

Editorial



Color Consciousness: A Movement Toward Antiracism

We write this editorial at a time of great civil unrest in the United States, following the public murder of George Floyd, an unarmed Black man who was killed by Minneapolis police officers, and Breonna Taylor, an innocent Kentucky woman killed by police serving a no-knock warrant. These 2 deaths were among the many unjust atrocities committed against Blacks that have been repeated far too many times in our history. Amid a pandemic, when stresses have been heightened and people have felt little control over their own lives, Floyd's death triggered outrage and, more importantly, the recognition of the need for action to dismantle structural racism. LaToya Nolan, a Black medical student, described a situation from her university class held on the Monday following George Floyd's death: the professor asked the students if they had a "nice weekend."¹ As the only Black student in the class, she did

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not feel safe to freely speak up about the trauma and grief that she was experiencing related to the atrocities being inflicted on Black people. Nolan's story is just 1 example of how White privilege is a barrier to supporting Black people. Another issue of injustice is the too familiar pattern of White people weaponizing authorities against Black people, such as Amy Cooper, a privileged White woman, who called the police and falsely accused a Black man who was birdwatching in a New York City park—an incident that was unjustified and racist. Some of you may be growing tired of hearing about Black Lives Matter.² What about those who have grown tired of living it?

I invited my friend and former colleague, Dr Lovoria Williams, to join me in writing this editorial. Together we provided leadership in a national program for underrepresented nursing students at Augusta University, from 2008 to 2015. As codirectors of the program, we received formal training on effective strategies to support diverse nursing students. Since working together, Lovoria and I often discuss racial issues. We share a safe, comfortable space in our relationship that allows us to openly discuss our lived experiences as a Black or White person. It is safe for us to use language such as black skin or white skin. As a female with White privilege (simply being born with white skin), I remember the shock and shame that I felt when Lovoria shared her personal experience of what it is like to go shopping as a Black person in America. She expressed how she, a middle class,

highly educated American, frequently felt targeted by store employees, being closely watched, or even followed in the store while she was shopping. How could her shopping experience be so different from my own? When I hear stories such as these, I am also ashamed that my White privilege blinds me from noticing what is happening within my own community. These types of situations negatively affect our Black friends, colleagues, patients, and neighbors, yet our position of privilege often renders us unaware.

How are our Black colleagues feeling these days? Many nurses in critical care were already exhausted by the demands of a prolonged pandemic, both in the workplace and in their personal lives. Our Black colleagues, who along with many others are tired and stressed, are also trying to deal with the disproportionate number of Black deaths from coronavirus disease 2019 (COVID-19), coupled with racism and injustice.³ There is nothing sudden about the recent abuse of Black people and outright racism—these incidents are a persistent lived reality for Black Americans. It is shocking, yet many of us (Whites) are complicit in allowing this type of unjust behavior to occur by taking no action. You may not consider yourself an activist, but there are opportunities for acute and critical care nurses to recognize racism, educate ourselves and each other, and speak out against it. We all have a role to play in reversing the hatred and negativity associated with racism.

In this editorial, we focus on the issue of colorblindness. The term *colorblindness* is typically used by people who enjoy racial privilege, most often Whites, to describe overlooking racial/ethnic differences and the experiences of others in the quest to promote racial harmony.⁴ Declaring colorblindness is generally well intentioned. Colorblindness is touted to minimize discrimination and racism, but, as stated by Dr Jonathan Cox in a presentation from University of Central Florida, “if you don’t see race—you cannot see racism.”⁵ Colorblindness in the context of race/ethnicity actually perpetuates racism and is considered White dominant.⁵ Dr Cox encourages people to abandon colorblindness and become color conscious: “Color consciousness is the first step to becoming anti-racist.”⁵

One example of my own colorblindness was my lack of awareness that the famous American journalist and news anchor, Lester Holt, is Black. Although I watch this man almost every evening on the national news, I had not given any thought to his racial/ethnic background.

I was aware that his skin color was darker than my own, but his racial/ethnic background did not seem like an important factor to me. Looking back, I recognize that in the context of colorblindness, I was ignoring or being insensitive to his heritage and personal challenges. After realizing that Mr Holt was Black, I had a heightened awareness of how he covered certain news events and realized that his Black heritage added credibility to many of the stories he told. For example, Mr Holt covered a story about the new National Memorial for Peace and Justice in Montgomery, Alabama, which honors the lives of 4400 Black people who were lynched in America.⁶ The broadcast was particularly raw and emotional, and while reporting the story, Mr Holt unexpectedly discovered his paternal grandmother’s maiden name engraved on 1 of the pillars. He said, lynching was “painful, and as I found out today, a sometimes personal legacy that is often left out of the conversation about race.” As a viewer, I had empathy for this Black man who discovered on live camera that 1 of his relatives had been lynched by a White person. Not only did this story help to increase my awareness of Black history in America, I had a heightened consciousness that Mr Holt’s Black heritage in the context of his news coverage was important. This realization was a small step in my journey of becoming more color conscious.

So how do racism and color blindness translate to critical care nursing? Nursing is the most trusted profession.⁷ We seek to provide high-quality, person-centered care for every patient—whatever their race, sex, religious beliefs, or sexual preference. We care for patients and their families when they are most vulnerable. During the COVID-19 pandemic, the vulnerability of patients and families has been stretched to capacity; people often have spent weeks in critical care without the physical touch of their loved ones. Patients have had to rely entirely on the health care team to attend to their physical and emotional needs. After witnessing the persistent pain caused by racism and discrimination against Black citizens in many communities across the country, we paused in recognition that racism and bias continue to exist in our health care system, including critical care. The Institute of Medicine reported that Blacks received fewer procedures and lower quality medical care compared with Whites, findings that persisted after statistically controlling for health insurance, income, education, disease state, comorbidities, and type of health care facility.⁸ Limited progress

has been made in reducing these disparities, although some clinicians have started to recognize the negative role of implicit (unconscious) bias in clinical decision-making and behaviors.⁹ As stated by Williams and Wyatt⁹ and others, we must commit to developing the skills needed to minimize these biases.

An expert in antiracism, Ibram X. Kendi described a 3-step approach to becoming antiracist: (1) moving from the fear zone, (2) to the learning zone, (3) to the growth zone.⁵ In the fear zone, people want to remain comfortable, avoid hard questions, sit with others who look like them, and deny that racism is a problem. To begin the process of dismantling racism, we urge all nurses to situate themselves within the learning and growth zones. In the learning zone, you acknowledge that racism is real, ask uncomfortable questions, educate yourself about race and racism, listen openly to others who think and look differently, and understand your own privilege of ignoring racism. As you advance into the growth zone, you will help to educate your peers on racism and how racism can hurt the nursing profession and the patients we serve. You will also become an advocate for anti-racism policies and leaders and speak out when you see racism in action.

A White author, Jessica Logsdon,¹⁰ wrote about a moment of personal clarity when she realized that she was looking at the issue of racism from the wrong perspective. Her moment of awakening led her to realize that she “wasn’t throwing the life preserver to the person who needed it. Instead, [she] was standing on the boat encouraging the drowning person to come get the life preserver for [themselves].”¹⁰ So, what does this mean to us as critical care nurses? How can we throw a life preserver to our Black colleagues and patients and act with intention?

As nurses, we must respect people of color and work toward equality. When working with Black individuals from marginalized communities, our “interactions must be sincere, strategic and sustaining.”¹¹ In Maya Angelou’s words, “I did then what I knew how to do. Now that I know better, I do better.”¹²

Fellow nurses, we urge you to embrace color consciousness. We stand in solidarity with our Black patients, families, colleagues, friends, and community. We hear you, we see you, we are with you. Black Lives Matter. We can and will be the change we are calling for. **CCN**



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