izard, Ford, Jordan, and Jones.

"That's a window," she explained, "and a diversified health care (workforce) advances that goal." Black and minority physicians are essential to closing the healthcare gap by providing a shared life experience with Black patients. Summarizing the court decision will not significantly impact MCW recruitment efforts, Jordan revealed recruitment of Black students had been a challenge even before the affirmative action ruling.

During her seven-year tenure at MCW, Jordan has faced the uncomfortable reality that the college faces many obstacles in recruiting local African American students. The primary reason is that many African American students can't relate to the environment--"they often feel isolated." "Our job is to ensure they have access to what they need--from housing to mentorship--to reach their potential. Several local stakeholders have focused on providing mentoring and educational guidance to fill the void. One of the most successful has been a pipeline/mentorship initiative created by Izard's organization.

"We're dealing with policy, and address that (reality)." From administrators' worldviews, research provides the most significant influence on policy decisions. "What does the data show?" "We need practical research to bring people together, to solve the problem, before we get to the policy," which would reflect that research, Jordan explained.

Additionally, she lamented challenges would occur only if there is dedicated funding Isolation for initiatives to level the playing field for healthcare services and staffing diversity.

"It's one thing to say you're committed, but if you don't have the money, many of those programs and initiatives will die." In his explosive testimony, Dr. Izard declared the health care gap is consistent with political and social apathy to the socioeconomic conditions that have, and continue to plague, Black America.

Data shows that institutional racism impacts Black Americans regardless of income. While other ethnicities witness generational change, that does not hold true for African Americans. The panelists nodded in unison as Izard proclaimed the remnants of slavery remain. "(Research) shows health disparities along three generations, a factor driven by long-standing—centuries-old—institutional bias," he said.

In other ethnicities, data shows upward mobility and better health after the second generation. That's not the case with African Americans—descendants of slavery—and, to a lesser degree, Native Americans and Latinos. The explanation is obvious, even if policymakers refuse to admit it.

By Mikel Holt

While there is continued optimism that the racial health disparity gap will be closed significantly in the future, that paradigm is dependent not so much on medical science as it is on policymakers' commitment to address a myriad Black socioeconomic challenges.

Such was the diagnosis of healthcare experts at a panel discussion on health equity hosted by the National Association of Health Services Executives (NAHSE), an organization of African American healthcare leaders. The Wisconsin NAHSE chapter was formed last year. Regional Newtown, chief community impact and advocacy officer of Ascension Wisconsin, is the organization's inaugural president. Newtown opened the discussion, explaining the Wisconsin chapter will focus on bringing awareness about the importance of diversity throughout the healthcare arena and bringing together stakeholders to spearhead strategies to enhance inclusion efforts.

As in other socioeconomic areas, the closure of health disparities has been slow to reach equity partly because "the country hasn’t decided to address the issue of justice," explained Tito Izard, MD and president & CEO of Milwaukee Health Services, Inc. The panel of African American health administrators covered a plethora of healthcare equity issues, including disparities and policy concerns. The recent U.S. Supreme Court ruling restricting the use of race as a factor in college and medical school admissions was among the topics discussed. The panelists included Izard, Ford, Jordan, and Jones.

According to Izard, the court left open an applicant's use of "life experiences" as an acceptable benchmark. "That’s a window," she explained, "and that can be leveraged and used to level the playing field." "We view health as fundamental to participation in society," she said, "and a diversified healthcare workforce advances that goal." Black and minority physicians are essential to closing the healthcare gap by providing a shared life experience with Black patients.

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sequent evidence showing how health disparities impact other aspects of Black life, from employment to educational opportunities.”

Those deficits are consistent with challenges and barriers African Americans face that continue unabated because there is little motivation or will on the part of policymakers or politicians to correct past wrongs.

The disingenuous reality is that little will change in healthcare until there is a concerted effort to address the Black community’s myriad social ills and obstacles.

Ironically, when the community initiates its solutions, or in the case of Milwaukee, starts its own hospital (Misericordia Hospital in the 1960s), its survival is linked to government funding.

Ironically, after the U.S. Supreme Court ruled that ‘separate was not equal,’ as it did in ‘Brown vs Board,’ funding for independent facilities like Misericordia (owned by local Black physicians) was rescinded.

That policy change resulted in Black Milwaukeeans being forced to utilize Milwaukee County Hospital, considered an epicenter for discriminatory practices.
MENTAL HEALTH: RACIAL TRAUMA!

‘It just weighs on your psyche’

Black Americans on mental health, trauma, and resilience

Editor's Note: Though published in 2020 after the murder of George Floyd, the interviews below in this national article by Crystal Milner still resonate in 2023. As the saying goes: “The more things change, the more they stay the same!”

I’m feeling it, my friends and family are feeling it: the weight of this moment is immeasurable. Black Americans have been disproportionately affected by the coronavirus pandemic. This has been compounded by the tragic deaths of Black men and women — lives cut short at the hands of police and vigilantes.

Ahmaud Arbery shot while jogging. Breonna Taylor killed in her home. George Floyd suffocated as the world watched. Rayshard Brooks asleep in a Wendy’s parking lot. Robert Fuller found hung from a tree in Palmdale, Calif. We lament the Black lives lost, past and present.

Repeated trauma and stress have real effects on health, both physical and mental.

Though the dialogue surrounding mental health is changing, it’s often considered a taboo subject in the Black community. 

Navigating the intersections of Black identity has always been layered and complex. With these ideas in mind, I photographed family, friends, and others in my community of Southern California and spoke with them about how being Black in the U.S. affects them, especially right now. Here are their stories and portraits.

We’ve chosen to use first names only to respect participants’ privacy. Interviews have been condensed and edited. 

Christine

I can see someone I know in all of those names. When I hear Sandra Bland, I think of myself. When I hear Tony McDade, I think of one of my aunt’s best friends, who’s no longer here. When I think of George Floyd, I think of my uncle.

When I think of Trayvon Martin, I think of any young person that I know, but also that that could one day be my child. It seems like Black people continue to have to be the sacrificial lambs to make people get it. 

I’m not sleeping well. I was having nightmares. But I still was like, OK, I’m going to show up. I’m going to do my best. But I wasn’t being Black is a gift. I think that being Black is what makes us find our light in this world and lets us be a light to people, because we are a beautiful people. I think about what we’re capable of. And so I’m like, you know what? I’m still very proud to be Black. It comes with way more troubles than if I were born different. But I wouldn’t trade it.

Alexa

Sometimes I wonder, like, why did God give us such a burden? But I still think it’s not just like one emotion at a time, it’s all emotions at once — and not really being able to reconcile them because you’re anticipating another death coming.

It’s almost like we have to sacrifice ourselves now in order to bring justice. We’re going out in large numbers, we’re going out in groups. We’re in a unique position that mostly everyone is working from home or while everyone’s at home. So why not go out there, take our chances, take our precautions, and just like do the damn thing. It makes me proud of Black people because we’re literally going through shit all the time. And despite a pandemic going on, we still want to fight for justice. So it just makes me proud knowing that Black people are fighting for each other.

When I do try to move forward in joy and do something that makes me happy, in the back of my mind I’m thinking about what’s happening. I have to tune it out, to be honest. And then the next day, if I have tuned it out, it is going to come back and still affect me.

My mental health is not — it can’t be where I want it to be because Black folks are dying.

(continued on next page)
occurred.

That has never been addressed. They've been lied to as white folk. We've been lied to. My fantasy is that they're agitated because "why do we want so much?" And so there's a dynamic there that grows out of ignorance.

I'm trying to stay balanced. We have to stay focused. There's a tendency to get emotional and forget the big picture. We have to stay focused and remember the bigger picture.

One of those spaces that often gets forgotten because it's in one of places where it's like racism will always be there.

I myself often thought the same way, that maybe this is just how it is and progress happens elsewhere.

There's something particular about this moment of being sick and tired of being sick and tired. I think one of the reasons why people are taking to the streets is because they're so tired of being overlooked.

It has a lot to do with the fact that we've already lost so much. And we were already set up to lose much more. And no one was going to care about what we had lost.

Having millions of Black people dying of coronavirus and not being recognized as victims is just how it is and progress happens elsewhere.

Debra

White folk are learning what we have been, quoting—unquote complaining about.

We as Black folks did not know what really happened to us. White folks didn't know because they were not taught. The changes that were supposed to happen within the culture and society, education, and the repair of Black folks that was supposed to occur since 1865, never

We advocated for them and they made it through OK, but very stressful as parents living in the suburbs, PTA, schools site council — from kindergarten all the way through. They were treated differently and they may not have recognized it, but for me as a parent, I saw it. They had to face racism very early. That was hurting for me.

My youngest daughter was called a nigger in elementary school. Somebody spit on her. And then another child tried to cut her hair.

We advocated for them and they made it through OK, but very stressful as parents living in the suburbs.

LaDonya

I'm sickened. I'm saddened. I'm sickened. My anxiety has risen. I am disturbed.

I see people are very unmoved, as if they've just given up hope. My energies are going towards something more positive in trying to get laws and policy changed.

The rage for whites are woven into our political system against African American...cans. And so if we don't change policy and law, they'll continue to weave these laws and the in

Robert

right now it costs more money to fund a prisoner than it takes to send our children to school. Let's flip that because that's problematic. And I'm pissed off.

Amoni

On top of having to navigate a pandemic and trying to stay healthy, Black people are having to fight for the right to live free of state violence. I'm just so exhausted, so fed up, and out of the capacity to be nice.

I come from a tiny town called Lumberton, North Carolina. And they had several protests. Lumberton is making sure my voice is heard and that I can represent this white person, male dominated space. It takes a mental toll being the only Black one.

I came back from San Diego. It's just so white. I was running a couple times when Ahmaud [Arbery] got killed and I was like, see, I can't even do that. I literally can't do that here with all these white people.

I'm still a young Black man. I'm sure that people that move in and see me and my friends coming to this house, they're questioning it. Is it only a matter of time where, let's say I just go on a casual walk here and somebody doesn't recognize me — are they calling the police right away?

LaDonya

We're the products of the civil rights movement. We're the first generation. It was always the police pull you over — don't talk, just get the ticket. Just come on home. We'll deal with it. Our oldest son lives in Texas. And he was saying that — his son is 12.

And I'm thinking, will it ever stop? It's very, very heavy on my heart. Sometimes I just tear up for no reason.

What's affecting me most is not being able to kiss and hug — especially our grandchildren. I miss them so badly.

That's wearing on me. And then on top of that, then I've got to turn on the TV and I got to see somebody putting their knee on a person's neck and looking "so like?" and "so what?"

The expression on his face denuded, I'm stressed. My anxiety has risen. I am disturbed.

I see people are very unmoved, as if they've just given up hope. My energies are going towards something more positive in trying to get laws and policy changed.

Jordan

We advocated for them and they made it through OK, but very stressful as parents living in the suburbs.

I'm hypersensitive right now. I'm unapologetic about it. Because it just weighs on your psyche.

The world watched George Floyd call for his mom. And the white officer just laid his knee on his neck and looked around like he was nothing.

Right now it costs more money to fund a prisoner than it takes to send our children to school. Let's flip that because that's problematic. And I'm pissed off.

Amoni

On top of having to navigate a pandemic and trying to stay healthy, Black people are having to fight for the right to live free of state violence. I'm just so exhausted, so fed up, and out of the capacity to be nice.

I come from a tiny town called Lumberton, North Carolina. And they had several protests. Lumberton is making sure my voice is heard and that I can represent this white person, male dominated space. It takes a mental toll being the only Black one.

I came back from San Diego. It's just so white. I was running a couple times when Ahmaud [Arbery] got killed and I was like, see, I can't even do that. I literally can't do that here with all these white people.

I'm still a young Black man. I'm sure that people that move in and see me and my friends coming to this house, they're questioning it. Is it only a matter of time where, let's say I just go on a casual walk here and somebody doesn't recognize me — are they calling the police right away?

LaDonya

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The rage for whites are woven into our political system against African American...cans. And so if we don't change policy and law, they'll continue to weave these laws and the in

Robert

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Racialized trauma and mental health

Since European expansion into the Americas, white people have demonized Black people and portrayed them as undesirable, violent and hypersexual. Originally, the intent of this demonization was to legitimize the conquest and sale of African people.

One consequence of this negative portrayal has been the documented psychological impact on Black people themselves. It includes self-hatred, internalized racism and an erosion of Black consciousness within the Black community.

During the 1960s, Martin Luther King Jr. recognized the consequences of racist stereotypes and tried to change the language and symbols of racism. “Somebody told a lie one day,” King said. “They couched it in language. They made everything black ugly and evil. Look in your dictionaries and see the synonyms of the word black. It’s always something degrading and low and sinister. Look at the word white and it’s always something pure....”

Though King longed for the day when the word “black” would be associated with beauty, Black people are still coping with feelings of alienation as a result of what is known as racialized trauma, the emotional impact of racism, racial discrimination and violence on mostly Black people.

I am a psychologist and professor of counseling. In our 2022 peer-reviewed article, mental health counselor Janéé M. Steele and I detail the mental injuries caused by encounters with racial bias, hostility, discrimination and harassment.

More important, our research has shown that healing from racialized trauma can help reduce the negative impacts of racism and provide the emotional resources necessary to challenge racial injustices.

The American Psychological Association defines trauma as “any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person’s attitudes, behavior, and other aspects of functioning.”

Common ways people are exposed to racialized trauma include everyday slights such as a store owner following a person of color around the store, racial slurs, denied opportunities, racial profiling and hate crimes.

These encounters, known as race-based events, may occur directly between individuals or groups of people, or they may happen indirectly—for example, as a result of watching a video of police brutality.

Whether they occur directly or indirectly, race-based events have a negative psychological effect on people of color and often leave them feeling wounded. Some of these wounds include increased rates of hypervigilance, depression, anxiety, post-traumatic stress disorder and low self-esteem.

During our research, we interviewed a 29-year-old Black woman who grew up in a lower-middle-class neighborhood near Detroit. She attend predominantly white private schools and went on to become the first in her family to graduate from college and later earn a master’s degree in counseling.

But when she started her first full-time job, she noticed that it was dominated by white males in a work environment where the voices of people of color were not regularly heard. For instance, the woman told us that during staff meetings she was often ignored, except on rare occasions when issues of race were discussed.

As a result, the woman explained that she felt that she was devalued and began to feel anxious, sad and hopeless. Her self-esteem also suffered.

How to heal
Healing from racialized trauma is possible.

Yet current incidents of social injustice combined with centuries of violence, poverty, undereducation, mass incarceration, family dysfunction and health disparities have made it difficult for some Black people to maintain hope, a necessary element in undertaking the work to overcome this trauma.

Nevertheless, by learning new ways of thinking and coping, it is possible to find hope and overcome wounds of racialized trauma.

Based on research and nearly 20 years of clinical experience, we have found tangible tools to address these wounds in five holistic ways.

As we write in “Black Lives Are Beautiful,” a first step is identifying and understanding the psychological impacts of racialized trauma, as well as knowledge of strategies for wellness.

A second step in healing is the active promotion of higher self-esteem.

In our research, we learned that affirming one’s personal strengths and replacing negative beliefs can help individuals deal with racialized trauma.

The third is developing resilience. Tenacity during adversity is important. The ability to bounce back and persevere can come from connecting with individuals, family and community.

For some Black people, this work is especially powerful, as research indicates that spending time engaged in activities that focus on cultural strengths can increase feelings of personal control and lead to higher self-esteem.

The fourth way is to promote empowerment. Finding strength in one’s personal choices is fundamental to achieving a higher self-image. Those choices could include supporting Black-owned businesses, attending cultural events and developing a strategy to gain financial independence.

The last way of healing is found in promoting a sense of community. By doing so, we can increase a sense of belonging and counter the feelings of isolation triggered by racialized trauma.
In short, it takes a toll on their psychological, physical and emotional well-being.

Since then, the term has been applied by scholars to Hispanic undergraduates and women of color.

The term “racial battle fatigue” has long been used to describe the symptoms that result from the stress of combat, such as depression and anxiety.

The term “racial battle fatigue,” then, likens the collective experiences of people of color who are subjected to racial hostility to that of soldiers who experience combat stress.

Both are believed to result from being placed in a hostile environment filled with regular threats and attacks.

What causes racial battle fatigue?

It may come about from racial macroaggressions and racial microaggressions.

Racial macroaggressions are far-reaching race-related experiences that may be publicized and traumatic. For instance, when a video surfaced of George Floyd slowly being killed as a result of a police officer who knelt on his neck, experts say it traumatized many who saw the video.

This experience is an example of how hearing about or observing experiences of racial prejudice and discrimination can add to the distress of people of color.

Racial microaggressions are defined as “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color.”

Common racial microaggressions toward Black individuals include questions like “Where are you from?” and statements such as “You are so articulate” or “I’m not racist.”

They also include asking a Black person, “Why are you so loud?” and confusing a Black professional for a service worker.

Students of color may experience racial microaggressions throughout their academic careers, beginning before college and persisting into college and university settings.

As long as racism persists in education, students of color may never be able to completely avoid racial battle fatigue! By Geremy Grant, Alfred University

When William A. Smith, a scholar of education and culture, introduced the term “racial battle fatigue” in 2003, he used it to describe the cumulative effects of racial hostility that Black people – specifically faculty and graduate students – experience at predominantly white colleges and universities.

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What does racial battle fatigue cause?
Chronic racial stress is associated with poor mental health. This includes depression and anxiety. It is also associated with an increased likelihood for developing symptoms of post-traumatic stress disorder. Chronic racial stress also increases the probability that a person of color won’t get good sleep. It is associated with a diminished sense of well-being, a loss of appetite and elevated blood pressure. Racial microaggressions in academic settings can hurt students’ academic achievement and leave them feeling out of place and invisible to teachers and administrators.

What can be done?
There are several strategies students of color can practice to minimize the damage caused by experiencing racial stress.

1. Build community: Social belonging has been found to mitigate racial stress for Black high school students. It has also been found to improve the academic achievement of Black college students. To this effect, students of color can seek to form connections with other individuals of color to foster a sense of community, which may lessen feelings of isolation for people of color.

2. Engage in mindfulness: Research suggests the benefits of using mindfulness strategies to manage racial stress. For example, when students of color engaged in a self-affirmation exercise that involved writing about important life values, it lessened the effects of negative race-based stereotypes on their academic achievement. Students can also learn reflective coping strategies, which involve managing stressful events by changing the situation, their emotions or their thoughts. Research has found that the use of such strategies can promote positive mental health for students of color exposed to racial microaggressions.

3. Get some exercise: Students of color can make conscious efforts to engage in regular physical activity, as exposure to racial discrimination has been found to lead to a more sedentary lifestyle, which can in turn lead to poorer health. As long as racism persists in education, students of color may never be able to completely avoid racial battle fatigue. But by being more conscious of this fatigue and how to fight it, they can at least be equipped to deal with it more effectively and prevent it from harming their academic careers and their lives.

Geremy Grant, Assistant Professor of School Psychology, Alfred University

“As a concept, racial battle fatigue is rooted in critical race theory, which holds that racism is systemic and embedded in legal systems and policies, not just something that takes place on an interpersonal level.”
We All Succeed When Barriers Are Removed

In Milwaukee County, we are taking an all-hands approach to realizing our vision that by achieving racial equity, Milwaukee is the healthiest county in Wisconsin. For the Milwaukee County Office of Equity, that includes the just and fair inclusion of people of color in a society where all people can participate, prosper and reach their full human potential.

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The Biden administration announced a major initiative to protect Americans from medical debt on Thursday, outlining plans to develop federal rules barring unpaid medical bills from affecting patients' credit scores.

The regulations, if enacted, would potentially help tens of millions of people who have medical debt on their credit reports, eliminating information that can depress consumers' scores and make it harder for many to get a job, rent an apartment, or secure a car loan.

New rules would also represent one of the most significant federal actions to tackle medical debt, a problem that burdens about 100 million people and forces legions to take on extra work, give up their homes, and ration food and other essentials, a KFF Health News-NPR investigation found.

"No one in this country should have to go into debt to get the quality health care they need," said Vice President Kamala Harris, who announced the new moves along with Rohit Chopra, head of the Consumer Financial Protection Bureau, or CFPB.

"The agency will be charged with developing the new rules. These measures will improve the credit scores of millions of Americans so that they will better be able to invest in their future," Harris said.

Enacting new regulations can be a lengthy process. Administration officials said Thursday that the new rules would be developed next year.

Such an aggressive step to restrict credit reporting and debt collection by hospitals and other medical providers will also almost certainly stir industry opposition.

At the same time, the Consumer Financial Protection Bureau, which was formed in response to the 2008 financial crisis, is under fire from Republicans, and its future may be jeopardized by a case before the Supreme Court, whose conservative majority has been chipping away at federal regulatory powers.

But the move by the Biden administration drew strong praise from patients’ and consumer groups, many of whom have been pushing for years for the federal government to strengthen protections against medical debt.

"This is an important milestone in our collective efforts and will provide immediate relief to people that have unfairly had their credit impacted simply because they got sick," said Emily Stewart, executive director of Community Catalyst, a Boston nonprofit that has helped patients to pay their bills, is the most common collection tactic used by hospitals, a KFF Health News analysis has shown.

"Negative credit reporting is one of the biggest pain points for patients with medical debt," said Chi Chi Wu, a senior attorney at the National Consumer Law Center.

"When we hear from consumers about medical debt, they often talk about the devastating consequences that bad credit from medical debts has had on their financial lives."

Although a single black mark on a credit score may not have a huge effect for some people, the impact can be devastating for those with large unpaid medical bills. There is growing evidence, for example, that credit scores depressed by medical debt can threaten people’s access to housing and fuel homelessness in many communities.

At the same time, CFPB researchers have found that medical debt — unlike other kinds of debt — does not accurately predict a consumer’s creditworthiness, calling into question how useful it is on a credit report.

The three largest credit agencies — Equifax, Experian, and TransUnion — said they would stop including some medical debt on credit reports as of last year.

The excluded debts included paid-off bills and those less than $500.

But the agencies’ voluntary actions left out millions of patients with bigger medical bills on their credit reports. And many consumer and patient advocates called for more action.

The National Consumer Law Center, Community Catalyst, and some 50 other groups in March sent letters to the CFPB and IRS urging stronger federal action to rein in hospital debt collection.

State leaders also have taken steps to expand consumer protections. In June, Colorado enacted a trailblazing bill that prohibits medical debt from being included on residents’ credit reports or factored into their credit scores.

Many groups have urged the federal government to bar tax-exempt hospitals from selling patient debt or denying medical care to people with past-due bills, practices that remain widespread across the U.S., KFF Health News found.

Hospital leaders and representatives of the debt collection industry have warned that such restrictions on the ability of medical providers to get their bills paid may have unintended consequences, such as prompting more hospitals and physicians to require upfront payment before delivering care.

Looser credit requirements could also make it easier for consumers who can’t handle more debt to get loans they might not be able to pay off, others have warned.

"It is unfortunate that the CFPB and the White House are not considering the host of consequences that will result if medical providers are singled out in their billing, compared to other professions or industries,” said Scott Purcell, chief executive of ACA International, the collection industry’s leading trade association.

—KHN (Kaiser Health News) is a national newsroom that produces in-depth journalism about health issues. Together with Policy Analysis and Polling, KHN is one of the three major operating programs at KFF (Kaiser Family Foundation). KFF is an endowed nonprofit organization providing information on health issues to the nation.
watching the news because it can be overwhelming. If you’re constantly watching police harm somebody, it feels like they’re attacking a family member and you can’t do anything about it.

And it just frustration, what makes it even more stressful, is when you realize that you have to fight your hardest and turn the world upside down just to get justice.

I realize that a lot of Black people have PTSD from being racially profiled, and with brutality. We fight for laws to be changed or made, but ultimately, at the end of the day, if it’s enforced by a racist structure, there will ultimately not be any change.

Debra

The [George Floyd] video is just heartbreaking. To see someone struggle like that, to see that there’s no value that was put on his life at all. Being a banker, I thought — based on the story, who said the bill was counterfeit? Where is the bill? Who? Who knows? And he could have picked that up anywhere. I worked for a bank. Innocent people get a hold of counterfeit money all the time. So, a $20 counterfeit bill and a man’s life? There is great concern on my part that the Black community has been just set upon with this virus in a way that none of the other races are experiencing. It’s frightening. It’s really caused my family to take extra, extra precautions and care because our numbers are high compared to others. I’ll continue to move forward, I’ll continue to engage, I’m constantly thinking of ways that I can be helpful, that I can support the things that I feel are so important and stay safe at the same time. We’ve gotta find alternative ways of being present when it’s important.

Jeffrey

As a child of the ’60s, I’m tired.

It’s really sad to think that in 2020 we still have these issues. We have this superiority thinking. I just reminisce, thinking about some of the brutality that I saw as a kid growing up, and just wondered why. Even Martin Luther King said at one point he was frustrated because he thought that what he was showing white America, and telling white America, that people would just join in. This didn’t just happen. When I was a kid our parents bought us bicycles. A police officer pulled up on the side and let his window down. “What are you guys doing with those bicycles?” We’re kind of confused. We were young, you know, 9, 10, 11 years old. “Where’d you get those bicycles from?” I think I remember saying we got them for Christmas. He said, “How can you afford those bicycles?” I don’t even know if I ever told anybody. But all my life I’ve been thinking about — two kids on a bicycle after Christmas? Two new bicycles and we’re suspects? You know. And this is 2020, we’re suspects. That bothers me.

Jordan

I feel just feel kind of heartbroken. To have to be mourning people I don’t really know, but it could be people I know. Just knowing that the virus itself was going to cause death, but that the neglect would compound that death and compound that pain.

I went to undergrad in St. Louis. I was a sophomore during the Ferguson uprising and tried to participate in the actions around that. It was a really formative part of my own growth and also my mental health journey. To reach such a huge national response again, not even six years later ...

Thinking about the virus and how even by protesting to save our own lives — that is putting ourselves at risk — whether from the poison or from the virus. It’s just really hard. Even if after this pandemic is over, there’s a vaccine, if Black people are still dying, going back to normal isn’t good enough. I think a lot of people realize that we’re missing that connection and are still grieving this added on to what I feel is really hard to sit in and is really discomforting to deal with.

I hate that I have to show up to Zoom meetings and give my best and have people ask me, “How are you doing?” And you’re just like, “How the fuck do you think I’m doing?” I’m heartbroken. I’m tired. I’m exhausted and I feel completely unsafe.

I was going to therapy regularly, dealing with my own trauma. And you’re just like, “Why am I going through this” to deal with what I already deal with. It doesn’t feel like there’s room to heal. It doesn’t feel like there’s room to feel safe. It doesn’t feel like there’s room for me to just be myself.

Black people aren’t safe anywhere, regardless of whether they’re at home or not.
ThriveOn Collaboration’s Foundation is Being Built on Community Input

MCW’s Dr. Staci Young helping advance efforts launched in 2019 to address health equity, economic well-being in Milwaukee neighborhoods

A historic building on N. Dr. Martin Luther King Jr. Drive near three of Milwaukee’s iconic neighborhoods, Harambee, Halfard Park and Brewers Hill, will soon be home to a unique effort designed to address the health equity and economic well-being of residents in surrounding neighborhoods.

The ThriveOn Collaboration, composed of the Greater Milwaukee Foundation, the Medical College of Wisconsin (MCW), and Regal Capital, continues to move forward with construction to renovate the former Gimbel’s-Schuster’s Department Store building located at 2155 N. Dr. Martin Luther King Jr. Drive. The building itself is known as ThriveOn King.

ThriveOn Collaboration is committed to improving racial, health, economic and social disparities throughout Milwaukee by addressing five priority areas that include housing, early childhood education, health and wellness, social cohesion, and economic opportunity.

The ThriveOn King location will serve as ThriveOn Collaboration’s initial hub of activity, providing office space for Medical College of Wisconsin researchers and program directors as well as the headquarters of the Greater Milwaukee Foundation.

The first floor is dedicated to serving community and will feature gathering spaces, healthy food options and a range of resources aligned with resident priorities. JobsWork MKE, a local nonprofit that helps community residents achieve sustainable employment while strengthening neighborhood economies, will be relocating to ThriveOn King as a tenant partner.

Raising Awareness of ThriveOn Since 2019

Dr. Young is also professor of Family and Community Medicine and Director of the Center for Healthy Communities and Research at MCW. Her work at MCW has focused on examining the structural causes of health disparities and their effects on historically marginalized populations. Her most recent work focuses on healthcare delivery among free and charitable clinics, the effects of racism and residential segregation on cancer survivorship, and exposure to violence and housing access for women in street-based sex work.

While the opening of ThriveOn King is slated for the first half of 2024, outreach to the community has been taking place since 2019 when the ThriveOn Collaboration was first announced. Community engagement teams from the Medical College of Wisconsin and the Greater Milwaukee Foundation have been collaborating to engage local residents and identify neighborhood priorities that address health equity and economic well-being.

The ThriveOn Collaboration will continue to implement processes to ensure that residents in the Halfard Park, Brewers Hill and Harambee neighborhoods will be at the center of developing services and programming that are tailored to meet their immediate needs.

Focus on the Arts, Small Business

Efforts to implement feedback from the community include a focus on the arts and identifying Milwaukee artists open to having their work displayed within the ThriveOn King building. Resident engagement has informed a range of investments and collaborations, including a loan program to support small businesses, ongoing grant cycles to support the work of neighborhood-serving nonprofits, and most importantly, identifying priorities for the building’s first floor.

“Now is an opportunity to be inclusive and innovative,” Young said. “This is a multiprong approach to addressing and engaging in different needs within the community.”

Residential housing is also being planned for the ThriveOn King building; a component expected to make it an even stronger anchor in the community.

“There has been and continues to be a very intentional effort to engage the community,” Young said. “We want this to be a welcoming environment, we want people to feel they’re a part of the ThriveOn Collaboration.”