

The Ethics of Implicit Bias and Trauma Informed Business Practices

Southside Behavioral Health

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A Not So Old

Historical Case Study:

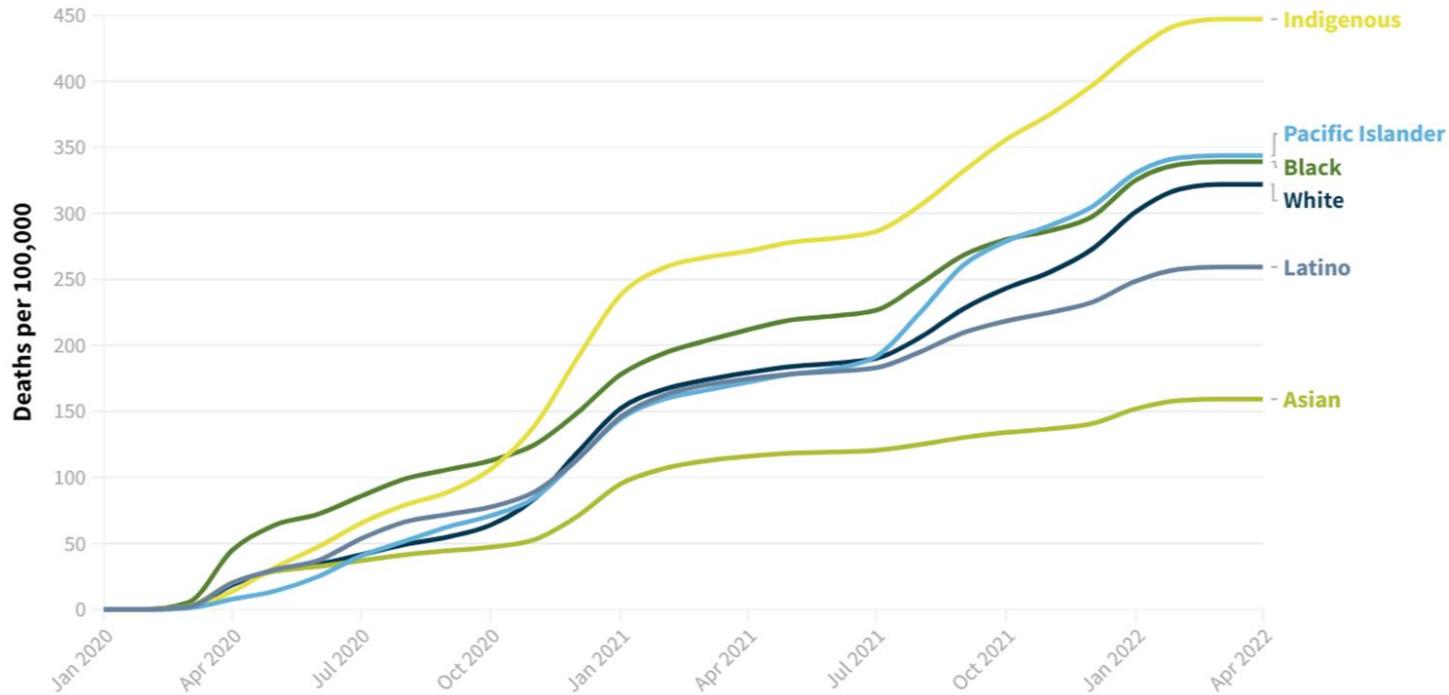
The Disparate Health Impact of COVID-19

COVID-19 Disparate Health Impacts

Unintentional Impacts

COVID-19 Cumulative Crude Death Rates in the U.S.

Number of COVID-19 deaths per 100,000 persons as of April 6, 2022



Source: Data from Centers for Disease Control and Prevention, [Analysis by APM Research Lab](#), [Share/embed this graph](#). Crude death rates are the actual number of deaths per 100,000 within the given race/ethnicity group and are not adjusted for age.

APM
RESEARCH
LAB

<https://www.apmresearchlab.org/covid/deaths-by-race>

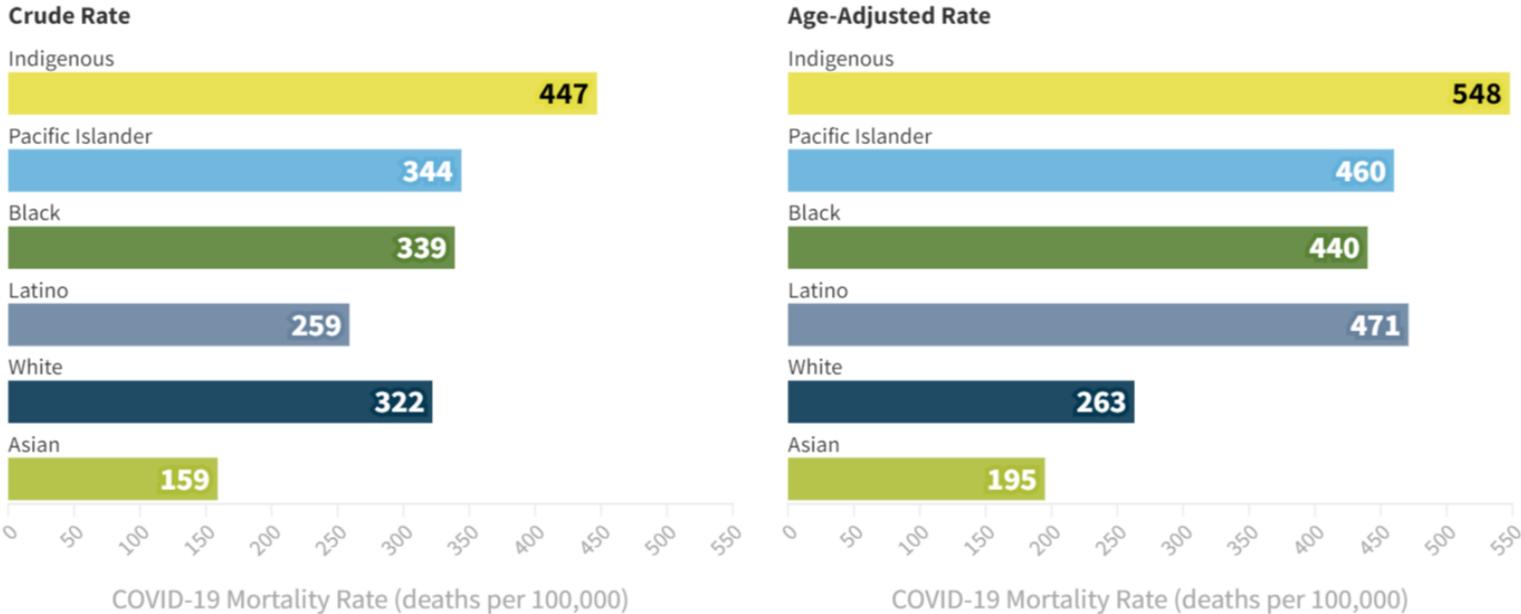


COVID-19 Disparate Health Impacts

Unintentional Impacts

Indigenous Americans have the highest COVID-19 mortality rates in the U.S.

As of April 6, 2022



Source: Data from Centers for Disease Control and Prevention, [Analysis by APM Research Lab](#), [Share/embed this graph](#).

Age adjustment at the national level uses a direct age adjustment method, with 2020 used as the standard population. Details in our [GitHub repository](#).



<https://www.apmresearchlab.org/covid/deaths-by-race>



Disparate Impact: Intentional Choices

COVID-19 Disparate Health Impacts

Intentional Choices

- To what degree should social or moral factors impact patients' rights to receive care?
- Should we consider age, family situation, social determinants of health, voluntary risks to health?
- How should we manage situations in which social and moral categories overlap with clinical predictors of survivability or life expectancy?

The Ethics of Scarcity

“Ventilator Triage”

The purpose of this policy is to outline the practice to follow when making rationing decisions regarding scarce medical resources in the context of a disaster scenario. The goal of the policy is to maximize the number of lives saved while at the same time maintaining core aspects of the provider-patient relationship which are based on treating illness without judging the moral or social worth of the individual patient. Based on this goal, the primary value that should be used in making allocation decisions will be clinical factors regarding the likelihood of patient survival. The hospital will not rely upon social worth criteria, family status, or distinctions based on a patient’s previous voluntary risks to health.



Disparate Impact: Three Types of Bias

COVID-19 Disparate Health Impacts

Conscious Bias

- The Tuskegee Syphilis Study
- Willowbrook Hepatitis Experiments
- The Eugenics Movement and Forced Sterilization

COVID-19 Disparate Health Impacts

Conscious vs. Unconscious Bias

“Unconscious bias describes associations or attitudes that unknowingly alter one’s perceptions and therefore often go unrecognized by the individual, whereas conscious bias is an explicit form of bias that is based on one’s discriminatory beliefs and values and can be targeted in nature.”

The Impact of Unconscious Bias in Healthcare: How to Recognize and Mitigate It

Jasmine R Marcelin, Dawd S Siraj, Robert Victor, Shaila Kotadia, Yvonne A Maldonado

The Journal of Infectious Diseases, Volume 220, Issue Supplement_2, 15 September 2019, Pages S62–S73, <https://doi.org/10.1093/infdis/jiz214>



COVID-19 Disparate Health Impacts

Unconscious Bias -- Sex

Decades and generations of stereotypes of woman as being fundamentally emotional creatures has created an unconscious bias among physicians which steers them in the direction of diagnostic error. This tendency is accentuated by the fact that woman have been under-represented in many clinical studies regarding certain types of disease.

Cardiovascular Research Foundation (2008, October 12). Signs Of Heart Disease Are Attributed To Stress More Frequently In Women Than Men.

Implicit Gender Bias and the Use of Cardiovascular Tests Among Cardiologists

Stacie L. Daugherty, Irene V. Blair, Edward P. Havranek, Anna Furniss, L. Miriam Dickinson, Elhum Karimkhani, Deborah S. Main, and Frederick A. Masoudi

Originally published 29 Nov 2017 <https://doi.org/10.1161/JAHA.117.006872> Journal of the American Heart Association



COVID-19 Disparate Health Impacts

Unconscious Bias -- Sex

Woman who present in the hospital with relevant symptoms are far less likely to be diagnosed with cardiac disease than are men who present with identical symptoms. They are more routinely diagnosed with an anxiety disorder or emotional disturbance when they complain of shortness of breath or chest pains than are men. Women are sent home with anxiety meds and a misdiagnosis far more often than men who present with the same symptoms.

COVID-19 Disparate Health Impacts

Unconscious Bias -- Race

The percentage difference in illicit drug use between white males and black males is only 1% - not even statistically significant.

COVID-19 Disparate Health Impacts

Unconscious Bias -- Race

If a white patient presents to a white male physician complaining of pain, he is far more likely to receive pain medications than a black patient who presents and makes an identical complaint. This fact has been tested on numerous occasions and documented in a multitude of peer reviewed studies. Through continual portrayals in movies and on television of black men as either physically tougher than their white counterparts, or more likely to be engaged in illicit drug-seeking behavior, an unconscious bias has developed among white physicians.

Green CR, Anderson KO, Baker TA, et al. The unequal burden of pain: confronting racial and ethnic disparities in pain. *Pain Med.* 2003;4(3):277-294.

Pletcher MJ, Kertesz SG, Kohn MA, Gonzales R. Trends in opioid prescribing by race/ethnicity for patients seeking care in emergency departments. *JAMA.* 2008;299(1):70-78.



COVID-19 Disparate Health Impacts

Social Determinants of Health

- Higher incidences of co-morbid conditions, many of which can be attributed to social factors
- Growing up in a stressful environment
- Lacking food security
- Living in higher density environments
- Limited educational attainment
- Limited employment opportunities in jobs with lower risk of exposure
- Less access to high quality healthcare / health insurance

How Implicit Bias Persists

Cannabis Ethics

Words Matter

An analysis of the history of laws regarding the restriction of cannabis reveals a variety of social judgments, some of them racist in nature, that impacted the choice of vocabulary. While “cannabis” refers to a plant type, which includes hemp in addition to varieties that contain higher concentrations of THC, the word “marijuana” was used in efforts in the 1930s to enact a cannabis prohibition.

Harry Anslinger, who spearheaded prohibition efforts, stated: “There are 100,000 total marijuana smokers in the US, and most are Negroes, Hispanics, Filipinos, and entertainers. Their Satanic music, jazz and swing, results from marijuana use. This marijuana causes white women to seek sexual relations with Negroes, entertainers, and others” Smith L. How a racist hate-monger masterminded America's War on Drugs Timeline. 2018.

The intentional use of the term “marijuana” was based on an effort to demonize the plant and also served to deceive some lawmakers about the impact that prohibition would have on the hemp industry. Given this history, I prefer to use the term cannabis whenever possible, unless a specific use of the term “marijuana” has been applied in a more objective way (e.g. medical marijuana).



Important Concepts

The Ethics of Objectivity

Discrimination: Good and Bad

- ❖ Discriminatory judgments are only unethical when they are based on morally irrelevant criteria.
- ❖ Blind bus drivers, Catholic rabbis, Hooters and B.F.O.Q's.
- ❖ Segregation, Redlining, Women's Credit, Islamophobia.

The Ethics of Objectivity

Microaggression

- ❖ “Your English is perfect” says the teacher to an Asian American whose first language is English.
- ❖ “I can’t win a negotiation with you guys” says the businessperson to his Jewish competitor.
- ❖ “You don’t dress like a lesbian” says the co-worker to a colleague.
- ❖ “He fits in really well. You know, he is the white kind of black guy” says the engineer when describing a workplace acquaintance.

The Ethics of Objectivity

Diversity, Inclusion, Equity

- ❖ Diversity: Who is invited to the dance?
- ❖ Inclusion: Who shows up and is comfortable dancing?
- ❖ Equity: Who is the least advantaged member of the group and how does that person's situation compare to that of the least advantaged member of any other possible group?

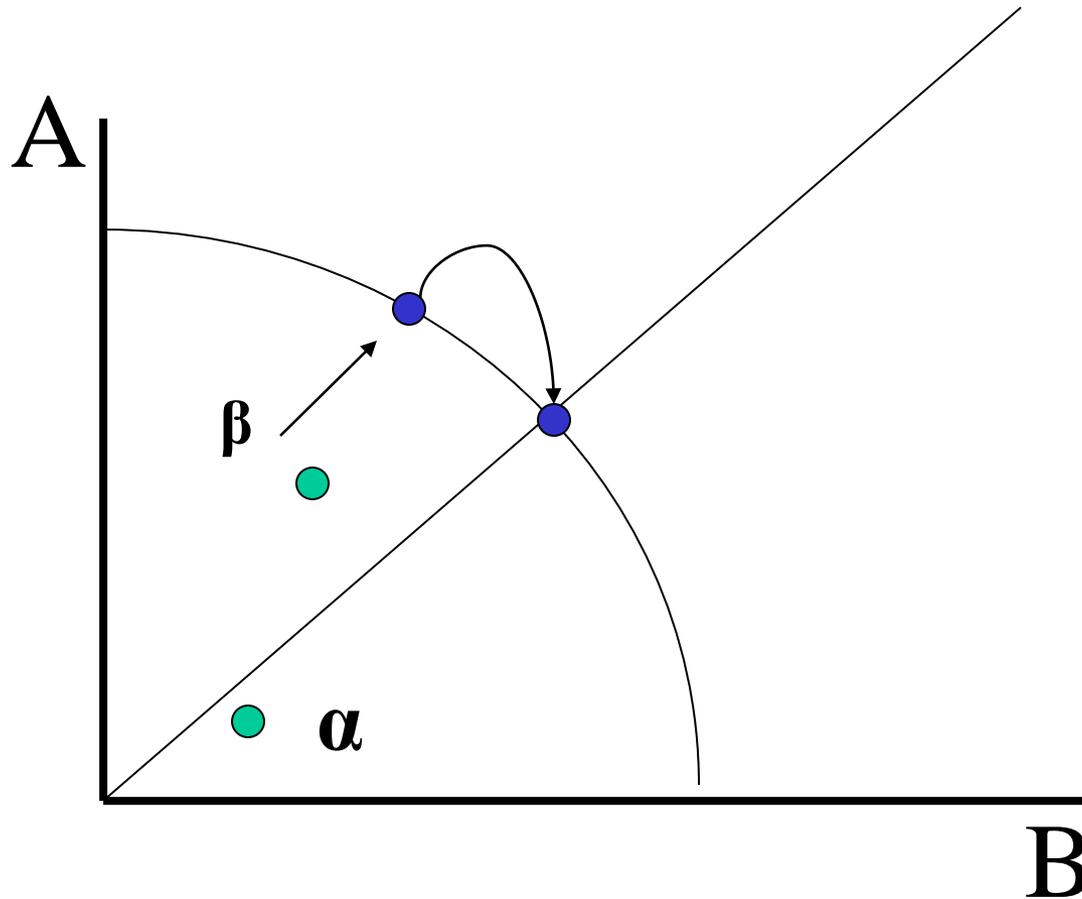
The Allocation of Resources

Effectiveness, Efficiency, Equality, Equity

	α	β	γ	δ
A	1000	950	-7 (5)	500
B	25	100	-5 (5)	300

The Allocation of Resources

The Concept of Fairness



Power, Harassment and Hostile Environments

Workplace Harassment

Definitions

Harassment is a form of employment discrimination that violates Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, (ADEA), and the Americans with Disabilities Act of 1990, (ADA).

Harassment is unwelcome conduct that is based on race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability or genetic information. Harassment becomes unlawful where 1) enduring the offensive conduct becomes a condition of continued employment, or 2) the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive. Anti-discrimination laws also prohibit harassment against individuals in retaliation for filing a discrimination charge, testifying, or participating in any way in an investigation, proceeding, or lawsuit under these laws; or opposing employment practices that they reasonably believe discriminate against individuals, in violation of these laws.

Workplace Harassment

Definitions

Petty slights, annoyances, and isolated incidents (unless extremely serious) will not rise to the level of illegality. To be unlawful, the conduct must create a work environment that would be intimidating, hostile, or offensive to reasonable people.

<https://www.eeoc.gov/laws/types/harassment.cfm>



Workplace Harassment

Definitions

Offensive conduct may include, but is not limited to, offensive jokes, slurs, epithets or name calling, physical assaults or threats, intimidation, ridicule or mockery, insults or put-downs, offensive objects or pictures, and interference with work performance. Harassment can occur in a variety of circumstances, including, but not limited to, the following:

- The harasser can be the victim's supervisor, a supervisor in another area, an agent of the employer, a co-worker, or a non-employee.
- The victim does not have to be the person harassed, but can be anyone affected by the offensive conduct.
- Unlawful harassment may occur without economic injury to, or discharge of, the victim.

<https://www.eeoc.gov/laws/types/harassment.cfm>



Case Studies in Implicit Bias

Cross Cultural Ethics

“Who Defines Neglect?”

Amy (age 16) and her parents entered the United States illegally by traveling from Romania to Mexico, then walking across the Mexican border. They were picked up by Immigration and have applied for asylum. The family is Romani and identifies themselves as part of the Roma culture. They came to the attention of law enforcement when Amy was panhandling with her son (age 1) and his father, Chris (age 21). Amy was carrying a sign stating "please help for food diapers milk god bless you." Chris was arrested for contributing to the delinquency of a minor. Amy's parents could not immediately identify permanent housing and appeared to condone Amy's behavior and relationship with Chris whom they described as her husband. Amy and her son were placed in foster care.



Short Cuts in Customer Service

“You Can Tell”

Mr. H has worked for the agency for a number of years and a new staff member is assigned to him for training. Mr. H does two intakes, one right after the other. In the first intake, Mr. H was very curt, and only offered the bare minimum of programs. In the second case, Mr. H seemed affable and made many suggestions regarding possible programs that might be relevant. The two clients seemed similar in financial need and family situation, so the new trainee asked why Mr. H was so much more helpful to the second client. Mr. H answered “If you work here long enough you’ll learn. Ethiopians lie and Mongolians are polite. That first guy didn’t need half of what he asked for and the second guy was too shy to ask.”



Short Cuts in Customer Service

“The Memo”

Supervisor I sent out a memo to all staff who work with citizens regarding their applications for rental assistance, unemployment benefits, and SNAP benefits. The memo warned staff to be on the lookout for fraudulent claims over the next few weeks because there has been a rash of applications that contain significant and unlikely similarities regarding weekly income, etc... The memo also stated that this is an annual problem that occurs “whenever the gypsies are coming through town” and that this is the time of year when that happens. It instructed staff to be wary of “gypsy applications”.



Ethics in Foster Care Services

“The Child’s Best Interest”

Mr. D is a 5-month-old inter-racial child who appears physically to be African-American. He was exposed in-utero to illicit substances and was abandoned by his mother who has also been subject to criminal charges. Mr. D’s mother has previously had her parental rights terminated with regard to an older child and is likely to soon have her parental rights terminated in this case. Mr. D is currently in foster care with a Caucasian family that also includes one other African-American child and one bi-racial Caucasian-Asian child. In developing long-term placement options for Mr. D, staff discovered that he has a half-sibling who is Caucasian and who has been adopted by a Caucasian family in a rural, racially uniform West Virginia town. When agency staff members traveled to the West Virginia town to assess the family situation, they found a home environment that was caring and capable, but a community that seemed to lack racial and ethnic diversity. The staff members, who are African-American themselves, found many aspects of the community to be unwelcoming and uncomfortable. They also noted that while the prospective adoptive family was excited about the possibility of adopting Mr. D, they were not open to engagement with extended family (although they would allow sibling visits even if Mr D. is not placed with them) and they were not experienced or educated with regard to the specific needs of, and challenges that would be faced by, raising a black child in a uniformly white community. Staff members are torn between a desire to place Mr. D with his half-brother in an effort to retain some family connection, and the concern that growing up in this community would create significant challenges. They want to do what is in the best interest of the child, but it is unclear whether family consolidation on the one hand or living in a diverse community with a family that is experienced in raising a racially mixed family on the other hand, will most likely achieve that goal.



Public Service Ethics

“Is That Really Part Of My Job?”

For years the locality has maintained a code-compliance inspection group that routinely tours specific areas where blight has been a problem and which supports the locality’s inspection division in its monitoring of rental units.

Since the last local elections, one new member of the County Board of Supervisors who ran on a platform of restricting inappropriate spending has been very vocal about the presence of undocumented aliens in the community. He has clearly stated his opposition to spending any public funds to support undocumented aliens. In response to pressure from this elected official, staff have been instructed to report any suspicion that a resident is an undocumented alien to the police, even if the suspicion is raised during a routine inspection of rental property. Staff members feel very uncomfortable about their involvement in what they perceive to be a distinct effort beyond their inspection duties. How should they respond?



Case Studies in Trauma Informed Practices

Hostile Work Environments

“UVA vs. Virginia Tech”

After Virginia Tech succeeded in delivering its annual trouncing of UVA in Saturday’s football game, the break room was a-buzz with Monday morning quarterbacking. Supervisor C finally put an end to the discussion by saying, “Fine. So the idiots can throw a ball. But the only people who go to Tech are the ones who couldn’t get into UVA. They might win on the football field, but they wouldn’t do well in this office.” Supervisee D now feels very uncomfortable because he went to Virginia Tech. He is concerned that Supervisor C will play favorites during annual reviews.

Did Supervisor C create a hostile work environment?



Hostile Work Environments

“Michael Scott Couldn’t Have Said It Better”

Young Technician E was attempting to assemble a mock-up of the team’s mil-spec communications shelter and was having great difficulty in getting the module to sit into the bed of the Humvee. After more than an hour of hard work, he succeeded and said “Wow that was really a tight fit. I guess sometimes you just need to push a little harder to get it to go in.” At that point, the female lead engineer on the project said “That’s what she said.” The entire lab broke out in laughter except for Tech E, who was young and a little innocent. Once he got the joke, he turned bright red and seemed rather embarrassed.

Is this engineering lab a hostile work environment?



Ethics and Countertransference

“It Impacts All Of Us”

Mr. R is a 36-year-old consumer who carries diagnoses of depression, anxiety, ADHD and substance abuse. Mr. R previously received services from a particular case manager but that staffing assignment was discontinued after Mr. R became infatuated with her and was unable to maintain appropriate boundaries. Mr. R's behavior became so pronounced, including behavior that can best be described as stalking, that police have been involved. The agency has worked to disengage Mr. R from the previous case manager but he has become angry and confrontational. Staff members are concerned that better separation must be maintained and have considered referring Mr. R to the V.A., where he is eligible to receive services. None of the case manager's co-workers want to work Mr. R since they all believe that he has placed one of their colleagues at risk.



Workplace Violence

“He Is Scary”

Mr. W is a 17-year-old patient with no ID/DD diagnosis, a long history of aggressive and impulsive behaviors, who has been intermittently aggressive towards staff, irritable, agitated, and threatening during his two month stay. Mr. W became particularly agitated when his brother told him that his parents had lied about his discharge date and he unintentionally knocked a nurse to the floor when he flung open a door and eloped off of the unit. Upon return, he was told that he would be placed in restraints because of his threatening behavior toward the nurse. Mr. W asserted that knocking the nurse down was an accident and violently attacked the nurse supervisor who accused him of being dangerous by punching her hard in the face, knocking her unconscious. Subsequently, Mr. W now complains that people were treating him like a monster even after he apologized. Staff members are having a hard time knowing how to manage this case and are concerned that violence is not taken seriously enough by the administration.



Ethics in Long Term Care

“Black Lives Matter”

Over the past year, we have seen significant unrest in this country as we consider the systemic racism that lingers in our society. Tension has increased as some have made an effort to highlight their concerns that individuals and communities of color have been unfairly targeted by violent police tactics. Others have countered that the “protesters” are “rioters” and that they are influenced by anarchist agitators.

How should the facility respond if white residents make overt comments to African-American staff members denigrating the Black Lives Matter agenda when those comments make the provider feel threatened or offended?



Immigration Ethics

“If It Isn’t Documented...”

Mr. S is a 24-year-old client who receives mental health counseling through the CSB. Mr. S has several significant stressors in his life that have become the focus of counseling. One major issue surrounds Mr. S’s undocumented immigration status. Mr. S’s psychologist is reticent to document this issue in detail because the records could be subpoenaed. Should the psychologist keep complete records?