



Letter from the President, News Articles

Pediatricians invited to be part of conversation on race

by Benard P. Dreyer M.D., FAAP, President, American Academy of Pediatrics



"Careful the things you say, children will listen" are lyrics from Stephen Sondheim's "Into the Woods ." The musical is about fairy tales, but we're not living in a fairy tale now.

For over a year, there's been a national conversation in the media pretty much 24/7 about race, ethnicity, racism, ethnic discrimination and religious intolerance. That conversation has included graphic images and harsh words.

For those of us who lived during the '50s and '60s, times have certainly changed and for the better. I remember visiting south Florida as a child and seeing "white only" and "colored only" water fountains and bathrooms. I experienced rules such as African-Americans being required to leave Miami Beach by sundown or being allowed to ride only in the back of the bus.

However, if we thought we were moving into a post-racial period, the present conversations are throwing cold water on our hopes. And children are definitely listening and watching. "Careful the things you do, children will see and learn."

As pediatricians - and as the American Academy of Pediatrics - how should we enter this conversation? What should we be advocating for in our country and our communities? What should we be saying to advance our mission "to attain optimal physical, mental, and social health and well-being for *all* infants, children, adolescents and young adults?" How do we help families of all races, ethnicities and religions cope and thrive? How do we help parents make their children feel safe and become confident, tolerant and empathetic? And what do we say to the children themselves?

AAP leadership and membership have been grappling with this issue for months, and it's likely to become a major focus in our Agenda for Children. I invite you into this conversation.

As it says in the article "[Talking to Children About Racial Bias](#)" on [HealthyChildren.org](#), children learn about racial, ethnic and religious differences from their first teachers: their parents. And they learn these lessons early. When my youngest was born as a white child with three older interracial siblings, my wife, Constance, and I decided to wait for him to ask us why his brothers and sister had darker skin. He never did.

I asked him about it when he was much older; he said he never noticed the difference in skin color. He just didn't see it. The "skin I'm in" was not relevant to a young child or his loving relationship with his sister and brothers.

I recently spoke with a pediatrician colleague and friend who is an African-American mother of two school-age boys living in an affluent community. I asked her how her family was dealing with the images and words her children were seeing and hearing almost every day in the media and most likely discussing at school. I asked



Letter from the President, News Articles

her permission to share but wasn't prepared for the response.

Through tears that never stopped coming, she told me of the constant anxiety she and her husband feel about their children, even though they live in a protected environment. She described the two levels of stress her family experiences:

- how to explain the greater world to her children, such as the ongoing shooting of African-American men by police, and
- how to deal with her own personal world, such as well-meaning teachers who unconsciously treat her children differently. Even in her well-resourced school system, her sons, because of the color of their skin, may be assumed to be "bad" rather than having attention or hyperactivity problems or "dumb" rather than being really smart and therefore bored to distraction in class.

This stress, of the macro-environment and her own micro-environment, never leaves her, even at work, where she is one of the most competent, composed and self-assured pediatrician leaders I know. She reiterated that her family was in a safe and "privileged" environment. How much harder must it be for our patients living in inner-cities or poor rural areas - places neither safe nor with adequate resources? Her boys are young now. What will she tell them when they become teenagers?

That conversation was a small window into a big problem, a problem I believe demands the voice and actions of pediatricians. Inaction in the face of injustice is not an option.