

Black Health Education Collaborative: the important role of Critical Race Theory in disrupting anti-Black racism in medical practice and education

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Anti-Black racism is real, widespread and affects the lives of Black people in Canada. It is a daily reality that co-occurs and affects all other health conditions that Black people experience.^{1,2} It is imperative that the realities of anti-Black racism be deliberately engaged within health responses and disease management. The decision to embrace and integrate Critical Race Theory necessitates review, reflection and becoming engaged in its logics and objectives. Thus, adopting and applying Critical Race Theory in medical education and clinical settings includes assessing how (not if) systemic anti-Black racism is functioning, and then taking that into consideration in the clinical setting and in the creation of an effective care plan.

The foundational structures of colonial legacies — namely, the attempt to erase and eradicate Indigenous Peoples across Turtle Island from their territories and the land, and the enslavement of African people and people of African descent — have lingering and harmful effects. In her book *Lose Your Mother: A Journey Along the Atlantic Slave Route*, Saidiya Hartman posits that the afterlife of slavery is witnessed through the “skewed life chances, limited access to health and education, premature death, incarceration, and impoverishment.”³ The afterlife of slavery affects all Black people in Canada, whether slavery was in their family history or they are recent arrivants. Public health and health care practices are implicated in these outcomes of the afterlife of slavery. In other words, anti-Black racism, from the time of slavery until today, continues to be an active social condition of health and wellness.

Why Critical Race Theory?

Rather than assuming one perspective or approach, Critical Race Theory advances understanding of the meaning and importance of racism and its creation of “race.”⁴ A collection of theoretical positions and disciplines that self-consciously views the construct

Key points

- Critical Race Theory advances understanding of the meaning and importance of racism and its creation of “race.”
- Anti-Black racism affects the lives of all Black people in Canada and structures how society functions; it affects all social and structural determinants of health, which negatively affect the quality of care that Black people receive.
- The Black Health Education Collaborative was established to transform medical, public health and health professional education to ensure that health professionals develop a workable understanding of Critical Race Theory to address systemic racism and improve the health of Black people and racialized people in Canada and beyond.

of race through a critical lens, Critical Race Theory directly confronts the systemic and structural impacts of white supremacy within the lived experiences of racialized people; it poses new questions on the persistence, if not the intensification, of expressions of racism, and of discourses about and beliefs in “race.” In this way, Critical Race Theory acts as a bridge between the social and health sciences to facilitate more comprehensive consciousness-raising and different interventions for Black people that would lead to improved health outcomes.^{5,6}

A key element of Critical Race Theory is the understanding that anti-Black racism is not an aberration. Anti-Black racism structures how society functions. This is often the most difficult concept to grasp; to understand that racism — in particular, anti-Black racism — is present in every sector of life. Anti-Black racism today is a continuation of the anti-Black racism that fueled the trans-Atlantic slave trade; descendants of enslaved African people, brought with the colonialists who travelled to Turtle Island, still live in Canada. Indeed, the enslavement of African people was still underway in 1824, when the first medical school in Canada opened.

Colonialism, the trans-Atlantic slave trade, and the regulations of medical practices and interventions are all interwoven. Health care is not race-neutral, nor unbiased, and the rhetoric of objectivity can be dangerously misleading. For example, in her 2015 TED Talk, “The Problem with Race-Based Medicine,” Dorothy Roberts states that “race runs deeply throughout all of medical practice. It shapes physicians’ diagnoses, measurements, treatments, prescriptions, even the very definition of diseases.”⁷⁷ Exploring and interrogating how anti-Black racism manifests in health care and clinical settings means acknowledging that not all patients are treated the same,^{8,9} and that Black patients are often treated poorly compared to white patients.^{10–12} Critical Race Theory, along with Black feminist thought, is decidedly political in nature, growing alongside movements for social justice and equality that recognize that history and context inform the character and structure of social life.

In a Canadian context, Critical Race Theory allows for the critical assessment of how the historical construction of Canada as a white settler colonial society has been, and continues to be, safeguarded and maintained. In particular, Critical Race Theory challenges the production and reproduction of national narratives that construct Canada as an example of a “successful” multicultural society, and challenges assimilationist projects that deny the continuing importance of race and the existence of racism.

As is evident, Black diasporic communities in Canada experience anti-Black racism.¹³ Anti-Black racism affects all social and structural determinants of health, which affect the quality of care that Black people receive, leading to poor physical and mental health outcomes for Black people. Challenges include experiences of interpersonal and institutional anti-Black racism and discrimination; systemic socioeconomic and other disadvantages (e.g., lower rates of educational attainment; higher levels of poverty and social exclusion; more frequent interactions with law enforcement, criminal justice and child welfare systems); a lack of access to culturally appropriate and culturally competent services; and stigma related to mental health and accessing support services.

Medical education in Canada continues to fail to provide accurate and appropriate knowledge on Black health and the impacts of anti-Black racism on health.¹⁴ This gap reflects a broader neglect of Black well-being in systems dominated by whiteness. Despite the persistent impact of anti-Black racism on health and health inequities experienced by Black communities, knowledge production on Black health continues to be obstructed and there is a dearth of research in medical journals on Black health and well-being that is informed by Critical Race Theory. Working with journals is also a challenge, given that Black scholars, researchers and students are systemically excluded from publishing important and necessary articles. After the co-leads of the Black Health Education Collaborative (BHEC) published a commentary in 2021,¹⁵ it was evident that more work was needed, not only in the process of publishing within *CMAJ*, but also in disrupting the white supremacy that keeps Black researchers, voices and scholarship out of journals and therefore effectively silenced within their pages. Taking all of this into account, and in consultation with Dr. Mark Hanson, an academic psychiatrist, the BHEC proposed and has championed this special issue on anti-Black racism and Black health.

Black Health Education Collaborative

The BHEC was established to transform medical, public health and health professional education to improve the health of Black communities across Canada. Its mandate and vision include focusing on education, service and research through the lens of Critical Race Theory, and centring the experiences of Black women and men, youth and elders, Black people in the LGBTQ2IA+ community and Black people with disabilities.

Through advocacy, activism, education and research, the BHEC addresses anti-Black racism and the interlocking systems that affect the health and well-being of Black communities. Black health and Black life are intricately connected to the places and spaces in which people live, work, learn, love, play, celebrate, worship, heal and resist.¹⁵ Drawing on long histories of community and academic scholarship, and of resistance from Black, Critical Race Theory, queer, feminist, anti-colonial and decolonial traditions, the BHEC is developing curricula on anti-Black racism and health to support transformative learning for learners, faculty and health professionals, and to create racially just practices. This includes curriculum that will facilitate the disruption of anti-Black racism within antiracist pedagogies for educators. Continuing professional development on anti-Black racism and Black health for health professionals and clinicians is a necessary pathway for the improvement of Black patient care and the health and well-being of Black communities. The BHEC works closely with community partners to centre first-person experiences that facilitate direct action and responsiveness in the creation of effective and innovative practices that will improve the health of Black people in Canada and beyond, and is working with the Medical Council of Canada to explore the possibility of establishing national learning objectives for the national qualifying medical exams.

Conclusion

It is precisely because Critical Race Theory offers health care practitioners critical interrogation and pedagogy that would not otherwise be available to practitioners, that it creates new and impactful understanding of the root causes of health inequities for Black people. This serves the profession well, particularly at a time when the world is demanding attention to longstanding false beliefs about racism and “race” that must now be corrected.

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