American Academy of Child & Adolescent Psychiatry
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LifeMember

Owl Newsletter

October 2020 e-Newsletter

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Quotes of Mahatma Gandhi

In these tumultuous times, I think about Mahatma Gandhi often. My thoughts are partly triggered because I keep seeing his quotes in articles. It is clear that his life speaks to the tasks we have before us as a nation. Dr. Martin Luther King Jr. studied Gandhi's thoughts and techniques and visited India for a month in 1959. There he noted that Gandhi had taken part in non-violent bus boycotts. MLK argued that Gandhian philosophy was the "only morally and practically sound method open to oppressed people in their struggle for freedom." Gandhi was assassinated in 1948. MLK was assassinated in1968. I provide the following quotes so that you can judge for yourself:

1. You must be the change you wish to see in the world.

2. The weak can never forgive. Forgiveness is the attribute of the strong.

3. Happiness in when what you think, what you say, and what you do are in harmony.

4. An eye for an eye only ends up making the whole world blind.

5. It is my conviction that nothing enduring can be built on violence.

6. No one can hurt me without my permission.

7. Change yourself — you are in control.

8. Without action, you aren't going anywhere.

9. To lose patience is to lose the battle.

10. I will not allow anyone to walk through my mind with dirty feet.

11. First they ignore you, then they laugh at you, then they fight you, then you win.

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Martin Drell, MD

12. The best way to find yourself is to lose yourself in the service of others.

13. Strength does not come from physical capacity. It comes from an indomitable will.

14. The future depends on what you do today.

15. You must not lose faith in humanity. Humanity is an ocean. If a few drops of the ocean are dirty, the ocean does not become dirty.

16. Live as if you were to die tomorrow. Learn as if you were to live forever.

17. Non-violence is a weapon of the strong.

18. To call women the weaker sex is a libel; it is man's injustice to women.

19. Earth provides enough to satisfy every man's needs but not every man's greeds.

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Cynthia Pfeffer, MD

Recently, significant concerning events are occurring in the US: the ongoing COVID19 pandemic, which has caused over 213,131 deaths in the US; the COVID19 infection of President Donald J. Trump that limited his Presidential activities; a decrease in face-to-face psychiatric meetings with patients; a hope that a vaccine will be developed to stem the onslaught of this devastating disease; drastic climate-change-related events causing excessive damage; lives lost from destructive hurricanes in the US south and devastating forest fires in the US West; numerous homicides in US cities; cries about episodes of police brutality; exposure of institutional racism stimulating human rights marches intermixed with divisive and dangerous interlopers at these events; the death of the stalwart, brilliant, courageous, Supreme Court Justice Ruth Bader Ginsberg, and vigorous attempts to select and nominate a new Supreme Court Justice before the 2020 US Presidential Election; worries about whether there will be a smooth transition of Presidential office if Donald J. Trump loses the Presidential election; planning for school children involving debates about risk of COVID19 infection causing need to determine how, when, and where to educate our large population of children this fall school semester; financial trading markets' volatility incurring significant monetary losses among the public; and migration away from many cities leaving apartments barren and businesses closed.

These events will have a significant effect on children's development. Many parents are out of work, and quality of life has diminished. For some there are not sufficient funds for food and shelter. I remember many events in my childhood that taught me to traverse difficult times. For example, when I was six years old, I visited my pediatrician daily to receive injections of penicillin to treat a virulent bacterial infection. When I was in elementary school, two of my grandparents died from cardiac disease; I learned first-hand about terminal illness and death. My parents were educators. My father rose in the educators' ranks and his wisdom was highlighted by many who worked with him. When I was a child, he talked about how he and his school staff went beyond the school classrooms to assist children and their parents with stresses of poverty and other social concerns. I learned about the significant importance of school teachers, who were often the source of solace for impoverished children living with family disruption.

When I was a college student, I suddenly heard news about the assassination of President John F. Kennedy; this was a trauma for our land. The effects of these events and my childhood family life had profound markings on my development and my choice to become a physician. By the time I was in the ninth grade, I wanted to become a physician, and I documented this for my class term paper about the notable Elizabeth Blackwell, MD, the first woman physician in the US (1821- 1910).

Who am I? I believe I am a product of the amalgam of my rich heritage of competent family, supportive circumstances, and how I integrated events during my formative and subsequent development. I strongly believe that being a physician involves significant professionalism and understanding of social welfare, human emotions and behavior, leadership, and generativity of one's beliefs and behavior.

This 67th AACAP Annual Meeting was virtual; a "national meeting activity transmitted through space." It could not be more like a science fiction drama whose technical processes are innovative, and whose presentations are as meaningful as any in-person national meeting. Cheers to all who constructed the technology for this unique meeting and whose presentations are highly relevant for our times! The planning and

presentation of our virtual national meeting is a triumph offsetting recent despairing national events. Let us celebrate every person who had a role in making this first virtual AACAP meeting a fine accomplishment.

A special **THANK YOU** to AACAP Staff Jill Z. Brafford, Director of Meetings and CME, and TJ Keiter, Development Coordinator, who work closely year-round to support the Life Member activities.

Acknowledgement also to Anneke Archer, Program Manager of Training and Education, Rob Grant, Communications and Member Services Director, and Carmen Thornton, Director of Research, Development, and Workforce for their specific work with the Life Members.

A significant highlight of the Life Members' contributions to the annual AACAP meeting is the Mentor Mentee Forum Co-Chaired by two seasoned Life Member Committee members, Joseph Jankowski, MD, Clinical Professor of Psychiatry at Tufts Medical Center, and Ellen Sholevar, MD, Emeritus Clinical Professor of Psychiatry at Children's Hospital of Philadelphia. Our younger generation chairs are Cordelia Ross, MD, PGY-4 with Combined General /Child/Adolescent Psychiatry Residency Training Program at Massachusetts General Hospital and Megan Single, medical student at University of Kentucky.

Life Members welcome such early career Child and Adolescent Psychiatrists, who instill new energy, knowledge and techniques to our field. I urge other trainees wishing to BECOME ACTIVE WITH THE LIFE MEMBERS to contact Dr. Jankowski or Dr. Sholevar. I wish to cite the founding person for the Mentor Mentee forum, Perry Bach, MD, and thank him at this time of retirement from his consistent work with us. This year is noteworthy for technology that composes the bedrock for this multifocal, large Mentor-Mentee Forum. Telecommunications will be used and in-time communications between the four leaders will make this Mentor-Mentee program innovative and successful. Science fiction could not be more exciting than this approach of keeping all participants on track regarding which discussion groups they will move to and from. The leaders of the 12 breakout group meetings are mandated to keep their group conversation going in an informative way. Mentees rotate two times, thereby attending three groups.

We acknowledge the excellent cooperation of the group meeting leaders. It is amazing when considering the management needed for our virtual Life Members Mentor-Mentee forum. This activity outmatches a large Broadway show. Kudos to all who participated in this forum. This year's Life Members Clinical Perspectives presentation focuses on the profoundly varied features of Burnout among Child and Adolescent Psychiatrists. It is a topic that deserves more notoriety and examination of unique features of burnout that Child and Adolescent Psychiatrists experience. I applaud Douglas A. Kramer, MD, MS, Professor at University of Wisconsin School of Medicine and Public Health, who organized this Clinical Perspectives program and masterfully formatted numerous yearly Clinical Perspectives for the Life Members. This year he elected to step down from creating future Life Members Clinical Perspectives; but, we are pleased that Marilyn Benoit, MD, Past President of AACAP and Professor of Psychiatry at Georgetown University Medical Center will create future Life Members Clinical Perspectives programs. This year's program focuses on Burnout affecting older and younger Child and Adolescent Psychiatrists. Burnout: Complex Etiologies Necessitate Complex Responses is presented by Martin Drell, MD, Professor of

Psychiatry at Louisiana State University Medical School. He asks "why does burnout occur?" He suggests it is "related to the industrialization of medicine that prevents physicians from practicing to the level of their personal standards". He emphasized that "burnout is a real problem that will be legitimized by its addition to the ICD-ll as an Occupational Phenomenon."

Healing Health Care: A Trainee's Perspective on What It Will Take to Defeat Physician Burnout present by Elizabeth S. Wagner, MD, MPH, a Triple Board Resident at Brown University Alpert School of Medicine, highlighted "burnout is an epidemic in US medical training." She proposes "a solution to burnout in medical training requires opportunities for residents to make meaningful changes to the healthcare system in which they work and learn."

Skepticism and Creativity as Antidote to Burnout presented by David V. Keith, MD, Professor of Psychiatry at SUNY Upstate Medical University, offers his 43 years of experiences as a Child and Adolescent Psychiatrist to emphasize the importance of limiting burnout by means of "exploring creative freedom," identification with role models who often were "skeptics," and models for "thinking for myself." Most importantly, he "discovered that beauty in clinical work is an effective antidote to burnout."

Anupriya S. Schnapp, MD, Assistant Professor of Psychiatry at the University of Wisconsin School of Medicine and Public Health, spoke about Self Awareness and Self Advocacy are Key for burnout Prevention. This talk emphasized "burnout is not inevitable" and can be prevented by self-advocacy, self-understanding, valuing oneself, sustainability of the work environment, mentor guidance, support in and out of work. Most significant is self-advocacy derived from wisdom and personal energy.

Doug Kramer, MD, discussed principles of coping with risk of and avoiding burnout. Sadly, due to the COVID19 pandemic, it was deemed impossible to have a virtual Life Members dinner this year. We look forward to a brighter 2021 year when hopefully we will have an in-person AACAP Annual meeting and return to dining together as Life Members.

THANK YOU LIFE MEMBERS FOR GENERAOUS DONATIONS TOTALING $39,610 TO THE LIFE MEMBERS FUND THIS YEAR.

Please continue to generously donate to our fund. It supports stipends for medical students and child and adolescent psychiatry residents to participate at our AACAP annual meeting. Problematic events during this year highlight the relevance for Child and Adolescent Psychiatrists to persist to be active members of society to "repair the world."

We understand and can intervene to decrease and ameliorate adverse effects of trauma, psychiatric illness, and social isolation affecting children's development. While in-person mental health care meetings with patients have decreased due to precautions of spreading COVID19 infection, a significant innovation is telemedicine that enables patients to have face-to-face sessions with mental health professionals. Many children and their parents lost loved-ones from COVID19 infection and these families may need bereavement counseling and psychiatric help. Debates are ongoing about how to educate children and adolescents in a safe environment. It is essential that the voices of Child and Adolescent Psychiatrists be heard regarding this important concern. Children confront many issues about community safety. Distributing guidelines is important to teach parents, community workers, and children about

coping with natural disasters, and to prevent and ameliorate emotional trauma arising from these events. It is critical that children live in socially safe communities and it behooves governmental and community leaders such as police, firefighters, and social welfare workers to maintain cohesively functioning communities. It is imperative that youth develop high social values, in part, by emulating positive values observed among their "community heroes," such as Justice Ruth Bader Ginsberg, political activist for human rights and the "conscience of Congress" US Representative John Lewis, and others who work as scientists, astronauts, sports and media personalities, political figures, doctors, lawyers, teachers, judges, and front line workers. Children must understand that every person be respected and that racism be ended and recognition that the "other" is one of "us". The Life Members are our "elder mentors" and highly valued by AACAP. They carry the mantel of years of experience working and helping youth and are significant assets by enthusiastically mentoring younger colleagues as they move forward in their careers as Child and Adolescent Psychiatrists. YES, THIS IS PLANET EARTH and we are in a time of significant social and biological adversity. It is imperative to adapt to, stabilize, and ameliorate "Earth's current stresses" and adverse climate change! Every person must be cognizant of their powers to join with others socially, academically, scientifically, and politically to REPAIR THE WORLD!

"Tikkun Olam" = Repair and Improve the World (The Mishnah and Talmud)

Cordially,

Cynthia Pfeffer, MD

Steven Luria Ablon

They want to ride with us in the car,
want to sleep over every weekend,
eat popcorn, watch TV; they wish

they could live with us. We take them
for ice cream, as many rainbow
sprinkles as they want.

They keep us young, make lively
our household, get it right this time.
Didn't we go to every soccer,

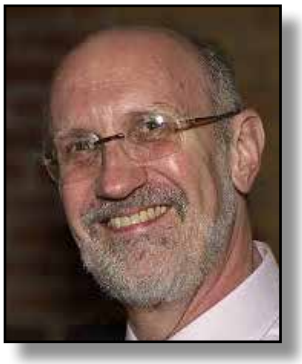
every baseball game, watch
ballet recitals wedged into auditoriums?
Didn't we study biology and Latin?

They left for college one by one and
each came back to visit at Thanksgiving,
let us grill them about courses, friends.

They hug us, say they will see us soon.
We are peripheral to the grandchildren,
a vein, a capillary far from the heart.

Steven Luria Ablon, poet and adult and child psychoanalyst, teaches child psychiatry at Massachusetts General Hospital and publishes widely in academic journals. His poems have appeared in many anthologies and magazines. His previous collections of poetry are "Tornado Weather" 1993, "Flying Over Tasmania" 1997, "Blue Damsels" 2005, "Night Call" 2011, and "Dinner in the Garden" 2018. His website is: stevenablonpoetry.com

Cannibal Owls
Marty Drell



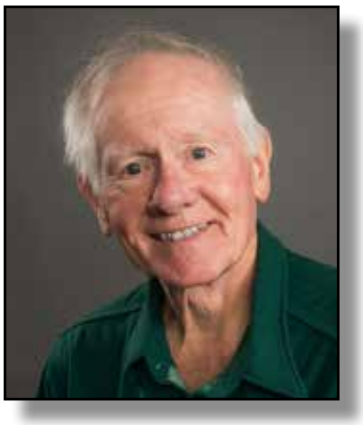
Martin Drell, MD

Most stories about Owls in the Owl's News has focused on their history and how they became linked with wisdom. It came as a surprise to me to read in the Smithsonian Magazine about "Cannibalistic" owls. The story focused on the Asia ecuadoriensis (see photo) that lived in the Andes mountains 40,000 years ago, and probably became extinct due to climatic changes approximately l 0,000 years ago. This species stood 2.3 feet tall and had a wingspan of over 5 feet. Remains in caves in the Andes mountains show evidence of what they ate. Their diet included smaller owls, in addition to mice, other rodents, and rabbits. This led scientists to surmise that Asio ecuadoriensis owls were cannibals. The article added that some modern species of owls, such as great-horned owls, have been known to "snack" on smaller owls. My concept of an owl will never be quite the same! Can you be a wise old owl and a cannibal?

Reference: Bugos, E. (4 Aug 2020). This Giant Prehistoric Owl was an Actual Cannibal. Smithsonian Magazine.

My Trappist Monk Pandemic Life

John McCarthy, MD



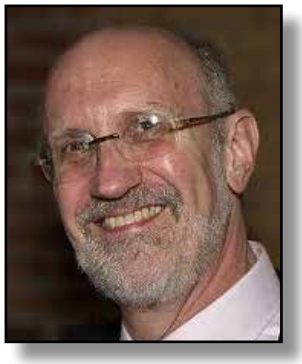
John McCarthy, MD

Perhaps the only people on this planet NOT really affected by the covid-19 onslaught are the Trappist Monks. Deep in isolation within their monastic existence they pray, meditate, write, sing, brew, drink, and sell premium beer, and bake bread. What a safe life they have! Well since the pandemic gong rang around the globe in 2020, my wife, Jane and I have, in effect, trapped ourselves within our own "Trappist Farm" in rural upstate New York. Here, we bake bread, drink beer and wine, grow veggies, and pray we don't succumb to this horrible virus. We are terrified! After all, we are among the high-risk retired elderly. When we hung up our stethoscopes in 2011, we have avoided a sedentary life like a plague by traveling to places far and wide, took up old and new hobbies, attended reunions up the "wahzoo," re-connected with old friends and made new ones—yada, yada, yada.

We were on an exciting roller coaster ride through our "golden" years. There was no stopping us, or so we thought, until covid-19 abruptly invaded our universe to kill millions. That's when our trap door tightly closed as we entered our "monastic life." We braced ourselves for a long haul. Rather surprisingly, however, we discovered how resourceful and productive we were in the face of this new scary era here on earth.

Of course, we miss the exciting life we had before all this mishigas but have managed to stay in touch with those we love. I have pursued my hobbies: model railroading, stamp collecting, and writing memoirs. Jane made infant clothes for her infant granddaughter, tried new recipes, and of course shopped on eBay for bargains. In solving problems, we have encountered within our cave, we each contribute half a brain, like yin and yang.

As Jane likes to say, "And we haven't killed each other yet!" With less distraction from the outside world, we have found new ways to relate to each other, appreciate our strengths, and ignore what is not important. I think when we emerge from our "Trappist Monastery" we will find peace in ourselves that will carry us the rest of the way on this journey called life.



Martin Drell, MD

To begin to answer the questions of how to deal with implicit bias, it might be good to consult psychoanalytically trained therapists who not only believe in the unconscious (n.b., not everyone does), but have spent a century evolving therapeutic techniques to help people deal with unconscious processes. Such therapists would, I believe, be the first to explain how hard it is to change unconscious beliefs and therefore, the actions based on them.

Competent therapist's would advise strategies aimed at consciously bringing the problem to the patient's awareness, along with its consequences. Subsequent strategies would then continuously confront the patient with the origins and consequences of their actions in in their everyday life and in the therapy. This painstaking "working through" of these unconscious events would include suggestions as to new thoughts, narratives, and actions that could be successfully tried.

Most psychoanalytically trained psychotherapists will humbly admit that many of their therapies fall far short of success even after long periods of treatment, even in patients who explicitly know they have a problem and "consciously" want to change. Even more humbling still is Freud's comment that even the most successful therapy does not exempt one from the ongoing "miseries of everyday life."

Business interests in America and the West have attempted to address the impact of bias through I.B. (Implicit Bias) training. This training is based on the idea that I.B. needs to be addressed and that it can be successfully moderated, hopefully in short amounts of time. These attitudes have assured that I.B. training has evolved into a big business of its own.

I.B. training contains the following strategies that are similar to psychoanalytic ones. They can be summarized as:

1. Calling attention to the problem of I.B. and its crucial impact on society.

2. Making people aware that I.B. is something they need to deal with, and finally:

3. Dealing with it!

Most I.B. trainings start by providing a test or experience to make its participants aware of their own implicit biases. The most often used test used is the I.A.D. (Implicit Association Test) (Greenwald & Banagi, 1995). This test, which you can take for free at https://implicit.harvard.edu/implicit/education.html, identifies implicit bias. It does so by detecting the strength of people's "automatic" associations between concepts regarding groups such as black, gay, or Jewish,

and equally automatic evaluations and stereotypes concerning these groups, such as good/bad, athletic/clumsy, and/or rich/poor. The test is based on the hypothesis that measured responses are quicker when they are linked to already existing unconscious ideas regarding these groups. An example would be that one is assumed biased if your response to "gay people" and the evaluation word "bad" is made quicker than "gay people" and the evaluative word "good." The test includes numerous opportunities for similarly timed responses such as the pairing of the concept "straight people" and the evaluative word "good" vs. "straight people" and the evaluative word "bad."

Most people agree that the I.A.T. is a valuable test in

that it appears to be an "objective" measure to introduce the idea that those who take it that they have implicit biases. It is noted that the I.A.T. has its naysayers who question its validity, scoring, and reliability, especially during retests. Regardless of these scientific arguments, it does seem that the I.A.T. is a legitimate way to point out that the test taker potentially has biases.

For the less scientific among us, similar results can be achieved by other means. My favorite comes from a TED talk by Valerie Alexander (2018) entitled "How to Outsmart Your Unconscious Bias." In her presentation, she starts with a mind exercise involving three visualizations: "Imagine you get on a plane and the pilot says hello. Then imagine going to dinner and sitting next to a couple celebrating their wedding anniversary. Finally, imagine a keynote presentation at a national tech conference." Ms. Alexander then follows up by asking her audience whether the audience pictured the pilot in the first visualization as an African American, whether the wedding couple in the second involved two men, and whether the presenter in the third was a woman. Her mind experiment makes the same point that people have their unconscious biases, but engages the audience's cortexes in a much more enjoyable manner. On a personal note, I much preferred Valerie Alexander's strategy to the I.A.T., which I found quite annoying. If the truth shall set me free, then I prefer a process that is less irritating.

The I.B. training then usually moves on to educate participants as to various theories concerning unconscious bias (n.b., examples of which were described in Part 1 of this Primer), as well as its impact. The next, more difficult phase of the training is to reduce the level of and impact of unconscious bias. This involves bias reduction strategies such as exposing participants to "counter-stereotype" exemplars, like President Obama who challenge myths regarding African Americans, and bias mitigation strategies which include changes in policies aimed at leveling the playing field such as the earlier mentioned "blinded" auditions of musicians described in Malcolm Gladwell's book Blink that led to many more female musicians being hired into major orchestras. Other strategies include "perspective taking" ("Walking a mile in someone else's moccasin's") which includes efforts to increase empathy for a "stereotyped" group, and

increased opportunities for contact with stereotypes groups. These opportunities can be facilitated by encounter groups, discussion groups stimulated by videos/movies showing the stereotypic group, or through job relationships made available through successful diversity hiring practices, although the practices can generate politically uncomfortable discussions, such as those concerning affirmative action.1 A final example would be through the practice of unconditional loving kindness meditation. I did mention that some of these strategies might vary as to their levels of complexity, costs, difficulty, and success.

The next big question regards whether these trainings actually work? The answer to this depends on one's definition of what success means and is complicated by the hundreds of different and varying trainings available.

There have been many recent articles that question the helpfulness of I.B. training. (Gassam, 2018; Kim, 2017 & 2018, and Dobbin & Kalev, 2017) Lee Jussim, PhD in his 2017 article sums this up succinctly by saying that, "My own view is that the research framed on implicit bias has been wildly oversold, and its proponents have often leaped to conclusions not justified by the data."

A more fine grained summary of these concerns would include questions as to the validity of the I.A.T. test

that is used in many programs, questions as to the quality of the training programs, and questions concerning the research evaluations of these programs. The latter questions focuses on the measures used, the quality of the research performed using on these measures, and the scarcity of long term follow-ups. There are separate concerns about the impact of making the trainings mandatory, the problems of "one shot" or short trainings, and, most importantly, the failure of these trainings to actually lead to "real life" changes over time.

Best practices established despite the lack of definitive research in most all of the areas involved (Kirwan Institute) include:

o Involvement of the entire company with "buy in" from top to bottom of the organization.

o Creation of a mission statement or its equivalent which spells out clear definitions and goals.

o The necessity of quality, well organized trainings that utilize adult learning theories.

o The need for clear, explicit clarification of the negative impact of I.B.

o The need for clear feedback to and from participants about the training.

o That the training should be considered only a small part of larger, more systemic efforts that aim at implementing policies and procedures that will reduce the past impact of I.B. by consciously implementing changes in the present and the future, especially with regards to hiring practices.

o That the trainings should optimally be delivered in teams or groups that work closely together.

o That the trainings should not be mandatory and "one shot" (unless perhaps your goal is to get your organization out of various public relations (PR) disasters that routinely beset corporations by showing you are doing something quickly).

o That there should be a well-developed process to determine the success of the training.

o That one should never underestimate the resistances to change in our society.

o That one should likewise not underestimate the power of societal justice movements to facilitate for change over time.

The literature emphasizes that when thinking about social change, one should optimistically think of the changes in our society that have occurred in the last 50 plus years, the fundamental principles of our country which may not always be followed but are there to inspire us and perhaps bring about change by making us feel guilty and ashamed, the rapidly changing demographics in the U.S., the equalizing aspects of "Capitalism" (n.b., if it leads to more purchasing, it will be done!), the potential positive impact of social media and the internet, generational aspects of change, and the power of the vote.

On a sobering note, I have shared my article with several African-Americans. When asked if they felt things were better than 50 years ago, not a single person agreed with my comment. They all, in varying ways, said emphatically that things were still bad. As I stated earlier, it depends on one's definition of success and one's perspective.

It is clear that dealing with implicit biases is and will continue to be a monumental task. Several articles and

books make it clear that totally eliminating implicit bias is impossible. These authors contend that we are all biased and that the goal should be to realize this with attempts at becoming an "anti-racist racist." A variation on this statement is put forth by Ibram X. Kendi, (Kendi, 2016, 2019) who says that people are racists, and therefore, cannot be non-racists. The opposite of racist, he says, is anti-racist.

I will end this primer with three quotes from Jennifer Eberhardt's 2019 book entitled Biased: Uncovering The Hidden Prejudice That Shapes What We See, Think, and Do, which nicely summarize the existing situation relating to

implement bias and attempts to deal with it. The quotes speak to the complexity of this topic and span from the optimistic to the painfully real.

o "Bias is operating on a cosmic level… it deserves a cosmic response."

o Dealing with bias, "won't be simple, cheap, or without stumbles and scorn."

o "Diverse groups are more creative and reach better decisions, but they aren't always the happiest groups of people. There are more differences, so there is apt to be more discord. Privilege shifts, roles change, new voices emerge."

I suspect that the last quote meant to prepare readers for Freud's "inevitable miseries of everyday life?" What is your definition of what success in these endeavors would be? And being true to the topic, what potential biases, conscious or unconscious, may have influenced your answer?

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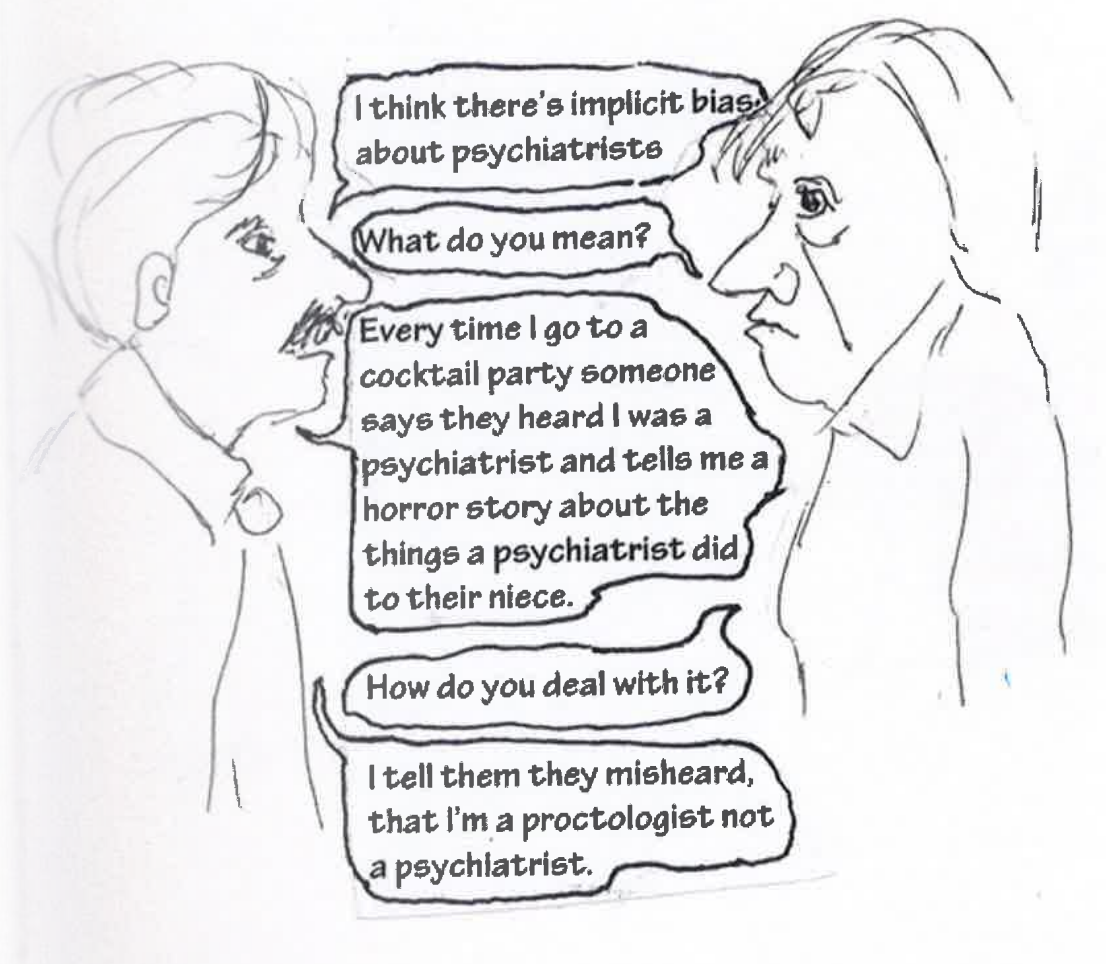
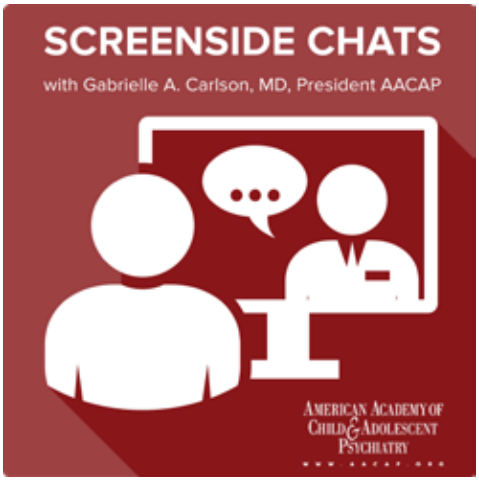
See also *A Primer on Implicit Bias: Part 1* from the February 2020 issue of the Owl Newsletter.





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"The Hate U Give" by Angie Thomas: A Fresh Look at an Old Problem
John Dunne, MD

John Dunne, MD

My usual fare is histories and biographies. I rarely read novels, which is my loss, I'm sure. A friend of mine, whose interests focus on military history, particularly WWII, sent me this book; the first novel by a young Black woman, Angie Thomas, and published in 2018. This is wildly out of character for my friend, who sent this book after the start of the Black Lives Matter protests sparked by the callous police killing of George Floyd in Minneapolis.

The title of "The Hate U Give" comes from a reference to THUGLIFE, an acronym for The Hate U Give Little Infants Fucks Everyone, popularized by rapper Tupac Shakur, known as 2Pac. The specter of "the life" dominates the lives of Black youth, both boys and girls, who grow up in neglected, gang-dominated neighborhoods. The story centers around Starr Carter, the 16-year-old daughter of an ex-felon who lives in one of those neighborhoods, called Garden Heights, in an unnamed city. Her father, once a part of "The Lords," the dominant gang in Garden Heights, had gone to prison for six years when Starr was an infant. Since then, he went straight and now runs a small grocery store in the neighborhood. Because her parents are determined not to let their children be pulled into the thug life, Starr and her two brothers, 17-year-old Seven, and 11-year-old Sekani, attend public school in an affluent, predominantly-white neighborhood called Williamson, where their Uncle Carlos, a city detective, lives with his family. For survival, Starr adopts a Williamson persona to hide her Garden Heights cultural roots. The narrative immediately jumps into the central plot line: the shooting death of Kahlil, her 16-year-old childhood friend, by a white police officer during a routine traffic stop for a broken taillight—a chilling reminder of the recent shooting of Jacob Blake in Kenosha, Wisconsin. Kahlil, who had no male figure in his life, apparently never got "the talk" about how to react when stopped by police: a fatal omission! Starr was in the passenger seat and was referenced in news reports as an "unnamed witness."

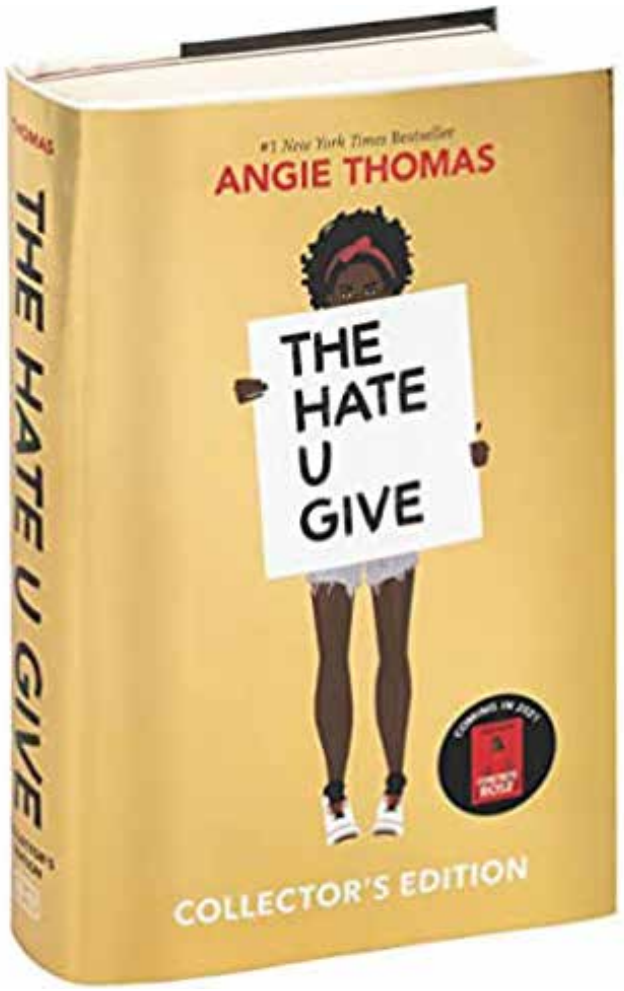
This book gives an unforgettable insight into the struggle young persons of color deal with trying to fit into "white" culture while not abandoning their family, childhood friends, and cultural background. Starr struggles to cope with her friend's death, the inevitable questions of her Williamson friends, the police investigation, and eventually the grand jury. Initially she denies to her friends that she was the "unnamed witness" or even knew Kahlil, who is portrayed in the media without evidence as a drug dealer. For her appearance at the grand jury, she is coached by a female defense attorney and advocate who befriends her, and encourages her to speak out. Eventually the conflict between her desire to defend Kahlil and her wish to avoid her Williamson friends' disapproval overwhelms her. She begins, tentatively at first, to speak out, to acknowledge that she was the "unnamed witness" and to defend her friend's character. This turns her into a pariah at Williamson HS and a snitch in Garden Heights because of Kahlil's connection to the Lords. Kahlil had indeed started selling drugs to support his grandmother who had become debilitated by illness. His mother is a volatile, long-time drug addict who lives with King Lord. He hated drugs and what they had done to his mother but selling drugs was the only viable avenue available to support his grandmother. Starr and her family are threatened and harassed by the Lords, forcing them to move to Uncle Carlos' for safety.

She evolves into an effective and courageous protest leader, speaking out, not only about police racism but condemning drugs and gangs, calling out specifically King Lord, the gang leader in Garden Heights who controls the drug trade there.

She leads an emotional rally which turns violent when police try to shut it down with tear gas and flash bombs. Amid the rioting and burning, Starr,

Seven, and her white boyfriend Chris take refuge in her father's grocery store. King Lord takes advantage of the chaos to firebomb the store, trapping the three inside. Fortunately, they are rescued by Starr's father, who is furious at King Lord, who is casually smirking across the street. Although he accuses King Lord of the firebombing and trying to kill the teens, he wasn't a witness to it. However, several neighbors, fed up with the Lords, come forward to identify King Lord as the bomber, undermining the dominance of the gang. This may seem like an improbable resolution but it fits comfortably into the flow of the book.

The book is written with crisp descriptions and lots of dialogue reminiscent of Hemingway. It is billed as "Young Adult Literature," for which it won the Michael Printz Award from the American Library Association, and the Loretta Scott King Award for African American authors and illustrators of children's books. However, these characterizations sell the book short. This novel is for all ages. It gives us an easily understandable view of the systemic racism and institutional neglect that people of color constantly struggle with, and the tension of Black-white relationships. The author portrays a wide range of characters, both Black and white, each of whom create nuance and complexity in the web of Starr's life. Such books are enormously relevant in these times as we struggle to make sense of the protests and where each of us fit into this fabric of society that ensures the privilege of white people, including me, while systematically condemning others to second class (or worse) citizenship. It was made into a widely acclaimed Netflix movie (with dramatic license, of course) of the same title. This is an excellent read for anyone interested in understanding the difficulties of growing up Black in a white dominated culture. Temporarily casting aside my preference for histories, I'm eager to read Angie Thomas' next book, "Concrete Rose," a prequel to "The Hate U Give," focusing on her father's young adult life.



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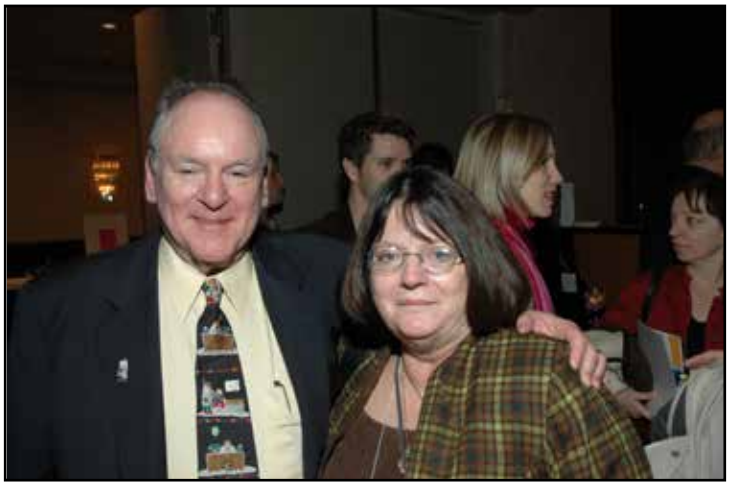

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