# COMMENTARY

# Black Lives DO Matter

Bradley A. Boucher, PharmD,[a] Marie Chisholm-Burns, PharmD, MPH, MBA [a,b]

[a] University of Tennessee Health Science Center (UTHSC) College of Pharmacy, Memphis, Tennessee
[b] University of Tennessee Health Science Center College of Medicine, Memphis, Tennessee

**Corresponding Author:** Marie Chisholm-Burns, University of Tennessee Health Science Center, 881 Madison Ave., Suite 264, Memphis, TN 38163. Tel: 901-448-6036. Email: mchisho3@uthsc.edu

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Recent Black deaths at the hands of law enforcement officers has heightened awareness of racism within the United States. The consequences of this racism are not only differential policing practices toward Black people, but also inequities related to numerous other sectors including housing, education, economics, and overt health care disparities between White and non-White Americans. Health care practitioners, including pharmacists, are extremely well positioned to be leaders in addressing long standing inequities, thereby saving lives and improving access to and quality of care. The views of two senior faculty administrators are outlined, one being a White faculty member of privilege, while the other is a Black faculty member CEO Dean. Despite having very different life experiences, they partner to foster unity and an antiracist culture within their institution and among their many stakeholders, with the ultimate goal of creating a culture of equity regardless of skin color.
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The Black Lives Matter movement originated with a Facebook post by Alicia Garza following the death of Trayvon Martin and the subsequent acquittal of his killer, George Zimmerman.[1] The words "Black Lives Matter" which have permeated our lives in recent months are not merely a slogan, rather Black Lives DO Matter. At a time when racial polarity is gripping our nation after the deaths of Ahmaud Arbury, Breonna Taylor, George Floyd, Rayshard Brooks, Daniel Prude, and countless other unnamed Black Americans, it is important for each of us to think about our personal perspective on racism in the United States. Only then can we begin to achieve the ideals of a nation for all citizens, not merely those of privilege. This Commentary offers two unique perspectives on racism by senior administrators at the University of Tennessee Health Science Center (UTHSC) College of Pharmacy. One is offered by a White, male, clinical pharmacist, and educator whose career spans over forty years. The other is rendered by a Black, female, seasoned faculty member, former department head, researcher, executive director, and CEO dean with more than twenty-five years of academic experience. The goal of sharing these perspectives is to provide context for their partnership and efforts to achieve racial awareness, literacy, unity, and eventually equity at one academic institution. If individuals can identify with one of the views of these two professionals, who are at two ends of the spectrum, or anywhere in between, an environment of inclusivity, equity, and diversity may be spurred among us all.

*Bradley A. Boucher, PharmD*: I grew up in a predominantly White, blue collar community on the northside of Minneapolis, where I attended public schools. During these years, it was evident to me that Minneapolis did indeed have segregation. The inner-city neighborhoods to the north and south of downtown Minneapolis clearly had a higher degree of poverty than the neighborhood I resided in and a very different demographic make-up: predominantly Black residents. What was unknown to me until recently, however, was that racial residential covenants existed in many communities within Minneapolis and its adjacent suburbs throughout much of the 20th century.[2] These covenants de facto created racial boundaries, and this segregation, supported by the courts until the 1960s, continues to have a ripple effect even today. The overall effect was to enrich White homeowners while impoverishing Black communities. This, in turn, undoubtedly affects education and health care quality. Nevertheless, I gave little thought to how advantaged I was in my predominantly White schools versus inner-city Minneapolis students, and do not recall thinking about the privileges afforded by my "Whiteness" (also known as 'white privilege' defined as "the unearned, mostly unacknowledged social advantage White people have over other racial groups simply because they are white").[3] In contrast, I believed strongly in the myth of American meritocracy for *all* at that time, firmly believing it was only one's work ethic and discipline that stood in the way of future success. Eventually my efforts facilitated completion of my professional pharmacy training at the University of Minnesota College of Pharmacy. Thereafter, I began my academic career at the UTHSC College of Pharmacy in 1984,

and moved to Memphis, a city with a majority Black population. While Memphis demographics were very different than my home city of Minneapolis, the ability to orchestrate neighborhood segregation by the privileged White citizens was virtually indistinguishable.[4] Importantly, as in Minneapolis, sub-quality housing had spawned poverty and diminished access to quality health care and education.[4] This is the norm across the United States.

On an individual level, the question I now ask myself as a relatively successful senior faculty member is: did I achieve this success as a result of good fortune, hard work, the color of my skin or a combination of these and other factors? In other words, would I have had the same success if I had been a Black man and not enjoyed a life of privilege? I certainly had more advantages because of my skin color. Furthermore, my three sons who are all health care professionals have also enjoyed White privilege. While I have never thought of myself as a "racist," neither have I consciously acted to reverse the system of advantage based on race that exists in our society, past and present. Therefore, depending on one's definition, I may have to accept the "racist" label along with all other White Americans who actively or passively enjoy lives of privilege.[1]

While I have no guilt or shame regarding the privilege being White has provided me and my offspring, I have committed myself to becoming immersed into a heighted awareness of racism in the United States. The sentinel events leading to this commitment are the two Black deaths in or near my hometown of Minneapolis, a city I love and adore. The first was the shooting of Philando Castile during a routine traffic stop in 2016. The other was the recent killing of George Floyd at the hands of a White police officer in May 2020. How could either of these two deaths occur in the city that I grew up in? The answer is that structural racism continues to thrive there and in cities like it across America. These tragedies, and many others, are at the forefront of the Black Lives Matter movement. Furthermore, countless Black Americans lose their lives due to health care disparities tied to racism. Because these Black lives DO matter, it is time that we as pharmacists serve as advocates and agents of change to eliminate health and health care disparities and promote a culture of equity for Black Americans and other persons of color.

*Marie Chisholm-Burns, PharmD, MPH, MBA*: I grew up in a city in New York where the high school graduation rate was less than 30%, my parents never earned more than $20,000 a year and neither graduated from high school. My parents worked hard, but also endured unimaginable prejudice in their efforts to make a better life for themselves and me. I vividly remember being with my father on repeated occasions when his gas station was subjected to arson with racial slurs scrawled on the walls. My parents instilled in me the will to focus on the business of survival and staying clear of any signs of trouble, including "good trouble" (which refers to acting as an agent for social change/justice, even if it causes disruption or defies authority).[5] Although my parents were the best parents anyone could ask for, their moral character was unimpeachable, and the focused approach to better my circumstances was immensely valuable and life changing, over the years I have learned that I must address inequities (defined simply as injustice or unfairness[6]), which may challenge boundaries. With the disturbing events of this year, whenever I hear stories of racism, oppression and brutality, I am haunted by a gas station on fire and the story written on my father's face of devastation and loss. So today, as my dear colleague, Dr. Boucher, reflects on his life journey, I must in order to survive and move forward, reflect on today's sunrise.

It is the morning after Congressman John Lewis and Revered C.T. Vivian died, and as I watch the newscast reflecting on their lives, tears stream as I realize two icons have left us. However, their legacy of "keeping your eye on the prize"[7] will continue, just as the sunrise continues. This year served as a watershed moment in which the eyes of the public have been opened, not only to the existence of racial inequities, but also to the pervasiveness and depth of racism that breeds in the United States. The country is struggling with crises on multiple fronts – the COVID-19 pandemic and the strain and pain it has caused our health systems and personal lives; health disparities, particularly among Black and Hispanic Americans, tragically exposed by the onslaught of the pandemic; and under-recognized, uncorrected, and untreated racial traumas experienced by Black Americans. These racial traumas have existed since the birth of this country, accumulated over the decades, and include (but are not limited to): slavery, Jim Crow laws, the practice of "redlining," mass incarceration, police brutality, food apartheid, educational disparities, economic gaps, microaggressions, and additional traumas extending beyond the scope of this Viewpoint, but experienced in mine and other African Americans' daily reality.[8-12]

Racism exists in many forms, and includes *biological racism* (the belief the races are biologically different, where White people are thought of as being superior), *ethnic racism* (origins of various ethnic groups are different from one another, and one group is thought of as having greater ability than others because of their ethnic origin), *bodily racism* (commonly explains why many believe Black people are more physically dominant, violent, and threatening), and *cultural racism* (propagates the perception Black culture is inferior).[13] Furthermore, the term *structural racism* is commonly used today, breeding the formation of ill-formed stereotypes and racist behaviors toward an individual ascribed to a certain group as a whole and, in reciprocal, the group or the "system" is responsible for the behavior of the

individual.[13] Structural racism perpetuates discrimination with little energy from individuals as it is inherently built into daily operations across government agencies, institutions, health systems, educational systems, and other myriad structures, and driven by culture, environment, practice, and policies of the system, organization and/or program. Additionally, I also believe that structural racism or institutional racism masks the core of the problem and reduces racists' ownership of creating, implementing, facilitating, and capitalizing on racist practices. It exonerates the individual of responsibility to change, preserves power and even perpetuates further racist behaviors. Moreover, it relieves individuals, all individuals including racists, of the responsibility of correcting the inequity. No doubt structural racism exists and should be eradicated. As Ibram X. Kendi declares and as Dr. Boucher appreciates, if you are not practicing antiracism (defined as the belief that all people are equal and fighting to deconstruct racism), you are racist.[13]

Martin Luther King, Jr., suggested decades ago the greatest stumbling block toward liberation was moderates who prefer a negative peace that is free of any tension, including uncomfortable conversations, and absent real actions leading to racial equity.[14] Just as Dr. Boucher reflects on his internal dilemma of White privilege, I too have reflected on my own "dueling consciousness"[13] in order to both embrace my heritage and conform to the society that I want to be accepted in, and wonder if I could do more to fight inequities? As founder and director of the Medication Access Program, I help to increase medication access among those who have limited access to needed medications, and the majority of my patients are persons of color. Is there more I can and should do? Although I have some degree of privilege as a CEO Dean, my skin color continues to be one of the first things people notice about me, before they ever think about checking my credentials – if they check my credentials at all (and if such as check occurs, it is often questioned and critiqued with little knowledge or objective review). Even as a well-educated Black woman, aggressions occur, not as open attacks like my father's burning gas station, but as the more common microaggressions often experienced by Black Americans today. I often wonder what I would have been if I had all the privileges of a White male. However, wasting energy on wondering "what if" is not a fruitful exercise. Instead, I choose to move forward using whatever privilege I have in my circle of influence including my institution, UTHSC College of Pharmacy. Our minority student population has certainly grown during my tenure and is now greater than 40%. Dr. Boucher and I are clearly different, but for almost a decade we have worked together at UTHSC, along with many others, to help forge a path for our College to uphold a culture of diversity, and now we must commit to do more to resolve inequities.

Recently, I published a commentary in the *American Journal of Health-System Pharmacy*, where I framed racism as a disease not dissimilar to COVID-19.[15] To effectively treat a disease in a patient, the first step is to diagnose or recognize the problem. Likewise, the first step to changing the culture within a society regarding racism is to acknowledge the problem, regardless of one's life journey and where one falls presently on the continuum from racist to antiracist. Thereafter, one needs to be intentional and committed to attitudinal change on an individual level. This is based on the assumption that one can grow toward development of antiracist behaviors, which in turn can lead to institutional initiatives focused on promoting inclusiveness, diversity, and equity.[13]

What treatment (medicine, if you will) can we start working on today to treat racism? A few proposed strategies include:

- Identify the problem and call it out. What symptoms are being displayed? What behaviors are adversarial? What behaviors are producing the inequities and promoting racism?
- Have the uncomfortable conversations that lead to reflection and a treatment plan. We must approach treatment from multiple perspectives or symptoms, including treatment plans to eliminate microaggressions and disparities/inequities concerning health care, education, socioeconomic, employment, law enforcement, and housing, to name a few.
- Get to know people who are not like you. Push yourself out of your comfort zone.
- Extend radical empathy, defined as "actively striving to better understand and share the feelings of others. To fundamentally change our perspectives from judgmental to accepting, in an attempt to more authentically connect with ourselves and others."[16]
- Learn as much as possible about racial inequities and how to be an antiracist. In particular, White and non-White Americans must be intentional about being allies and advocates related to achieving equity and justice within communities across the United States. Also, we must never take for granted the importance of leadership – leadership does matter.
- Treat people as you want to be treated.[15]
- Strive toward reducing disparities within your spheres of influence, including calling attention to policies, practices and systems facilitating inequities.
- Promote resilience as we strive toward equity. This is a marathon, and engagement is long-term.

One major initiative at our College has been the recent creation of the Equity, Inclusivity, and Diversity Advisory Board (comprised of faculty, staff and student pharmacists) to swiftly identify goals and action items to promote an empathetic, attentive, and healing environment. Some early successes are several curricular changes related to health care disparities, diversity and inclusion; virtual social gathering and "Listening Sessions" with approximately 150 and 125 College participants in the first two offerings, respectively; and requiring all faculty and staff to complete formal diversity training programs. While the majority of the action items of the Board are inwardly focused on the environment at the UTHSC College of Pharmacy and our many stakeholders, such as our student pharmacists, faculty, staff, and alumni, the overarching goal is to affect the patients we serve and society as a whole. In doing so, we support that "Black Lives DO Matter" in addition to upholding the well-being of all persons less privileged. The sun has risen, and it is a new day with a better tomorrow ahead.

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