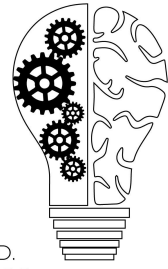


## **Episode 083: Racism & Trauma: Discussion with Danielle Hairston M.D.**

Lauren Lightbourne, Danielle Hairston, M.D., Sherise Simms B.S., David Puder, M.D.

This PDF is a supplement to the podcast “Psychiatry & Psychotherapy” found on [iTunes](#), [Google Play](#), [Stitcher](#), [Overcast](#), [PlayerFM](#), [PodBean](#), [TuneIn](#), [Podtail](#), [Blubrry](#), [Podfanatic](#)



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There are no conflicts of interest for this episode.

*On this episode of the podcast, I interview Danielle Hairston, M.D.*

*Dr. Hairston has served as the Chair of Black Psychiatrists of America Scientific Program since 2016. She is also the American Psychiatric Association Black Caucus' President, the residency director at Howard University, and has a Consultation-Liaison Psychiatry Fellowship. Dr. Hairston has also had the opportunity to speak nationally and internationally about the impact of racial trauma and culture on mental health. She is a contributing author to the recently published book, [Racism and Psychiatry: Contemporary Issues and Interventions](#). Her interests include consultation-liaison psychiatry, resident education, minority mental health, cultural psychiatry, and collaborative care. I am so excited to have her as a guest to create a conversation around the current events, directly from a Black psychiatrist's perspective.*

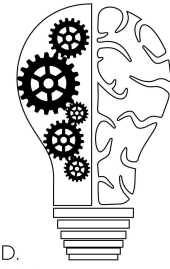
As psychiatrists, we want to help people deal with the emotional effects of the trauma they've experienced. With racism so rampant, understanding the history, and the point of view of Black Americans is critical to being able to understand their trauma.

## **America's Racist History**

It started with the capture, branding, and enslavement of hundreds of thousands of people more than 400 years ago. Since then, the abuse and misuse of Black people has been continuous in America. Here we revisit some salient moments in America's history that color its relationship with African Americans. Many historians have noted that because of slavery, this country became a superpower. According to Edward E. Baptist, a historian at Cornell University, “The expansion of slavery in the first eight decades after American independence drove the evolution and modernization of the United States...The South grew from a narrow coastal strip of worn-out tobacco plantations to a continental cotton empire, and the United States grew into a modern, industrial, and capitalist economy.”

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When Black Americans returned from World War II they came home to find that the GI bill and all of its benefits would not be offered to them. Erin Blakemore of the Washington Post explains that, “Though the bill helped White Americans prosper and accumulate wealth in the postwar years, it didn’t deliver on that promise for veterans of color. In fact, the wide disparity in the bill’s implementation ended up helping drive growing gaps in wealth, education and civil rights between white and Black Americans.” They were even beaten and killed for wearing their uniforms in public. They were also denied loans to buy homes in the suburbs, continuing to regulate and enforce Blacks to live in poorer and crowded inner cities.

In 1938, the “Tuskegee Study of Untreated Syphilis in the Negro Male” began. It lasted decades without the participant’s informed consent. The experiment involved 600 Black men, most of which had contracted syphilis. Medical experts collected data on the patients, did not inform them of their disease, rather calling it “bad blood.” In 1942, penicillin became the accepted form of treatment, but the doctors did not inform the syphilis patients, and did not give them the treatments. It wasn’t until 1972 that the study was ended and deemed unethical.

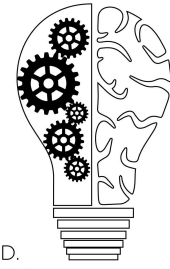
Black Americans hoped that when they were freed from slavery, they too could have the right to be tried by a jury of peers. They expected to have human rights. Unfortunately, jails became a new form of systematic racism—the US only has 5% of the world’s population, but 25% of the world’s jail population.

America segregated Blacks to poor neighborhoods and then began over policing those areas. Further, things like crack cocaine are penalized with mandatory minimums (much longer than that of cocaine). The jail system is for-profit. While only 12% of Americans are Black, our prison system is 37% Black. In the prison, the wages are 1\$ per hour, so in *at least* that sense, slavery continues under another name.

All of these injustices together inform the socioeconomic, educational, and health disparities seen amongst the Black community. Blacks living below poverty are three times more likely to report serious psychological distress than those living above poverty. This story of betrayal and indignity paints a backdrop on which hangs some very disturbing statistics.

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Black professionals often carry the weight of these experiences in their consciousness every day. Every time a person of color sees another one of their race killed for jogging, wearing a hoodie, driving with a busted taillight, playing with a toy gun in the park, or sleeping in their own car, they are reminded that they continue to be marginalized and targeted simply because of the color of their skin. Obtaining professional titles and amassing degrees will not preclude them from overt racism or systemic microaggressions.

## How can mental health workers help the Black community during this time?

It's difficult to talk about abuse, but you really just have to do it, even if it's uncomfortable for you, the therapist. You must ask your patient, outright, if it's something they're experiencing, if they need to talk about it, and what they are experiencing.

If they say something that gives cues as to how they are feeling, such as that they're having a difficult time, don't just move past that to discussing medications, sleeping, and other clinical boxes we have to check. Make sure you are *listening* to what they are saying, that you are *looking* at the person behind the paperwork.

Fewer than 2% of American Psychological Association members are African American, so some Black people may worry that mental health care practitioners are not culturally informed enough to treat their specific issues. This is compounded by the fact that some Black American patients have reported experiencing racism and microaggression from therapists.

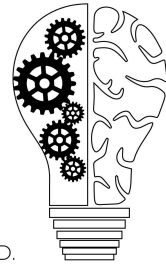
To compound these issues, approximately 11% of African Americans are not covered by health insurance, compared with about 7% for non-Hispanic whites.

Essentially, only one-in three African Americans who need mental health care receive it.

1/3 Black people receive the same mental health access and care as White people. We must acknowledge the historical context. We do not have a pleasant history when it comes to race relations.

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Consider that patients in every age bracket have experienced different stages of race relations. A 70 year old might have experienced rioting in the Civil Rights movement, could have had dogs attacking them or hoses set on them. Some of their family members could have been involved in the Tuskegee Experiment. Younger patients may have been racially profiled and experienced privilege used against them.

## **There is a general lack of trust in psychiatry and medicine in general, because of America's history.**

There are not many Black physicians or mental health care workers. Only about 3% of psychiatrists are Black.

### **There are many barriers to care for Black people:**

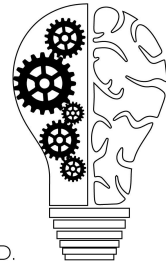
- Lack of insurance, or under insured
- Proximity to treatment because of segregated neighborhoods
- Lower socioeconomic status which impacts insurance, transportation, cost of mental health care
- Stigma against mental illness
- Distrust of health care system because of history of racism in medicine
- Different presentation of symptoms so there is a lack of identification and classification
- Overdiagnosis of schizophrenia and other primary psychotic disorders
- Not offered newer antidepressants
- Not referred to therapy
- Not referred to medication
- Substance use treatment disparities
- Lack of culturally informed providers

### **So how do we change these statistics?**

- We need every mental health professional to recognize their own unconscious bias and work towards changing it.

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- We need to support more people of color in medicine and especially within psychiatry.
- Medical schools must be committed to training and equipping diverse doctors that are willing to go back into their communities and offer care.
- We must start funding pipeline programs for young undergraduates so that they can gain the opportunities needed to successfully apply and get into medical school.
- There is a need for individuals to mentor minority students in medical school and give them opportunities that will help them be a successful psychiatry applicant.

Today's talk was a very candid one. The issues addressed will require intentional action to amend and we hope you will join us as we dig deeper into some of the books Dr. Hairston recommended. We hope that by starting this journey together we can be part of the solution to centuries old problems of racism and its effects on our most vulnerable populations.

### Books to read

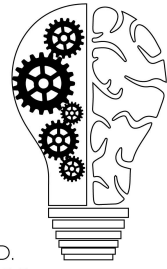
1. [Why Are All the Black Kids Sitting Together in the Cafeteria: And Other Conversations About Race 5th Anniv., Revised Edition by Beverly Daniel Tatum](#)
2. [Racism and Psychiatry; Contemporary Issues and Interventions by Morgan M. Medlock, Nhi-Ha T. Trinh, David R. Williams, Derri Shtasel](#)
3. [Black Pain: It Just Looks Like We're Not Hurting paperback – January 6, 2009 by Terrie M. Williams](#)
4. [The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma Paperback – September 8, 2015 by Bessel van der Kolk M.D.](#)

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[www.cdc.gov/tuskegee/timeline.htm#:~:text=The%20Study%20Begins,Syphilis%20in%20the%20Negro%20Male.%E2%80%9D](http://www.cdc.gov/tuskegee/timeline.htm#:~:text=The%20Study%20Begins,Syphilis%20in%20the%20Negro%20Male.%E2%80%9D). Accessed 8 June 2020.