

# Donation in Black and White

*A look at recent successes in Milwaukee*

BY JAY CAMPBELL, J.D.

**M**ilwaukee is a minority/majority city, proud of its racial heritage, but troubled by racial friction. Every health-care provider knows that in Milwaukee, African Americans are concerned when they walk through the door—concerned that they may be poorly served.

And perhaps there is good reason: poverty and child mortality rates are too high among African Americans, as are rates of cardiac and liver disease. High blood pressure and kidney disease are near epidemic proportions.

With a general mistrust of the health-care system, African Americans are sometimes hesitant about donation—they wonder why they should give such a precious gift to a health-care system that—if it doesn't overtly *exclude* people of color—doesn't always try hard enough to *include* them.

But with donation, African Americans have a cause that embraces, and cures, the black community like almost no other.



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African Americans suffer from kidney disease (often caused by high blood pressure) far more than other races, and African Americans need dialysis and kidney transplants far more frequently than other races. In fact, African Americans make up about 30 percent of the people needing kidney transplants in Milwaukee and nationally—although African Americans make up only 13 percent of the population.

In the past, African Americans in Milwaukee have resisted donation. In fact, 75 percent of African Americans, when asked about registering as a donor while applying for or renewing their driver license, say "no." In 2005, almost 80 percent of African Americans said "no" when they were asked to donate a loved one's organs at the time of death.

But in 2006, that all changed.

## CREATING A CULTURE OF CARING

In 2006, we at the Wisconsin Donor Network (WDN) changed how we serve Milwaukee's African American community.

We increased the numbers of African American staff, including donation requestors, multicultural outreach coordinators, hospital development coordinators and administrative staff. We also adopted a "serve the family first" policy for *everyone* that supports a donor family's decision about donation, whether that family agreed to donation or not.

We began serving families after the death of a loved one—even if they said "no" to donation. We provided the family with

comfort shawls, helped with memory handprints and locks of hair, and made available a chaplain and other trained staff to comfort families for as long as they needed.

We reached out to Milwaukee's African American community, developing programs with the Wisconsin governor's office and the Milwaukee mayor's office, public schools, technical college and black-owned businesses, newspapers and radio stations.

We also reached out to black churches, holding free clinics for blood-pressure and kidney-disease testing. We supported Milwaukee's "Stop the Violence" and "Fatherhood Initiative" programs. We funded an obituary/memorial project in an African American newspaper to honor donors.

We developed radio, TV and print materials for the African American community, emphasizing our commitment to improving the overall health of people of color. As we dramatically improved our outreach to the African American community, the response to organ donation improved just as dramatically.

## AMAZING INCREASES

As I mentioned earlier, in 2005 only about 20 percent of Milwaukee's African Americans said "yes" to donation at the time of a loved one's death.

But after we reached out to serve Milwaukee's African Americans, in 2007 (as well as in part of 2006), 65 percent of Milwaukee's African Americans said "yes" to donation at the time of a loved one's death.

The city's African American donors grew from eight in 2005, to 12 in 2006 and jumped to 30 in 2007. Each of those donors saved on average nearly three lives. As of this writing in October 2008, the African American conversion rate in Milwaukee has grown to 68 percent. In less than two years, some 75 additional lives were saved by the African American community in Milwaukee. Most of those lives were saved locally.

And—because nearly half of all African Americans have an O-positive blood type—African Americans frequently prove successful matches for other African Americans. In other words, when African Americans donate, African Americans live.

What has happened in Milwaukee is a miracle—a miracle of healing, empowerment and community. What has happened in Milwaukee also is a miracle for those donor families who made the ultimate gift of life—who made donation a memorial to their loved one, and who preserved their loved one's life and spirit in the body of another.

In Milwaukee, a community has begun to heal itself. It is a true miracle of life—and of life after death. **U**

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