



# Healing Our Systems Through Community & Solidarity

Nathan T. Chomilo, MD, FAAP, FACP - (He/Him/His)

Adjunct Assistant Professor of Pediatrics | University of Minnesota Medical School

@ChomiloMD

# Disclosure Slide

I have no relevant financial relationships.



# Recognition of past trauma and abuse

- It is important that we personally and professionally recognize the trauma, medical abuse, and discrimination that have happened to our Black, Indigenous, people of color, disability, and LGBTQ+ communities, leading to distrust in medicine.
- The work of equity and antiracism requires that we acknowledge the many legacies of violence, displacement, migration, and settlement that bring us together here today and we remain actively committed to rebuilding trust with those who have had it violated.



The path to healing our health care system lies in community and authentic solidarity

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We can't heal if we ignore  
the wound or don't realize  
it's there



# My Path



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## **Racial Socialization Factors**

**Parents & Family**

**Friends & Peers**

**Teachers & School Environment**

**Media (Books, Movies, TV, Games, Apps, Social Media)**

**Experiences (Sports/Clubs/Activities, Travel)**

**Socioeconomic Circumstances**

**Religion/Faith-based practice**



# Racism in Pediatrics

Whether arguing in 1958 for the “Precocity of African children,” examining in 1989 the “Genetic and environmental determinants of growth in Mexican-Americans,” or incorporating “race” as a risk factor in clinical algorithms for the management of hyperbilirubinemia<sup>10</sup> in 2004 or febrile urinary tract infection<sup>11</sup> in 2011, **Pediatrics did not acknowledge the effect of racism, rather than race, for decades.**

## The History of Race-Based Medicine in the Pages of *Pediatrics*: A Review of the Last 75 Years

Nathan T. Chomilo, MD

Racism permeates every corner of our society, and the journal, *Pediatrics*, is no exception. The concept of race as a biological construct was created and for the benefit of, Europeans in large part to support the institutions of slavery and land theft from Indigenous peoples. In an effort to align with the economic benefits of these concepts, physicians helped codify the biological construct of race into medical science. Physicians, at that time almost exclusively White men, advanced their own knowledge through experimentation on Black and Indigenous individuals, bolstering their own credentials and using the knowledge to develop treatments that were then often denied to non-White communities.<sup>1</sup> Medical journals, like *Pediatrics*, have played a significant role in promoting both this flawed science and a historical whitewashing (defined by Merriam-Webster as to alter [something] in a way that favors, features, or caters to White people)<sup>2</sup> of the role structural and institutional racism have played in creating the racial health inequities seen in the United States starting from birth.

### REWRITING THE TREATMENT OF ENSLAVED BLACK INFANTS

One stark example is found in a *Pediatrics* article, published within its first 4 years, on birth and mortality rates among enslaved infants in the pre-Civil War South.<sup>3</sup> The authors argued that “There was nothing the



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# Racism in Pediatrics: Acknowledging the Wound



Dr. Nathan Chomilo  
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Excited to report that the @AmerAcadPeds resolution, Prohibit the Use of Race-Based Medicine, I submitted & adapted from my MN colleagues @dr\_okah & @AndreaWestbyMD's groundbreaking work, not only passed but was a Top 10 selection!!  
#MedTwitter #MedEd

[aappublications.org/news/2020/08/1...](http://aappublications.org/news/2020/08/1...)

Reference Committee  
C – AAP Governance and Operations

1 Resolution #71 2020 Annual Leadership Forum  
2  
3 TITLE: Prohibit the Use of Race-Based Medicine  
4  
5 SPONSORED BY: District VI  
6  
7 DATE: October 31, 2019  
8  
9 DISPOSITION:  
10  
11 Whereas, race is a social construct, it is often used in clinical decision-  
12 making as if race itself were a biologic risk factor for disease, a  
13 marker of genetic predisposition, or biological certainty, even  
14 though the human genome project demonstrated that there is no  
15 biological basis for race and has shown that people can have  
16 greater genetic similarity to those outside their racial category than  
17 those within, invalidating the idea that race can be used as a proxy  
18 for unknown genetic or biological differences; and  
19  
20 Whereas, there is a role for genetic ancestry in determining genetic  
21 predisposition to disease, however sharing a racial category does  
22 not equate to shared genetic ancestry, rather race is therefore a  
23 marker for social risk and systemic oppression and there is value in  
24 understanding how racism results in racial health disparities; and  
25  
26 Whereas, the framing of race, and not racism, as a risk factor can be found in  
27 many presentations at pediatric educational conferences and within  
28 pediatric publications; and  
29  
30 Whereas, the AAP is a leader in providing pediatric continuing education  
31 and publishing, and the AAP, "is committed to reducing the  
32 ongoing costs and burden of racism to children, the health care  
33 system, and society," therefore be it  
34  
35 RESOLVED, that the Academy shall end the practice of using race as a proxy for  
36 biological risk in all their physical and literature

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American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

## AAP Perspective: Race-Based Medicine

American Academy of Pediatrics Board of Directors and Executive Committee

# PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

## Eliminating Race-Based Medicine

Joseph L. Wright, MD, MPH, FAAP, Wendy S. Davis, MD, FAAP,  
Madeline M. Joseph, MD, FAAP, Angela M. Ellison, MD, MSc, FAAP,  
Nia J. Heard-Garris, MD, MSc, FAAP, Tiffani L. Johnson, MD, MSc, FAAP,  
and the AAP Board Committee on Equity

# Racism in Pediatrics: Acknowledging the Wound



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American Academy  
of Pediatrics



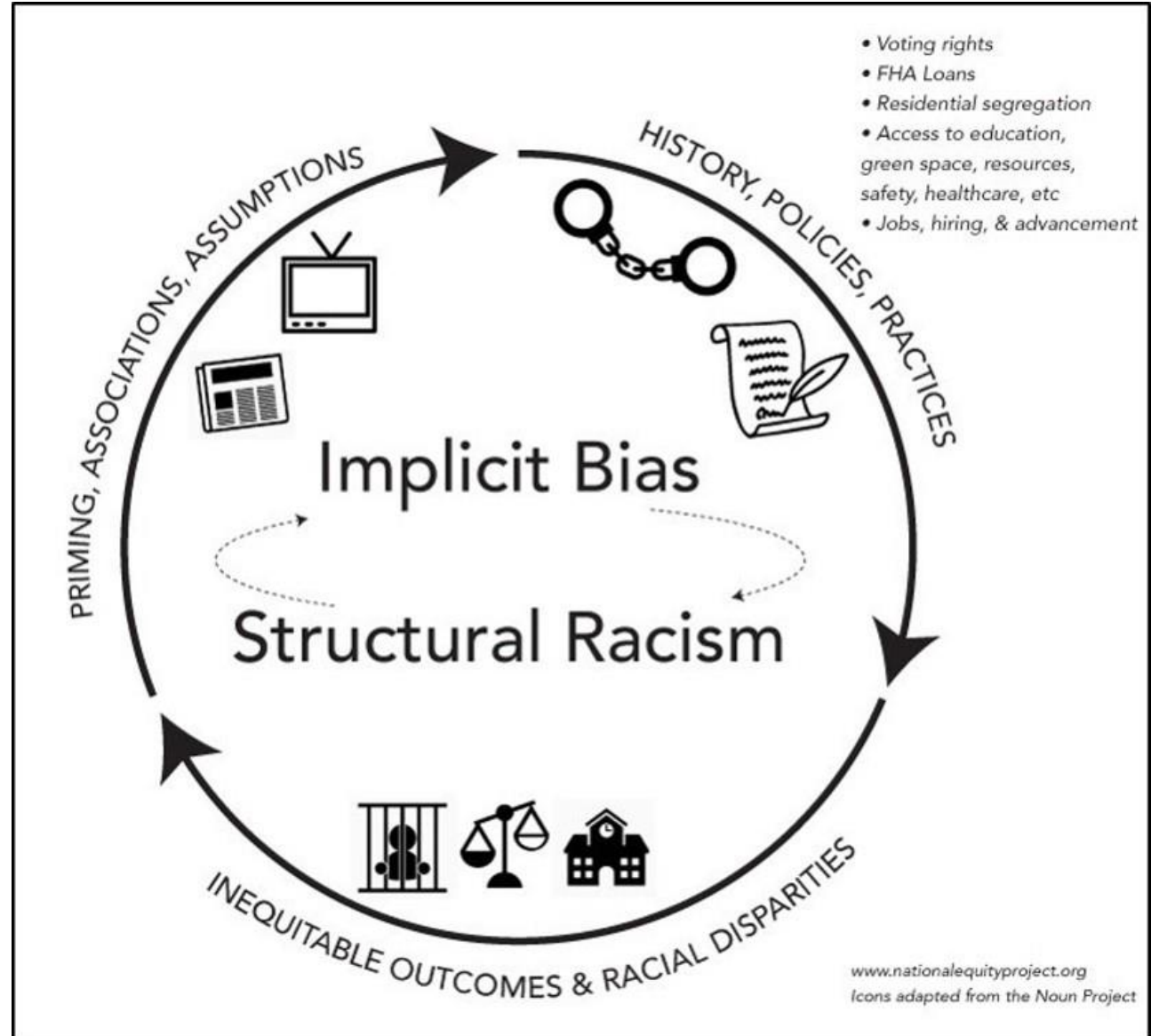
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American Academy of Pediatrics Board of Directors and Executive Committee

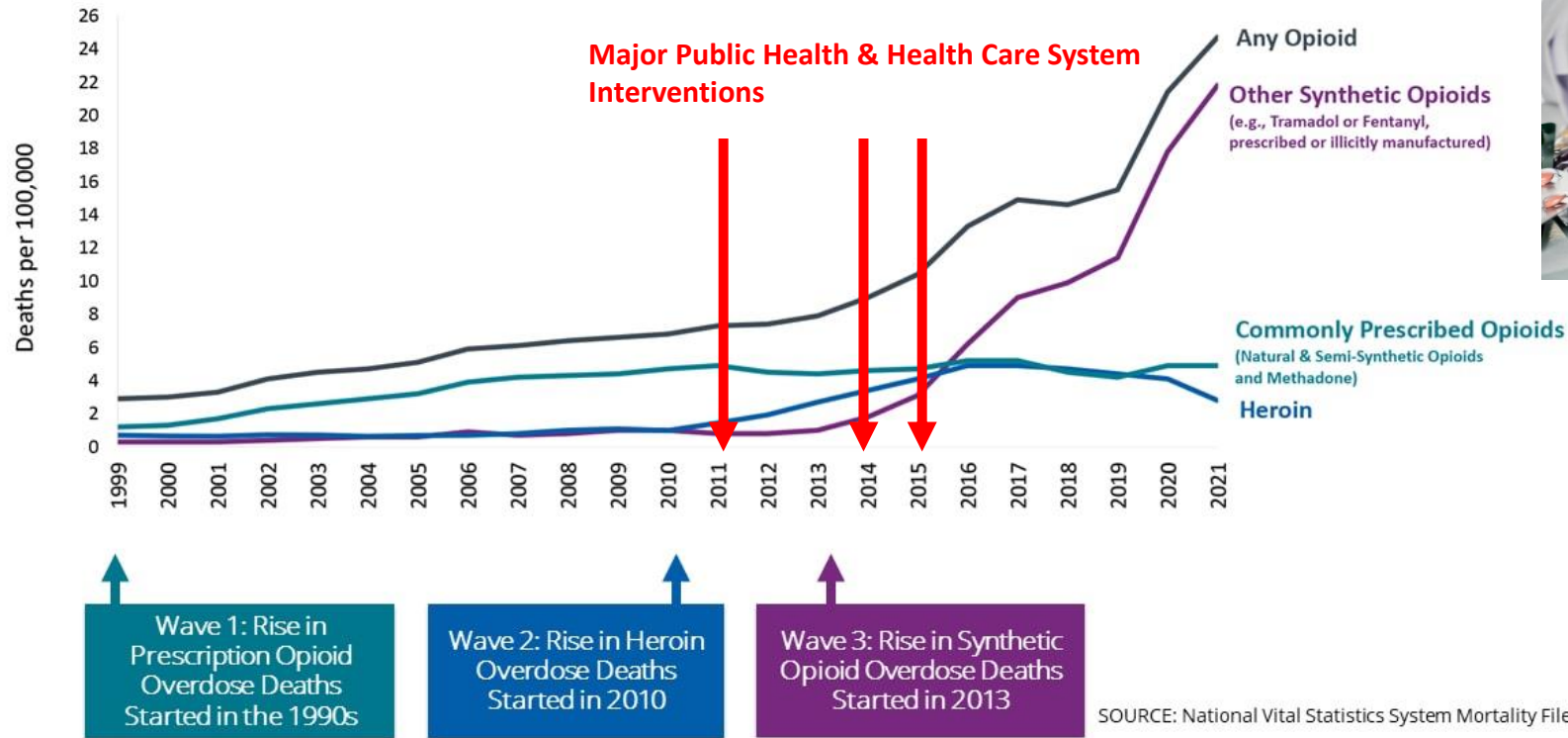
**“voted unanimously to immediately retire the guidance “Urinary Tract Infection: Clinical Practice Guideline for the Diagnosis and Management of the Initial UTI in Febrile Infants and Children 2 to 24 Months” because of improper use of race as a factor in disease risk”**

Failure to realize the wound = more suffering






# Three Waves of Opioid Overdose Deaths



Understanding the Opioid Overdose Epidemic | Opioids | CDC. (2023, August 8).  
<https://www.cdc.gov/opioids/basics/epidemic.html>



Ignoring the  
wound =  
Delayed  
Healing

**“As every therapist will tell you, healing involves discomfort. But so is refusing to heal. And over time, refusing to heal is always more painful.”**

— Resmaa Menakem

A woman is lying in a hospital bed, looking thoughtful with her hand on her forehead. The room is dimly lit, and medical equipment is visible in the background. The text "We can't heal alone" is overlaid in white, with a white underline below it.

We can't heal alone





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# What Can Systems Do to Help Communities Heal?

## The Role of Health Care in Eliminating Health Inequities in Minnesota

*A Report to United States of Care and its Partners*

Authors: Melanie Ferris & Dimpho Orionzi

JANUARY 2020

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*Inaction is not neutral; it is acceptance of an unjust status quo.*

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We can't just look at ourselves as part of the solution.

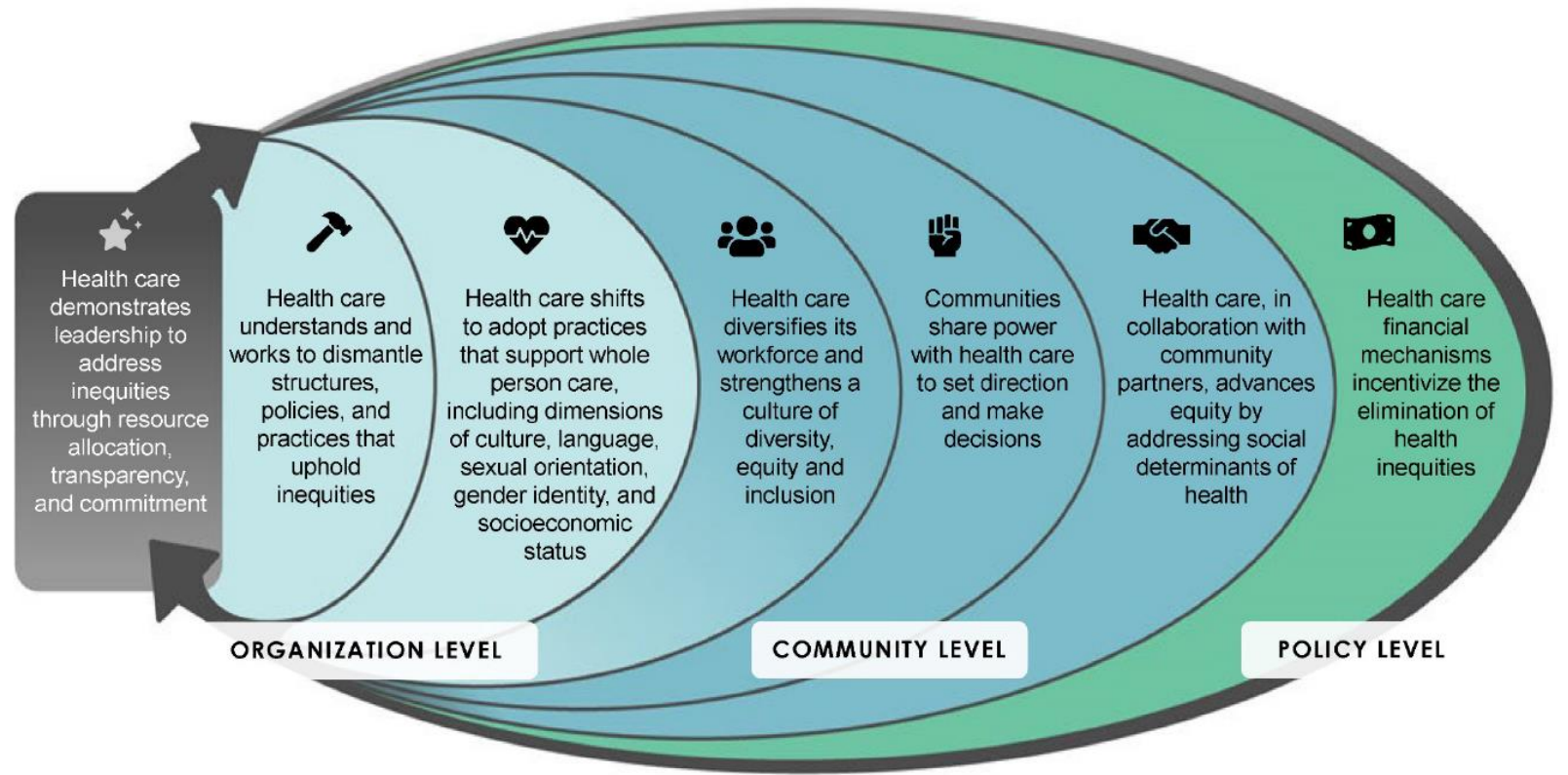
We have to be able to see how we are a part of the problem.

# The Role of Health Care in Eliminating Health Inequities in Minnesota

*A Report to United States of Care and its Partners*

## 6. Systems Transformation Framework

What Can Systems  
Do to Help  
Communities  
Heal?







The NEW ENGLAND JOURNAL of MEDICINE

Perspective  
JANUARY 12, 2023

## The Anchor Strategy — A Place-Based Business Approach for Health Equity

David A. Ansell, M.D., M.P.H., Kaitlyn Fruin, M.D., Redia Holman, Ayesha Jaco, M.A.M., Bich Ha Pham, J.D., and David Zuckerman, M.P.P.



Life Expectancy at Birth in Selected Chicago Neighborhoods, 2016.

Data are from Chicago Health Atlas. The shading indicates West Side neighborhoods.





“When ‘I’ is replaced with ‘We’, even illness becomes wellness.”  
—El-Hajj Malik El-Shabazz





HANDS IN SOLIDARITY

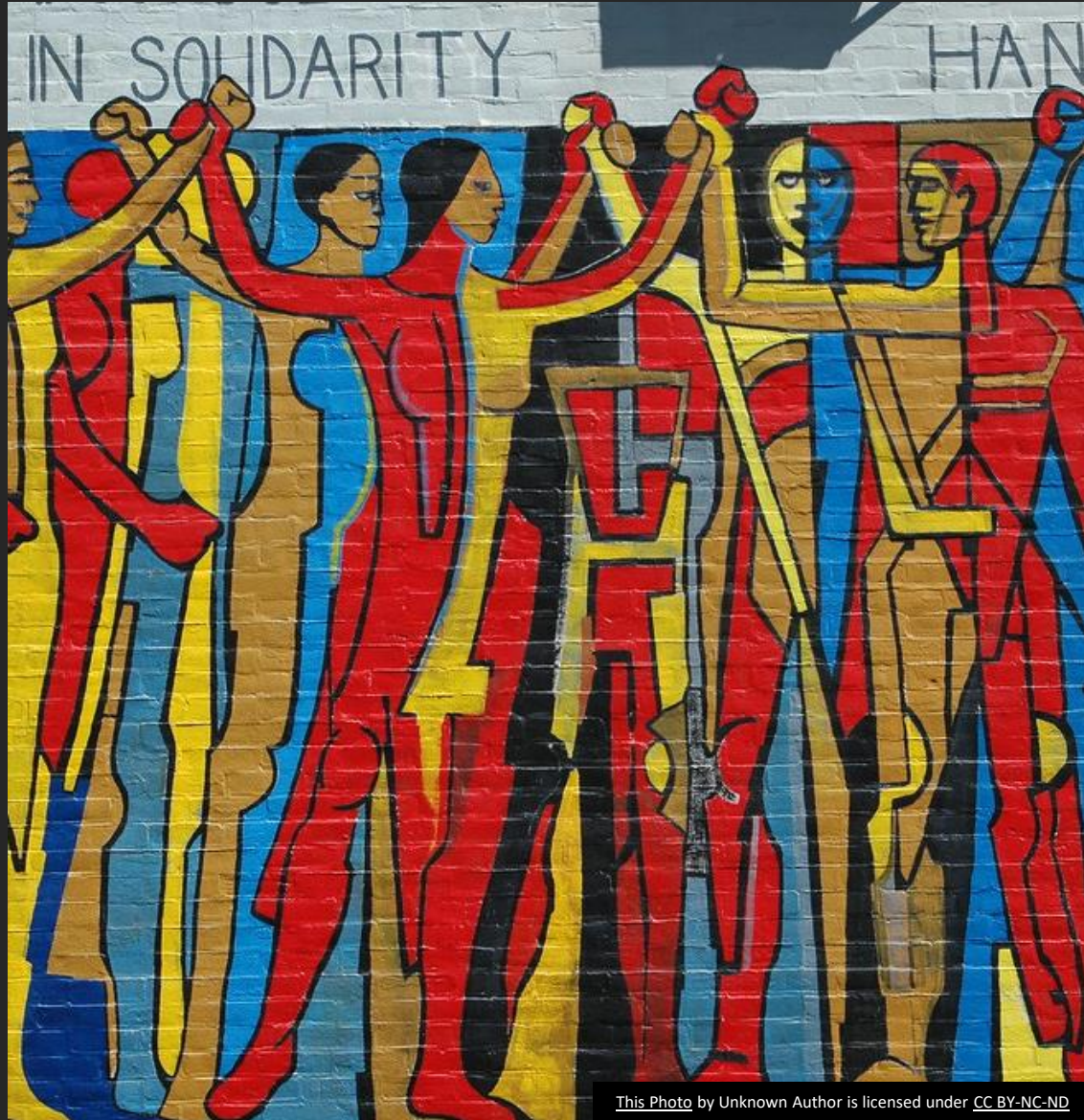
HANDS OF

We can't authentically be in  
community without solidarity

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**Solidarity does not mean we share identical stories, lineages, and/or visions for the future.** Rather, it is a commitment to the practice of weaving our stories, lineages, and visions for the future together, as we change, they change, and the context around us changes.

**Solidarity is an invitation to flock, in the ways that birds do.** As adrienne maree brown describes, *“There is an art to flocking: staying separate enough not to crowd each other, aligned enough to maintain a shared direction, and cohesive enough to always move towards each other.”*

[dismantlingthemasterstools.com](http://dismantlingthemasterstools.com)

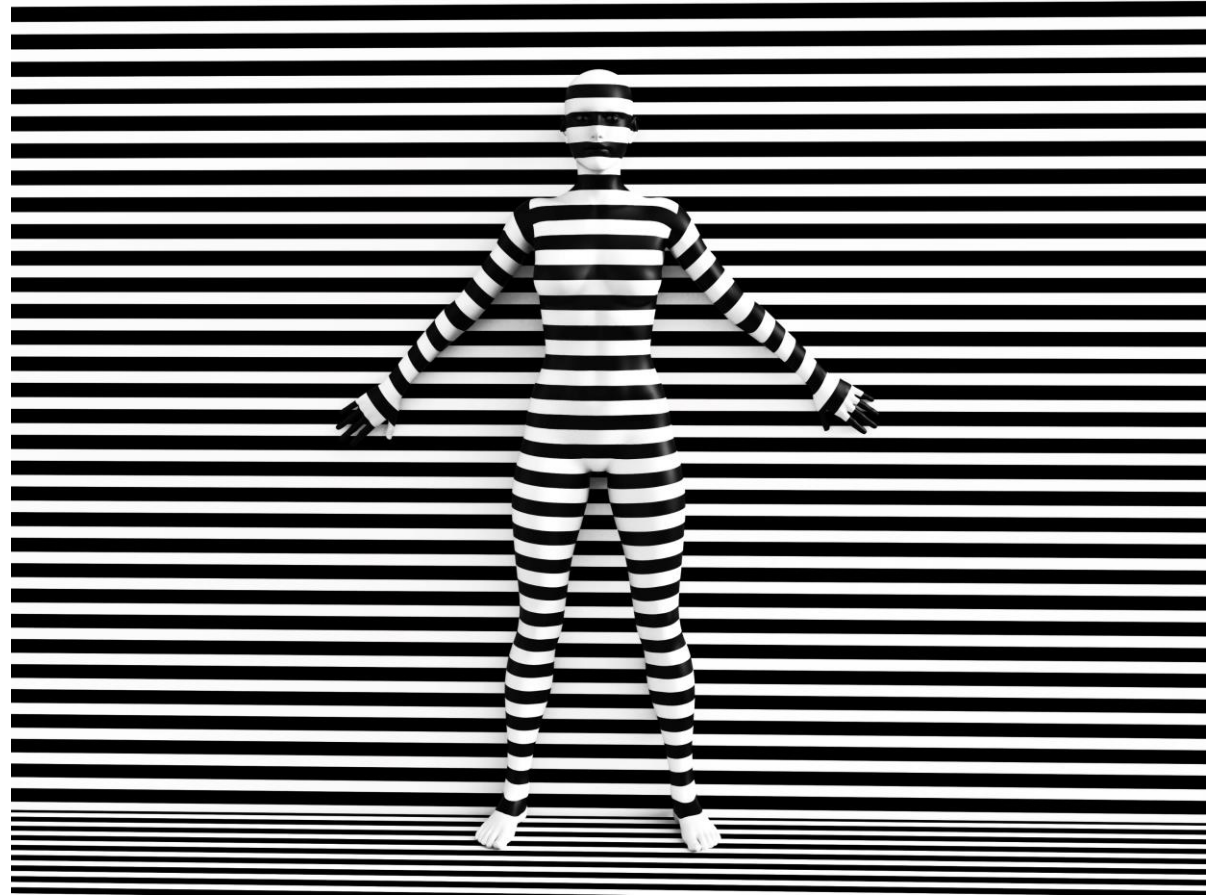
# What Limits Solidarity?

“Broad definitions of social determinants of health...obfuscate”

“Social determinants of health” → Economic Determinants → Political Determinants

“Social” = Relationship/Connection to people  
→ Racism is the direct opposite

As are similar types of “otherness” →  
ableism, sexism, xenophobia, gender norms



# The Social Determinants of Death

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“While I hear a lot about racism, I hear little about power”

“the health care sector uses much of its power to sustain its power”

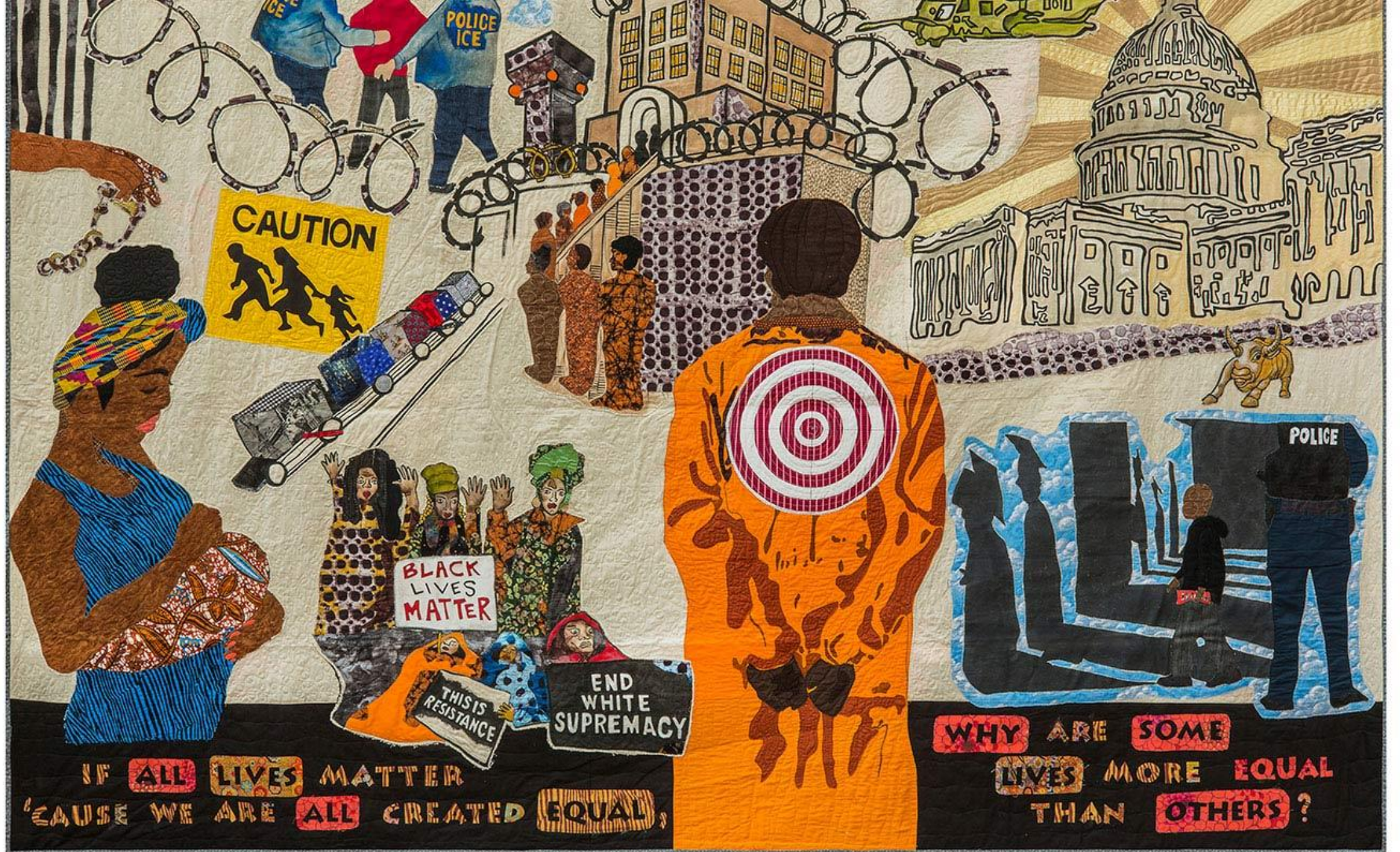
Therefore, it is not enough to “stand against racism...**the test of the day is whether institutions will use their power to fight racism**”

POWER



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Carmel Shachar, Tess Wise, Gali Katznelson, Andrea Louise Campbell; Criminal Justice or Public Health: A Comparison of the Representation of the Crack Cocaine and Opioid Epidemics in the Media. *J Health Polit Policy Law* 1 April 2020; 45 (2): 211–239. doi: <https://doi.org/10.1215/03616878-8004862>



# MINNESOTA DOCTORS FOR HEALTH EQUITY



## 2023 Events: Education | Activation | Community Building



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wc4bl\_umn



# WC4BL TEACH-IN TRAINING



Come learn about the WC4BL Teach-In series, what makes a good teach-in, and brainstorm topics with us!

DATE AND TIME

WEDNESDAY, MAY 8, 2024

12:00-2:00 PM

LOCATION

ROOM 2-101

HEALTH SCIENCES EDUCATION CENTER

FOR MORE INFORMATION

@WC4BL\_UMN



# Same Ocean... Not the Same Boat



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icsi. Programs  
**News Press Release**



SEP 18, 2020

30 Minnesota Companies Sign Commitment to Diversity, Equity and Inclusion

In News, Press Release



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**University of Minnesota med school students pledge to fight 'White supremacy' at ceremony**

Dr. Marc Siegel, a Fox News contributor, reacted to the unusual pledge by medical students on 'Fox & Friends Weekend'

By Maureen Mackey Fox News

Published October 23, 2022 6:23pm EDT

**Minnesota university teaches structural racism is public health crisis, physicians 'must' be antiracist**

The curriculum fulfills Minnesota's new law requiring certain hospitals to complete an education course on anti-racism and implicit bias

By Joshua G. Nelson Fox News

Published September 20, 2023 7:40pm EDT

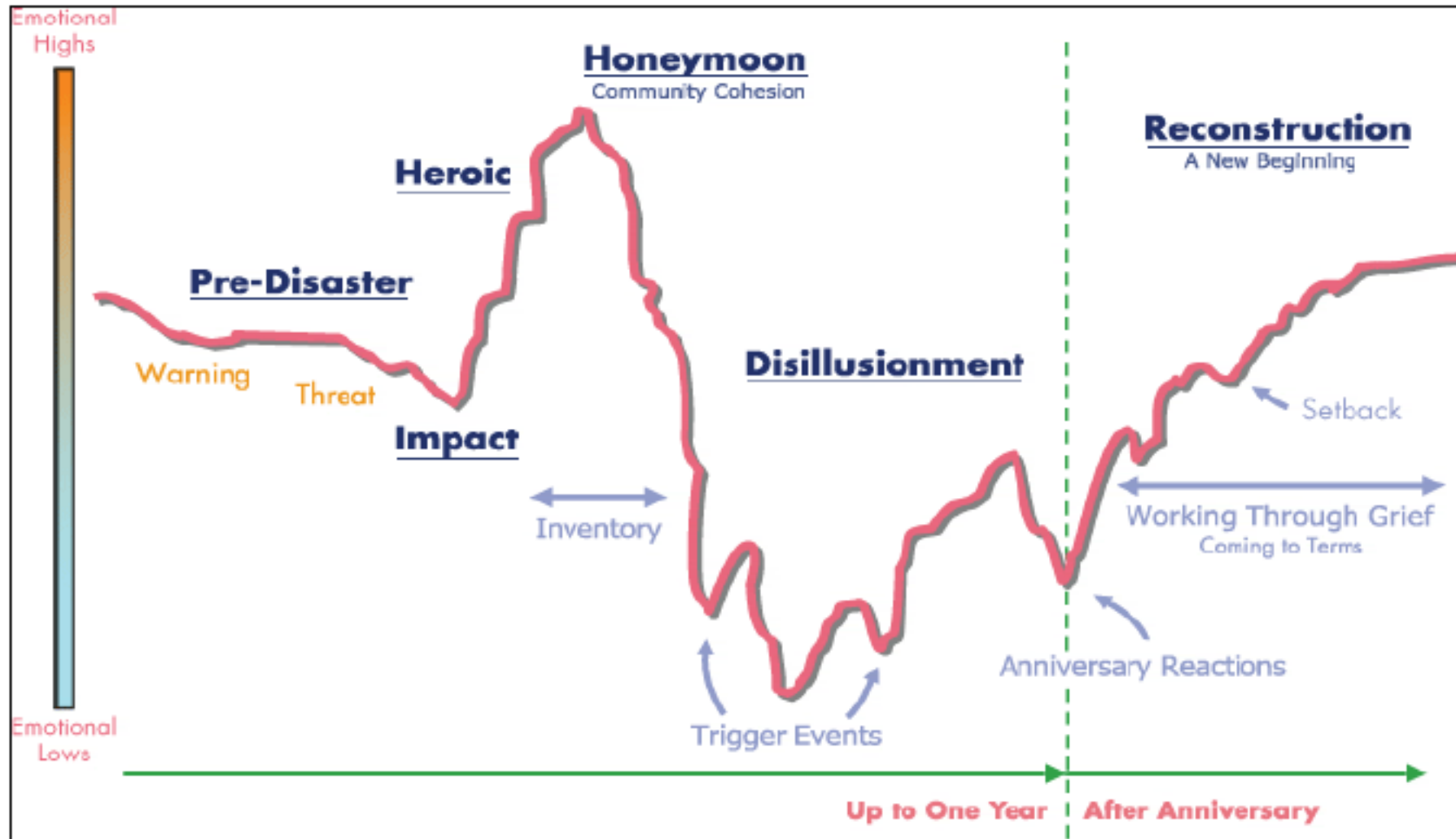
**ACLU**

About ▾ Issue

**NEWS & COMMENTARY**

**Anti-DEI Efforts Are the Latest Attack on Racial Equity and Free Speech**

# Communal Healing & Trauma



Adapted from Zunin & Myers as cited in DeWolfe, 2000.

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Substance Abuse and Mental Health Services Administration. (2015). *Supplemental Research Bulletin Issue 5: Traumatic Stress and Suicide After Disasters*. SAMHSA. <https://www.samhsa.gov/dtac/disaster-behavioral-health-resources/supplemental-research-bulletin>



# Healing Our Systems Through Community & Solidarity

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- Healing
  - We can't heal if we ignore the wound or don't realize it's there





# Healing Our Systems Through Community & Solidarity

- *Healing*
  - *We can't heal if we ignore the wound or don't realize it's there*
- **Community**
  - **We can't heal systems alone**

The word 'solidarity' comes from the Latin *solidus* which means "***firm, whole, undivided, entire.***"

**Solidarity refuses to buy into the oppressor's narrative of scarcity.** Solidarity refuses "freedom" that is contingent on the oppression of another. It refuses to homogenize distinct experiences and histories in order to be granted a hearing at the oppressor's court.

Instead, solidarity invites us to **trust that there is enough space for all of us, if not within the system we are trying to dismantle, then within the worlds we are building towards.** It invites us to trust that the fullness of our stories, the richness of our lineages, and the plurality of our visions are assets rather than liabilities in the work of birthing new worlds.

[dismantlingthemasterstools.com](http://dismantlingthemasterstools.com)

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# Healing Our Systems Through Community & Solidarity

- *Healing*
  - *We can't heal if we ignore the wound or don't realize it's there*
- *Community*
  - *We can't heal systems alone*
- **Solidarity**
  - **We can't authentically be in community without solidarity**



# Valuing Solidarity and Justice

**It is not enough to value an individual or community's resilience alone.**

Will WE cede wealth and power accumulated over decades to those who have been excluded?

Will WE engage in meaningful dialogue designed to break down barriers ... engage in authentic relationships and learn of OUR shared humanity?

We must use our **POWER** to create more **JUST** systems that ensure that **OPPORTUNITY** is **equally distributed**.

## Building Racial Equity into the Walls of Minnesota Medicaid

A focus on U.S.-born Black Minnesotans

February 2022

### Community Conversation Participants

- Minnesota Health Care Program (Medicaid) enrollees
- Health Care Providers
- Community Based Organizations
- County Public Health and Human Service staff
- Managed Care Organization staff
- University of Minnesota School of Public Health and Medical School faculty
- Minnesota DHS and other State agency staff

Healing Our  
Systems  
Through  
Community  
& Solidarity

### What will accountability to U.S.-born Black Minnesotans look like for Medicaid in enrollment and coverage renewals?

- Advancing proposals to change Minnesota laws regarding continuous eligibility for those aged 0-19.
- Taking demonstrable steps to improve enrollment and renewal processes.
- Continuing to support navigators.
- Making renewal notices more accessible to enrollees, e.g., available electronically in addition to mailed paper documentation.

Outcome: Minimal disparity in the percent of U.S.-born Black Minnesotans who maintain coverage at the end of the federal public health emergency compared to average Medicaid enrollees.



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### 2022 Building Racial Equity into the Walls of MN Medicaid: a focus on US-born Black Minnesotans report Calls to Action

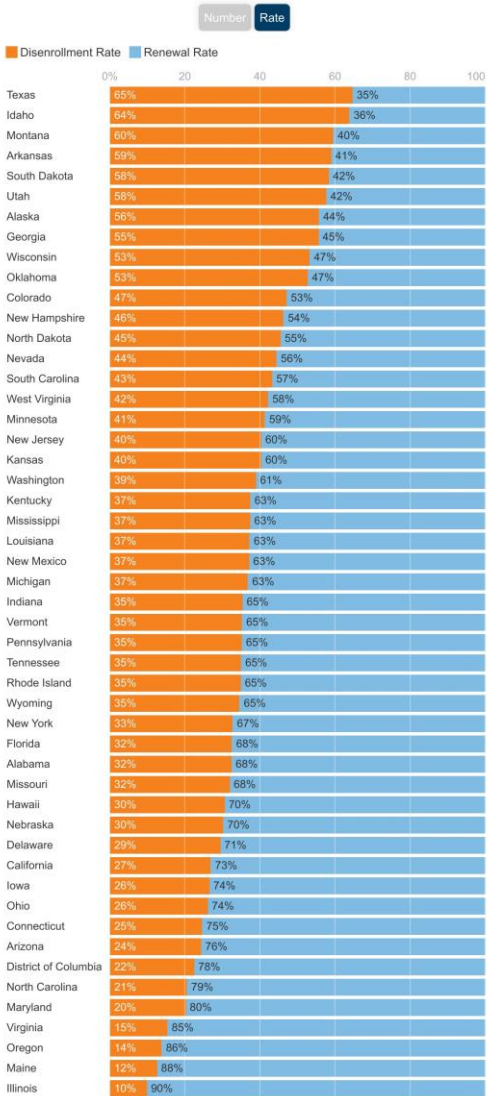
1. **Simplify and support enrollment and renewal**
2. **Increase investment in culturally relevant care for U.S.-born Black Minnesotans on Medicaid**
3. Fund community conversations with U.S.-born Black Minnesotans on Medicaid

Governor Tim Walz's budget for the 2023 legislative session included several proposals that aligned with the 2022 report's recommendations & **were passed into law:**

- Starting in 2024 will have 12 months of continuous, stable Medicaid coverage for Minnesotans 0-19
- Starting in 2025 will have continuous Medicaid coverage for children 0-6 years of age!!!
- Simplified enrollment and renewal processes in Medical Assistance and MinnesotaCare
- Increased support for community-based navigator organizations
- **Improved payment and decreased barriers for doulas**

# Accountability Outcome: Disenrollment Data - National & Minnesota – 1<sup>st</sup> Quarter of “Unwind”

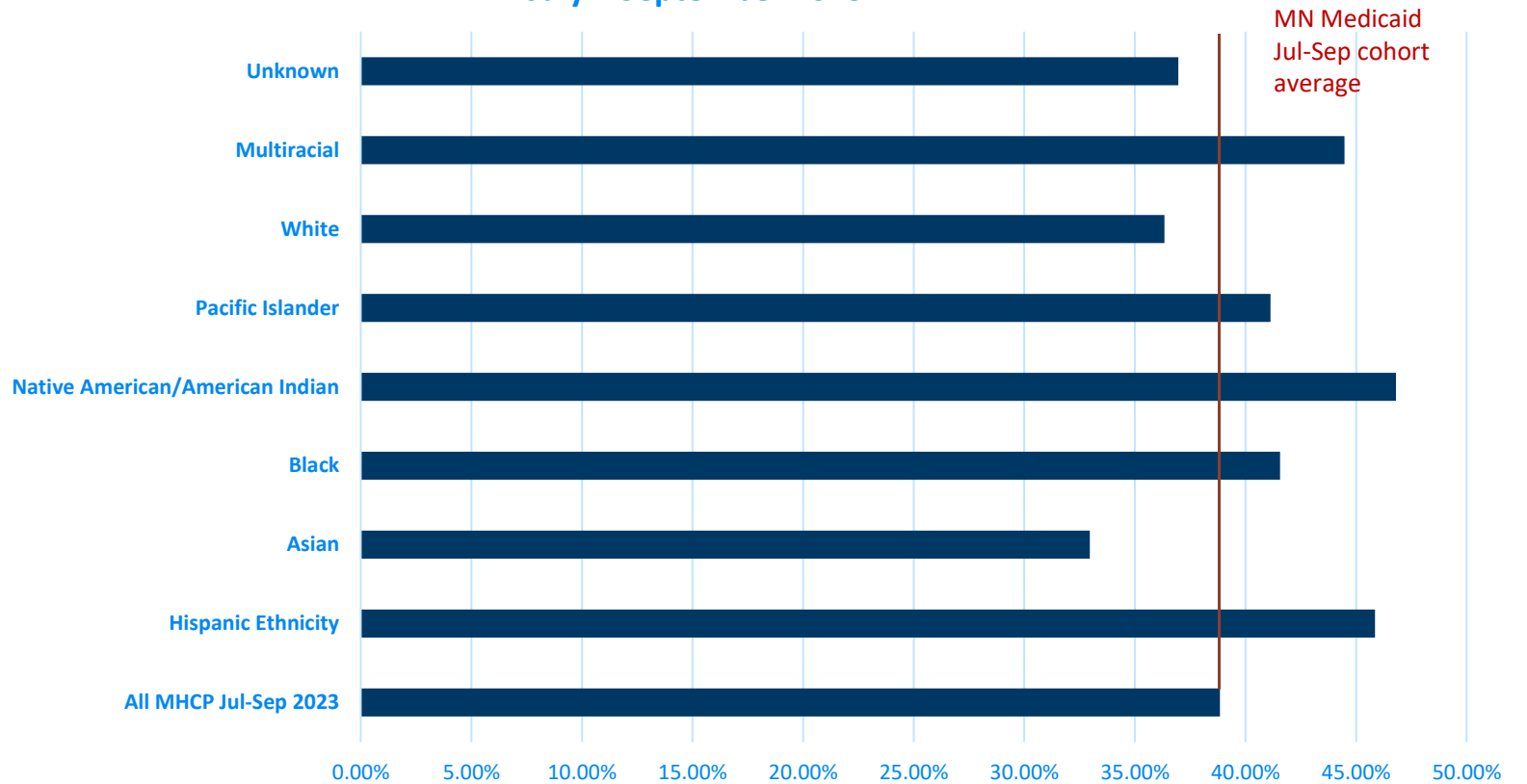
Figure 1  
There is wide variation in disenrollment rates across reporting states, ranging from 65% in Texas to 10% in Illinois  
Of total completed redeterminations, the share who were disenrolled and the share whose coverage was renewed



National data: As of 11/01/23

MN data: As of 11/27/23

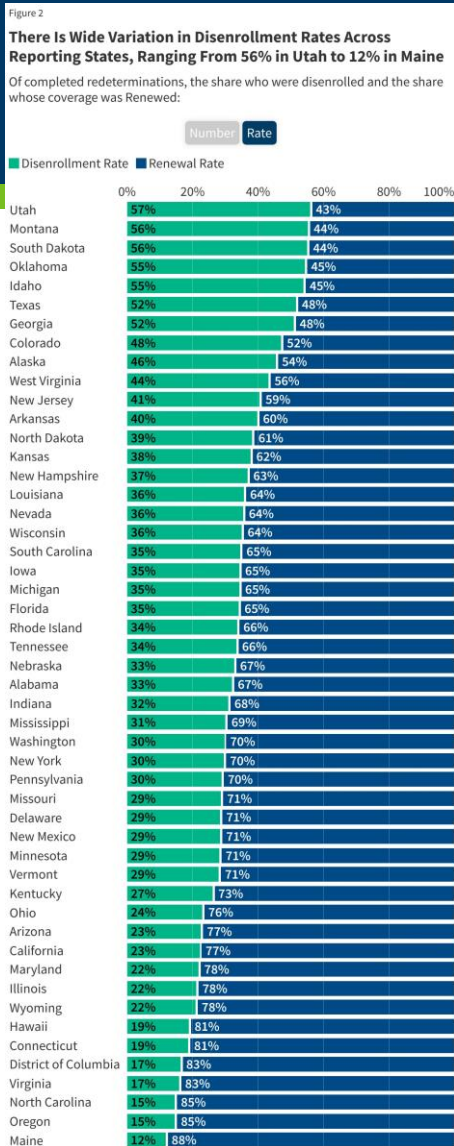
MN Medicaid disenrollment by race/ethnicity (all ages)  
July – September 2023



NOTE: Based on the most recent state-reported unwinding data available. Time periods differ by state. Rates are calculated as total disenrollments divided by total completed redeterminations (number whose coverage was renewed + number disenrolled) and total renewals divided by total completed redeterminations; pending renewals are excluded. The disenrollment rate for MA could not be calculated because MA data are taken from the state's unwinding dashboard, which provides the most up-to-date information on total disenrollments but does not provide the number of people whose coverage was renewed.  
SOURCE: KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS



# Accountability Outcome: Disenrollment Data - National & Minnesota 3<sup>rd</sup> Quarter "Unwind"



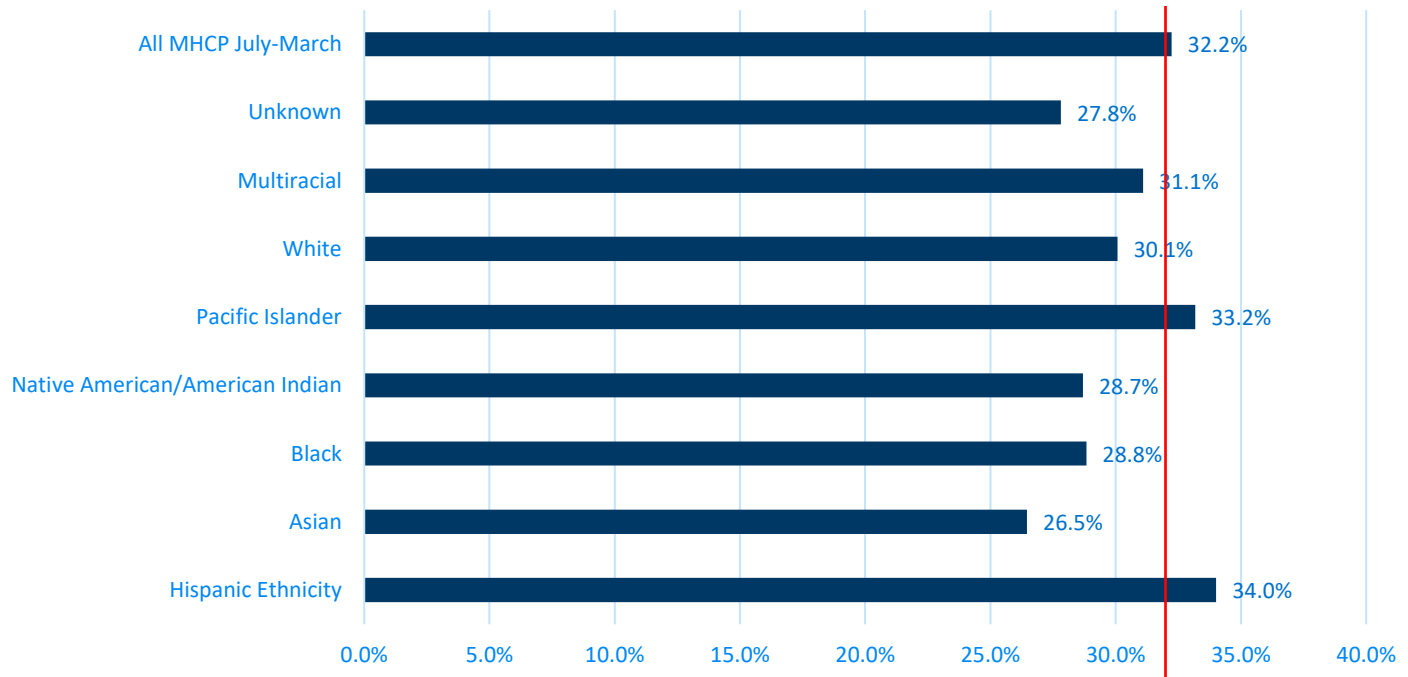
National data: As of 3/12/2024

MN data: As of 3/4/2023



MN Medicaid Disenrollment by Race/Ethnicity (all ages) July 2023-March 2024

MN Medicaid Jul-March cohort average



Note: Based on the most recent state-reported unwinding data available. Time periods differ by state. Rates are calculated as total disenrollments divided by total completed redeterminations (number whose coverage was renewed + number disenrolled) and total renewals divided by total completed redeterminations; pending renewals are excluded. The disenrollment rate for Massachusetts could not be calculated because Massachusetts' data are taken from the state's unwinding dashboard, which provides the most up-to-date information on total disenrollments but does not provide the number of people whose coverage was renewed.



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*“Rarely, if ever, are any of us healed in isolation. Healing is an act of communion” – bell hooks*



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