



# Department of Pathology College of Medicine

*The Psychology of Pathology:  
Implicit Bias and Microaggressions in  
Forensics, Academics, and the  
Community Setting*

Roger A. Mitchell Jr. MD FCAP  
Professor and Chairman  
Department of Pathology  
Howard University College of Medicine  
Howard University Hospital



# NO DISCLOSURES

- The opinions expressed in this presentation are **not** necessarily the opinions of Howard University or its affiliates.



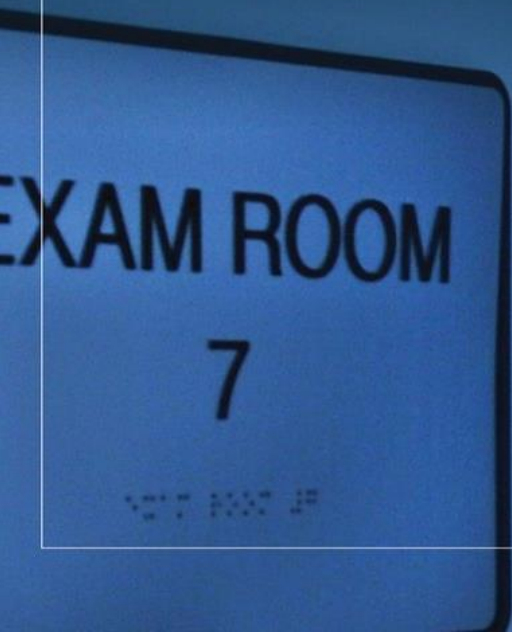


HOWARD  
UNIVERSITY

# No.1

## Most Diverse Medical School

U.S. News and World Report's 2022 "Best Graduate Schools"



*Excellence in Truth and Service*

# Objectives

- Identify the Historical Contributions of African Americans in Medicine/Pathology
- Recall the elements of Critical Race Theory and its Definition
- Describe the risk of bias in Forensic Medicine



COLLEGE of AMERICAN  
PATHOLOGISTS

VICTIM I AM NOT A VICTIM  
I AM NOT A VICTIM I AM  
AM NOT A VICTIM I AM NO





WHAT KIND  
OF DOCTOR  
DO YOU WANT  
TO BE?







# RACISM

*is a Public  
Health CRISIS*

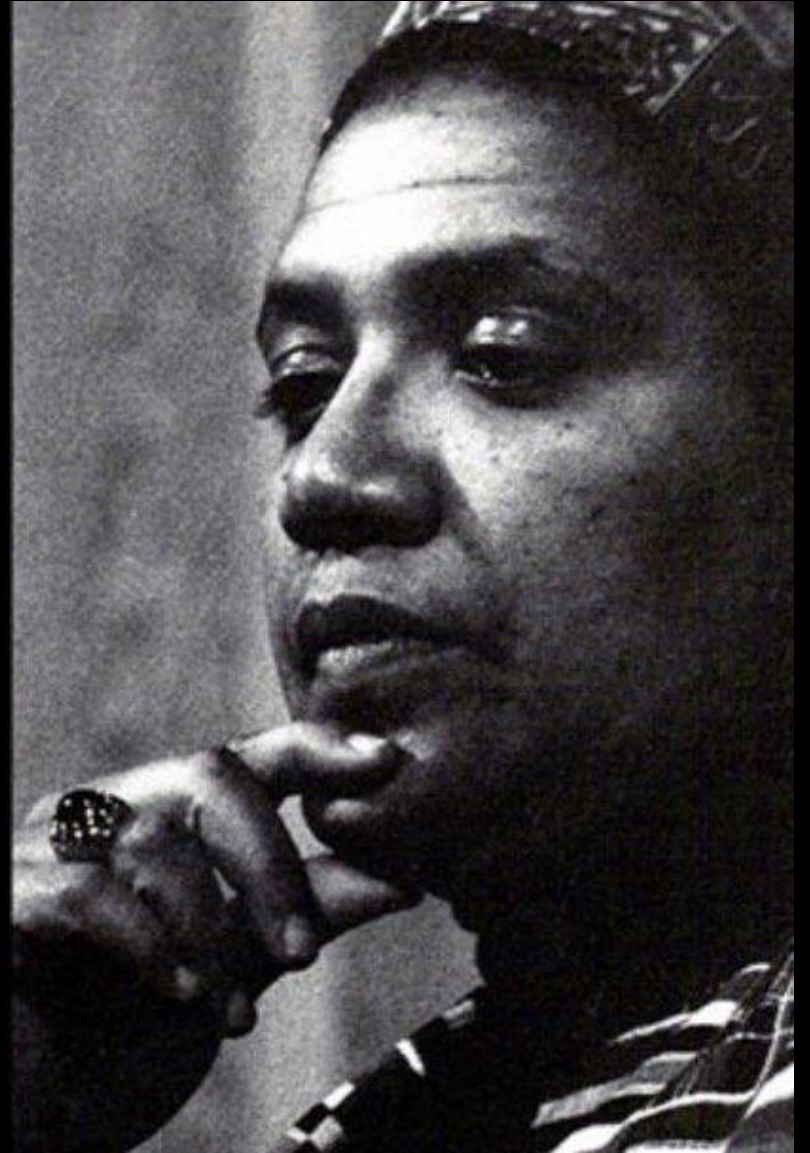
 National Nurses  
Organizing  
Committee

 National  
Nurses  
United

CHICAGO, IL

**There is no such thing  
as single-issue struggle  
because we do not live  
single-issue lives.**

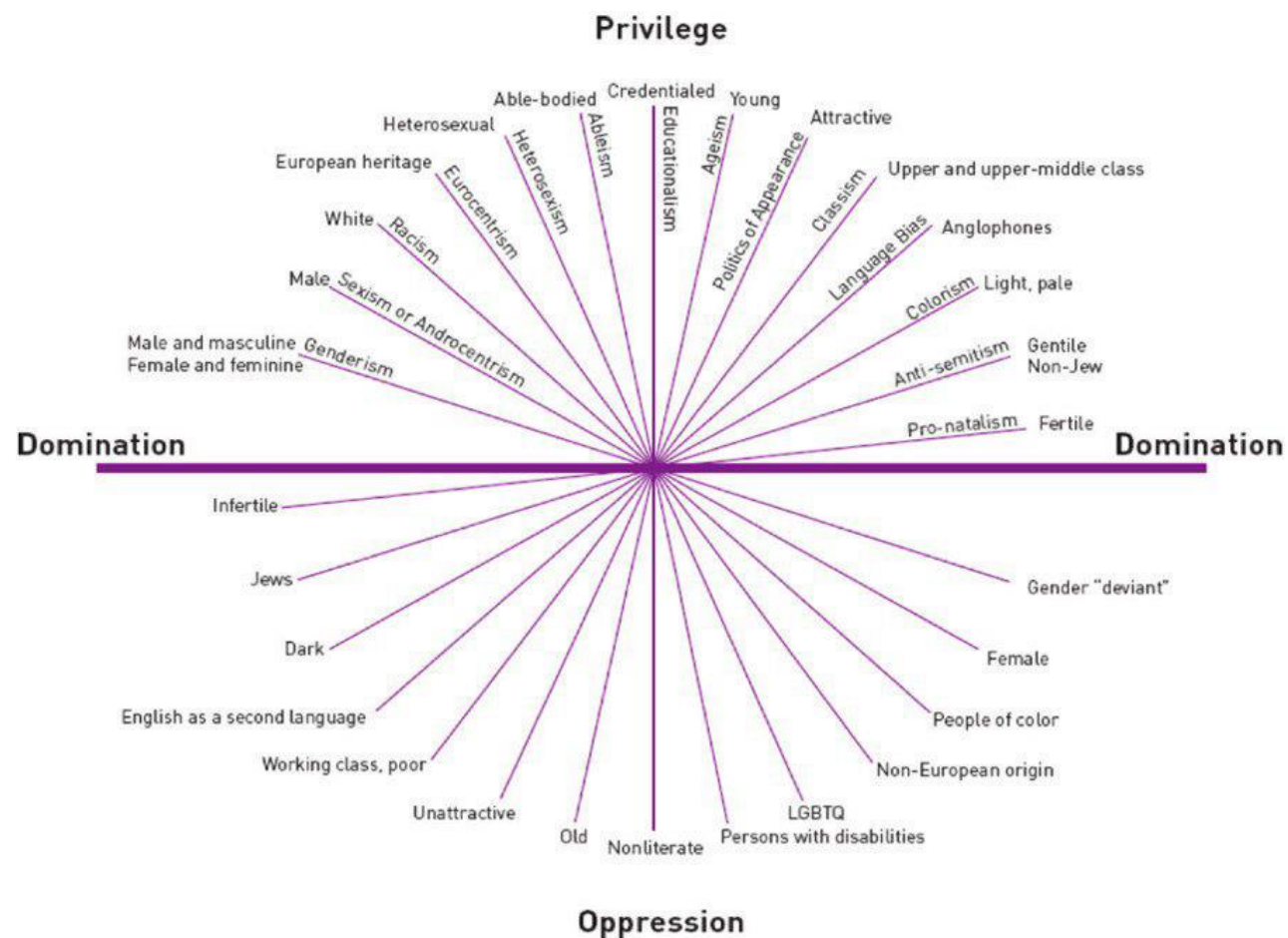
**—Audre Lorde**





**AWIS**  
ASSOCIATION FOR WOMEN IN SCIENCE

# Intersectionality



Source: Morgan, K.P. Describing the emperor's new clothes: Three myths of educational (in)equity. In *The Gender Question in Education: Theory, Pedagogy, & Politics*. Westview Press, Boulder, CO, 1996, 105–122. Used in AWIS' intersectionality fact sheet at <https://www.awis.org/intersectionality/>

**AWIS**



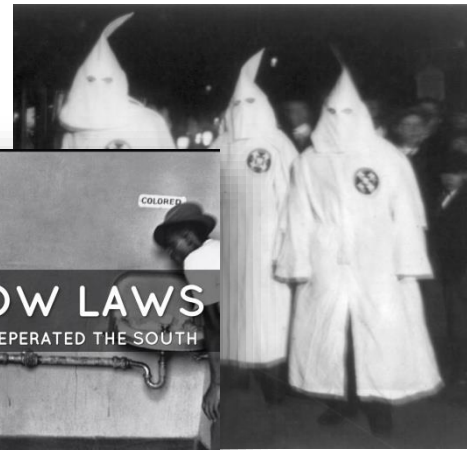
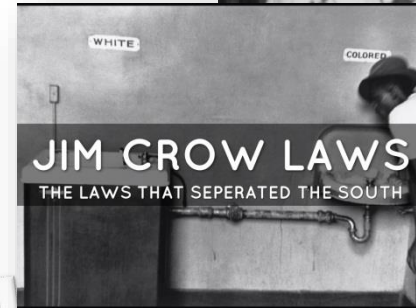
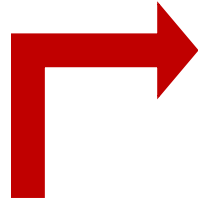
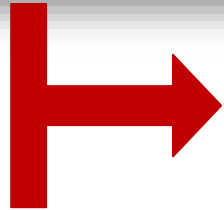


## ANGELADAVIS

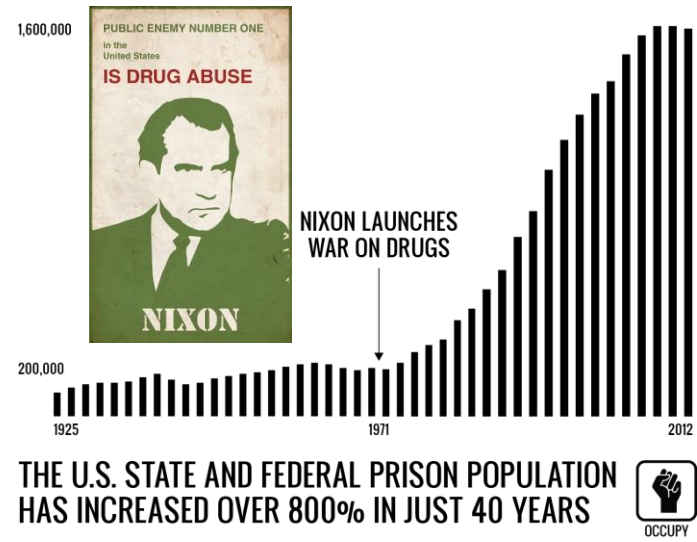
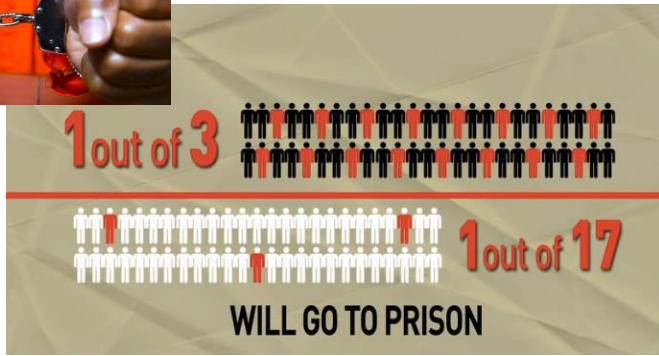
“Before the world knew what intersectionality was, the scholar, writer and activist was living it, arguing not just for Black liberation, but for the rights of women and queer and transgender people as well.=







**25 DOLLARS REWARD.**  
The subscribers will give for the apprehension and return of a colored man, named THORNTON, who absconded from our employ on the 3d or 4th of July. He is about 5 feet, 9 or 10 inches high, made, and of a yellow complexion, and of good address; had on when he absconded a blue coat and pantaloons, boots, and a black hat.  
WURTS  
july 7





AMA



**New AMA policy  
recognizes racism as a  
public health threat**

• 1851 •

# Drapetomania

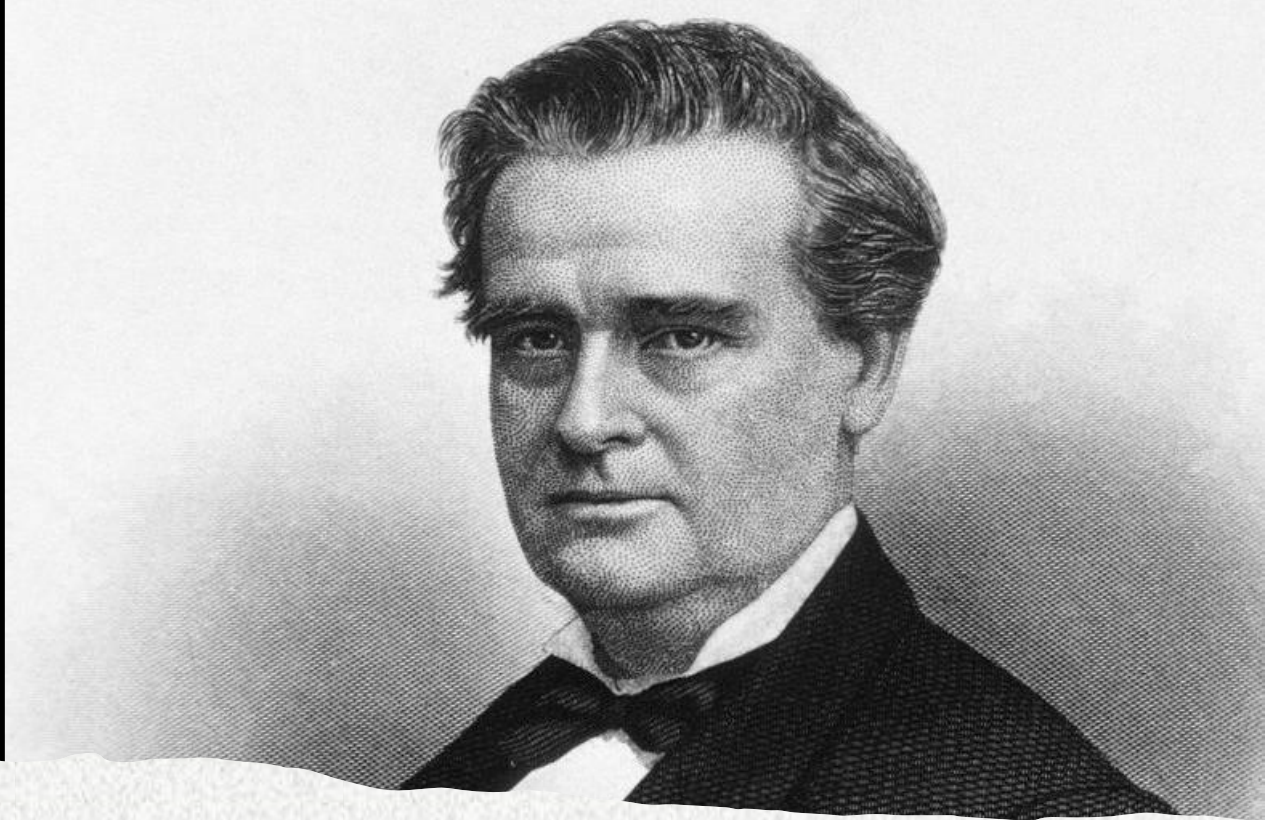
A Psychiatric Diagnosis:  
"Runaway Slave Syndrome"



INVENTED BY  
Dr. Samuel Adolphus Cartwright  
(1793 - 1863)  
Physician & Psychiatrist







J. Marion Simms MD





**Tuskegee**

**Syphilis Experiment**

**1932 – 1972**





Henrietta  
Lacks



# Institutional Racism

*"...white terrorists bomb a black church and kill five black children that is an act of individual racism...*

*But when in the same city – Birmingham, Alabama-five hundred black babies die each year because of the lack of proper food, shelter and medical facilities, and thousands more are destroyed and maimed physically, emotionally and intellectually because of conditions of poverty and discrimination in the black community that is a function of institutional racism".*

*(Carmichael & Hamilton 1967:2)*

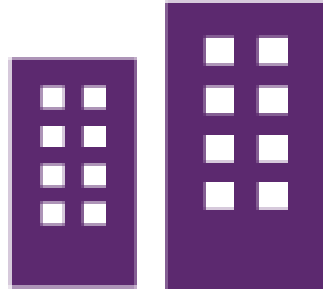


Stokely Carmichael

# What are Social Determinants?



Childhood  
experiences



Housing



Education



Social support



Family income



Employment



Our communities



Access to health  
services





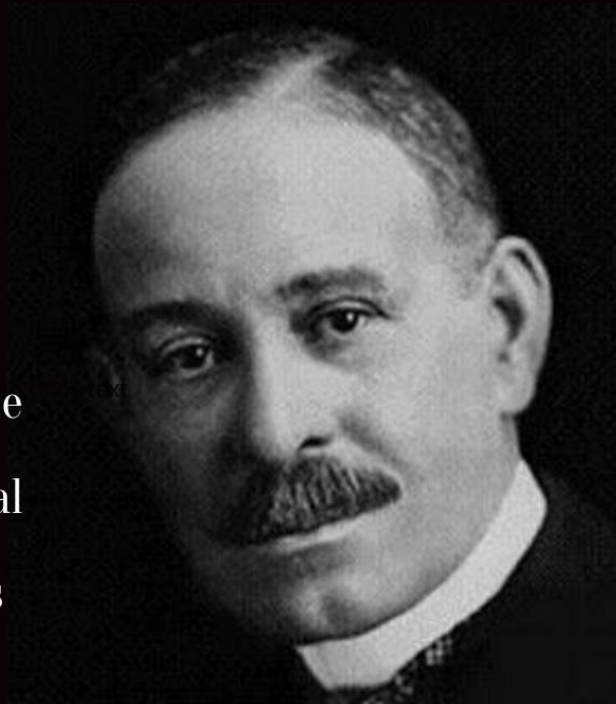
National  
Medical  
Association

# DR. DANIEL HALE WILLIAMS

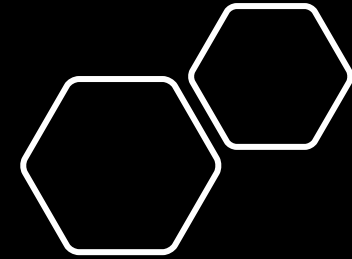
(January 18, 1856 – August 4, 1931)

Williams opened  
Provident Hospital and  
Training School for  
Nurses

In 1895, he co-founded the  
National Medical  
Association, a professional  
organization for black  
medical practitioners, as  
an alternative to the  
American Medical  
Association, which didn't  
allow African-American  
membership.



He became one of the  
first people to perform  
open-heart surgery.



# African American Physicians and Organized Medicine, 1846-1968

## Origins of a Racial Divide

Robert B. Baker, PhD

Harriet A. Washington, BA

Ololade Olakanmi, BA

Todd L. Savitt, PhD

Elizabeth A. Jacobs, MD, MPP

Eddie Hoover, MD

Matthew K. Wynia, MD, MPH

**B**Y THE END OF THE 19TH CENTURY, US physicians had formed 2 national associations: the National Medical Association (NMA) and the American Medical Association (AMA). This peculiar duplication reflected a profession segregated by race. The AMA was almost entirely white; the NMA predominantly black—founded in reaction to the exclusion of black physicians by many state and local medical societies and the AMA's refusal to recognize several racially integrated societies. This professional segregation lasted well into the civil rights era.

The complex history of race in the medical profession is rarely acknowledged and often misunderstood. Yet US medicine's legacy of segregation and racism is linked to the current paucity of African American physicians, distrust of professional associations by some physicians, and contemporary racial health disparities. The goal of this article is to encourage a discussion within the profession of medicine about how to heal and unify the profession in the pursuit of providing equitable health care for all.

See also p 323

Like the nation as a whole, organized medicine in the United States carries a legacy of racial bias and segregation that should be understood and acknowledged. For more than 100 years, many state and local medical societies openly discriminated against black physicians, barring them from membership and from professional support and advancement. The American Medical Association was early and persistent in countenancing this racial segregation. Several key historical episodes demonstrate that many of the decisions and practices that established and maintained medical professional segregation were challenged by black and white physicians, both within and outside organized medicine. The effects of this history have been far reaching for the medical profession and, in particular, the legacy of segregation, bias, and exclusion continues to adversely affect African American physicians and the patients they serve.

www.jama.com

JAMA. 2008;300(3):306-314

### Methods

In 2005, the AMA Institute for Ethics invited a panel of experts to review and analyze the historical roots of the black-white divide in US medicine. The chief source materials that the panel examined were from the archives of the AMA, the NMA, and newspapers, the latter via online databases.<sup>1-3</sup> In addition, we searched MEDLINE using keywords race, segregation, and integration and the Medical Subject Headings term *prejudice*.

The group has completed a number of reports (BOX)<sup>4</sup> that provide additional details and direct quotations from primary source materials on specific aspects of the history of African American physicians and the medical profession. This article provides a summary of findings. When interpreting this history, the panel avoided hypothesizing about historical actors' motivations, em-

phasizing instead the results of decisions. Some broader social context is provided, but due to space constraints this article focuses on a few key events and turning points, ending with the major civil rights watershed of the late 1960s (TABLE).

**Author Affiliations:** The Union Graduate College-Mount Sinai School of Medicine Bioethics Program, and Department of Philosophy, Union College, Schenectady, New York (Dr Baker); Visiting Scholar, DePaul University College of Law, Chicago, Illinois (Ms Paul Washington); Institute for Ethics, American Medical Association, Chicago, Illinois (Mr Olakanmi and Dr Wynia); Department of Medical Humanities, Brody School of Medicine, East Carolina University, Greenville, North Carolina (Dr Savitt); Collaborative Research Unit, Stroger Hospital of Cook County, and Rush University Medical Center, Chicago, Illinois (Dr Jacobs); Editor, *Journal of the National Medical Association* (Dr Hoover); and University of Chicago Hospitals, Chicago, Illinois (Dr Wynia).

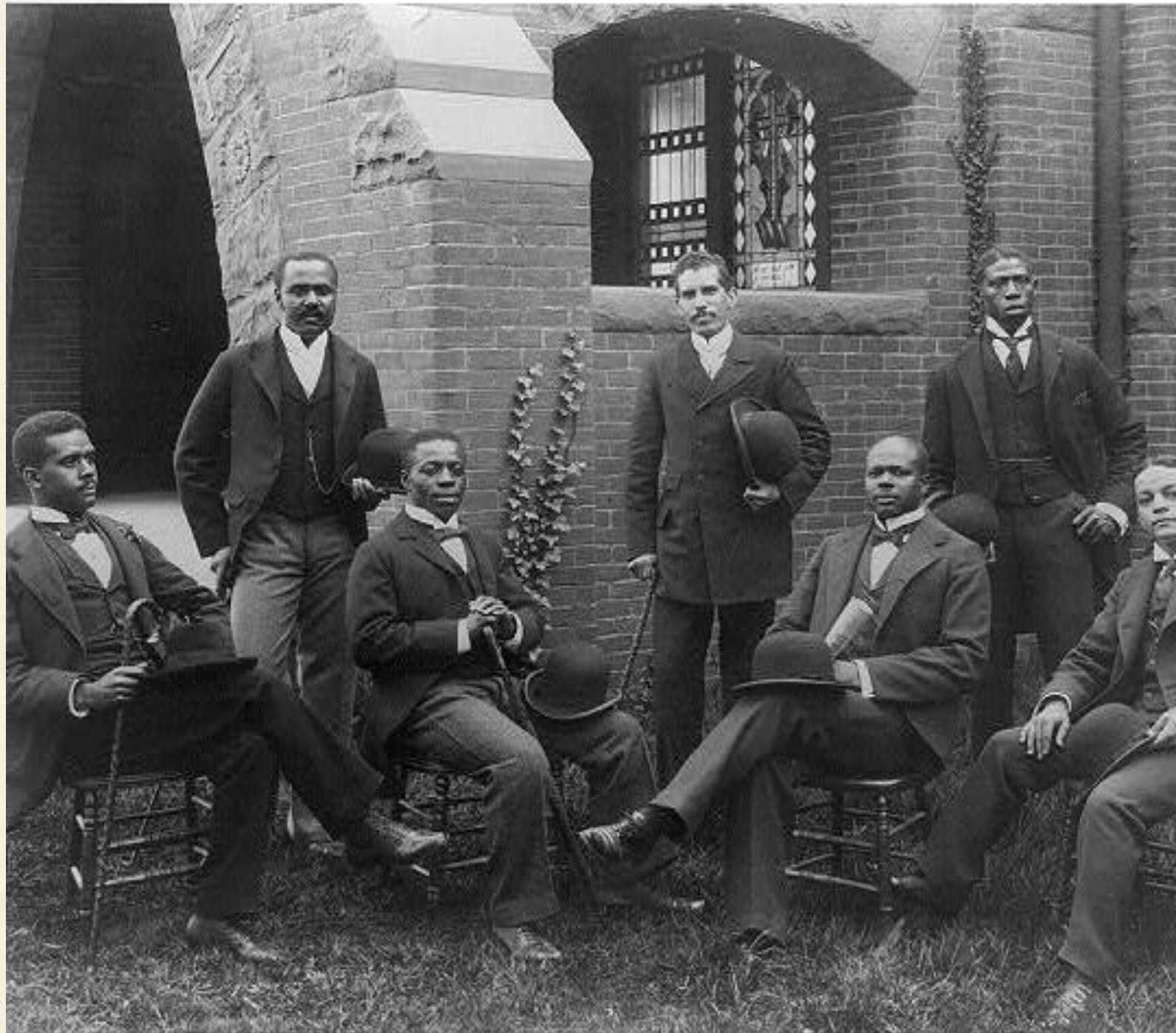
**Corresponding Author:** Matthew K. Wynia, MD, MPH, Institute for Ethics, American Medical Association, 515 N State St, Chicago, IL 60610 (matthew.wynia@ama-assn.org).

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American Medical Association—June, 1900.



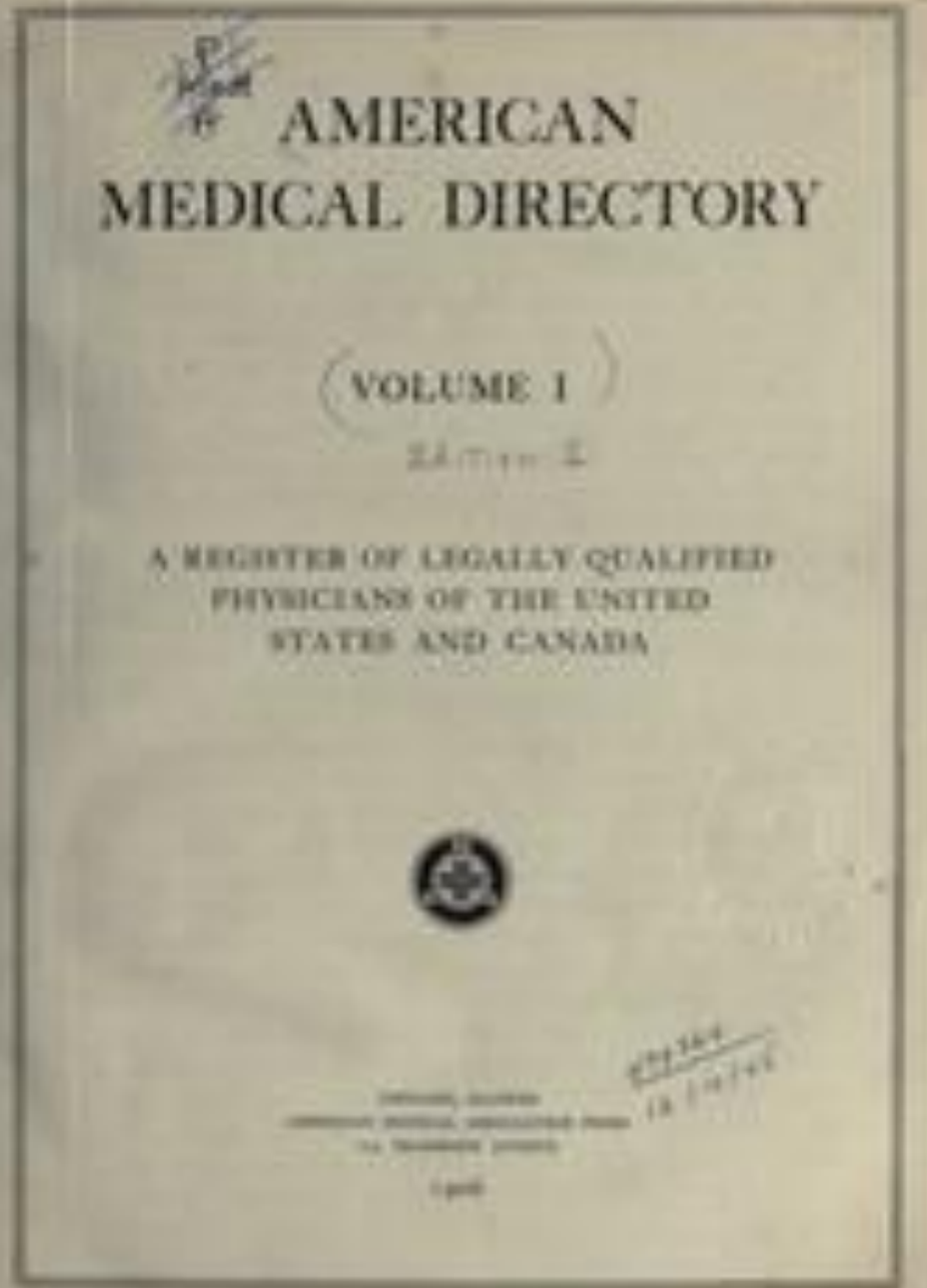


# The Flexner Report of 1910

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- Recommendation to close all but Two (2) African American medical colleges in the United States operating during that time.
  - Howard University
  - Meharry Medical College
- The report acknowledges that the two medical schools would not be able to train enough black physicians to serve the 9.8 million black people who were living in the US at that time





# AMA's American Medical Directory 1906

- Listed African American physicians at “colored”
- Impacted the ability for these physicians to obtain liability insurance and bank loans
- AMA refused to remove the designation



Do You Know a BETTER  
NEGRO PAPER Published Than  
The SUN? Subscribe Now and  
Get the News While It's News.

# The Kansas City Sun

Five Great Conventions  
in Kansas City During Aug-  
ust Advertise Your Rooms  
For Rent and Make Money.

VOLUME VIII. NUMBER 51.

KANSAS CITY, MISSOURI, SATURDAY, AUGUST 19, 1916.

PRICE, 5c.

## The Doctors---Our Closest Friends---Thrice Welcome

### National Negro Medical Association Meets in Kansas City

Greatest Organization of Professional Men of the Race will hold its 18th Annual Session Beginning Tuesday, August 22 and Continuing Three Days

Many Noted Physicians and Surgeons as well as Dentists and Pharmacists will be in Attendance

Will be the Swellest Affair Socially Kansas City Has Ever Witnessed

Many Ladies Will Be Present

The 18th Annual Session of the National Negro Medical Association, one of the most successful organizations of the race, meets in our city August 22-24.



DR. J. M. A. CROOKLAND, D. D. M. D., is one of the most successful Physicians of the South, an author, a lecturer and a true friend.



DR. W. HERBERT SMITH, one of Kansas City's most progressive and successful physicians and surgeons, who who is highly respected both within and without the profession.



DR. J. EDGAR R. PERRY, Vice President of the National Association, Chairman Surgical Section National Association, Secretary Tri-State Association (Kansas, Oklahoma, and Missouri) and Surgeon General, Kansas City, Mo., and Chairman of the American Surgical Society.



DR. L. E. BAGLEY, President Kansas City Medical Society and Chairman of Executive of Management for the National Association Meeting.



which there will be a session of the Kansas City Medical Society and Surgeons Association. In both of these meetings the public is urged to come "en masse" to attend. Also to be held at the City Park in Kansas City, Kansas, August 25.

We wish to announce that there will be a public health meeting at Allen Chapel, S. W. E. Church Street, commencing August 19, at which time the following speakers will appear: Dr. J. M. A. Crookland, D. D. M. D., Surgeon General, Kansas City, Mo., and Surgeon General of the State of Missouri.

strength of a new branch from the new and appear to be handsomely met all over the world. We would feel represented at the State Capital and it is our duty to send our most cordial wishes. Any person who is unable to attend with our own. This matter is being taken from the general committee of the National Association, a new branch of medicine, must have a





“[The American Negro] is *fecund*, having maintained under adverse conditions a consistently high birth rate which has raised his numbers to approximately thirteen millions, despite a high mortality rate. He is *physically strong*, showing great endurance at strenuous labor under severe climatic and nutritional hardships, and producing a disproportionately large number of champions in representative fields of athletics. He is *mentally able* having produced individuals of exceptional attainments in nearly every line of intellectual endeavor and integrated himself into all phases of modern life in which opportunity has opened.”

**William Montague Cobb**

“The Negro as a Biological Element in the American Population,” 1939.





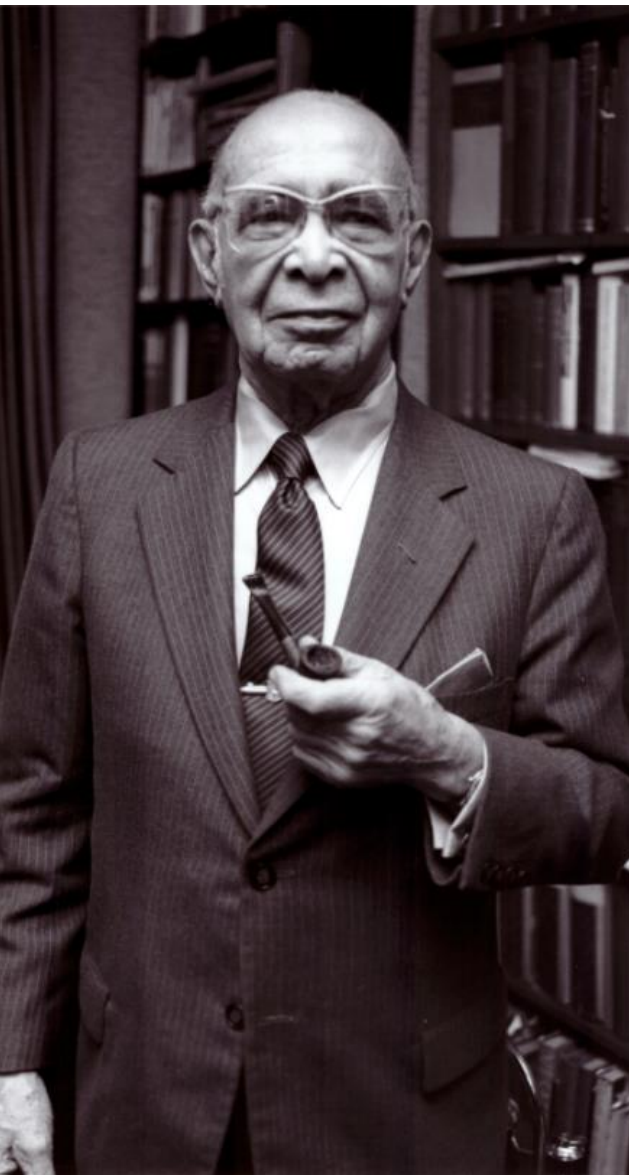
# W Montague Cobb MD PhD

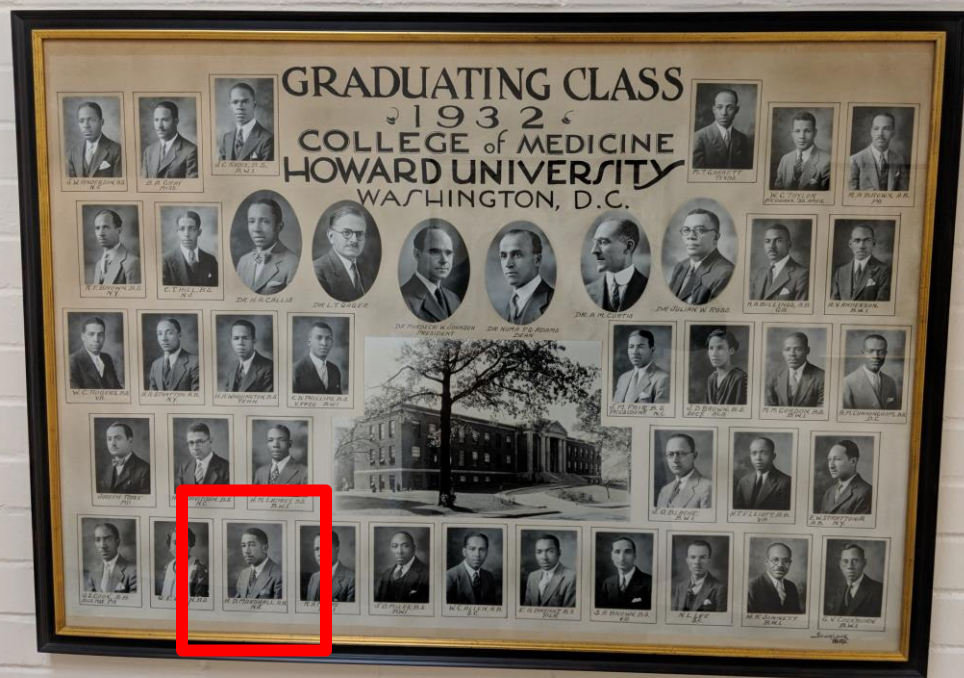
- 1957 - Editor of the Journal of the National Medical Association
- 1963 – President of the National Medical Association
  - Led the effort as a proponent of the Civil Rights Act of 1964, the requirement of physicians who receive federal funds to sign statements ensuring opposition to racially discriminatory practices, and the establishment of Medicare

*The AMA remained silent during debates over the Civil Rights Act*

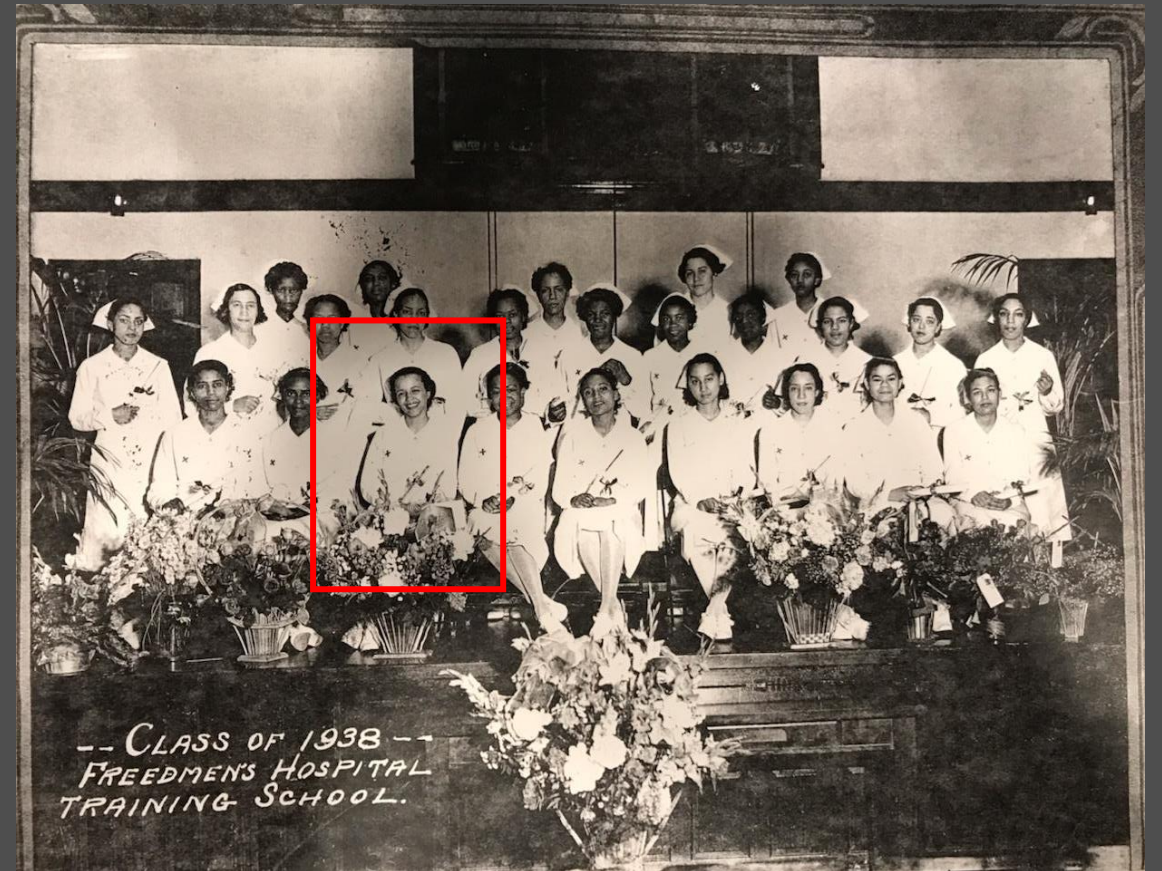
*The AMA objected to signing statements against racially discriminatory practices*

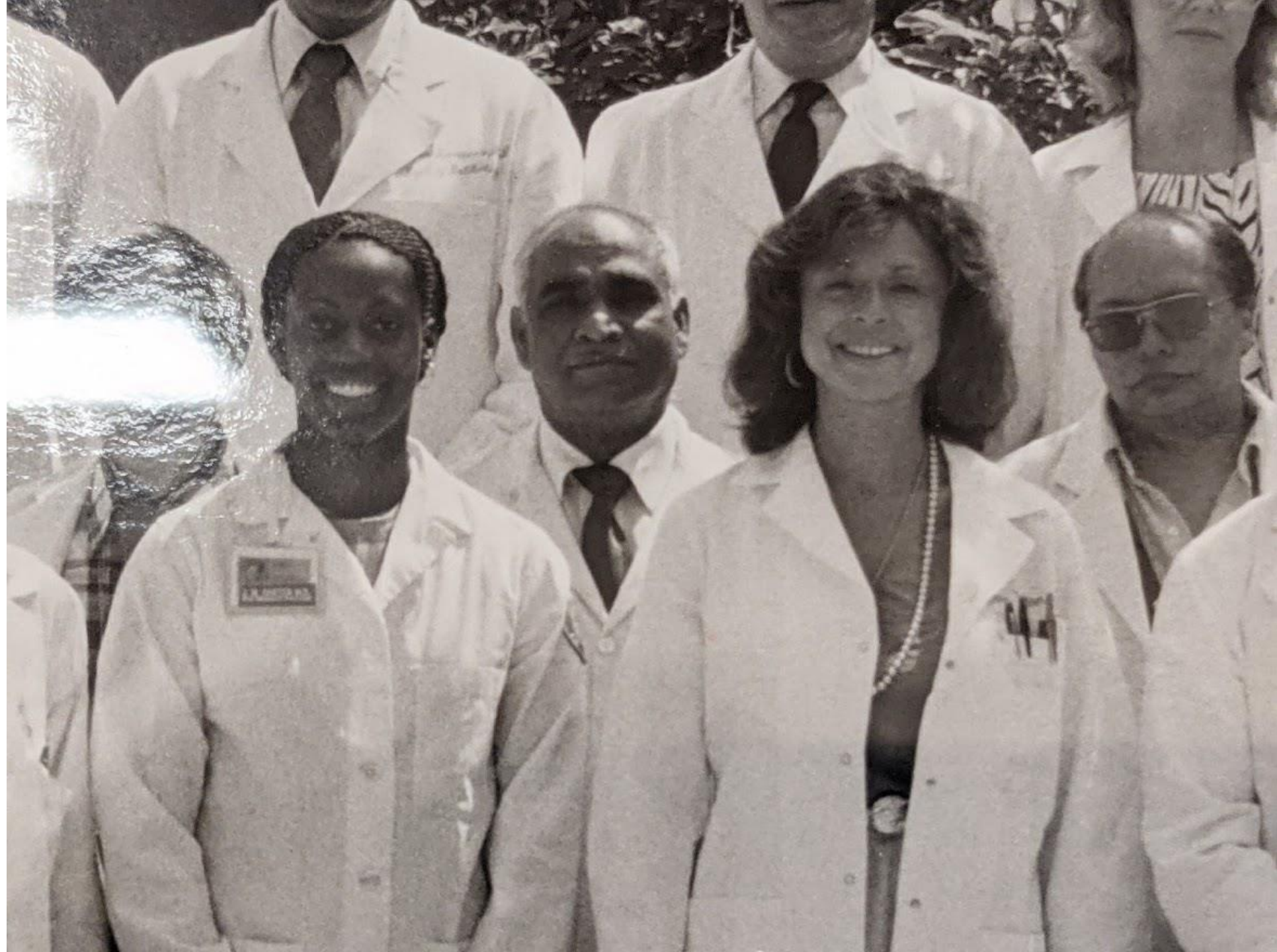
*The AMA opposed Medicare*

















# CRITICAL RACE THEORY

# CRITICAL RACE THEORY FRAMEWORK

SIR, DIDN'T  
MARTIN LUTHER KING JR  
SAY THAT IT ALL  
CAME DOWN TO  
SIMPLY EQUALITY?



Education  
Research  
Sta

Centrality

1. Race  
Society

2. The

Challenge  
to dominant  
ideology

CRT

3.

The  
Centrality of  
Experiential  
Knowledge

Multi-cultural  
Curriculum

Critical  
Legal studies

CRT  
Analysis  
Issue





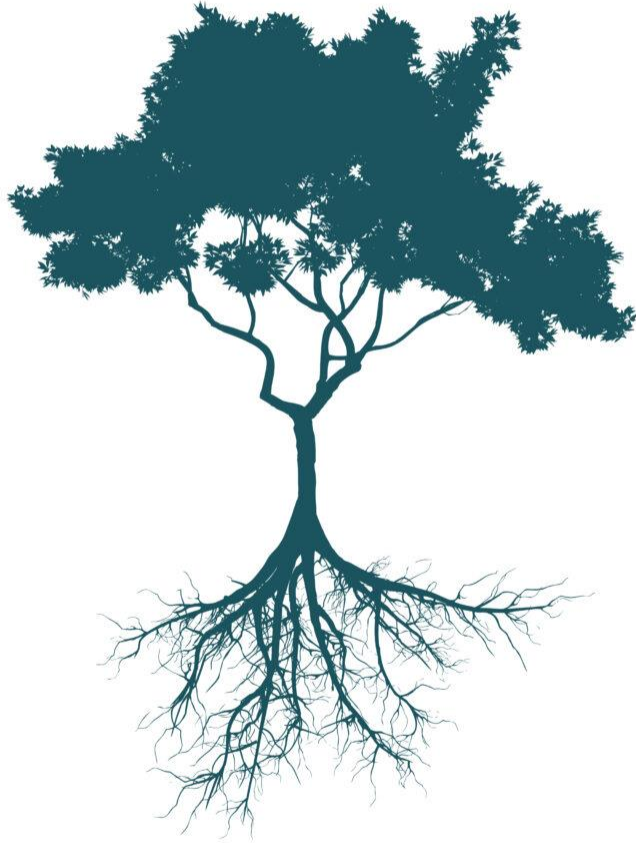
**Equality**

doesn't mean

**Equity**



# Critical Race Theory



## 5 Tenets of CRT

- **Counter-Storytelling**
- **Permanence of Racism**
- **Whiteness as Property**
- **Interest Convergence**
- **Critique of Liberalism**



# Critical Race Theory Definitions

CRT Tenet	Definition	Source
Permanence of racism	Racism, both conscious and unconscious is a permanent component of American life	Bell (1992); Ladson-Billings and Tate (1995); Tate (1997); Ladson-Billings (1998)
Whiteness as property	Because of the history of race and racism in the United States and the role U.S. jurisprudence has played in reifying conceptions of race, the notion of Whiteness can be considered a property interest	Harris (1995); Ladson-Billings (1998); Ladson-Billings and Tate (1995)
Counter storytelling and majoritarian narratives	A method of telling a story that aims to cast doubt on the validity of accepted premises or myths especially ones held by the majority; majoritarian narratives are also recognized as stories and not assumed to be facts or the truth	Matsuda (1995); Ladson-Billings and Tate (1995); Tate (1997); Delgado (1995); Ladson-Billings (1998); Solórzano and Yosso (2001)
Interest convergence	Significant progress for Blacks is achieved only when the goals of Blacks are consistent with the needs of Whites	Bell (1980a, 2004); Ladson-Billings (1998)
Critique of liberalism	Critique of basic notions embraced by liberal ideology to include color blindness, meritocracy, and neutrality of the law	Crenshaw (1988); Ladson-Billings and Tate (1995); Tate (1997); Ladson-Billings (1998)
Intersectionality	Considers race across races and the intersection of race with other identities and differences	Crenshaw (1991)

Note. Adapted from Horsford (2010b).

## WHAT WE WERE TAUGHT



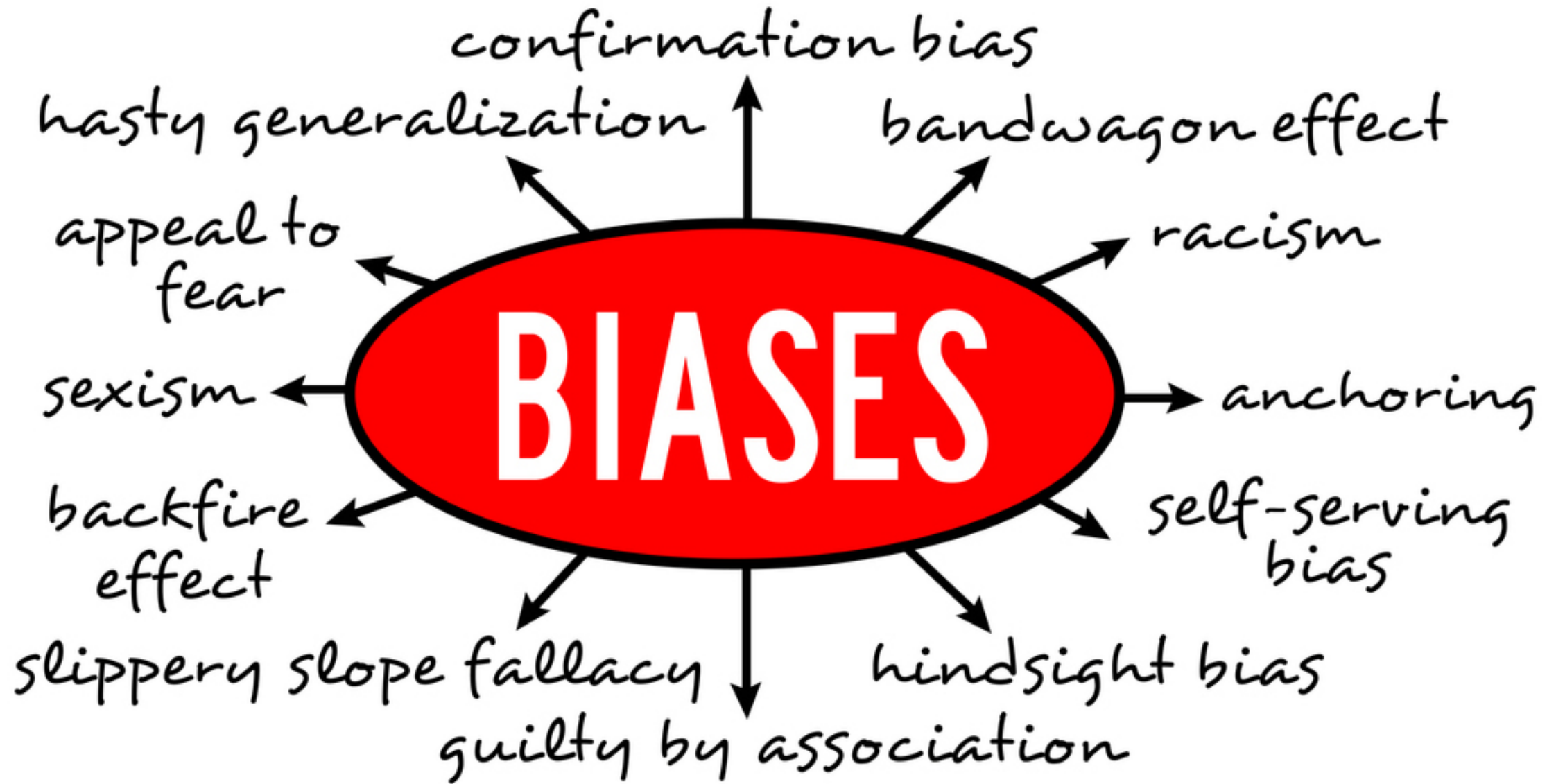
THE G.I. BILL HELPED VETS TO SECURE LOANS TO BUY A HOUSE UPON RETURNING FROM WWII

## WHAT WE WOULD BE TAUGHT WITH CRITICAL RACE THEORY



MANY BANKS REFUSED TO APPROVE LOANS TO BLACK VETS, RESULTING IN FEWER THAN 100 OUT OF 67,000 MORTGAGES GOING TO NON-WHITE BORROWERS IN SOME SUBURBS.





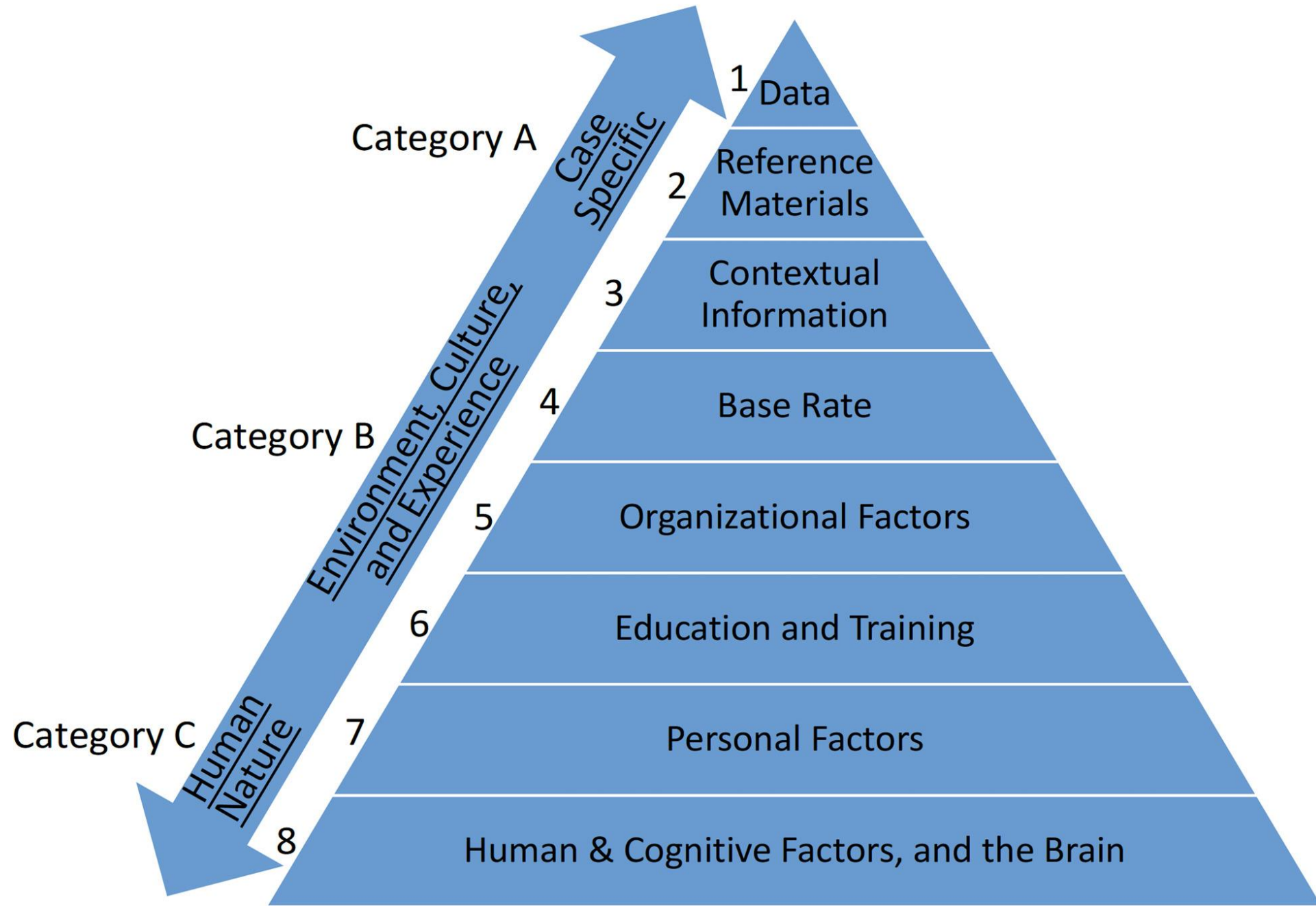
# Cognitive Bias in Forensic Pathology



## Highlights

- Two data sets revealing cognitive bias in forensic pathologists' decisions about manner of death.
- Death certificate data show racial disparity in judging child deaths as homicide vs. accidental.
- Experimental data reveal forensic pathology contextual bias by irrelevant non-medical information.
- Both data sets show extraneous information, for example, race, cognitively biasing forensic pathologists.
- Cognitively informed training and policies must be in place to minimize forensic pathology biases.

# SOURCES OF BIAS







The New York Times   
@nytimes

20 minutes ago

## **NYT Investigation: How a genetic trait in Black people can give the police cover**

Sickle cell trait has been cited in dozens of police custody deaths ruled accidental or natural, even though the condition is benign on its own, a New York Times investigation found.

<https://www.nytimes.com/2021/05/15/us/african-americans-sickle-cell-police.html>

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# The New York Times

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U.S. | How a Genetic Trait in Black People Can Give the Police Cover

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2000.

“You can’t put the blame on sickle cell trait when there is a knee on the neck or when there is a chokehold or the person is hogtied,” said Dr. Roger A. Mitchell Jr., the former chief medical examiner for the District of Columbia and now chairman of pathology at the Howard University College of Medicine. “You can’t say, ‘Well, he’s fragile.’ No, that becomes a homicide.”

Not every death that is tied to the condition is inherently questionable. Medical experts say sickle cell trait has caused deaths in rare cases of extreme overexertion, especially among military trainees and college athletes. Three of the in-custody deaths identified by The Times involved people who were exercising vigorously in jail yards or running hard before they collapsed — and law enforcement officers said that at most they put handcuffs on them.

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**SCIENTIFIC  
AMERICAN®**

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POLICY & ETHICS | OPINION

# Some Medical Examiners Say Sickle Cell Trait Causes Sudden Death—They're Wrong

The genetic factor that contributed most to the deaths of 47 Black men in police custody was the color of their skin, not the contents of their red blood cells

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By A. Kyle Mack, Rachel S. Bercovitz, Hannah Lust on June 20, 2021





ASH Clinical News®

# Sickle Cell Trait Cited in Police Custody Deaths

THURSDAY, JULY 1, 2021

In a review of data on suspicious deaths from more than 30 of the largest U.S. counties, *The New York Times* found that sickle cell trait (SCT) was cited as a cause or factor in 47 deaths that occurred between 2010 and 2019.

[RESEARCH](#)[EDUCATION](#)[ADVOCACY](#)[CAREERS](#)[MEETINGS](#)[PUBLICATIONS](#)[AWARDS](#)[NEWSROOM](#)

## ASH Position on Sickle Cell Trait

PUBLISHED ON:

MAY 25

2021

### ASH Position

**It is medically inaccurate to claim sickle cell crisis as the cause of death based solely on the presence of sickled cells at autopsy.**

Sudden death is an extraordinarily rare occurrence in sickle cell trait and the finding of sickle cell trait is unlikely to supersede other inflicted traumas as the cause or major factor in death. Millions of American men, women and children with sickle cell trait lead normal, healthy lives, and there have been no well-controlled studies on collapse due to exertion that would provide evidence to cite sickle cell trait as a cause of death. Because of the rarity of sudden death in persons with sickle cell trait, cases where this is cited as the sole cause of death, or a major contributor must be viewed with profound skepticism.

### Background

The American Society of Hematology (ASH) represents approximately 18,000 physicians, scientists, and medical trainees committed to the study and treatment of blood and blood-related diseases. ASH members include clinicians who specialize in treating children and adults with sickle cell disease (SCD) and researchers who investigate the causes and potential treatments of SCD manifestations.

Sickle cell disease is an inherited blood disorder that affects 80,000 to 100,000 Americans, mostly but not exclusively of African ancestry. Sickle cell disease requires inheritance of two variants of the *HBB* gene which results in production of abnormal hemoglobin. The sickle variant of hemoglobin causes severe anemia, pain, other devastating disabilities, and, in some cases, premature death.



BRIAN E. FROSH, MARYLAND ATTORNEY GENERAL

## PRESS RELEASE

FOR IMMEDIATE RELEASE:  
May 7, 2021

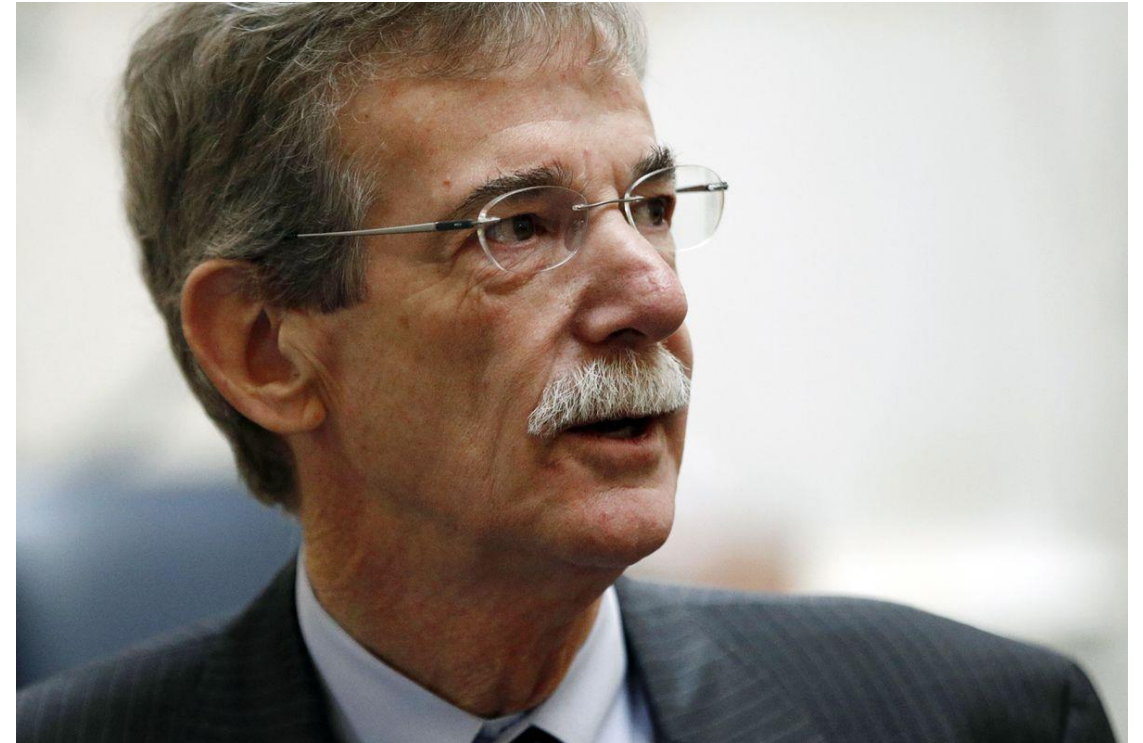
Media Contacts:  
[press@oag.state.md.us](mailto:press@oag.state.md.us)  
410-576-7009

### Statement from Attorney General Frosh on Audit of OCME

**BALTIMORE, MD** - Maryland Attorney General Brian E. Frosh today released the following statement about the audit of in-custody death determinations made by the Office of the Chief Medical Examiner (OCME) during the tenure of Dr. David Fowler:

*"My office, in consultation with Governor Hogan's Chief Legal Counsel, has begun working to develop the process and timeline for the audit of in-custody death determinations made by the Office of the Chief Medical Examiner (OCME) during the tenure of Dr. David Fowler. We are committed to overseeing a professional and independent audit that adheres to the highest standards of impartiality and integrity. We will be consulting experts, examining similar audits in other jurisdictions, and doing a preliminary review of OCME data and protocols. Our intent is to appoint a panel of independent subject matter experts to perform the audit, and at the conclusion of the review, to release a public report on its findings."*

*"As we continue this process, we are also interested in receiving input from communities affected by the focus of the audit or members of the public with interest or expertise in the work of the OCME. We invite anyone who would like to provide comments or materials to send them by June 7, 2021 to the Office of the Attorney General at [OCMEaudit@oag.state.md.us](mailto:OCMEaudit@oag.state.md.us), or to 200 St. Paul Place, Baltimore, MD 21202."*







# Undoing Structural Racism

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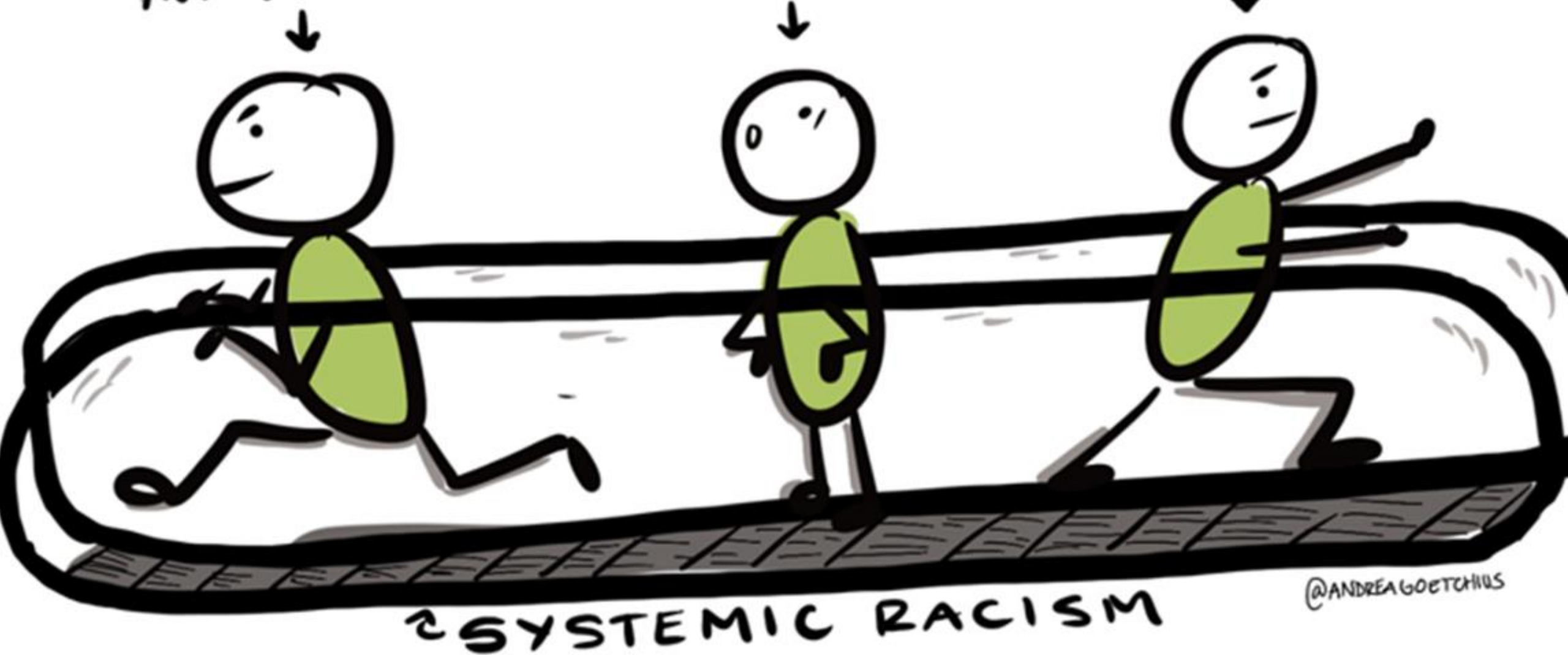
- Prioritizing Diversity, Inclusion, and Equity
- Teach the Social Determinants of Health
- Become versed in the impact of Structural Racism on outcomes and access
- Understanding Intersectionality
- Identify our own Bias and Microaggressions



ACTIVELY RACIST

PASSIVELY RACIST

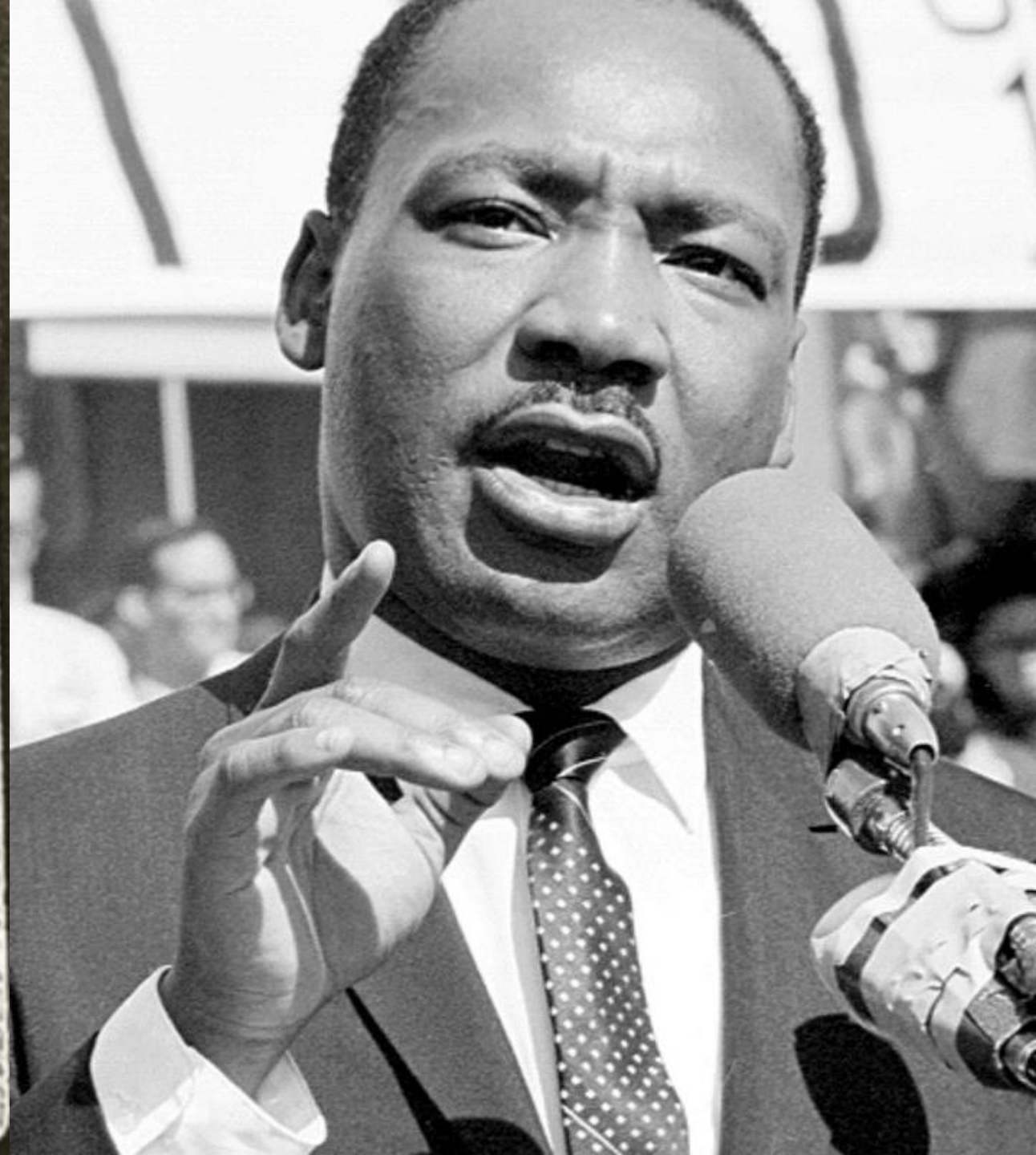
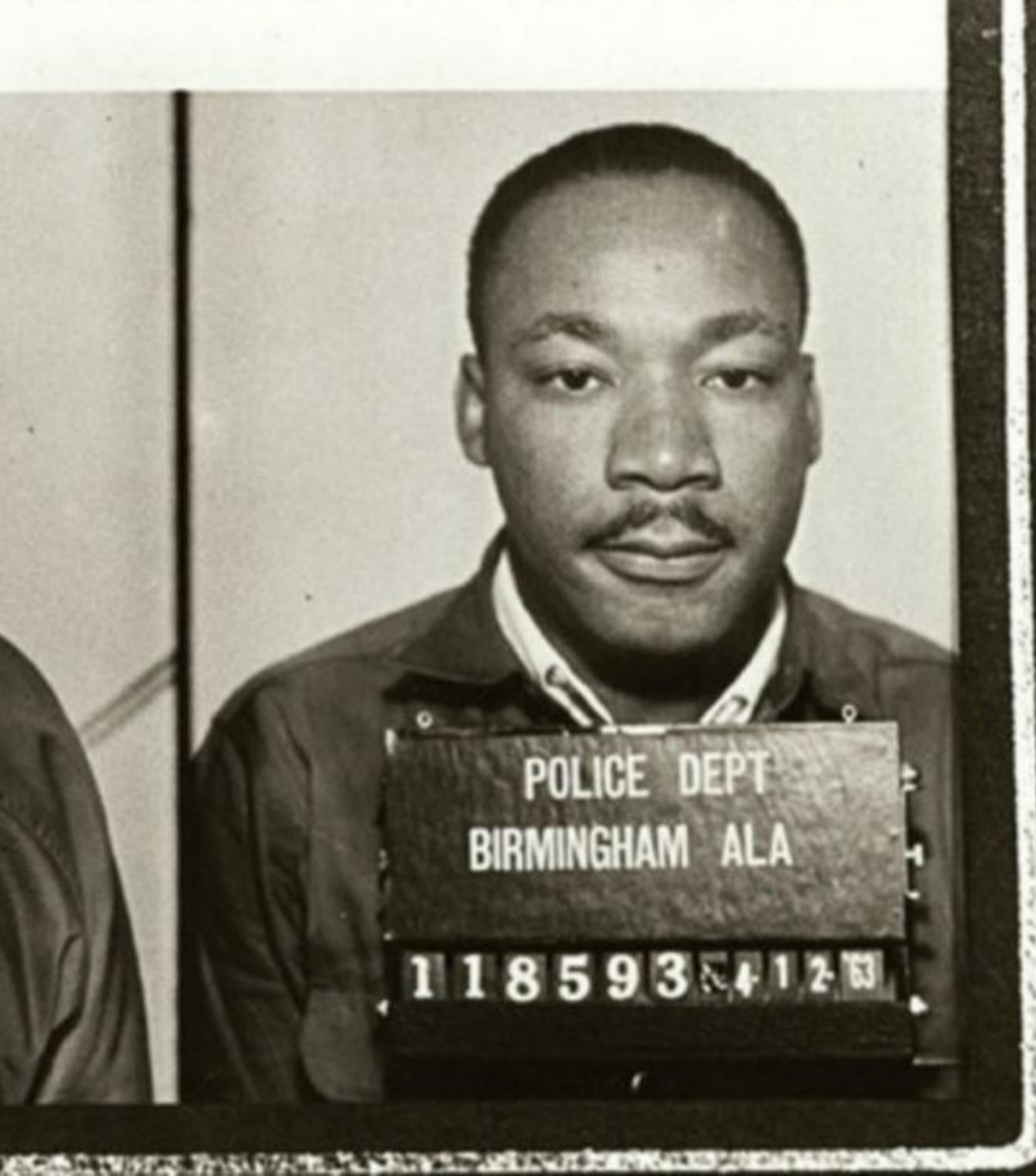
ANTI-RACIST



@ANDREA GOETCHIUS



**WHO DO YOU SEE ??**





MARCH 6, 2000 \$3.50

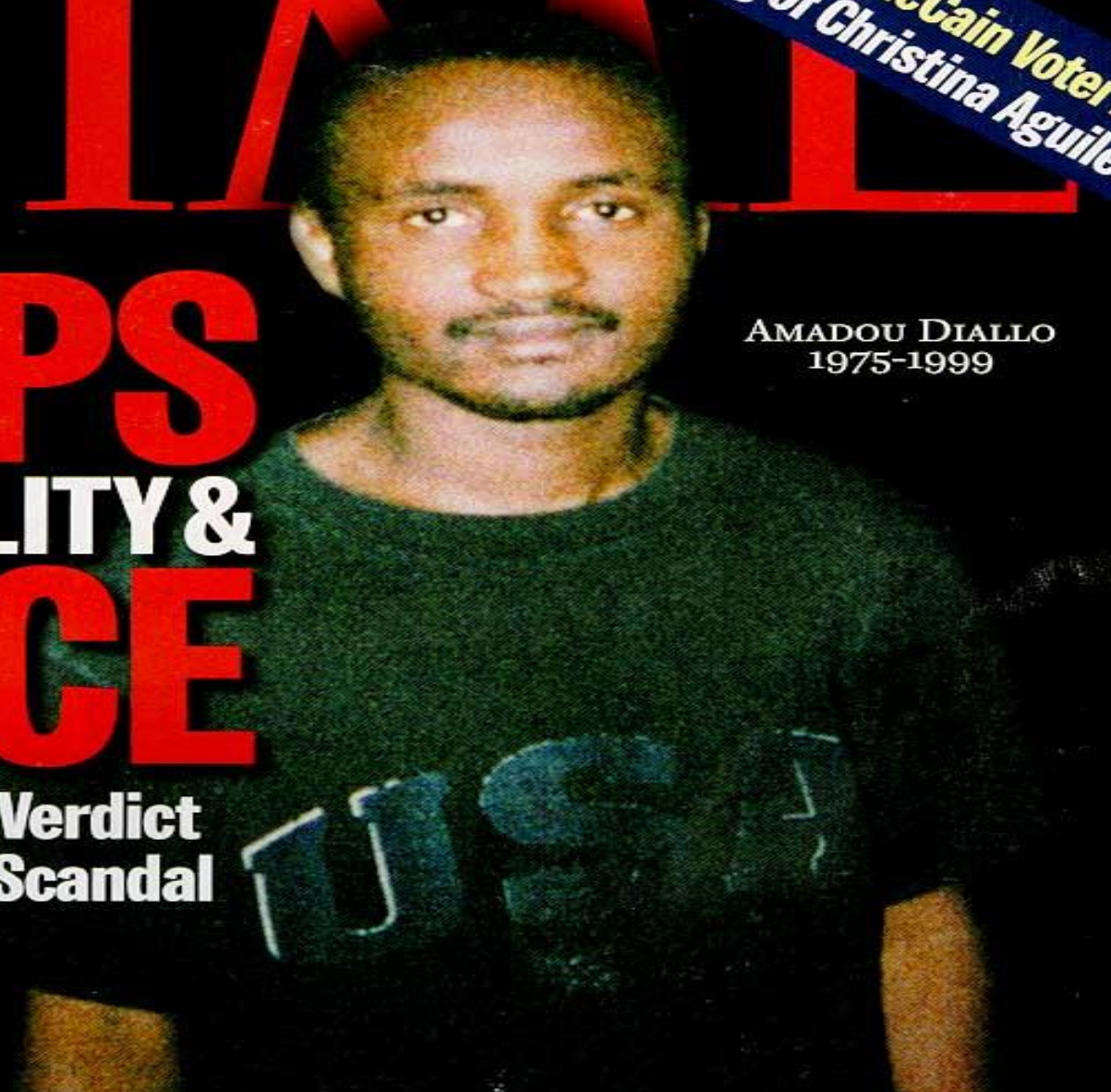
*Who Is the McCain Voter?  
The Making of Christina Aguilera*

# TIME

## COPS BRUTALITY & RACE

- The Diallo Verdict
- The LAPD Scandal

AMADOU DIALLO  
1975-1999

A black and white portrait of Amadou Diallo, a young Black man with a mustache, wearing a dark t-shirt. He is looking directly at the camera. The portrait is set against a dark background and is framed by a white border. The overall cover has a red border.

















**VIOLENCE AS A PUBLIC HEALTH ISSUE**







# Department of Pathology College of Medicine

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