Clinical Education Initiative
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ANTIRACISM AND HARM REDUCTION

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08/02/2022

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[video transcript]

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Katherine Tineo-Komatsu is a licensed clinical social worker and registered yoga teacher. They graduated with a Bachelor of Arts in Africana Studies from Brown University and a Master of Science in Social Work from Columbia University. Katherine also completed a certificate program at the New School on integrative harm reduction psychotherapy. They're currently working as a yoga teacher at a trauma center for children and families. Over to you, Katherine.

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Thank you so much, Lauren. Hi, everyone. Just to give you I guess, a little bit more about me just since we're talking about a subject and topic that is near and dear to me. And I just think it's important to talk a little bit about identity, right. And as we go through the presentation, in terms of what we're going to discuss today, I think it'll make a little bit of sense, but I self identify as a black indigenous, queer, Dominican person. Born on the island, originally known as it currently known as Haiti and the Dominican Republic, I was born on the side of the Dominican Republic. And I was raised here in Lenapehoking, which is currently known as New York City. So I just wanted to introduce myself as such, I also want to take a moment before we proceed to just acknowledge that we are on unseeded land, there were many different indigenous communities resided, the Lenape people were one of them, they refer to this state as Lenapehoking, or this area. So Lenapehoking, Manhattan used to be known as Manahatta. So I just want to also take a moment to acknowledge and recognize that as we're discussing these topics of anti racism and harm reduction, I also like to take a moment always to recognize and acknowledge my ancestors and the energies and spirits and practices and beliefs that I have to support and carry me and doing the work that I do. So I think I also want to call those energies into this space today with me in an effort to support me as we discuss these topics, next slide please. I do not have any financial disclosures or any speaker disclosures. Next slide, please. So for today's learning objectives, today, we are going to be talking about anti racism and harm reduction. And I'm hoping that by the end of our time together, you will be able to discuss how systemic racism influences providing culturally competent care, as well as developing cultural humility. We will also hopefully, by the end of this session, be able to describe how to integrate Addiction Medicine and infectious disease prevention, treatment and care within an anti racist framework, we will hopefully be able to review harm reduction approaches and resources in New York State with an anti racist framework. And lastly, discuss strategies to address racism in health care and expand harm reduction approaches throughout New York State. Next slide. So to get us started, I think it's super, super important to understand the history that we come from and that we have. So before we get into what is anti racism, and all the things related to that, I think it's important to understand race. Race is a term right that is used to describe and categorize people into various social groups based on characteristics like skin color, physical features, and generic heredity. This is a definition from the source like on Google, you put in rates, and this is something that you get. But I want to talk a little bit more about the history of the concept of race, right? It's a concept that was a concept as we know it today, to be kind of different to mean different races like black, white, Asian, it was a concept that was created in the 1600s during colonial America. I don't want to get too much into it, because I can get wrapped up into

this history very much so but I think the main thing I want to highlight is that people of African ancestry people that were brought here, traffic to here, I think it's important to use language that in some ways represents what was happening. The people that were trafficked from Africa to the to what we currently know as the USA, which they first arrived or the first ship to arrive was in 1619. At that time, there were already servitude. People were already indentured servants, from indigenous people to white people working here on the lands, and in 1619, the first ship arrived to Virginia. And soon after that, slowly after that we began to see a shift in, in, in our countries in the colonies here, where slavery was now being associated to this concept of race and race was been associated to biology right to our physiologic to our physiology, to the things that make us who we are our DNA, when in reality, right race is a socially, political, economic invention, basically something that was constructed created by us to justify a system that was being developed, and that was being put out and rolled out and put out into place, which was chattel slavery at the time. There were many other laws and changes that occurred that basically justified the treatment that we were seeing here in this country of black people. And it allowed different groups of people to believe that the African race, the black race was inferior. Next slide, please. So the concept of race, as I mentioned, was created with a purpose and intention, because it was meant to uphold an economic system of capitalism, that was based on forced labor. During the 1600s, there was a rebellion that occurred where the different groups of the working class basically, right, the white indentured servants, the indigenous communities, the African people that were enslaved, kind of were coming together and making relationships because they did work side by side at one point, as I mentioned, with history, and as times change, and as policies were being put into place, and certain ideas were being birthed at that time as well, that we began to see this connection or association between being a slave and that somehow equating to blackness. And we also saw shift even before the mid 1600s, we did not associate slavery or any type of servitude as a life long concept or idea or something that you would do for the rest of your life, there were avenues and ways of buying your freedom or of kind of paying your dues. And once these concepts began to be associated, where slave being a slave was being equated to being black or being of African ancestry, that's when we began to see a shift that it was hereditary slavery. Now, if you were born a slave, you would die a slave and the avenues to buying your freedom were much were reduced drastically. So there is this kind of development around race and what it is that I believe, was very much associated with anti blackness, right. So there's not an appreciation of blackness of black people at this time. And that dislike or disdain, is really what birth race right so this idea that race as Ta-Nehisi quote says race is the child of racism, not the father, right? Sometimes we think that race is what came first. And then racism happened, but what we know in history, and what we see from the multiple actually physicians and different medical professionals from this time, was it the racism that they had already inside of them is what gave way to these concepts of race, right, this idea that white people were superior than anyone else, is what allowed some of the physicians and scientists to say that there was such a thing as different human races, when we know that that's not accurate, right now. Next slide, please. So with this in mind, race, I think we should define it. This is how I was trained right by multiple groups. I've done trainings with the People's Institute, and with other organizations here in New York City that are also trying to combat racism. But this was a definition that I think really captures again, what it actually means a spacious classification of human beings created by Europeans, later to be known as white, placing themselves as the model of humanity and the heights of human achievement for the

purpose of establishing and maintaining social status, privilege and power. So if we think of race as this and we define it as such right, then we will understand why every system created in our country has roots and histories in racism. Next slide, please. So racism, how do we define racism? These are different definitions here to right from online thesaurus, right? It says racism has been defined as prejudice, discrimination and antagonism directed against a person or people based on their membership in a particular racial group.

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Which is definitely, I think, one of the multiple ways in which we define racism, I think this one has to do more with what we consider to be personal, right, or interpersonal dynamics that can arise when we engage with other people. But unfortunately, that has been the way in which a lot of members of our society of American society have viewed racism to just mean a behavior between two individuals, right? And not considering how racism is a far more larger concept that has affected so much more than individuals. So with that, in mind, this is another way of defining racism that also comes from the People's Institute, social power, also known as systemic power. Plus race prejudice is what equals racism, right? So this idea that having some type of racial prejudice, right, which is that that personal aspect of racism, but that combined with having power, right, because we can have racial prejudice all over the world, right, like, we can definitely feel some type of prejudice towards different groups based on this idea of differences, different races. But if we don't have power to somehow enact, the injustice is that we're trying to or the prejudice that we're trying to, then we're not really able to affect an entire community or society, the way in which racist America has impacted and affected black Americans here in the US. So that is a very important to, I think, name in that these two things have to go hand in hand, we can definitely talk about racial prejudice, bigotry, all that when it comes to multiple races. But I think it's very important to recognize that there is a systemic or institutional or social right aspect of this that needs to be considered when we're thinking about the impact of racism. Racism, another definition, right is a system of oppression maintained by institutions and cultural norms that exploit, control and oppress people of color in order to maintain a position of social and material supremacy and privilege for white people. Again, this definition going with the last definition of race, it's very specific and very particular, because we're looking at race as an invention and creation during a specific time period in our history, where groups of people were trying to justify certain behaviors and certain systems so that they can be put in place, right. So it's important to see it as such. Next slide. Camera, Phyllis Jones talks about racism, having three levels, which I think is also important to discuss, because since racism has impacted so many different aspects of our society, we see it in many different ways. I think we see it in what she calls institutionalized racism, right, which has to do with the systems that we put in place for institutions that we have created. Right, they like definition here is manifests itself, both in material conditions and an access to power, and include access to quality education, sound, housing, information, resources voice, because of this type of racism, there is an association between socioeconomic status and race in this country, right? There are times that we may be engaged in conversations about race with others. And the concept, the idea or concept of poverty comes up right that racism is not a thing or a problem or doesn't really impact anything here because we're really impacting people is like socio economic status, lack of access to resources, but there's no kind of like conversation or awareness or court connection that's been made between this long history of slavery of injustice as of oppression against a

very specific group of people, and how we still see the remnants, the aftermath of that in today's society. But as a result of institutionalized racism, this is why people make this association, right. We have all these systems in place and these institutions in place to allow people to pull themselves up by their own bootstraps and get out of whatever it is that they may have going on in their lives. But that's not acknowledging that we actually live in a society where there's racism where institutionally and systematically, we have systems policies, different things that were put in place to create the structure. There's also personally mediated racism, which is more of that interpersonal dynamic, right? Like what we tend to know about when we hear about multiple instances or incidents that we've heard about. People engage interacting with each other on the streets and kind of calling each other names or having certain beliefs about a group of people based on a stereotype, right? Like this is what personally mediated racism has to do with its prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives and intentions of others, according to their race and discrimination and means differential actions toward others according to their race. And then the third level of racism that Jones discusses is internalized racism, right? Is that intrapersonal dynamic? What happens to the person who is witnessing who is being treated in a certain way? Who is being told that they don't matter? Right? So there is this acceptance at times by members of the stigmatized groups have negative messages about their own abilities. And intrinsic worth, like that gets internalized that gets believed? And that's why in many ways, next slide. Next slide, please. Yes, when we talk about systemic racism, right, we need to consider how this is, infiltrates and kind of is all around us. So let's go ahead and define race, systemic racism. So these are different definitions here that come from different writers, right. So there's policies and practices that exist throughout a whole society organization that results in and support a continued unfair advantage to some people and unfair, harmful treatment of others, based on this concept of race, forms of racism that are pervasively and deeply embedded in and throughout systems laws, written or written policies and trench practices, and established beliefs and attitudes that produce, condone and perpetuate widespread unfair treatment of people of color. And lastly, it includes the complex array of anti black practices, the unjustly gained political economic power of whites, the continuing economic and other resources, resource inequalities along racial lines and the white racist attitudes created to maintain rationalize white privilege and power. So the first to kind of really, I think, focus more on that the institutions, the systems, the policies, the things that create the systems that we belong to, right. And this last one, again, I want to connect it more to the definition of racism, the definition of race, that really focuses in on how it was created by Euro Americans, or Europeans from Americans that came from European ancestry that came to be known as white. I think that these ways of understanding race racism, and systemic racism allows us to understand why still till this day, we still don't have a clear, I would say, understanding, for example of how systemic racism impacts health care outcomes, right? Or why it is that we see so much inequality, right in terms of access to health care. But if we come to understand and just accept, right, that this is the history we have, and as a result of this history, most of the systems perpetuate these things, most of these systems don't allow for people to have access to the things that they need to have, because they were created and made at a time period, where people had many different beliefs. But how that's still because we don't talk about it, because we don't address it because we don't confront it in any way. It manages to continue to live under the radar and manages to continue to mask itself as multiple different things in the world. Right. Next slide. So every system has what I'm saying every

system in the US was created and structured legally, right, to exclusively serve people who claim to be known as white, or whose proximity to whiteness afforded them certain benefits, right? Because I'm not going to deny that there is.

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Right, there are groups of people that at one point, now they're currently known as white, but at one point and are in the history were not considered to be white, and we're actually excluded, right from those benefits that we're discussing here. So they didn't have the privileges that other people had. It's something that with time they can access to this is how Irish people, Jewish people, multiple groups of people came to be known in our society as white. But that wasn't always the case in their history on this land. But when we think about it, against systemic racism, this notion or idea that it is part of the fabric of American society, that it is part of it, we consider this to be like a pool, that we're all swimming in it. We're all marinating in the racist water. So that we're not no one can be exempt from racism. Right there. We can't really say I don't have a racist bone in my body. Because we sometimes have thoughts, right? Even physical reactions to things that we witnessed or see that is deeply connected to this history that we have, the things that we were told and how right we are kind of trained or socialized to view and believe certain things. Next, Next slide, please. So now let's talk about culturally competent care. And now that we know what racist racism systemic racism, right, what is culturally competent care. And culturally competent care also has a long history, right in healthcare in different definitions. And I say this just because, to me, right, the invention of race that comes from this history of racism that we have in our society, is something that's very much connected to science. And that's why so I see all of these concepts as deeply connected and embedded in in the work that people do in the healthcare system. So Krause, and others defined cultural competence care or cultural competence as a set of congruent behaviors, attitudes and policies that come together in a system agency or among professionals, enabling it to work effectively in cross cultural situations. The National Medical Association defined cultural competency as the application of cultural knowledge, behaviors, and interpersonal and clinical skills that enhances a provider's effectiveness in managing patient care. And bench awkward and others in 2002 Define cultural competence and health care as the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery, to meet patient's social, cultural and linguistic needs, right. So in many ways, cultural competency, right can be seen as something that should be supportive, right? If we are operating in a system and a medical model that is extremely racist, given the history that we have this idea that culturally competent care, came about as a way of supporting and helping providers be able to kind of connect right and bridge the gaps and differences that they had with the patients or the people that they serve this idea that you could learn enough or learn about another culture or another group, in order for you to be able to better connect with them possibly to have more empathy possibly to like, you know, be able to understand this experience was something that was really bad. And when it came to culturally competent care. Next slide, please. So it's a person centered kind of approach, right? And it values diversity, because you are encouraged to learn about different cultures, different ways of being in the world, right. So it definitely honors some values diversity, it encourages the clinician to learn more about cultures of those they work with, right. So this, this is now being put on us to have to go out and learn more not being put on the on the patient or the person coming in to teach us but we have to learn more about it supports notion that

learning about cultures will facilitate relational connections across differences as well. And it advocates culturally competent care advocates for service delivery in different languages, right. So this idea that if you're serving people that don't understand you then have right access to that language. So this person can be able to understand you. And that will indicate or showcase, right, this comp, culturally competent care. And there's also this believes that capacity to connect across cultures can impact patient outcomes, right? So that if you're able to connect with someone across differences, right, that in itself when it comes to this dynamic relationship between a provider and a patient, that that in itself would somehow support, right, or enhance the patient care outcomes, right, so that if a person if you're working with someone who needs to take medications and they're not you've been able to connect with them deeply, would allow you to possibly have form a rapport with this person that will allow you to somehow click or be able to explain something to them that would allow them to be more open, and then maybe another in other instances. Next slide, please. providing culturally competent care right can definitely be challenging when living in systemic racism. We're living in a society At that hassle, much institutionalized racism, because it didn't inadvertently can affect our capacity to develop an appreciation for other cultures or to value differences across cultures, right? So if we are being kind of socialized and cultivated and raised in environments or within systems that, by default are by nature and how they're set up don't value, right? certain groups of people, how does that infiltrate our psyche, right, as we're learning about these topics in schools. So when we then become basically, we then begin to, to work in the world, right to be in the world. And we have to utilize certain aspects, right of ourselves or ourselves in relationship with other people, but we have no prior experience doing that. It can definitely affects your capacity to be and provide culturally competent care. And it may not be again, anyone's fault. I'm not blaming individuals necessarily in this, I think we all are part of a system that kind of is set up to do this to us. But once we know better, we can begin to do better. So as we become aware of these different things, I think it's one it is it shifts a little bit to our individual responsibility to do something. But cultural competency is helpful and supportive, right? It definitely is, I am not denying that. But it is not enough is what I'm trying to say, to combat racism on all its levels. So this is why I want to bring in this concept that we'll talk about right after this of cultural humility, on its own cultural competency runs the risk of becoming a barrier and replicating social stereotypes and imbalances of power between provider and patient. Because what you're oftentimes encouraged to do is to learn everything there is to learn about cultures. But the reality is that if you're not part of a specific culture, you're going to be limited in what you can learn one, two, you run the risk of believing that what you're learning basically applies to all groups of people that come from that culture, when in reality, right? There are very, very intricate, complex ways that people relate to culture and kind of like, act out their culture, right. So that I think it's important to understand that one person cannot learn all there is to learn about anyone else's culture. And I think sometimes culturally, competency and cultural competency trainings can insinuate certain things that I think are problematic. So cultural competency also doesn't account for intersectionality. Right? And how that shows up. Based even even within a larger culture, there can be many subcultures, right, that are created informed. So I think it's important to move beyond cultural competency into cultural humility. Next slide, please. So cultural humility was a concept that was defined by doctors again, physicians term Alana Marie Garcia, they define cultural humility is best defined not by a discreet endpoint, but as a commitment and active engagement and a lifelong process that

individuals enter on an ongoing basis with patients, communities, colleagues, and with themselves. It's a process that requires humility, and how physicians bring into check the power imbalances that exists in the dynamics of physician patient communication, by using patient focused interviewing and care. So it's an approach that really helps us how like teaches us how to be in relationship with the people that we're serving. It teaches us how to be self reflective, and really try to learn all that we can about ourselves, right? This idea notion that if you are able to practice self reflection, if you're able to look at yourself, first and foremost, formals, how that will facilitate an openness and an ability to learn about others, right, and learn about others through their lived experiences and their patient perspective, not from what we're going out to learn. So cultural humility, kind of invites in a humbleness, a humbleness that I think is necessary for us to shift these sets these larger systems of systemic racism. Next slide.

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So it's both cultural humility and intrapersonal and interpersonal process of relationships and I think cultural humility can be a better antidote or medicine right for racism, because we have multiple levels we discussed camera for this is Jones, three levels of racism and how there are intra and inter personal domains there. So the cultural humility can definitely provide support for both the intra and interpersonal way of relating to these things. But it calls for a relationship right cultural humility calls for relationship With the self that is curious and non judgmental, and open to the unknown. And then once we have access to that we can extend that to others. And that definitely counters racism, right, which is not curious, right? And it's definitely judgmental, and it's not open to the unknown. You're kind of like you're this and that is that and I believe that because of this, this and that. So it doesn't allow for there to be a lot of expansiveness, right in our ways of being and living. Cultural humility is described as having three dimensions are the inward, outward, right and the upward. So this idea, again, of coming in, and being more self aware that outward is that social awareness aspect and being able to bring that into how you relate to others. But then there's this idea that you're growing and expanding and kind of going through like the cyclical process for going up, right, as you're learning more and gaining more information. It also resembles a lot of social emotional learning, which is another concept that I encourage everyone to become familiar with as a way of, again, countering racism or countering this larger system that we all are a part of, which also includes self awareness, social awareness, self management, and other things that I don't think we are always nurtured to cultivate and to have access to. Next slide. Let's talk about the impact of systemic racism on health care. So because, again, I think this is an interesting way of putting it impact of systemic racism on health care, because the reality is that the healthcare system is racist, right? So it's a system that's racist. So it's it's not the systemic racism influences health care, but healthcare is a system is a system that is racist. So our healthcare system is rooted in based on racist ideology, given the work of so many scientists and physicians in US history, from exclusions of people of color, and life saving research, right to the exploitation of people of color in research, racism has left the mark on the medical system, and strained the relationship between people of color and the healthcare system. So when we think about why aren't certain groups of people getting the COVID vaccine or getting other things or doing whatever it is that public health officials are telling us to do? It's because of this long, long history of mistrust, right? We don't have trust in the systems that have harmed many people. So the examples of past medical crimes resulting from racism, I just have to hear, so say he experiment, and the Servitization of

Puerto Rican women, right, both of those are moments in our history, or the medical system, failed people of color. And certain things were allowed to occur that are totally 100%, racist, right, certain groups of people being deemed not worthy of being treated right, or being deemed not worthy of having children, and without their consent being sterilized. So these are all things to consider when we're thinking about how racism, or again, how racism has created a system that is unequal, that does not provide access to care in the same ways that does not provide access to even research in the same way. Next slide. So racism has also impacted the way we view other people's suffering and pain. And this for me begins to kind of delve into addiction medicine and infectious disease medicine. Because right a lot of the time, people don't deem certain groups of people as as as experiencing the same level or amount of pain, right? There was research history that shows that there was a belief among providers that black people could withstand pain more than others. So if somebody went for treatment, or to get pain medication, they might not be listened to, they might not be heard, because of this belief. We can also consider black maternal mortality rates in the USA as another example of the influence of systemic racism. Right? How Why is it that it's so much higher in certain communities and and other communities? You know, what, what gives way to that? And I think it's beyond just individual bias, right? I think that's a fairly Yes, we can definitely look at that we should always consider that. And at the same time, there are other larger things operating that are informing and influencing how and why we make decisions when we make them. Despite data that indicates that people of color have worse health outcomes for certain medical conditions, they're less likely to receive preventive health services and often receive lower quality care. It is not a coincidence of certain like, even when we think about New York City, certain hospitals that are associated with lower quality care or poor quality care, tend to be in neighborhoods that are predominantly people. A lot of color neighborhoods that where people of color predominantly live, systemic racism has contributed to the health disparities that we see in our society. And so, so many waves. And even when we think about again, just because I made the point of research, if there's any research that we're conducting in 2022, that is not accounting for that's looking at race or looking at certain, let's say, certain groups of people, but we're not accounting for the history of systemic racism, then we're not doing due diligence, and we're not going to be researching or at least been able to identify the factors that are truly contributing to the whatever the issue is that's occurring in that group, or within that community, we need to be able to see and identify and name systemic racism as one of the factors that influences all things in our world and in our lives. Next slide. So now thinking about specific impact, among addition, infectious disease care, just semuc Racism has impacted the way we treat and care for people who use drugs as well as how we address drugs, drugs in our society, instead of treatment for all right, some communities experienced increase in policing, and incarcerations. I'm thinking about the 1980s crack epidemic, right, where people did not the response of America was not treatment. It was not compassionate treatment, it was the overplay of criminalization and over policing of these communities of the drugs first, but the drugs extended right? When we criminalize a drug, we tend to also extend that to the communities that are being portrayed. And we see that even now, right, as I'm thinking about just not thinking about race, but other identities, thinking about how the monkey pox is something that's been deeply associated with the LGBTQIA community. And what does that mean? And how is that going to impact the ways in which humans and people see things if we are prone to biases, and that's something that's just part of kind of like our human brain and how we operate? What will that do if all the media

that we see is indicating a certain Association? How will that inform what policies we're going to put in place and how we will respond, right? All of these things, I think, needs to be considered and thought through this kind of lens of racism in our history. History shows that many substances were regarded as sacred, right, this is another big one for me. So many of the substances that we criminalize today have histories, deep histories, and so many communities of color all around the world, as being sacred, as never having like the type of harm that we see now. Yeah, and somehow these relationships are disrupted, right by colonialism. And in many ways, those those sacred substances or medicines, were also co opt in so many ways, like taken and made into something else sometimes and then given right back to the communities, but cost different issues because it was disconnected from the ancestral practices of which they originated from. But I'll continue racist drug policies are heavily responsible for the large health and incarceration disparities we see across different groups of people as well. It was very interesting as I was doing my research in preparation for this to come to, which I knew of, but you know what to see it in paper like that this idea that there's a call a call for decolonizing drug policies, not just in the US, but across the world, because not only did the US export, right, like one of the concepts that the US exported very well all around the world, was this concept of race and racism, right? To the point that we see anti blackness all around the world, all around the world, no matter where you are, you will see some form of anti blackness present. And that I believe, is something that the US did very well in exporting. But another thing is, these racist drug policies as well, and how other countries tend to then enforce and treat their communities in response to what they're expected to do on an international forum.

39:03

Next slide. drug policies have a long history of being used as instruments of repression and oppression as well as the media and propaganda. So again, you can think of different substances for crack cocaine is one of them that was highly highly in the media associated with the black communities. And that's then would allow for certain policies to be put in place that would allow for the kind of the over policing of those communities as a narcotics kind of like as a way of controlling right and narcotics that were that were being put out into the streets, but really, it was controlling and maintaining control of certain groups. And there's also people that have come on record right from the government working under different presidents that did acknowledge right that in the 1960s, in particular, and 70s when Vietnam war was going on and when the civil rights movement was going on. that there was kind of a turning away from, from how the substances were being like the stuff in certain communities were being targeted and the substances were being kind of infiltrated into these communities with an intention and a purpose of dysregulated and disrupting and stopping the progress that they were seeing happening. So the war on drugs was more focused on extending the racial social control order and not on combating the use and trafficking of drugs. Next slide. We can see how this history of criminalization instead of treatment right has affected communities of color today, as data shows today, right and 2022 data is showing an increase in overdose deaths among black communities in the USA. And according to the American Medical Association, white patients can tend to access buprenorphine treatment more frequently than non white patients. Black patients are more likely to receive methadone, which is another highly regulated and surveilled system. It's a system in terms of the medicine that is effective and works but the ways in which the policies are set up are very different than buprenorphine. Right? You can walk into a

provider's office, get a prescription come back in a month. There was a time I know that methadone is changing now, in terms of how its administered because of the COVID epidemic and how we were able to see right that the systems were able to work differently, we're seeing some shifts and changes, but it's still very surveilled. During the practice epidemic, which was portrayed to be associated mostly with communities of color. Like, as I mentioned, the government responded by funding more law enforcement literally, more money was allocated to law enforcement, when we learned that there was an a crack use epidemic and that it was predominantly being portrayed as being in this community. That's what was done. But then when the opioid use and overdose epidemic was going on in the 90s, which was again, an epidemic portrayed to be associated with white communities. This was met with compassionate treatment options and prevention, literally more funding was allocated to that. Next slide. Anti racism, as defined is differential racism is defined as the work of actively opposing racism by advocating for changes in political, economic and social life. Anti racism tends to be an individualized approach, and set up in opposition to individual races, behaviors and impacts, right. So being anti racist, and taking on the stance is very much of an individualized approach, but how we then relate to the systems and what we expect from systems can still be really rooted and grounded in this anti racist kind of stance. Angela Davis has been quoted to say, in a racist society, it is not enough to be non racist, we must be anti racist. So she kind of describes it as such, because we have to take action, she is calling us into action, right to be anti racist. It's an actual action oriented steps that you have to take to be that you cannot just say, I'm not racist, because that's just been non I'm not racist has been a non racist, but to be anti racist, one must take action as what she oftentimes discusses Next slide. So when we're thinking about integrating anti racist framework into health care, it's extremely important to first and foremost acknowledge that racism and race factor into health care to acknowledge and do right, our work in exploring this history that we may not know, right? Who were the different scientists that gave way to the creation of race? Where were they from? When did this happen? Like all of these things are things that are super important, I think, for everyone to learn and know, and to be able to use that to inform the research studies that come out. Anti racism is very much about and I think anti racism in the health care setting, it's about centering the voices of people of color, right? So if you are in a program or a clinic that is operated predominantly by white people, but serves people of color, and only the administrators or those white people are making decisions that you're not including people of color, then that is not anti racist, right? Personal experiential knowledge to build trust is super important as well. So it's important to understand that when you have personal lived experience that facilitates our relational connection to others, lived experiences also. Right facilitates that. So thinking again, about what as as, as a provider, like what are the experiences I've lived through, what have I gone through? And how does that put me in an advantage or disadvantage right of connecting to another person? And then community engagement as well was centering the margins, right when we're thinking about oppression, right. And we're thinking about people at the margins, people that are on the outskirts that are neglected, we have to center that we have to bring our focus to that too. Understand what what are these needs and what can we do. And then community engagement is super important. In experiential knowledge, the combat says that systemic racism is something that came up in thinking, again about the leadership of a lot of these organizations that are predominantly white, but serving predominantly people of color. There is something that just right that if you don't have the the lived experience that will limit your capacity to really

comprehend or understand something. So bringing in people with lived experiences is a form of combating systemic racism and an action oriented step that you can take that is anti racist, lived experience and how it influences our ideas of interventions and treatment, right. So like when you don't have like, I am someone that's tasked with creating policies and procedures that impact people who use drugs, but I have never myself use drugs, or have anyone in my family that that has to use drugs, my way of thinking and how I'm going to cut and what I'm going to consider or not consider will be different than someone who has had, right. So I think it's important to just acknowledge and own that lived experiences, right influences our ideas for how we want to intervene, and what treatment options may be available, right? Same thing when we're thinking about research studies, right? Without certain experiences, without knowing certain things, or believing that certain things are occurring or happening, we may structure our research and unfortunately have blind spots. So workers who looked like the community always helps an engagement. So thinking about that, as well as a form or action oriented step to be anti racist. Next slide. institutional leadership must support the work for the work to happen, including the community in the work every step of the way, is important. So that we can ensure that the community is leading the work. Again, I think this is how we create an anti racist health care system is by ensuring that the communities that are going to be accessing that service or have a seat at that table, cross sector collaborations to reach community members is also important. So how are healthcare systems collaborating with the churches collaborating with social agencies collaborating with the schools collaborating with the other systems that many people interact with? Because there may be a lack of trust in that system? What are other systems that where people do have trust, and maybe collaborations can be made, build social connections, advocate for a more just social order? Right? Like that has to be advocacy has to be part of the work, right? If all you're doing as a provider, or a doctor in the medical field is just your medical job, and you're just kind of doing that, but not having a moment to look at well, what's happening on the policy level, what is now being looked at, that maybe could benefit my patients that could shift the way they live? How would they have access to all of that has to, I think be part of our world for us to be anti racist? Next slide.

48:04

So as I said, You got to look at drug policy and get involved in advocacy, asking for the decriminalization of drugs in the US the end to mass incarceration for people who use drugs because of, again, I didn't go into this, but there in our history, we can see a direct connection between the end of slavery, the end of Jim Crow and the start of the prison industrial complex. The prison industrial complex is just another system that was created to legally allow people to work as though they were enslaved. This is not a surprise why most people incarcerated are black. Again. So that's something to just look into. And we need to try to get right and ask for funding to be redirected towards programs that are focused on treatment and on harm reduction and on helping people. We want to move away from punishing blaming shaming people who use drugs and into a more compassionate loving care. And another way right of integrating anti racist framework into healthcare is to have you're already not doing this is to become a harm reduction organization, integrate harm reduction approach. Next slide. Harm reduction is defined as a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use, right? That's more of the clinical application of it. But harm reduction is also a movement for social justice built on a belief and a respect for the rights of people who

use drugs. And along with that, it's also it intersects with anti racism and many other kinds of movements that are trying to shift the ways in which we've been working with each other. Next slide. So some harm reduction approaches, some harm reduction programs and initiatives are always available all around New York State. Unfortunately, we have many more here in the city than let's say upstate New York, but we have to consumption safe sites here, right safe consumption sites in New York City, but there are syringe service programs all around safer smoking supply, safer sex supply, safer injection, supplies, testing kits, Naloxone, all of these things are harm reduction strategies that are available in New York State. And harm reduction saves lives, right? Literally, it can save lives, from ensuring that people are properly like administering different substances to learning if something has right fentanyl that can kill you. Like all of these ideas and strategies are just letting people who use drugs know that they matter, and that they are worthy to be alive, right. And we're not blaming individuals for their use, because we know that there is so much more that goes into informing why people resort to substances as a way of coping. Next slide. intersection. So when we think about harm reduction, anti racism, I think it's important to think about how these two things come into contact when we think about the intersection of the criminal justice system, drug policy, and then public health, right. I mean, I didn't go into the lack of services that so many people who are incarcerated, like they don't have access to yet they are in dire need of them. But there is definitely an intersection here are intersectionality, that can be looked at more deeply to understand harm reduction and anti racism. It's also about recognizing the history. But in the present movements, understanding where we come from, but also what's been happening and how people of color have been needing these movements for so long as well. We have to recognize the drug and the drug control and drug policies have been used to uphold colonial power structures in the United States. And this goes back to the role and purpose of race racism and systemic racism, right? That all of these things are created to maintain power with a certain group and to maintain the system are created in a certain way. This is no different, I would say with drug policies here in the US and also outside of here. And then drug policies have contributed to the injustice as we see affecting people who use drugs like overdose deaths and drug related, and other drug related deaths. Next slide. So here, I'm not going to go into this because I want to leave a couple of minutes for some questions, you will all receive I'm sure the slides and can look at some of these resources here in New York state. These, this page is a little bit more national, but nonetheless, how to you're in New York City in New York, so I wanted to put them on. But the black harm reduction network, the New York State harm reduction Association, the National Harm Reduction Coalition, all are doing work that intersects within anti racism in harm reduction. Next slide. These are other organizations also here, that will that also either have like, publicly made a statement against racism or have publicly made a statement around their efforts and initiatives to become anti racist. So you can kind of take your time to explore them. Next slide, please. Same another group of lists from advocacy, to education. And overdose prevention, like these are just different services that are both anti racist and rooted in harm reduction. Next slide. More, but honestly, most of these are here in New York City to be quite transparent. Next distro, has offices here in New York City, but they do operate all over. And they do provide supplies for like Naloxone and injection supplies to people who live in areas that are not near any, like syringe service program. And then the Department of Health and Mental Hygiene is New York City, but they've also have made like efforts to become more anti racist. Next slide. And then here you have some more harm reduction resources. I wasn't 100%

sure if any of these organizations have made a commitment to anti racism, but again, just thinking about how more and more we're discussing that intersection between harm reduction as a movement with other movements, I think they may be, but nonetheless, check them out. These are the different syringe service programs in upstate New York, you have Trillium Health Evergreenhealth. Next slide. You have ACR health along with Southern Tier AIDS program, Community Action for Social Justice. Next slide. And then you can get buprenorphine, get methadone, find other drug treatment programs and then the New York State Hopeline if you ever need to identify or find any resources, you can always go there. Next slide. This is again where you can get Naloxone outs I put next to show here as well. I know Lauren, just put something in the chat about it. So please, if you are in need or know people that live in areas that are remote, they do deliver on work outside of New York State. And then the point New York helps with getting new syringes and disposing of use once next slide. Okay, It made it. Thank you. We made it to the end. I want to take a moment and see if there are any questions that I may be able to answer in the few minutes that we have left.

55:13
And I can just say to folks who joined us today, about next distro, I have received Narcan from them before and I am well within the area of a different SSP. So I encourage you also to look up their website if this is something that you're interested in or you need service, resources materials. They're, they're fantastic.

55:35
And not only that, but next distro actually has an entire like webpage dedicated to like anti racism, they have made a commitment to it. They just they update you on like policies, things that you can be like advocating for I found that to be an extremely informative sites across the states, not just for New York.

55:57
Katherine, thank you again, as always, it has been a pleasure. Thank you, everyone.

[End Transcript]