

Becoming anti-racist for the benefit of our patients

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Health disparities are pervasive in pediatrics and range from infant mortality to poor mental health outcomes and disability [1,2]. Although the root causes of such disparities are multifactorial, racism, in all its forms, plays an important role [3]. A life course perspective acknowledges that early childhood experiences of racism and social disadvantage trigger physiologic responses that cumulatively impact health and functioning beyond the immediate psychological impact across an entire life span and across generations [1,4]. To ensure that all children can achieve their highest levels of well-being, pediatric physiatrists and other pediatric rehabilitation providers should acknowledge and address the roles that personally mediated, internalized, and structural racism play in children's health, functioning and development. As our field considers these deep-rooted and challenging issues, the American Academy of Pediatrics has published a timely policy statement entitled, "The Impact of Racism on Child and Adolescent Health" which provides an evidence-based framework focused on the role of racism as a core determinant of child and adolescent health [5].

As noted by the policy statement authors, "Although the endemic nature of racism has powerful impacts on perceived and actual health outcomes, it is also important to note that other forms of discrimination (e.g., gender, religious, sexual orientation, immigrant, and disability status) are actively at play and have created a syndemic with the potential to undermine child and family health further" [5]. An individual's identity is not unidimensional, nor are the social influences on

their health. The group assignments that make up our identities intersect and may have additive or synergistically negative impacts for members of oppressed groups [6]. In pediatric rehabilitation, we intuitively understand the importance of converged identities and the impact these identities have on health outcomes – our patients have disabilities but are not solely defined by them. For children with disabilities, the experience for oppressed racial groups is certainly different than it is for white middle/upper class families who can more readily access healthcare and school resources to address their children's needs [7].

As champions for children with disabilities, we are aware that disability is disproportionately experienced by children who are poor and black [8,9]. Additionally, twice as many children with more complex healthcare needs experience racism compared to children without special healthcare needs [10]. We must advance beyond attitudes such as "I am not a racist" toward being advocates for anti-racism and social justice to help our patients thrive. This requires understanding the presence of structural racism which perpetuates differential access to goods, services, and opportunities based on race and is operationalized through policies, laws, and regulations on a local, state, and national level [11]. With the COVID-19 pandemic, we are seeing in unprecedented ways how vulnerable populations, especially ethnic and racial minorities, bear the brunt of the health and economic consequences [12]. In addition, we are witnessing the racialization of the virus, including the President calling COVID-19 (also known as the novel coronavirus) the Chinese virus and have seen a

rise in violence and microaggressions against people of Asian descent [12]. In our own daily work, we can start by addressing systems in place in our own clinics and hospitals that perpetuate inequities. We can engage in partnerships with patients, families, community members, and policymakers to play meaningful roles in developing solutions that work to dismantle the structural racism that fuels social determinants of health. We must speak up against xenophobia and racism in all its forms for the wellbeing of our patients and communities. It is abundantly evident that racism and other forms of socially mediated oppression and marginalization are bad for children's health. It is time for those of us in the field of pediatric rehabilitation to actively promote an anti-racist agenda for the well-being of our patients.

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Conflict of interest

None.

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