

Reckoning With Racism in Nursing

Juliette Blount Transcript

Duration: 11:39

We're addressing

racism in nursing

You think

that people of color are

inherently flawed

based on the activity

of melanin in our skin

or where we're from,

then it's

going to be very difficult

to have a conversation

about recruitment, retention,

you know,

structural racism

and other concepts

that at this point in history

we really need to be

focused on.

I am one of those

strange beings that knew

that I wanted to be a nurse

from when I was very young.

My senior project

was actually to spend a week

shadowing a physician

to just decide once

or for all, once

and for all did

I want to be a physician

or if I wanted to be a nurse?

And much to my father's

dismay after the experience,

I still decided that

I wanted to be a nurse.

Worked in

an environment

where I was the first

and only black provider,

not just in my office

at the time in midtown

New York City.

I was the only

nurse practitioner,

physician's assistant

or physician

or black physician

in on the entire East Coast

for this company.

I always make people laugh

because they say, you know,

I've been black

for a long time.

So I am familiar

with being the first,

the only

used to dealing with,

you know, microaggressions

and kind of

just the day

to day

of being a person of color

in predominantly

white environments.

But I

had never experienced

anything like this before.

Kept quiet

for probably

the first six months

I was there,

and then I started

asking questions

and offering

my assistance in, you know,

if they were unaware

that this was not normal.

The response was, well,

you know, we we looked and

We couldn't

find anybody qualified or

well,

we don't accept Medicaid,

so we really don't

need to focus on diversity.

Bias that

that I addressed was,

you know, is the suggestion

that not accepting Medicaid.

Are you saying that

we only need

to focus on diversity

because people of color

are on public assistance?

Racism feels horrible.

It can do horrible things.

But in my case, and I think

and sometimes

in other cases, it

propelled me and motivated me

to be where I am now

as the universe works,

I wandered into a session

and there was a woman from

Duke University

talking about the Duke

Johnson and Johnson

Nurse Leadership Program

I applied and

I was accepted as one of

nurse practitioners

and midwives.

As part of the program,

you have to complete a

what they call

a transformational health

project.

My project was to educate

my lovely, wellmeaning

and very ignorant,

mostly white

and Asian colleagues

about race

I found that

I could not even have

a basic conversation

about race.

I could not

have a higher

level conversation.

The conversations

I was trying

to have initially

about recruitment

and retention

and health disparities.

My signature talk is called

What is Race

and Why Does It Matter?

And I

literally go

through the basics

What is race?

Is race genetic?

No, it's a social construct.

What does that mean?

I talk about

the definition of race

and racism.

I talk about implicit bias,

social determinants

of health,

health

equity and health disparities

really at a very basic level.

I had

a conversation with

a colleague about a report

that the New York City

Department of Health

had put out on their data

that said black

and Latino women

had the highest

incidence of new onset

HIV in the city.

Her take

on the recommendation

by the Department of Health

was that black and Latino

women were more at risk

for HIV based on genetics.

I was disturbed by the fact

that this colleague of mine

is looking at me

as being higher risk

for a

sexually transmitted disease

just based on the way

that I look.

Even more disturbed

that this person

was then responsible

for the care of patients

in one of the

most diverse cities

in the country.

I read the report

from the

Department of Health.

It bothered me

not only because my zip

code was

part of the,

of the list of zip codes

that were

listed as high risk,

but that their recommendation

was focusing

on the location

of these women

and it

wasn't focusing on the risk.

So I actually wrote

to the Department of Health.

I wrote to them

several times.

The first

first couple of times

they didn't answer me.

And then I kept at it

and they responded

I was shocked.

Number one

that they responded,

but I was even more shocked

is that they changed

their recommendation.

Yes, this is the data yes.

Prep has been shown

to be

helpful in preventing HIV,

and we need to make sure

that we're assessing risk

as we offer this to

to black and Latino

women.

Last week,

the historic

verdict

of the George Floyd

murder case

was decided

I had a

a webinar scheduled

with a

large multidisciplinary

health care system

that happened

to be located in Minneapolis.

[I] facilitated a town hall

for about people

on the evening

of the verdict.

I had prepared my remarks

in advance and

I started off

by saying, you

know, I'm

going to speak

to the elephant in the room,

which, you know, at

that point

was a huge elephant.

And I said,

you know,

I'd like to approach this

from the

perspective of empathy

and accountability.

And I talked about it from,

you know, a health

care perspective.

Nurses are year after year,

I believe for years

have been considered in

in a poll of Americans.

Nurses have been considered

to be

the most trusted,

the most

ethical profession.

Racism is systemic,

whether you're talking about

the system

of criminal justice.

And, you know,

so many organizations

have now

finally named racism

as a public health issue.

People are dying

whether at the hands of,

you know,

law enforcement

or as a result of,

you know,

implicit bias from a provider

or systems

that are in place

within health care

that ultimately perpetuate

health disparities

for people of color.

There

needs to be

a reckoning in nursing.

And that reckoning starts

with being honest.

People are so afraid

to be

called a racist personally.

Racism seems like a scary word

but it's only scary

if we're avoiding it.

Like the boogeyman

Let's call a thing a thing.

You know?

So that once we've named it,

we can really start

addressing it.

This is why I structure my talk

the way I do,

because we focus on the

personal racism.

And yes, there is

there are

number of types of racism

and one of those types

is personal

racism

or interpersonal racism.

And yes,

that is very harmful.

The structural

and institutional racism

can be even more damaging

because it has

the potential to impact

so many more people

through racist policies, processes

and procedures.

We are all part of this

racist system,

and it impacts all of us.

It doesn't just impact

and have a negative

and have

negative consequences

on people of color.

I think it

probably comes

from my family.

We have a family legacy

founded on black excellence

and service to our community.

We kind of have this

I don't know, a family legacy

of advocating

for those

who are marginalized.

Much of that comes

from my family,

and the rest of it

came from my my experience

going to a

historically black college