

# **Naming Racism and Moving to Action**

**Camara Phyllis Jones, MD, MPH, PhD**

**Big Ideas Plenary Speaker**

**“Why Diversity Matters for Addiction Treatment and Prevention”**

**ASAM Virtual 2021**

American Society of Addiction Medicine

*Via StreamYard from Atlanta, Georgia*

*April 23, 2021*

**I have no financial conflicts of interest  
to disclose**

# Key messages

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Racism exists

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Racism is a system

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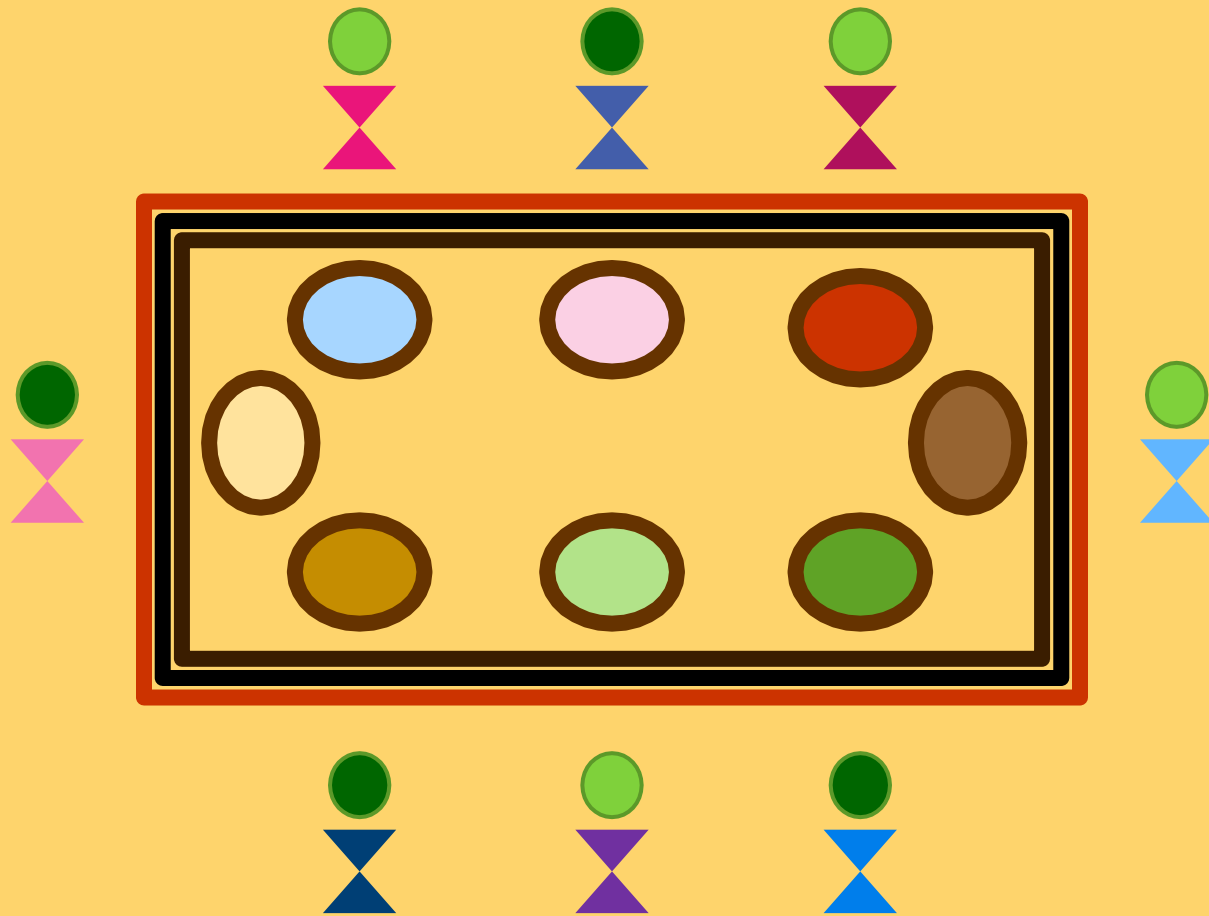
Racism saps the strength of the whole society

We can act to dismantle racism

# Dual Reality: A restaurant saga







I looked up and noticed a sign . . .

**OPEN**

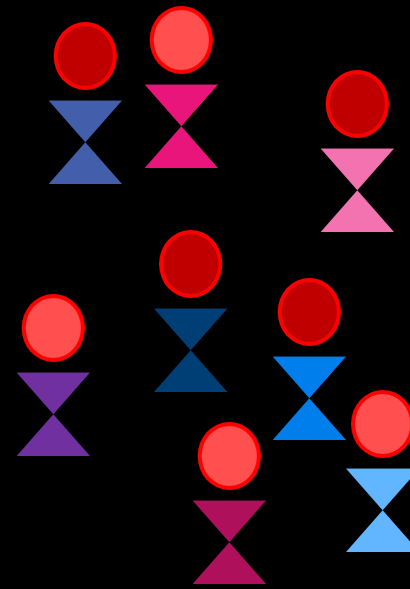
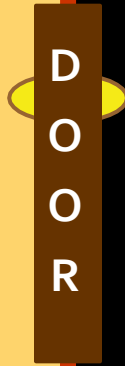
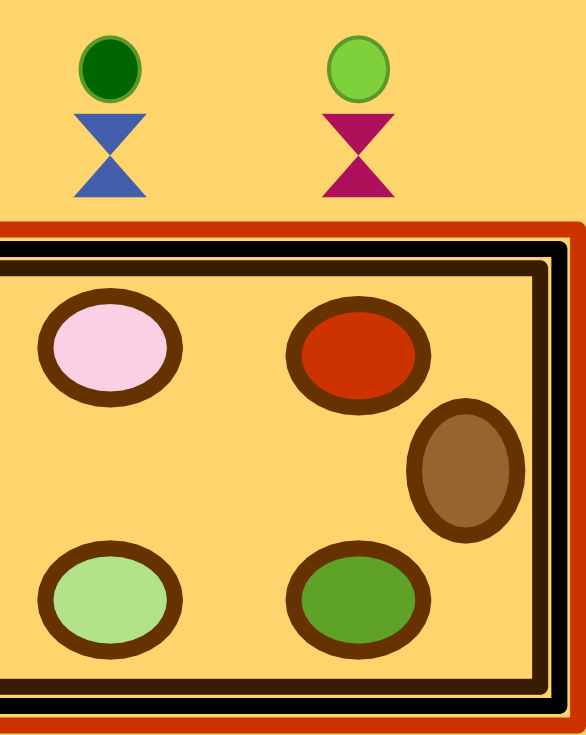




**CLOSED**

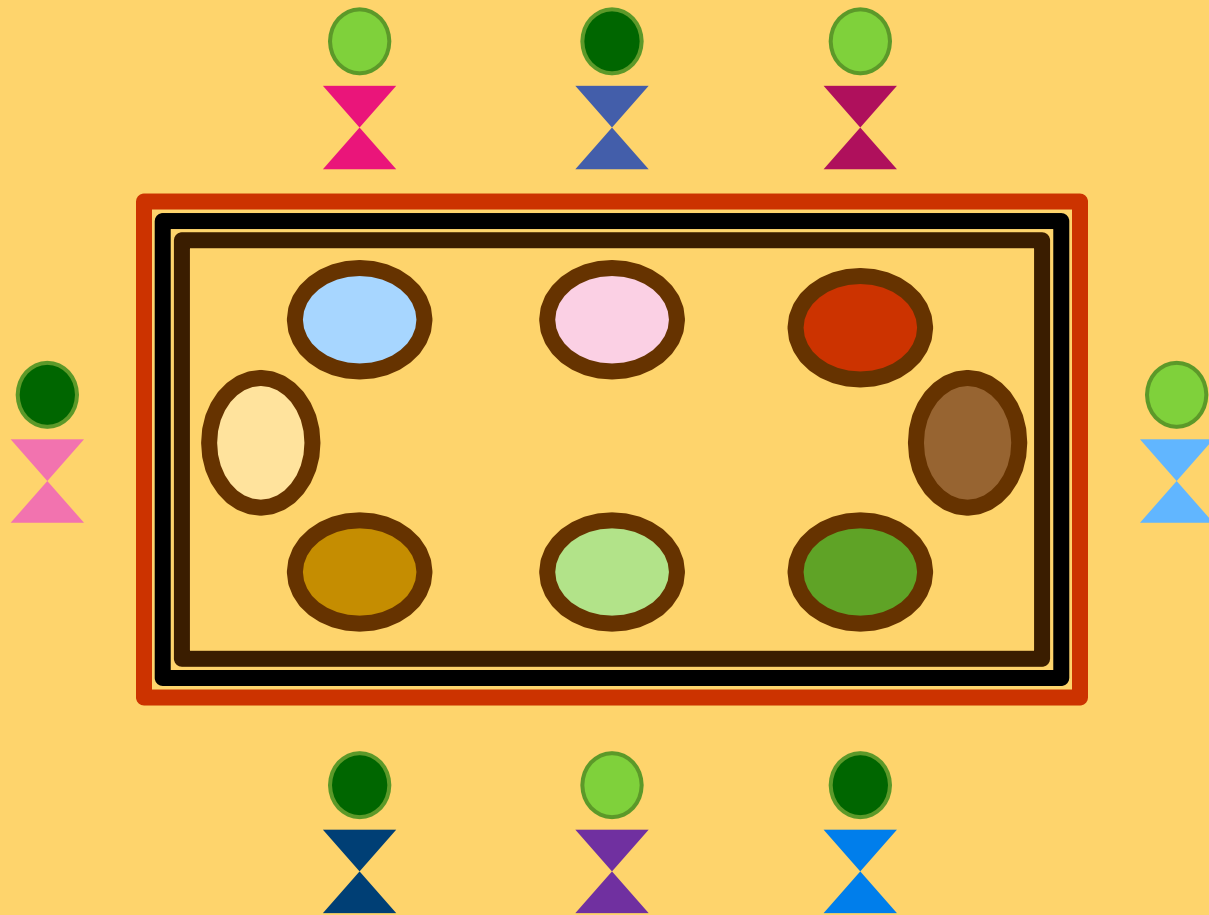


Racism structures “Open/Closed”  
signs in our society.



It is difficult to recognize a system of inequity that privileges us.

Those on the outside are very aware of the two-sided nature of the sign.



Is there really a two-sided sign?

Hard to know, when only see “Open”.  
A privilege not to HAVE to know.  
Once DO know, can choose to act.

# What is racism?

**A system**

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# What is racism?

**A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that**

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

# Levels of Racism

- ❑ Institutionalized
- ❑ Personally-mediated
- ❑ Internalized

## **Institutionalized racism**

- ❑ **Differential access to the goods, services, and opportunities of society, by “race”**
  
- ❑ **Examples**
  - Housing, education, employment, income
  - Medical facilities
  - Clean environment
  - Information, resources, voice
  
- ❑ **Explains the association between social class and “race”**

## Personally-mediated racism

- ❑ Differential assumptions about the abilities, motives, and intents of others, by “race”
- ❑ Differential actions based on those assumptions
  
- ❑ Prejudice and discrimination
- ❑ Examples
  - Police brutality
  - Physician disrespect
  - Shopkeeper vigilance
  - Waiter indifference
  - Teacher devaluation

## Internalized racism

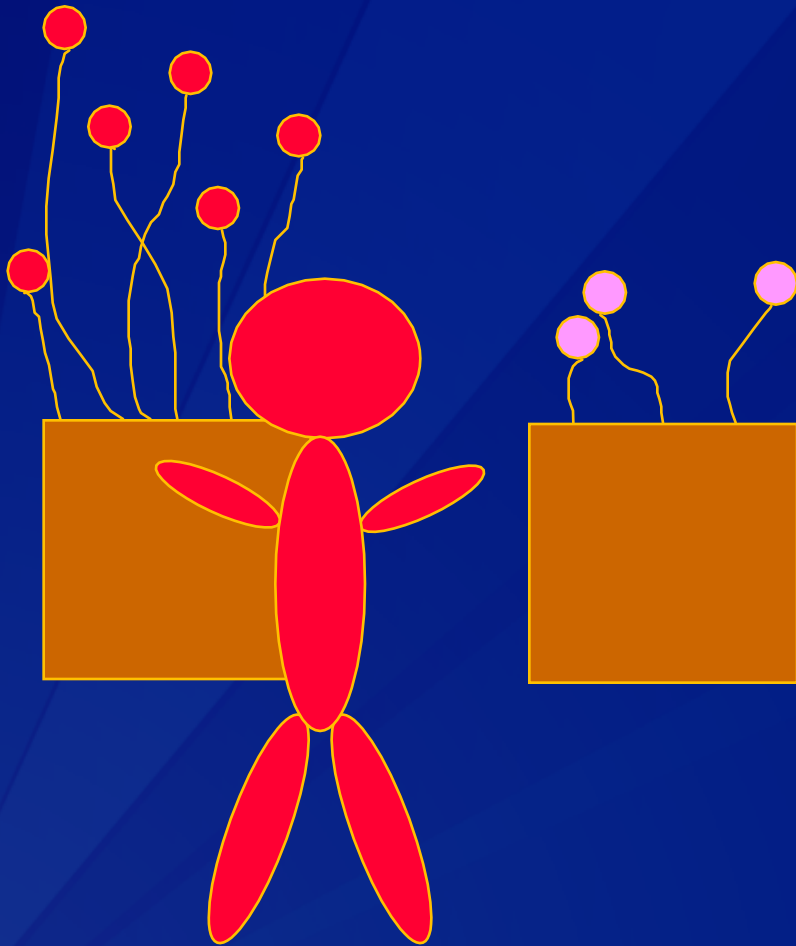
- ❑ **Acceptance by the stigmatized “races” of negative messages about our own abilities and intrinsic worth**
  
- ❑ **Examples**
  - Self-devaluation
  - “White man’s ice is colder” syndrome
  - Resignation, helplessness, hopelessness
  
- ❑ **Accepting limitations to our full humanity**

# Levels of Racism: A Gardener's Tale

Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* 2000;90(8):1212-1215.



# Who is the gardener?



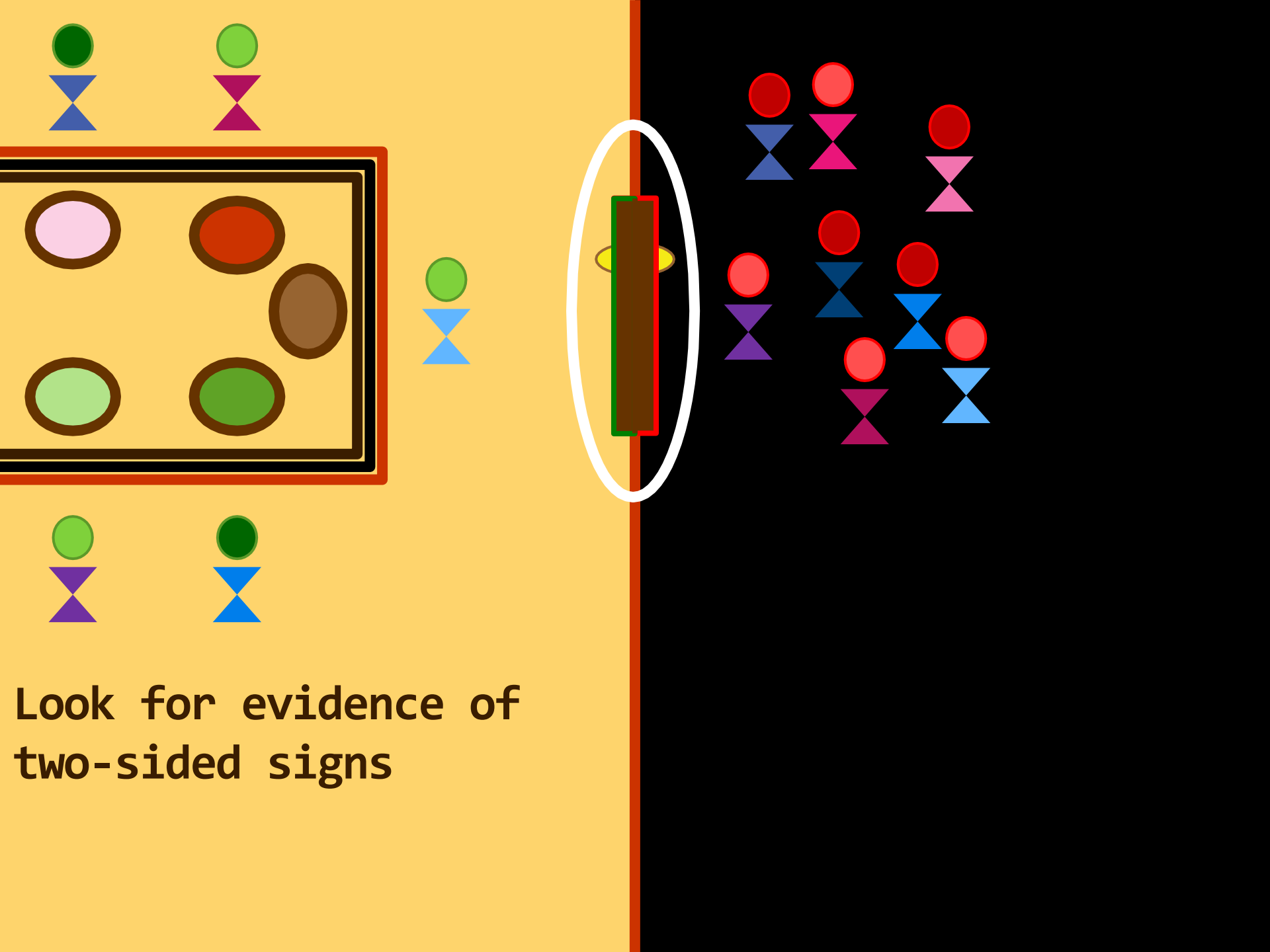
- Power to decide
- Power to act
- Control of resources

## □ **Dangerous when**

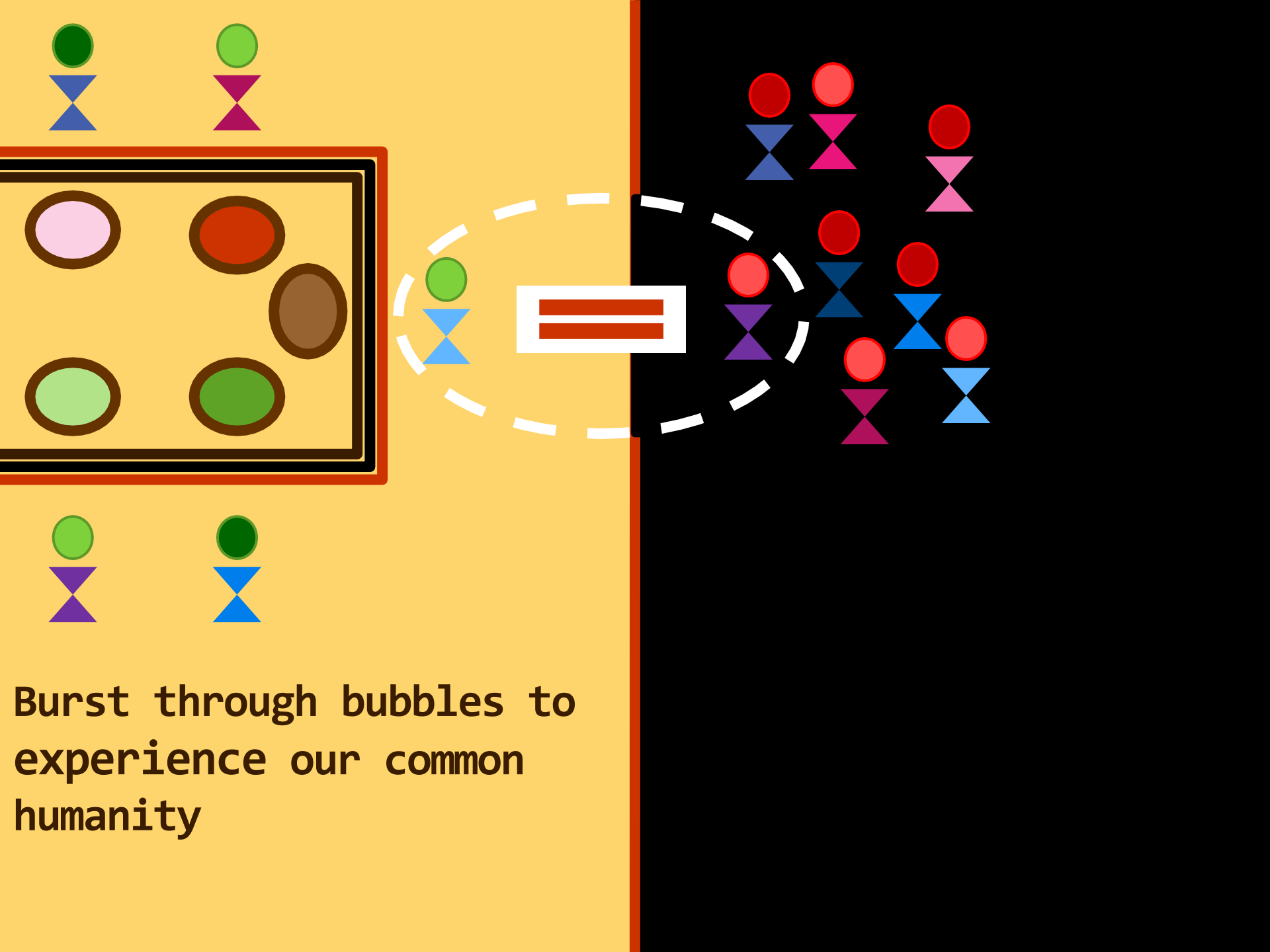
- Allied with one group
- Not concerned with equity



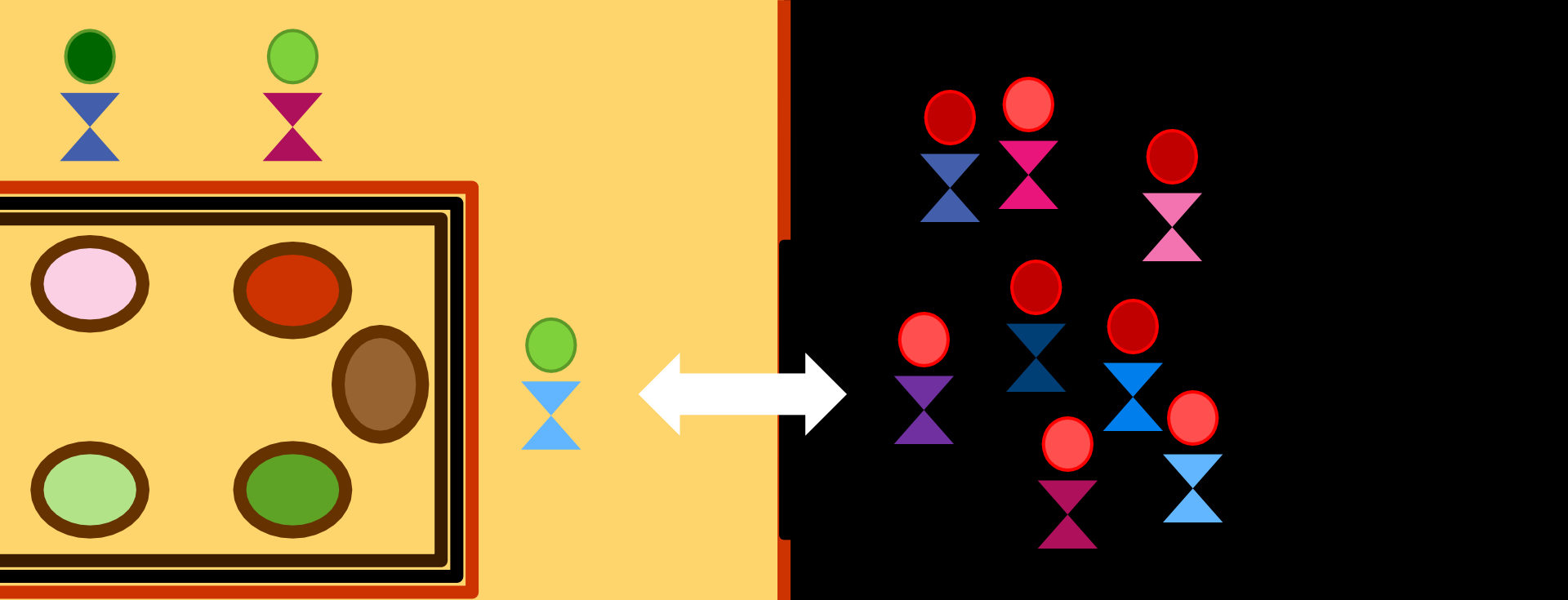
What can we do today?



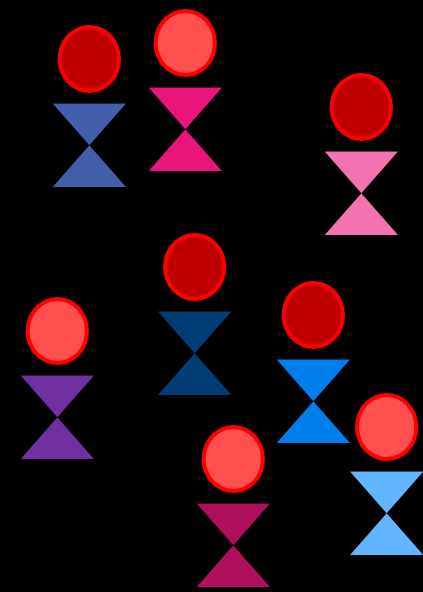
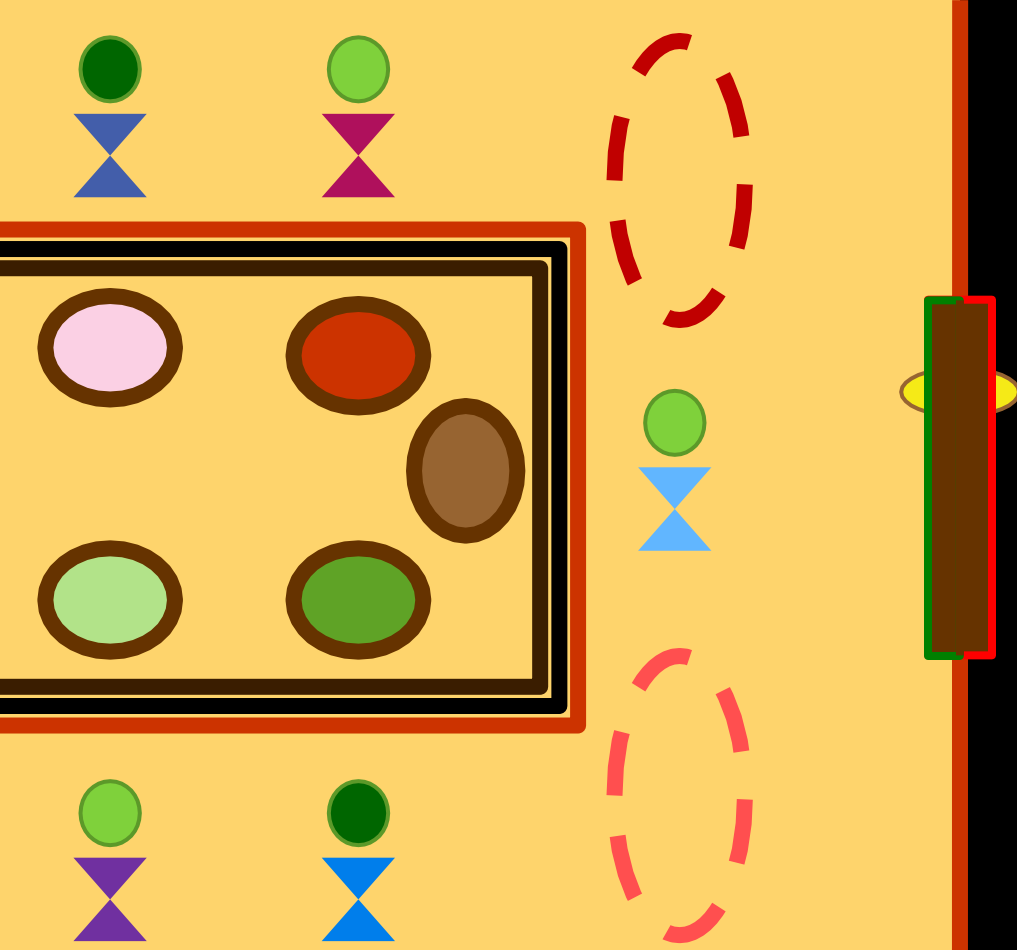
Look for evidence of two-sided signs



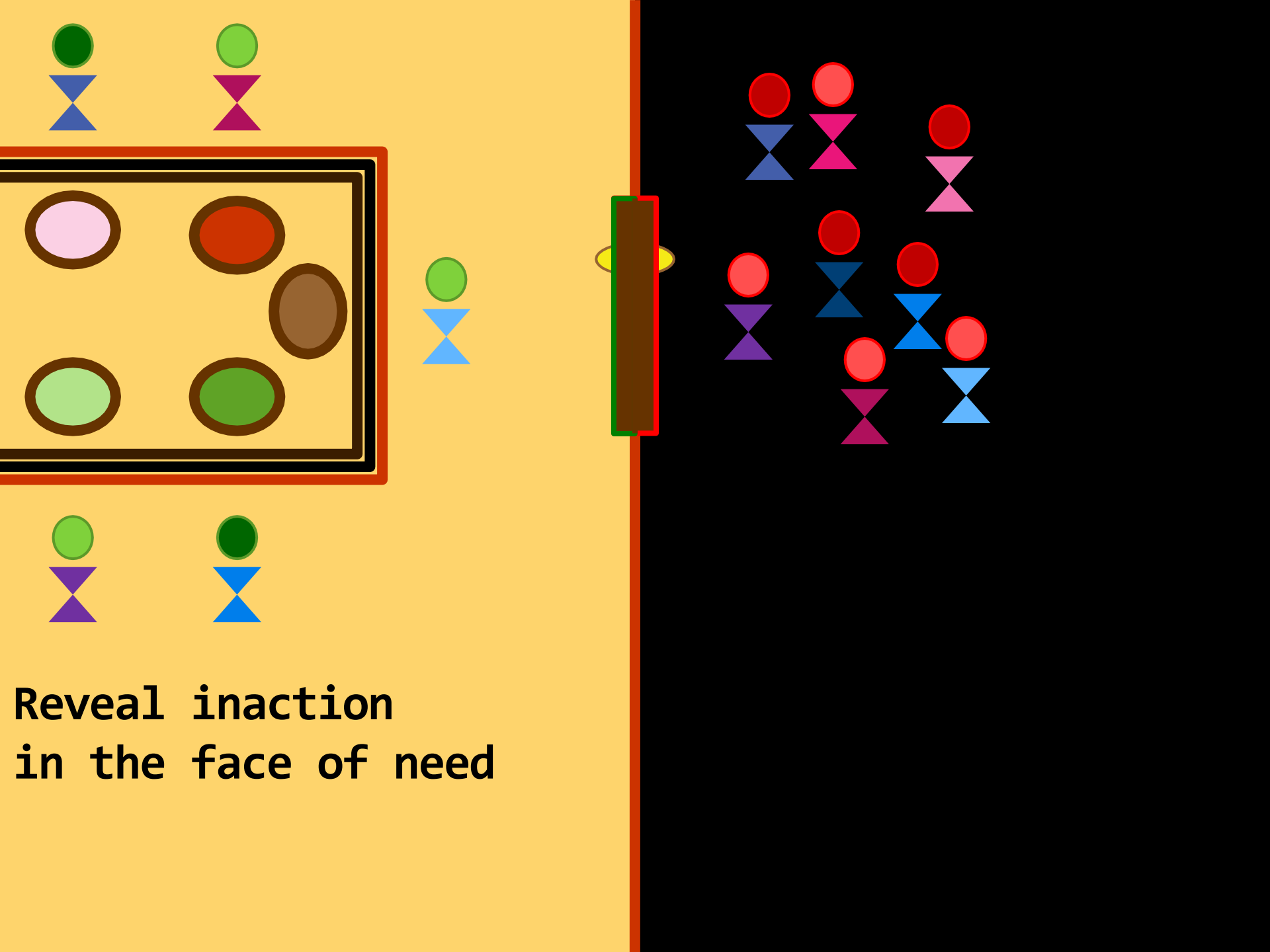
Burst through bubbles to  
experience our common  
humanity



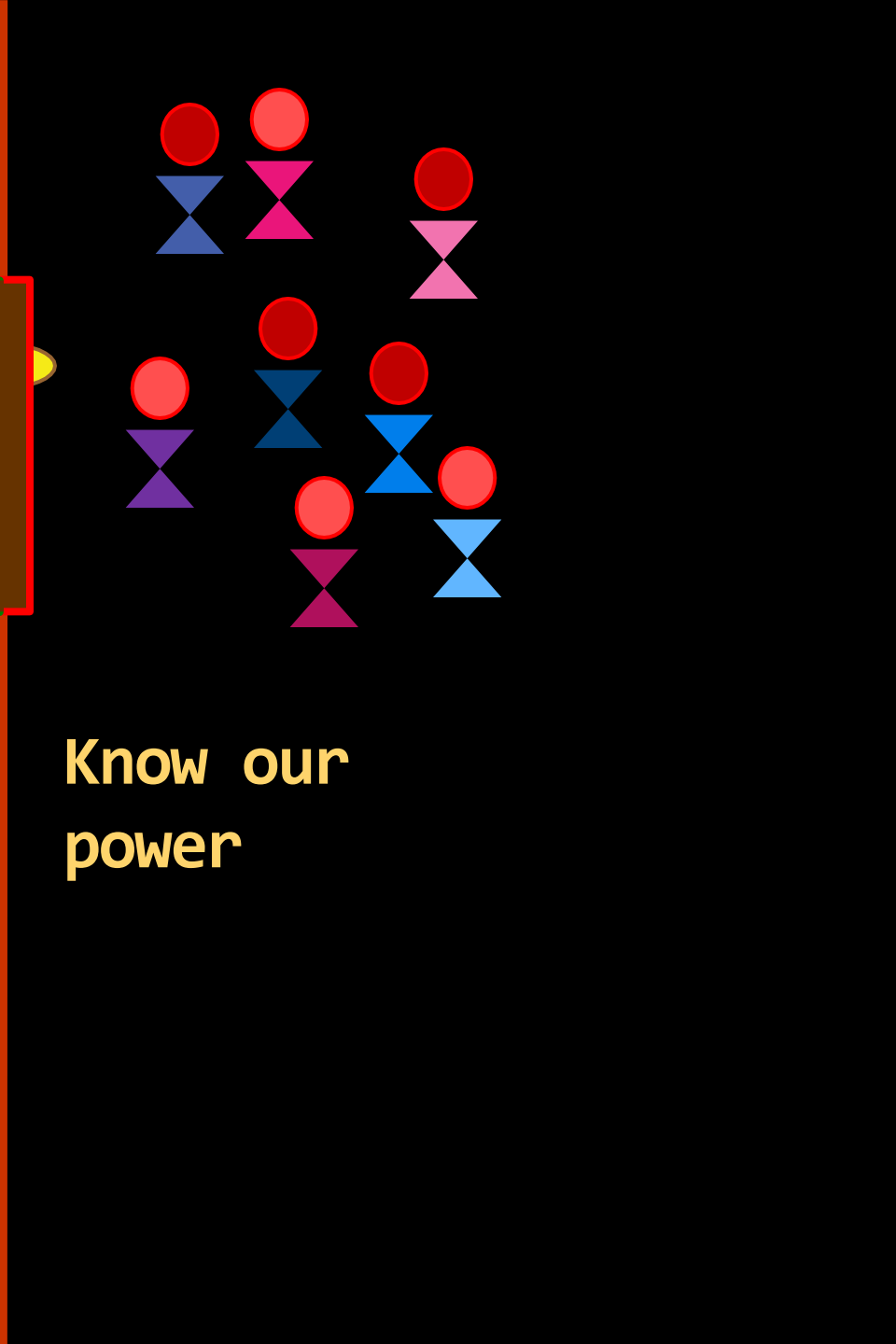
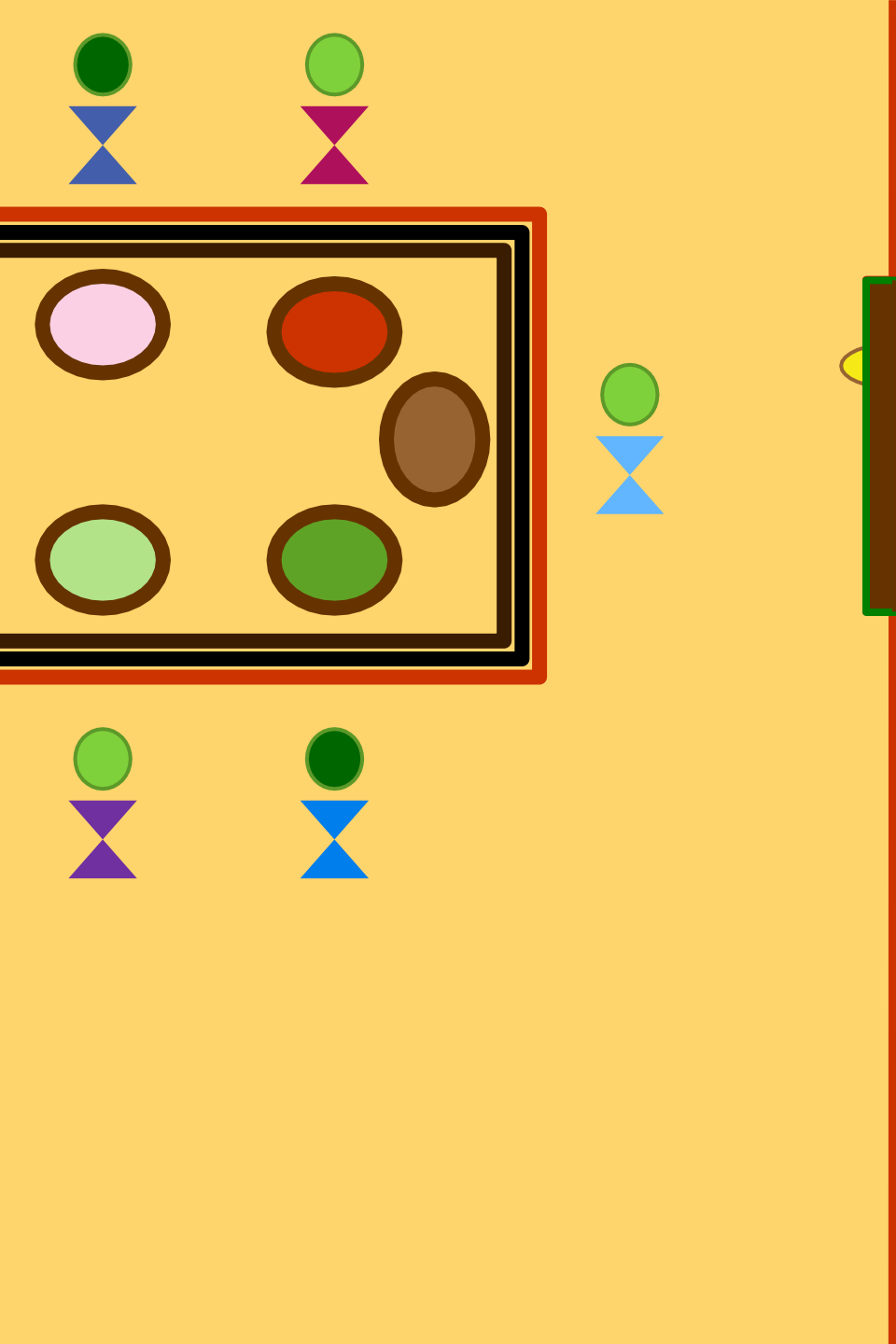
Be interested  
Believe  
Join in  
The stories of others



See “the absence of”

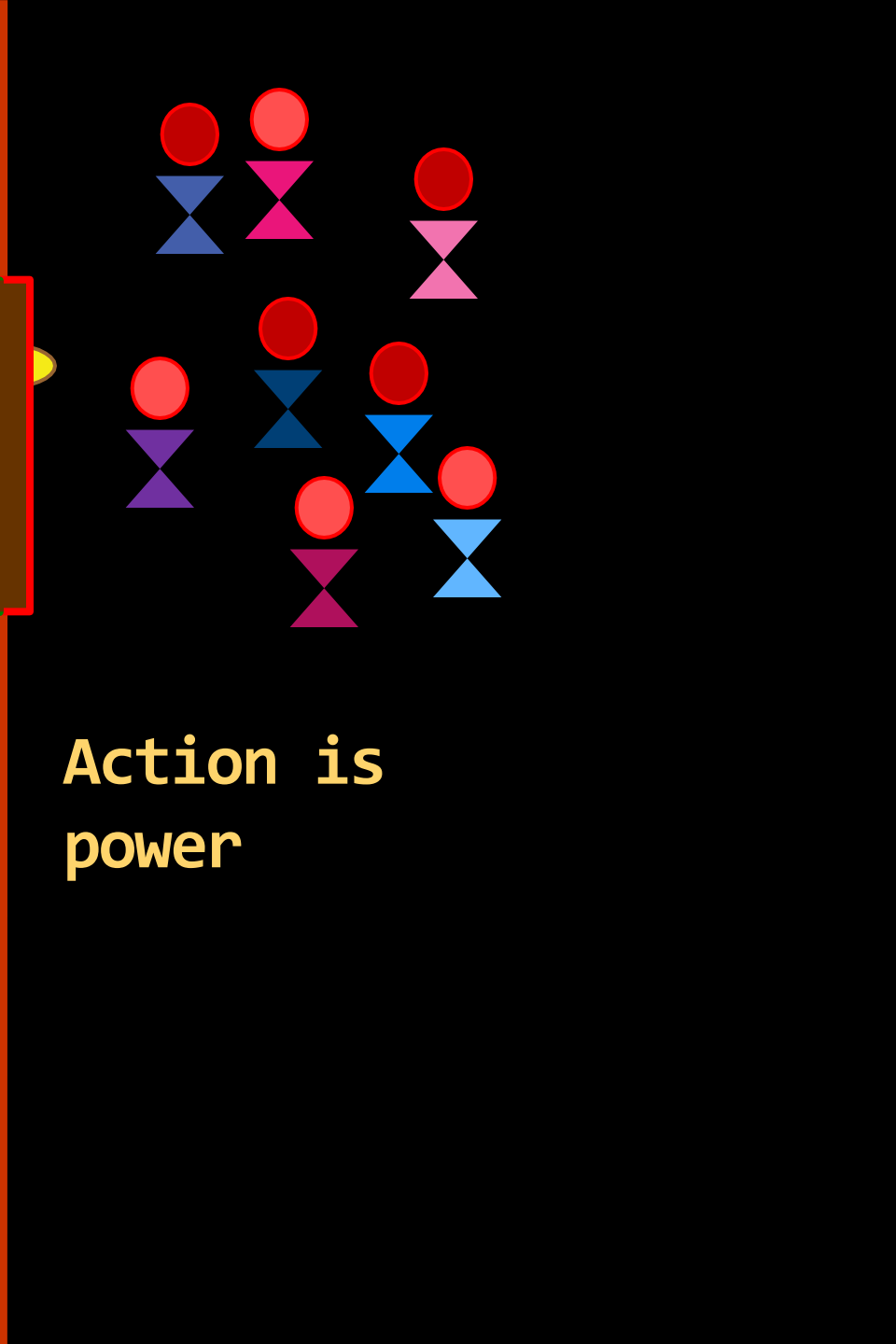
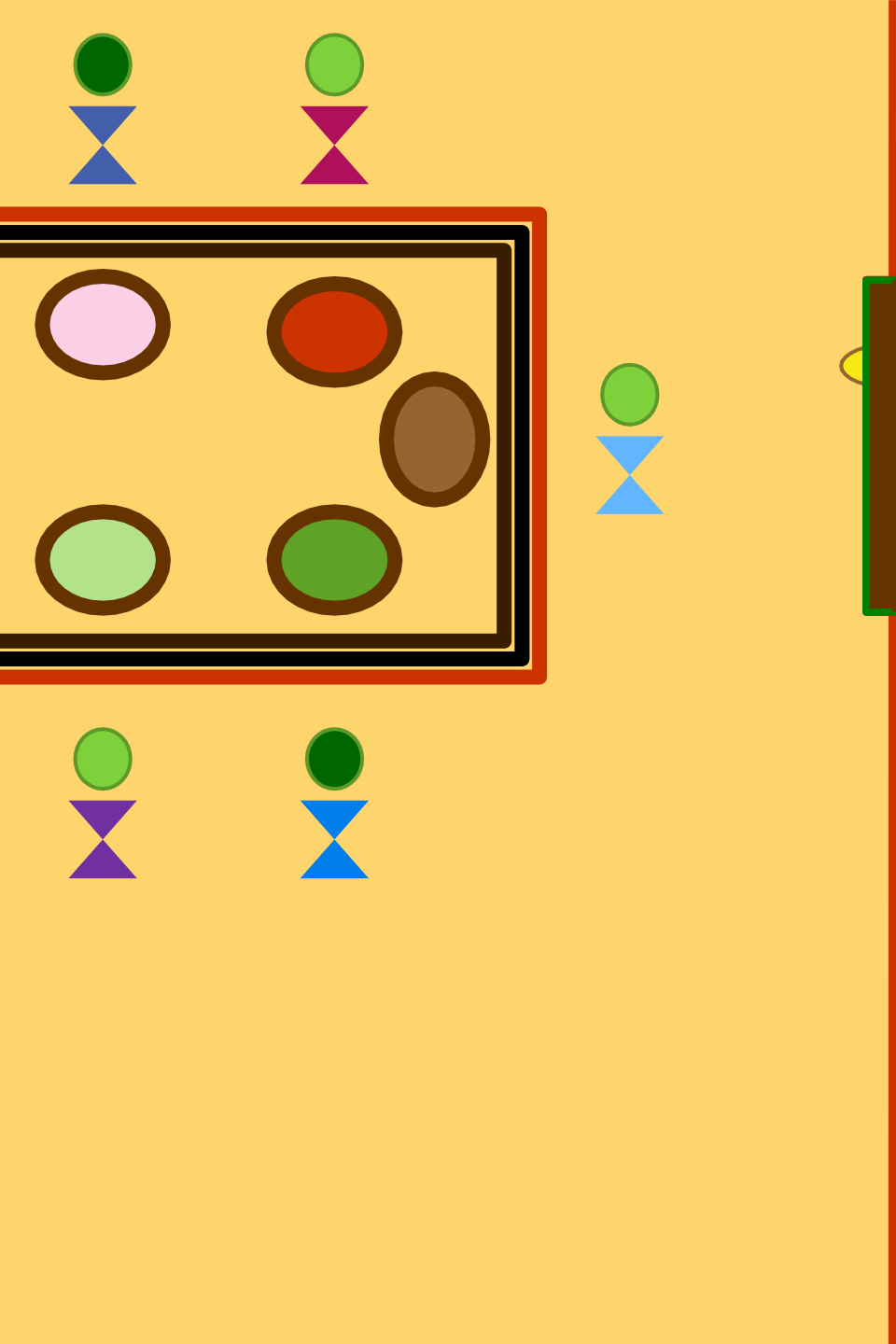


Reveal inaction  
in the face of need

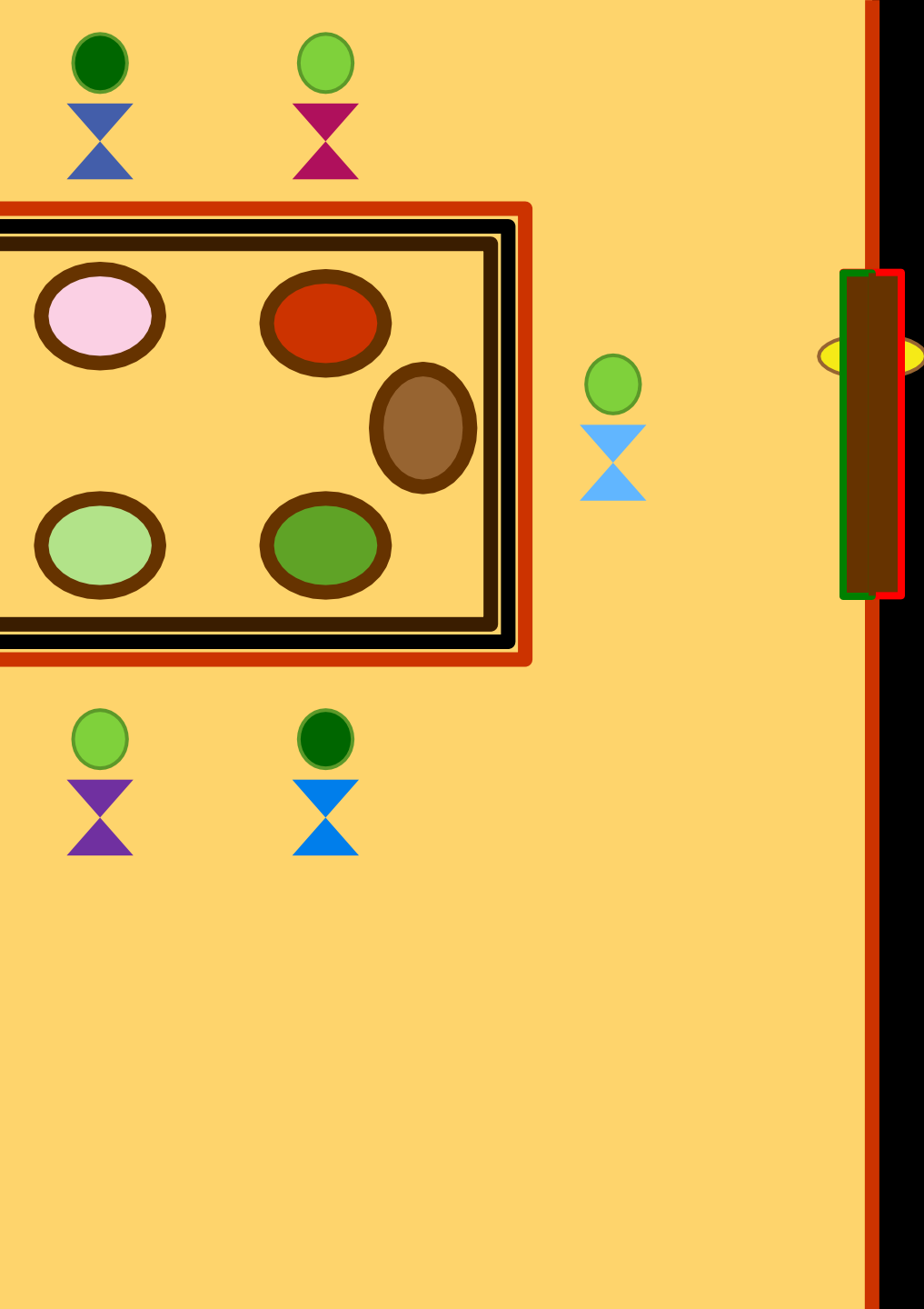


Know our  
power

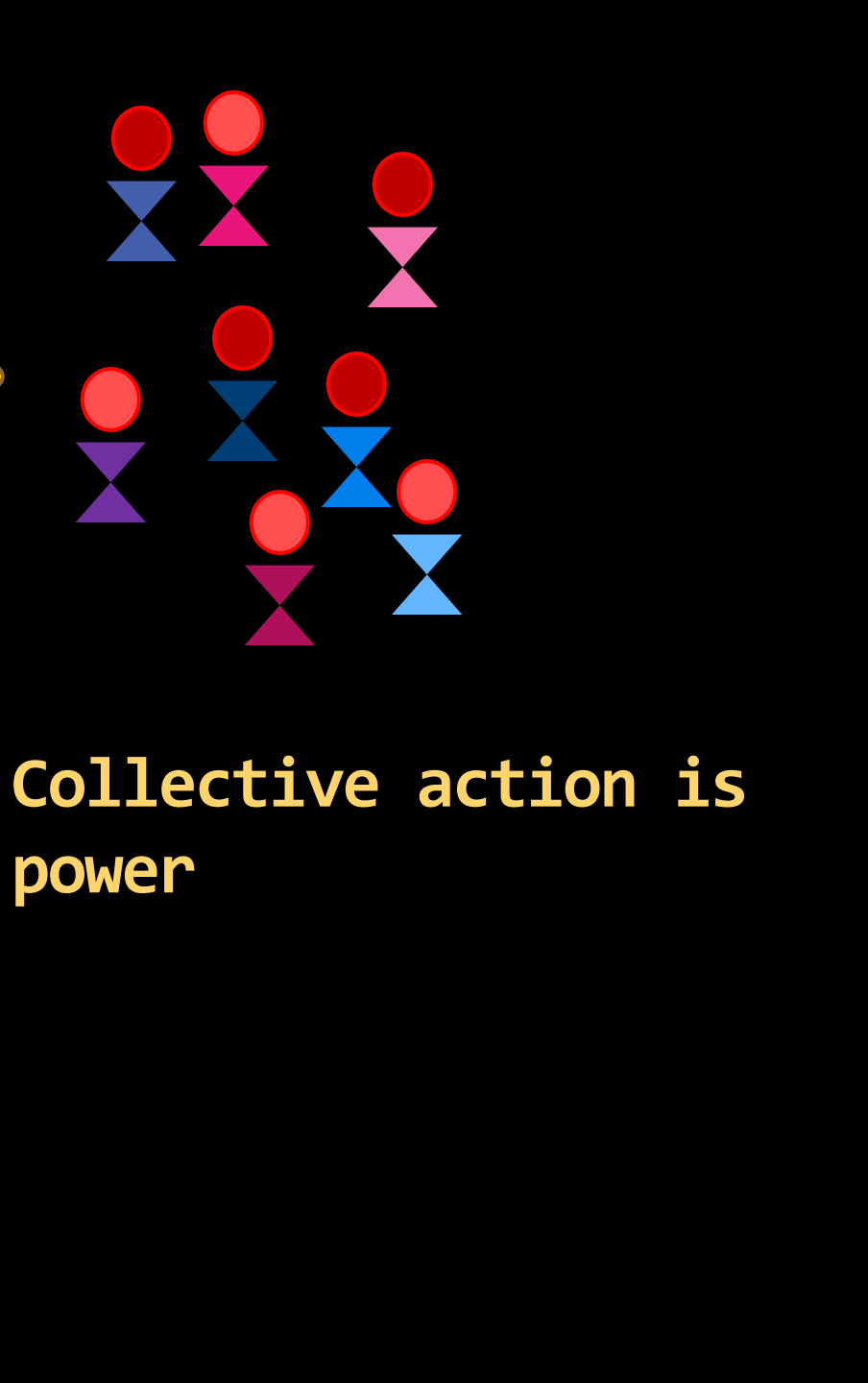




Action is  
power



Collective action is power



**Camara Phyllis Jones, MD, MPH, PhD**

**2021 Presidential Visiting Fellow**

*Yale School of Medicine*

**Past President**

*American Public Health Association*

**Adjunct Professor**

*Rollins School of Public Health at Emory University*

**Senior Fellow and Adjunct Associate Professor**

*Morehouse School of Medicine*

**cpjones@msm.edu**

**(404) 374-3198 mobile**

**@CamaraJones**

# ASAM Public Policy Statement Advancing Racial Justice in Addiction Medicine

❑ **Adopted February 25, 2021**

❑ **Seven recommendations:**

- Addiction medicine professionals should examine their own motivations, biases, and practices
- Addiction medicine professionals must lead medical practices and treatment programs that acknowledge and respond to patients' experiences of racism
- Addiction medicine professionals should develop proficiency in, practice, and demonstrate leadership in trauma-informed care as well as structural competency

# ASAM Public Policy Statement

## Advancing Racial Justice in Addiction Medicine

### □ Seven recommendations:

- Providers of addiction medicine training in medical school, residency, fellowship and continuing medical education (CME) programs should review their curricula to identify gaps related to trauma-informed care, structural competency, and racial understanding
- Addiction medicine professionals should advocate for policies that lead to a more diverse addiction treatment workforce and should seek opportunities to mentor BIPOC clinicians into the field
- Addiction medicine professionals should advocate for policies that ensure BIPOC at risk of, or with, addiction have equitable access to evidence-based prevention, early intervention, treatment, and harm reduction services

# ASAM Public Policy Statement Advancing Racial Justice in Addiction Medicine

## □ **Seven recommendations:**

- Addiction-related research should strive to include an equitable representation of BIPOC researchers and participants in study design, implementation, and dissemination of results

# ASAM Public Policy Statement Advancing Racial Justice in Addiction Medicine

- ❑ *Title:* Does not include the word “racism”
- ❑ *Second sentence:* “Racism disproportionately shapes the environment and life experiences of Black, Hispanic/Latinx, Asian, Pacific Islander, Native American, and other racially oppressed and disenfranchised people”
- ❑ *Second sentence:* “. . . collectively referred to as Black, Indigenous, People of Color (BIPOC)”
- ❑ *Throughout:* “. . . white people”