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Title

Issue: Racism, Discrimination, and Health Inequities Associated With HIV and LGBTQ Health

Permalink

<https://escholarship.org/uc/item/9425g45h>

Journal

Journal of the Association of Nurses in AIDS Care, 32(4)

ISSN

1055-3290

Author

Dawson-Rose, Carol S

Publication Date

2021-07-01

DOI

10.1097/jnc.0000000000000277

Peer reviewed

1 Dear ANAC members and *JANAC* readers,

2

3 With the publication of this issue on **Racism, Discrimination, and Health Inequities**
4 **Associated with HIV and LGBTQ Health**, I would like to take the opportunity to discuss
5 ANAC's work to address diversity, equity, and inclusion (DEI). The ANAC DEI committee is an
6 active space for Black, Indigenous, and People of Color (BIPOC) members and advocates
7 working to advance anti-racist, anti-oppressive, and inclusive strategies at the community,
8 professional, and policy levels. The Board of Directors is also working on a few DEI initiatives,
9 and one of my personal priorities as ANAC President is to bring our attention inward in order to
10 enact internal change that is responsive to our organization's anti-racism work.

11

12 Structural racism and discrimination are supported and nurtured by institutions (Pender, 2020).
13 As HIV professionals, we know this to be true. We see the many HIV policies just within the
14 United States that have been enacted over the years that overtly support discrimination based on
15 race, gender, and LGBTQ+ identity, and that have resulted in vast inequities in prevention,
16 treatment, and care. These include, for example, HIV criminalization laws, as well as the lack of
17 protections against discrimination in public accommodations on the basis of sex, gender identity,
18 and sexual orientation (GovTrack.us; U.S. CDC, 2020).

19

20 Addressing such structural racism and discrimination is part of ANAC's core values. But to have
21 a true impact on the world around us, we first have to turn our attention inward, examine our own
22 internal structures, and employ anti-racism approaches within our own organization. To begin,
23 we need to recognize and name the institutional biases that exist within our own organization. As
24 nurses and members of the health care team, who work to care for others, it may be difficult to
25 accept that racism and discrimination can happen within our own organization. We want to
26 believe that we don't have policies that are biased or that may produce unequal access to
27 opportunity and visibility. But this may not always be the case.

28

29 An area of focus for me now is the way that our organization and leaders respond to external
30 requests for expertise. For example, when we are asked for an ANAC representative to
31 participate in updating U.S. Health and Human Services Treatment Guidelines, who do we
32 recommend? How do we choose the individuals who will represent our ANAC membership, or
33 who will speak in prominent venues such as the International AIDS Conference plenaries or
34 ANAC webinars? Not only do these groups and fora provide ANAC with a seat at the table, but
35 they are also settings of power and opportunities for ANAC to promote the voices of our diverse
36 membership that are important but often unheard.

37

38 Our policy to date, while not necessarily racist, introduces bias. No matter who we are or where
39 we are from, we all have biases that affect our professional decisions. Affinity bias – having a
40 more favorable opinion of someone like us – is one of the most common (Turnbull, 2014). In
41 hiring, this often means referring or selecting a candidate who shares our same race or gender, or
42 who went to the same school, speaks the same language, or reminds us of our younger selves. In
43 ANAC-speak, affinity bias may manifest as, "Oh, I worked with so-and-so and they are an expert
44 on that topic and they are really great." And while that may be true, it concentrates access to

45 opportunities among a few and excludes the diverse voices that can truly make change. By
46 explicitly acknowledging that we all have biases and creating a space to call them out, we have the
47 opportunity to hold ourselves and each other accountable (Tulshyan, 2019).

48

49 One way that we are addressing this issue within ANAC is through the creation of the Subject
50 Matter Expert Database, which was developed by our new Director of Education Programs, Kara
51 Buell, MSN, RN. This database will provide a resource for ANAC members to use for grant
52 submissions, programs, webinars, continuing education opportunities, calls for external
53 nominations, expert committee representations, and so forth. All ANAC members have received
54 a survey of their skills, interests, and expertise, and this information will be used to populate the
55 database. Once created, the database will be available to ANAC leaders for review when
56 responding to requests for ANAC representation. This database and the internal protocol about
57 how the information is used – including an evaluation of its use – is one mechanism for us to
58 change internal practices to move our anti-racism, anti-oppression work forward.

59

60 In addition to the development of the database, we are working on an internal process and policy
61 that will result in decreasing bias organizationally. One example of how this is being
62 operationalized is that the Board of Directors is doing active outreach to all ANAC members
63 who are eligible to run for an office or Board position. Some members have served as committee
64 members and chairs yet do not believe they have the skills or qualifications or anything to offer
65 at the national level. The Board and the national staff are spreading the message widely that
66 **everyone has an important voice**, and we invite you to step forward.

67

68 Racism and discrimination are inherently based in power differentials. If we truly want to
69 dismantle racist and biased structures and policies, we must share power, broaden decision-
70 making, and re-allocate opportunities. As professionals who promote health and well-being, we
71 must set an example and begin to change the world. (ANAC members, we know how to do this!)
72 We must begin with our own organization. We must create change and be held accountable.

73

74 I encourage all of you to become more involved in ANAC's DEI Committee, in leadership
75 positions within the organization, and in anti-oppression efforts in your own communities. And,
76 as always, please let me know if you have comments, concerns, or suggestions about ANAC in
77 general, or ANAC's anti-oppression efforts. This is an issue that is so important to me, as I hope
78 it is to you.

79

80 Sincerely,

81 Carol Dawson-Rose

82 President, Association of Nurses in AIDS Care

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