



KILLING US SOFTLY: *UNCOVERING THE TRAUMA OF RACISM AND ITS IMPACT ON HEALTH OUTCOMES*

**Part 2: Anti-Racism Strategies
for Black Health Improvement**

Khadijah Ameen, MPH
Co-Founder, BLKHLTH

BLK

HLTH

BLKHLTH

A 501(c)(3) not-for-profit organization

We envision a world where racism and other intersecting forms of oppression do not determine a person's ability to achieve optimal health.

Our mission is to critically engage and challenge racism and its impact on health.



Workshops and Training | Practice-Based Consulting |
Community Health Events | Digital Media

Learning Objectives

- **Learn about Critical Race Theory (CRT) and its core tenets**
- **Learn how to apply CRT and other anti-racist strategies to health research and practice in order to actively mitigate the impact of racism on health outcomes**

WHAT IS CRITICAL RACE THEORY?

Definition

Critical Race Theory (CRT) is:

- A theoretical framework that examines society and culture as it relates to **race** and **power**.
- An **anti-racist intellectual movement** that identifies **root causes of racial hierarchies** and investigates the possibility of transforming the existing racist structuring of society.

Source: Delgado and Stefancic, 1995



Origin

Critical race theory arose in the 1970s as lawyers, activists, and legal scholars across the country realized that **advances of the civil rights era had stalled.**

CRT came out of the realization that new theories and strategies were needed to combat **subtler forms of racism.**

Source: Delgado and Stefancic, 1995

Key Thought Leaders

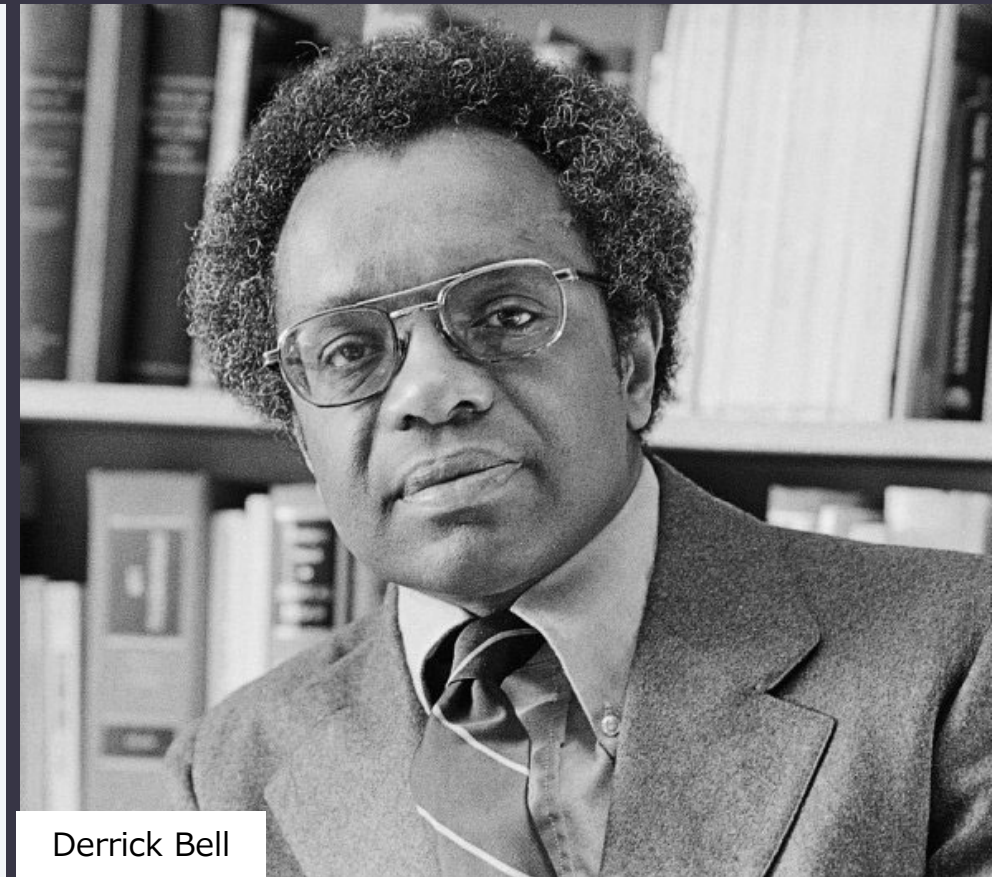
“Movement’s Intellectual Father Figure”: *Derrick Bell*

Other early figures: *Alan Freeman, Kimberle Crenshaw, Angela Harris, Cheryl Harris, Charles Lawrence, Mari Matsuda, Patricia Williams, Richard Delgado, Jean Stefancic*

Leading Asian scholars: *Neil Gotanda, Mitu Gulati, Jerry Kang, Eric Yamamoto*

Leading Indigenous scholars: *Robert Williams*

Leading Latinx scholars: *Laura Gomez, Ian Haney Lopez, Kevin Johnson, Gerald Lopez, Margeret Montoya, Juan Perea*



Derrick Bell

Source: Delgado and Stefancic, 2017



Relationship to Previous Movements

Builds on previous movements such as the **Black Power and Chicano movements** of the 60s/70s

Draws on European philosophers and theorists and the American **Black Radical Tradition**

Overlaps with **Black Feminist Theory** (ex. Audre Lorde, Kimberle Crenshaw, Combahee River Collective)

Has rapidly spread beyond legal studies:

Praxis include Education, Political Science, and **Public Health**

Source: Delgado and Stefancic, 2017

CORE TENETS OF CRITICAL RACE THEORY

Tenet One: Ordinariness of Racism/Colorblindness

- **Racism is ordinary, not aberrational**

- *Racism is the usual way society does business*
- *Racism is ingrained into every structure, institution, culture, ideologies, beliefs, etc.*

- **Colorblindness**

- *Conceptions of equality, expressed in rules that insist only on treatment that is the same across the board*
- *"I don't see race"*

Historical and contemporary examples in public health/healthcare?



Tenet Two: Interest Convergence/Material Determinism

- **Material Determinism**

- *Because racism advances the interests of both white elites (materially) and working-class (psychically), large segments of society have little incentive to eradicate it*
- *Oppressor class will lose power if oppressed people gain human rights*

- **Interest Convergence**

- *Civil Rights legislation of the 60s may have been created more for self interest of elite whites than from a desire to help Black people*
- *Revisionist Interpretations of History*
- *Critique of Liberalism*

Historical and contemporary examples in public health/healthcare?

Tenet Three: Social Construction/Differential Racialization

● Social Construction

- *Race corresponds to no biological or genetic reality; rather, races are categories that society invents, manipulates, or retires when convenient*
- *People with common origins share certain physical traits, but these are only an extremely small portion of our genetic makeup and has nothing to do with higher-order traits such as personality, intelligence, and moral behavior*

● Differential Racialization

- *The ways the dominant society racializes different minority groups at different times, in response to shifting needs such as the labor market*
- *Popular images and stereotypes of various minority groups shift over time*

Historical and contemporary examples in public health/healthcare?



Tenet Four: Intersectionality and Anti- Essentialism

- **Intersectionality**

- *No person has a single, unitary identity*
- *Everyone has conflicting, overlapping identities, loyalties, and allegiances*
- *Black Feminist Theory concepts: **Identity Politics** and **Interwoven Forms of Oppression***

- **Anti-Essentialism**

- *Reducing the experiences of a group of people down to one shared experience*
- *Lumping all non-White Western Christian Men into shared "Minority" status*

Historical and contemporary examples in public health/healthcare?

APPLICATION OF CRITICAL RACE THEORY IN PUBLIC HEALTH PRACTICE

Anti-Racism Application: Critical Approaches

“Critical Consciousness”

Composed of Two Parts: Reflection + Action

Part 1: Reflection

- *Critiquing social reality to break through prevailing mythologies and contradictions*
- *Awareness of oppression*
- *Process of Unlearning and Relearning*

Part 2: Action

- *The ability to intervene in reality in order to change it*
- *Movement towards liberation, freedom, healing, and justice*
- *Moves beyond sympathy and empathy*

What does this look like in your health professional and personal life?

Anti-Racism Application: Disciplinary Self-Critique

- Continuous self improvement
- Lifelong, ongoing process by which a learner moves toward critical consciousness
- Expert vs. Student Dichotomy
- No one is fully “woke”

*What does this look like in your health professional
and personal life?*



Anti-Racism Application: Centering at the Margins

- For any defined group there is a **center** and a **margin**, where the center has more power than the margin
- Being in the center is often an unearned **privilege** (*ex. white privilege*)
- Responsibility of the center to move **OUT**
 - Requires those at the center to share power with and elevate opportunities for groups who have been historically and currently oppressed and marginalized

What does this look like in your health professional and personal life?

Anti-Racism Application: Voice and Counterstories

- Posits that because of our different experiences with oppression, Black people and other POC are able to both understand and communicate that unique perspective in a manner that our white counterparts are unable to
- Lived Experience
- Naming Ones on Reality
- Elevates Qualitative Methods and the Arts

What does this look like in your health professional and personal life?



“Commentary: Just What is Critical Race Theory and What’s it Doing in a Progressive Field like Public Health?” - Ford and Airhihenbuwa, 2018

“Why Police Kill Black Males with Impunity: Applying Public Health Critical Race Praxis (PHCRP) to Address the Determinants of Policing Behaviors and “Justifiable” Homicides in the USA” - Gilbert and Ray, 2016

“Critical Race Theory, Race Equity, and Public Health: Toward Antiracism Praxis” - Ford and Airhihenbuwa, 2010

Additional Readings

BLK

HLTH

Thank You!

engage@blkhlth.com

www.blkhlth.com

Twitter, Instagram, Facebook and LinkedIn:
[@blkhlth](#)





QUESTIONS + COMMENTS