The W·CHAT Podcast

EP: 2

UNCONSCIOUS BIAS WITH DR. WU AND DR. SAINT-HILAIRE

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* *These documents were suggested and compiled by Dr. Diana Wu and Dr. Lamercie Saint-Hilaire as part of their workshop on unconscious bias and allyship that they shared with Woman Centered Health. We would like to give them a special thanks for sharing these documents with us and ultimately, with you.*

Articles Referenced in Podcast:
Click text to be directed to reading

1. Race, Ethnicity and Differences in Contraception among Low-Income Women: Methods Received by Family PACT Clients, California 2001-2007 in *Perspectives of Sexual and Reproductive Health*
   By: Dehlendorf C, Foster DG, de Bocanegra HT, Brindis C, Bradsberry M, Darney P. (2011)

2. "Maternal Mortality Rates are 'Stunningly High' for Black Women in Texas" in *Los Angeles Times*
   By: Ann M. Simmons, October 26, 2017

3. *White Privilege and Male Privilege: A Personal Account of Coming to see Correspondences through Work in Women's Studies*
   By: Peggy McIntosh, 1988

4. *White Privilege: Unpacking the Invisible Knapsack*
   By: Peggy McIntosh, 1989

Books Referenced in Podcast:

1. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*
   By: Dorothy Roberts, 1997

2. *On Intersectionality: Essential Writings*
   By: Kimberlé Crenshaw, 2019

3. *Safe Spaces, Brave Spaces: Diversity and Free Expression in Education*
   By: John Palfrey, 2017

Websites Referenced in Podcast:

1. Harvard Implicit Bias Testing
   Link: https://implicit.harvard.edu/implicit/takeatest.html

2. TED Talk with Jerry Kang
   Title: Immaculate Perception
   Link: https://www.youtube.com/watch?v=9VGbwNI6Ssk

Podcast Show Notes

Meet the Guests

Diana Wu, MD

Dr. Wu is a primary care physician at a community health clinic in Oakland, and she travels out-of-state to work at a family planning clinic. In college, she studied racial and gender inequalities, and since then, she has committed to use her career in medicine as a means of restoring social justice. Dr. Wu has worked with underserved communities internationally and domestically. She is passionate about addressing systemic inequalities in healthcare, and using allyship to address unconscious biases.

Lamercie Saint-Hilaire, MD

Dr. Saint-Hilaire is an Assistant Professor at UCSF in the department of Family and Community Medicine. After graduating from the University of Central Florida, she earned her medical degree from Meharry Medical College. She trained in the UCSF Family and Community Residency Program at ZSFG where she also served as a chief resident. She now provides primary care at Tom Waddell Urban Health Clinic and is a John A. Watson Faculty Scholar at UCSF. In addition to providing care to her amazing patients, she is dedicated to efforts around diversity and inclusion with an emphasis on unconscious bias and allyship. Outside of healthcare, Lamercie enjoys spending time w family and friends, cooking and art.

Drs. Saint-Hilaire and Wu have developed an interactive curriculum for healthcare providers that focuses on the exploration of unconscious biases, how it relates to the practice of medicine and how it can lead to healthcare disparities. This is followed by encouraging participants to address acts of bias and discrimination through an active process of allyship.

Podcast Show Notes Continued

What is unconscious/implicit bias?

Definition from Dr. Fisk and Taylor: "social stereotypes about certain groups of people that individuals form outside their own conscious awareness. Everyone holds unconscious beliefs about various social and identity groups."

-Far more common than conscious bias
-Incompatible with our conscious values
-We don't know we have them

Some examples of biases and roots of bias

- Low income, black and Latina women more likely to have IUD recommended to them than white women.
- Underlying Biases - Idea of women of color having "hyperfertility" and "hyperbreeder," welfare queen - having children for money. Assuming women don't want children or can't raise children well, education level, intention for visits.
- Father of OB/Gyn did experiments on enslaved black women and did experiments without anesthesia. His results still informs how we are trained in medicine
- Historically those deemed feeble minded, low-income and women of color have been sterilized against will. Today we see this as a TN judge taking 30 days of jail time if inmates had LARC or permanent sterilization.
- Everyday example of coercion – Giving LARC as first-line choice especially in adolescents and not discussing other options

Points of reflection and questions to ask yourself:

- Why are you recommending a certain type of birth control or course of action? Is this what is best for the patient? Also ask yourself, who are you recommending this birth control to?
- What data is supporting your decision making?
- Do you know why a patient holds a certain opinion or idea?
- What fears may you patients have because of previous trauma from the medical system?
- Are you trusting what your patients are telling you?
- What is the culture of where you trained and what is the culture of where you practice?
- Do you have a safe space to talk about personal and patient struggles with?

Podcast Show Notes Continued

Ways to assess unconscious bias or techniques to minimize bias

1. **Evaluate unconscious bias:** Check out the Implicit Association Test from Harvard (see link above). Understand that EVERYONE has unconscious bias, not just "bad people". Focus more on experience of taking test than results of test. Don't get hung up that you did "bad". Sit in discomfort; ask yourself what experiences may have lead to results.

2. **Be in touch with your emotions and stress:** Stress in multiple forms (hunger, time, sleep deprivation, work) leads to bias coming out. Acknowledge to self that you might be vulnerable. In flight or flight reptilian brain and cannot tell self to stop making these reactions.

3. **Improve your communication skills, communication skills are paramount:** Get out of bubble and learn about people with different backgrounds to extinguish biases. Watch movies, read books can also help debunk biases. No exposure to these women so no way to debunk.

   Use open-ended questions: For example with contraception decision-making: What have you used in past? What did you like about it? What do you know about?

Tips for being an ally

1. **Educate self** on historical events that feed into unconscious bias, read historical novels, Google searches. Education should not be on marginalized person. It is your responsibility become educated, not the marginalized.

2. **Listen more, speak less:** We are used to directing and leading conversation. Give voice to marginalized.

3. **Calling out injustice and calling in those in community**: Pointing out injustice, use voice and speak up. Calling in is restorative - call in other people in community if coming from someone who looks like you. Don't ostracize but enlighten.

4. **Embrace emotion, emotional regulation:** People often take offense but need to be ok with being uncomfortable

5. **Acknowledge privilege and power:** Become aware of any privilege you may have and the power dynamics that may come of it. Consider relinquishing power or advocating for policies/practices that promote diversity and equity.

Podcast Show Notes Continued

Last thoughts and ideas

Don't strive for cultural competency, strive for cultural humility. We need to shed ourselves of these stereotypes and learn how to interact with the individual in front of us.

Go into the exam room with a clean slate. Take a deep breath and assess your stressors before entering the exam room.

Be ok with not knowing what the the patient is going to bring to the table. Ask open, honest, and open-ended questions. For example, as your patient, "tell me more about your values and experiences so I can understand.

We all have biases. We need space to discuss and unpack to foster internal and community healing from ancestral trauma. We also need to be compassionate to self and others. We can be radically compassionate and act as allies within this compassion.

Trust your patients. It is trained into providers that there must be something the patient isn't saying or something underlying that they aren't saying.

Move away from victim blaming. Be compassionate.

We remember stereotypes that confirm our biases and forget those that go against our bias. Be aware of what you holding onto or what your personal narrative is.

Terminology Provided by Dr. Wu and Dr. Saint-Hilaire

Unconscious Bias: Social stereotypes about certain groups of people that individuals form outside their own conscious awareness (1)

Mindbugs: "Ingrained habits of thought that lead to errors in how we perceive, remember, reason, and make decisions" (2)

Misinformation Effect: "The impairment in memory for the past that arises after exposure to misleading information" (3)

Dissociation: "The occurrence, in one and the same mind, of mutually inconsistent ideas that remain isolated from one another" (4)

Allyship: "An active, consistent, and arduous practice of unlearning and re-evaluating, in which a person of privilege seeks to operate in solidarity with a marginalized group of people" (5)

Cultural Appropriation: Taking intellectual property, traditional knowledge, cultural expressions or artifacts by a dominant or privileged culture from a marginalized culture often without permission, acknowledgement, and/or knowledge of its cultural significance, and with an intent to to increase social or financial capital (that of which is less accessible to the source culture or community) (6)

Privilege: An asset that is accessible to certain groups, but denied to others simply because of the groups they belong to, rather than because of anything individual members of the groups have done or failed to do. It increases the likelihood that "whatever talent, ability, and aspirations a person with privilege has will result in something positive for them" (7)

Intersectionality: A concept which recognizes that "multiple oppressions are not each suffered separately but rather as a single, synthesized experience" (For example, Kimberlé Crenshaw noted in her landmark paper that black females have a unique experience of racism and misogyny (8) Gina Crosley-Corcoran noted that she experienced privilege as a white person but oppression as someone from an impoverished background (9))

Privilege Distress: The emotional/psychological conflict or resistance that occurs when individuals become aware of their privilege and fear the loss of privilege as a byproduct of dismantling oppression (10)

Terminology Continued

Calling Out: Directly identifying an offense; when done negatively, examples include "shaming people for making mistakes, focus on regulating each other's language, ostracizing members of a group for not automatically knowing the norms of that group, etc" (11)

Calling In: "Offering constructive feedback to strengthen [anti-oppression] practice" in one's own community (12)

Step Up/Step Back Model: Adapted from a common facilitation strategy, applied to the principles of allyship, in which an ally can either "Step Up" to take action in solidarity with a marginalized person or "Step Back" to allow a safe space for a marginalized person to take action

Power Mapping: A tool to critically analyze privilege and power structures (including but not limited to race, gender, sexuality, socioeconomic status, religion, and ability) in order to reveal unconscious biases and identify strategies for allyship within a social context.

Impostor Syndrome/Phenomenon: The internal experience of fraudulence regarding one's intellect or abilities in a certain role, despite ample evidence of superior functioning, prevalent in individuals who do not meet stereotypical societal expectation of a role (13)

Microaggression: A brief and commonplace daily verbal, behavioral, environmental indignity, whether intentional or unintentional, that communicates hostile, derogatory or negative racial slights and insults toward people of color

Microassault: explicit racial derogation characterized primarily by a verbal or nonverbal attack meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory actions, eg. "old-fashioned" racism

Microinsult: communication that convey rudeness and insensitivity and demean a person's racial heritage or identity; subtle snubs, unknown to the perpetrator, but clearly convey a hidden insulting message to the recipient of color

Microinvalidation: communication that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color (14)

(Microaggression is colloquially used in contexts including but not limited to sexism, heterosexism, transphobia, ableism, colorism, and religious intolerance)

Terminology Continued

Model Minority Myth: A seemingly positive characterization of Asian Americans "as a hard working and docile group that has achieved financial and educational success in the United States;" used as a wedge strategy to further oppress other communities of color, ignores the history of government-sanctioned selective immigration of Asians, incorrectly assumes a monolith of experiences, and invalidates the prejudices and structural inequalities experienced by this group (15)

Misgendering: "To refer to (someone, especially a transgender person) using a word, especially a pronoun or form of address, that does not correctly reflect the gender with which they identify;" when intentional, it is "a deliberate act to cause harm, pain, and suffering..." (16)

Transgender: People who do not identify as the gender they were assigned at birth

Cisgender: "Denoting or relating to a person whose sense of personal identity and gender corresponds with their birth sex;" "Referring to cisgender people as 'non trans' implies that cisgender people are the default and that being trans is abnormal" (17)

Islamophobia: "A closed-minded prejudice against or hatred of Islam and Muslims. An Islamophobe is an individual who holds a closed-minded view of Islam and promotes prejudice against or hatred of Muslims" (18)

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Terminology Continued

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Tips for Being an Ally and Common Mistakes

Adapted from: The Anti-Oppression Network by Dr. Wu and Dr. Saint-Hilaire

Listen more, speak less: " The single most important thing we can do to be better allies is to listen across difference... The other side of the coin of listening is that we can always do a better job of stepping back, asserting ourselves less into spaces, and, in doing so, allowing those to whom we ally to speak their truths." (1)

Acknowledge your privilege: Become "aware of [your] privileges and openly discuss them. This action will also serve to challenge larger oppressive power structures... Reflect on and embrace [your] ignorance of [a marginalized] group's oppression and always hold this ignorance in the forefront of [your mind]. Otherwise, a lack of awareness of [your] ignorance could merely perpetuate... oppression." (2)

Know that your liberation is bound up in mine: "If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together." (3) Systemic injustice dehumanizes both marginalized and privileged communities by teaching those with privilege that "their lives are morally neutral, normative, and average, and also ideal." (4) Work in solidarity with marginalized communities to dismantle these injustices and not for expectations of awards or special recognition.

Work with integrity and direct communication: "Take guidance and direction from the people [you] seek to work with (not the other way around), and... keep [your] word." (5) "Don't be afraid to admit when you don't know something. It is better to admit you don't know something than to make assumptions or say something that may be incorrect or hurtful. Then seek out the appropriate resources that will help you learn more." (6)

Educate yourself: "Do not think that your innate wisdom or some personal experience has prepared you for a discussion. Do some research before trying to engage in a conversation." "Read a book. It's cheaper than taking a class—it's free if you've got a library card—and it's infinitely better than trying to educate yourself third- or fourth-hand by bugging people with questions on Twitter. And asking your [friend from a marginalized community] what books they'd recommend will probably be received a lot better than asking them to explain racism [and other systemic injustices] to you right then and there." (7) Do not place the onus of education on marginalized communities.

Build capacity to receive criticism: "Recognize that being called out for making a mistake is a gift—that it is an honour of trust to receive a chance to be a better person, to learn, to grow, and to do things differently." (8)

Tips for Being an Ally and Common Mistakes Continued

"Call out" injustice, "call in" those in your community: "There are times we should be speaking up, times where we can amplify the voices of others with our collective perspectives. It's just important to be sure we're amplifying, not overshadowing." (9) When witnessing oppressive behaviors in your own community, offer "compassion and patience" and "constructive feedback to strengthen [anti-oppression] practice" and foster new forms of allyship. (10)

Embrace emotions, not a culture of comfort: Comfort is privilege. Discussing systemic injustices and dismantling them is uncomfortable, challenging, and even hurtful; but remember that this does not equate offense. "By saying, 'I feel so guilty, so bad,' it puts the other person in a position of comforting. The other person is then silenced, must reposition or restate their truth. Or worse - maintain their truth and risk being viewed as mean, insensitive and angry. Guilt is where most... people get stuck. Guilt is the ultimate obstacle in the personal journey to being... [an] ally." (11)

Respect Safe Spaces: Acknowledge that allyship does not give you an all access pass to events/meetings/organizations created by and for a marginalized group. "If people of color want to have their own space and place in certain aspects of society -- say for a weekend or a month -- they shouldn't have to feel like they are being exclusive for doing this. [Activists with privilege] need to understand that society is their space and place every single day, and they shouldn't feel threatened or left out." (12)

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Unconscious Bias and Approaches to Allyship

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Bonus Feature

FREE

We understand that you are likely busy and stressed every day due to short appointment times, competing demands, and complicated patients. To help make these approaches more realistic for you, we created a short form your patients can complete. This form can be easily and quickly completed when patients arrive to your office. Then, prior to entering the room, you can give the form a quick review to help guide you in providing woman centered care.

Today's Appointment

with _____

I preferred to go by the name of:

I prefer these pronouns:

Three important things in my life are:

1.

2.

3.

My goal for today's appointment is:

Do you have any information regarding:

How often do you have trouble understanding medical words? (Circle One)

Never Rarely Sometimes Often Always

Is there anything else you want me to know about you? (i.e. stress level, personal safety, changes since last appointment)