American Academy of Child & Adolescent Psychiatry
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LifeMember

April 2021 e-Newsletter

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Quotes by W.E.B Du Bois

- *"You are not and yet you are: your thoughts, your deeds, above all your dreams still alive."*
- *"We easily say, for instance, 'The ignorant ought not to vote.' We would say, 'No civilized state should have citizens too ignorant to participate in government' and this statement is but a step to the fact: that no state is civilized which has citizens too ignorant to help rule it."*
- *"The slave went free; stood for a brief moment in the sun; then moved back again toward slavery."*
- *"Children learn more from what you are than what you teach."*
- *"Perhaps even higher than strength and art loom human sympathy and sacrifice as characteristic of Negro womanhood."*
- *"Nations reel and stagger on their way; they make hideous mistakes; they commit frightful wrongs; they do great and beautiful things. And shall we not best guide humanity by telling the truth about all this, so far as the truth is ascertainable?"*
- *"But what of Black women?... I most sincerely doubt if any other race of women could have brought its fineness up through so devilish a fire."*
- *"Beneath the Veil lay right and wrong, vengeance and love, and sometimes throwing aside the veil, a soul of sweet Beauty and Truth stood revealed."*
- *"I believe in pride of race and lineage and self; in pride of self so deep as to scorn injustice to other selves."*
- *"Rule-following, legal precedence, and political consistently are not more important than right, justice and plain common-sense."*

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Get involved - submit articles for the Owl Newsletter! We want to hear from you! Let us know what you are up to, how you're doing, and more! Please send materials to mdrell@lsuhsc.edu. The deadline for the next issue is May 15.

Martin Drell, MD

- *"And herein lies the tragedy of the age: not that men are poor – all men know something of poverty; not that men are wicked, - who is good? Not that men re ignorant, - what is Truth? Nay, but that men know so little of men."*
- *"The return from your work must be the satisfaction which that work brings you and the world's need of that work. With this, life is heaven, or as near heaven as you can get."*
- *"A system cannot fail those it was never meant to protect."*
- *"Crucified on the vast wheel of time, I flew round and round with the Zeitgeist, waving my pen and lifting faint voices to explain, expound and exhort; to see, foresee and prophesy, to the few would could or would listen."*

Read W.E.B Du Bois' Biography on page 16

2020 Forever Stamp

Optimism and Caution

Cynthia Pfeffer, MD

Cynthia Pfeffer, MD

Spring 2021 arrived and hopes for national peace and well-being are strong. The international COVID-19 pandemic began in December 2019, and the World Health Organization (WHO) declared it a public health emergency. This pandemic ushered in an extensive United States national health crisis. Recent data for the US, from March 30, 2021, indicate that COVID-19 caused 550,071 deaths and 30,332,259 people suffered COVID-19 related illnesses and incapacitation. Vaccines were administered to 145,812,835 adults indicating that 15.8 percent of adults were vaccinated.

Our lives significantly changed. We wear masks when in the presence of others; wash our hands repeatedly throughout the day; space ourselves three feet (formerly six feet) from other people; work in altered places—which is often home; communicate with others usually by telecommunication or other devices; hibernate at home; shop online; and utilize delivery services to provide food and other necessary household materials. Children are disrupted because most are out of school and utilize telecommunication for academic learning at home.

They are devoid of usual after-school activities. Meeting friends is limited. Parents are overwhelmed helping their children with academic learning and providing them with play activities. Often other caretakers for children are needed because parents must go to work. Finances are problematic for many families. Some family members were furloughed from work or lost their jobs, which threatens family financial stability. The risk of COVID-19 contagion is always looming, and many families suffered death of relatives due to contracting the virus. Isolation is a major phenomenon for all ages, causing significant emotional stress and often psychiatric illness. We are experiencing a new and different lifestyle.

Importantly, the American Academy of Child and Adolescent Psychiatry (AACAP) Life Members Committee has been active and creative in coping with the effects of change within AACAP resulting from the COVID-19 pandemic. Life Members Martin Drell, MD, John Dunne, MD, and Marilyn Benoit, MD, are developing a new feature of our mentoring program. Many trainees and mentors are not able to join us at our in-person annual meetings and we do not want to lose their participation. Therefore, this team is planning to pilot a small spring virtual mentoring event to augment the number of mentors and mentees involved in our ongoing mentoring program and determine more about the feasibility to sponsor virtual mentor-mentee forums at other times.

There were many national changes since the beginning of 2021 and there is a “National Mental Health Crisis for Children in the United States.” The COVID-19 pandemic created historic levels of childhood adversity which may have increased the onset, intensity, and recurrence of childhood mental health problems. With the inauguration of United States President, Joseph R. Biden, Jr, a main issue for the United States national agenda is to improve the health and well-being of our country by ensuring that every person receives a COVID vaccination with the aim of diminishing rates of human death and illness, and create more normative life experiences.

Rapid closing of schools— nursery, elementary, high school, and colleges— was an initial significant method of protecting youth and teaching staff against COVID-19 infection. The safest means for children and adolescents to receive adequate learning experiences during the COVID-19 pandemic was in-home instruction provided by competent educators,

and the use of telecommunication methods, when possible, for teacher-student interactions. The advantages of in-home learning are that children utilize the same teachers' lessons to those used in the classroom. Significant problems for children involve isolation from direct interaction with teachers and peers, and children's difficulty maintaining attention on learning. Challenges for teachers involve difficulty adequately observing how students are coping with learning and teachers' inability to help students with complex hands-on learning activities. A major concern is that large numbers of students will not have the technical equipment at home, such as a computer, modem, adequate internet connection, cell phone, or other technology to assist student learning. Additionally, having children home has stressed and worried their parents. Due to long confinement at home, children may feel isolated, become sad, anxious, irritable, argumentative, and exhibit out-of-control behavior. These problems may be more prominent among students with psychiatric problems. Such children require heightened focus on helping them adapt to the new and different learning processes. Parents may feel helpless and angry that they cannot adequately help their children cope with in-home learning. Parents may feel tense about sacrificing their employment and financial stability because they are home. Sadly, large numbers of families experienced the ravages imposed by COVID-19 illness and the death of a loved one. This is a time of national mental health crisis!

Another approach for educating children during this COVID-19 pandemic is hybrid learning, which involves a combination of in-school and in-home learning. Children go to school some days of the week and learn at-home during the other days. This approach offers the potential for peer interactions and direct work with teachers. It may relieve parents by enabling them to have time to work and manage home needs.

Science dictates public health methods to decrease lethal and pathogenic effects of COVID-19 infection. Extensive focus is on the welfare of children and adolescents. An important mandate is to enhance children's mental health during this COVID-19 pandemic and to return children to school where they can learn, have important social interactions with teachers and peers, and not live in isolation at home.

Some large school systems, such as those in New York City, Los Angeles, and Chicago, are focusing on children returning to school soon. Teachers requested priority to receive COVID-19 vaccinations as a protection against COVID-19 infection when they return to teaching at school. President Biden recognized the need for new ventilation systems in many schools and that regular COVID-19 testing be done among teachers and students. He stated that "we are not going to get back to normal until we get children back in school for the good of the children, for the good of the parents, and for the good of the community." He directed the United States Education Department and the United States Department of Health and Human Services to provide guidance on how to reopen schools safely. The first focus is on returning kindergarten through eighth grade children to school because this age group is less vulnerable to contracting COVID-19. President Biden's $1.9 trillion COVID-19 Relief Bill was signed into law on March 11, 2021, and directs funds to various needs including to treat, prevent, and contain the COVID-19 pandemic and other healthcare issues. At least $130 billion is for reopening schools and $339 billion to state and local governments to help prevent school layoffs, close budget gaps, and fund COVID-19 testing and supplies. President Biden proposed also funding eligible costs necessary to reopen schools through the FEMA Disaster Relief Fund.

Now, we have entered an important turning point, with hopes for successfully re-entering people into the workforce and reopening businesses and schools. Youth education is an important public health mandate throughout the United States, and insights about safely educating students as they return to school are imperative. Throughout the United States, different methods are being considered about children's re-entry into their school settings and experiencing sound educational programs.

The Center for Disease Control (CDC) is instrumental in providing guidelines for safe reopening of schools, but the CDC does not mandate school openings. Community COVID-19 transmission levels provide guides for reopening schools. High COVID-19 community transmission levels are associated with likelihood of COVID-19 infestation in a school. Measures used to determine feasibility of school reopening are the total number of new cases in the community per 100,000 persons in the last seven days and/or the percentage of nucleic acid amplification tests (NAATs), including RT-PCR tests, in the community that are positive in the past seven days. If either measure is positive, school re-opening may not be feasible. These tests should be repeated weekly. The CDC advises that schools can reopen fully in communities with low COVID-19 transmission (0-9 new cases per 100,00 persons in the past seven days) or a NAATs positivity rate of less than five percent. Hybrid learning is advised with high community transmission involving 100 new cases per 100,000 people within a seven-day period or a NAATs positivity rate of more than 10%. Students and teachers in these communities should physically distance into small student cohort "pods" with increased ventilation by opening doors and windows. High schools with high COVID-19 transmission rates and difficulty organizing "pod' arrangements may require use of virtual learning methods. The CDC recommends limiting after school activities, including sports. If new or faster-spreading COVID-19 variants emerge, the CDC may issue new guides for student school attendance.

Many other issues require attention to enable safe student re-entry to school. Re-entry methods vary by school location, size, and potential to control increase of COVID-19 infection within the school. Safety may vary among public and private schools due to the number of students in the classroom and the physical size of classrooms. Availability of teachers to return to their classrooms will dictate how and when children can return to school. The CDC's school re-opening guidelines emphasize universal masking in all schools, at least three feet physical distancing from other people, repeated thorough handwashing, and regular school cleaning. Diagnostic testing with rapid contact tracing of positive COVID-19-tested-relatives is imperative.

We continue in very trying times. The COVID-19 pandemic persists but there is hope that following public health guidelines, and the development of new vaccines, will be successful in diminishing COVID-19 infection causing human severe illness and death. Mental health methods must be followed to diminish increased mental illness risks resulting from the COVID-19 pandemic. Now, psychiatrists and other mental health professionals are essential to offer guidance and psychological intervention for children, their families, and school professionals. Necessary are successful methods of fortifying family psychological strength to endure stresses related to childcare, school attendance, and risk of contracting COVID-19 illness. Added COVID-19 vaccines to the current public health methods are instrumental in decreasing COVID-19 infection rates and normalizing personal and work activities. Sizable COVID-19-related death rates continue but have diminished. This indicates that public health prevention methods work and that

professionals, community workers, and citizens are helping to effectively diminish and eradicate this modern viral plague. We are in a national health emergency and appear to be responding positively to successfully minimize this illness's potential to harm our citizens. Notably, stress impinging on physical and mental conditions of people is high, and there is evidence that professionals and citizens are working together to minimize and prevent continued COVID-19 transmission and related severe illnesses and deaths. This historic plague is on the way of being conquered!

With appreciation to all who are promoting the healthy emergence from this COVID-19 crisis!

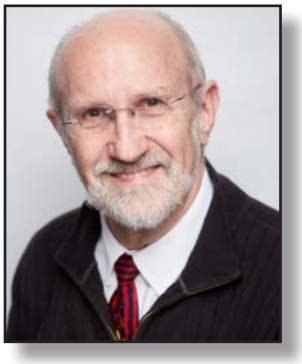
"*The biggest response challenge is to stay ahead of the virus with vaccinations and other public health methods*". Anthony Fauci, MD.

Cordially, Cynthia

Illustration by Stu Copans, MD

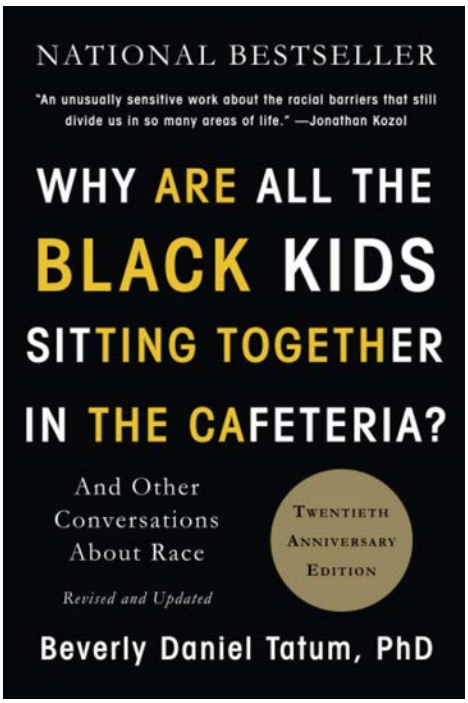
Why Are All The Black Kids Sitting Together in the Cafeteria? - Book Review

Martin Drell, MD



Martin Drell, MD

This book has stood the test of time for at least the last 20 years when it was originally published. It was a best seller then and is now. Tatum has updated her 1997 book by rewriting and revising many chapters, especially the one on affirmative action and the addition of over 100 pages including a long prologue and epilogue.



The author, an educator, who is a psychologist, who has studied racial identity development, has taught courses to college students on racial identity. She writes that many of the students didn't like her courses at first, but then claimed the materials taught changed their lives by the end. Her credentials include being President at Spelman, a historically Black liberal arts college for women in Atlanta, Georgia. The book focuses on the schools and children and those who want to be "change agents." It should be noted that, however, not all readers are at the point where they wish to be "change agents." If so, this book might be a good starting point (or explaining) how change might be instigated. I like that it includes no magic cures and assumes that change will be difficult, that it will be accomplished by resistance and uncomfort, and that, despite this, that "change agents" need to push forward in challenging the status quo. She reiterates often that resistance and pushback will be inevitable!

Tatum is especially good when showing parents and educators how to have "uncomfortable conversations" early on in the lives of children. She explains why it is not enough to be silent and passive. She is very adept at the creation of creative analogies, like that of life being like the "moving walkways" at airports. In order to not reach the destination set forth by the walkways, she contends that one needs not only to turn one's back to the process, but to walk in the other direction with great vigor. It is clearly hard work to go against the flow. To just be passive, she contends, will assure that you will arrive at the destination you may not want. She also excels at showing how to talk to children of all ages. I appreciated her stories of raising her two black sons to deal with their dilemmas concerning racial differences. Examples include what she told her very young son when he asked her whether his skin is brown because he drinks too much chocolate milk, as was supported by another child, and why is it that he is called Black when his skin is really brown. She says that one of her goals is to create a new generation of informed "active resisters" to racism.

As awareness and education is an important part of the process, Dr. Tatum is careful to explain the terms she uses in her book. The chapters in her revision are: *Defining Racism; The Complexity of Identity; The Early Years (of identity development); Identity development in Adolescence; Racial Development in Adulthood; The development of White Identity; White Identity, Affirmative Action, and Color-Blind Racial Ideology; Critical Issues in Latinx, Native, Asian, and Pacific Islander, and Middle Eastern/North African Identity Development; Identity Development in Multiracial Families; and Embracing a Cross-Racial Dialogue*.

She explains that the revisions were needed to the book due to dynamic changes in 20 years in the four Ps (population, politics, polarization, and psychology) and their impact on housing, education, labor, criminalization, and healthcare. She makes her case cogently by paralleling and detailing the major events in her life which started in 1957 when she was born versus someone born in 1997. She contends that it is hard for many born in 1997 to track progress in the civil rights movement when measured against the setbacks of the last two decades. She repeats often that setbacks are inherent to any process of change. To quote MLK, "the arc of the moral universe is long, but it bends towards justice." Change takes a long time, but it does happen… Each of us who works for social change is part of the mosaic of all who work for justice; together we can accomplish multitudes.

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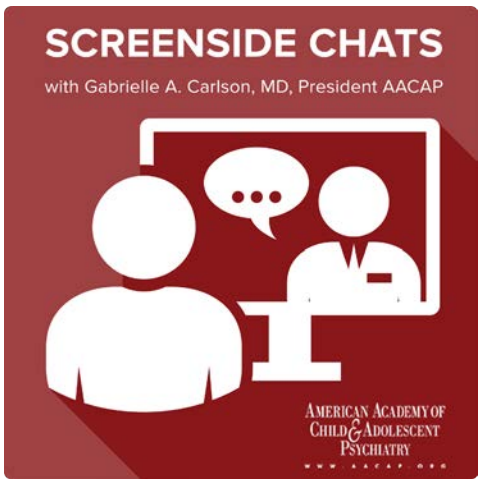
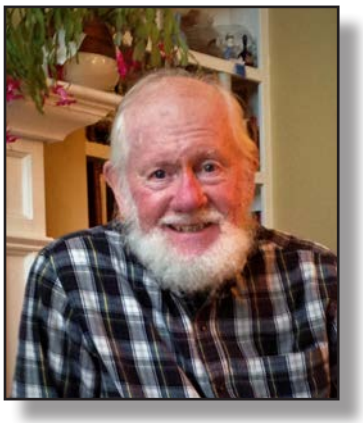


AACAP is pleased to present **SCREENSIDE CHATS**, a brand new product created to share timely information from member-experts on key topics during the COVID-19 pandemic we currently face from AACAP President Gabrielle A. Carlson, MD.

Stay tuned each Wednesday for new episodes on the latest topics with experts in the field!

Listen to and watch **SCREENSIDE CHATS** by visiting aacap.org/ScreensideChats, or download on the App store and Google Podcasts!



John McCarthy, MD,

During this prolonged pandemic, my wife Jane and I rediscovered the art of reading aloud to each other to stimulate conversation rather than being glued to the TV all day. One day, Don Gold's book, "Bellevue," literally plopped onto the floor as I dusted off the bookshelf where it had quietly sat for years waiting its turn to be read. When this book came out, we were immersed in our respective residencies, she in Internal Medicine at Beth Israel— a stone's throw from Bellevue— and me in Pediatrics in Denver, Colorado. Fast forward to the aftermath of 9/11 when Bellevue/NYU hired me, by then a "Kiddie Shrink," to work with children and families traumatized by the horrific events at "Ground Zero." At that time, my wife and I resided at Waterside Plaza just over the East River Drive via a pedestrian bridge from Bellevue. My Pride in being a small part of Bellevue history aroused my interest in what Gold had written 40 years earlier.

In 2017, I read "Bellevue: three centuries of Medicine and Mayhem at America's Most Storied Hospital," by David Oshinsky. In this fascinating 322-page book, the Pulitzer-prize-winning author traced a comprehensive history of this hospital from its inception in 1824 to the present day. Through his book we also learn the parallel history and development of New York City, the growth of Medicine as a profession, and the impact of immigration on this institution. It became the go-to place for the poor and infirm.

As a preamble to his 400-page book, Don Gold wandered through the main entrance of "Old Bellevue" to a large waiting area and sat down. For two hours, he quietly took it all in. The heavy traffic there of a vast melting pot of people scurrying about impressed him. Gold also saw nurses and doctors rushing by to a meeting or clinic appointment— no doubt late. Then he spotted a black woman nearby from housekeeping picking up trash and wiping the empty benches clean with evident pride in her work. In another area, the author spied an obese middle-aged Asian man carrying a large black garbage bag containing all his worldly possessions, Gold suspected, sit down on a large empty bench to rest. In the distance, Gold noticed a bank of defunct water fountains and non-functioning clocks on the walls. Hooked, the author, a trained journalist, went to see Mr. Bernard Weinstein, Executive Director of Bellevue to make his pitch. Weinstein approved Don Gold's offer to document clinical and administrative activity in nearly every nook and cranny of Bellevue, focusing on 14 hospital departments including doctors, nurses, ancillary staff, and administrators at all levels of training during the transition to the "New" Bellevue.

To fulfill his promise, the author spent 18 months gathering data for his book, which he compressed into a composite week. He captured conversations between hospital staff at every level and their interactions with their patients (whose names he changed to protect their confidentiality). We were riveted by Gold's book for his attention to detail and easy to read journalistic writing style.

"THE GOOD"

Don Gold consistently captured the absolute dedication and caring by the doctors and nurses at every level in every department at Bellevue, for their patients and for each other, under often under stressful situations. Bernard Weinstein, Executive Director of Bellevue amazed me for his strong leadership and support of everyone under his command. Kudos to him for allowing the author such complete access throughout the hospital.

KENNETH KIRSHBAUM, MD, (2nd year psychiatry resident in the psychiatric clinic at Bellevue)

The next patient's chart is on Kirshbaum's desk. She is Eleanor Golden, a 28-year-old women from an upper-middle-class suburban family. She has a Ph.D. in English from UCLA but has not in any way used the degree or experience. She arrived at Bellevue screaming and was in seclusion for two days before she could describe her problems to a doctor. She married a man who proved to be vicious; rape within marriage became a fact of life and the torment that edged her toward madness. As Kirshbaum reads the chart, a man armed with a large tank-type mechanism appears at the door. "Any roaches in here?" the man asks. Kirshbaum pauses, makes certain the man is not a patient on the loose then says, "No, but when there are, they're gigantic." The man carts his tank to the next office. Eleanor Golden enters. She is tall, conspicuously underweight, red-haired. Her face is strewn with freckles. "You know I've been going through this awful divorce," she says.

"Yes, I know."

"And because of my history, there's a chance I might lose custody of our child. Know that?"

"Yes, I know that too. What can I do for you?"

"Well, we've talked about this for weeks. You've been of great help to me. Really you have. In the past, when I got depressed, it was dangerous for me. Now it's begun to lift a bit. I don't feel crazy."

"Good, I'm glad."

"I've got a job now. You know that? You know everything. You might say I'm repairing my self-esteem. You might. I looked up a few friends last week. I haven't done that in years. I'm more alert these days if that's the right word." She rambles on for twenty minutes, reconstructing her pride, asserting her health. Kirshbaum supports her steadily, sincerely. "Here's the best news," she says, leaning forward inches from his face. "I've tried writing again. I did an article on flowers. Know what? A magazine bought the piece. I'm going to be published." "That's Marvelous." Kirshbaum says. "Wonderful. Keep it up. Keep it up" She is smiling. Her voice quivers as she says, "Yes." She gets up still smiling at her triumph, and leaves. When she's gone, Kirshbaum remains seated at his desk. He is smiling too (p 46-47).

"THE BAD"

There were serious shortages throughout Bellevue: much needed equipment (respirators, surgical supplies, unappetizing meals, overcrowded hospital rooms, poorly designed Psychiatry units and prison wards, overwhelmed emergency services despite the "saintly" staff there headed by Loretta Chiarelli, RN, Head Nurse on the day shift, and Tom Spencer, RN in the Ambulatory Emergency Services.

BERNARD WEINSTEIN, Executive Director, Bellevue Hospital:

Warren Shubert, 32, the well-fed, earthy unpretentious Director of Food Services, shows up to escort Weinstein on rounds of several wards. It's a mission designed to find out what patients and nurses think of hospital food. A dangerous mission. Shubert, Weinstein, the dietician, and the nurse amble through the ward, looking for a likely candidate to interview. They see an old black woman, slumped over in a chair. Taking a chance, Shubert leans over and says to her. "How do you find your food?" Her head snaps back from her chest, instantly. "Tough," She cackles, "Tough," Those hamburgers are too hard and too dry. Why if you squeezed them, you wouldn't get one drop of juice out of one. Not a drop. And that turkey. The turkey looked like they just threw it in a pot and boiled it to death. No kind of taste. No kind of taste whatever.

A Tennessee bulldog, those hamburgers. You pull one way and I pull the other and the dammed thing just didn't break." She is worked up and Shubert is not certain just how accurate she may be. Weinstein is laughing (p 302-303).

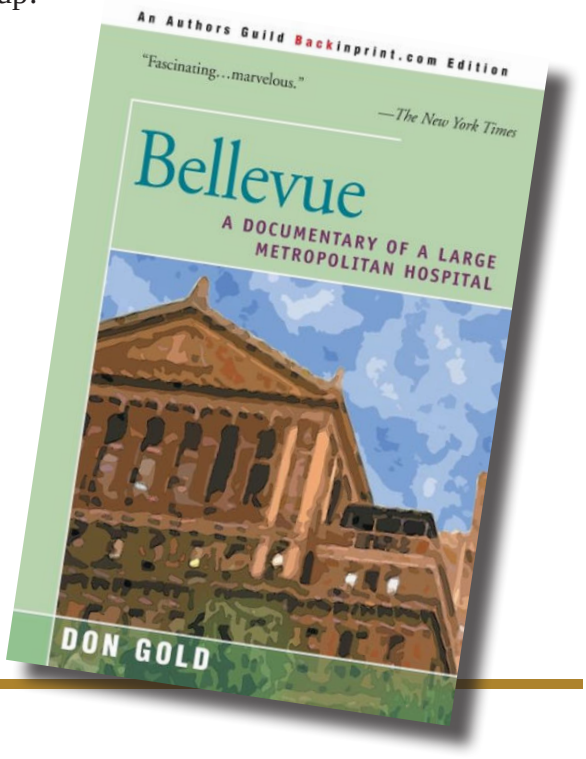
"THE UGLY"

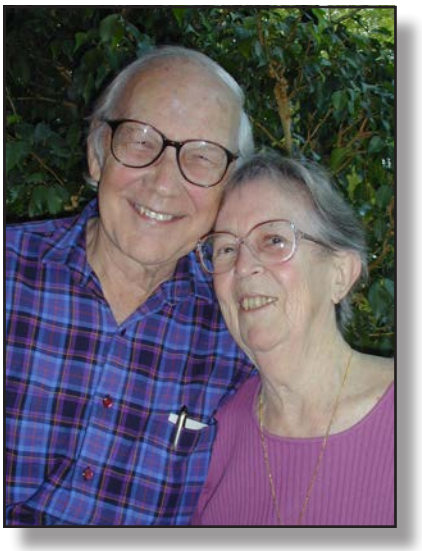
Because Bellevue is a public hospital, it is a set up for abuse by people who have nothing better to do than to arrive for services under false pretenses such as drug-seeking, violence, malingering all of which detracts from serving those who really need care. This behavior was most prevalent in the Ambulatory Emergency Surgery, Prison Ward, and Psychiatric Units.

BRUCE MACK, MD (Chief Resident in Neurology) on rounds in the prisoner's ward:

Before the Attending arrived for rounds in the Prison Ward, his residents discuss the two men in the Bellevue Prison Ward. "I was called to see this guy in the AES," one of the residents tells Mack. "When I got there, this weird looking guy informs me he is the King of Sardinia. "Fine I say. And as I started to examine him, he tells me again that he's the King of Sardinia, He stops me and tells me I owe him respect. You won't believe this, but I had to bow before he would let me examine him." "The AES, sure. I was there one day when I was there and they brought in this woman who seemed to have been beaten and sodomized," Mack says. "When they took off her clothes and turned her over, they saw written in Spanish on her behind the words, 'THIS BELONGS TO LEFTY' with an arrow pointing to her rectum." The attending arrives, interrupting their exchange. The first case to discuss is that of a 42-year-old black prisoner who has been in Bellevue for ten days after complaining of being dizzy and weak; he says it is the result of a beating he got from prison guards. Tests have been negative."No one is ever beaten in prison," the attending instructs the residents, sarcastically. They're always very slippery," The attending checks an EEG done on the man, sees nothing disturbing and tells the resident to discharge the man. Another resident presents the second case on the agenda: another prisoner, held in the prison ward, killed his wife by stabbing her, then shot himself, not seriously in the head. He has told the resident that he doesn't remember any of it and denies being a drug addict or alcoholic. He insists he is an epileptic and adds, gratuitously, that he is well read." "He's certainly well read on epilepsy," the attending suspects. All neurological tests were negative. The resident suspects malingering, and the attending concurs and orders him to be sent back to jail (p. 333-334).

Fortunately, in Don Gold's blockbuster book the "GOOD" easily outweighed the "BAD" and the "UGLY". My wife and I came away with great admiration of the author for his stick-to-itiveness, detailed body of work, and appreciation and respect for Bellevue's ongoing services to their patients and community. We give it two thumbs up, way up!





David Freeman, MD, and wife Constance

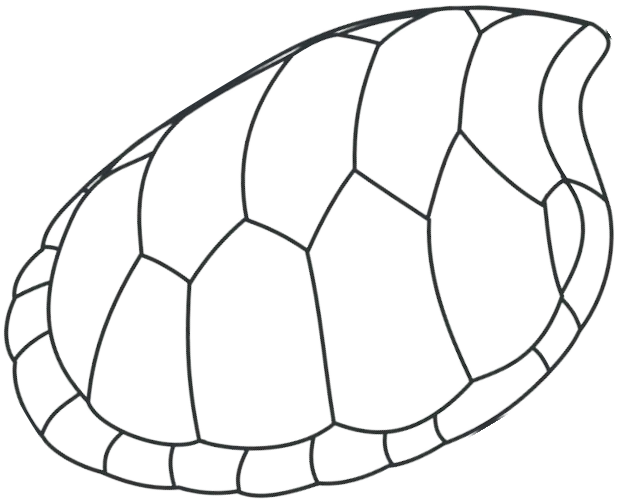
The Gift

For months we fed crackers
to three crows on our deck,
We watched these beautiful birds
share the food.
One discovered that dry crackers
were better when dipped in water.
That one taught the other two crows.

When I went on the deck
they waited in nearby trees
for more crackers.

I stopped feeding during the winter,
but resumed in the spring. Soon after,
I found a quarter-size turtle shell
in the water bowl.
The shell was complete, undamaged
and neatly cleaned.
They had brought it some distance
from the Morgan Creek swamp
and through the woods.
Perhaps it was a thank-you present.

March, 2016



Update on the AACAP Leatherman – Ritvo Endowment Fund for the Advancement of Psychodynamic Understanding and Psychodynamically Informed Child Therapies.

Martin Drell, MD

I thought the Owls would appreciate an update on the efforts being made to create The *AACAP Leatherman-Ritvo Endowment Fund for the Advancement of Psychodynamic Understanding and Psychodynamically Informed Child Therapies*.

This endowed "Fund" was created when Edward Leatherman, MD, an ex-trainee of mine from when I was at Baylor many years ago, asked to make a very generous gift in my honor. At the same time, AACAP had recently raised the bar requiring or initiating an endowed fund to $250,000. I had been working closely with Rachel Ritvo for the past four years on her brain child, the *AACAP Psychodynamic Faculty Training and Mentorship Initiative* (PFMTI), which has been funded as a pilot program by the Samuel and Lucille B. Ritvo Charitable Fund, a small family fund left by Rachel's parents. Having hoped to eventually raise the money needed to fully endow a faculty development program that would build on the PFTMI pilot, Rachel and her brothers offered to match Dr. Leatherman's gift.

Our vision is to develop a Fund that will have the resources to support both an endowed faculty and a psychodynamic community development program and special projects in-line with the intentions laid out in the funding documents: to preserve and promote psychodynamic understanding and psychodynamically informed therapies in child and adolescent psychiatry through activities such as training, research, economic analysis, or professional development, among others. The "Fund" will be used to create and support educational resources as needed by training programs such as online courses and other curricular materials, mentorship and training in supervision, and highlighting best practices in psychodynamic psychotherapy in child and adolescent psychiatry. The "Fund" will be guided by a Steering Committee which is in the process of being constituted. I will be the Initiating Chair of this Steering Committee and Rachel Ritvo will be an Ad Hoc member. The Owl's very own Marilyn Benoit has agreed to serve on the committee. The "Fund" will coordinate with existing structures in the Academy, such as the Psychotherapy Committee and the Training and Education Committees, as well as with other organizations who support the "Fund's" goals of assuring that the youth of our nation and the world will receive the best our field has to offer from its past and its present as we all look towards the future. We hope that upcoming CAPs will have the psychodynamic understanding and skills needed to practice at the top of their licenses. We see CAPs as the only clinicians trained to utilize the growing knowledge of the power of human relationships to bring about change and development in brain, mind, and behavior, and to integrate that with an understanding and use of medications affecting these same systems.

For any of the Owls that are interested in the aspirations and goals of the "Fund," we welcome donations! We hope these donations will be in addition to your existing contributions to the Academy and Owl's initiatives as we do not want to be in competition with those Academy programs. To make a donation is easy. Simply send a check to the Academy and designate that the donation is intended for the Fund.

In the same spirit of recruiting Owl energies to support the goals of the Fund, we are also soliciting mentors for year four of the *AACAP Psychodynamic Faculty and Mentoring Initiative* (PFTMI), which links psychodynamic mentors who are currently working in Academic programs with mentees. We have been enrolling mentees from up to six training programs that wish to enhance their training in psychodynamics. Any donations of time, effort, and monies will be appreciated and put to good use. If you have any questions, remarks, or ideas, please contact me at mdrell@lsuhsc.edu.

"Now is the accepted time, not tomorrow, not some more convenient season. It is today that our best work can be done and not some future day or future year." –W.E.B Du Bois

Du Bois was Born right after the Civil War in 1868 in Great Barrington, Massachusetts, which was a Northern, mostly European-American and tolerant city. His intellectual father, a barber, left the family when Du Bois was young. He was raised by his mother, a free Black woman, who was a "domestic worker." His intellectual talents were identified early on by his teachers and the larger religious community. His mother died when he was sixteen, leaving him penniless. He worked in a mill to support himself and was the first African American graduate of his high school. He dearly valued education and managed to attend Fisk University in Nashville by working, receiving scholarships, loans, and other support from religious institutions. He received his first Bachelor's Degree at Fisk, followed by a second degree from Harvard (in history), before going on to earn a PhD. His Harvard PhD thesis was on the history of the slave trade. He was the first African American to achieve such a PhD from Harvard. He subsequently spent two additional years abroad at the University of Berlin doing more graduate work.

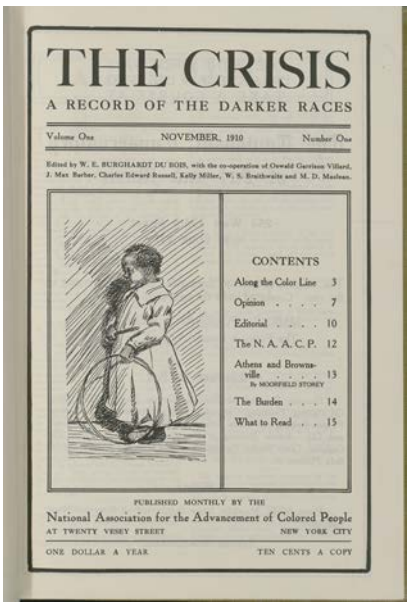
While at Fisk, Du Bois encountered his first real taste of discrimination and prejudice. This had a lasting impact on him and helped focus his life-long anti-racism efforts. He never wavered from his positions on the need to undo racism and to have all people be equal, especially in terms of economic justice. His strong and principled stances often led him to be in conflict with others. After this formal education, Du Bois embarked on a long academic career that took him to the nation's oldest Black university, Wilberforce University (named for the 18th Century British abolitionist, William Wilberforce) in Ohio, to the University of Pennsylvania, and then to the historically Black Atlanta University, where he remained for years as a professor of economy, history, and sociology. While at Atlanta University, he published *The Philadelphia Negro* (1899), which was the first "scientific" case study of Black people in the context of their community and systemic racism. In it, he described the Black underclass, as well as the "Talented Ten Percent" that he felt would lead black society forward.

In 1905, Du Bois founded the "Niagara Movement" with scholars and professionals from the "Talented Ten Percent" who advocated for equal rights for Blacks and an end to discrimination, systemic racism, and the legislation of anti-lynching laws. They especially focused on opposition to Booker T. Washington's "Atlanta Compromise," which promised Blacks education and economic opportunities in exchange for not pushing to have a for full program civil rights. They felt his approach to be too gradualist in nature.

Du Bois promoted Pan-Africanism, which broadened his focus to people of color worldwide. He attended the first Pan-African conference in London (1900). This conference

culminated in an "address to the Nations of the World" that stated boldly that "The problem of the Twentieth Century is the problem of the color line" and called for full civil rights globally.

In 1909, Du Bois was one of the founding members of the NAACP (National Association for the Advancement of Colored People), which grew out of the already existing National Negro Conference that he was a member of.
The NAACP brought together a group of Black and white progressives. History has it that it was Du Bois' influence that lead to the use of the word "colored" rather than "Black" to highlight the group's advocacy for "colored" people everywhere.


THE CRISIS

A RECORD OF THE DARKER RACES

Volume One NOVEMBER, 1910 Number One

Edited by W. E. BURGHARDT DU BOIS, with the co-operation of Oswald Garrison Villard, J. Max Barber, Charles Edward Russell, Kelly Miller, W. S. Braithwaite and M. D. Maclean.

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ONE DOLLAR A YEAR TEN CENTS A COPY

Du Bois edited and contributed to the NAACP major publications. He was the founder and editor of the NAACP's monthly magazine *The Crisis*. He was responsible for the creation of the first magazine for African American youth called The Brownies Book. Du Bois used his position as editor of The Crisis to specifically oppose Marcus Garvey's Back to Africa Movement, which endorsed racial segregation and the leadership of African countries by African Americans vs. integration into mainstream America. He quit the NAACP in 1934 after differences of opinions over strategy. He returned to the NAACP in 1944 to 1948 to forward work of the organization with the United Nations.

With *The Crisis*, as a bully pulpit, he wrote influential articles supporting labor unions, women's rights, voting rights, the repeal of anti-miscegenation laws, pushed for laws to address lynching and anti-black riots. The great migration of Blacks from the South to the North, opposed the eugenics movement, and advocated for equal treatment of Blacks in the military.
With regards to his politics, Du Bois joined the Socialist party in 1910. He was forced to resign two years later when he voted for Woodrow Wilson, a Democrat, (as opposed to the Socialist candidate, Eugene V. Debs), in the election of 1912. He remained a staunch adherent of socialist principles as being a better means to reach equality than by capitalism. In his later years, he became a member of the Communist Party, a move that no doubt further alienated him from many.

His 1935 book: *Black Reconstruction in America*, set the standard for understanding the period of Reconstruction from the standpoint of Blacks. It highlighted the lost opportunities and cruelties of reconstruction, as well as the era of Jim Crow that followed it. His book contradicted many prevailing Southern beliefs at that time and led to a gradual revision in thoughts concerning the actions of both blacks and whites during Reconstruction.
Not unexpectedly, Du Bois promoted the creativity of African Americans in all the arts. He wrote articles about "negro" art and supported the Harlem Renaissance, while arguing against some of its goals.

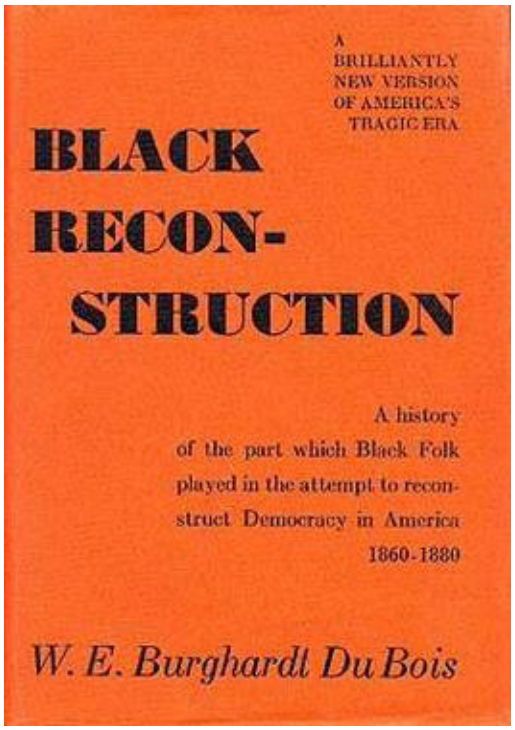
Du Bois opposed the US entering into WWII, especially the war in the Pacific. He felt that Japan was at war to undo the negative aspects of white, European imperialism. As mentioned earlier he was also upset with discrimination against Blacks in the military, which included quotas and the failure to constitute African American combat

units, as was the case in WWI. Undoubtedly, this stance could not have endeared him to many in the US.

In 1943, as WWII raged, Du Bois was fired from his position at Atlantic University at age seventy-five. After widespread protests to these actions, Atlantic University made him Professor Emeritus and provided him a stipend for life. These events led him to his return to the NAACP, where he was Director of their Research Department. During these years, he worked with the UN and continued his national Pan African activities.

With the end of WWII and the commencement of the Cold War, his socialist and Marxist leanings set him at odds with the NAACP leadership who were already seen as being under the influence of Communists and their sympathizers. Du Bois fraternized with many Communist party members and wrote articles which supported the "promise" of the Soviet Union, while criticizing the negative aspects of capitalism which he felt responsible for racism, inequality, and poverty. With the rise of McCarthyism in the late 40s and early 50s, Du Bois resigned from the NAACP for a second time in 1948. Shortly after, in 1950, he ran and lost his run for Senator for New York on the American Labor Party. He was investigated by the Federal Government and the FBI for possible subversive activities. In 1951, his case was dismissed right before going to trial. Purportedly, Albert Einstein offered to be a character witness for him at the trial. Notwithstanding the dismissal of his case, the US confiscated his passport for eight years, which curtailed his international travel.

In 1961, at age 93, he formally became a member of the Communist Party and wrote that he believed in Communism in its "idealized form" while condemning the excess of the ways it was being implemented in the USSR and China. He wrote articles critical of Stalinism. His membership led to him being embraced by both the USSR and China, whose leaders invited him to visit, undoubtedly for issues of propaganda. With the return of his passport, he restarted travelling Internationally. The President of Ghana invited him to stay in Ghana to work on Du Bois' proposed Encyclopedia on the African Diaspora, which the President funded. When the US abruptly refused to renew his passport after his move, he became a citizen of Ghana. Sources I read indicated that he threated to renounce his US Citizenship, but never followed through on this. Other sources indicated that he did renounce his citizenship. His health failed him shortly after his move to Ghana. He died there at age 95 and was given a State funeral in Ghana. He was cremated and his ashes were buried in Ghana.



In Memoriam

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Grant Wagner, MD
Wichita Falls, TX

Marilyn Curran, MD
Wynnewood, PA

James Harris, MD
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The Owls continue to demonstrate their long-term commitment to AACAP and to supporting the next generation of child and adolescent psychiatrists. Owls make a difference in the lives of other AACAP members as mentors, advisors, and friends. AACAP is thankful to the following Life Members for their generous donations.

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