

A focus on the health of Black people and anti-Black racism in health care in Canada

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■ Cite as: *CMAJ* 2022 October 24;194:E1420-1. doi: 10.1503/cmaj.221501

It is with great pleasure and pride that I introduce the next 2 issues of *CMAJ*, which centre the health of Black people in Canada and explore anti-Black racism in Canadian health care spaces.

These 2 special issues grew out of a meeting in late 2020 between 2 co-leads of the Black Health Education Collaborative (BHEC), Dr. Onye Nnorom and Dr. OmiSoore Dryden, and Dr. Andreas Laupacis and me, not long after the murder of Mr. George Floyd. Drs. Nnorom and Dryden proposed that *CMAJ* show solidarity with Black communities in Canada by having a special edition on anti-Black racism and its effects on health in Canada. We said no. Special issues are a lot of work, and our staff were overwhelmed by more-than-doubled submissions in the first year of the pandemic. We offered to create a *CMAJ* collection for articles on the topic of Black health instead. Drs. Nnorom and Dryden explained why that would be an almost meaningless gesture that would do nothing to highlight how anti-Black racism affects people's health in Canada. And so began a course of learning for me, and the start of a journey for the *CMAJ* Group.

In early 2021, we agreed to move forward with a special issue, the gestation of which turned out to be neither straightforward nor easy. *CMAJ* advertised for Black health scholars to join a group that would oversee the work. In collaboration with BHEC, the working group (comprising scholars and *CMAJ* editors) put out a call for papers. Emails of intent and submissions began to come in. However, at the beginning of 2022 the project almost stalled because actions taken by *CMAJ* damaged the working group's trust, which needed to be rebuilt.¹

Despite this rocky course, the call for papers for a single special issue resulted in more than 20 manuscript submissions from across Canada by the deadline. All articles were carefully reviewed by the special issue working group, and most submissions were sent for external peer review as per *CMAJ*'s usual processes. Such a wealth of excellent content was deemed suitable for inclusion in the special issue that we have decided to publish 2 back-to-back special issues. Moreover, 1 article not selected for the special issue has been published in a regular issue of *CMAJ*,² 1 has been published in *CMAJ Open*³ and 1 was posted on *CMAJ Blogs*.⁴

Topics of articles range from the experiences of Black medical students, resident physicians and nurses in Canada, to efforts to address historical anti-Black racism in health care professions via curricula and targeted mentorship programs, to the effects of anti-Black racism on health and patient care, to an innovative model of embedding Afrocentric principles in health care delivery.

Our initial “no” to publishing a special issue could perhaps be categorized under “how white people often react when asked to act to combat racism.” That is, we are happy to say nice things and make gestures of minimal inconvenience, but we seldom want to disrupt our systems in a major way or take action that may diminish our power and white privilege.

I consider myself to be a feminist. Since I became editor-in-chief of *CMAJ* I often repeat to myself the mantra, “It is not in my job description to uphold the Patriarchy,” a phrase I heard from engineer and academic, Dr. Monica Cox.⁵

The author and social activist bell hooks defined feminism as “the struggle to end sexist oppression.”⁶ She explained that feminism started out as much an anti-racism and anti-oppression movement as a gender-equity movement. But as the feminist movement went on to be academized and co-opted by women with privilege — mainly white women — and *their* voices were preferentially amplified by media, anti-racism and anti-oppression took a back seat. hooks quoted Mary Barfoot's observation that many privileged women became “Sisters of the Patriarchy” when they gained greater access to power alongside men.

As a white woman in a privileged position, I'm at risk of being a sister-of-the-patriarchy feminist — the kind that could choose to willfully “not see” or at least not work actively toward ending the continued oppression of others. I grew up in South Africa during Apartheid, and as a student I campaigned to end that oppression. Training to be a physician during the early years of the HIV crisis, I got to see first-hand how anti-Black racism worked to deny treatment to Black people in Africa, with devastating consequences. It has, however, been more of a challenge for me to recognize less overt anti-Black racism, the wider effects of colonialism and the ways in which I perpetuate these things or fail to actively address them.

Reflecting on the excellent articles that will be published in the 2 special issues, I am inspired to build on the foundations they lay. The special issues are a start, yet more work needs to be done by the CMAJ Group and academic journals to address racism in systems and processes. To those readers of *CMAJ* who think the journal has become sickeningly woke of late and should stop banging on about racism as a health concern, I'm afraid you will be disappointed.

I thank Drs. Nnorom and Dryden for bringing forward the idea of the special issue in 2020 with the support of Dr. Mark Hanson, and for challenging me to create a space for it to happen. I thank the members of the special issue working group — Dr. Mojola Omole, Dr. Notisha Massaquoi, Ms. Camille Orridge, Dr. Bukola Salami, Dr. Andreas Laupacis and Ms. Erin Russell — who have given so many hours of their time to this project. Lastly, I thank the authors who have worked faithfully with us over months to develop their articles for publication. May you continue to consider CMAJ Group journals as a receptive and safe place for you to submit your work.

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Competing interests: www.cmaj.ca/staff

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