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EDITORIAL

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Pandemic racism – and the nursing response

Nurses know that racism is an almost inevitable effect of any pandemic. In the midst of all of the evidence-based public health guidance we offer, our expert infection control practices, and the compassionate care we seek to provide under highly complicated circumstances, we also recognize that an infectious disease outbreak triggers enormous social and societal consequences with often devastating proportions. We know that, with social distancing, the rates of interpersonal violence (particularly toward women and children) can skyrocket. We know that the anxiety and distress associated with isolation and uncertainty can play havoc with mental health, exacerbating preexisting conditions and triggering new forms of emotional and psychological suffering in those who were previously well. And sadly, we also recognize that as an apparently convenient mechanism to bind the anxiety that they feel as a consequence of the pandemic conditions, an unfortunately high number of people will turn to trying to find blame within a particular social, ethnic, religious, cultural, or racial group ('the other'). In this particular pandemic, that situation has been exacerbated by a number of quite morally reprehensible comments by some public figures, seemingly sanctioning the practice of assigning blame simply by being members of particular social groups.

The upsurge in public protest known as *#BlackLivesMatter* following the death of George Floyd at the hands of police in Minneapolis, USA, on 25 May 2020 has eclipsed concern about the global pandemic in quite a remarkable manner. Despite public health policy dictating social distancing, people are taking to the streets in protest, feeling the need to come together in anger and rage, and many more are struggling to find meaningful and constructive actions they can take in their own work and lives. As I write (on 10 June 2020), groups of academics and scientists are calling for a shutdown of their work under the hashtags of *#ShutDownAcademia*, *#ShutDownSTEM*, and *#Strike4BlackLives*, reminding us that white supremacy is baked into the structure of science and academia, from the language we use in our texts to the cultures that exclude black colleagues from advancing and innovating at the same pace as their colleagues (Mandelbaum, 2020). They are calling for action that goes beyond protest and toward dismantling the racism that entrenches their respective fields. Under the hashtag *#BlackinIvory*, scholars across a range of disciplines are sharing their individual stories of social and attitudinal barriers and aggressions (both macro- and microlevel) that have compromised their academic careers. And colleagues who happen to possess skin color that holds social privilege are being urged to listen carefully to those stories.

So here we sit, in the midst of a devastating global communicable disease pandemic—one that will shape our lives and careers into the future—confronted by yet another social disorder of pandemic proportion. There is nothing novel about the racism pandemic—indeed racism has been so pervasive throughout human history that we tend to normalize it as being part of the human condition. And, like the early phases of COVID-19, when many of us wondered whether this new virus outbreak might simply resemble a bad year of seasonal influenza, we may be tempted to normalize this upsurge of racism as a natural consequence of the social and economic disruption a pandemic creates. But these times we are in are anything but normal, and they clearly present us with new challenges and also new opportunities. If we turn our gaze in another direction and ignore what this moment calls us to attend to, we risk furthering the chaos of the world and exacerbating the fundamental inequities that characterize it. Alternatively, if we choose to take it, we have the opportunity to stand up more strongly than we ever have before, to solidify our commitments, and to develop actionable strategies to make our world more fair and kind to all of its peoples—starting with those for whom there is clearly demonstrable disadvantage.

In nursing, scholars have been working in the field of anti-racism and social justice for decades (Hall & Fields, 2013; Kagan, Smith, & Chinn, 2014). They have been exposing fundamental inequities in our access to health and the structural violence that perpetuates them (Blanchet Garneau, Browne, & Varcoe, 2018; Hilario, Browne, & McFadden, 2018). They have called on their profession and its partners (in other health professions, government and decision-making bodies, and within communities) to do its part in redressing these structural inequities and ensuring a more level playing field in accessing the resources for health (Thorne, 2017). They have helped us imagine how to socialize the next generation of nurses in understanding the relevance of this issue through their educational programs, and they have helped inform nursing policy documents that encode our ethical and professional commitments to this work (Thurman, Johnson, & Sumpter, 2019).

So to some extent, we know racism. We have studied it well, and we have taken the action that made sense. Many of our professional associations have come out strongly in recent days with public statements of nursing's fundamental and unwavering anti-racist position (cf. American Academy of Nursing, 2020; Kinnair, 2020). Nurses in many cities have visibly taken to the streets to show solidarity with the protesters and to reinforce their direct knowledge that COVID-19 has disproportionately affected the black community and other communities disadvantaged by race (Lonergan, 2020). As one nurses' group so poignantly expressed it, 'when someone says, "I can't breathe" nurses react!' (Wisconsin Nurses Association, 2020, np).

But what more can we be doing? Clearly, the events of this double pandemic make that very clear. Do we yet know what to do with nurses who spew racist hatred or disrespect for entire population groups on social media? Are we unequivocally clear that this behavior is not only 'unbecoming of a professional' but abjectly destructive to the aims our profession serves? Do we truly understand that it degrades the profession and causes direct harm to those who already have difficulty approaching our health care systems in a trusting manner?

Perhaps it is time to point out that venting one's spleen as an identifiable nurse with respect to a racial (or any social) group is not a basic human right, but rather a direct violation of any ethical code known to nursing. We might consider it the moral equivalent within our profession of what kneeling on a person's neck has come to represent within the police force. And while overt public displays of racism are rare, when they do occur, do they attract the sanction they ought to from our regulatory bodies? Or do we try to justify them as understandable consequences of what can be a frustrating professional role? Beyond the dramatic and public displays of bad behavior, have we truly learned how to manage the more subtle micro-aggressions of everyday nursing life—the horizontal violence that we depict as nurses 'eating their young', the disrespectful communication that patients of visible and invisible 'difference' may experience as a result of their encounters with us in our care system? And are we prepared to actually confront one another, to take action to make a difference, and, most importantly, to welcome a hard and critical look at ourselves?

Life will not return to 'normal' after this pandemic, and racism will not be fully resolved in our lifetime. But if we cannot commit to these ideals now, and revisit our commitments again and again as we go forward, we will be failing the aspirations of our profession to 'improve health globally' (Nursing Now, 2020). On the pages of this journal, I am confident that we will continue to see shining examples of the kinds of scholarship that inspire nurses to be part of the solution that guide us all in appreciating what it means to truly address the undercurrents of structural violence and inequity that exist within our profession. We owe that to all who have died with COVID-19 over recent months, to all who have suffered police brutality, and to all who have ever encountered our health care system as places of racism and inequity rather than the sanctuary they are meant to be. Clearly, we have lots of work to do.

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