

Q&A with Dr. John Rich: The Impact of Racial Trauma and Substance Use in Communities of Color

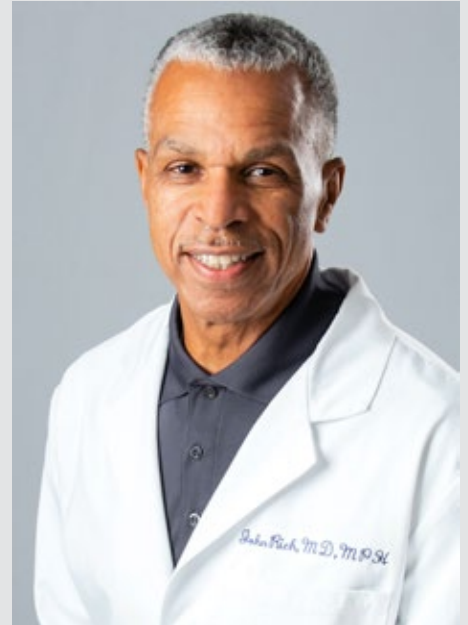
John A. Rich, M.D., MPH, is the Co-Director of the Center for Nonviolence and Social Justice and Professor at Drexel University School of Public Health

TFAH: You started your career as a primary care physician and you saw the impact of drug and alcohol misuse every day. How did that work lead you to your current focus on community health and the impact of trauma?

Dr. Rich: Yes, in my work in inner-city Boston and now in urban Philadelphia, we see that alcohol abuse and substance use are very much linked to the trauma and adversity people have experienced throughout their lives. But it is not only urban environments, or among people of color, in which we see this connection. The CDC's Adverse Childhood Experiences Study has shown that childhood trauma is almost ubiquitous, with two-thirds of people, regardless of their social class, reporting childhood adversity.⁵⁴ But in urban contexts, and in Black and Brown communities, there is the added effect of racial trauma. Racial trauma embodies both small acts of racism, such as being ignored when walking through a store or potentially followed, to overt racism, such as the police violence. We know that these experiences affect the mind and body in ways that can worsen chronic diseases. And these experiences can create emotional stresses that lead to self-damaging behaviors, such as excessive alcohol use. As we focus on the health of communities, we not only need to take a trauma-informed perspective—I prefer the term “healing informed”—we must also take account of the impact of racial trauma and ensure that our approaches to healing are racially just and culturally responsive.

TFAH: Tell us more about your work to design new models of healthcare and criminal justice that recognize and treat trauma.

Dr. Rich: My work is centered on creating opportunities for healing, particularly for young people, in the healthcare system—whether through primary care or as victims of violence. In each of these interventions—the first being the Young Men's Health Clinic, which I started in Boston; and more recently, Healing Hurt People, founded by my colleague and partner Dr. Ted Corbin—our goal has been to orient young people to the existence of physical, psychological, and racial trauma so they understand what is happening to them in the aftermath of these significant traumatic events. This orientation is critical so they do not turn to substances or other self-destructive behaviors as a result of the very intrusive symptoms of trauma. We then engage them in support to meet their concrete social needs, such as education, jobs, intervention with the legal system, or navigation through the healthcare and behavioral health systems in order to address the very real social determinants of health. As we meet these identified needs, we then engage them in culturally responsive healing. Such healing programs could be traditional evidence-based therapy delivered by a diverse staff. But they could also be engagement with music, movement arts, or yoga, because we know that the wounds of trauma are not physical and psychological alone; they are also spiritual.



TFAH: Some of your programs train young Black men to be peer health educators to other members of their community. Can such programs help change the trajectory of boys and young men within those communities? Can they play a role in addressing the deaths of despair crisis?

Dr. Rich: We believe that young people who have experienced trauma and have undertaken a healing journey are the real experts in fashioning new systems and in helping other young people heal. We know that young men of color are often stigmatized and judged, almost as though they are blamed for the traumas that have befallen them. Sometimes this happens at the hands of the very people who are supposed to be helping, such as therapists who have not done their own work to understand their implicit racial biases. We have launched a Community Health Worker Peer Training Academy to equip these amazingly talented young people of color with the skills and the certification to be able to support other young people who are embarking on a healing journey. Their role is to engage young people to help them navigate often unfriendly systems and to come away with a sense of normalcy, understanding that the effects of trauma can be felt by anyone. We've also worked to ensure that these young people, when they are hired by health centers or behavioral health organizations or youth organizations, have the certifications that will allow their services to be reimbursed under behavioral health Medicaid. This is critical for allowing these young people to have a viable and promising trajectory within healthcare and behavioral health.

TFAH: Recently released data showed a striking decline in mental health and suggest an increase in overdose deaths nationwide during the current pandemic. Are you concerned that COVID-19 will add to race-based trauma in the United States?

Dr. Rich: Already COVID has taken a devastating toll on the physical and behavioral health of communities of color. Not only are communities and individuals in those communities in a deep state of grief over the loss of family, friends, and trusted elders in the community, COVID has laid bare the reality that Black and Brown people suffer a disproportionate toll of pain from any and all health and public health problems. For example, the lack of healthcare providers who are Black and Brown is a direct result of the historical legacy of policies of exclusion in health professions' education. It is also true that the vaccine hesitancy we are seeing and hearing about among people of color is entirely understandable given what people have observed about the lack of equity in care for COVID and the lack of access to vaccines that is occurring across the country. The only way to address this is to take an aggressive stance to improve health equity not only for COVID but for all of the health and public health problems that are exacerbated by racism and inequity. Empowering communities through community health workers is one such strategy, but we must build that infrastructure before we are facing a crisis.

TFAH: As a member of the TFAH Board of Directors, you know a focus of TFAH's work is recommending policy actions to improve Americans' health and address health inequities. What are your top priorities for policies that should be implemented to advance health and well-being, particularly around mental health and substance misuse, in communities of color?

Dr. Rich: First, we must aggressively rebuild public health infrastructure across the country in both urban and rural settings. We must acknowledge that this public health infrastructure is critical not only for chronic diseases but also to stem the tide of the diseases of despair that come from disproportionate suffering, deaths, and racial trauma. We must promote place-based approaches focusing on those communities that have been most affected and devastated.

It has been quite disheartening to watch the evolution of the COVID-19 pandemic. When Black and Brown people were suffering and dying disproportionately from this infection, there was little concern about these unfair inequities from white communities. But when the vaccine appeared and we began as public health leaders to advocate for directing vaccinations first to those who are most at-risk, including Black and Brown communities, suddenly there were cries of "unfair" and public health leaders were accused of bias against white people. This argument was ludicrous. We must always focus on the most affected communities, whether we know all of the underlying reasons or not. Our policies must reflect a desire for health equity, which means meeting the needs of communities and focusing resources on those communities that are most in need of those resources. Finally, we must focus on greater diversity among healthcare providers and healthcare institution leadership, including boards of trustees and certainly leadership of public health institutions. This leadership is critical to ensuring that the issues that affect Black and Brown people are squarely placed in the high priorities and missions of these institutions.