

Opinion

YouTube's the worst — your kids are addicted



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YouTube makes me feel very old, because I do not understand it.

I mean, I suppose I get the appeal of watching music videos of yesterday, today and tomorrow, and I understand the convenience of having movie trailers or whatever in one place. Also, full disclosure: I learned to crochet from YouTube videos.

What I don't even remotely understand is the appeal of watching strangers open toys, of musical acts that lip sync to popular songs, video collections of animals pooping, mini-reality programs featuring regular families with foolish names, the baby shark song or the repetitive remix du jour, or, most inexplicably, *watching other people play video games*.

But this is what millions of American children consider prime entertainment, and while I realize that I sound old and very crochety right now, I don't know a single parent who's really comfortable with the quality or quantity of time their children spend on YouTube.

So a story that surfaced over the weekend, about kid-oriented YouTube videos edited to include instructions for committing suicide — well, most parents I've talked to figure that's probably par for the YouTube course.

YouTube is HUGE. The platform has almost 2 billion logged-in users each month, which is about a third of the internet, and that doesn't count olds like me who learn the treble crochet without logging in. A Pew Research Center report found that about 81 percent of parents with children younger than 11 let their kids watch YouTube. About 34 percent said their kids watched YouTube videos regularly, and 61 percent said their kids had seen videos they didn't think were suitable.

The site is largely self-regulating: While YouTube has a YouTube Kids site, moderating what's uploaded there relies on user flagging and smart detection technology. In other words, after your child hears those suicide instructions, you can try to get the video taken down.

This kind of thing isn't a one-off: There's that story about Peppa Pig torture videos that came up a few years back. Just last week, a co-worker told me that his 7-year-old son stumbled across a pornographic parody of the popular cartoon Teen Titans GO!, thanks to YouTube's helpful autoplay queue of supposedly related videos. ("Daddy, why are the Teen Titans in a hotel room?" my friend's child asked. "Daddy, why are they in their *under-pants*?")

And so it goes. I have no idea what percentage of YouTube is deceptive and disturbingly edited stuff. I'm sure it's not that much.

But even at it's best, YouTube is kind of the worst. There's a lot of worrisome commercialism behind unboxing videos (that's the one where people open toys), and even the mini-reality shows (generally, they also open toys, or take paid promotional visits to expensive vacation destinations). That's plenty to trouble parents who would prefer not to raise vernal children.

And most of us currently raising children don't really know how to handle it.

YouTube has nearly as many monthly users as Facebook, and loads more than Twitter. Facebook CEO Mark Zuckerberg has appeared before the U.S. Congress to talk about the role his site played in the 2016 election. Twitter has grudgingly agreed to purge its site of apparent bot accounts. But YouTube doesn't seem to regularly figure in the halting conversations about what, exactly, we have wrought with this here internet.

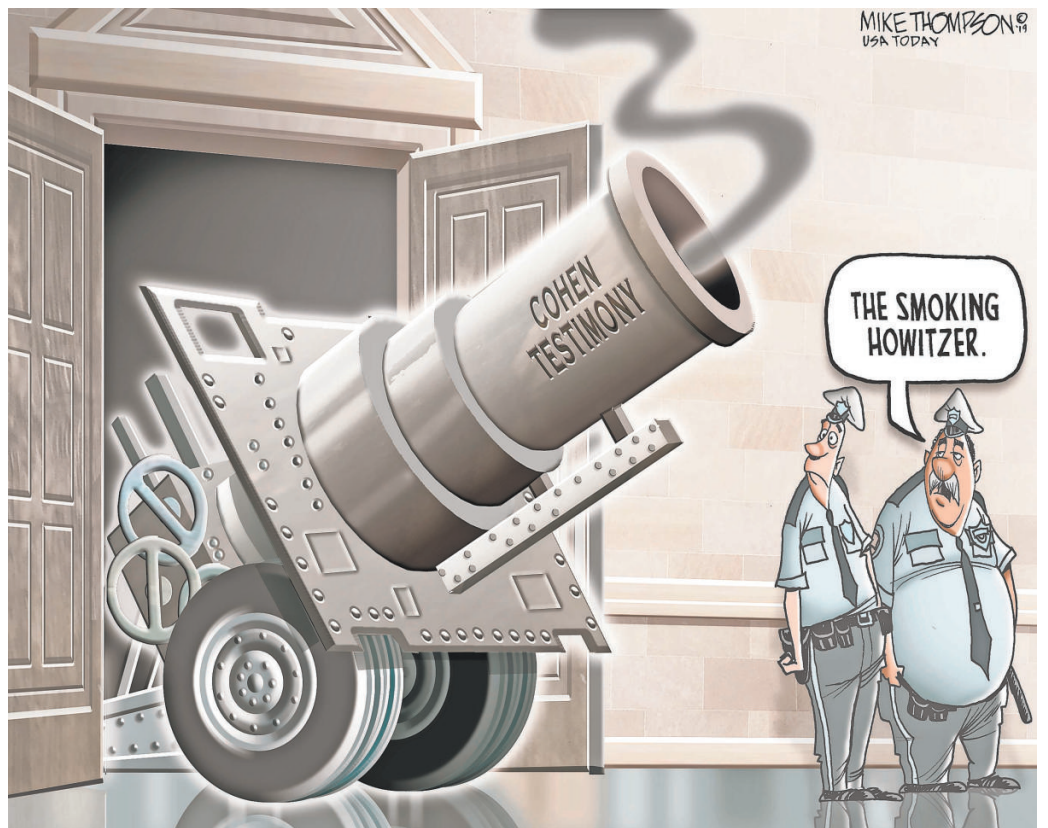
Except among parents. I realize that not allowing your child to access YouTube seems like an easy fix for this problem, but given the proliferation of devices and wifi among even young children, it's not a cure-all. None of us want to deny our children access to common technology, like that one kid you went to school with whose parents didn't even own a TV. But we're in uncharted territory right now, and none of us are exactly sure what it's doing to our kids.

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Here's how racism leads black patients to distrust doctors



Your Turn
Hayley S. Thompson
Guest columnist

Since photographs emerged of men in blackface and Ku Klux Klan robes on Ralph Northam's 1984 Eastern Virginia Medical School yearbook page, the Virginia governor has resisted calls for his resignation. Instead, he intends to focus the rest of his term on racial equity, starting with a "reconciliation tour" throughout his state. As a black health disparities researcher, I hope he takes time to address his apparent endorsement of potent symbols of black humiliation and terror not only as a public servant but as a man who practiced as a physician.

In our society, physicians are held in high regard, not only due to their extensive training but their deeply familiar role as our personal health advisers. However, the overwhelming majority of physicians in the U.S. are white and for many black patients, the doctor's office is not a safe space. Trust is not automatic and we have to assess quickly: Does my doctor have my best interests in mind? Is he or she giving me the best advice and care?

My mother worked as a registered nurse in the largest public hospital in New York City for most of her career. She would describe how the mostly black and immigrant patients would first consult with white doctors, who assumed that their directions would be followed, then debrief afterwards with nurses of color, like my mom, who looked like them — nurses they trusted more than the doctors.

To be sure, Northam's past antics may be an extreme example of racial insensitivity on a continuum among physicians but that continuum exists all the same. Black folks' medical mistrust is not cultural paranoia. It is rooted in the realities of past and present racism.

Numerous studies have measured medical mistrust in diverse populations, using surveys like one that my colleagues and I developed to understand how mistrust affects cancer care in marginalized groups. Such studies show that black patients report greater suspicion of healthcare professionals and systems compared to whites, including beliefs that doctors use confidential information against them and treat them like "guinea pigs" for the purposes of medical experimentation. An individual's past racist experiences, typically described as perceived racism, are often significantly associated with medical mistrust.

It may be argued that the perception of racism is subjective but researchers have used more objective methods to examine differences in clinical interactions across race. In the oncology context, studies that recorded patient interactions with mostly white physicians have found that physicians engage in less relationship building with black cancer patients and less information sharing, even when prompted by the patient. Implicit or unconscious bias may be at play,

as data reveal that a majority of white physicians demonstrate a strong preference for whites. In another recent study, researchers had oncologists complete a measure of implicit racial bias. Then they videotaped oncology visits and discovered that oncologists with greater pro-white/anti-black bias had shorter interactions with black patients and were evaluated by patients and independent observers as less patient-centered and supportive.

Past racist experiences, differences in clinical interactions across race, and implicit bias are not the only factors that fuel medical mistrust but they are powerful in combination. And medical mistrust has consequences since black patients who report higher medical mistrust are less likely to follow medical recommendations, accept medication and participate in preventive care, leading to poor health outcomes. These are troubling findings given that black Americans carry a disproportionate burden of chronic diseases like hypertension, diabetes, and cancer and are more likely to die as a result.

Black people in America remain apprehensive about so many institutions on which we depend, including healthcare. There are ways of addressing these fears and the mistrust it engenders. For example, my mother identified her own network of black healthcare providers to handle most of our family's medical needs. Certainly, increasing the pool of black physicians is vital but it will take some time as we wait for more black students to move through the necessary academic pipelines.

Here in Detroit, where more than 80% of city residents are black, these issues cannot be ignored. The cancer center where I work has invested in research to mitigate the role of bias in cancer care and outcomes. We are also ensuring that the voices of our diverse patients and community stakeholders are heard through the efforts of our Office of Cancer Health Equity and Community Engagement. Our medical school is among the small but growing number that require students take the Implicit Association Test, a reliable measure of unconscious bias, as a part of their cultural competency training and instruction in strategies to counter these attitudes.

State medical boards could also require this type of anti-bias training among practicing physicians as part of the continuing medical education necessary for re-licensure. Are such mandates too broad? Well, consider that Northam's yearbook included other student pages with disconcerting photos, suggesting that casual racism was a normalized part of that school's culture. There are certainly medical institutions and physicians, then and now, who are committed to racial equity in healthcare but these photos are a stinging reminder that race-based medical mistrust among black patients is a logical defensive response when you're not sure where your physician's commitments lie.

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People overthink why rich men buy sex

Heidi Fleiss
Columnist
Special to USA TODAY

They do it because it's sex. They do it because it's convenient. They do it because it's fast. They do it because it's hassle-free. At least, until you're caught.

Ever since New England Patriots owner Robert Kraft was charged last week with two counts of solicitation of prostitution after the police obtained video evidence of him allegedly engaging in sex acts at a strip-mall massage parlor in Florida, people have been scratching their heads and wondering: Why would a man with wealth, power and prestige, who likely has women throwing themselves at him on a daily basis, go to a massage parlor? If he wanted sex, shouldn't he have a madam — like me — or a number of beautiful women at his disposal?

People are overthinking it. Kraft, 77, allegedly went to a massage parlor because it was uncomplicated. The only problems are:

- It happens to be illegal.
- The women there were reportedly victims of sex trafficking.
- The two points above are closely linked.

There's a problem that has led to this problem. We are a society tied in knots around sexuality and sexual pleasure. We all love it, but we have such specific, archaic rules around where and when we are allowed to feel it. If we had the same rules around happiness, there would be a revolution.

For much of human history, men went not to illicit massage parlors for sexual pleasure but to temples. Prostitution was condoned by many religions. But as soon as religion became anti-sexuality and pro-chastity, prostitution became a sin rather than a service.

The point is, there is a cultural disagreement on whether prostitution is sacred or sinful. The more we repress something as a culture, the more it comes out sideways in individuals.

However, when it comes to sexual trafficking, we are all in agreement: It is morally reprehensible and a violation of basic human rights to force an unwilling person into sex.

Given that there always has been and always will be a demand for sexual services, we need to decide: At what cost are we making transactional sex illegal?

When you make something that is in demand illegal, you create an opportunity for people who live outside the code of law to make money out of it. Some choose to do this by subjugating others.

The laws in place now to supposedly protect people are hurting us and creating a bigger black market for sex. We have to change the law so there's a substantial reduction in human trafficking. Here in Nevada, legal brothels do the community a service and they are regulated, inspected and taxed.

I was the Match.com, Tinder and Grinder of my day. I made the transaction easy by cutting directly to everyone's goals, without any of them having to endure the long and often dishonest song and dance that people do when dating.

And there is evidence that legalizing prostitution can reduce sex trafficking. For instance, New Zealand legalized prostitution in 2003. In a 2008 study, the New Zealand Ministry of Justice found no incidence of trafficking over the previous five years. Sex worker advocates also say the law made it easier for them to report abuse.

Human rights organizations like Amnesty International, the United Nations and Human Rights Watch have all advocated decriminalizing prostitution.

For those who are against prostitution, just like those who are against pornography, it's fine to hold that opinion. Just don't participate in it or pay for it. But don't impose your rules and values on the rest of us. There are 7 billion people on this planet. And a certain percentage of them are always going to be willing to pay for sex.

So the reason why Kraft went to a Florida massage parlor allegedly for sex is because he wanted to. It was there. Sometimes you want to eat a nice steak, and sometimes you want fast food. It was the fast-food equivalent of sex.

None of this diminishes or discounts his character. A person is not a fraud or a liar because he wants sex. Many people do, and that's never going to change. What can change is the way we, as a society, police, regulate and legislate sexual pleasure.

Heidi Fleiss is the former Hollywood Madam and runs a macaw rescue in Nevada.