

## Fall Centre Talks - Anti-Black racism in health care workplaces: An applied conversation with experts in the field

### Summary of key messages, and resources

This document includes key messages from the fall 2020 Centre Talks, "Anti-Black racism in health care workplaces: An applied conversation with experts in the field" with LLana James and Simone Donaldson. The video will be available [here](#) from Sept. 29 to Oct 1 2020.

The below is only a brief summary of the discussion. We encourage everyone to listen to the talk from beginning to end in one sitting, and to explore the resources at the end of this document. To reach Centre Talks, please email: [centrelist@smh.ca](mailto:centrelist@smh.ca)

### **(1) About anti-Black racism**

*"Despite Canada's reputation for promoting multiculturalism and diversity and the positive measures taken to address racial discrimination, the Working Group is deeply concerned about the human rights situation of African Canadians... It is important to underline that the experience of African Canadians is unique because of the particular history of anti-Black racism in Canada, which is traceable to slavery and its legacy, through specific laws and practices enforcing segregation in education, residential accommodation, employment and other economic opportunities. History informs anti-Black racism and racial stereotypes that are so deeply entrenched in institutions, policies and practices, that its institutional and systemic forms are either functionally normalized or rendered invisible, especially to the dominant group."*

— Quote from Working Group of Experts on People of African Descent on its mission to Canada from the United Nations General Assembly Human Rights Council, 2017

- Anti-Black racism is a projection onto Black people and communities. Anti-Black racism is there *before* the Black person arrives for the job interview, walks into the Emergency Department for care, fills out a survey as a research participant, or sits in a clinician's office.
- Anti-Black racism is not a function of Black people or Black communities. It is a function of the people and systems that are projecting ideas onto Black people and communities.
- Data collection should avoid scrutinizing and fetishizing the people who are targets of anti-Black racism. Further, those responsible for data collection should be well-versed in the

harms of this type of data administration and research.

- Instead, data collection aimed at addressing anti-Black racism should be focused on the structures and institutions that perpetuate racism, and those who animate those structures and institutions. A particular focus should be placed on those who hold power at different scales, and in the context of different interactions. This includes policy-makers, hospital leadership, principal investigators, research ethics board members, and physicians.

***(2) For Black staff, clinicians, patients and communities***

- It is important to engage external supports to address anti-Black racism experienced in the health care system. These include psychological, emotional, human rights and/or legal supports. Some examples:
  - Ontario Human Rights Commission
  - Black Legal Action Centre
  - A social worker or therapist who understands the impacts and realities of anti-Black racism, and who can walk with you through the process of making a complaint.
- "Gaslighting" is a key feature of anti-Black racism. Experiences of racism at work or while seeking health care are often traumatic and painful. Institutional complaints processes can compound this trauma by asking people to "prove" racism. It's important to seek support through these processes from friends, family, communities and providers with the appropriate training and lens.
- Engaging external organizations and movements and coming together in solidarity can help Black staff, clinicians and patients challenge anti-Black racism in organizations and the health care system. An example of this work is the Black Public Health Collective.

***(3) For health care institutions***

Signs that health care institutions are going in the right direction include:

- The work to address anti-Black racism is focused on anti-Black racism, and is not folded into an "EDI" or "diversity" committee.
  - The infrastructure that goes with this work such as curricula, leadership positions, departments, committees, physical space, and budgets is focused on redistributing power and resources in order to address anti-Black racism.

- The institution has set up transparent external accountabilities and grounded its work to address anti-Black racism in legal and human rights frameworks:
  - Anti-Black racism committees and related work must be accountable to an external body. This external body must be empowered to hold the committee and organization accountable through human rights and legal frameworks.
  - Without these external and public accountabilities, these committees can do more harm than good.
  
- The institution is demonstrating care towards Black staff and clinicians. Many Black staff and clinicians are experiencing racial trauma on a daily basis. Organizations should take this into account, and demonstrate care. This includes:
  - Providing healing groups for Black staff run by qualified, Black providers who understand the trauma generated by anti-Black racism.
  - Giving people time and space—including paid time off—when needed to deal with racial trauma.
  - Employee assistance programs and other resources provided by organizations are not generally screened with anti-Black racism and its effects in mind. Black staff and clinicians should be offered workplace coverage for their chosen providers.
  
- The organization has set up accountabilities for staff and clinicians. Work to address anti-Black racism is not optional or "nice to have." Staff, clinicians and leaders should have benchmarks built into their work plans and performance evaluations. For example:
  - Anti-Black racism training.
  - Responsibility for benchmarks related to the experiences of Black staff, clinicians and patients in their departments.
  
- The organization has the right leadership, staff, policies and practices, particularly in its Executive, HR, human rights and patient relations departments.
  - HR and patient relations are prepared to address anti-Black racism.
  - Anti-Black racism is not bundled in with harassment and other types of complaints.
  - HR has the skill required to screen new hires to ensure that they have the experience, knowledge and critical consciousness to address anti-Black racism.
  - HR and hospital leadership take responsibility for anti-Black racism in the organization.

## **References**

1. Report of the Working Group of Experts on People of African Descent on its mission to Canada from the United Nations General Assembly Human Rights Council. 2017.
2. "The end of diversity" by Rinaldo Walcott. 2019. Public Culture: 31 (2): 393–408.
3. BlackLife: Post-BLM and the Struggle for Freedom by Rinaldo Walcott and Idil Abdullahi. 2019. ARP Books: Winnipeg.
4. Race-based COVID-19 data may be used to discriminate against racialized communities by LLana James. Sept 14 2020 in "The Conversation."
5. Speakers for the Dead, film by David Sutherland and Jennifer Holness. 2000. National Film Board of Canada.
6. Proclaiming Our Roots (proclaimingourroots.com)
7. "Anti-racism is not a trend. To keep the movement strong, look out for these 3 roadblocks" by Amanda Parris from the CBC website. 2020.