INTERVENTIONS TO MITIGATE, RESIST OR UNDO STRUCTURAL RACISM
PROFESSORS DEREK GRIFFITHS, CHANDRA FORD
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>>RINGA HĀPAI: Tēnā koutou katoa, ngā mihi nui ki a koutou. Welcome to this Te Tiriti-based Futures kōrero on interventions to mitigate, resist or undo structural racism. We'll begin with a karakia. Tūtawa mai ki runga, tūtawa mai ki raro, tūtawa mai ki roto, tūtawa mai ki waho, kia tau ai te mauri tū, te mauri ora ki te katoa, haumi e, hui e, tāiki e.

Tēnā maunga whakahī, tēnā wai tuku kiri, tēnei ngā ta waka o te motu, ka nui te mihi. Kei te Waikato i whakatipu au, no Kirikiriroa ahau, ko Jennifer Curtin tōku ingoa, tēnā koutou katoa, nau mai haere mai koutou.

Hello and welcome to you all. Thank you for joining us today for our discussion on interventions to mitigate, resist or undo structural racism. My name's Jennifer Curtin and I'm going to be your chair for today. I just want to remind people about the community code. There's a slide that's going to pop up in just a second. I understand that many of you will be familiar with this code because it's been part of the last week's worth of sessions.

Just also another reminder that you can interact with each other via chat and our moderator, Carol, will be looking after you in that forum. But please do ask your questions of our speakers using the Zoom Q&A box and we will be able to ask those on your behalf. There will be closed captions for this event and we have a moderator on hand, Carol, who will facilitate the discussion questions that come through.

So it gives me great, very great pleasure indeed to be able to introduce to you two eminent and inspiring speakers for this session on interventions to mitigate, resist or undo structural racism. Professors Derek Griffith and Chandra Ford.

Professor Griffith is the author of over 140 peer review manuscripts and he serves on the editorial boards of a number of highly ranked journals. He's received a number of significant honours. He was the recipient of the Tom Bruce award for his research on eliminating health disparities that vary by race, ethnicity and gender. He is a fellow of the American Academy of Health Behaviour and he was named one of 1,000 inspiring black scientists in America by Cell Mentor's community of scholars. Professor Griffith is a founding co-director of the Racial Justice Institute, he's founder and director of the Centre For Men's Health Equity and he's a Professor of Health Systems Administration and Oncology at Georgetown University. He's a contributor to and editor of two recent books;

Men's Health Equity: A Handbook and also Racism: Science and Tools For the Public Health Professional, which is the one I think you can find the link to in the chat box.

Professor Ford is founding director of the Centre For the Study of Racism, Social Justice and Health and she's Associate Professor of Community Health Sciences at UCLA's Fielding School of Public Health. She is lead editor with Derek Griffith, Marino Bruce and Keon Gilbert of Racism: Science and Tools for Public Health Professionals that came out in 2019. Professor Ford served as President of the Society for the Analysis of African American Public Health Issues and she's been involved with the Black Radical Congress and the Black Coalition Fighting Back Serial Murders. Welcome again to you both.

So we're going to ask both our speakers to take 15 minutes to present and then we will come back and have 25 minutes for Q&A from the floor. So Professor Griffith, the floor is yours.

>>PROF GRIFFITH: Kia ora, it's a pleasure to be here with you and thank you for the very kind introduction and invitation. May I also say thank you and kia ora to Professor Heather Came-Friar, my dear friend and colleague, and my buddy Dennis, I'm not sure if he's around too. And also it's always a pleasure to be able to share the stage with my dear colleague and friend, Chandra Ford, who I've known a long time, we won't get into how long, but known each other for a long time, so it's always a pleasure to be able to share this time with you all.

So in my time, so I want to kind of just set the stage as a foundation for the larger conversation we're going to have. And the title for this presentation came from an article that was published a little over 20 years ago from a colleague Arline Geronimus, who talked about this idea of mitigating, resisting, undoing and the need to address structural influences on health. And many of those we've now sort of started to frame particularly as structural racism. And so there wasn't the same language 20 years ago about thinking about when she's talking about sustaining to mitigate, resist or undo the adverse effects of discrimination; there wasn't the same language in the literature about racism very explicitly, but we've certainly seen the rise in being able to name and label racism and the importance of that in meetings like this and just in the field more generally.

So where I'm starting with this is just that it's important if we're going to really address something, if we're going to ultimately achieve an aim and consistent with the framing of this conference, that if we're going to have this improved future we have to be

able to envision what it is and to be really clear and concrete about what we're talking about.

This idea of justice is something that we've talked about quite a bit over time and we generally agree at a very abstract level that this idea of justice is a good thing, that we want to try to achieve that, and we'll get into a little bit of some of the terminology about what this is looking at.

But this idea that we have this aspiration of what we're going to try to achieve in the work that we do, whether it's organising anti-racism, other times of anti-racism work and the like, that it remains at a very sort of abstract level. And sometimes we agree on these things in principle, then we get down to the concrete details about how we're trying to achieve it, what we're trying to do, that's when we see differences.

So what I want to sort of push us here today to think about is when we say that we're trying to address structural racism, we say that we're trying to achieve health equity, we say we're trying to achieve things like social justice, what exactly do we mean; and to push us to really come up with some concrete sort of objectives, goals and some things that are measurable, if that is indeed possible, so that we have something concrete that we're aspiring to.

Now we've all sort of, I think in this audience, probably seen various images like this, where we talk about equality is basically giving everybody the same thing regardless of their needs, equity is giving things based on need, yet we see that with equity often those are programmatic interventions where once the intervention is gone, or once that particular programme is gone, or once the support for that policy has gone away, that the underlying context, the underlying structure of the community is still unequal and therefore you still have the inequality that people are living under, or living from, being fundamentally different. And that we have to figure out how to then ultimately try to create justice where we're basically equalising the foundation on which people live, and that that's the opportunity for us to create the structures that are going to allow us to see health equity and to achieve these particular outcomes and go forward and see future generations have similar outcomes as well.

But at least, certainly in the US context, it remains unclear if this idea of social justice, or justice, is about providing the inputs, or the opportunities, or achieving equal outcomes. And in the US context, this is -- even though this article that I'm quoting where I got this from is 60 something years old, this problem still remains very much present

today, or close to 60 years ago. The issue that we're facing today is similar in the sense that in our guiding documents about health promotion in the United States called Healthy People 2030, they've shifted the focus to thinking about the equality, and in some cases equity, of inputs and opportunities and that's really the goal that they're aspiring to.

And part of my concern is that if we sort of get to this point where we say okay, the opportunities for people somehow or another are decided to be equal, yet we don't necessarily achieve equal outcomes, have we basically not really achieved the equity that we're talking about. And so in my mind equity is really about outcomes more so than about inputs, and that's kind of one of the things I'd love to have this broader conversation with you all about and see how you're thinking about these issues as well.

And yes, I mean this idea of justice means giving people sort of what they're due. And really sometimes that means treating people differently, and differently in this case means giving them what they need and because everybody doesn't necessarily need the same thing.

Now for some this takes a very decidedly and, if you're been paying any attention to the US context, a very political sort of tone where this idea of giving people things that are different, even if they've demonstrated that they need things that are different, have certain connotations and implications. And a colleague of mine recently was testifying before Congress and was getting questioned about his use of this idea of equity. And it was seen to be associated with, or that he was -- that was seen as sort of the dog whistle sort of term, if you will, for critical race theory, and Dr Ford can talk about this given her work on public health critical race theory and her expertise in that area.

But it was interesting because they were trying to dismiss this idea of discussing equity in that whole concept because it was associated with this theory that they've decided is fundamentally problematic, should not be taught and so forth, even though most of the things that we're talking about, and certainly what he was talking about, had nothing to do explicitly with critical race theory, that hadn't even been brought up in conversation. But because he said the word "equity" and they were associated -- the people who were the elected officials were associating that with critical race theory it was seen as fundamentally problematic, therefore off the table and could not be used as guide for the conversation about what were the goals that they were trying to achieve. So this has very real consequences and implications for the conversations that we have.

And so it's important as we think about this in a historical context, and I know that one of the things I learned from having the distinct opportunity and blessing to be able to come to New Zealand and learn from you all, was how to think about history in sort of generations in a very much bigger sense than even what we do here in the United States in thinking about the experience of black Americans here.

And when we think about things being done for hundreds of years, and you all are thinking of, you know, thousands, in many cases, of years that we're talking about something that if you're really going to think about equity and you're really thinking about these issues, that you're looking at it in a historical context that really captures not just the experience of colonisation and therefore what you're trying to do in terms of decolonisation, but also trying to build on the assets and strengths that existed before the contact with white populations and the Maori there and just the broader interaction among racial and ethnic groups in that part of the world started to happen.

And so if we're thinking about how we're going to really address this issue of equity and try it achieve these aims, that we have to really think about what are the kinds of things that we need to do, especially for our particular populations that are doing worse, both in terms of opportunities and in terms of outcomes, and how do we need to address those issues.

One of the basic things I want to sort of step back to you and then work towards is, you know, thinking about this idea of structural racism. And it's been interesting in the last few years, again from a US context, that the added descriptor to "racism" has become "structural racism". And while that's useful to a degree, I think it also can sometimes come with some challenges.

And so yes, it's useful to think about structural racism broadly as this totality of ways that our society fosters discrimination and, you know, it's both looking across these -- how these patterns that you see across these different sectors, here are a couple represented, housing, criminal justice, public health and so forth, that all of those are seeming to work and operate in a similar way where they're disadvantaging certain groups and advantaging others, and that's an important component of this.

Where I struggle is that structural racism also reflects this idea of it's including a number of things that don't necessarily get labelled and named, and that I think are going to be really important for us to think about as we really try to unpack what we're trying to do

and give concrete guidance to our efforts to address these kinds of issues and achieve tangible outcomes.

So structural racism includes, and by definition includes, things like cultural racism that include scientific racism and how racism is infused into the ways that we talk about, think about the ranking of different population groups, whether or not they are fundamentally equal or they're fundamentally unequal. We've seen a lot of work, particularly again in the US context, where scientific racism has very much taken hold in the medical community and shaped a lot of things that now groups like the AAMC, American Association for Medical Colleges, have now sort of basically finally started to honestly acknowledge, admit and try to undo in their efforts to sort of make amends for the kinds of things that they have structurally been doing that were harming populations and so forth.

But those ideas of cultural racism and just the norms, the practises and how that infused training of physicians that was expected that people are going to buy into those or they wouldn't make it to the next steps of training in their various health professions, all of those things were a key part of it.

You have racism and how it infuses different institutions as well as sort of racism in things like where people live, residential segregation, this idea here that, you know, it's that people are living in different neighbourhoods that have different access to resources and different amounts of resources in particular areas and that that's by design, it's not necessarily by choice; and that those factors are also being captured under this broad umbrella of structural racism.

And this idea of looking at racism within institutions, like healthcare, like public health, like housing, criminal justice and so forth, is also part of this umbrella of structural racism. And yes, it's important to think about the structural racism is the glue and the web, if you will, that connects all these pieces, but it's also critical for us to think about what do we need to do within these three areas and others potentially, and also what we need to do to think about the web of things that connect them across.

And so we know that that's important because we know from the fundamental definition of racism being a fundamental cause that we can't just look at intervening mechanisms and then break down the different parts of structural racism by looking at it through how are we going to address racism in healthcare, how are we going to address

race-based residential segregation, that we've got to look at this in the totality of the elephant as I was sort of using that analogy.

And so it's important also to recognise that if we're going to achieve these aims of equity, if we're going to do things that are going to ultimately undo the structures of structural racism that we've been trying to work on for generations, that we've also got to recognise that, you know, addressing the problems of structural racism only stops the problem from continuing and perpetuating. It doesn't necessarily create the conditions for people to be well.

So I think it's important for us to add to our focus on addressing, eliminating, mitigating, undoing structural racism that we've also got to put effort and energy into creating conditions that promote health and well-being and that perpetuate these ideas of social justice, equity, anti-racism and the positive values that we actually are trying to live as a -- have a positive strength as a foundation and not just look at things that are trying to make people sick, we've got to also think about how do we build from the strengths that are going to continue to make people well.

And even though I couldn't dare try to spell it, whanau, even though it's spelled with a WH, hopefully Heather and Dennis can correct me if I'm wrong of how to do that, but it's the idea of family and community and the connection among people is one of the things I'm butchering in my lessons from New Zealand of one of the things that you see as a cultural asset or strength that you're building on and building from in the efforts of what you're trying to do in a positive sense. So that's where I'm going with that point, is that it's not just looking at how do you undo structural racism, but it's also how do you build on those community, family networks and strengths that are also key to the communities in New Zealand and across the world.

And so as I operationalise or thought about sort of how to think about what are the directions we need to go in terms of addressing this idea of structural racism and in terms of trying to achieve something like health equity, that it was really about thinking about how do we make change in these kind of general key areas.

One is to mitigate the effects of things that we have going on right now, and to basically recognise that when we're trying to make policy change, when we're trying to make structural change, those kind of things take time, and that we may need to also intervene to help people manage in the difficult contexts where they are living right now and adapt to those unhealthy contexts while they actually, or while we're trying to wait until

these things actually take hold and you see the health benefits, you see the social benefits of the interventions we're trying to implement, see those actually take hold and reap benefits.

That we have to build the capacity of existing organisations, community resources, and that have been historically standing in the gap that have been historically fulfilling those gaps that our public health systems, our healthcare systems have been created because they haven't been a good, strong network and connected, and they've left certain gaps that are problematic. And we then have to focus on undoing inequitable policies and not just always think about what are we going to do in a positive sense, we also have to make sure that we actually remediate, undo, eliminate those kind of inequitable policies that are perpetuating inequity while we actually try to achieve these positive things, and then finally think about developing new policies and institutions that are going to help create positive infrastructures that promote and sustain health and well-being.

And so just to make sure I stay on time -- thanks Jennifer -- all of these things are fundamental parts of what we're trying to do in our efforts to achieve health equity, address structural racism, and that none of this progress, none of these efforts to see a better future are automatic or inevitable. That every step of this process of trying to achieve justice and equity requires sacrifice, suffering and struggle and the tireless exertion and passionate concern of dedicated individuals like those who are here and those who are part of this struggle. So thank you very much.

>>RINGA HĀPAI: Kia ora, thank you Derek, that was terrific. And I'll -- just while you're taking yours down I'll ask Chandra to share her screen and so thank you Professor Ford and the floor is yours.

>>PROF FORD: Thank you.

>>RINGA HĀPAI: Just while Chandra is sharing, I'd just like to remind everybody that we'd really love to hear from you. So we have one question in the Q&A already, but we'd love to get a few more before the Q&A starts in about 16 minutes.

>>PROF FORD: So kia ora, thank you so much for having me here. I especially I want to thank Dr Heather Came-Friar for the invitation and it's always a delight and honour to be on a panel or in conversation with Dr Derek Griffith. So I'm coming to you all with a lot of gratitude and certainly Jennifer Curtin, thank you very much for the grace that you've shown me over this entire planning process.

I want to talk about -- I want to add to the conversation and you'll see that much of what I'm sharing today are questions that I hope we can engage in this space and also

moving forward. I conduct my work in what we now call Southern California, and I come to you as the daughter of people who survived slavery in the US south. And I'm fortunate that only last week in my family we learned the names of some of those ancestors who did indeed survive. The Centre for the Study of Racism Social Justice and Health that I direct at UCLA acknowledges the Tongva peoples as the traditional -- the Gabrielino-Tongva peoples as the traditional land caretakers of Tovaangar and are grateful to have the opportunity to work for the Taraaxashom in this place. As a land grant institution, we pay our respects to Honuukvetam, and Ahiihirom and 'Eyoohiinkem past, present and emerging.

What I'll share with you today reflects my own grounding in public health-critical race praxis, although I won't talk about that specifically, that is the orientation on which I'm drawing. I want to start by saying that racism persists in early 21st century. So one question this raises for us is what does that look like right now. This is important from a praxis perspective because for racism to persist, it must evolve. Societies evolve, if racism persists then racism must evolve to fit within a society and to continue to be effective within a society given the constraints of the new time period. So that's one of the two concerns with which -- that I'm presenting, raising questions about here today. What does it look like for racism to persist today?

And then the second question is, we have a growing body of work focused on examining, empirically often, the health implications of racism. But much of that work does not necessarily focus on race, ethnicity, and racialisation, the populations, the people upon whom racism works. And so I'm concerned now about what does racialisation look like in the present, what are race, what are race and ethnicity, how are they functioning in this period.

So racism persists in the early 21st century in both overt and less conspicuous ways, and Derek mentioned many of these. I would characterise the early 21st century as one in which there are complex, symbiotic relationships between those overt forms of racism, such as hate crimes, as well as a structural les affaire forms of racism that are embedded in the systems that undergird our societies. So these two rely on one another and feed one another, they're not disconnected from one another.

There are marked global and domestic demographic shifts. And I'm sharing again this work from where I sit, and so I don't want to privilege a US perspective, but I do offer what we can learn from where I sit in the US. So there are marked global and domestic

demographic shifts. And it's important to understand that these are not coincidental, that they're tied to historical patterns of colonialism, exploitation, racism. And so those are a part of the dynamic of understanding racialisation in the early 21st century. The meaning, content and structure of US racial and ethnic categories appear to be changing. So racial and ethnic categories always evolve in some ways. The question is, how are they evolving in the current moment. There have been a number of ways that sociologists, critical race theorists and others have tried to think about this.

We have generally about five main racial categories and two ethnicities in the United States. And right now there's hypotheses that we might be shifting to more of a three category system, and that one example of this might be one put forward by Eduardo Bonilla-Silva which processes that we might be shifting more towards a three category system that is defined either by proximity to whiteness or proximity to blackness, where there is a white category that is defined based on European ancestry and embrace of a particular American narrative and project; a sort of honorary white, if you will, category which has the potential to, at some future point, move into the white category; and a collective black category, which would include not only people who are currently already understood to be black, but also dark skinned Latinos, Pacific Islanders and folks who might in the -- this matters, in fact actually, because we might see -- if this pattern is true, we might see that those who are not currently operationalised as fitting into a black category today, might in the future begin to reflect the kind of health profile that we associate with people who are currently already classified as black. So if racism persists in our society and these categories change, we should anticipate that those who are sort of newly black will begin to develop health profiles that reflect the intense disparities that we already see among those who already are defined as black.

So in addition to these characteristics it's also important to know that the early 21st century is marked by rapidly expanding bodies of knowledge on the relationship between racism and health inequities. And racism has been defined in a number of ways. Former president of the American Public Health Association, Camara Phyllis Jones, defines it as a system of structuring opportunity and assigning value based on the social interpretation of how one looks, and this system unfairly disadvantages some and unfairly advantages others, but as a consequence of this it saps the strength of the whole society.

To that definition I would add this one offered by the critical social geographer Ruth Wilson Gilmore, and that is that racism is the State-sanctioned -- so originating with the

State -- and/or extra-legal -- that is it can originate with the State or originate outside of the State -- production as well as the exploitation of group -differentiated vulnerability to premature death. So this definition is anchoring understandings of racism on the body. That is, it does not see racism as existing merely socially, but that racism necessarily produces differences in well-being and ultimately immortality and those differences occur systematically along racial lines.

I find myself in this moment, where there is so much happening globally and domestically around racialisation and health, asking a lot of questions and I think that's important. And so several of them include what all is race? Is it an administrative category? The US office of management and budget uses certain administrative categories to track and monitor race and ethnicity. But I think it's important for us to recognise that that is limited in terms of its ability to capture the social constructedness of race and ethnicity, and capturing that social constructedness is important if we want to actually study racism and the ways that it's operating and getting beneath the skin.

Is race a biological indicator? I think many of us would say no, fundamentally race is not biology. And is race a social construct, and if it is how can we think about what that means for physical well-being? What does race as a social construct mean? What about ethnicity? This is important because, along with the demographic shifts that are happening, there is often a conflation of race and ethnicity and there are values, there are ways to value ethnicity and ways that we cannot exactly with race, so how can we think about these complex questions. And then finally, what is the target of health equity inquiry? Is it to target race, are we trying to target racism, or is it something else altogether?

Now race has been defined in a number of ways. If we think about the anti-Asian hate crimes that have been happening over the course of the Covid pandemic, we can see right away that despite assertions to the contrary that exist often in the scientific community, assertions that race is tied to genetics, that those hate crimes were not based on perpetrators stopping and taking a genetic assessment of their targets. Indeed, they were actually crimes based on perceiving race based on how people look, phenotype, not genotype. And this is important if we want to understand what is it that race serves as an index for that racial exposure, the racism exposure.

Another consideration for thinking about how to define race is that the definitions and understandings of race change over time within a society. The definitions also change within individuals, and there is research that has been conducted among, for instance,

people who come from multi-racial backgrounds and identify -- it's easiest to see this in this particular population -- who identify with one background in some contexts and with the other background in other contexts; or who don't have multi-racial backgrounds but their understanding or their identity in terms of race varies depending on the context where they are. And this is easy to see when we think about international travel, for instance, and how one might identify as African American or black in the United States, and outside of it identify as American or something, or in terms of non-racialised in that way, or race in some other way.

In thinking about how to define race it's important, if we're going to advance this work, to consider when self-identity is the gold standard and when it is not. There are contexts where how one is perceived matters more than how one identifies. And I mentioned already that the definition changes from place to place within an individual, but also there is no universal understanding across the entire globe of particular race and ethnicity categories, or even race and ethnicity contexts. And that's because these social constructs emerge out of the historical and social and political experiences of these different places.

To say race is a social construct, I think it's important to consider two dimensions of that statement. One connotation is that it tells us what race is not, it is not fundamentally biological. The other is what race is, and I like this definition by Ian Haney Lopez at the bottom. "Race is a vast group of people loosely bound together by historically contingent, socially significant elements of their morphology and/or ancestry". And I always like to highlight whiteness, because when we think about race we have a tendency to treat it as an attribute of those who are minoritised. In truth, however, racialisation occurs across all individuals; rationalising some as minoritised and others as white.

I won't -- I see I'm running short on time so I will not belabour it here, but I do want to highlight the work of critical race theorist, Cheryl Harris, who has shown that the courts in the United States have played a role in reinforcing white supremacy in ways that not only are identical or similar to, but they are the same as the ways that the courts have preserved property rights. And so it is possible to see whiteness as this place of privilege that includes a gap distinguishing whiteness from all other categories of racialisation in a nation. And the courts play a role in preserving that gap between those who operate on the highest level of full citizenship, the type of citizenship where one can exercise all the rights and privileges that the nation claims to afford and everyone else; and that is those who are not

able to exercise fully those rights. So this is a way of reframing how we think about race, and that is to think about it in terms of the ability to exercise citizenship. I think this is helpful for those of us in public health because we tend to defer, often, to thinking about whiteness and race as tied to the skin.

Thank you. Let me just close this very quickly by saying we can think about ethnicity also not only in terms of its cultural relevance, but also in the ways that ethnically defined populations are also subject to many of the forms of hierarchical treatment that happen with racialisation.

I want to just close with this remark from Audre Lorde, black feminist lesbian librarian, Audre Lorde, because this is why I'm struggling with these questions. She asserts that the master's tools will never dismantle the master's house. And so to the extent we rely on existing tools and approaches and knowledges to advance the work of health equity, are we relying on the master's tools, and if so, what does that mean for advancing truly liberatory work, truly liberatory movement towards health equity. So thank you very much.

>>RINGA HĀPAI: Kia ora Chandra, that was terrific, thank you very much. We have a lot of questions in the chat -- in the Q&A, which is exciting. So what I'm going to do in my prerogative as chair is I'm going to try and group together some of the ones with similar kinds of themes and I'm going to -- so I've sort of combined them into three for now, but while you're answering I'll pop back in and see if we've got time for any extras. But I'm going to open it up to both of you, Derek and Chandra, to offer your input into both -- from both of your perspectives.

So I'm going to start with some concrete ones before we get to the sort of more theoretical ones. So I suppose the first one; people are really interested in design options in terms of -- there's a lot of emphasis on the undoing part of the structural racism. So thinking about tangible, concrete steps that you would offer, generically perhaps but also with respect to health, to advance justice and to undo structural racism, but also to convince elected officials and conservative thinkers and the general population on why this mahi, why this work to undo, or to understand and undo structural racism is important, why should they care about it and how should they participate in that undoing?

>>PROF GRIFFITH: So yeah, well, it's a wonderful set of questions and I will at least take a crack at starting the process, but I'm definitely going to lean on my distinguished colleague here to offer her very important thoughts.

I think the first thing we have to -- I think one of the assumptions that I realise that we make that I don't think is necessarily true is that everybody is going to come along with our fight to create equity. And that if we make the right argument, if we give them the right tools, if we share the right -- if we can give them the evidence, that they're necessarily going to agree and then say "oh okay, yeah, we should do that, this is in everybody's best interests."

When we have a system that fundamentally benefits some and they see it fundamentally benefitting those who they care about and love, it's not -- I'm not convinced there's necessarily the commitment to achieving equity in the same way. So I think one of my first thoughts is we have to recognise that there is many people who are fighting against this idea of trying to achieve equity as there are potentially those of us who are trying to achieve -- who are trying to fight for it. So I think that's kind of one of the first things that I'm thinking about.

I think the second is, you know, when we think about strategies to achieve it, the reason I was sort of so taken with Dr Geronimus' mitigate, resist, undo and I was saying add in create, is because I don't think there is a one size fits all strategy. And I think part of what I was trying so to say is, you know, most of the bigger policy practice structural changes take time for them to not only be implemented, for them to be reinforced and then to actually have health benefits. And while we do that people are still getting sick, people are still dying, people are still, you know, being subject to these things.

So part of the mitigating is recognising that we still have to do things for those who are -- we need to do something for those who are still suffering from these things while we try to create the context in which people are going to be healthier. And that part of that is that's where the creating and the mitigating -- sorry, the resisting comes in, is that the resisting is recognising there already are natural structures within our communities that are assets, and that we need to invest and lean into building those and anchoring our efforts to address these kind of things from those, not necessarily just always thinking about how are we going to engage with those who we're pushing against and who we're fighting with. And then to look to new things that we may need to create in addition to, you know, there's always this effort to, okay, what do we need to undo or deimplement, in the implementations science language, but what do we need to undo? And I'm saying that there are also things -- what's the vision, what are the systems, the structures we need to create that are going to replace the unhealthy systems and structures that we need to fix. So

how are we going to create something that's better and not just a newer, shinier version of something that's continuing to perpetuate inequity.

>>PROF FORD: I don't have a lot to add because you articulated that so beautifully and I share much of what you said. I would just add from what I would consider to be a critical race perspective, that part of this is not about the outcome, part of this is about the process. That there is something to be gained from merely committing to an equitable process to that self-interrogation, that self-commitment. And we are charged with being able to produce a particular predictable outcome, but I would say that there is value in the process even when we are not able to predict what that outcome might be.

And in fact, there is a possibility that if we, who are already situated within a context that is heavily racialised, heavily oppressive, if we can visualise that outcome it may not be the outcome that we would hope would happen, it may not be the ideal outcome. The ideal outcome may be beyond what we can visualise. So I believe it's important, if we do want radical change, to be open to that as well.

I agree that we need all hands on deck. And part of what that means is each of us has our own gifts that we can offer, and we need to treasure and recognise the value that those gifts can bring and bring them to the table in whatever ways we can.

And then, although he was too modest to mention it, in terms of concrete examples, I actually teach Derek's work trying to do this in departments of public health. So how do we literally go and work with the Department of Public Health to get them to recognise structural racism and to address it in very concrete ways.

>>RINGA HĀPAI: Kia ora, there's lots to work with there I think. So just picking up on the critical race theory perspective, I'm just -- we've got a couple of questions that engaged with this about how we can deal with the toxic pushback to critical race theory, that backlash, the extent to which racism is adaptive. Somebody mentioned there being an illness, right, and we can think of it also as the way a virus works, which is, is racism, structural racism adapting at the same time we're trying to deconstruct.

And then so how can you -- how do we communicate the ideas of critical race theory to everyday life, how do we pushback against the adaptive nature of racism, and how do we normalise -- and this is particularly important in New Zealand because there is a really critical resistance to using the terminology of white -- so how can we challenge the colour-blind narratives around whiteness? So again, really small question for you both, but

because this has to be the last one, you know, you don't have to rush your answer, I've just tried to pile like three or four questions together for you both.

>>PROF GRIFFITH: Do you want to start or would you prefer I start? No, okay. So, okay, I'm bad with multiple-part questions but I'll try to see if I can address at least parts of different ones. So I think one of the fundamental things to recognise to start with, is that this idea of -- so for those who are I'll say anti-equity, for lack of a nicer or more concrete way to think about it, there's often a straw person or something that they need to fight against that is sort of synthesising, it's kind of the magic bullet, the thing that they're fighting against, you have to have -- you know, it's kind of like every superhero has to have sort of their antithesis. So this is kind of that thing that they can sort of rally around and say okay we're going after that one thing. And so critical race theory, because it says the word "race" in there, is like okay, "critical" and "race", clearly those are things that sound too complicated for us to really grapple with and so we're going to fight against that because all that sounds bad.

So I think it's just recognising that those are kind of the dog whistle politics that I was mentioning, that people sort of know that, okay, we came up with this thing and we need this object to fight against, and if we can put everything that we don't like in that box then we can push against that.

And underlying that is this idea -- one of the fundamental things that, certainly in the US context, that we constantly grapple with that I think is underlying a lot of the inequities that we see, is the myth of meritocracy, or this idea that the outcomes that you see are because of people's effort and energies and so forth, and that those -- and it's really about energy and effort and not about structural opportunities and inequalities that are actually a result of it. And so if you're pushing against anything, it's difficult to push against people's fundamental beliefs and values to think about how you're going to address those kind of issues.

I think the other sort of big picture thing is I don't know that we're going to always attack this through -- most of the implications or the underlying assumption to a lot of the questions, again, where if we come up with the right argument, it's basically a cognitive and argument, intellectual thing, as opposed to this is something that has deep meaning to people and that is deeper, it's more of a heart issue, I would say, than necessarily a head issue, I think I've talked about this before; that, you know, if you're going to really kind of create this kind of change you're going to have to soften people's hearts to get to their

heads, it's not going to be the other way around. I don't think for the people who are dead set against critical race theory or against equity or against all these things, that there is going to be any fact, any statistic, any source of information that you're going to give them that is going to make them finally say okay, yes, this is it. I just don't think it's an argument that you're going to win by giving facts. I think you have to change their heart to open them to here's how this is affecting them, here's how this is affecting our overall society, and here, oh by the way it's also affecting the people you probably are caring less about. And I think it's those kind of things that we're dealing with.

And then I think the last part that I'd say, before I turn it over to Dr Ford, is the idea of it being adaptive. I think we can learn lessons from how we've had to deal with Covid. If you think about the way a virus is adaptive and the way, you know, the virus has -- we didn't realise initially that Covid was not one thing, that it's multiple strains and so forth. We all called it one thing and then we realised oh there's the Delta variant, there's the Omicron, there's this one and all the other sort of things.

I think it's important to recognise that it's -- that like a virus, whether you recognise it and can label it or not, that you're still suffering from it. And that even if you're not personally suffering from it, that it's still affecting and infecting the whole society and, as Dr Ford was saying from Dr Jones' work, that it's reducing the -- it's having a negative impact on the overall society. And I think that may be the one sort of thing that you can get across to people, is to basically show that if you can sort of realise that there's something we need to do differently because this is holding back the potential of our overall society, that that may be at least some way into the conversation, but I do think that to get to the head through the heart that we have to engage things like the arts and so forth to really give -- to create space for people to start to grapple with what are the things that they're sort of holding so hard on to that may not -- that we know are not factually true.

>>RINGA HĀPAI: Chandra.

>>PROF FORD: This is -- I appreciate the question, so thank you very much. And I just want to start by saying that there is this impulse to fix it, especially for those of us who enter fields like public health. And I want us to take some -- to be able to recognise we are not going to fix this immediately, and to become comfortable in that uncomfortable space of not having it fixed but nevertheless pushing forward.

In terms of how to deal with the CRT backlash, I believe it's important in having any struggle not to let -- to be careful not to let the terms of the struggle put us into a

reactionary mode, but to continue to keep our eye focused on what it is that we're trying to achieve.

And so the backlash is there, and I think it is -- it's a real backlash and I have experienced it, and I'm sure, Derek, you have experienced it directly; but that does not mean that we should, I would say, cower or deter, become deterred. I think it simply means we need to be attentive and astute and understand it and responsive and aware of it, and proceed with that information.

In terms of not normalising whiteness, it's critical that we tell our own stories and think about the language that we use. And now I love it, people are using all kinds of words. It's almost like every day a new term pops up that better encapsulates, at least for that moment, how one sees one's self, or one's experience, and puts words into place. Things like invisibilise, so that we can see the action behind silencing of colour-blind racism.

So the work of Camara Jones, and it is work, to put stories throughout, not just to put a story out there to translate something, but to put stories out there -- counter-narratives critical race theorists will call them -- that speak back to the literature, to the society, that provide an alternative perspective, not just arbitrarily but that do see themselves as responding to widespread assumptions etc. Those are so powerful. And for folks who have worked with policymakers, since we know targeting policy is important for addressing structural determinants of health, you know that yes, quantitative data is good to have and we need to have that; what they want is stories. They want to hear about people's lived experiences. So articulating our stories is important.

And then in terms of how to deal with the adaptive nature of racism, this is something that I am struggling with right now. I will say that one consideration that I'm weighing is to what extent do the data that we produce in our studies produce -- do we need to focus on just producing more data, or do we need to focus on, for instance, documenting the inequities within the field of public health.

So those are the kinds of questions I'm asking because it will shape what kind of empirical work I do. Am I going to fall within, this is what the NIH is asking for so I produce some more, now I've changed my outcome, now it's discrimination instead of this. This has been my exposure, now it's discrimination instead of something else. Or do I instead focus on trying to explain how the system has excluded studies on discrimination in a particular way.

The goal then being to be able to tell a different story empirically. And to do so empirically in my mind is useful to the extent that the systems that we rely on, they have said these are the rules, we need empirical evidence to believe that what you're saying is true. And so the question then is are we going to put out there empirical evidence that can be used to support these movements toward justice and equity.

So I thank you all for these questions and I will continue to think about them and invite others to think about them with me.

>>RINGA HĀPAI: Kia ora, thank you Professor Griffith and Professor Ford. And I'll just let you know that there is a lot of chat in there for you to look at as well. It's given us a lot to think about what you've shared in terms of your knowledge and your insights, and thank you for your inspiration, and there is lots of inspiration that's come out for the work many of us need to continue to do.

I want to thank our audience from around the globe for your participation. None of this, of course, none of this would have been possible without the mahi of our volunteers and organisers who have spent many months planning this event and bringing it to life. And for this session in particular I want to thank Jamie and Carol and I also need to thank Heather for her invitation and her welcome to me.

Thank you too for the 40-plus partners that you can see and sponsors whose generosity has ensured this event could take place. You can see who they are on your screen. And before we close, I'd like to remind you all of the Pecha Kucha event that begins tomorrow at 8.30 am New Zealand time, and almost all of the recordings will be made available via YouTube so you can register to get those. And you can continue to participate in discussions via the Te Tiriti-based Futures and Anti-racism Facebook group. But for now, thank you again and I'm going to finish with a karakia.

Unuhia, unuhia, unuhia ki te uru tapu nui, kia wātea, kia mama, te ngākau, te tinana, te wairua i te ara tangata, koia rā i rongo whakairia ake ki runga, kia tina, tina, haumi e, hui e, tāiki e. Kia ora and haere rā. I'm just going to pop over to the other site now. So kia ora everyone, thank you for those who are leaving the room but we've really appreciated your input.