

Reckoning With Racism in Nursing

Asha Pereira Transcript

Duration: 12:53

We're addressing racism in nursing

I took a position

with the National Critical Care
Association.

And I was national president at one point,

chaired some National Conferences.

And so I've been very involved in my nursing profession.
I love it.

But I am basically an N of one.

I'm a registered nurse.

I graduated almost

just over years ago
from a diploma program in nursing.

In my class,

I was the only person that looked like me.

There were two men and everybody else was

quite white.

Worked in critical care for about a decade.

And then I became an educator in the area.

So I was an educator in critical care,
as well as educator for General Surgery,

a vascular urology unit and recovery room.

So it was quite a large portfolio.

I was one of the first people of color
for sure

to be in that position.

I got my educator job,

they offered it to me
and I was not sure why

I had asked to sit on panels
and to just sort of see how that worked.

And I was always told, Oh, it's,

it's you're too busy.

You're, you're not working that day.

Other people were, were given
that opportunity,

they would pull people in

and say, here's your come

see how the interview goes
so that you can be interviewed.

I didn't have that option.

I just applied for the job was interviewed
and then they offered it to me.

My master's in nursing

and there were no opportunities

for clinical nurse specialists
at the facilities that I worked in.

So I went to a different hospital.

The two hospitals that I worked in

are the two big hospitals in our city,

but one is considerably smaller

and much more community based.

The one that I moved to
was the big center.

It was the first time that I

what I look like other people in the room.

The very first day I started,
I got on the elevator

and someone said to me,
Oh, you're new here.

And I said, Yes.

And they said, Do
you know of any good Indian restaurants?

And that was the beginning of me

noticing that I was different

growing up.

It was a city of ,
people were just pushing ,.

It's quite an eclectic city.

It's on First Nations territories.

The immigrants that came were from

Ireland, from Ukraine, from Poland.

So it was a very white

my parents came in the sixties

when they were looking for educated people

and there were five families
that looked like us.

So I grew up in this place where I didn't
think I was different from anybody else.

People would comment about my curly hair
or the color of my eyes or whatever,
but not not in a negative way.

Over time, as our immigration
started to increase

there were more people
and people started to seem
to be very familiar with me.

They thought they knew me. I didn't grow up,
and my parents came from colonized
a colonized place.

They grew up in a British system.

So the only language

I speak is English
people make the assumption that

I I'm not allowed to go out at night.

I'm not allowed to go to the bar.

And it got worse over time

as people thought they were familiar

I retired

quite, I think quite young,
which was quite fortunate.

And then I became the advocacy

advisor for our professional association.

And I worked in that position

for a period of nine months person

The person I reported to was by far the most racist person

I've ever worked with in my life.

And so I quit my boss would say, So,

Was it difficult for your father
to learn English?

I finally looked at her
and I said, You know, my

my father was born in .

He probably started talking about

the age of one.

He is a university

professor who speaks English

I don't recall him
saying it was difficult to learn how to speak.

I was named one of the

nurses in Canada to know in .

People said to me, Well,
how did you get that?

Who recognized you for that?

When I became national

president for critical care,
I actually had a coworker who said,

Did we vote for you?
the work that I did was extraordinary.

And when people would,
when I would get recognized, I would win

an award they'd say, Oh yeah, but
that's just you. I did five times the work

and then I would get recognition

and you showed up to work today

and you got recognized

and it became quite obvious over time

that there was a very different standard.

I was having a bad day.

I would be pulled aside.

And, you know, you seem very grumpy

I'm not the one throwing things.

I'm speaking up because there's an issue.

It's been a very interesting progression
over time

and a slow realization.

I was never hired to be a manager.

I was hired to be a director, but
I was never hired to be a unit manager.

People didn't see me in that role.

In working COVID related,
and I go in on the first day.

I'm just hired as staff

and on the first day they say,

We need you as a supervisor,

could you be the lead? People can see that

I have those abilities,

but in my previous work,
they they didn't see it.

There was

a clinical issue, and I had brought it
forward on behalf of a lot of people

because I was the person that sat at the table.

suddenly the attack became very personal,

that I'm always speaking up

and I'm always so negative

it became so personal
that actually someone threw a pen at me

and another person stood on a chair

and yelled at me.

I went home and was devastated
I spent the weekend

really fretting. And I thought, you know,
I don't think this was it.

I don't think that was the issue.

There was something else going on.

I brought it forward to the human resource
people

and said that I need,

I need an investigation.

They did an investigation

and they said, Well,

you know, people have different opinions
and sometimes people have bad days.

And that's how they ended it.

It was very, very difficult because I

some of the people in the room
were my friends and they stayed silent

I don't know that

people are always intentionally racist.

But it's been the system
that's worked for them.

And so they just carry it on.

It maintains the status quo.

It's much easier for people

to bring in people
that look like them, people

that sound like them, people
that think like them.

It has to be about empowering people

you call it when you see it

and empower people to be able to call it.

And I don't think we're there yet.

Our national nursing association
in Canada

put out an anti racism statement

during the Black Lives Matter

prominence
and they committed to doing more.

And they sent two articles about what

it's like to be in an environment

with racism.

It's like they're doing it
because they need to do it.

People of

color and
people who have been marginalized, people

who have been sort of left on the side
have done so much more.

They have to work so much harder.

And then we become a threat
because we are more qualified.

We are more

engaged, we're more passionate,

we work so hard to get where we we are.

So the term gaslighting has come

into prominence in the last few years.

And now I look at it and think, Oh,

that's what happened.

Just the reality that I saw
and I would mention it

and people say,
that's not really what you're seeing.

When I was national president,

I was recognized across the country

for doing great work

and then I'd come
back to my little center and

it was, Oh yeah, that's nice.

And still the only person from my province

that made it to the national board

and has ever been president.

My daughter is half white,

so she's got a

she doesn't she's got dark skin,

but she's got curly hair and she doesn't
quite look like anybody else.

And people will say to her,
Where are you from?

My daughter says,
Are you asking me because I'm brown?

And she just calls it right away.

And the people,
it doesn't matter if it's a patient,

it doesn't matter if it's a staff person.

And she said, you can tell the difference.

And we've always been able
to tell the difference

between people who are interested
and people who are saying something else.

She said, I don't care why they're here.

I don't care if that's how
they've always spoken to people.

I'm just going to call it. The neat part

It's the people who have been supporting
her and mentoring her

are supporting that response

that ability to say it

right in the moment and call it right away
will make a difference.

It will make people think

I completed my PhD in nursing.

So I have my Ph.D.

and COVID hits.

I started this immunization position

and there was a young woman

who is East Indian, and I went up to her
and I introduced myself

and I said, I'm the supervisor here blah blah blah and she said,

I know I saw you walk in.

We're in a convention center

where we're doing our vaccination.

And she saw me come in and I thought,

that is really

if you don't see somebody in a position,

you don't imagine you could ever be

in that position.

I went into this thing as a feminist.

I didn't see myself as a person of color.

I didn't myself as anything.

The racism piece is a relatively new thing.

I came in as a feminist.

That was my goal.

And now I see the intersectionality

of both of those things,

all things being equal.

The one thing that's in the common denominator

is the fact that I don't work like everybody else.

I may have more qualifications,

I may have more experiences,

I may have had more successes.

My father was a professor, a sociologist

who specialized in race and ethnic relations.

I avoided that conversation because he his only lens

was from a racist, systemic racism was a thing.

And I said, the world is full of sunshine and lollipops.

I don't know what you're looking at.

Now, I look at it and think, Yeah, there

it was there and it was there
and it was there and it was there.

It's been an evolution for me.

I have to look at myself in the mirror.

And if I don't like what I see, then,

then what is the point of doing
what I'm doing.

I specifically went into nursing
because I felt nursing

needed a strong voice.

And a strong feminist voice,

and I was like, That's me.

It's disheartening that years later

I'm still waiting for more people

to join that parade.

What encourages me, though, is that

my daughter is in her last

clinical practice to be a nurse.

Her cohorts are,

and she is, of course,
but they are outspoken.

They and they will say it in the moment.

So that makes me hopeful.