

Ethics Talk: Antiracism, Health Equity, and a Post-COVID Future

Guests: Ibram X. Kendi, PhD

Host: Audiey Kao, MD, PhD

Transcript by: Cheryl Green

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[upbeat theme music]

TIM HOFF: Welcome to another special edition of *Ethics Talk*, the *American Medical Association Journal of Ethics* podcast on ethics in health and healthcare. I'm your host, Tim Hoff.

This episode is an audio version of a video interview conducted by the Journal's Editor in Chief, Dr. Audiey Kao, with Dr. Ibram X. Kendi, founding Director of the Center for Antiracist Research and professor at Boston University. He joined us to talk about the impact of racist policies on historically discriminated against groups and what it means to be an antiracist. To watch the full video interview, head to our site, JournalOfEthics.org, or visit our YouTube channel. [theme music fades out]

DR. AUDIEY KAO: Good afternoon, Professor Kendi. Thank you for being a guest on *Ethics Talk* today.

IBRAM KENDI: Well, it's great to be on.

KAO: I'm eager to tap your expertise and experiences at a time when we see how racist policies have fueled disproportionate COVID-19 mortality rates among people of color, and at a time when racist acts are perpetrated against people because of their physical body and supposed embodiment of the novel coronavirus. I'd like to begin our conversation today with where your book, *How to Be an Antiracist*, ended. In this book, you characterize racism as a cancer. I know that you and several of your immediate loved ones have had to live with serious cancer diagnoses. First, I hope your personal health is good right now.

KENDI: Yes, I think I'm OK.

KAO: Well, good to hear that. So, why do you think it's important and useful to see racism as a malignant disease?

KENDI: Well, I think first and foremost, typically, well, I know when my doctor diagnosed my cancer and came into the room and told me that not only did I have colon cancer, but I had Stage IV colon cancer, it was something that was very difficult for me to believe. Because I was in my mid-30s. I didn't drink. I didn't smoke. I worked out regularly. I was a vegan. I didn't have any of the risk factors. And so, it was very difficult for me to believe, just as when Americans are diagnosed as being racist, it's very difficult for them to believe. Because they have a particular idea of who a racist is, and typically, that person is not them. And so, I think that just as physicians in particular recognize the importance of people who have the expertise to diagnose someone with a particular cancer, so too, I

think it's critical for people to recognize that we should not be self-diagnosing ourselves when it comes to whether we are experiencing the disease of racism or even whether our country is. And then I think in a greater sense, if we understand racial inequities as almost like tumor cells, and if we understand that those tumor cells have spread to every part of the body politic, then we begin to sort of understand why this country, in certain ways, is dying.

But not only that. I think what's striking about the relationship between racism and cancer, particularly metastatic cancer and metastatic racism, is how we can treat both. We can actually, the way we go about regularly treating cancer is the way we can go about treating racism. I think first and foremost, with most cancers, there's a systemic treatment and a local treatment, with most metastatic cancer. So, the local treatment is to literally go in and remove from the body politic those racist policies that are leading to racial inequities, that are causing those tumor cells and harming the body.

KAO: Right.

KENDI: But typically, people don't stop there. There's also a systemic treatment, to of course, try to kill those cancer cells that cannot be seen, that may be distant from local occurrence, and also to prevent a reoccurrence. And so, of course, I'm talking about chemotherapy, or even increasingly, immunotherapy, which is equivalent to antiracist policies: flooding the body with policies that we know lead to equity and justice. And then we can watch the body very closely, ensure there's, scan the body very closely, make sure there's not a reoccurrence. If there is a reoccurrence of inequity, we quickly treat. And we continue to do that until the body is healthy.

KAO: So, Professor Kendi, you just noted that most people shouldn't be in the business of self-diagnosing cancer, but most people see themselves as not racist. As opposed to being not racist, being an antiracist means actively opposing racist policies. So, is part of the challenge of curing racism that many people refuse to accept their personal diagnoses? If so, how do we overcome this denial, and what does being antiracist require of all of us?

KENDI: I think first and foremost, it requires a recognition that the heartbeat of racism itself is denial. And so, when I track the history of people expressing racist ideas to the history of people instituting racist policies, I'm tracking the history, and I've tracked the history of people denying that those ideas were racist and denying that those policies were racist and denying that they were racist. And so, you take it even in the origins of America's racist ideas during the enslavement era: you had slaveholders saying things like Black people are the cursed descendants of Ham, cursed forever for enslavement. And so, "I'm not racist. I'm just touting God's law." Or you have more secular scientists and scholars saying things like Black people are a separate species of being better fit, by nature, for slavery. And they stated that, "We're not racist. We are indeed preaching nature's law." And so, I think throughout the history of racist ideas, the very racists themselves were denying that. And the way in which they were denying their own racism is very simply: by refusing to define terms.

And so, can you imagine if you can always deny that you have cancer if there's no consistent idea of what cancer is, or anything else, for that matter? And so, there has been this historic and regular refusal to define what a racist is. And most Americans who self-diagnose themselves as not racist can't even define what a racist is in a very clear and consistent way that can go into the dictionary and apply to themselves and everyone else

on Earth. And so, what it means to be not racist is essentially someone who is denying their own racism. And that's how it's always sort of been. And so, I urge people to be antiracist. And to be antiracist is the very opposite of being racist. If a racist expresses racist ideas that certain racial groups are better or worse, superior or inferior than another, then an antiracist expresses antiracist ideas that the racial groups are equals despite any differences.

If a racist supports racist policies that lead to racial inequity and injustice, then an antiracist supports antiracist policies that lead to racial equality and justice. If a racist looks at Black people being disproportionately killed by COVID-19 and says it's because of what Black people are doing wrong—Black people are to blame—then an antiracist says, no, there's nothing wrong or right with Black people, any racial group. There must be some sort of environmental or societal conditions or policies behind this disparity. And so, I'm urging people to be antiracist as opposed to being racist.

KAO: Since healthcare professionals have special obligations, especially during public health emergencies like pandemics, to care for people who are ill and injured, in other words, when people are vulnerable, many have argued that we should expect more of healthcare professionals, both ethically and politically. So, what does being an antiracist demand, not only of clinicians, but also healthcare educators and policymakers?

KENDI: I think first and foremost, for medical providers, it requires of them to find a way to treat all of their patients equally, no matter their race. And so, not imagine that there's a such thing as racial biology and that certain racial groups feel more or less pain, or certain racial groups are predisposed to racial diseases. And to give an example, it's long been thought that sickle cell anemia was a Black disease, when in fact, it's actually a malarial disease. In other words, it shows up in parts of southern Europe, in sub-Saharan Africa and South America, where malaria persists. And so, that's people of many different races. And so, I think it's critical for medical providers to treat their patients equally and to not treat certain racial groups differently.

I think it's also critical for medical providers to realize fundamentally—and I should say, health policies, officials, public health workers, and educators—to realize if there are health disparities, then the cause of those disparities are not due to the behavior of a particular racial group that's on the lower end of that disparity. And is certainly not due to the racial biology of that particular racial group on the lower end of disparity. To give an example, Black people are not more likely to have hypertension because Black people have this genetic predisposition to hypertension, or because Black people refuse to take care of their cardiovascular health, which then leads to them having higher levels of hypertension. No, no. There are a series of factors and policy factors and environmental factors that lead to that racial disparity.

And even now, you have many people who are saying that the reason why Black people are dying at greater rates of COVID-19 is because Black people have these underlying health conditions. But studies have shown that more predictive of Black death than underlying health conditions are other social determinants like employment, like access to health insurance, like one's medical care, or the poor water or even air quality in people's neighborhoods. And so, I think it's critical for medical providers to be antiracist, meaning to view the racial groups as equals and to view health disparities as a problem of bad policy and not bad people.

KAO: In your academic and activist work, you identify self-interest as a motivational foundation for the creation of racist policies, which then substantiate racist ideas that validate the continuance of such policies. As a health policy wonk, my thesis and experience have been that public policy that promotes the common good is shaped by enlightened self-interest. In other words, the essential well-being of a middle income Black or Asian person is inextricably linked to the well-being of a low-income white, Latinx, or Indigenous person. That said, those among us who have benefited from the racist policies have a lot to lose and will want to hold on to their power and privilege. What needs to happen to create the conditions for the flourishing of antiracist policies?

KENDI: I, too, have seen that historically, antiracist policies had been put in place by a recognition of enlightened self-interest, or in what I call in *Stamped From the Beginning*, intelligent self-interest. And I think it's critical for even those Americans who benefit or have privileges due to racist policies to realize that an antiracist America or antiracist policies would actually benefit them more. And I think that's the key. And so, to give an example, currently with the pandemic, it's without question that Black and Native people are dying at higher rates. But it's not as if white people aren't dying too, particularly at higher rates than people in other countries. And so, I think it's critical for white Americans to not think, oh, this system is great because or great for me or I have privilege because I'm not, you know, my life expectancy isn't as low as Native people, or I'm not as likely to die of cancer and heart disease as Black people. It's actually better for white Americans to compare their health situation to people of other Western democracies. And so, if they were to make those comparisons, they could see how indeed, that a different type of healthcare system or even a different type of America would actually benefit them more than our current sort of system.

And so, I think it's actually showing people that, yes, racist policies, particularly white people, yes, racist policies benefit you more than people of color, but eliminating health inequities in general and then eliminating, I should say, but actually creating antiracist policies in general would benefit you more.

KENDI: Professor Kendi, I appreciate your last points. You've also noted that truth matters, and you've said that truth is an essential element to combating racism. But what constitutes truth, whether it's personal, scientific, or historical, may seem impossible to recognize in a world seemingly infected by 24/7 echo chambers, viral tweets, and conspiracy posts. Given this, how can we better illuminate truth and draw upon it to motivate health equity and social justice?

KENDI: I think first and foremost, we have to recognize that typically, if we sort of contrast truth with lies, lies are easily told and lies are typically extremely simple and lies typically make complete sense. [chuckles]

KAO: Hmm.

KENDI: While truth typically is extremely complex, sometimes does not make sense, and is not easily digestible. And so, I think first and foremost, those of us who are serious about science and serious about truth, when we think about delivering truth into an atmosphere where lies persist, we have to recognize what we're going up against. And so, I think what I always and seeking to do is clarify the truth as much as possible to make the truth as clear as possible and understandable as possible and believable and logical as possible. Because we're going up against those, again, those lies that are doing just that. And it's possible to clarify without losing the complexity. It's hard. It takes another step for

the scientist or for the scholar or for the truth teller, you know, but it's possible. And I think based on this really war against truth that we're in, that's our only weapon.

KAO: Yeah, no, I appreciate that, the fact that you said it's not a bumper sticker truth. You can't explain it through a single one-liner, and it takes time to explain. Because sometimes truth is a complex matter.

KENDI: Mmhmm.

KAO: As we near the end of our conversation today, I know you have a new book coming out next month. Would you like to give our audience a sneak preview?

KENDI: Sure. So, last year I came out with a book entitled *How to Be an Antiracist*. And it was really a book that really sought to encourage adults how to sort of really reflect on potentially the racist ideas they've consumed, how they can strive to be different, to be antiracist. And then back in March, I came out with a book for young people with Jason Reynolds entitled *Stamped: Racism, Antiracism, and You*, which is really a long history of racist and antiracist ideas that's for middle schoolers and high schoolers. And so, this June, I'm going even younger or to the youngest of people. And I've written a board book entitled *Antiracist Baby*. And we know, based on studies, that as early as three years old, our children already are developing racist ideas. We know as early as six months that infants are able to understand race. But there's this widespread belief among parents and among guardians and among the general public that somehow, toddlers or young people are colorblind, that we don't have to really teach them about this because, you know. And there's also a belief that racism, or I should say racist ideas, are consciously taught to young people, when they're typically not consciously taught to them. They just pick it up and absorb it just like they absorb anything else. And if we're not teaching them to actively be antiracist, then we're opening them up to hearing and believing that dark skin is ugly or hearing and believing that those darker-skinned people on that side of the town are bad people.

KAO: Well, I appreciate your sneak preview. Look forward to the book coming out. I want to thank Professor Kendi for sharing his expertise and insights with our audience today. Thank you, Professor Kendi, for being a guest *Ethics Talk* today.

KENDI: Oh, you're welcome. Thank you for having me on.

KAO: And finally, Ibram, Zhù nín shēntǐ jiànkāng, chángshòu, which in Chinese means I wish you good health and a long life.

KENDI: Thank you. I wish the same to you.

KAO: For more COVID ethics resources, please visit the *AMA Journal of Ethics* at journalofethics.org. And to our viewing audience out there, be bold and be kind. We'll see you next time on *Ethics Talk*. [theme music plays briefly]