

Reckoning With Racism in Nursing

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Duration: 12:09

We're addressing racism in nursing.

I used to feel like I existed in separate worlds and was always I've always been trying to fit them together. I think part of that is being a child of immigrants. Part of that is growing up in this predominantly white, upper middle class city What I'm finding is all these forces growing up that told me I had to only pick one thing or two things that that really has.

Now, I can put a name to it that that is colonialism, that is white supremacy. And I'm becoming more and more with every year more comfortable putting that out there and using my voice in a particular way.

And I really believed that I needed to believe I have to be a physician. Very common among Filipino immigrants. Very few professions, you know, kind of the attachment and pursuit of status and, you know, upward social economic mobility, so I majored in Physiology. And so just by chance, I had to take one more English composition course. And the only one available in that corner was public health writing.

And I thought, this is what I've been interested in health, not necessarily medicine and how the body works only. And so I switched over and I pursued a master's in public health. But even then, you know, after working in public health for a number of years, I felt like I really wanted to have another set of skills, clinical skills.

I loved both the big picture and I love both one on one interactions. And so my mom,

who's a nurse, who actually didn't push me to become a nurse, all that, she wanted me to become a physician. She said, well, you know, there's a method program at UCSF you might want to consider that because you've already been in public health.

And so I applied and I got in. So that's how I, I came to nursing And I am still constantly trying to bring together all these different worlds, you know, ethnic studies, sociology, public health and nursing all together.

Yeah. So I think there are a lot of little and big moments just as a nursing student. But one moment that I think that tied it together for me was. Harriet Washington came to speak because medical apartheid had just been published. And there are a bunch of us who went to her lunchtime talk and thought, this is what we've been waiting for, and this is helping us figure out what's happening today, even in our own clinical settings.

And and I think one other moment that's not coming to mind is I, I really connected most with Asian classmates also immigrants or daughters of immigrants. And so within our group, you know, we were Filipino, Chinese, Vietnamese, Korean, Cambodian, and we would sit together in a row. I can still see the classroom and there's some of my classmates, they started calling us the Asian Wall and I don't know how much that made me feel angry, but more like, of course, I think we're just used to different levels of whatever people are going to throw at us.

And so we turn it into a joke and we started calling ourselves that and we're just like, yeah, so we're sitting together and I just that when white students sit together, they're not named. They're just kind of a nursing cohort.

I used to want to turn away and just let me just do anything to do. But doing what you need to do as a nurse, you can't ignore all of these things. All my lines of inquiry really that I'm pursuing for my dissertation. My question really was, how are educators

conceptualizing social justice? How do they think they're teaching social justice?

The color line? You know, I think of W.E.B. Dubois, and I think about how that is so present in nursing education how one is brought up and how one lives. Different types of segregation impacts how they see social justice and then how they teach it and all the educational opportunities they pursue. So I think part of it is me finding a way to say this is what we need to look at.

You know, utilizing the skills I've learned in academia in order to look at institutional change. I used to when I first started teaching, I used to think, let me bring all of this into the classes I'm teaching. And then I gradually felt if I'm not teaching here anymore, what will stay folks can scrap my syllabus and just do whatever they want to do?

So what can we do at an institutional level? And so I think one of those strategies, I would say, is building relationships and nurturing relationships there's there's a range of responses some students will respond with, why are you talking with us about centuries of racist housing policies or this notion of private property? Can you just teach us how to take care of homeless patients?

So there's this biomedical gaze that leads people to say, is this relevant? I teach in epidemiology and social inequity, of course, and I hear sometimes, OK, we'll do it, we should do it. We need to do for this class. But is this really the type of epidemiology we should be learning as nurses? So there's this this thread of questioning relevance and and that relevance is related to context and systems of power, privilege and oppression.

You know, I taught a research course at a.m. one semester, and folks came to every class. We would play music would have snacks, we would get into conversation. It was what what are your questions? What do you think about research? You know, what's the question that's bugging you that you're really curious about? Now, let's turn that into,

you know, what how do we approach that with different methodologies?

And it was really a genuine dialog. There's also a lot of um, in a way navigating through historical and ongoing trauma. So I'm always trying to be reflective of learning experiences or we'll talk about, you know, domestic workers, we'll talk about quote unquote unskilled labor, we'll talk about you know, our queer, trans gender nonconforming siblings. What I think is interesting is it's been a process of decentering whiteness with every course I teach.

And so it's very much a place where I try to whenever I can, I circle up even just the physical space, the arrangement but we always do check ins that it's relationship building. And I found that when I asked students to check in to help keep building a relationships, to jump in there with me for these reflective writing assignments that these are all learning.

So I find that I need to be very explicit about why I'm asking students to engage in activities and what the implications are. There are enough of us in the department who believed we needed to tend to being anti racist in our nursing education and so we form a dismantling racism and nursing education task force. I did a deep diving analyzing all of our course syllabi, and I just annotated it with all these, you know, questions.

When you say diversity, what do you mean in this? And this week you talk about culture how are you talking about culture? Is there some default human that's, you know, human condition even that's being uplifted as as culture when culture is relevant or not. And so we saw that our work really needed to be in our curriculum and also across all of our committees, student affairs, faculty affairs, assessment, everything.

And so I think part of that is realizing let's come to a shared understanding that curriculum is there's curriculum, there's hidden curriculum, there is, you know, it's

greatest one, two, three, four courses. Talk about racism as the risk factor, not race. But what if in the other courses students are taught that it is a biological construct? So there are really some strong contradictions, too, to kind of root out and to discuss.

So I, I think part of our work is that is as an entire faculty, what are our stances, not just you do your specialty, you do your specialty, and we're good. All of this. I have these images behind me because they when I'm on Zoom eight, nine, sometimes hours a day, I, I try to always remember who I'm doing this with, not just for. Being a nurse and seeing how people live and navigate and survive and thrive through harm and violence.

When I am working with nursing students, I'm not just working with their future patients in mind. I'm also thinking about them. You know, at East Bay, the majority of students are students of color. And I worry when I see them looking at a textbook saying, when you're caring for a black patient, don't assume that what they're saying is really what they're saying.

You know, this is really racist, transcultural, nursing textbook tables. And I worry that students are going to feel reduced to these stereotypes that are so perpetuated in nursing education. And and so, yeah, that that's what I'm and driven by the fact that this could all be different. I'm motivated by heroes and sheroes who I see doing amazing work.

And I learn from them all the time.

I feel like reckoning needs to be intentional, a commitment to not just saying I'm seeing more and more at meetings and gathering spaces where someone will say, well, I know I'm a white woman, but dot, dot, dot, or I know I'm a white person dot, dot, dot, or I know I'm cis and we're talking about trans health dot, dot, dot.

And I think, OK, naming, naming privileges one thing, but what does it really mean to inhabit and perpetuate whiteness? Part of that reckoning is seeing how education practice policy and research all reinforce each other in these really racist colonial ways. I think it's time that we challenge the silos in nursing education and really look at how it's not about carving out the human body or population then it's about seeing how this is all connected.

And that means we have to be connected, which also means we need to work beyond nursing across everyone in health care.