It is Time to Move the Needle

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Author Note:

For me, the terms Black and African American are interchangeable. For this essay I have chosen to use Black.

Abstract

This essay is my personal reflection as a diversity officer in a pharmacy school. It reflects on the toll that the Covid pandemic, racial violence, and their concurrent existence have taken on me, both personally and professionally, as well as on others in academia. Covid and racial violence reflect social injustice in different ways, both with negative consequences for Blacks, including those in academia. However, these two instances of social injustice also offer the opportunity for change in the areas of health disparities, and racial violence. This opportunity for individual and systemic change "moves the needle" on social justice for all.

Keywords: Racial Justice, Social Justice, COVID, Faculty of Color

It is Time to Move the Needle

What to say about Covid? It is an invisible enemy that has affected all of us. No matter your income, level of education, gender, or any other identifier, you are a viable target for this novel virus. It does not even respect geographical boarders; it hitchhiked its way around the globe, leaving the sick and dead in its wake.

In March 2020, the governor of Michigan, where I live, told us to stay home ("Stay Home Stay Safe", 2020). We were to work from home, unless we were deemed essential workers. I am a diversity officer in a pharmacy school, and most staff in my school had the luxury of being able to work at home. We were able to take our computers home to ensure we were able to function as fully as possible. Of course, we had to modify the way we did our work and hold virtual meetings (a lot!), but we were grateful to not have to be on campus and in the building: a small building with high rates of encountering others. We were also fortunate to be in an academic unit that was able to financially weather the storm. We did not have pay cuts or mandatory furloughs; we were fortunate. The same cannot be said across campus: some were laid off, some had their positions discontinued. The majority of those affected were staff and adjunct faculty: the most vulnerable, and easily expendable, at any academic institution (Pettit, 2020).

I felt fortunate about my position, and believed that Covid wouldn't last long, and assumed that I'd be able to continue to support the College, addressing its climate and the fact that we were not with each other. We were accustomed to frequent and informal interactions; even the students could stop into anyone's office if the door was open. But Covid changed all of that, and the absence of personal contact began to take its toll. People would comment in virtual meetings that they felt stress and fear and had difficulty concentrating and/or working from

home. In May I suggested we reconvene our monthly coffee hour, but over Zoom. It was good to gather informally and catch up. But it also reminded us of how much we missed each other, and how different interacting, formally or informally, would be until we were again in-person and in our building.

No amount of training prepares one for a pandemic. I and my counterparts did our best to support our people, but the levels of stress and fear remained high no matter what we did to address them. And as if all things Covid were not enough, we soon learned that there was more to come. People, Black people, died for reasons not due to Covid infection. Actually it is more appropriate to say that Black people were killed. They were killed by police officers, as in the case of those who forcibly entered a house with a no-knock warrant, and shot the residents, including Breonna Taylor, who died as a result of being shot five times (McNamara, 2020). Or those involved in restraining George Floyd by kneeling on his neck for OVER EIGHT MINUTES (Hauser, Taylor & Vigdor, 2020).

There was no video of Breonna Taylor's death, but there was one of George Floyd's. I couldn't watch it, still haven't watched it. And while in 1991 Rodney King survived and lived to tell the tale, watching his beating by police in my hometown of Los Angeles ("Rodney King Beaten by Police", 1991) has left me traumatized to this day. The flashbacks have been too much. I am numb, angry, depressed, and other feelings for which I have no names. So here I am, I and many others, stuck at home trying to work as if things are not different. But they are different. They are SO different.

Being Black is unsafe in this country -- and we've known it for years! The Black body is seen as dangerous, and less than human (how else to justify chattel slavery) (Hsiao, 2007; Menakem, 2017). No amount of education or wealth gained by Blacks has changed this

perception (just ask Oprah: remember that shopping trip to the Hermes' Paris Boutique? [Givhan, 2005]). Personally, I regularly live with a level of fear, dread and anger about these conditions, which interferes with so much: my relationships, and my ability to enjoy life freely on a daily basis.

But I am also affected in my professional life, and I am not alone in this. I hear and read about it from other Blacks in academia whose experiences echo the same sentiment (Dutt-Ballerstadt & Reshmi, 2020). We join departments and institutions and trust that what they told us in the interview, that they welcomed diversity, that they would support us professionally, that they valued our scholarship, was true. But too often it is not. Our scholarship is deemed "inferior," we are kept out of major decision-making in the unit, and we are harassed. All while the institution protects and supports the harassers, and blames us.

Serving as a diversity officer, I carried an additional burden of being expected to support others in the midst of this chaos, to explain context, to listen to the pain of others, and to generate programming to support members of my college while we navigate these incidents. All again while processing it myself. Black people experience these grave acts of injustice, and then have to act as if we have not been affected. However, I have been affected, and have my own trauma with which to deal. And let me say that although many of my colleagues at work reached out to see how I was doing, sometimes that was traumatic in and of itself because it made me remember that I am not okay. Healing from trauma takes time, as much time as it takes. As I worked to help others, I set aside my pain and anger, and this only served to delay my healing. I finally realized I had to communicate how I was feeling to others so they would understand, and I had to establish boundaries to protect my emotions and mental health. Helping others is not just my job; it is my nature. Still it is very hard under these circumstances. I also make sure to practice self-care,

including working with a counselor (not my first time) to sort through my feelings and revisit better coping skills than eating ice cream. Doing so let me be there for others.

While it was known that being Black in America left one more vulnerable to police brutality (Peeples, 2020), who knew that being Black in America would make one more susceptible to Covid? What we've learned about Covid is that if you catch the disease AND have conditions such as diabetes, hypertension, asthma, or obesity, you have comordity (Sanyaolu, et al. 2020), the simultaneous presence of two or more chronic diseases, which makes a Covid infection harder to overcome, and potentially lethal. Are these the health conditions of Black people? No, they are the health conditions of the poor and underpaid, who in this country are predominantly Black.

All of this created a perfect storm for many Black people in Detroit, which made Detroit seem like ground zero in the early days of the pandemic. In March and April, Michigan's numbers of Covid deaths were some of the highest in the country (https://covidtracking.com/) with the majority in Detroit – so much so – that when the state gave the daily number report, it not only reported by county, but extracted and listed separately those in the city of Detroit. This still continues (Cornoavirus-Michigan Data, 2020). The population of Detroit is 79% Black, as compared to the State of Michigan (14%). And when considering the total numbers of Covid deaths in Detroit (as of Aug. 28, 2020), the number of Blacks in Detroit who died (1504) were 68% of the total number of Blacks who died in the State of Michigan (2201) (www.michigan.gov).

In some ways it was easy to determine why Detroit had so many Covid cases and so many deaths. Day after day there were news stories of individuals who had become infected while doing their jobs. Jobs such as bus driver (Levenson, 2020), warehouse stocker, or hospital

housekeeping (Dixon & Shamus, 2020). The majority of Detroit's population is Black, and held jobs deemed essential (DataUSA: Detroit, MI, 2018), so they left their homes every day to provide services in order that the rest of us could continue to live with little inconvenience. They were people who could not work at home, who could not opt out of working. The majority of these essential workers left their homes and went to work. And if they got infected, they likely did not have basic healthcare (McNicholas & Poydock, 2020). If doing so required them to take time off work, it could cost them their job, at a time when unemployment was rising by leaps and bounds. People were faced with choices no one in America should have to make.

These health inequities, "unfair and avoidable differences in health between different groups within society" (Lally, 2020), are another form of social injustice (Braveman, et al., 2011). The consistent and persistent existence of these social inequalities calls out for justice and change. And so I, and many others, found ourselves fighting for justice on multiple fronts simultaneously. We were determined to work for a society that treats ALL of its members with the same respect and value, and that plays by the same rules for all. We were committed to "move the needle" on social justice in America.

Those in the fight for social justice were from all walks of life and backgrounds: a fact that truly served as the shot in the arm I needed. We protested and marched in the streets. The protests were so diverse in composition! People of color were joined by so many White voices: voices that had been missing for so long!!! People of color are glad White people are marching and working with us in such large numbers, and we need White people to stay in the work because we cannot do this alone. There are not enough people of color in this country to alone vote and change leaders at all political levels; we alone cannot protest enough for it to result in needed changes; we alone cannot have enough conversations to educate our neighbors and co-

workers. We alone cannot move the needle to achieve justice. Social justice affects all Americans, and to achieve it will take the participation of Americans from all ethnic groups and races, genders, sexual identities, religions, abilities, and ages.

On my campus the needle moved. The protests for social justice came from faculty, staff and students across campus. We wrote personal reflections and held teach-outs to educate our colleagues. Health profession students and professionals have organized and created White Coats for Black Lives (https://whitecoats4blacklives.org/), a national organization committed to "dismantling racism in medicine and promoting the health, well-being, and self-determination" of people of color. Our campus has founded a chapter, which held a protest that included deans and hospital administrators to support the Black Lives Matter movement. Our chapter also challenged health profession schools to evaluate what and how they teach, and to listen to voices who have not felt heard before. We took action and moved the needle on social justice to not only see change for the current members of health profession schools, but for future constituents, and for the patients they treat.

At the state level the needle also moved. Michigan Governor Gretchen Whitmer signed an executive directive recognizing racism as a public health crisis in the state and created the Black Leadership Advisory Council (2020) to address it. And then the Governor signed another directive requiring all healthcare professionals in the state to take implicit bias training to address health disparities in Michigan (2020). We were heard when we said that healthcare was not equitable, and the needle moved. But the needle needs to move even further. It is my hope that Governor Whitmer will form a task force to review the training given to Michigan law enforcement to ensure that it includes implicit bias training, while requiring that current members of law enforcement be given implicit bias training as well.

Academia has been affected by racial violence, and by Covid, both directly and indirectly. Instances of racial violence were relevant, not only because there were protests on campuses in relation to the killings of George Floyd and others, but also because campus police had operated with/perpetrated racial violence against Black and Brown students for years, including racial profiling. The call for colleges and universities to address this are occurring across the nation (Inside Higher Ed, 2020). At my institution our public health faculty wrote an op-ed piece pointing out that policing is a public health issue "critical for the health and well-being of students, faculty and staff, as well as the surrounding communities" (The Michigan Daily, 2020). If ever there was an opportunity to move the needle, this is it. Do campus police really need guns? Not when the majority of crimes are property theft or damage (The Boston Globe, 2020). But just removing the guns won't be enough. Just as I suggested additional training for police in my state, I also call for more training for campus police, in cultural competence and social work, and for accountability.

Across the country colleges and universities couldn't decide if fall courses should be in person or online, or hybrid. Each had pros and cons. But the choice to hold in person courses also required faculty to teach in person, which puts them and their families at higher risk of infection. Let's be honest, how to deal with Covid and classes is a dance to which no one knows the steps; we are freestyling. But unlike uninhibited moves on a dancefloor, this freestyling is high risk. I wish I had an answer, or even a good idea. While the on-campus experience is more than going to class, it is currently more of a risk than a benefit. But not having students on campus is a challenge to stay afloat financially, especially with no one living in the dorms or using campus dining, and some students not attending campus at all. A May 2020 Chronicle of Higher Education article identified 223 institutions that laid off, furloughed, or did not renew

contracts for at least 51,793 employees, many of whom were Black. And because Covid affected local, state and federal economies, colleges and universities were faced with potential budget shortfalls that could be long term. It will take some time to determine the full picture.

At my own institution these issues led to a strike by our union for graduate student instructors (GSI) and staff assistants (The University Record, 2020). The strike was much more about societal issues rather than their employment, and their list of demands included:

- Transparency on robust COVID-19 testing, contact tracing and safety plans.
- Allowing all GSIs to decide for themselves whether to work remotely.
- Cutting the budget for the Division of Public Safety and Security by half.
- Ending all ties with the Ann Arbor Police Department and the Federal Immigration and Customs Enforcement.

To the credit of university leadership, there were talks to resolve the strike. And while resolution was not achieved, progress was made on many of the issues, especially regarding Covid safety. The university also agreed to convene a task force to review policing on campus. It was a brave move for the graduate students to take because the strike itself was not legal. Nevertheless, they did it, and the needle moved.

We will be dealing with Covid for some time, even after there is a vaccine. It will take time to get everyone vaccinated, time for the economy to recover, and time for us to understand that we will never be as we were. Life will always be understood as “before” and “after” Covid. And as awful as Covid and racial violence have been, they have served as disruptions in our societal status quo, and have also presented some opportunities for change. Personally, I feel that they are allowing this country to recognize societal ills that have long plagued us, and provide the opportunity for us to act to address and fix them. Who knew a microscopic virus would give

us the chance to address social justice for which many have worked for years? America now has a window of opportunity to individually and collectively move the needle. Let us do so while that window remains open.

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