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***Creative Nursing* Vol. 27 #1 – In It Together: Dismantling Systems of White Supremacy**

FROM THE EDITOR-IN-CHIEF: Calling It What It Is: The Language of Equality, by *Marty Lewis-Hunstiger, BSN, RN, MA, retired pediatric nurse and preceptor, Editor-in-Chief of Creative Nursing, copy editor of the Interdisciplinary Journal of Partnership Studies, and affiliate faculty member in the School of Nursing at the University of Minnesota.*
In *Creative Nursing 2020* we were Seeing Beyond: Beyond Borders, Beyond Gender, Beyond Traditional Measurement, and Beyond Current Care. As we sent each issue out into the universe, events were unfolding around us that challenged our profession, our actions as citizens, and the lives and health of millions of people around the world. We chose for our overarching theme for 2021, In It Together, and named our four issues as calls to action: Dismantling Systems of White Supremacy, Breaking New Ground for Leadership, Engaging the Public in Public Health, and Promoting Planetary Health.
These are word choices we have to make now, calling it what it is. We are accountable for learning a vocabulary new to many of us: whiteness, white advantage, white privilege, and white fragility; antiblack racism, racialization, and racial disparities; allies, activists, collaborators, and co-conspirators; unconscious bias and systemic bias; microaggressions; tone policing; calling out and calling in. And words we thought we knew, used in new, challenging ways: bodies, intentional, epigenetics, othering, trauma, epidermal, underrepresented.
How to describe absences: What is the difference between the aspirational "I treat everyone equally" and the dehumanizing "I don't see color"? Between active antiracism of confronting dehumanizing behavior in the moment, and passive "I'm not racist – I grew up near a Reservation"? How do we make overt the covert environment that surrounds us – of white as the norm, the default, appearance; white history as the accurate history; and white values (whatever that is) as the only values that should guide us?
How graphic can we get in calling out the horrific, dehumanizing actions of so many citizens, past and present? How completely can we stop blaming victims of health disparities? And how strongly can we word the news that race is a social construct, with no basis in the science that nurses love to claim? The nursing profession has elements of its own history and current status to answer for. In this issue we talk about racism in our education, in the organizations and systems where we provide care, and in the way we treat each other.

FROM THE GUEST CO-EDITORS
Sharing Our Stories and Holding Our Past to Task, by *Tammy Sinkfield-Morey, DNP, RN, PHN, CRRN, Nursing Supervisor at Gillette Children's Specialty Healthcare in St. Paul, Minnesota and Minnesota Hospital Association's 2019 "Caregiver of the Year" for her work in Storying, and Diversity and Inclusion; and Teddie Potter, PhD, RN, FAAN, Clinical Professor, Director of Planetary Health, and Specialty Coordinator of the Doctor of Nursing Practice in Health Innovation and Leadership program in the University of Minnesota School of Nursing.*
These two nurses, growing up at the same time only a few miles from each other, had very different career experiences; both have become strong leaders. They came together as colleagues in conversation "to help us understand how we can better use our leadership to acquaint nurses with the insidious ways that systemic racism endures to the point of constancy

and serves to diminish the experience of healing for all of us and destroy it for some of us." They recount their parallel stories, characterizing them as "reflections of our shared geography and our shared generation; they illustrate that for both of us, our lives were colonized by whiteness—just in very different ways."

Entrenched White Supremacy in Nursing Education Administrative Structures, by *Brigit Maria Carter, PhD, RN, CCRN, Associate Professor and Associate Dean for Diversity and Inclusion at Duke University School of Nursing in Durham, North Carolina, and G. Rumay Alexander, EdD, RN, FAAN, Professor in the School of Nursing and former Associate Vice-Chancellor for Diversity and Inclusion/Chief Diversity Officer at the University of North Carolina at Chapel Hill, and past president of the National League for Nursing.*
These authors confront the entrenched white supremacy that maintains and reinforces the disparities in representation between white nurses and nurses of color in leadership positions in schools of nursing. They present statistics about these disparities within faculties, as well as data about the Browning and graying of America that make a diverse nursing workforce ever more crucial. But they also remind readers of the anecdotal disparities: the stories of white people in faculty leadership positions that contain the theme of being "chosen" – that "someone saw something in them," in contrast to stories shared by faculty of color who feel the need to meet many requirements, earn countless certifications, and complete endless fellowships, to achieve the same positions as their white counterparts. "Values cannot be aspirational; they must be lived. Diversity is a fact that can be measured. Equity is a practice. Inclusion is a goal. Where the implicit is not made explicit, injustices flourish."

ARTICLES AND ESSAYS
Understanding Racism as a Historical Trauma that Remains Today: Implications for the Nursing Profession, by *Roberta Waite, EdD, PMHCNS, ANEF, FAAN, Professor of Nursing and Associate Dean of Community-Centered Health and Wellness & Academic Integration in the College of Nursing and Health Professions at Drexel University, and Deena Nardi, PhD, PMHCNS-BC, FAAN, psychotherapist at Cathedral Counseling Center in Chicago, Illinois.*
The authors define the terms whiteness, white supremacy, racialization, antiblack racism, white privilege, and historical trauma. They remind us that "racial images influence the world and produce character assumptions; however, racialization is rarely applied equitably to all humans." They advocate that "nurses must understand themselves as racial beings, to better comprehend what is occurring in society and to assess the presence of whiteness in our systems." The work of antiracism is done through using resources to better understand how racism and its legacy of racial trauma and terror can persist in this nation.

Revolutionizing the Nursing Curriculum, by *Brigit Maria Carter, PhD, RN, CCRN, Associate Professor and Associate Dean for Diversity and Inclusion, and Beth Cusatis Phillips, PhD, RN, CNE, CHSE, Associate Professor and Director of the Institute for Educational Excellence, both at Duke University School of Nursing in Durham, North Carolina.*
These authors advocate for incorporating social determinants of health (SDH) throughout nursing curricula: Teaching assessment of SDH creates an invaluable context for future nursing professionals to provide appropriate delivery of care, health education, and recommendations

and longitudinal support to patients and families of various populations. Race and ethnicity are social constructs that artificially divide people into groups based on characteristics such as physical appearance, ancestral heritage, cultural affiliation, cultural history, ethnic classification, and the social, economic and political needs of a society at a given time.

White Supremacy and Rooting Out Racism in Nursing Education, by *Amie Koch, DNP, FNP-C, RN, ACHPN, Assistant Professor at Duke University School of Nursing in Durham, North Carolina and a family nurse practitioner in palliative care.*
This author advocates for openness about race, and advocates against color-blindness. Health-care professionals and health-care systems cannot embrace the values needed to reduce health disparities if they are governed by prohibitions against open and honest discourse. Noticing differences is part of healthy neurological development; racial colorblindness damages children's ability to embrace equity and distorts their engagement with and interpretation of reality. Educators must make a commitment to learning and teaching the truth that racism, oppression, and white privilege have as great an impact on health as biology and genetics.

A Nurse Educator's Perspective about Institutional Racism and White Supremacy in Nursing Education, by *Amy Harding, DNP, RN, Assistant Professor in the College of Nursing and Health Sciences at Metropolitan State University in St. Paul, Minnesota.*
Nursing curricula often include aspects of "culturally competent care" that racialize non-white cultures and focus on differences between Black and Brown patients as compared to White patients. These messages are hardly noticeable by many white faculty and students, covertly reinforcing the bias that the white experience is normal while all other experiences are abnormal; left unexamined, this bias will continue to be passed on to future nursing generations. This author cites behavioral norms for students that are often disparately enforced: Students of color risk being labeled as difficult, unprofessional, or as 'playing the race card' when pointing out inequities. Without acknowledging experiential differences, oppression of students of color will continue, and diversity in the profession of nursing will continue to be more difficult to attain.

Recruiting Underrepresented Students for Nursing Schools, by *Vernell P. DeWitty, PhD, RN, Director for Diversity and Inclusion at the American Association of Colleges of Nursing, and David Byrd, PhD, Associate Dean for Admissions and Student Services in the School of Nursing at the University of Texas Health Science Center San Antonio.*
These authors present creative strategies to foster diversity of applicants to schools of nursing: Categorize nursing as a Science, Technology, Engineering, and Mathematics (STEM) field grounded in science and evidence-based practice, spurring students interested in STEM to consider nursing as a career option and opening additional revenue streams. "Recruit for a diverse teaching force to enhance availability of nursing faculty who resemble the students they support." Advertise community initiatives focused on social justice efforts; demonstrating "commitment to addressing health-care disparities can be particularly attractive to students who have lived with those inequities throughout their lives."

Dismantling Systems of White Supremacy and Systemic Racism at Children's Minnesota, by *James Burroughs II, JD, Chief Equity and Inclusion Officer for Children's Minnesota,* one of the largest freestanding pediatric health systems in the United States.
This article presents the structure of a thriving Equity and Inclusion Department, stories of successes, and practical suggestions for organizations wishing to develop their own E & I departments and/or initiatives. We dismantle systemic racism and promote equity through making sure patients and families are getting care that takes into account their race, ethnicity, religion, gender, gender identity, and any other signifiers of who they are as people. Organizations will have better success with patient satisfaction metrics when there is a team that is formalized, focused, and funded, actively seeking to improve the experience of the entire workforce through equity and inclusion. We must intentionally put systems in place to recruit and retain a racially diverse group of employees and partners, so that our pool of qualified job applicants, our staff of caregivers, and the people who help build and maintain our infrastructure better reflect our patients and families.

Moving from Allyship to Antiracism, by *Rebecca Smith, BSEd, writer/editor and Creative Nursing editorial board member in Minneapolis, Minnesota.*
The author challenges her fellow white people (particularly white Americans) to admit that we live in a world that centers whiteness constantly, to use reflection to neutralize our defensiveness and understand our own motives, and to take responsibility for staying present even when our trauma has been triggered. She states, "If the truth is that the fates of all humans are inexorably intertwined, then the supposed supremacy of any person or group is a lie; in the case of white supremacy, it's a lie on which our entire American system is based."

THE VOICE OF PATIENTS AND FAMILIES

Uprooting Racism: The Role of Nurses in Cultivating Improved Maternal Outcomes for Black/African American Women, by *Jacquelyn McMillian-Bohler, PhD, CNM, CNE, and Angela Richard-Eaglin, DNP, FNP-BC, CNE, FAANP, both Assistant Clinical Professors at Duke University School of Nursing in Durham, North Carolina.*
"Adverse maternal outcomes of Black and African American women occur when the effects of structural racism reverberate through the determinants of health." The physiological impact of caregiver disregard, stereotyping, and microaggressions on health outcomes is magnified by the psychosocial impact: "Patients may feel reluctant to disclose critical health information or to follow medical advice if their provider appears to minimize or dismiss their concerns, or fails to respond to symptomatic complaints due to racism. Moving nursing practice toward health equity requires intentionality, mutually beneficial collaboration with patients, and nursing practices that support the social, physiological, economic, and environmental determinants of health."

REFLECTING ON OUR HISTORY

The Origins of Incivility in Nursing: How Reconstruction-Era Policies and Organizations Impacted Social Behavior within the Nursing Profession, by *Erika Samman, PhD, MA, BSN, RN, medical writer in Dallas, Texas with research interests in social science, population health, and disease management.*

This article traces the origins of uncivil social behavior within nursing to post-Civil War policies and organizations that involved the developing profession. The knowledge required to assume this new role was limited by race; “while the opportunity to work in a self-supporting occupation outside domestic service naturally attracted educated Black women, most of the nursing schools that came into existence after the 1870s excluded them. As institutions that shaped racial interactions, military hospitals played a key role in advancing and reproducing the hierarchies of privilege and subjugation invisible to the Whites who made them.”

Historical Theoretical Perspectives to Consider in the Application of Community-based Interventions for African Americans and Communities of Color, by *Pandora Goode, PhD, DNP, CNE, FNP, Assistant Professor of Nursing at Winston-Salem State University in North Carolina.* The primary care that people of color receive in their communities is often informed by venerable theoretical models such as the Health Belief Model, the Theory of Planned Behavior, and Bandura’s Self-Efficacy Theory, whose relevance to the populations being served may be unclear. “Understanding historical and theoretical perspectives and assessing their appropriateness for an intervention are important to understanding how the knowledge generated by the theories is to be applied.”

MEDIA REVIEW

***Me and White Supremacy: Combat Racism, Change the World, and Become a Good Ancestor,* by Layla Saad,** *Reviewed by Nicholas Tangen, MA, OblSB, community organizer and faith formation educator in the Evangelical Lutheran Church in America.*

There are many resources to help us learn more about the unconscious biases we all carry. Reviewer Nick Tangen concludes that “White folks often find ourselves buying into the myth that right ideas or a good heart will lead to good policy, which has almost never been borne out in American history.” He reports that this particular book includes jargon that may be unfamiliar to readers new to the topic, but, “for readers who are aware of and at least somewhat comfortable with the language associated with popular anti-racism writings and are ready to dig deeper, Saad’s book can offer a helpful and in-depth process for decolonizing their own minds.”

Next issue is Vol. 27 #2, In It Together: Breaking New Ground for Leadership, published in mid-May 2021.