



Project ECHO[®] RACISM IN NURSING

Health Equity Focus | CNE Available



National Commission to Address
Racism in Nursing





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Racism in Nursing

**How do we ensure health equity in a society
built on white supremacy and oppression?**



**Georgetown University,
Dean and Chief Nursing Officer**

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I will disclose that I come to this conversation as a...

- Daughter of a Black woman who was a nurse.
- Black woman who is a nurse.
- Mother of two Black children who are nurses.
- Descendant of enslaved people who had to be resilient in the face of legalized oppression and bondage.



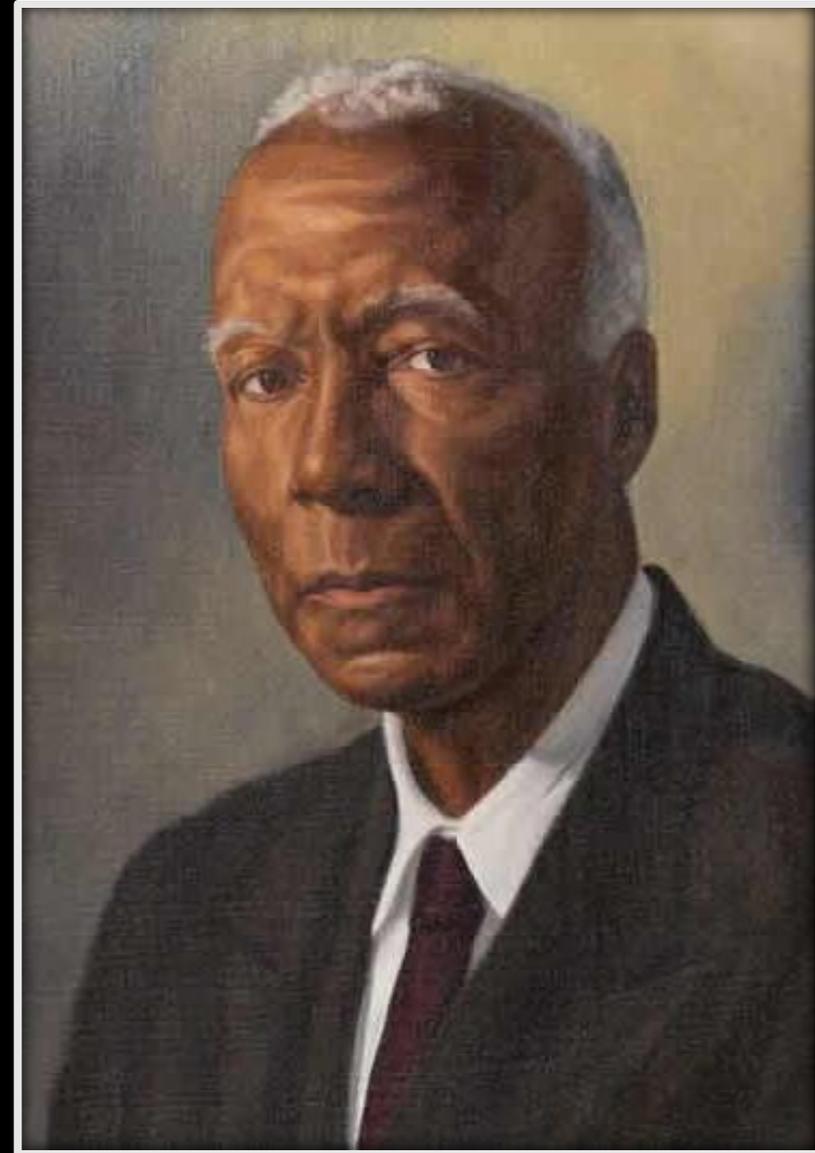
OBJECTIVES

Discuss the intersection of oppression and health

Explain the relatedness of oppression and the delusion of white supremacy

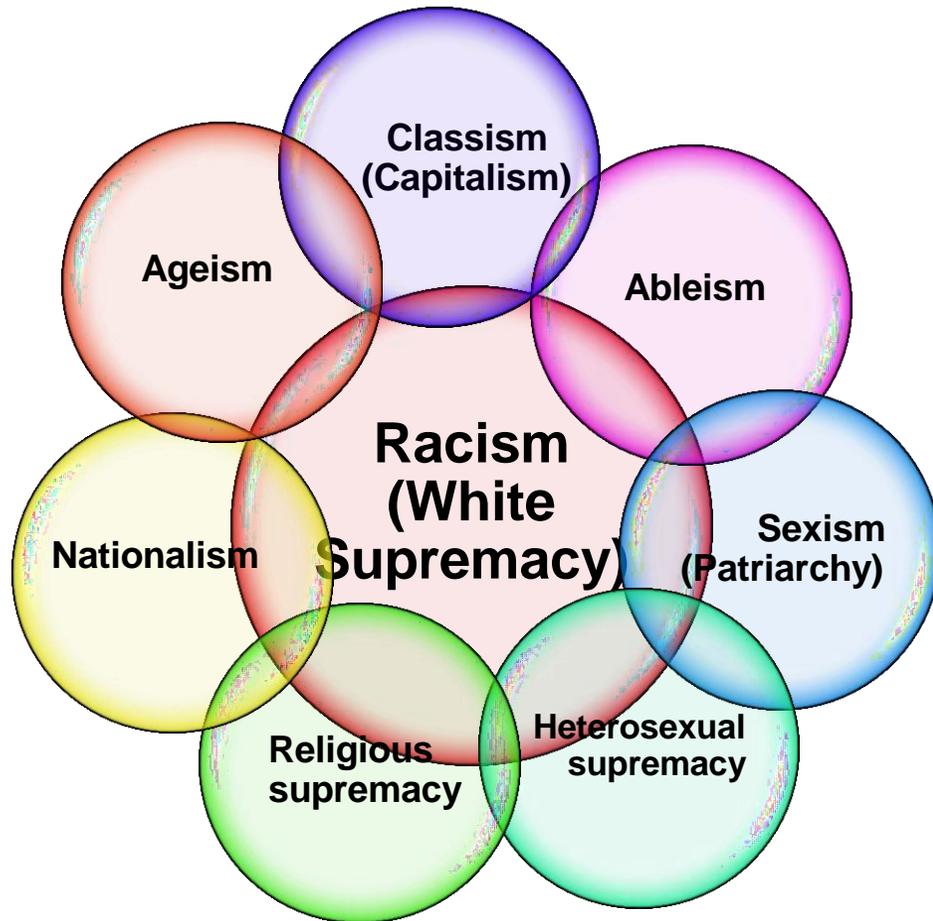
Strategies to promote health equity in our current context

"Freedom is never granted: It is won. Justice is never given: It is exacted. Freedom and justice must be struggled for by the oppressed of all lands and races..."



Philip Randolph

Oppression: Used to Maintain Power



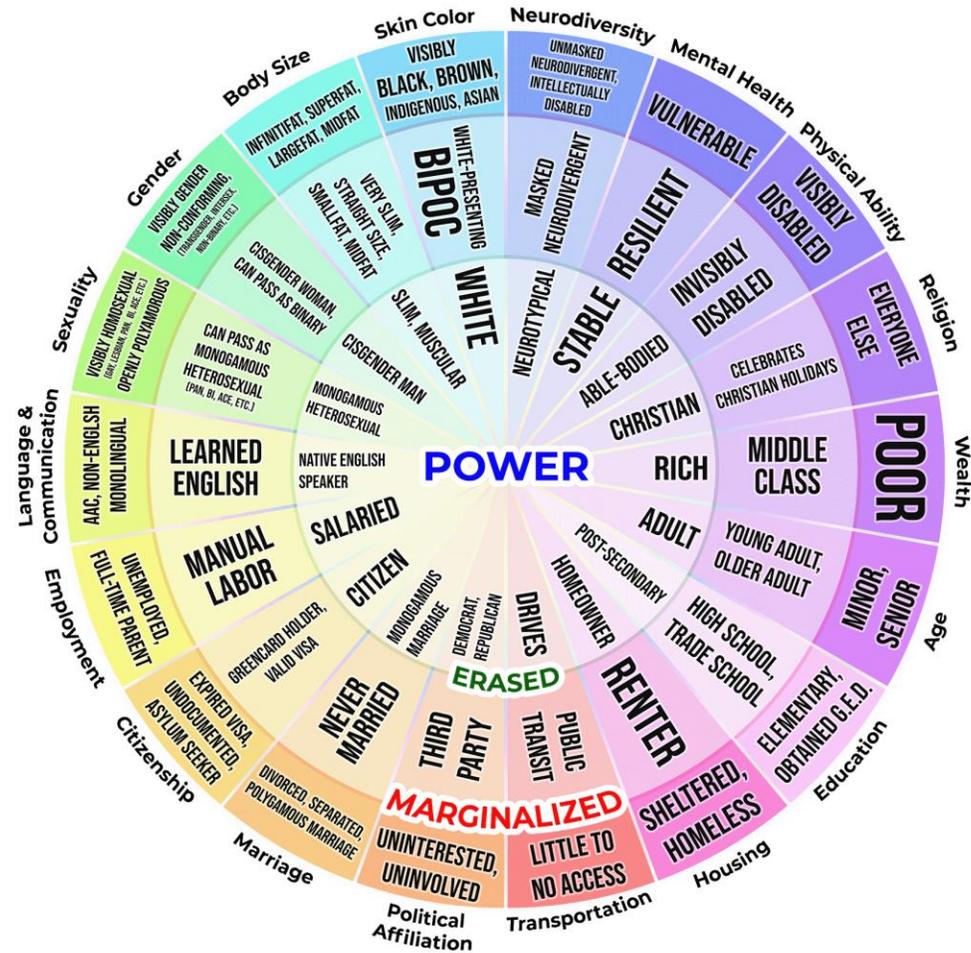
Definition:

Attitudes, behaviors, and pervasive and systematic social arrangements by which members of one group are exploited and subordinated while members of another group are granted privileges (Bohmer and Briggs, 1991).

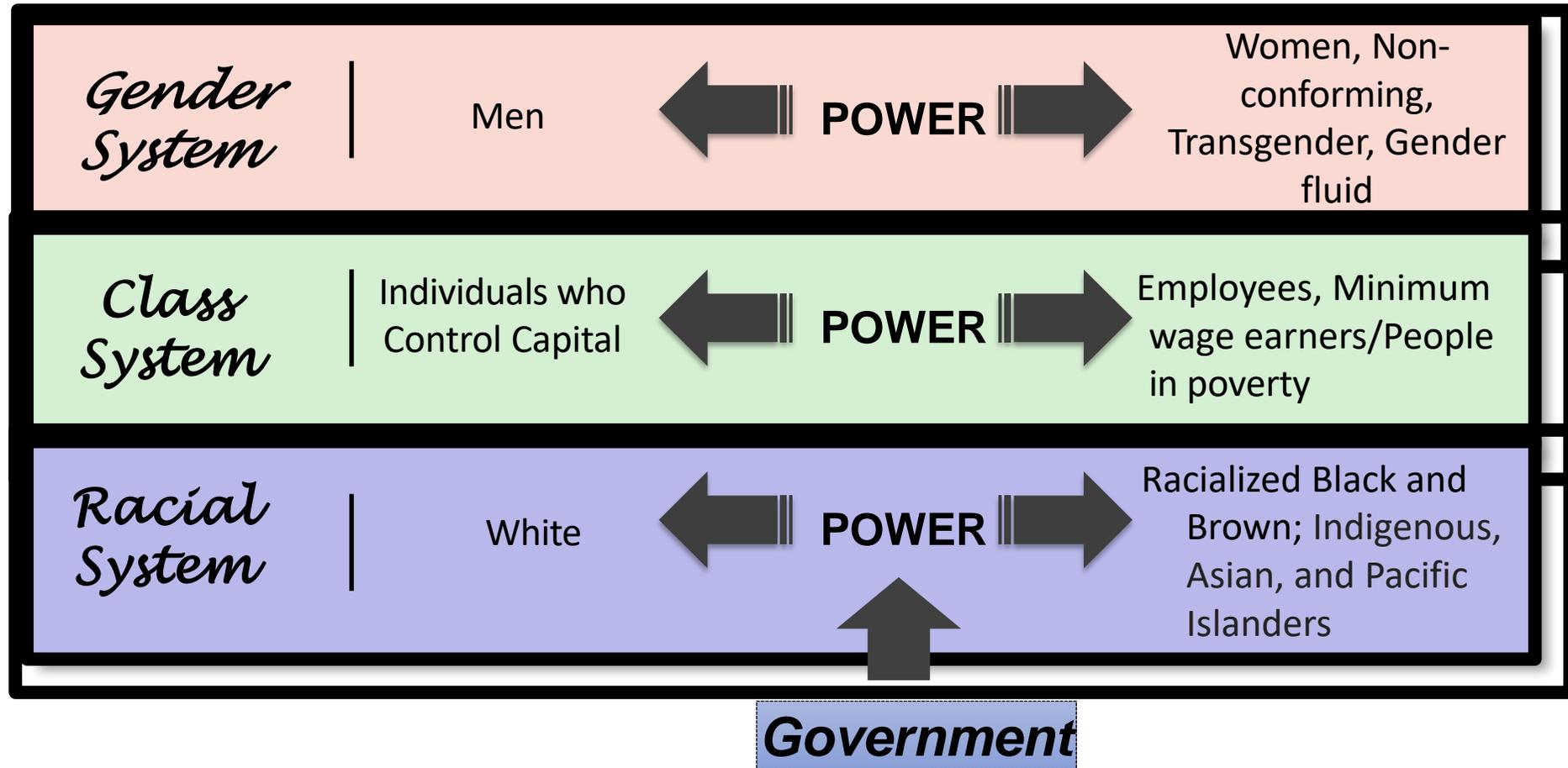
Unjust exercise of power and the control of ideas and coveted resources in a way that produces and sustains social inequality (Watts et al., 1996).

INTERSECTIONALITY WHEEL OF PRIVILEGE

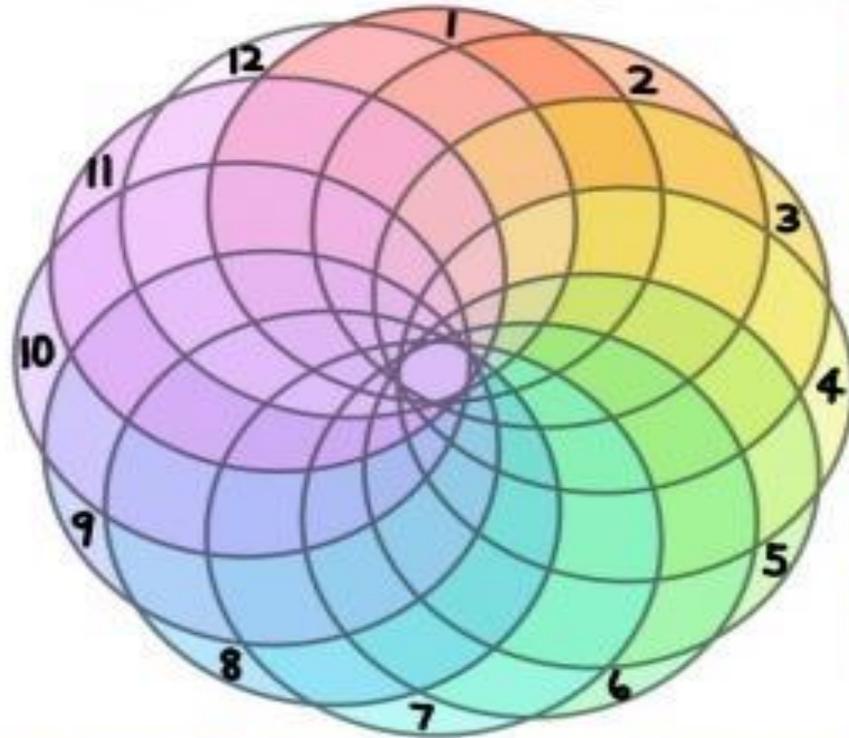
As Observed in the USA



Further Breaking Down Power & Oppression



INTERSECTIONALITY



- 1 Race
- 2 Ethnicity
- 3 Gender identity
- 4 Class
- 5 Language
- 6 Religion
- 7 Ability
- 8 Sexuality
- 9 Mental health
- 10 Age
- 11 Education
- 12 Body size
- (...and many more...)

Intersectionality is a lens through which you can see where power comes and collides, where it locks and intersects. It is the acknowledgement that everyone has their own unique experiences of discrimination and privilege.

- Kimberlé Crenshaw -

@sylviaaduckworth

A black and white close-up portrait of Bell Hooks, a Black woman with her hair in braids, smiling warmly. She is wearing a dark jacket with a zipper. The background is a plain, light color.

“Dominator culture has tried to keep us all afraid, to make us choose safety instead of risk, sameness instead of diversity. Moving through that fear, finding out what connects us, revelling in our differences; this is the process that brings us closer, that gives us a world of shared values, of meaningful community.”

Bell Hooks

Oppression and Illness



- Oppression is both experienced and felt (Jemal, 2018).
- Social oppression is structural
- Struggles have yielded resilience and resistance
- Anti-Black racism rooted in slavery and anti-Indigenous racism rooted in colonization are illness-inducing forms of oppression.



Oppression and Health

Systems of oppression may be historically placed but **should not** be historicized into the past.

(Bradley, 2017)

While the history and conditions of countries may vary, health inequity **is not** driven by biology and genetics

Health inequity is driven by systems, structures and policies that support and entrench hierarchies among social groups.



Oppression and the Delusion of White Supremacy

White supremacy is a:

- “political-economic social system of domination” (DiAngelo, 2012, p. 145).
- a set of institutionalized and cultural values that promotes the superiority of white people and white culture over others and provides unearned privileges to white people.



We can shift our way of being. This is a tangible outcome.

When we galvanize collectively, change can come from the masses (of nurses) to make big shifts in being.

What we practice at the small scale sets the patterns for the whole system.

“I have to use my life to leverage a shift in the system by how I am, as much as with the things I do”

(Brown, 2021)

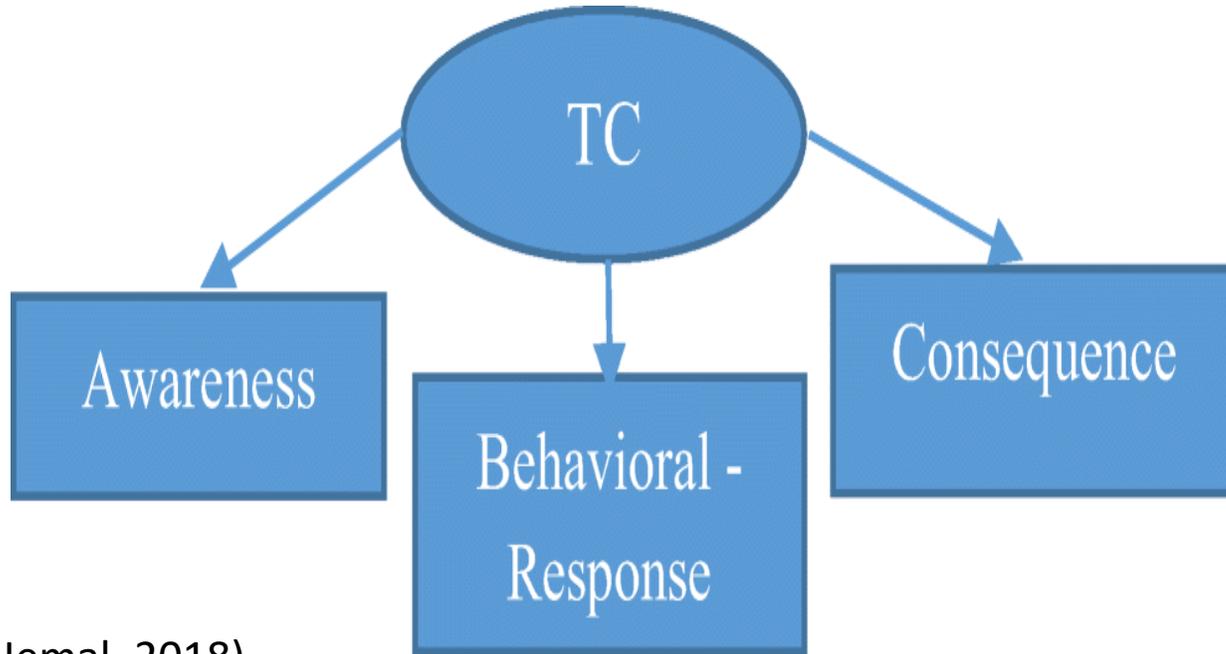
Strategies to Promote Health Equity

Consider, what internal practices are you willing to take on to advance health equity?

What external practices will you commit to and execute to advance health equity?

Will they be transactional- or - transformational?

Transformative Potential to Ensure Health Equity



(Jemal, 2018)

- Health-racism nexus
- Process-oriented thinking about how racism works.
- Equity vs equality
- Reverse engineer oppression.

*If you have come to help me, you are
wasting your time. But if you have
come because your liberation is bound
up with mine, then let us work together.*

~ Lilla Watson



<https://www.theblackcard.com.au/dr-lilla-watson/>

Case Study: Video



Questions:

What are examples of systemic oppression that you heard during the video-consider the four levels of oppression?

How did the racial, class and gender system play out in this scenario?

Discuss the consequences of living in a racialized system of delusional white supremacy and its impact on patient and community health.

In what ways can you promote freedom and liberation of those you partner with in care?

How do you engage in radical healing as a form of resistance?

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Thank you for your time!!

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