



# Until Earth and Heaven Ring:

How Pediatric Departments Can Recognize & Help Dismantle Systemic Racism

Image: Michael Rodriguez/Kelowna Capitol News

**O. N. Ray Bignall II, MD, FAAP, FASN | @DrRayMD | [he/him](https://he/him)**

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Assistant Professor of Pediatrics, The Ohio State University College of Medicine

Association of Medical School Pediatric Department Chairs Annual Meeting – March 6, 2021



**NATIONWIDE  
CHILDREN'S**



**THE OHIO STATE  
UNIVERSITY**  
COLLEGE OF MEDICINE

# Objectives

- **Define Racism**, and overview its historical context in the United States
- Briefly highlight a few of the **racial/ethnic health disparities** we see in pediatrics, **link them to structurally racist and unjust systems** that perpetuate these disparities.
- Discuss **changes pediatric department chairs, administrators, and leaders can make to help dismantle systems of inequality** and promote health equity and justice.

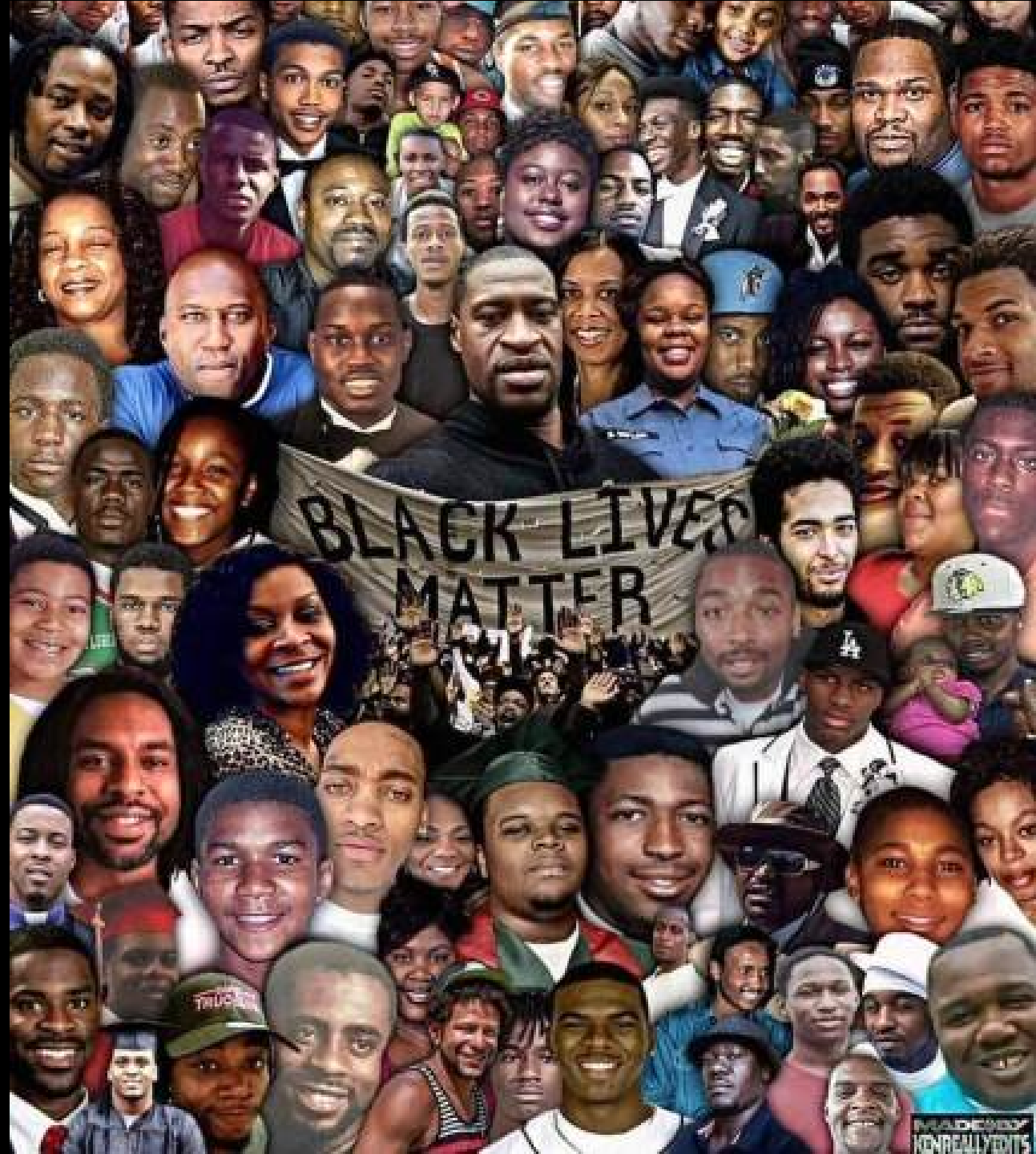
# Disclosures

- I have no relevant financial relationships with any commercial interests.

*July 19, 2015*



Photo: Sam Dubose Family



“JUSTICE WILL NOT BE  
SERVED UNTIL THOSE  
WHO ARE UNAFFECTED  
ARE AS OUTRAGED AS  
THOSE WHO ARE.”

Photo collage source: Instagram user @kenreallyedits @kenslerb

Quote attributed to: Benjamin Franklin

***Racism is the most significant and  
pervasive cultural paradigm in  
the United States of America.***

# STRUCTURAL INEQUALITIES

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**Racism and Structural Inequality in America**

Ray Bignall, MD  
@DrRayMD



# STRUCTURAL INEQUALITIES

**Residential Segregation**

**Housing and Shelter**

**Income Inequality**

**Education**

**Food Insecurity**

**Environmental Justice**

**Policing**

**Health Inequities**

# STRUCTURAL INEQUALITIES

**Residential Segregation**

**Housing and Shelter**

**Income Inequality**

Education

Food Insecurity

Environmental Justice

**Policing**

**Health Inequities**

# SYSTEMS OF INEQUALITY

## Segregation

Housing

Food

Income

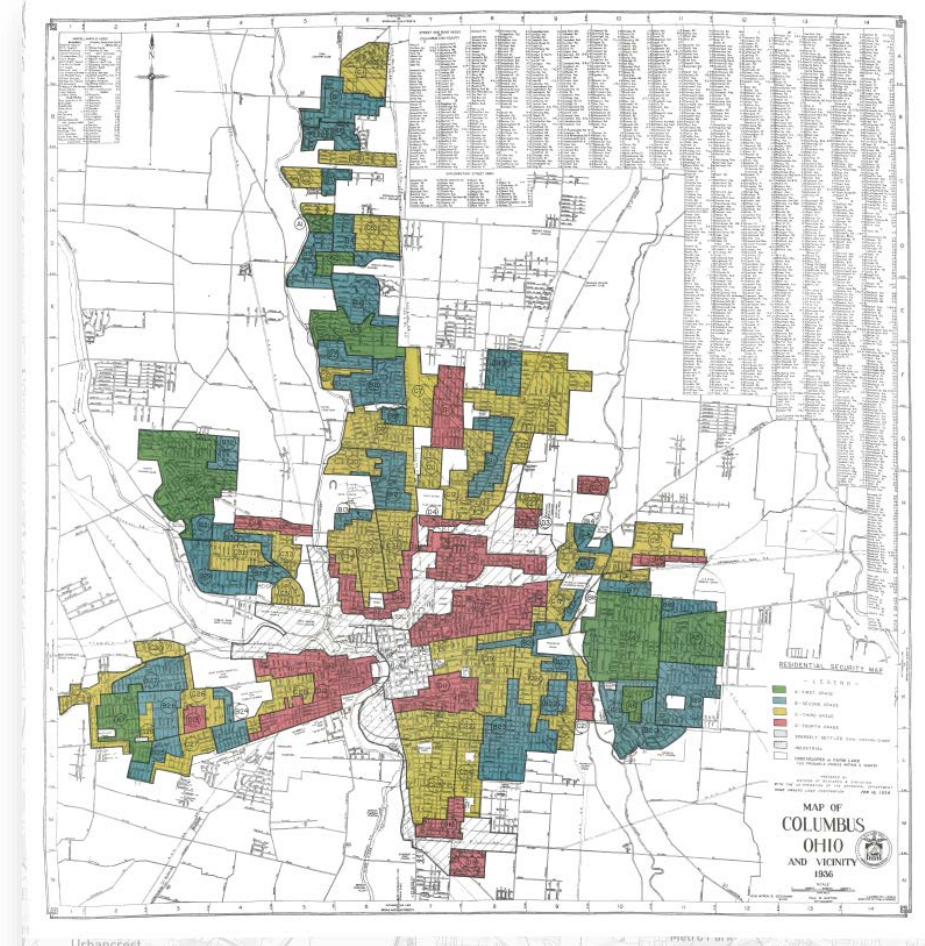
Education

Environment

Policing

Health

- The **myth** of “de facto” segregation
- The most **historically segregated** cities are in the **Northeast and Midwest**
- This segregation was legally enforced and federally directed through “red-lining” and “restrictive covenants”
- Historically red-lined communities remain those with disproportionate poverty and municipal disinvestment
- Black families **forced to rent en masse**



Mapping Inequality (University of Richmond); Richard Rothstein, *The Color of Laws*

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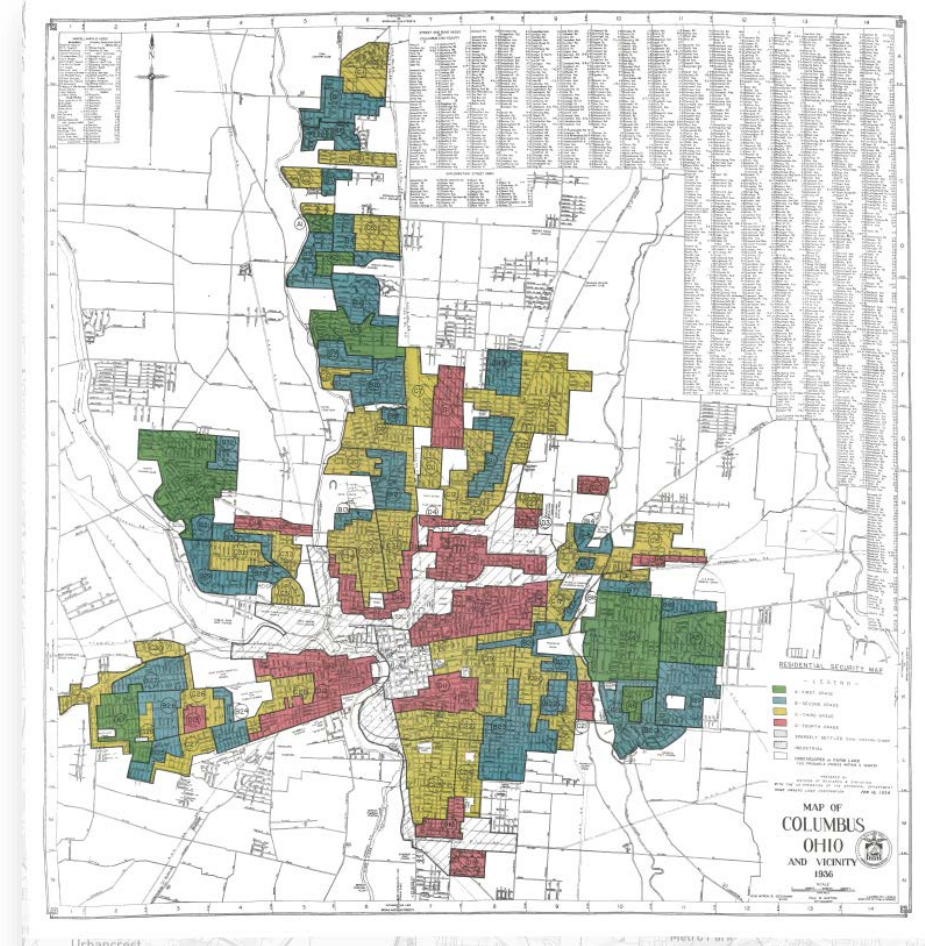
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## ARTICLE 34.

A Realtor should never be instrumental in introducing into a neighborhood a character of property or occupancy, members of any race or nationality, or any individuals whose presence will clearly be detrimental to property values in that neighborhood.

National Association of Real Estate Boards ethics handbook, 1924

- New Deal Era housing policies often **replaced integrated neighborhoods with segregated housing projects.**
- “Not-in-my-backyard” movement thwarts expansion of low-income housing to address housing crisis.
- African Americans: **17.7% less likely to be offered rental property**

Marge Turner, The Urban Institute; Richard Rothstein, *The Color of Law*

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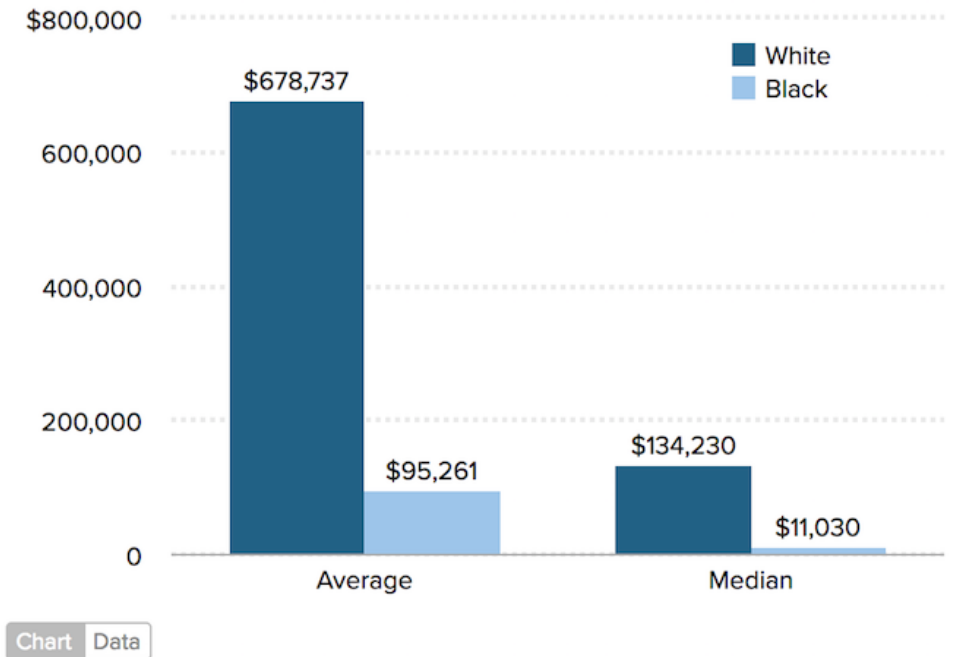
Policing

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- **Structural barriers prevent wealth-building in Black communities:**
  - **Wage inequality**
  - **3x unemployment** rate
  - Banking and lending **discrimination**
  - Racial disparities in **home ownership**
  - Little **intergenerational wealth**

FIGURE 1

## Median and average wealth, by race



Source: Survey of Consumer Finance Combined Extract Data, 2013.

Economic Policy Institute

The Economic Policy Institute; The United States Census Bureau;

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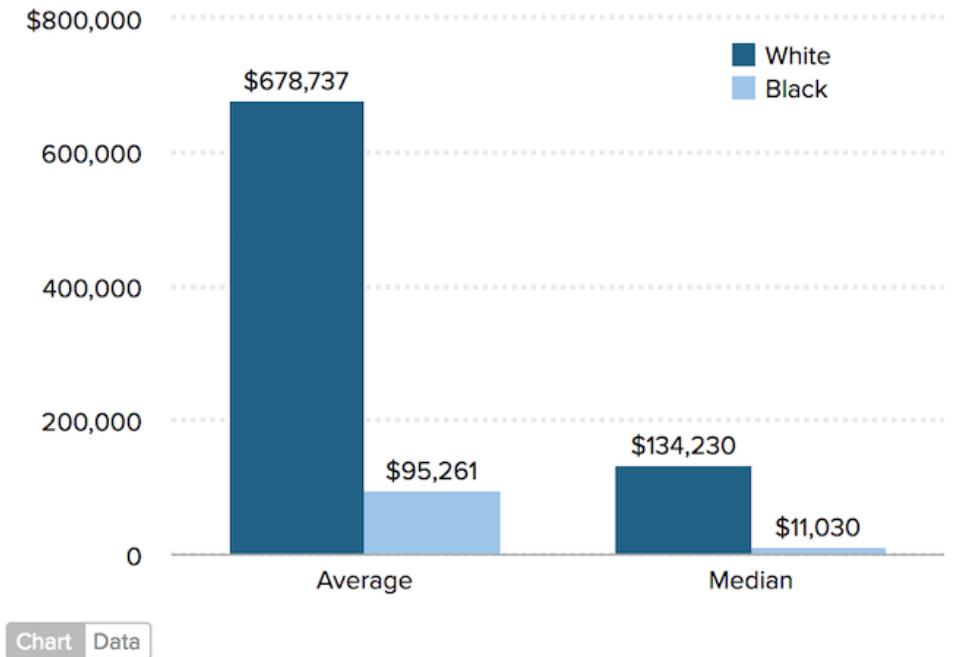
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## THE GEORGE FLOYD KILLING IN MINNEAPOLIS EXPOSES THE FAILURES OF POLICE REFORM



## CAUTION!! COLORED PEOPLE

**OF BOSTON, ONE & ALL,**

You are hereby respectfully CAUTIONED and advised, to avoid conversing with the Watchmen and Police Officers of Boston,

For since the recent ORDER OF THE MAYOR & ALDERMEN, they are empowered to act as

**KIDNAPPERS**

AND

**Slave Catchers,**

And they have already been actually employed in KIDNAPPING, CATCHING, AND KEEPING SLAVES. Therefore, if you value your LIBERTY, and the *Welfare of the Fugitives* among you, *Shun* them in every possible manner, as so many *HOUNDS* on the track of the most unfortunate of your race.

**Keep a Sharp Look Out for KIDNAPPERS, and have TOP EYE open.**

**APRIL 24, 1851.**

Speri, et al., *The Intercept*; Angenette Levy, *WKRC*

**The Currency of Racism and Structural Inequality in America**

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# STRUCTURAL INEQUALITIES

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THE LANCET

## Police killings and their spillover effects on the mental health of black Americans: a population-based, quasi-experimental study

Jacob Bor\*, Atheendar S Venkataramani\*, David R Williams, Alexander C Tsai

JAMA  
Network  
Open

Original Investigation | Public Health

## Association of Childhood History of Parental Incarceration and Juvenile Justice Involvement With Mental Health in Early Adulthood

Nia Heard-Garris, MD, MSc; Kaitlyn Ann Sacotte, MD; Tyler N. A. Winkelman, MD, MSc; Alyssa Cohen, MD; Patricia O. Ekwueme, BA; Elizabeth Barnert, MD, MPH, MS; Mercedes Carnethon, PhD; Matthew M. Davis, MD, MAPP

Bor J, et al. Police killings and their spillover effects on the mental health of black Americans: a population-based, quasi-experimental study. *Lancet*. 2018

Heard-Garris N, et al. Association of Childhood History of Parental Incarceration and Juvenile Justice Involvement With Mental Health in Early Adulthood. *JAMA Netw Open*. 2019

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Christian Capers 2020

# Racism – A Practical Definition

*“I define racism as **a system of structuring opportunity and assigning value based on the social interpretation of how one looks** (which is what we call “race”), that **unfairly disadvantages some** individuals and communities, **unfairly advantages other individuals and communities**, and **saps the strength of the whole society** through the waste of human resources.”*

*-- Dr. Camara Jones, Past President American Public Health Association*

# Race Is a Social Construct, Scientists Argue

Racial categories are weak proxies for genetic diversity and need to be phased out

---

By Megan Gannon, LiveScience on February 5, 2016

- There exists **no biological basis** for race
  - Weak proxies for genetic diversity (including between continental populations)
  - Poorly defined categories, based on social norms
  - Population studies demonstrate **greater variation amongst** racial groups **than between** racial groups.

*“... modern genetics research is operating in a paradox, which is that **race is understood to be a useful tool to elucidate human genetic diversity**, but on the other hand, **race is also understood to be a poorly defined marker of that diversity and an imprecise proxy for the relationship between ancestry and genetics.**”*

Megan Gannon, *Scientific American*, 2016; Michael Yudell, Drexel University; Braun L, Racial categories in medical practice: how useful are they? *PLoS Med.* 2007

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**Racism: the Common Thread Connecting Disparity with Despair**

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## HEALTH

# How Racism Creeps Into Medicine

The history of a medical instrument reveals the dubious science of racial difference.

HAMZA SHABAN AUGUST 29, 2014

- **Racism has been used to justify medical practice for centuries:**
  - **Plantation physicians used spirometers** to prove the “weak” lungs of “Full Blacks” or “Mulattoes” compared to “Whites”
  - Thomas Jefferson’s *Notes on the State of Virginia* remarked that this data was valuable to prove that Black bodies were **“fit for the field and little else.”**
  - Notion reinforced as recently as early 21<sup>st</sup> century medical literature (**JAMA, 1922**)
  - To this day, race-based estimates of lung capacity have their basis in this history, and **remains accepted practice**

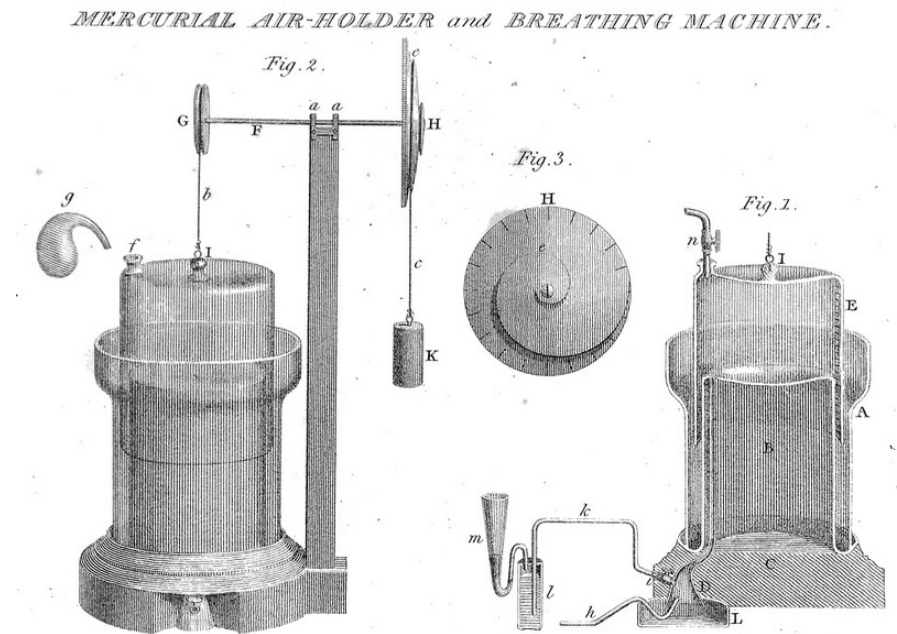


Image: PFTForum.com

Hamza Shaban, *The Atlantic*, 2014

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## Densitometry and Anthropometry of Black and White Children

Author(s): David W. Harsha, Ralph R. Frerichs and Gerald S. Berenson

Source: *Human Biology*, September 1978, Vol. 50, No. 3 (September 1978), pp. 261-280

Published by: Wayne State University Press

Systematic anthropometric differences between the races have long been recognized. Among the most noteworthy for our purposes are differences in skinfold thicknesses. As stated previously, lower average values have been reported in both Black adults and youths, especially at limb sites (Steinkamp et al. 1965; Malina, 1969; Johnston et al. 1972). The same observation holds for the population from which this volunteer sample was drawn (Foster et al. 1977). Given the high negative correlations usually found between skinfold thickness and density, one might predict greater densities among Blacks relative to Whites of the same sex. Such was precisely the case in this study. Within each sex, Blacks tend to have thinner skinfolds and higher corporal densities than Whites.

# *How might racism and structural inequality influence Pediatrics?*

# Association of Food Insecurity and Acute Health Care Utilization in Children With End-stage Kidney Disease

JAMA Pediatrics

September 9, 2019

Michelle C. Starr, MD, MPH<sup>1,2,3</sup>; Aaron Wightman, MD, MA<sup>2,3</sup>; Raj Munshi, MD<sup>2,3</sup>; [et al](#)

- Food insecurity is found in **~20% of US households.**
- 28 of 44 children **(64%) with ESKD were food insecure**
  - Higher healthcare utilization
  - Increased infection rate
  - Lower health related quality of life

Housing

Food

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Segregation

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# Association of Food Insecurity and Acute Health Care Utilization in Children With End-stage Kidney Disease

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## STRUCTURAL INEQUALITIES

### Housing

- Housing status can impact dialysis options; housing insecurity is a major risk factor for food insecurity

### Food

- Nutrition and CKD-ESKD are inextricably linked; growth impairment; impact on transplant readiness

### Income

- Ability to purchase nutritious food; caregivers who work multiple, low-wage jobs are unavailable to assist with care

### Segregation

- Residential segregation and the historical legacy of redlining often correlates with food deserts

### Education

— Increased infection rate

### Environment

— Lower health related quality of life

### Policing

- Over-policed neighborhoods are less desirable for investment, less likely to attract supermarkets/fresh food vendors

### Health

- Increased health care utilization in the context of ESKD is a burden to subsidized safety net programs

## Racism, Structural Inequality, and Pediatrics

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# Neighborhood socioeconomic deprivation is associated with worse patient and graft survival following pediatric liver transplantation

Sharad I. Wadhvani<sup>1</sup> | Andrew F. Beck<sup>2,3</sup> | John Bucuvalas<sup>4,5</sup> | Laura Gottlieb<sup>1</sup>  
Uma Kotagal<sup>2,3</sup> | Jennifer C. Lai<sup>1</sup>

- Only 1/3 of pediatric liver transplant recipients enjoy an optimal outcome
  - Could race and “neighborhood deprivation” (ND) be to blame?
- 2,530 children underwent liver transplant
  - Black children = **41% increased hazard** of graft failure
- Each 0.1 increase in ND is associated with:
  - 12% increased hazard of **graft failure**
  - 13% increased hazard of **death**



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- Only 1/3 of pediatric liver transplant recipients enjoy an optimal outcome

- Economic inequality deprives these communities of the ability to build and transfer wealth to weather health crises

- The legacy of redlining exerts insurmountable downward pressure on economic viability of these neighborhoods

— Black children = 41% increased hazard of graft failure

- Communities with high neighborhood deprivation scores are more likely to have unclean air, water, and soil

- Over-policed neighborhoods are less likely to receive municipal investment and development

— 13% increased hazard of death

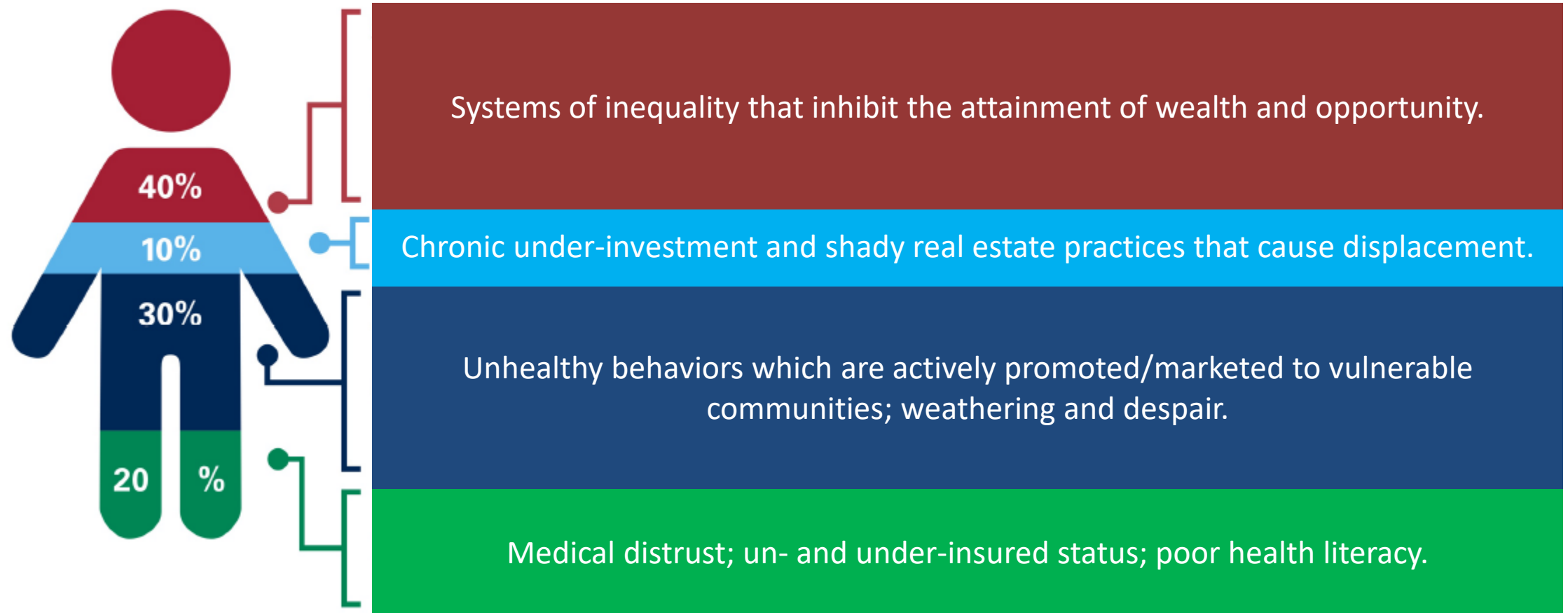
but related social constructs. Mainly, we posit that race serves as a measure of inequitable race relations.<sup>27</sup> As such, we hypothesize that differences on the basis of race might be a reflection of interpersonal or institutional discrimination, bias, mistrust in the healthcare system, or increased exposure to adversity over time, as examples.<sup>35</sup> In contrast, neighborhood deprivation serves as a measure of inequitable class relations.<sup>27</sup> As such, we hypothesize that any differences on the basis of neighborhood deprivation may be due to financial strain (eg, unable to make ends meet), transportation challenges, diminished access to primary care, or difficulty in accessing a pharmacy, as examples. In the present study, we demonstrate that neighborhood socioeconomic deprivation and black race are important predictors of adverse outcomes. Future studies are needed to identify why black children are at increased risk of graft failure and death after liver transplantation to realize equitable outcomes.



*How do you use race in your research or clinical practice?*

# IMPACT OF SOCIAL DETERMINANTS OF HEALTH

Social determinants of health have tremendous affect on an individual's health regardless of age, race, or ethnicity.

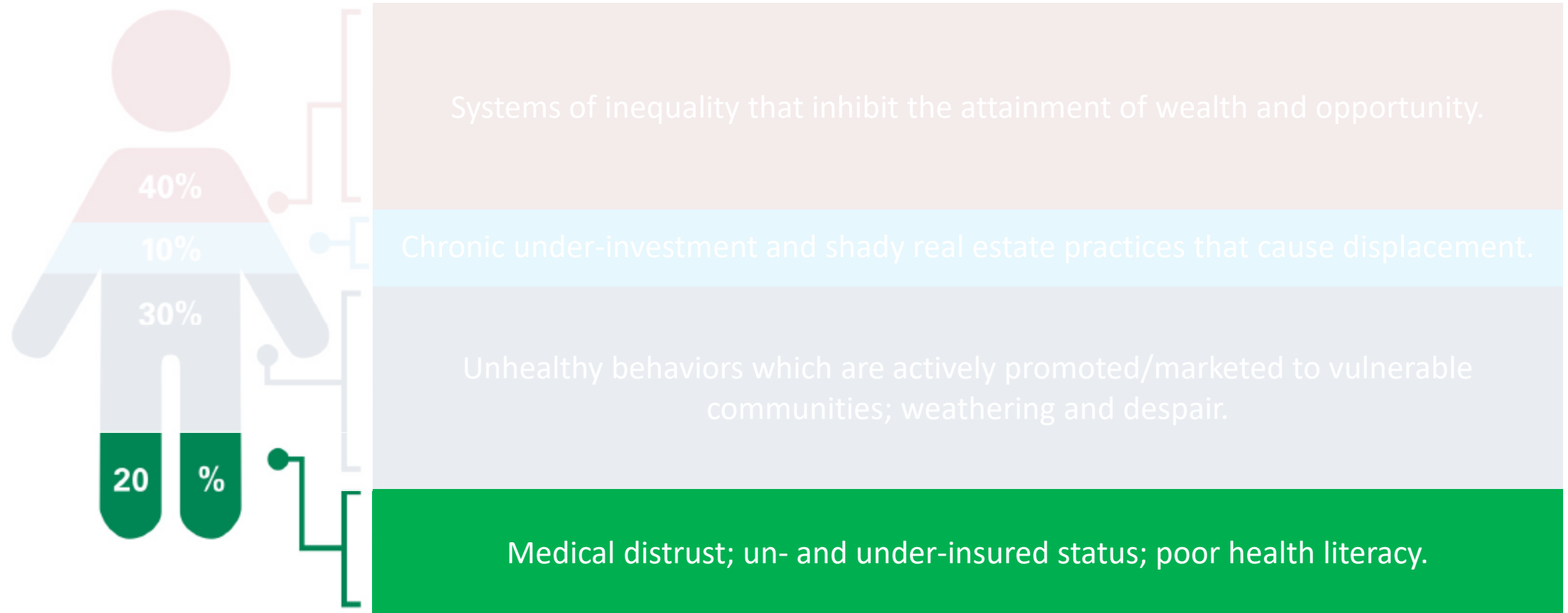


Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Complex Problems, 2014 Graphic designed by ProMedica.

©2018 American Hospital Association

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©2018 American Hospital Association

# A brief word on medical distrust among African Americans...

“...not simply untrusting – we remember...”

Ray Bignall, MD  
@DrRayMD



# The Struggle to Trust

- We all know about Tuskegee...
- ... but it's the **more contemporary examples** that should concern us!
  - Black maternal mortality
  - Countless anecdotes regarding physicians not believing minority patients



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“...not simply untrusting – we remember...”

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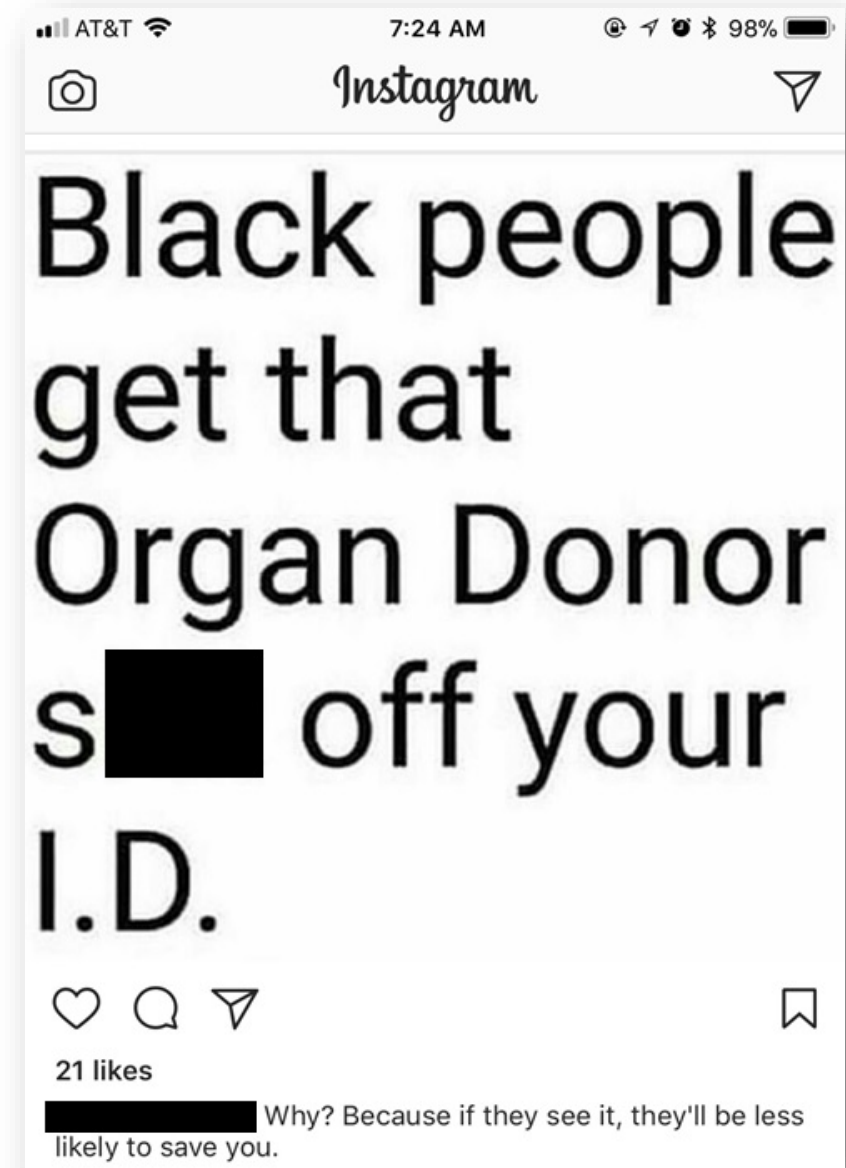
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# The Struggle to Trust

- **Myths and conspiracy theories** about the health care industry's approach to Black communities are **reinforced by personal experience!**
  - Lack of access to testing and vaccination sites for COVID-19
  - Physicians and health care staff ignoring the cries for help from Black Americans with COVID-19



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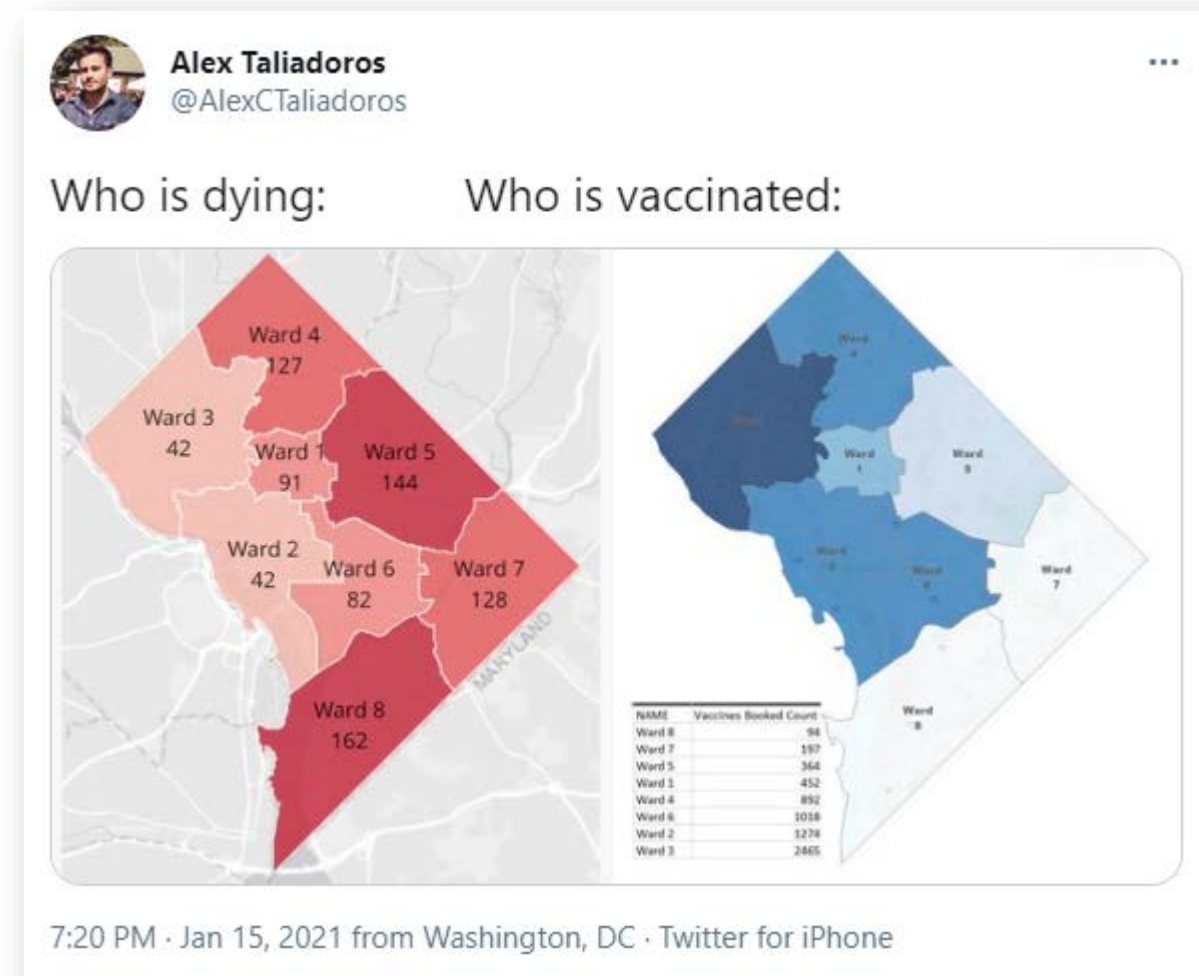


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Blake Farmer, WPLN (NPR Affiliate, Nashville, TN), 4/2/2020

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Kristin Jordan Shamus, *Detroit Free Press*, April 20, 2020; The Indianapolis Star; The New York Times

## The New York Times

### *Black Doctor Dies of Covid-19 After Complaining of Racist Treatment*



**“...not simply untrusting – we remember...”**

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# THE LANCET

*"Acknowledging every aspect of the barriers for Black Americans to enrollment in clinical trials is critical to moving forward."*

***We are not simply untrusting—  
we remember.***

*And there is still far too much evidence of  
Black lives not mattering in society."*

Manning, K. D. (2020). More than medical mistrust. The Lancet, 396(10261), 1481-1482.

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***"...not simply untrusting – we remember..."***



**Kimberly Manning, MD, FACP, FAAP**  
Professor of Medicine  
Emory University School of Medicine  
@gradydoctor

Ray Bignall, MD  
@DrRayMD



# *How can child health professionals work to dismantle systems of inequality and racism in Pediatrics?*

# The Impact of Racism on Child and Adolescent Health



Maria Trent, MD, MPH, FAAP, FSAHM,<sup>a</sup> Danielle G. Dooley, MD, MPhil, FAAP,<sup>b</sup> Jacqueline Dougé, MD, MPH, FAAP,<sup>c</sup> SECTION ON ADOLESCENT HEALTH, COUNCIL ON COMMUNITY PEDIATRICS, COMMITTEE ON ADOLESCENCE

- **Racism is a core social determinant of health** that is a driver of health inequities in children and adolescents.
  - Pervasive and persistent evidence of the impact of racism in **all aspects of child physical, mental, and behavioral health**

“Rather than focusing on preventing the social conditions that have led to racial disparities, science and society continue to focus on the **disparate outcomes** that have resulted from them, often **reinforcing** the posited biological underpinnings of **flawed racial categories**.”

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**Dismantling Systems of Inequality and Injustice**

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# The Impact of Racism on Child and Adolescent Health



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Clinical Practice	Workforce Development and Professional Education	Engagement, Advocacy, and Public Policy	Research
Culturally safe medical homes	Competencies in pediatric training programs	Acknowledge and address racism!	Study the impact of perceived discrimination on health
Teach youth to counter racism	Promoting cultural humility	Engage policymakers regarding structural racism	Study the impact of workforce diversity on outcomes
Antiracism and antibias for clinical staff	Active learning (including simulations)	Advocate for equity in education	Study impact of dismantling structural inequality
Routinely assess for social determinants of health	Workforce diversity programs	Alternatives to incarceration for nonviolent youth	Study accurate alternatives to race for human classification

**Dismantling Systems of Inequality and Injustice**

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# How Can We Respond in Our Institutions?

- **Acknowledge with Black colleagues(and patients!) the racism we seen in the world around us.**
    - LISTEN: our colleagues and patients need to know that they are **seen, valued and heard**
    - Acknowledging what is happening in the world around us is an important first step in healing
    - DO THE WORK: study the deep well of sophisticated scholarship on how to develop antiracist teams and practice
  - Champion **workforce diversity & inclusion** through intentional recruitment, mentorship, and partnership
    - Enough with the cute and hollow diversity and inclusion statements, and “pretty pictures”
    - Develop relationships with undergraduate and medical school diversity offices
  - Screen for the social determinants of health in pediatric encounters.
    - Many institutions have incorporated this into the check-in screening process through the electronic health record
    - Have a plan for what to do if patients screen positively
  - Educate yourself by **engaging with new voices**
    - Social media engagement (esp. via Twitter) affords the opportunity to remarkably expand your professional network
  - Encourage **implicit (and explicit) bias training** for faculty and staff
    - This is especially important for clinic-facing staff (e.g. nurses and medical assistants)
    - Talk with minority staff to develop additional strategies
-

## A Systematic Approach to Increasing Resident Workforce Diversity

Monica L. Hoff, MD<sup>1,2</sup>, Nancy N. Liao, MD<sup>1,2</sup>, Claudia A. Mosquera, MD<sup>1,2</sup>, Alex Saucedo, MD<sup>1,2</sup>, Rebecca G. Wallihan, MD<sup>1,2</sup>, Jennifer R. Walton, MD, MPH<sup>1,2</sup>, Rebecca Scherzer, MD<sup>1,2</sup>, Elizabeth M. Bonachea, MD<sup>1,2</sup>, Lorina W. Wise, JD<sup>1</sup>, Olivia W. Thomas, MD<sup>1,2</sup>, John D. Mahan, MD<sup>1,2</sup>, John A. Barnard, MD<sup>1,2</sup>, O. N. Ray Bignall II, MD<sup>1,2</sup>.



**Aim:** increase the percentage of URM residents who matched into our pediatric residency program from a baseline of 4.5% to 35%, achieving demographic parity with our patient population.

**Results:** increased 3-year average percentage of URM residents matched from 4% to 20%

Support	Recruitment	Engagement
Minority housestaff organization	Visiting student elective program	Resident education curriculum
Connecting URM residents with URM faculty across the institution & city	Multiple points of contact with URM residents during interview season	Faculty training in implicit and explicit bias, and microaggressions
Connecting with residents during social gatherings (“Family Dinner”)	OSUCOM ODI Second Look Weekend	Pipeline programming with student groups (e.g. SNMA and LMSA)

Hoff et al., under review; PRESENTED AT TODAY'S POSTER SESSION BY DRS. BECKY WALLIHAN AND NANCY LIAO

Dismantling Systems of Inequality and Injustice

Ray Bignall, MD  
@DrRayMD



# How Can We Respond in Our Institutions?

- **Acknowledge with Black colleagues(and patients!) the racism we seen in the world around us.**
    - LISTEN: our colleagues and patients need to know that they are **seen, valued and heard**
    - Acknowledging what is happening in the world around us is an important first step in healing
    - DO THE WORK: study the deep well of sophisticated scholarship on how to develop antiracist teams and practice
  - **Champion workforce diversity & inclusion** through intentional recruitment, mentorship, and partnership
    - Enough with the cute and hollow diversity and inclusion statements, and “pretty pictures”
    - Develop relationships with undergraduate and medical school diversity offices
  - **Screen for the social determinants of health** in pediatric encounters.
    - Many institutions have incorporated this into the check-in screening process through the electronic health record
    - Have a plan for what to do if patients screen positively
  - Educate yourself by **engaging with new voices**
    - Social media engagement (esp. via Twitter) affords the opportunity to remarkably expand your professional network
  - Encourage **implicit (and explicit) bias training** for faculty and staff
    - This is especially important for clinic-facing staff (e.g. nurses and medical assistants)
    - Talk with minority staff to develop additional strategies
-



## Dismantling Systems of Inequality and Injustice

Ray Bignall, MD  
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“...efforts to advance ‘representation’ without also redefining institutional norms and practices that defer to white professional voices simply alter the appearance of an institution without changing how it functions, distributes power, assigns resources, and orients to community. This prevents ‘inclusion’ from affecting population health inequities because it stymies equitable systems transformation.”

Rhea Boyd, MD, MPH, FAAP

@RheaBoydMD

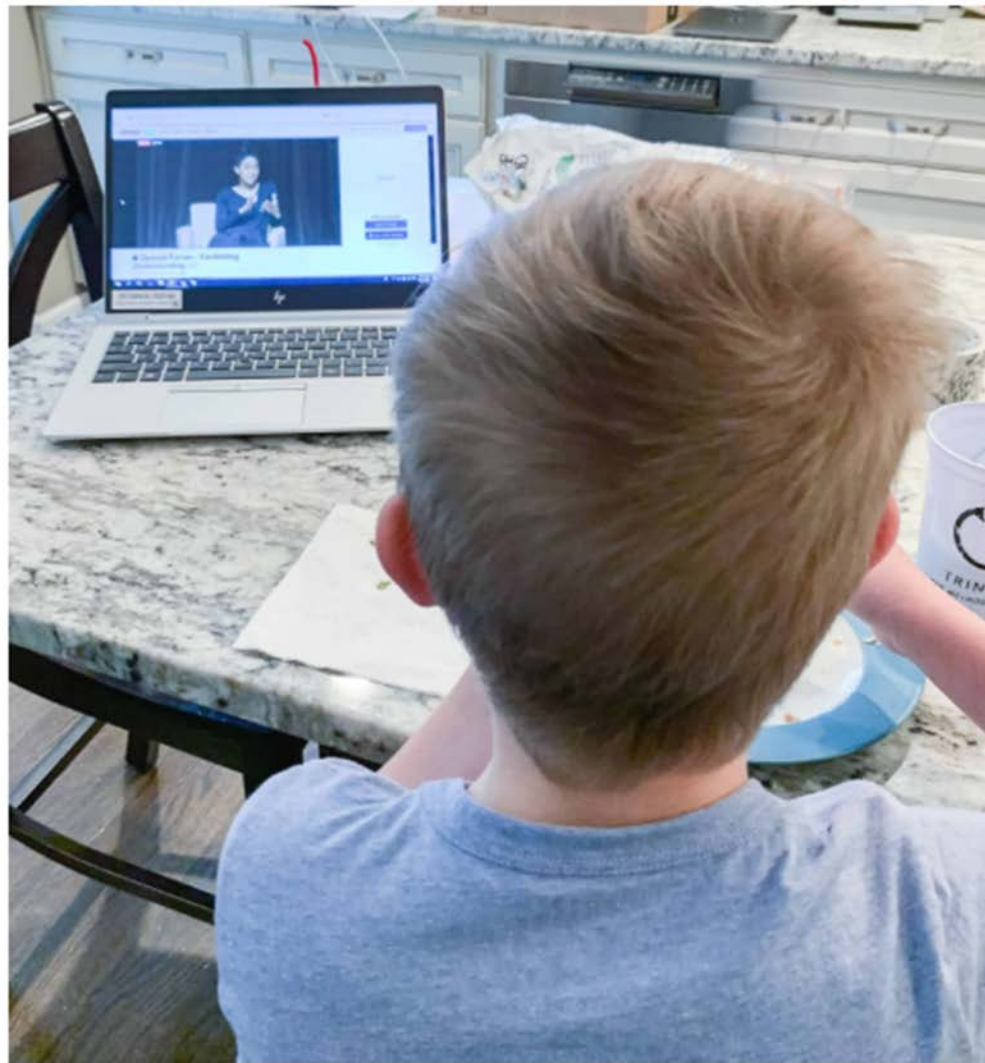
The case for desegregation. *Lancet*. 2019

# How Can We Respond with Our Society?

- **Listen first**, and don't be afraid to **ask questions**
    - Do not assume or extrapolate; spend time understanding those begging to be heard
  - Develop **sincere empathy** for those who are crying to be heard and helped
    - The community is looking to us to fulfill the role of “healers” we claim to be
    - Anti-bias strategies may work here (e.g. counter-stereotypical exemplar, common identity formation)
  - Be an “**active bystander**” when confronting racist or intolerant language/behavior
    - Confrontation is uncomfortable, but key
  - Build trust through **dynamic, “back bench” community partnership**
    - Resist the urge to “colonize” marginalized and minoritized populations
    - Invest in the partnership – money, time, energy
  - Institutional statements must be **backed by action and accountability**
    - Many organizations have made statements denouncing “racism and inequality” in recent weeks, **but talk is cheap!**
    - Equity and inclusion must be **encouraged within the academy** (e.g. FTEs, grand rounds, basic research)
-

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Added June 25, 2020

Ethan Frazier, son of Dr. Josh Frazier (Critical Care Medicine), takes in our conversation on racism. These kinds of early influences for our children feel vitally important in our journey to end racism.

***Lift Ev'ry Voice and Sing – James Weldon Johnson***

Ray Bignall, MD  
@DrRayMD



# Lift ev'ry voice and sing, 'Til earth and heaven ring, Ring with the harmonies of Liberty;

Let our rejoicing rise  
High as the list'ning skies,  
Let it resound loud as the rolling sea.

Sing a song full of the faith that the dark past has taught us,  
Sing a song full of the hope that the present has brought us;

Facing the rising sun of our new day begun,  
Let us march on 'til victory is won.



# Thank You – Let's Keep in Touch!



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**NATIONWIDE  
CHILDREN'S**



**THE OHIO STATE  
UNIVERSITY**  
COLLEGE OF MEDICINE