

What I can do about racial inequality

Amid a global pandemic, George Floyd's death under the knee of a Minneapolis police officer galvanized the movement for racial equality in the United States. Mass protests spread across the country and internationally, denouncing the often-violent treatment that people of color face when dealing with law enforcement. This led to a more general discussion and evaluation of racial inequality, with a focus on the Black experience in America. Individuals and corporations alike flooded social media with statements of support for the #BlackLivesMatter movement.

I am a middle-aged White male, so where does my voice belong, or should I even have a voice? I was raised in a middle-class White neighborhood in the Lower Mainland. There were maybe five families of color in the entire community. Growing up I repeated racist statements, told racist jokes, and was involved in acts of racism. I benefited from all the benefits that White privilege provided. I do not believe

the children of those minority families had the same experience I did. In my town, White heterosexual Christianity with well-defined gender roles was the unquestioned norm. My parents were, by most accepted standards, good people who taught me to respect and treat everyone the same, but that is not the reality I lived. This is my background, which I cannot change; it is mine and I take ownership of it. While I feel I had a wonderful upbringing, I am not proud of the lessons I absorbed about race.

Like many of my peers, I identify as not being racist. During this time of reflection, is this enough? How do I make the journey to being anti-racist? For many, the idea of talking about race is problematic because doing so suggests that an issue exists in the first place. An ideal world is one in which race, gender, and sexual orientation

are not part of the equation, but sadly this is not the current situation. If we as individuals do not change, no change will come. Therefore, starting a discussion seems like a reasonable first step. I cannot undo my background, but I can move toward a greater understanding of how decisions made mostly by older Caucasian men like me have affected society. I can be part of the change in encouraging diversity wherever the opportunity presents itself. I can denounce racist acts no matter how small and perhaps lead others to reflect on their behavior. I can monitor my language and remove sayings and terms that have a racist bent to them. I can learn from others who are more racially sensitive than I am, and follow their examples. I can listen to voices of color with compassion and seek understanding instead of being defensive and guarded. I can be kind, thoughtful, receptive, and open to change.

I can seek understanding instead of being defensive and guarded.

To be clear, I am by no means perfect and do not pretend to have the answers. I am simply looking for ways in which my flawed, middle-aged, White male physician voice can evolve for the better. ■

—David R. Richardson, MD

To improve the health of Indigenous people in Canada, we must confront racism

Indigenous people in Canada suffer far worse health outcomes than the national average. Rates of maternal and infant mortality, tuberculosis, hypertension, diabetes, and suicide are just a few of the most striking disparities.^{1,2} The United Nations Human Development Index includes three basic dimensions of well-being: a long and healthy life, access to knowledge, and a decent standard of

living.^{3,4} In 2019, Canada ranked 13th out of 189 countries on the index. When that same ranking was applied to Canadian First Nations communities, they ranked 63rd.⁵ These statistics, while tragic, are not new.

I think that physicians are well intentioned. We spend our lives trying to heal others. Why, then, are we failing so badly at our attempts to help Indigenous people? To better understand

the issue, I spoke with Dr Terri Aldred, a family physician from Tl'azt'en Nation who lives on Lheidli T'enneh territory, in which Prince George is located.

Dr Aldred has seen countless grants and initiatives directed at "fixing those Indigenous people." Unfortunately, she pointed out, "Indigenous people have been studied to death" by White saviors, and each generation wants

to think that they have solved the problem. However, failure to appropriately consider the impact of intergenerational trauma remains a catastrophic shortcoming of many efforts to improve the lives of Indigenous people. Colonialism and the enduring harm of residential schools are two root causes of the health and social inequities that we see today.⁶ Even when her patients die for natural reasons, Dr Aldred explained, they still die 10 years below the average Canadian life expectancy.

Her words reminded me of a phrase from *White Fragility*, Robin DiAngelo's best-selling book on race relations in America: We don't have an Indigenous problem; we have a White people problem.

Indigenous people are dying of racism

To DiAngelo, racism is not a matter of "simple intolerance." She defines White supremacy as a "highly descriptive sociological term for the society we live in, a society in which White people are elevated as the ideal for humanity."⁷ Her book urges White people to have the "uncomfortable, awkward, and frustrating" conversations that confront their racist worldview and acknowledge that they hold disproportionate institutional power. "White fragility" is DiAngelo's term for the "propensity of White people to fend off suggestions of racism, whether by absurd denials ('I don't see color') or by overly emotional displays of defensiveness or solidarity."⁷

Let's be clear, DiAngelo (and I in quoting her) does not think that all White people are bad, or hateful, or intentionally discriminatory. When I asked Dr Aldred about White fragility, she understood why White people avoid talking about racism—because it makes us feel shame. I agreed, having experienced my own feelings of shame about the actions of my ancestors and the ways in which my life has been easier, just by being born White.

Ironically, racism is easy to ignore because it is ubiquitous. Dr Aldred likened it to "trying to get a fish to see water." A racist worldview can be composed of habits and thoughts that are subtle, almost imperceptible.⁷ She reassured me that acknowledging racism does not make one a bad person. Quite the opposite: "We can't heal what we can't name."

So how do we be better? When I asked Dr Aldred that question, she could have called out my arrogance and oversimplification of the issue (and she would have been well within her right to do so). I know there is no easy solution. But what if readers genuinely want to improve the situation for Indigenous people in Canada? What then? Many of us feel that the institutional and governance changes required to address systemic racism are beyond our control. How can one person make a difference from the bottom up?

"It's time to turn the mirror around," said Dr Aldred. She believes that each of us can rebuild and re-create our worldview through self-reflection. Several tools have been developed for this purpose.⁸⁻¹⁰ The CHARGE2 framework,⁸ for example, is designed to equip health care workers to mitigate unconscious bias. It suggests that you:

- C—Change your context: Is there another perspective that is possible?
- H—Be Honest: With yourself, acknowledge and be aware.
- A—Avoid blaming yourself: Know that you can do something about it.
- R—Realize when you need to slow down.
- G—Get to know people you perceive as different from you.
- E—Engage: Remember why you are doing this.
- E—Empower patients and peers.

Dr Aldred encourages us to take time after a patient interaction, or a committee meeting, or a journal article reading, to consider the embedded biases or engrained racism. How does it make you feel? If the process is painful or difficult, you're probably on the right track. Listen to your patients, reflect, repeat. "It's like peeling back the layers of an onion," she described. "Healing is a journey." ■

—Caitlin Dunne, MD, FRCSC

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Dr Aldred's three favorite resources on this subject are:

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2. *Indigenous Knowledge to Close Gaps in Indigenous Health*, TEDxUManitoba, by Dr Marcia Anderson-DeCoteau (www.youtube.com/watch?v=lpKjtujtEYI)
3. *The Inconvenient Indian*, by Thomas King (www.penguinrandomhouse.ca/books/93028/the-inconvenient-indian-by-thomas-king)

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