Moving from Cultural Competence to Antiracism

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“In a racist society it is not enough to be non-racist. We must be anti-racist”
—Angela Davis
Session Flow

- Review UW Health’s commitment to Diversity, Equity & Inclusion
- Understand the history of OB/GYN and Racism
- Understand the difference between cultural competence and antiracism
- Define the 4 dimensions of racism
- Begin understanding the role of confronting power and privilege
- Learn about resources, policies, and tools to move towards antiracism
Jacob Blake

“We were unarmed. But we knew that Blackness armed us. Even though we had no guns.”

- Ibram Kendi
Statement on the Recent Shootings of Anisa Scott and Jacob Blake
~Freedom, Inc.

“When the state uses its power to demean, detain, and destroy us, the effects of that trauma linger in our communities forever. The institutional violence that took the lives of Anisa and Jacob has followed our families through every generation. We have had enough of this cycle of grief. We have had enough of having our families torn apart. We have had enough of watching our children endure the same dehumanization that our grandparents went through. We have had enough of this disregard for our lives.”
UW Health is committed to being a diverse, equitable & inclusive environment

“Our diversity is our strength. We stand with those within UW Health and SMPH who create this environment – an environment that has been recognized time and again for excellence in clinical care, education, and breakthrough discoveries that transform lives and restore hope. Our faculty, staff, and learners should not be the targets of hatred and vitriol. If and when they are, each of us is responsible for stepping in to halt it. We stand ready to call out and confront behavior motivated by bigotry. And we are committed to addressing any manifestations of racism, xenophobia, homophobia, transphobia, sexism, prejudice, and intolerance.”

Alan S. Kaplan, MD, Chief Executive Officer, UW Health, and Robert N. Golden, MD, Dean, UW School of Medicine and Public Health
February 12, 2020
“UW Health condemns the ongoing anti-Black violence and racism in our country. As a healthcare organization, we acknowledge that racism is a public health crisis. We are committed to continuing to support Black-led community organizations dedicated to improving health and well-being and to provide our staff the tools to address and dismantle racism. The new normal should be an anti-racist normal. We know we have a role to play in creating this new normal.”

Alan S. Kaplan, MD, Chief Executive Officer, UW Health
June 2, 2020
Vision, Path and Goals

Our Vision
UW Health is a leader in dismantling racism in ourselves, in our system and in our community

Our Path

Identity Change
Local/Internal
Create a culture of anti-racism and inclusion

Structural Change
Regional/Community
Deliver healthcare that is equitable and inclusive

Fully Inclusive
National/Advocacy
Reduce health inequities by addressing social determinants of health
Racism and the field of OB/GYN

Dr. J. Marion Sims is known as the founding father of gynecology. He earned this title through contributions made by experimenting on enslaved Black women.

Their names—at least the ones we know—were Lucy, Anarcha, and Betsey. There were other women, but their identities have been forgotten.

The man whose name appears in medical textbooks, whose likeness is memorialized in statues, is J. Marion Sims. Celebrated as the “father of modern gynecology,” Sims practiced the surgical techniques that made him famous on enslaved women: Lucy, Anarcha, Betsey, and the unknown others. He performed 30 surgeries on Anarcha alone, all without anesthesia, as it was not yet widespread. He also invented the modern speculum, and the Sim’s position for vaginal exams, both of which he first used on these women.
The Legacy of Slavery

The legacies of slavery today are seen in structural racism that has resulted in disproportionate maternal and infant death among African Americans.

The deep roots of these patterns of disparity in maternal and infant health lie with the commodification of enslaved Black women’s childbearing and physicians’ investment in serving the interests of slaveowners. Even certain medical specializations, such as obstetrics and gynecology, owe a debt to enslaved women who became experimental subjects in the development of the field.

Public health initiatives must acknowledge these historical legacies by addressing institutionalized racism and implicit bias in medicine while promoting programs that remedy socially embedded health disparities.
Black Maternal and Infant Health: Historical Legacies of Slavery

“The impact of racialized science on the field of medicine today is painfully illustrated by the deep linkages that American gynecology has with slavery. Many of the field’s most pioneering surgical techniques were developed on the sick bodies of enslaved women who were experimented on until they either were cured or died. A slaveholding surgeon, François Marie Prevost, pioneered cesarean section surgeries on American enslaved women’s bodies through repeated experimentation. James Marion Sims, another famed 19th-century gynecologist, created the surgical technique that repaired obstetrical fistula by experimenting on a group of Alabama enslaved women.

That gynecology advanced from American slavery means that Black people have always had a precarious relationship to the field and its practitioners. What does a community learn to trust doctors whose forefathers were interested only in repairing and restoring Black women’s reproductive health so that slavery could be perpetuated? How can doctors learn to be more sensitive to the concerns, both personal and cultural, of Black people who still hold secrets about the forced sterilizations that older southern members of their families endured? How does the medical profession unlearn a pattern of dismissing Black women’s self-reported pain when that pattern is rooted in centuries-old soil?”
Cultural Competency is a goal often found in the mission statement of workplaces, schools, and medical programs.

It means:
Having an understanding of different cultures, identifying your biases and prejudices, and being able to interact respectfully with people from different cultures.
Cultural Competency vs. Antiracism

Cultural Competency misses the mark as it suggests a discrete end-point in learning, at which point people are considered “competent” in their learning. Learning and respecting difference is not a one-time lecture or conference. It’s a lifelong process.

“Anti-racism is the lifelong commitment to learning, questioning ourselves, and is the active process of identifying and eliminating racism by changing systems, organizational structures, policies, practices, and attitudes, so that power is redistributed and shared equitably.”

~NAC International Perspectives: Women and Global Solidarity
Cultural Competency can be the starting point for lifelong movement towards Antiracism

- **Self-awareness of our own culture and belief and recognizing not all people feel the same.**
- **Gaining knowledge, questioning our own prejudices, advocating for equity and speaking out against injustice.**
- **Holding systems accountable.**

Questions:

- How can I use my knowledge and unique skills to disrupt systems of oppression?
- How can I redistribute power in my community and ensure equitable opportunities and outcomes?
- How have I experienced privilege, or been prejudiced towards others?
- What biases do I hold about other cultures?
- How does my culture impact the way I view the world and others?
- How do other people view the world through their experiences and perspective?
The myth of race, debunked in 3 minutes
### Definitions

#### Race
- **A social construct.** There is no biological basis for race, in fact there is more genetic variation (about 85%) within any given ethnic group.
- Created to divide people in order to prevent people from rising up against those with wealth and power. It has been woven into the very fabric of our society.
- While it is not a biological reality, it has a very real and profound social reality and impact on the lives of people of color.

#### Racism
- Racism came before Race.
- Our system of structuring opportunity and assigning value based on the social interpretation of how one looks (“race”).
- “It unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.” – Camara Jones, Phylon 2003
- There is no such thing as “reverse” racism due to the unequal power in racial relationships in our country.

#### Antiracism
- "Anti-racism is the active process of identifying and eliminating racism by changing systems, organizational structures, policies, practices, and attitudes, so that power is redistributed and shared equitably.” - NAC International Perspectives: Women and Global Solidarity
- “To be antiracist is to deracialize behavior, to remove the tattooed stereotype from every racialized body. Behavior is something humans do, not races do.” – Ibram X. Kendi, *How to Be an Antiracist*
5 Things You Should Know About Racism
Even though Race is a social construct, we need to learn and recognize power and privilege in racial relationships

Racism and Race-Based Privilege
The Four Dimensions of Racism

- **Interpersonal**: Individual acts of discrimination and prejudice, stereotypes, hate unconscious and conscious.

- **Structural**: Multiple institutions collectively upholding racist policies and practices, i.e. society.

- **Institutional**: The unfair policies, practices and procedures of institutions and systems that routinely produce racially inequitable outcomes for people of color and advantages for white people. These can be conscious or unconscious.

- **Internalized**: The process by which people of color adopt racially prejudiced attitudes and behaviors that lead to discrimination of their own racial group. A form of systematic oppression where people of color unconsciously support white privilege and power.
Phenomena Playing out at Each Level

**Structural**
- Systems of advantage and disadvantage
- Opportunity structures
- Societal history and oppressive practices and policies

**Institutional**
- Biased policies and practices (e.g. in hiring, recruitment, engagement)
- Disproportional outcomes and experiences

**Individual/Interpersonal**
- Identity and difference
- Individual advantage and disadvantage
- Explicit/Implicit bias
- Stereotype threat
- Internalized racism
- Microaggressions
- Racist interactions
Interpersonal: Individual acts of discrimination and prejudice, stereotypes, hate unconscious and conscious “Can be unintentional. People don’t have to mean to be racist to have a racist outcome” ~Dr. Camara Jones

Examples

Individual/Implicit Bias: Unconscious attitudes and beliefs – White medical professional not looking an African American parent in the eye and only talking to her white partner while they are attending an ultrasound appointment.

Individual/Explicit Bias: Conscious attitudes and beliefs – Police brutality, a white woman locking her door when an African American man walks by or clutching her purse in an elevator. The way the media portrays people of color as criminal and the fear that that breeds in people.
**Institutional:** The unfair policies, practices and procedures of particular institutions that routinely produce racially inequitable outcomes for people of color and advantages for white people. This explains the connection we see between social class and race. These can be conscious or unconscious. “Inaction in the face of need” ~Dr. Camara Jones

**Examples**
- Discipline policies carried out day to day in schools disproportionately targets students of color who are 23 times as likely to be suspended from school.
- Hiring unconsciously gives preference to names that sound “white”. Thus, when someone visits the hospital, they’re treated by mostly white clinicians.
- No-Show policies in medical care
- Clinic hours
Structural: Multiple institutions collectively upholding racist policies and practices, i.e. society

Examples

- Inequities in health outcomes in Dane County low-birthweight babies born to Black women
- Medicaid as a system and requirements to qualify
- Lack of racial and gender diversity in clinical trials results toward the majority white male participants. The evidence-based care guidelines at the hospital are based on these results.
Internalized: The process by which people of color adopt racially prejudiced attitudes and behaviors that lead to discrimination and stereotyping of their own racial group. A form of systematic oppression where people and communities of color unconsciously support white privilege and power. “Accepting the limitations to a box within which we have been put.” ~Dr. Camara Jones

Example
The culture we live in values whiteness as the standard; this can negatively affect the self-esteem and self-worth of people of color. Kids of color may choose a white doll to play with over a doll that is more aligned with their own skin color. People of color believing they must assimilate into the dominant culture/be white and erase the cultural parts of themselves. And example is: Black women feeling self-conscious and straightening their hair.
How do we be antiracist and address institutional racism?

- Be brave and vocal about naming racism
- Ask: Why are these disparities occurring? How is racism operating here? Where might we need to take a deeper look?
- Organize and strategize with others to dismantle the system and find mechanisms to move towards equity.
Steps to Antiracism

“To be anti-racist is to believe in the word now. Patience is a dirty word to those incarcerated by inequity. Patience is a nasty word to those with injustice kneeling down on their neck.”

- Ibram X. Kendi, The Atlantic

We must shift our normal course towards adopting practices that recognize privilege and cede power. This requires pushing against conscious and unconscious biases and the societal beliefs and norms that marginalize, exclude and perpetuate inequity.

We must work to dismantle the structures, systems and practices that reinforce inequity. Even with best intentions, we will inadvertently perpetuate inequities and widen disparities if we are not conscious of our own biases and the power structures within which we work.
Robin DiAngelo and Ibram X. Kendi on How to Become Aware of Privilege
Spheres of Influence

**Control:**
Identify practices and patterns that you can directly encourage/interrupt in yourself and relationships.

**Influence:**
Think of the personal and professional relationships you have influence over such as policies or practices or people at your workplace, professional networks, etc. and resources you could consolidate as allies.

**Structural:**
Think of the organizational collaborations needed to impact public and private structures in society.
The Growth Zone Model: Discomfort expected and encouraged
How might you engage your growth zone in this work?

**Becoming Anti-Racist**
- I avoid hard questions.
- I deny racism is a problem.
- I talk to others who look & think like me.
- I listen to others who think & look differently than me.
- I surround myself with others who think & look differently than me.

**Fear Zone**
- I strive to be comfortable.
- I talk to others who look & think like me.

**Learning Zone**
- I education myself about race & structural racism.
- I am vulnerable about my own biases & knowledge gaps.
- I listen to others who think & look differently than me.
- I yield positions of power to those otherwise marginalized.
- I surround myself with others who think & look differently than me.

**Growth Zone**
- I identify how I may unknowingly benefit from Racism.
- I recognize racism is a present & current problem.
- I seek out questions that make me uncomfortable.
- I understand my own privilege in ignoring racism.
- I sit with my discomfort.
- I speak out when I see Racism in action.
- I promote & advocate for policies & leaders that are Anti-Racist.
- I educate my peers how Racism harms our profession.
- I don’t let mistakes deter me from being better.
What holds people back from talking about Race?

For White people?

For People of Color?
Reflection Questions

How did your parents talk to you (or not) about whiteness, privilege, and racism?

What fears arise when you think about addressing and examining racism?
In what ways have guilt and shame stopped you from engaging in anti-racism work?

What are your values and does your relationship with anti-racism reflect those values?
Speaking up against Racism and Xenophobia at the Interpersonal Sphere of Influence

• Interrupt
• Question
• Educate
• Echo

https://www.tolerance.org/magazine/speaking-up-against-racism-around-the-new-coronavirus
Stop saying “I’m not racist.”

• It's not enough to say, “I'm not racist,” and often it's a self-serving sentiment. Kendi says people constantly change the definition of what's racist so it doesn't apply to them. If you’re a white nationalist who's not violent, says Kendi, then you might see the Ku Klux Klan as racist. If you’re a Democrat who thinks there's something culturally wrong with black people, then racists to you might be people who are Republicans.

Identify racial inequities and disparities

• Racism yields racial inequities and disparities in every sector of private and public life. That includes in politics, health care, criminal justice, education, income, employment, and homeownership. Being antiracist means learning about and identifying inequities and disparities that give white people material advantages over people of color.
• "What an anti-racist does first and foremost is identify racial inequities," says Kendi.
• So a racist analysis would ascribe poor or worse outcomes for black Americans to the group's behavior or characteristics. An antiracist analysis would make clear that the problem is not the group, but the policies that put racial groups at a distinct disadvantage.

Confront the racist ideas you've held or continue to hold

Once you've begun identifying racial disparities, examine whether your own views, beliefs, or voting patterns have justified racial inequity.

Understand how your antiracism needs to be intersectional

• Kendi argues that racist ideas and policies target many different people within racial groups. A policy that creates inequities between white and Native American people, for example, also yields inequities between white men and Native American women. If one believes that black men are superior to black women, then that person won't be able to see how certain ideas and policies disproportionately affect black women in harmful ways.
• Because race intersects with multiple aspects of people's identities, including their gender, sexuality, and ethnicity, it's imperative to use an intersectional approach when being antiracist.

Champion antiracist ideas and policies

• One cannot strive to be antiracist without action, and Kendi says that one way to act is by supporting organizations in your community that are fighting policies that create racial disparities. You can volunteer for or fund those organizations. Kendi also recommends using one's power or getting into a position of power to change racist policies in any setting where they exist — school, work, government, and so on. The point is to commit to some form of action that has the potential to change racist policies.
Transforming from an Ally to a Co-Conspirator

Power
What are 2-3 areas you have decision-making authority over?
• What day-to-day responsibilities do you decide how to execute?
• What are important areas of your control where you can make decisions that do not require any approval?

Priorities
What one area can you focus on as a priority for fighting racial inequities?
• What opportunities (within your scope of power) do you have to make sure the policies, procedures, and practices (both written and unwritten) are unbiased?

Probe
What information, data, and/or resources do you need?
• Why is this priority important? Why is it urgent?
• What are the root causes of the racial inequities involved?
• What more do you need to know to effectively fight for this issue?

Privilege
How specifically, can you leverage your privilege to make this change happen?
• How can you leverage your race, identity, relationships to achieve this priority?
• What unique advantages, networks, and/or resources do you have that can help you achieve this priority?

People
Who do you need to make this happen?
• What colleagues, families, students, and stakeholders must be involved?
• Who can you help you find and connect with the people you need?
• Who can give you outside perspectives on who you are not including that needs to be included?

Problems
What roadblocks, pushback, and challenges can you anticipate and plan to overcome?
• What and who are the financial, policy/procedure/people-based, and structural, barriers that will make this challenging?
• How can you address these challenges without compromising your priority?
Use an Equity Tool

Race Equity Impact Assessment:
These questions can help you begin your race equity impact assessment:

- Are all racial and ethnic groups that are affected by the policy, practice or decision at the table?
- How will the proposed policy, practice or decision affect each group?
- How will the proposed policy, practice or decision be perceived by each group?
- Does the policy, practice or decision worsen or ignore existing disparities?
- Based on the above responses, what revisions are needed in the policy, practice or decision under discussion?

Process
- How are we meaningfully including or excluding people (communities of color) who are affected?
- What policies, processes and social relationships contribute to the exclusion of communities most affected by inequities?
- Are there empowering processes at every human touchpoint?
- What processes are traumatizing and how do we improve them?

People
- Who is positively and negatively affected by this issue and how?
- How are people differently situated in terms of the barriers they experience?
- Are people traumatized/retraumatized by your issue/decision area?
- Consider physical, spiritual, emotional and contextual effects

Place
- How are you/your issue or decision accounting for people’s emotional and physical safety, and their need to be productive and feel valued?
- How are you considering the environmental impacts as well as environmental justice?
- How are public resources and investments distributed geographically?

Power
- What are the barriers to doing equity and racial justice work?
- What are the benefits and burdens that communities experience with this issue?
- Who is accountable?
- What is your decision-making structure?
- How is the current issue, policy or program shifting power dynamics to better integrate voices and priorities of communities of color?
Make a commitment:

One thing I will do to move myself/my department/my institution toward becoming antiracist is.....
Reminder of Resources Available

- Responding to Discriminatory Behavior or Requests web-based training
- Recognizing and Overcoming Unconscious Bias
- Diversity, Equity, and Inclusion (DEI) Web-Based Series
- Health Disparities and COVID-19
- Support participation of faculty, residents, staff in Employee Resource Groups Pilots (ERG)
- uLearn

More resources here on UConnect
“We will not go back to normal. Normal never was. Our pre-corona existence was not normal other than we normalized greed, inequity, exhaustion, depletion, extraction, disconnection, confusion, rage, hoarding, hate and lack. We should not long to return, my friends. We are being given the opportunity to stitch a new garment. One that fits all of humanity and nature.”

~Sonya Renee Taylor