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Beyond White Ignorance and Towards Black Survival

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Abstract

The death of George Floyd, a black man who died as the result of a Minneapolis, Minnesota police officer kneeling on his neck, has brought systemic racism into the public sphere. Systemic racism is less overt than individual racism and is embedded within systems and institutions. It is also the spawn of the ideology of whiteness. Race has played a major role in outbreaks of COVID-19 as the virus has disproportionately affected black and brown people. However, there has been a reluctance to collect race-based data. Reasons for the virus' high morbidity and mortality amongst black people and other minorities include the social determinants of health (for instance, poverty); questionable medical understanding of the needs of black people; housing density; non-communicable underlying medical conditions; as well as direct and indirect racism. Physicians need to become aware of, and reduce, biases that could influence their clinical decision making.

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The death of George Floyd, a black man who died as the result of a Minneapolis, Minnesota police officer kneeling on his neck while two others applied pressure on his back, has brought systemic racism into the public sphere. The death, on 25 May 2020, resulted in a charge of second-degree murder against the officer, and triggered world-wide demonstrations supporting black people with their struggles against systemic racism and its underlying foundation of white supremacy.

Systemic racism consists of "practices and policies" which benefit white people but harm those of darker pigmentation (Hardeman et al. 2020). This goes beyond individual racism since it is embedded within systems and institutions. Thus, systemic racism is less overt than individual racism in which a given person seeks to cast others as racially inferior. Nonetheless, its covert nature does not reduce the physical and psychological disadvantages experienced by its bearers (Feagin and Bennefield 2014). Moreover, this type of racism has been maintained since the 17th century by a "white framing" in which even the most "ordinary" of white individuals inherited unearned privileges as a result of slavery, segregationist practices, and other types of racial oppression. These practices continue, resulting in the enrichment of whites and the concomitant impoverishment of those born with high levels of melanin in their pigmentation.

Whiteness as Privilege: A Phenomenological Approach

The foregoing introduces the concept of whiteness, a notion with which many have struggled, especially those who question the veracity of systemic racism and discrimination, and the concept of privilege. In fact, what maintains systemic racism and discrimination is privilege, and what maintains privilege are systemic racism and discrimination. Thus, there is no obvious impetus for the privileged to dismantle a system which benefits them.

Using a phenomenological lens, Sara Ahmed (2007: 150) states that "whiteness could be described as an ongoing and unfinished history, which orientates bodies in specific directions, affecting how they 'take up' space". Moreover, "the corporeal schema is of a 'body-at-home'. If the world is made white, then the body-at-home is one that can inhabit whiteness" (Ahmed 2007: 153); a black body, not being at home, cannot inhabit spaces of whiteness. As Ahmed argues, to understand whiteness, one has to look at what it does, rather than what it is. Whiteness determines the status and place of individuals in society, and, by extension, what opportunities are deemed acceptable for those of pigmentation other than white. Whiteness is an effect of racialization, an inherited privilege for some and an inherited oppression for others.

Peggy McIntosh's (1989) iconic masterpiece, *White Privilege: Unpacking the Invisible Knapsack*, highlights multiple ways in which systemic racism daily undermines the well-being of black people, while white people are not subjected to these indignities. A quick perusal of the document would lead most empathetic non-black people to question how black people, and other persons of colour, persevere. According to Fanon (1967), individual survival skills include wearing emotional masks to navigate a world which views them as inherently inferior. However, the price for wearing the mask is high and results in self-loathing and internalization of a sense of inferiority. These feelings

lead black people to be very cautious when interacting with white people, so that black people engage in "self-auditing" (Song 2017), and are forced to determine what constitutes white space and what can safely be labeled "black space". White people do not engage in these calculations of space nor, from McIntosh's perspective, do they need to. This is not an attack upon white individuals, but a comment upon the whiteness which entraps us all.

Systemic Racism, Health Care, and the Pandemic

The consequences of systemic racism and discrimination also pertain to health care. Even systems, such as Canada's, in which universal health care is equally available to all, do not guarantee equitable understanding of illness, distress, or treatment. The lack of representative health care personnel; social-economic issues such as poverty, racism, appropriate housing; culturally inappropriate care; and other social determinants impact the health of black people (Halwani 2004; Siddiqi et al. 2017). Furthermore, individuals cope with institutional and systemic discrimination, including negative differential medical treatment such as fewer procedures (Milam et al. 2020; Williams and Wyatt 2015). A realistic conceptual assessment of the "white-racist roots and contemporary structural-racist realities" (Feagin and Bennefield 2014: 7) must be undertaken when addressing inequalities in health care for black people, including the need for physicians to develop the skills necessary to become aware of and reduce their biases and the influence on their clinical decision making (Williams and Wyatt 2015).

Race has also played a role in how Canada has dealt with COVID-19.

On 31 December 2019, China's Wuhan Municipal Health Commission reported several cases of pneumonia, born of a novel coronavirus, which came to be known as COVID-19 (WHO 2020). The virus, respecting none, has infected people worldwide. However, race was injected into the discourse on two fronts: [i] those who refer to it by

some variant of "Asianness", rather than its scientific appellation; and [ii] the disproportionate percentage of black people falling prey to, and dying from, it. The structural racism exercised against blacks and other minorities has rendered them more susceptible to the virus (Hardeman et al. 2020). Unfortunately, this did not immediately induce authorities to start collecting data to understand this phenomenon. One reason for this may have been the false assumption that Blacks' genetic makeup, including melanin levels, rendered them immune to the virus (Laurencin and McClinton, 2020). Many black people also believed the myth (Ajibo 2020), in what may have been a psychological defense mechanism to avoid struggling with yet another challenge over which they had little or no control.

Reasons for the virus' high morbidity and mortality amongst black people and other minorities include the social determinants of health (for instance, poverty); questionable medical understanding of the needs of black people; housing density; non-communicable underlying medical conditions; as well as direct and indirect racism (Milam et al. 2020; Sam 2020; Yancy 2020). In addition, many black and racialized individuals work in areas which expose them to those suffering from COVID-19 (Rocha et al. 2020), including long-term care facilities, where many residents have succumbed to the illness. Moreover, social inequities (such as low wages, living accommodations, and family responsibilities) mean that a goodly number work in several places and therefore experience higher levels of exposure.

Beyond White Ignorance: The Need for Race-Based Data

Many health care practitioners have called for the collection of race-based data (Laurencin and McClinton, 2020; Milam et al. 2020; Rayner et al. 2020). Without, it will be difficult for governments to develop and implement policies and procedures to protect citizens against future outbreaks. Data collection will help determine what weight to

place on the many factors driving rates of morbidity and mortality within this population and society at large. As Pareek et al. (2020) observe, "[e]thnicity could interplay with virus spread through cultural, behavioural, and societal differences including lower socioeconomic status, health-seeking behaviour, and intergenerational cohabitation … If ethnicity is found to be associated with adverse COVID-19 outcomes, this must directly, and urgently, inform public health interventions globally". But we cannot know the role of systemic racisms in the pandemic, if we do not have the data.

The implication is clear: even if confronting systemic racisms and whiteness is (as always) uncomfortable for those privileged by it, during the time of the pandemic we must be prepared to generate such data if we are to move beyond white ignorance and towards black survival.

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