



# Violence Towards Scientists and Health Workers during the Pandemic

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# Land and Labor Acknowledgement

*We acknowledge that we are all living off the stolen ancestral lands of Indigenous peoples for thousands of years. We acknowledge the extraction of brilliance, energy and life for labor forced upon people of African descent for more than 400 years. We celebrate the resilience and strength that all Indigenous people and descendants of Africa have shown in this country and worldwide. We carry our ancestors in us, and we are continually called to be better as we lead this work.*

## Image Details:

Top Image: Oregon Health & Science University's Native American Center of Excellence aims to increase American Indian and Alaska Native representation in the healthcare workforce. This image is of the Spring 2021 cohort of scholars celebrating their completion of the OHSU Wy'East Post-Baccalaureate Pathway at a blanket ceremony. Photo Credit: OHSU/Michael Schmitt  
Bottom Photo: Washington B. New Orleans; 2019. <https://www.the15whitecoats.org/>. Accessed May 3, 2022.



March 2020

EVEN IF RACISM IS A  
PUBLIC HEALTH CRISIS, I  
DON'T SEE OUR  
ORGANIZATION HAVING  
TO TALK ABOUT IT OR  
CHANGE ANYTIME SOON.



**BLACK  
LIVES  
MATTER**

*In Rural America, Covid Hits Black  
and Hispanic People Hardest*

At the peak of the Omicron wave, Covid killed Black Americans in rural areas at a rate roughly 34 percent higher than it did white people.

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Donald J. Trump  
@realDonaldTrump

The United States will be powerfully supporting those industries, like Airlines and others, that are particularly affected by the Chinese Virus. We will be stronger than ever before!

6:51 PM · Mar 16, 2020 · Twitter for iPhone



**COVID-19**

**TOM  
FISH  
BURNÉ**

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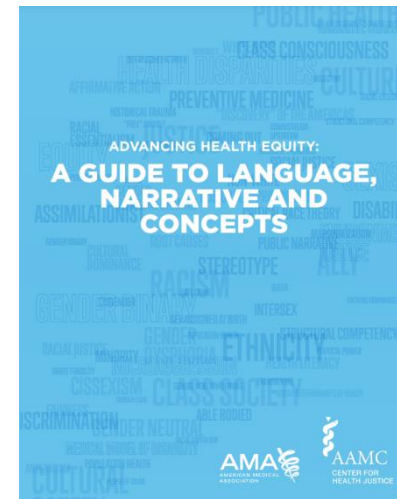
# MEDPAGE TODAY®

## 15 Black Doctors on Social Media You Need to Follow

— A look at some of the top medical professionals on Twitter and Instagram

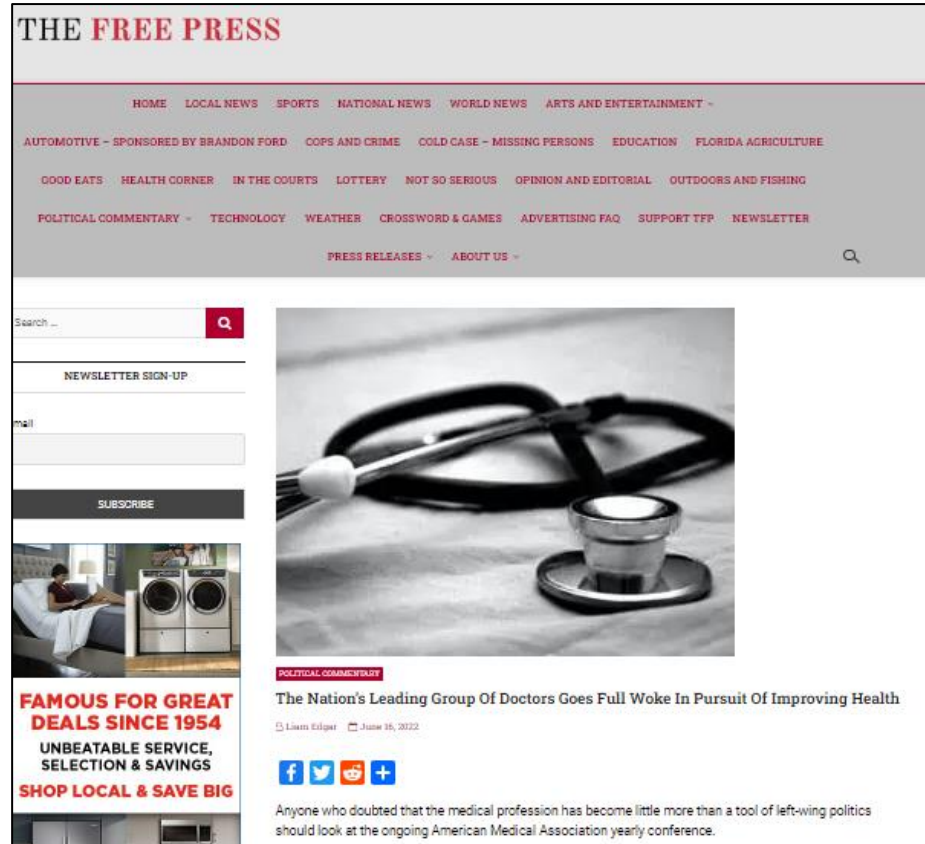
by Brandon Hargrett, Editorial Assistant, MedPage Today February 10, 2022  
Last updated February 10, 2022

Camara Jones, MD, PhD, MPH Ulrich Blackstock, MD Brian Williams, MD Conella Cleve, MD, MPH Keturah Brown, MD, MPH	Ebony Butler, PhD Cleopatra Gilman, MD Ulrika Essau, MD, MPH Andrea Alexander, MD Jasmine Marcelain, MD	Rhaz Bayil, MD, MPH Andrea Campbell, MD Kimberly Manning, MD Fatima Cody Stanford, MD, MPH, MBA, MBA Clyde Henry, MD, MSc
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# The pushback, resistance, violence

- A Physician's role isn't about politics
- Physicians have enough to do – to ask them to do one more thing...
- What's the evidence? (with assumptions that assertions are being made)
- This is not a priority



# Disruption of dominant/harmful narratives that undermine optimal health for all

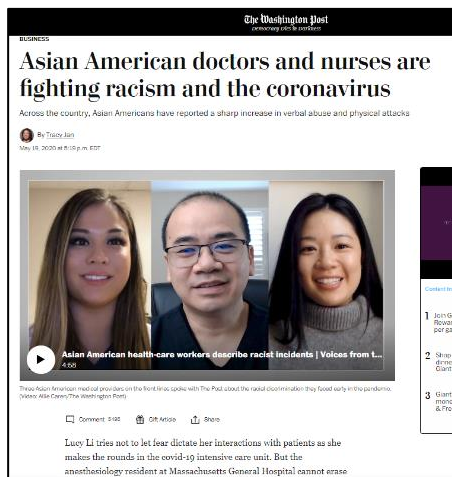
- Racial and class inequities are “unfortunate, but not necessarily unjust”
- Self-determining individuals make right or wrong “lifestyle” choice -rendering political, structural, and social determinants of health inequities invisible (individualism)
- Cultures of oppressed and marginalized racial and ethnic groups are responsible for and blamed their own poorer health outcomes (“Othering”)
- Pick ourselves by our bootstraps (meritocracy)
- American exceptionalism
- “If you gain, I lose” (zero-sum game)
- Hierarchy of human value based on skin color (white supremacy)

Dominant narratives, embedded in our institutions and culture, represent voices reinforcing social relations that generate social, political, and economic inequality and racial injustice marginalizing or silencing the voices of social groups with limited power. These narratives shape consciousness, meaning, and explanations of events.

## Narrative

Their effect is to **obscure power (and responsibility)**, divide populations with common concerns, enforce compliance, and ensure that opposing visions of society's future do not become reality.

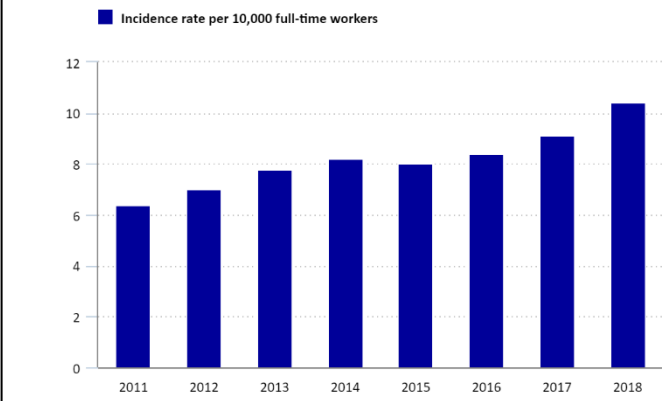
# Backlash and the stories of violence towards physicians made visible



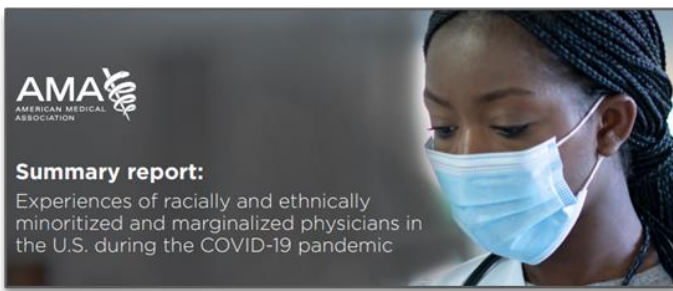
# Lacking data on violence against physicians

- Injuries caused by violent attacks against medical professionals grew by **67% from 2011 to 2018**, with health care workers **five times** more likely to experience workplace violence than workers in all other industries.
- A number of 2020-2022 studies document how this trend has intensified during the pandemic.
- Around 1 in 5 physicians identifying with minoritized or marginalized groups experienced increased mistreatment (less dignity and respect) by their patients or colleagues because of their race/ethnicity.
- Not much data regarding experience of violent physical attacks outside of the workplace at the intersection of racism and other -isms.

Chart 1. Incidence rate of nonfatal workplace violence to healthcare workers, 2011-18



Source: [US Bureau of Labor Statistics](#)





# Understanding the consequences/impacts also limited

- **Burnout:** Mistreatment and discriminatory behaviors by patients, families, and visitors against hospital-based physicians is associated with an 27% to 120% increased risk of burnout, especially for female and racially and ethnically minoritized physicians (Dyrbe et al 2022).
- **Psychological distress, overall well-being, and quality of patient care:** Systematic review of 22 studies of violence against physicians identified key consequences, with providers reporting that workplace violence had a negative effect on quality of care for patients and their own motivation to work (Chakraborty et al 2022).
- Not much data regarding experience of violent physical attacks outside of the workplace at the intersection of racism and other -isms.

#### Sources:

Dyrbe LN, West CP, Sinsky CA, et al. Physicians' Experiences With Mistreatment and Discrimination by Patients, Families, and Visitors and Association With Burnout. JAMA Netw Open. 2022;5(5):e2213080. doi:10.1001/jamanetworkopen.2022.13080

Chakraborty S, Mashreky SR, Dalal K. Violence against physicians and nurses: a systematic literature review. Z Gesundh Wiss. 2022;30(8):1837-1855. doi: 10.1007/s10389-021-01689-6. Epub 2022 Jan 22. PMID: 35096514; PMCID: PMC8783572.

# AMA policies – protection of health care workers

## Violence and Abuse

Violent Acts Against Physicians H-515.982

<b>Topic:</b> Violence and Abuse	<b>Policy Subtopic:</b> NA
<b>Meeting Type:</b> Annual	<b>Year Last Modified:</b> 2013
<b>Action:</b> Reaffirmed in lieu of	<b>Type:</b> Health Policies
<b>Council &amp; Committees:</b>	

## Violence and Abuse

Protecting Physicians and Other Healthcare Workers in Society H-515.950

<b>Topic:</b> Violence and Abuse	<b>Policy Subtopic:</b> NA
<b>Meeting Type:</b> Interim	<b>Year Last Modified:</b> 2020
<b>Action:</b> NA	<b>Type:</b> Health Policies
<b>Council &amp; Committees:</b> NA	

## Abortion

Violence Against Medical Facilities and Health Care Practitioners and Their Families H-5.997

<b>Topic:</b> Abortion	<b>Policy Subtopic:</b> NA
<b>Meeting Type:</b> Annual	<b>Year Last Modified:</b> 2019
<b>Action:</b> Reaffirmed	<b>Type:</b> Health Policies
<b>Council &amp; Committees:</b> Council on Science and Public Health	

Our AMA (1) condemns **acts** of violence **against physicians** involved in the legal practice of medicine; (2) will continue to take an active interest in the apprehension and prosecution of those persons committing assaults on **physicians** as a result of the physician's acting in a professional capacity; (3) will continue to monitor state legislative efforts on increased criminal penalties for assaults **against** health care providers; and (4) will continue to work with interested state and national medical specialty societies through all appropriate avenues, including state legislatures, when issues related to workplace violence inside and outside of the emergency department arise.

Our AMA: (1) acknowledges and will act to reduce the incidence of antagonistic actions against **physicians** as well as other health care workers including first responders and public health officials, outside as well as within the workplace, including physical violence, intimidating actions of word or deed, and cyber-**attacks**, particularly those which appear motivated simply by their identification as health care workers; (2) will educate the general public on the prevalence of violence and personal harassment against **physicians** as well as other health care workers including first responders, and public health officials, outside as well as within the workplace; and (3) will work with all interested stakeholders to improve safety of health care workers including first responders and public health officials and prevent violence to health care professionals.

The AMA supports the right of access to medical care and opposes (1) **violence** and all acts of intimidation directed **against physicians** and other health care providers and their families and (2) **violence** directed **against** medical facilities, including abortion clinics and family planning centers, as an infringement of the individual's right of access to the services of such centers.

# Gaps in mitigating harm against physicians

- Narratives - Medical culture = silence; lack of urgency for the well-being of people doing the work
- Few institutional policies and processes in place to protect physicians, esp outside of the workplace
- Lack of knowledge of the scope of problem - Centralized data collection at the institutional and macro level (state and national)
- Solidarity among institutions of medicine limited



Monica  
McClemore



Michelle  
Morse



Toyin  
Ajayi



# Recommendation

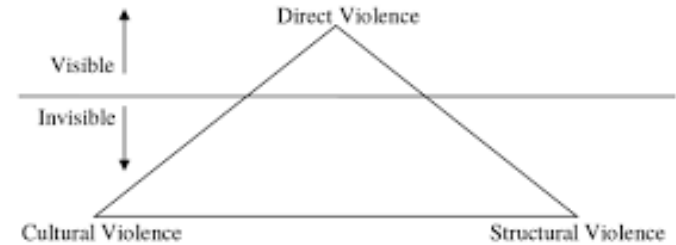


- Provide ongoing development and support to engage in institutional and political advocacy



# Recommendations

- Development of more useful frameworks to explain violence against physicians and health workers inclusive of violence outside the workplace, workplace violence, institutional violence, environmental (or structural) violence across varying motivations ie – hate, racism, and other forms of oppressions
- Development of robust surveillance and data collection systems, technologies, and standards to track hate-based and other types of violence directed at physicians and health care workers in and out of workplace.

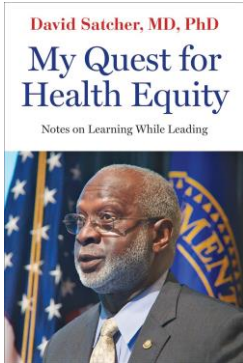


# Recommendations

- Regulatory and health care organizations, including hospitals, health systems, and independent practices...
  - Collectively commit to **dismantle dominant narratives** that reinforce structural racism and structural violence and to creating a culture, practices, and processes that center equity and justice.
  - **Center the experiences and expertise of health care workers who are marginalized and minoritized** and in the design and development of structural and institutional solutions
  - Create systems and processes to **document discrimination, abuse, harm, and types of violence (physical, psychological) at all levels** (implicit, explicit, interpersonal, institutional, and systemic) against physicians and other healthcare providers that impact their health and their ability to provide high-quality and safe care for their patients, as well as **standards and measures for accountability**.
  - **Share best/promising practices** for effective violence prevention strategies in and out of health care settings.
  - **Develop security and safety response protocols** to protect physicians and other health care workers to ensure their safety and freedom from hate-based violence and intimidation.

# Recommendations

- Raising of urgency, critical consciousness and shift in the culture of care re: what happens to us health providers
- Solidarity-based strategies to mobilize individuals and organizations, across the health ecosystem, to name, confront, and effectively resist hate-based violence and intimidation.



*"We need leaders who first care enough. We need leaders who learn enough. We need leaders who do enough."*

*- David Satcher, MD, PhD*





**Physicians' powerful ally in patient care**