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THE IMPACT OF RACIAL TRAUMA AND THE ROAD TO HEALING

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Wisconsin Receives Mostly Failing Grades for Policies to Prevent and Reduce Tobacco Use

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 recommends 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 7,850 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.

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

"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.

An investment in prevention is especially important given the ongoing youth vaping epidemic.

Despite receiving \$721 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.

TOPS Club, Inc. (Take Off Pounds SensiblySM), the nonprofit weight-loss support organization, with a "Real People. Real Weight Loss.®" philosophy, is a proponent of the calories in, calories out theory.

The idea is that the calories you eat should at least match, or be lower than, the calories you burn. Burn more calories than you eat, and you may lose weight over time.

Counting calories and burning calories does not have to be overwhelming. Taking little steps here and there can make big changes over time. The goal is to limit the calories you intake and increase the calories you burn.

Limit Calories In...

- Eliminate one high-calorie food option a day. Skip the bagel in the morning, don't reach for the bag of chips mid-day, and walk past the cookies after dinner.

- Drink lots of water. Avoid soda, flavored coffee drinks, and juice. If you must have your coffee fix, add cinnamon instead of cream and sugar. Add a splash of your morning juice to some sparkling water. Water, even flavored water, is the best option.

- Snack twice a day. Snacks must be calorie-conscious, such as fruit or low-fat string cheese.

- Resist the urge to go back and get seconds if you're still hungry after your family-style dinner. Instead, save leftovers and get another round of fruit or vegetables.

- Ask the server for a box right away when you're out to eat. When your entrée comes, put half of it in the box. Or split an entrée with your friend or better half.

Increase Calories Out...

- Walk more. Park farther away from the store, walk in place during commercials on TV, and pace pack and forth while you talk on the phone. Have some fun and see how long it takes you to get from point A to point B by walking faster.

- Stand more. If you have a desk job, ask for or build a standing desk. Interrupt your sitting time throughout the day by getting up and stretching.

- Take the stairs. Climb as many flights as you can and then allow yourself to take the elevator to your destination.

- Put effort into activities that are made easier. Shop in-person versus online. Mow the lawn



CALORIES IN, CALORIES OUT

TOP TIPS on how to count and burn calories!

using a push mower. Put the snowblower away and shovel your driveway during winter months.

- Wear a Fitbit or Apple Watch. You can set activity goals on these devices. Meeting and exceeding those goals may give you more inspiration.

About TOPS®

TOPS Club Inc. (Take Off Pounds Sensibly SM) is the original weight-loss support and wellness education organization. Founded in 1948, TOPS is the only nonprofit, noncommercial weight-loss organization of its kind. TOPS promotes successful weight management with a "Real People. Real Weight Loss.®" philosophy that combines support from others at weekly chapter meetings, healthy eating, regular exercise, and wellness information.

Today there are about 65,000

members, including men, women, and international members who join chapter meetings online, with thousands of chapters in all 50 states and Canada. TOPS also has an online program for people who might prefer that model or who live too far to attend in-person chapter meetings. Online resources include news and information from the health and inspirational community, meal planning ideas, workouts, chapter resources and more.

Visitors are welcome to attend their first TOPS meeting free of charge. Membership is affordable, starting at \$49 per year in the U.S. and \$59 annually in Canada, plus nominal chapter fees. Join TOPS, visit www.tops.org, or call 800-932-8677 to learn more about TOPS and to find a local chapter.

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3612 N. Martin Luther King Drive • Milwaukee, WI 53212

Patricia O'Flynn Pattillo

Publisher

Mikel Holt

Editor, Coordinator and Marketing/Sales

www.milwaukeecommunityjournal.com

Administrative Telephone

(414) 265-5300

Sales and Advertising

Mikel Holt

Colleen Newsom

Advertising Email

Mikel@milwaukeecommunityjournal.com

Editorial Telephone

(414) 265-5300

Editorial Email

editorial@milwaukeecommunityjournal.com

Mike Mullis

Webmaster-Media Center

Thomas E. Mitchell, Jr.

Production and Designer

Milwaukee County Behavioral Health Services

'ACCESS CLINICS'

Provide Mental Health and Substance Use Disorder Support

Milwaukee County DHHS 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 residents to culturally competent behavioral health care, regardless of someone's ability to pay.

The Access Clinics currently have three locations across the county to support community members in need:

- **Access Clinic East: 210 W. Capitol Dr., Milwaukee, WI 53212**

- **Access Clinic North: 8200 W. Silver Spring Dr., Milwaukee, WI 53218**

- **Access Clinic South: 1635 W. National Ave., Milwaukee, WI 53204**

"Creating greater awareness of and expanding access to mental health and substance use disorder resources is a top priority for my administration," said Milwaukee County Executive David Crowley.

"Since the closure of the Mental Health Complex last year, we have expanded behavioral health services across the county, and continue to transition to a community-based model of care.

"We 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 part-

nership with Milwaukee 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."



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 services 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 de-

pending 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 redesign-

ing its behavioral health system and transitioning services to a community-based model that is less reliant on psychiatric inpatient admissions and emergency room visits.

The adult and children's mobile crisis teams merging into one entity is one of the many community-based services Milwaukee County residents can access right in their own neighborhoods.

CRISIS INTERVENTION SERVICES

Crisis Line 414-257-7222 | Hearing-Impaired: 9-711
24 hours a day, 7 days a week

Individuals and family members who are facing a mental health or co-occurring crisis can speak with a mental health professional through our Crisis Line. Our specially trained staff helps connect callers with community resources or referrals, provides over-the-phone assessment and de-escalation, and assists law enforcement and other

agencies in helping individuals in crisis. Through the Crisis Line, you have access Milwaukee Mobile Crisis.

Through contact with the Crisis Line, a Mobile Crisis Team (MCT) may be dispatched anywhere within the community to provide in-person assessment, stabilization, linkage to services, and appropriate follow-up afterwards. This non-police mobile response provides services 24 hours a day, seven days a week.

In Need of Mental Health Services?

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ACCESS CLINIC
Behavioral Healthcare

MILWAUKEE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
BEHAVIORAL HEALTH SERVICES





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 discomforting 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 you 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 symp-

toms of diabetic neuropathy and often do not begin until many years after diabetes has been diagnosed. Other signs of diabetic nerve damage include:

- **muscles weakness**
- **indigestion, nausea, or vomiting**
- **diarrhea or constipation**
- **dizziness or fainting due to a drop in blood pressure after standing or sitting up**
- **problems with urination and sexual function**

If nerve damage causes you to lose feeling in your feet and legs, you may not 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

By the age of two, every child should have received their routine immunizations, yet only 57% of 2-year-olds in the City of Milwaukee were up to date on their immunizations in 2022.

During the COVID-19 pandemic, immunization rates across the country, including Milwaukee, saw a 5% decrease.

In 2018 and 2019, 2-year-old immunization rates were at 62%, making it especially important to ensure your family is caught up with the recommended immunization schedule.

Routine vaccinations during childhood and adolescence can prevent many common diseases, such as measles, 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.

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 medical insurance)
- Child is enrolled in or eligible for Medicaid/BadgerCare
- 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:

- Northwest Health Center
7630 W. Mill Road
- Wednesdays: 3 – 6 p.m.
- Fridays: 10 a.m. – 1 p.m.
- Southside Health Center
1639 S. 23rd Street
- Mondays: 3 – 6 p.m.
- Tuesdays: 1 – 4 p.m.

DON'T WAIT TO VACCINATE

Visit a Milwaukee Health Department clinic to keep you and your family updated on ROUTINE IMMUNIZATIONS!

Keenan Health Clinic

3200 N. 36th St. | 414-286-8840

Northwest Health Center

7630 W. Mill Rd. | 414-286-8830

Southside Health Center

1639 S. 23rd St. | 414-286-8620

CITY OF MILWAUKEE HEALTH DEPARTMENT

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C. GREER JORDAN, PH.D., RIGHT, INCLUSION AND DIVERSITY OFFICER, PROFESSOR, INSTITUTION FOR HEALTH AND EQUITY, MEDICAL COLLEGE OF WISCONSIN, POSITED THE U.S. SUPREME COURT'S DECISION ON THE USE OF AFFIRMATIVE ACTION IN COLLEGE ADMISSIONS WILL NOT HAVE AN OVERLY DETRIMENTAL IMPACT ON RECRUITMENT. THE MORE PRESSING PROBLEM IS CREATING MECHANISMS THAT ALLOW BLACK STUDENTS TO FEEL COMFORTABLE IN THEIR NEW ENVIRONMENT.

2023 HEALTH EQUITY SUMMIT

Wisconsin chapter of National Association of Health Services Executives hold dialogue on Health Equity

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.

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,

otherwise gain admission to their colleges of choice.
On the positive side, the court left open an applicant's use of 'life experiences' as an acceptable benchmark.
"That's a window," she explained, that can be utilized to level the playing field.
"We view health as fundamental to participation in society," she said, "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.
Surmising 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.
The Community Journal, through its Dr. Terence N. Thomas Scholarship, has also become a noteworthy conduit.
Ensuring that 'our children' are the healthiest in the nation is the sole goal of Children's Hospital, explained Jones, a challenging goal given the myriad socioeconomic conditions many African American children bring to the table.
Those obstacles are not, however, insurmountable, and it helps that many of Children's employees, including herself,

view their roles through the lens of change agents.
"For me, it's personal. I had to overcome (similar) obstacles. This is my passion."
One of the problems hindering healthcare 'change agents,' interjected Ford, is that there are too few African Americans in the healthcare industry.
Moreover, diversity investments often take a back seat to healthcare's paramount goal-making a sustainable profit.
And that holds true even among the nonprofit systems, she said. That reality can also be seen with the absence of critical health programs in the area of most need---Milwaukee's central city.
Only three major hospitals are located in the central city, although African Americans are the largest ethnic group, and their healthcare needs are more critical.
While that statistic may be misleading as it relates to accessibility, it is reflective of policy and financial considerations.

and address that (reality)."
Aside 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 changes 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



TWO SUMMIT ATTENDEES DISCUSSING THE FINER POINTS OF THE GATHERING'S PRIMARY FOCUS--HEALTH EQUITY

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 Newsom, chief community impact and advocacy officer of Ascension Wisconsin, is the organization's inaugural president.
Newsom 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

Michelle Ford, principal of Health Management Associates; Theresa Jones, vice president of inclusion, diversity & equity, Children's Wisconsin; and C. Greer Jordan, vice president of inclusion & diversity, chief diversity and inclusion officer and assistant professor, Institute of Health and Equity, Medical College of Wisconsin (MCW).
Addressing the impact of the recent U.S. Supreme Court decision on affirmative action for college admissions, Jordan explained the court's rationale and its impact on recruitment at MCW.
Without questioning the assumed motives of the conservative-leaning court, Jordan posited its far-reaching ruling included the disingenuous statement, "You can't address discrimination with discrimination."
The court majority ruled that affirmative action 'discriminates' against Whites who would



TITO IZARD, MD PRESIDENT & CEO, MILWAUKEE HEALTH SERVICES, INC.

Moreover, it speaks volumes that economically, those hospitals have operated in the red over the last few decades.
That reality is consistent with national trends because a majority of central city patients are on some government health care, which pays less for services.
Amidst that paradigm is the ongoing quest to diversify the workforce, from administration to physicians, and strategize how best to close the health disparity gap.
National data shows a disproportionate percentage of African Americans are on the short end of health disparities in nearly every category, from cavities to cancer.

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,



THESE WERE THE SUMMIT SPEAKERS (LEFT TO RIGHT): TITO IZARD, MICHELLE FORD, PHD, MBA, PRINCIPAL HEALTH MANAGEMENT ASSOCIATES; GREER JORDAN, THERESA JONES BA, MA, VICE PRESIDENT INCLUSION, DIVERSITY & EQUITY CHILDREN'S WISCONSIN

"We're dealing with policy, practices, procedures, and people, Jordan noted. "What is your (chief policymakers) view of the world?"
"Even before (the Supreme Court decision), D&I was under attack. We have to backpedal

much less address it.
One revelation to come out of the COVID-19 pandemic was the undeniable gaps in health care, Dr. Izard said.
"The data clearly showed disparities," he said, "and sub-

(continued on next page)



(LEFT TO RIGHT) : MIKEL HOLT, MCJ ASSOCIATE PUBLISHER AND EDITORIAL DIRECTOR OF HEALTHY START MAGAZINE; KAREN NELSON, VICE PRESIDENT-INCLUSION & COMMUNITY IMPACT, HERZING UNIVERSITY; AND DR. IZARD

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.



**REGGIE NEWSOM NAHSE
WISCONSIN CHAPTER PRESIDENT
2022/23, CHIEF COMMUNITY IMPACT AND ADVOCACY OFFICER
ASCENSION WISCONSIN**

Photos courtesy of Wis. Chapter of National Association of Health Services Executives

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HS COVER STORY



Christine

MENTAL HEALTH: RACIAL TRAUMA! 'It just weighs on your psyche': Black Americans on mental health, trauma, and resilience

Interviews and photos by Crystal Milner (Originally published in July of 2020)

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

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!"

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



David

at my best. And after a while I was just like, I'm not going to feel guilty about that.

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.

David

I've seen more than a few Black bodies. I will no longer consume the types

of videos that are now all over social media. It's not for me to take that in.

When it was just Covid that we were dealing with, I was like, man, I can't wait to get back to the office.

And I miss that grind. I feel like it's harder to focus when I'm home. But with this — everybody knows what this is. I'm glad I'm not in the office right now.

It's still hard to show up at work, because I'm a Black man at work.

It's almost impossible to be your authentic self as a Black man in this space. I'm glad that I don't have to be at work when I randomly get sad. It's hard to go all in for the types of corporate law that you do when people who look like me are getting gunned down or as-

phyxiated in the street.

Alexa

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)



Harris Sisters

Sometimes I wonder, like, why did God give us such a burden? But I still think



Alexa

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

(continued from last page)

I want to stay in the movement, I want to fight. But like, I also need a day off and like, recognizing that that's OK, too.

Victoria

I have a husband, three sons, and seven grandsons. And so I'm praying.

I never thought in my life I would be at a time like this.



Victoria and Khalif

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 to 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



Debra

said it all for me.

Khalif

White folk are learning what we have been, quote-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

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 fo-

cused.

We can't afford to become ill. You've got the police brutality, you've got coronavirus.

We can't afford to become so emotionally out in space that we lose our focus and effectiveness. This, too, shall pass. But this is not the first time that these viruses have come.

LaDonya

I'm sickened. I'm sad-



Alante

dened, 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.

The rage for whites are woven into our political system against African Ameri-



Shad

cans. And so if we don't change policy and law, they'll continue to weave these laws and the in-



Jeffrey

equities will continue if we don't stand up and do something.

As an African American parent, I had a whole lot of fight to do in raising my children in the suburbs. My husband and I, we were always present. In the board rooms, 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



Amoni

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.

I'm hypersensitive right now. I'm unapologetic about



Robert

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 navi-

gate 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 really 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

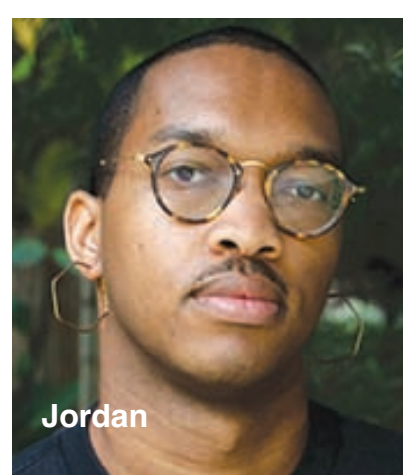


LaDonya

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



Jordan

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 folks in America who are without employment or having to navigate having no money in a pandemic when



Timnit

they should be having the resources they need to stay safe and healthy, I think this put pressure on what we're

seeing now. It's making this moment feel urgent for a lot more people.

Robert

Some people can go out and protest. I feel like me being in this space, being the only Black man, the only Black person period in my [graduate school] program.

My way of activism is

making sure my voice is heard and that I can represent in 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 a week 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



Megan

on me? Are they taking matters into their own hands? So I just try to stay out the way, especially right now.

I do think that we're in a better position now than we were a few years ago. And I feel like the momentum is building, but it is mentally taxing, kind of seeing all this stuff.

Alante

Sometimes I have to get off of social media and stop

(continued on page 15)

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 Janeé 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

Racialized trauma and mental health







WHAT IS RACIAL TRAUMA?

Emotional or physical pain that results from experiences of racism. It involves ongoing and collective injuries due to exposure and re-exposure to experiences of racial discrimination.

YOU MIGHT EXPERIENCE

- Anger
- Sadness
- Fear
- Numbness
- Disconnection
- Hypervigilance
- Increased sensitivity to threat
- Anxiety
- Tension
- Intrusive thoughts or images
- Decreased immune system functioning
- Difficulty focusing or concentrating
- Irritability

RESOURCES

University Counseling Center
www.gvsu.edu/counsel | (616) 331-3266

- Teletherapy for currently enrolled GVSU students
- Black Student Support Resources at www.gvsu.edu/counsel/blacksupport

Office of Multicultural Affairs
www.gvsu.edu/oma

Division of Inclusion and Equity
www.gvsu.edu/inclusion

SELF-CARE

 Take a break from social media and news

Do things that make you feel safe and happy 

 Acknowledge and validate your own feelings (anger, fear, and sadness are normal responses to racial trauma)

Communicate/share your feelings with those who can support you 

 Plan activities that promote a healthy mind, body, and spirit

Journal your thoughts and feelings 

 Share personal stories of racial experiences with people you trust



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 di-

rectly 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 the 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, an individual can increase a sense of belonging and counter the feelings of isolation triggered by racialized trauma.



John M Lund Photography Inc via Getty Images)

Overcoming **RACIAL BATTLE FATIGUE**: How Black People Can Minimize Race-Induced Stress!

As long as racism persists in education, students of color may never be able to completely avoid racial battle fatigue! **By Jeremy 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.

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.

Scholars have also applied the term to groups beyond the college campus, such as teachers of color and students of color at the K-12 level.

Most of the research on racial battle fatigue deals with the matter within the context of education.

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.

Smith was not the first to connect race and fatigue in one phrase.

For example, in his 1990 book *Content of Our Character: A New Vision of Race in America*, author Shelby Steele wrote about “a kind of race fatigue, a deep weariness with things racial.”

And the term “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 ra-

cial 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.”

I have several Black friends.” 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.

continued on page 12

We lost the child we knew.
Now we've found him again.
We will

Rise
above

Is your child

- Irritable, angry, or aggressive?
- Engaging in risky behaviors like drug use, gambling, or reckless driving?
- Losing interest in the things they enjoy?
- Sleeping more or less than normal?

ROGERS
Behavioral Health

Rogers Behavioral Health is here to help. If you think your child is struggling with their mental health or an addiction, call **800-767-4411** or visit rogersbh.org. We can help you find the treatment and compassionate care you need.

Together we can face your challenges, and **RISE ABOVE** them.

Overcoming RACIAL BATTLE FATIGUE!

(continued from page 11)

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.

Jeremy 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.”

Join Milwaukee's Advancing Health Literacy Project Partners for a series of FREE virtual health literacy trainings.

Tuesday, November 7
9 am - 12 pm

Thursday, November 9
1 pm - 4 pm



Register at: milwaukee.gov/AHL



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AFRICAN
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MILWAUKEE COUNTY
**OFFICE OF
EQUITY**

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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**county.milwaukee.gov/EN/Office-Of-Equity
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President Biden's administration to ban medical debt from Americans' credit scores

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

By Noam N. Levey | KFF Health News

Medical debt has sunk Penny Wingard's (at left) credit score so low that she has struggled to qualify for loans, and applying for jobs and apartments has become a harrowing experience. In September, the Biden administration announced plans to develop federal rules barring unpaid medical bills from affecting patients' credit scores.

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 re-

sponse 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 lead national medical debt efforts.

Credit reporting, a threat designed to induce 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.

MENTAL HEALTH: RACIAL TRAUMA!

(continued from page 9) 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 then, 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 making things work and 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 and people 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

in the actions around that ... that 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 police 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've

limit, like a couple miles, I get nervous because, I'm Black and I don't know what's going to happen.

It saddens me when Aminah asks me questions about what happened. I think it was the first night of the protests in LA, she started crying and she was asking me, "Why are the cops doing this? Why are they throwing tear gas?" So we just had a conversation that night. I just felt like, as she gets older I can't protect her anymore because I'm not always going to always be with her.

Mandi

They just see us as a

3,000 people. It was powerful to be there. There was a lot of people, mostly non-Black people, like by a lot. It's weird to go to that space to feel like you want to get some relief and you want to express something, but then to feel like kind of a spectacle in the sense that everyone's talking about Black people and there's very few Black people there.

Before all this happened, I was like dealing with unpacking a lot of shit in my life and trying to sort through trauma and then to have both a pandemic and this moment of more attention being paid to police violence. It's hard. It feels like there's no sanctuary from that really intense feeling.

Shad

I feel it could be anybody. I feel like it could be me, just walking down the street, somebody think you do something, you not, and then your life get taken away.

It's just wrong place, wrong time.

If you get pulled over, you just got to be cautious. Keep as calm as possible cause you never know. Like you reach the wrong way, something might happen, you move the wrong way, something might happen. So you just gotta keep calm and just be aware that anything could happen. ... I'm always, I'm always nervous.

Timnit

I've felt very heavy, like your bones feel like they're made out of blood. Like you don't want to move. You suddenly are struck with grief in the middle of the day. It's an unfathomable pain. It's an unfathomable grief that 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 traumas and then having this added on to 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.



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

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. I'm 67 years old and we're suspects. That bothers me.

Jordan

I 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

needed change since before this. And going back to a world where, like Black people are still dying disproportionately. It's not enough.

Aminah

I don't like what the police are doing. I feel like they should treat everyone right. And the coronavirus, I feel like I just want to stay inside and I don't want to go anywhere and I just want to check in on my family and stuff.

Lailah

I am disappointed and sad. Because, to the police, it's like our lives don't matter and we're just an outsider to this country.

Especially now that I drive a lot, sometimes I run a red light. If the light was still yellow when I was going to the intersection and I kind of think like, oh, was a cop by me, like I hesitate. And even going over the speed

threat and we're just tired of fighting for our lives. We should be protected by the police not being hurt by them. It was very sad what happened to him [George Floyd]. But I think what I'm most disappointed about, is how I wasn't surprised that it was by a cop. It makes me feel a little scared because I am Black and they could see me as a threat, even though I'm not. I'm just a kid.

Megan

Everything hit me in a way that felt extremely overwhelming. Being able to be in a place where the response to state violence is a Black response has been important for me to feel less isolated and to feel like there's somewhere for the grief and the rage to go.

I did go to a protest. It was Black women who organized this demonstration. And I think it drew like

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, Halyard 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 Royal Capital, continues to move forward with construction to renovate the former Gimbels-Schuster's Department Store building located at 2153 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.



Pictured: Dr. Staci Young

Versiti Blood Center of Wisconsin will also open a 3,500-square-foot facility in the building. Malaika Early Learning Center will operate a second site from the location.

"For the residents who live in proximity to that highly used corridor of King Drive, there's a sense of anticipation and excitement knowing that this big building that's been covered up for years is being renovated and uncovered to be home to something that's new in the community," said Staci Young, PhD., who was recently appointed by MCW as Director for Community Engagement, Senior Associate Dean for Community Engagement, and the inaugural ThriveOn Collaboration Faculty Director.

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 Halyard 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."

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

-Staci Young



Rendering of ThriveOn King