Vanguard Award winner describes her work to address racial health disparities in Wisconsin.

Featuring Dr. Patricia McManus

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Dr Mason: Hello and welcome to the next episode of the Health Disparities Podcast, conversations about health disparities with people who are working to eliminate them across the country with purpose and passion. I am Dr. Bonnie Simpson Mason, your host, and this week, we are recording our conversations at the National Harbor in Maryland, where we are enjoying a packed program of speakers and workshops, at the annual Movement Is Life Caucus. Today, I have the privilege of interviewing and speaking with Dr. Patricia McManus. She is the President and CEO of the Black Health Coalition of Wisconsin and has been with that organization since 1988. She has a PhD in urban studies, with an emphasis on health and human services from the University of Wisconsin in Milwaukee. She received a bachelors and master's degree in nursing, also, from UW-Milwaukee and in February 2018, Dr. McManus was appointed as commissioner of the Milwaukee Health Department by the Common Council and was the first woman to hold that position. She is the recipient of this year's Movement Is Life Vanguard Award and this award goes to our champions and pioneers who are making sure that healthcare disparities are diminished, and health equity is increased across the country. You've been doing

some great work in Wisconsin and in Milwaukee and we're just happy to have you here today and learn from you, as well.

Dr McManus: Well, thank you very much. That all sounds good.

Dr Mason: Absolutely, absolutely. Welcome and congratulations. I know you spoke a bit about your work in Milwaukee back in the mid and then, late '80's. Tell us what spawned your founding of the Black Health Coalition of Wisconsin and talk to us a little bit about some of the work you're doing, and then, we'll move into some of the other questions I have.

Dr McManus: Well, in 1984, Milwaukee decided to have a black conference on everything. It wasn't just health, all the different areas, but, then, I was contacted to help put together the specific piece on health. Get the people in the community to talk. Out of that discussion was this need that kept saying that we don't have a voice. We don't have a voice when we talk about healthcare. We don't have a voice when people tell us what they think we want to know and what we don't know. And so, I got together with some other people that I work with. So, the group that kind of got together was myself, as a nurse, a physician, a pharmacist, social worker, about five or six of us, just kind of got together in my basement. That's why I tell people that's where it started because for the next five years that's where the Black Health Coalition was in my basement. That was

the number. We just talked about what we wanted to do. We started out because we actually called it the Black Health Planning Council first because we thought education was extremely important, and it still is, but down the way we realized, no, we have to do advocacy. We've got to be able to check people on what they're doing and how they're treating black people. The more that stuff came up as we got the community more talking about what they wanted to see us do. So, then, we formally got it together in 1988, when we actually became a 501(c)3, and that is when that happened, and, as I said, this was all done pro bono, which you still do. Then, five years later, I always tell people our office was my basement and the phone number was that, and then, five years later, we actually got a grant from the federal office of minority health. They had a coalition grant for minority communities, and from what I understand ours is the only one, out of the ten they funded, ours is the only one that's still going on.

Dr Mason: Oh, wow, outstanding.

Dr McManus: We did it in meeting, because a couple of times, they had us meet with some of the other coalition members, and I don't know if that was the reason, but it seemed to me, everybody else had university people, they had other folks outside of the community as part of it, and we just had us. It wasn't a negative thing for the other folks, but we just felt if we're going

to make some decisions that we think are important, we need to do that. We had professional people that were doing that and I think, to some degree, that may have been why we're still there, even though within another five years, it became more of an organization and I was the exec and those folks were on the board or doing other stuff, but I think the longevity, I think, is tied to the fact that we were doing it for us, by us.

Dr Mason: There you go. Absolutely.

Dr McManus: Even when we had talked to some of the other folks, they were listening more to the universities. I think maybe because of my background and some of the other people, we knew what we wanted to do, already.

Dr Mason: Right, and that contributed to the sustainability of it long-term.

Dr McManus: I really, do think so.

Dr Mason: I love that. That's good, that's good. That's a good take home point for people who are looking to create sustainable change, having the people who are invested in that community because it's their community.

Dr McManus: That's right.

Dr Mason: Being key players in the change.

Dr McManus: Players and I told folks don't give up your day job. That was another thing, which I didn't do. I was teaching at Marquette at the time, Marquette University School of Nursing. And so, that ten years, I stayed there until we developed more and then, still always worked part-time in some other place. I think that helped, too, rather than didn't understand that you could do it. We took our time and we were able to do that, and I really do think… And then, it just got adopted by the community. I mean from the very beginning. We always had their support. All of us who were part of it, already had a relationship with the community. So, they trusted us. That was important that they trusted us, and it was important that we maintained that trust.

Dr Mason: So, you hit on two things already that were really, interesting. It sounds like your emphasis is on education and advocacy.

Dr McManus: Those are the main ones.

Dr Mason: It looks like you have four main task forces within the organization. It sounds like education and advocacy are your primary programs covering mental health, HIV and AIDS, healthy beginnings and health access.

Dr McManus: Right and those were really, kind of more tied to our, they were our priority ones because they were more tied to our funding, we were able to get.

Dr Mason: I see.

Dr McManus: But we really didn't turn anything away that came up that we needed to do. We really felt that education and advocacy probably, the education and advocacy probably remain our strongest point and when we need to be at the table. You know, we need to know what's going on because we did move into some policy issues, as well, over the years.

Dr Mason: Well, we know, and we've heard recently with the population of African Americans in Milwaukee that there are significant disparities still in existence there, but it sounds like your organization has been able to make some impact within the African American community. Tell us a little bit about what have your successes been? Where have seen that you all have been able to make the most impact?

Dr McManus: I think, probably, one of our biggest impacts is having the larger community in Milwaukee, especially, in the health realm, social services and all those kinds of things, respect our community and what they know. We took time to train our community members, so we weren't out there

always saying stuff. They were doing it. Actually, when the H1N1 virus was out, CDC was going around to different cities interviewing communities to ask them, relative to what was going on with H1N1, what they thought. So, I got a call saying they wanted our task force of community people to come, and they would pay them $50 and, as usual, they thought, well, it's $50, so, they'll come and that'll be it. I couldn't stay for the whole thing, but I got a call later that CDC was floored because they had gone to a lot of other cities, but they were floored by the knowledge that they had, by their ability to ask questions, by their ability to disagree if they did. They hadn't seen it before. I said, "Ah, see," because it was, again, that what you think about people, and poor people and they don't know what they don't know. So, that was one of the things, and we still do that, in terms of seeing that as a very important need for us to not always be out front. We can if we need to be, but to help the community themselves have the information, ask questions, challenge things, come back to us if they need help.

Dr Mason: Well, that's the, "*Give a man a fish and he eats for a day, teach a man to fish and he eats for a lifetime*."

Dr McManus: Absolutely. And so, we had more and more people. They would bring us brochures. Say, if they were doing a health brochure, they'd ask if our community groups would review them and look at them.

Dr Mason: Oh, excellent.

Dr McManus: I mean that kind of thing. So, that to me, and to see the people grow, that was the proudest thing for me.

Dr Mason: Yes, those are wins.

Dr McManus: Oh, yes, absolutely, you know.

Dr Mason: On thing that really struck me yesterday and so, I'm going to tap you on the shoulder for another project that you don't know about yet.

Dr McManus: Oh, okay, thank you.

Dr Mason: FYI. But yesterday, during your acceptance speech, I love your review of how you educate communities about race and racism. I want to talk about the impact that your approach to teaching, not just our community, African American community about race and racism. How have you been able to utilize that curriculum to teach majority communities? Communities who are of means. Tell us about how it's received and maybe some of the keyways that you've been able to translate this information in a way that's meaningful and hits home.

Dr McManus: I think I probably got into that more, doing that when I was at Marquette because teaching the students, because, again, you're teaching students who are all different kinds of ages and for me, I was the only black faculty there. I started doing stuff that I do anyway, but I stayed away from teaching the culture in health class because that's what they assumed I was teaching, not community health, you know, the real stuff. As it is. But before I left, I took it a couple of times, and I teach it, but when I have students from Marquette, even them getting used to me, because they didn't have, they weren't used to having black faculty, because, even, when I went to Marquette, I'd walk around the campus and folks would be like, "Oh, hey. What program are you working on?" I'd say, "Well, I'm teaching at Marquette. I'm teaching nursing." "Really? You're faculty. You're on the Gold Coast?" I mean it was the Gold Coast. It's a university. Isn't that what they're should be doing, unbeknownst to me that was so rare. I started going, like I usually do, I started going looking up and out of 405-something faculty, they only had like six black folks and only two that were tenured and that's like, oh, okay, I guess I was rare.

Dr Mason: You're a unicorn.

Dr McManus: Given that, right, but from there, I negotiated with the dean that 25% of my time would be a multicultural setting, and then, we'd have a group together

to work with students to learn about the community and talk about their own experiences. I also did, as students were coming in, if they were students of color, they would get referred to me to advocate, or even if I was in a meeting with that because they would have students they're looking at to accept in the school, and if they had a Hispanic name, they automatically wanted to refer them to English as a second language, and I'd be like, "Wait a minute. Why do you know they need that?" Now, if they were coming from Paris or these other places, they didn't do that. You know? I said, "I think it's fair that we should ask, but we shouldn't make the assumption they can't speak English. They're applying to come in." Those kinds of things dealing with the faculty to get them to know that. Then, working with the students who started to begin to advocate, again, for themselves, but I did have this trick and when I had my class, the first couple of classes, I would tell the students, "Now, you guys, I need you to all sit in the same seat for a couple of weeks, because, you know, you all look alike to me." There was this two-second and then they'd bust out laughing. I'm like, "Oh, you just think we all look alike?" I could only do it a few times because they told everybody. They told the other students, but it was priceless just seeing their faces for a while because they're like, "What?" But it helped me, as well as, helping the students get more comfortable.

Dr Mason: It broke the ice, absolutely.

Dr McManus: I broke the ice for them. They would just crack up. I never, my clinical's always full. My classes are always full. They liked learning. I started doing the community education the same way. I developed this training module around trauma and resiliency and the women's association asked me to teach them about it. So, what I did was, the one I did, you have the principle things of it, and then, I talked to them about African American culture, what they do. So, what I did with them, I used that as a way of showing them this is what we did as African Americans. But you will take this, now, and do it for you. Not this thing that I'm going to tell you what to do among women. I don't think so. I'm amazed that some people think, they have the one thing, one sizes fits all. So, doing that I think, and we worked, we had a state grant for about ten years on tobacco. So, we worked with people. So, the Black Health Coalition had that for the whole state, and then, we worked with HUMOS was the Hispanic side, and then, we had the native side. They did their piece. So, we had folks who did from all the different cultures, and it was great because we put in there that we would learn some things about their culture, and not make assumptions, and they would learn about ours. It was a great relationship.

Dr Mason: It sounds like a cross-cultural learning experience.

Dr McManus: Absolutely. So, what are those things about culture that cross lines, no matter what your culture is? Then, what are the things that are unique to the culture? Unique because maybe even the state you're in. Black folks aren't the same as they are in, you know, Georgia, where my mom came from and those kinds of things. You have to keep that in mind if you're always learning. You can't just put people in little boxes. You know? So, I took those same things and put it like out in the community that way. Then, about five, well, it's almost ten years, now, we were looking at Wisconsin has the highest incarceration rate of black males in the United States, in fact, almost the world because the United States has the highest incarceration rate of black males. So, we've got them in Milwaukee. Where that goes, they kind of look like you when I say that, but it's true. So, we thought, okay, we've got to do something. Especially, when we started doing the trauma stuff. So, we worked it out where we were allowed to come into the House of Corrections. This is the county facility. We started training and work with the guy that works with me and we did men first. We set up this two-hour presentation.

Dr Mason: On trauma?

Dr McManus: On trauma. We couldn't get out the room. I mean, the questions, the comments, we actually had to come back and do another part of it, for them to ask questions. I tell them it's hard for people to recognize that

these are human beings who maybe, made a mistake, but what has happened to them? We don't look to see. You say, well, they're black and they're poor. So, that's probably why they're in there. No. You get that. It was fascinating to hear them. We opened it up. We targeted African Americans, but it was opened up to everybody who wanted to come. We had Russian refugees there and they started talking and got other folks, I mean when they're comfortable enough to know that we're not penalizing, they would ask questions. Certainly, we wanted them to understand fatherhood. It's such an issue when you're in jail. What does that mean? What happens as a father? They really got into that and liked that so much. We, you know, we were donating. When we lost the grant, we were doing it with we still would go in once a month and do that education, which they really appreciated. Like I said we had people who were like, "Why are you in there?" "Well, if nothing else, they're not in prison, yet. Maybe we can help them not end up in prison." That was always a part of what we were doing. People were always like, "Well, why are you doing that?" It's like they're a lost generation. Just kind of throw them away.

Dr Mason: They're not human beings. Like you said, they made a mistake.

Dr McManus: You know, they can't do that. Then, the other part of that, which is a major part of the work I've been doing the last ten years is the child welfare

system, because when you look at what people talk about, in terms of who people are, then, again, in Milwaukee, they take away more kids than they absolutely should. It's just no way the number of kids we have, but it's implicit, I mean, I can't get over that. Like I say you have that language, that implicit bias language. You've got folks who's thinking they're doing a great job, because, God, you see they have violence and they're doing this and doing that. We're rescuing. I mean, they can't go to Kosovo or Haiti. So, they're rescuing these kids and putting them in predominately white homes. I mean, would disallow family or friends to take the kids, I mean, ones that we knew could take them. It is a mess. And so, that has been, and I actually ended up filing a civil rights suit against one family, where they never should have taken that child from that woman. The child was lead poisoned at three. So, he would have sometimes some…well, she was the only one that could help him. She was one of the most loving moms I ever knew, but they decided that she shouldn't have this child.

Dr Mason: Now, we've traumatized two people, unnecessarily.

Dr McManus: It was interesting because they said well, it's a trauma bond they called it, but that's a negative bond. Even the judge asked them about the child and what was he saying about? "Well, he told them he's being good because he wants to go home to his mother." The judge was even like, "So, what's wrong with that?" And that's when they made up this whole

thing, I mean they just really made up this whole thing about her and like I said, plus I know it and I told people, because that was the time, too, we had our federal grant and so, we were working with a lot of moms and pregnant moms and with kids and stuff like that and we had to turn some in. I mean, we weren't this goodie-two-shoes where you just don't do it, at all. No, if we've got families that can't do what they need to do.

Dr Mason: Call a spade a spade.

Dr McManus: It's a spade. It's for the kids. You know. So, they knew, but the number of kids that were taken away from homes that we saw that should not have been or weren't given to the grandmas or help, it's unbelievable. I'm hoping, now, that because there's a change, I don't know if you're aware there's a change in the welfare law, now.

Dr Mason: Okay, I'm not.

Dr McManus: Yes. Because in the 1990's, I also talk about some of the other reasons that we ended up working in the jail, working these other places, because there were three major pieces of legislation. The first one was the crime bill. And as I mentioned, we got more black men incarcerated than anybody else. The second was when AFDC went to TANF because AFDC provided at least a $700 or $800 basic income in helping. They got

rid of that and plus they limited it. So, in terms of TANF, you had to work to get the money.

Dr Mason: This was a federal subsidy to families.

Dr McManus: Right, but it wasn't a subsidy to families. It actually was a subsidy to the organizations that were running it. The families couldn't hardly get anything, which was different from, like I said, the regular AFDC that modeled more of the European style that they will give, you know, the difference in the European style, most of those countries have what they call a subsidiary to give them something and that's what AFDC did and they totally took that out. The third thing was the change in the welfare law, the child welfare law. Up until that time, the child welfare law was family preservation. They changed it to foster care and adoption and 90% of the money went to foster care and adoption. So, they justified putting the kids in foster care because we don't have any money to help you if the kids aren't in foster care. You see what I'm saying how policy…

Dr Mason: They destabilized all those families.

Dr McManus: Yes, it did, absolutely.

Dr Mason: So, we've been talking to several of our guests about the systemic level of racism and how that has been part of the source of the deconstruction and destabilizing of our African American communities across the country and at some levels our Latino and Hispanic communities. Not for as long of a period but if this is the ocean and this is the ocean that us, as fish, are swimming in, this is how vast the depth and breadth of the problem is. So, you're bringing a lot of awareness to us on a state level.

Dr McManus: Right, in terms of what's happening. I was going to tell you one other thing before I forget because I'm old school. I forget things.

Dr Mason: Go right ahead.

Dr McManus: Let me tell you while I still remember it. Another thing, all of a sudden, I got a call from, and these were lawyers who were working with, defense lawyers who were trying to work with these families to keep their kids and stuff. They called and they said, "Well, we want to meet with you." I wasn't sure what it was all about and I was like, okay, let's meet. They were telling me that what they were finding was that a lot of these black children who were adopted, and then, put in homes that were in the hinterlands out there, because there are two, pretty much areas of, your inner identity is between like two to five, and then, your outward identity starts around eleven to fifteen or sixteen. So, the inner identity seemed

okay because the kids all thought they were the same as all the white friends and everybody else. When it started getting to eleven to fifteen, and they're up north and don't have any family or anything, they were starting to have problems. And so, these families were having problems with these kids, and so, they were bringing them back. True story. They were bringing them back. So, they were talking to me about it and I'm looking at them like, "Really?" The worst part about it was that they were suggesting, they were even looking at maybe even changing the law because these kids, all these kids, obviously, had their parental rights terminated. That's how they got adopted in the first place. So, their thing was, by now, you're looking at kids between maybe fifteen and eighteen years of age. Even if there was a valid reason for the children to be taken in the first place, could we go back and look at those families? Because, then, you don't worry about, risk is the same, because they're old enough to say if something is happening to them. Again, they weren't even sure it could be done, but I applaud them for, at least, thinking about it. Right? Because what they were doing was bringing these kids back to Milwaukee and putting them in group homes with kids who were having, obviously, all kinds of problems.

Dr Mason: But they had been growing up in the suburbs or…?

Dr McManus: Or hinterlands, as I said, way up north other places. They bring them back and put them in these group homes with kids who are having multiple problems. May have been stealing stuff, maybe doing all this kind of stuff and everything. So, they were trying to, but we don't have Walker anymore, but this black woman they had who was over it, she was like absolutely not…and you couldn't. It was interesting because you couldn't, it's almost like they hid it because you can't just automatically take back an adoption. So, they didn't do that. They just put these kids in there. I would keep asking. They love to see me coming to meetings. I would come and ask, "I'm a little confused. Can you help me?" Like my dad used to say, "This child has never been confused a day in her life." So, I'd be confused like, "I'm trying to figure out what's going on here. What's happening with these kids? Can you give me some kind of number?" "Oh, we're not required to keep data on kids who are returned."

Dr Mason: Kids who are returned. Do you hear that? I've got to stop talking to you, right now, because you're getting me all fired up and I can't do anything about it.

Dr McManus: Is that frustrating?

Dr Mason: Well, you know, it's just disappointing, but it just speaks to the breadth and depth of your work and I mean over a 30-year period, I love the fact that

you went from education to advocacy from the university setting into the community into the corrections system into child welfare, and I think it just speaks and maybe it empowers our listeners that you and your community can have a significant effect in a positive way, on your community because it is your community. Like you said, for us, by us. Right? And we know that that concept breeds sustainability and empowerment. I just want to thank you for being with us today and sharing. I'm all inspired and fired up. So, I can't thank you enough for your time and inspiration.

Dr McManus: Well, thank you for thinking I had something to say.

Dr Mason: Oh, you had more than something. A little bit.

Dr McManus: I appreciate it, yes.

Dr Mason: For us to learn from. Thank you, listeners, for tuning in to another episode of the health disparities podcast. Join us again at MovementIsLifeCaucus.com or you can subscribe to the podcast at iTunes, Google, Spotify, and Stitcher. New episodes post every two weeks, and lookout for our special series featuring additional thought leaders from our partner organizations across the country who are vested in decreasing healthcare disparities and increasing health equity with passion and purpose. Thank you so much.

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