Time to Act: Confronting Systemic Racism in Communication Sciences and Disorders Academic Training Programs

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Abstract: The intent of this paper is to radically shift engagement around the types of questions we ask around racism in communication sciences and disorders (CSD). We propose to move conversations away from diversity and inclusion and go deeper to look at the racist systems of oppression in higher education that have produced our predominantly white field. This low number of representations of racial minorities in CSD is extremely problematic and has deep, harmful and far reaching implications. The perpetuation of white production of knowledge and white culture harms minority students, faculty and clients, clinical service delivery, coursework content, and the research enterprise. In this paper, we attempt to communicate the complexity of this issue as it relates to our profession and offer ideas that at least get the discussion started. In doing so, we (a) introduce the topic in the context of the history of racism in America and how white fragility makes this topic difficult to hear, (b) provide a problem statement specific to CSD, (c) introduce the concept of systems of oppression and how this concept can change how we face racism in CSD, and (d) provide future directions.

I. Introduction

"There can be no diversity and inclusion without transformation and justice."

Angela Davis (Whitman College, 2020)

On April 16, 1963, Dr. Martin Luther King Jr. penned his famous letter from the Birmingham, AL, jail in which he stated the following "First, I must confess that over the past few years I have been gravely disappointed with the white moderate. I have almost reached the regrettable conclusion that the Negro's great stumbling block in his stride toward freedom is not the White Citizen's Councilor or the Ku Klux Klanner, but the white moderate, who is more devoted to 'order' than to justice; who prefers a negative peace which is the absence of tension to a positive peace which is the presence of justice; who constantly says: 'I agree with you in the goal you seek, but I cannot agree with your methods of direct action'; who paternalistically believes he can set the timetable for another man's freedom; who lives by a mythical concept of time and who constantly advises the Negro to wait for a 'more convenient season.'" (King, 2014).

Neither author of this work was born when King wrote this letter. Yet 57 years later, little has changed in America, as we are asking the same questions and calling for this to be the season of racial justice and equity. The field of communication sciences and disorders (CSD) has not been spared from this discussion. Recent events suggest science and science-related fields have made very little progress in the areas of racial justice and equality since Dr. King's speech. And the reason we seem to be back in 1963 is systematic racism. Just the notion of systematic racism may cause some, but not all, readers to experience anger, fear, and guilt from simply reading this passage, and others may even withdraw from this paper altogether. However, we hope that if you are one of those who feels discomfort, you will read this paper in

its entirety for education, expansion of thought, and the quest for deeper awareness around these issues that can move us forward one step closer toward justice.

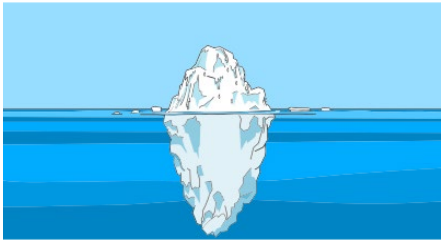
Although recent national dialogue about race and racism in America suggests publicized police shootings and subsequent protests have opened the eyes of many who saw themselves as previously unaware, systematic racism has always been right in front of us, because it permeates the fabric of America in most walks of life. To fully understand the extent of the issue, one must first understand that systematic or individualized racism for that matter is not simply about “mean people” being racist to others.

Systematic racism in America, born of genocide and slavery, is an organized system embedded in the fabric of society that creates benefit for some and oppression of others. For individualized racism, one may not be the organizer of the system but an unknowing or uncaring benefiter from the system. Just as a fish who swims in a fishbowl is unaware of the water that keeps them alive, rarely are those who are benefitting from the system aware of the benefits because it is part of the foundation of their lives. Yet, the beneficiaries of the system should not be absolved for their lack of awareness because, ultimately, they are complicit in enabling the system that continues to roll along unchecked, oppressing those around them.

Much like the academy as a whole, white supremacy shapes the field of CSD. Yet as a field, we have largely failed to take up this reality and to address the ways in which systemic racism pervades every aspect of what we do. We make this claim unapologetically, while we, at the same time, recognize that some will view our stance as political, and maybe even as something that falls outside of “appropriate” academic discourse. To this, we suggest that we as a field can no longer afford to turn away from these matters, whether this makes us uncomfortable or not. The effects of systemic racism are literally about life and death, and our attention to these matters is long overdue.

So, why is systematic racism so hard to discuss in our predominantly white field when many believe addressing the problem is everyone's responsibility (Issaka, 2020)? According to Robin DiAngelo (2018), the difficulty is centered on the concept of "white fragility." DiAngelo, a white academic, lecturer, and author, states that white fragility is born from superiority and entitlement and projects white advantage (DiAngelo, 2018; Kegler, 2016; Rex, 2020). She argues that whites "are unable to see themselves in racial terms." Most whites live in a society that is deeply separated by race without any clear recognition of the racial divide or, if they are aware, unclear as to the deeply entrenched systemic causes. Furthermore, whites are insulated from racial stress, yet at the same time are offered the freedoms and benefits of society. Many whites can go through their entire lives without experiencing any form of racial discomfort and consequently wonder, "Why do Blacks think about and talk about race so much?" It is tenable that whites rarely have to think about race, thus they don't talk about it. Yet such an absence of considerations of race or racial discomfort can translate into an internalized sense of superiority, thereby making conversations about race difficult. Further, because many progressive whites feel they are not racist, they spend a lot of time telling Black, Indigenous, and people of color (BIPOC) that they understand racism and, at the same time, are likely not engaged in the hard work to change the systems in which they live and benefit. The lesbian poet and literature professor Audre Lorde refers to this phenomenon as "the master's tools will never dismantle the master's house" (Lorde, 1984). This stance positions whites to do great harm to BIPOC, whether or not they know it or want to.

Regardless of your current position on the events of America, whites in the field of CSD owe our BIPOC colleagues, students, faculty, and staff the respect of reading this article and possibly feeling some discomfort and/or anger. We need to shift the focus of our conversations and



"Tip of the Iceberg." Reprinted from OpenClipArt.org.

the types of questions we ask about the problems in the field that we have collective passion and love for. CSD spends a large percentage of time focused on indicators of diversity and inclusion—indicators representing only the tip of the iceberg. In doing so, we have ignored the deeper racist systems embedded therein (i.e., the iceberg that lies beneath the surface of the water).

For decades, we have emphasized surface level measurement of issues of diversity and inclusion yet have given little consideration to how such an approach impacts (positively or negatively) the many stakeholders of our field. We have diligently captured indicators of diversity and inclusion, such as tracking the number of underrepresented minority students admitted to programs, amount of scholarships given, number of faculty trainings offered, and extent to which safe spaces on campus have been created where minoritized students of various identities can share and organize (Stewart, 2017). However, we have yet to examine (or maybe report) indicators of their equity in the field, success in the field, satisfaction in the field, or, more importantly, their likelihood of recommending the field to others like them. While we recognize the importance of these surface level indicators, such measures do not address or change the negative systems that BIPOC clinicians in the field, their clients, and other stakeholders face.

So, why is the focus not on the systems? It is likely due to the higher education culture in which CSD programs reside. D. L. Stewart (2017) calls indicators of diversity and inclusion in higher education the “language of appeasement.” University leaders feel compelled to measure and report them as a mechanism to balance BIPOC student and faculty voices and their supporters. Further, such reporting satisfies the trustees and donors and can result in the hiring of chief diversity officers, the creation of endowments for scholarships, and even launching cluster hires for faculty of color—neither of which addresses the root cause or the issues in a

transformative manner. These efforts end up appeasing the protestors, trustees, and donors without truly transforming the systems they are believed to address (Stewart, 2017).

As educators and scholars, both authors of this piece realize that understanding the context of information is critically important. We realize it's rarely what you say that is important, but rather what people hear and how they process the information is what counts. Along these lines, it is important for the authors to state their positionality as it relates to how their individual identities bias their view of this topic. *Positionality* is "the social and political context that creates your identity in terms of race, class, gender, sexuality, and ability status. Positionality also describes how your identity influences, and potentially biases, your understanding of and outlook on the world" (Dictionary.com, n.d.). Individual positionality and *intersectionality* (interconnected nature of race, class, gender; Crenshaw et al., 1996) can affect the way in which an individual constructs or views a topic or question. A discussion of this material matter requires a clear statement of our positionality.

Ellis is a middle-aged, African American, politically independent male and first-generation college graduate. He was born and raised in the deep South and has faced personal and professional racism at many life points. Three of four grandparents were deceased before he was born and his parents died at 45 and 51. Those events created a generational void of sustained family mentorship and resulted in personal struggles that were magnified by typical societal issues of his life. However, his early family structure and development plan centered on the belief that talent is within each of us no matter what color you are. We must identify that talent; it must be nurtured and carefully instructed. The identified talent must be combined with hard work, humility, and the continued development of the kind of insight that is necessary to overcome the racial divide that exists. When there is a majority and a minority, racial discrimination and oppression is a given, and there was no way around it. Yet, he was groomed to have the mental toughness required to deal with the ills of society and the negative

perceptions of the Black man. He was educated at predominately white institutions and, since completing his PhD, much of his research energy has been devoted to understanding health disparities, whether in the field of CSD or in the greater area of chronic disease. Ellis is an adopted parent and has been married for over 30 years. Despite many barriers, he consistently made it his goal to default back to his family's teachings that the ability to achieve is within, and the desire to improve and advance must always overcome whatever societal barriers are placed in front of him.

Kendall is a middle-aged, white, queer, politically liberal female who is a first-generation college student. She was raised in Appalachia in a conservative, fundamentalist Christian, and oppressive culture. She was forced out of her home for her decision to attend college, and her undergraduate studies were funded by the Federal Pell grants for students who demonstrate financial need. She received her education in CSD and Public Health from predominantly white state universities located in the United States. Her early clinical career was in acute care hospitals and rehabilitation centers, and her academic career was at higher education institutions as a faculty member, department chair, a member of the college council, and researcher at the Veterans Administration hospitals. She is a single parent of an adopted African American daughter whom she adopted at birth. Through her intersectionality, she has benefited from the privileges of the white higher education system and CSD field about which she writes, while at the same time she has witnessed and attempted to disrupt systemic injustices in the higher education systems in which she has worked.

II. Problem Statement

A. Change Needed in CSD Membership Composition

The CSD field currently lacks racial, ethnic, and gender diversity. In 2013, *The Atlantic* ranked the field of speech-language pathology as the fourth whitest job in America (Thompson, 2013). At the same time, speech-language pathologists are the number one female-dominated

job (Becker, 2017). Along those lines, the demographic profile of the American Speech-Language-Hearing Association (ASHA) has changed very little over the past 25 years. The ASHA 2019 Affiliate Report documented that of the 210,716 members and affiliates, 92.2% identify as white race (ASHA, 2019). Although the membership totals have increased by over 70,000 members and affiliates over a 21-year period, there was virtually no change in the percentage of non-white racial minorities in the field (ASHA, 2009). A closer look by ethnic background does, however, suggest some change. In 2009, 6.9% of ASHA membership and affiliates identified themselves as racial minorities, compared to 8.3% in 2019. However, these improvements do not reflect changes in the demographics in the United States, where racial minorities now make up roughly 40% of the population (U.S. Census Bureau, 2020).

The low representation of racial minorities in CSD is extremely problematic and has deep, harmful, and far-reaching implications through the perpetuation of white production of knowledge and white culture. This combination negatively impacts BIPOC students, faculty, and clients; clinical service delivery; coursework content; and the research enterprise.

Specifically, the largest percentage of ASHA members provide clinical services, and it is generally believed that the workforce should reflect the current diversity that exists in the nation as a mechanism to reduce disparities in health outcomes and client satisfaction (Issaka, 2020). ASHA's membership does little to approximate those targets, and the continued lack of change in diversity suggests little consideration to who the lack of diversity affects or who it helps. When one group of educators and clinicians control all aspects of the enterprise, then ultimately the enterprise continues to replicate itself with little focus or concern about the dramatically changing demographics of the population being served. Consequently, no new diverse knowledge nor diverse practitioners with skill sets to address the new demographics emerges. In his piece "Time To Look in the Mirror," Thorp (2020, para. 7) argues that the first step for science and scientists is "to say out loud that they have benefitted from and failed to

acknowledge, white supremacy." Whereas his focus was on research, we are courageously taking a first step in trying to communicate the complexity of this issue as it relates to our profession and offer ideas and thoughts that at least get the discussion started and the ball rolling for change.

B. Beyond Cultural Competence

Cultural competence is a centerpiece initiative in CSD and other allied health professions/rehabilitative professions. The intent of cultural competence is to address issues related to improving clinical and educational outcomes in a diverse population. Consequently, a great emphasis has been placed on the need to improve the cultural competence of providers and researchers in the field as well as broadly in the health professions. We do not argue against this premise. However, it appears that too much weight has been placed on this one approach to improve the services to a diverse population. In order for providers to provide culturally competent care, they must understand the unique cultural variables and dimensions of diversity necessary to ensure that patient–provider interactions are optimal, thereby enhancing clinical outcomes (ASHA, 2017). A key aspect of understanding how to provide culturally competent care to a diverse population and care that improves outcomes in a measurable way is missing from the conversations. The current approach ignores the historical context of individuals, their families, their communities, and the communities in which they live. That is, current approaches frequently ignore how social determinants of health impact our clients' individual environments and, in turn, affect their overall health. More importantly, clinicians must also consider how these environments operate synergistically with the cultural characteristics of our clients to impact (positively or negatively) the outcomes we are trying to achieve.

At the same time that the field has emphasized cultural competence, training standards related to cultural diversity have changed over the past two decades, thereby allowing programs to choose between either a standalone course in multiculturalism and diversity or infuse it into

programs. Many programs moved to the elimination of the standalone course and opted to focus on infusion. Some programs are adequately positioned for such a change; however, it is unclear how infusion actually occurs or is measured in courses that focus on the many core concepts related to the topic area. Additionally, there is concern that some individuals are leading diversity efforts and courses with very little training or understanding of their own implicit racial biases as well as the ever-changing literature related to diversity and how that information translates and impacts the field. Ultimately, it is students who leave programs with very little understanding of concepts such as “diversity,” “culture,” “social determinants,” and the colonized view of medicine or the interrelationships between these concepts and how they ultimately influence their service provision and outcomes (positively or negatively). In such instances, it is the profession and the clients that we serve who suffer.

Another area of concern that has emerged nationally related to the issue of cultural competence is how outcomes are measured after cultural competence courses and training. Thus, a key question that must be asked is, “Is this major focus on cultural competence having any real impact?” A recent report completed by the Agency for Healthcare Research and Quality related to cultural competence training among healthcare providers indicated that “most of the training interventions measured changes in professional attitudes toward the population of interest but did not measure the downstream effect of changing provider beliefs on the care delivered to patients” (Butler et al., 2016, p. viii). Additionally, the report noted that “the term ‘cultural competence’ is not well defined for the lesbian, gay, bisexual, transgender, queer (LGBTQ) and disability populations, and is often conflated with patient-centered or individualized care. There are many gaps in the literature; many large subpopulations are not represented.” Consequently, cultural competence training has centered on counts of who has or has not been trained to provide culturally competent care rather than how has the training

impacted attitudes and beliefs and, subsequently, how has that change in attitudes and beliefs improved clinical outcomes and satisfaction with care.

ASHA (n.d., para. 4) notes, “Developing cultural competence is a dynamic and complex process requiring ongoing self-assessment and continuous expansion of one's cultural knowledge. It evolves over time, beginning with an understanding of one's own culture, continuing through interactions with individuals from various cultures, and extending through one's own lifelong learning.” Therefore, traditional training approaches, even if offered once in an academic program or annually by employers, may not have the desired effect given the time needed to make change.

Ultimately, it is our hope that the field can move beyond surface-level discussions of diversity/inclusion and cultural competence to deeper discussions and action centered on justice and the oppressive systems that disrupt equality. Such a shift could result in practices that reduce racism in our higher education programs, clinical practice, and research enterprises and will consequently improve clinical outcomes and client satisfaction for all populations that we serve.

III. Understanding Systems of Oppression and Why They Matter

The iceberg analogy is again appropriate here, where the tip of the iceberg symbolizes a focus on cultural competence and measuring indicators of diversity and inclusion, while the iceberg beneath the surface symbolizes the complex and deeper issues pertaining to equity and justice and how those issues are disrupted due to oppressive systems.

We assert that the deeper issues in CSD academic programs have been created by a predominately white higher education system in which most of our programs live, coupled with a training process that has not carefully considered nor integrated issues of social justice (e.g., social burden of disease, deepening awareness of implicit and explicit biases, etc.) and a history of racism. Taken together, the CSD field continues to engage in a cycle that must be disrupted.

The system has to extend beyond being a simply a white higher education system that reproduces white professionals who, in turn, continue to produce the same white knowledge, the same white perspectives, the same white pedagogical approaches, and, in the end, another generation of the same white professionals.

As an illustration of how to shift the types of questions asked of diversity and inclusion to equity and justice, Stewart (2017, para. 13) illustrates these two fundamentally different viewpoints as follows:

- "Diversity asks, 'Who's in the room?'
    - Equity responds: 'Who is trying to get in the room but can't? Whose presence in the room is under constant threat of erasure?'
- Inclusion asks, 'Has everyone's ideas been heard?'
    - Justice responds, 'Whose ideas won't be taken as seriously because they aren't in the majority?'
- Diversity asks, 'How many more of [pick any minoritized identity] group do we have this year than last?'
    - Equity responds, 'What conditions have we created that maintain certain groups as the perpetual majority here?'

    ….
- Diversity asks, 'Isn't it separatist to provide funding for safe spaces and separate student centers?'
    - Equity answers, 'What are people experiencing on campus [or in the department] that they don't feel safe when isolated and separated from others like themselves?'

    ….

- Diversity celebrates increases in numbers that still reflect minoritized status on campus and incremental growth.
    - Equity celebrates reductions in harm, revisions to abusive systems and increases in support for people's life chances as reported by those who have been targeted."

Dowd and Bensimon (2015) point out in their book (dedicated to accountability and equity in U.S. higher education) that diversity initiatives are clearly aimed to improve human relations and tolerance and not to achieve equity. Diversity efforts strive to increase minority representation, to improve intercultural relationships, and to incorporate cultural diversity into the curriculum (e.g., cultural competence courses). Dowd and Bensimon go on to identify specific strategies to achieve such diversity goals (p. 58) that include educating the white (majority) faculty and students about the value of diversity, providing opportunities for interracial and intercultural dialogue, expanding student services and programs to provide a safe space, and hiring diversity officers to oversee such programs. While diversity efforts are valuable, it is important to note that diversity efforts alone do not guarantee a change in climate (inclusion), nor do they change the field upon which the BIPOC students and faculty are playing. Said another way, diversity and inclusion efforts are essentially aimed to help the minority students adjust to a predominately white campus culture, rules, and structure.

So, how do you shift the focus in CSD toward questions centered on achieving equity (i.e., a just state of affairs)? We believe that understanding concepts around interrupting the institutional, symbolic, and individual systems of oppression (Collins, 1993) is an important first step.

Table 1: Measurement indicators for Diversity, Inclusion and Systems of Oppression (Institutional, Symbolic, Individual)

	Indicator	Definition	Examples of how the indicator is measured
Tip of the iceberg	Diversity	Quantifiable measure of individuals and differences within a group (Martinez-Acosta & Favero, 2018)	• Composition of students and faculty • Enrollment and graduation rates by gender, race, ethnicity • Amount of financial aid and scholarships awarded

	Inclusion	A belief that one's experiences are respected by those around you and that your participation provides unique perspectives that help create better solutions (Martinez-Acosta & Favero, 2018)	• Department level climate surveys that capture the following dimensions (Hurtado et al., 2008):
			  ○ Structural diversity: opportunity for intergroup interactions
			  ○ Psychological climate: perceived racial conflict and discrimination, perceived institutional support/commitment related to diversity
			  ○ Behavioral: reports of interactions or contact experiences between and among different groups, participation in campus programs and diversity activities, enrollment in diversity courses

Iceberg beneath the surface	Institutional oppression	Structure that preserves power and privilege and confers subordination (Collins, 1993)	• Examine biased admissions requirements for entrance into CSD graduate programs • Examine student assessment processes • Require that diversity and inclusion criteria are met for tenure and promotion

	Symbolic oppression	Impact of ideologies (e.g., language we use and stereotypes we maintain) on our actions (Collins, 1993)	• Engage in implicit bias testing
			• Hold regular listening sessions where faculty and leadership listen to BIPOC students and faculty
			• Incorporate information in coursework that interrupts stereotypes
			  ○ Issues of race, racism, privilege and marginalization
			  ○ Social burden of diseases
			  ○ Implicit biases in the medical field

	Individual oppression	How our own race, gender, and class frames the ways in which we participate in the institution (Collins, 1993)	• Examine the impact of your positionality in the academic space • Develop awareness that educational and clinical practices are rooted in culture and history

Institutional oppression: The institutional dimension of oppression, such as higher education, maintains a structure that preserves power and privilege and confers subordination (Collins, 1993). Further, Young (2014) uses left social movement language from the 1960s and 1970s to indicate that "oppression designates the disadvantage and injustice some people suffer not because a tyrannical power coerces them, but because of the everyday practices of a well-intentioned liberal society." Implicit in this view is that there is not a clear oppressing group or person; instead, structural oppression involves "conscious actions of many individuals who contribute daily to maintaining and reproducing oppression." You can ask questions of your institution that center on systems such as: In what way are our admissions requirements biased? For example, do you require standardized assessments that have known racial biases? If a student visits your department during admissions season, do you document that visit, which consequently influences your admission decision? Students who are afforded privilege have the resources to afford such visits, which unfairly advantages them over those students who do not. Do you require volunteer experiences for admission into your program? Such volunteer experiences are afforded to students of privilege through availability of transportation and connections in the community. Regarding departmental tenure and promotion criteria, are diversity and inclusion outcomes required for faculty who are going up for tenure and promotion?

Symbolic oppression: The *symbolic* dimension of oppression is defined as the harmful impact of ideologies (e.g., language we use, stereotypes we maintain, implicit and explicit biases) on our actions. Examples of *stereotypes* are symbolic images held by the majority group around gender, race, and class. Collins (1993) points out that one way to dehumanize and devalue an individual or a group is to deny the reality of their experiences (e.g., white women in academia are viewed differently than are BIPOC women). You can ask questions of your

program that center on symbolic oppression such as: Does my predominately white admissions committee have implicit biases that disrupt equitable admission practices? Does my predominately white faculty have implicit biases that do not allow them to fully support their BIPOC faculty colleagues and students? Does the leadership and faculty hold regular listening sessions that afford the opportunity to hear individual voices and learn BIPOC experiences? Are we providing education to our students that will disrupt their own stereotypes?

Individual oppression: The *individual* dimension of oppression has to do with how our own race, gender, and class frames the ways in which we participate in the institution (e.g., positionality). Collins (1993, p. 34) points out that "whether we benefit or not, we all live within institutions that reproduce race, class and gender oppression," and each of our individual demographics and biographies vary tremendously. We stated our positionality in the beginning of this paper in order to frame the multiple ways in which our race, gender, and class frames our life experiences, as well as how it has impacted our view of this work. The treatment that each of us has received in our academic training and careers in higher education varied widely based on our positionality. Individual experiences cannot be overstated, as Collins (1993, p. 35) purports that we each carry around the cumulative effect of our lives within multiple structures of oppression. In shifting the focus to inquire more about the individual oppression dimension, questions can be asked of yourself, such as: What is the impact of my positionality on my teaching? What power does that positionality afford me? You can ask questions of your pedagogy, such as, Do my clinical and classroom teachings encompass increasing my students' awareness of their own positionality?

Collins (1993) uses the antebellum plantation as a metaphor for a variety of American institutions, and we assert that the analogy can be used as a symbol of the institution of higher education in which CSD is steeped. Slavery rested on tenets of white male authority and white male property. Heterosexism was assumed, and all whites were expected to marry. There were

varying amounts of institutional protection given to white affluent women, working class and poor white women, as well as enslaved African American women. Legal rights, education, and control over their own self was stripped from Blacks. Punishment was administered by the whites in the form of killing, branding, whipping, or selling. Collins (1993) points out that the chain of command—affluent white master as patriarch, white wife helpmate and servants—were tied to the white master's production and success. Collins (p. 31) goes on to apply these tenets to contemporary American social institutions and asks the questions about an American college or university: "Is your campus a modern plantation? Who controls your university's political economy? Are elite white men over-represented among the upper administrators and trustees controlling the university's finances and policies? Are elite white men being joined by growing numbers of elite white women helpmates? What kinds of people are in your classrooms grooming the next generation who will occupy these and other decision-making positions? Who are the support staff who fix the leaky pipes and order the supplies?"

The plantation analogy applies to our predominantly white CSD departments and, as such, we are situated to continue to perpetuate the institutional, symbolic, and individual systems of oppression that continue to negatively impact their students and faculty. CSD programs sit in predominantly white institutions of higher education, and the programs are devoid of BIPOC chairs and faculty who, we argue, do not do enough to disrupt the systems of privilege from which they benefit. Too often, there is silence on issues of racism and inequity in higher education and silence on the colonial legacy of the medical model upon which our field is based. Also, BIPOC faculty are asked to lead the department diversity committees, which burdens them with the responsibility to change the very white system that causes them harm (e.g., burden areas that are typically given little value by promotion and tenure committees). We ask if CSD departments are actively examining their own biases that influence their teaching,

clinical supervision, and research practices. Are they examining the power structures at play within the department and the institution?

IV. Where to Next?

So, how do we move forward? This paper was never intended to be a primer on "how-to end systemic racism." Instead, our single intention was to shift the focus and engagement around the types of questions asked. We contend that asking questions around diversity and inclusion will not impact educational systems. Furthermore, systems of oppression should be the starting point around which CSD academic programs and organizations such as ASHA, the Council of Academic Programs in Communication Sciences and Disorders, and ASHA's Council for Clinical Certification in Audiology and Speech-Language Pathology engage meaningful dialogue.

So, how do you ask systemic questions about how the racial makeup of our field operates, who and what it encompasses, and how to begin to dismantle the oppressive systems (Schlesselman-Tarango, 2017)? One lens that could be helpful in asking these questions is critical race theory (CRT; Bonilla-Silva, 2015; Crenshaw et al., 1996). CRT has been used in the social sciences as a framework to identify, analyze, and eventually transform structures that maintain the marginalization and subordination of BIPOC and other gender and sexual minority identities. CRT challenges the ways in which race and racial power are constructed and represented in American society; it infers that racism is more than individual prejudice and is rather a system feature of social structure (Bonilla-Silva, 2015). We propose that CRT would be a transformative lens to examine CSD higher education programs.

Finally, we argue that whites in CSD higher education programs owe it to their current and future generations of BIPOC faculty, students, staff, and clients to shift their focus inward to examine their own biases and privileged perspectives. Then, they must examine, challenge, and start the difficult and complex work to disrupt the systems in which they live and from which they

benefit. The challenge inherent in this work includes the unquestioning acceptance by many university practitioners who value equal opportunity, color blindness, and meritocracy which, ultimately, block awareness of structural racism (Dowd & Bensimon, 2015). We also suggest that university programs work closely with the diversity, equity and inclusion programs on their campus to see what work is already in place and to engage in dialogue with their diversity officers.

We close with this final thought: Associate Justice of the Supreme Court of the United States Sonia Sotomayor said, “We are never going to reach equality in America until we achieve equality in education. That’s why we’re unequal in this society, and it’s what we need to change if we want all people equal – not just under law – but in participation in society.” (Golden-Vazquez, 2017). One might easily argue that until we get equity and equality in the field of CSD, we cannot serve our diverse range of constituencies in a manner that emphasizes consideration of their beliefs, attitudes, preferences, and desire for optimal service provision. We believe our profession does have that desire; the question will ultimately rest on whether we want to do the hard work that is required.

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References

American Speech-Language-Hearing Association. (n.d.). *Cultural competence.* Retrieved August 17, 2020, from https://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Competence/

American Speech-Language-Hearing Association. (2009). *Highlights and trends: ASHA counts for year end 2009* https://www.asha.org/uploadedFiles/Year-End-2009-2018.pdf

American Speech-Language-Hearing Association. (2019). *2019 Member & affiliate profile: Annual demographic and employment data*. https://www.asha.org/uploadedFiles/2019-Member-Counts.pdf

Becker, S. (2017, November 26). These are America's most divided jobs by gender and race. *CheatSheet.* https://www.cheatsheet.com/money-career/segregation-work-americas-divided-jobs-gender-race.html/

Bonilla-Silva, E. (2015). More than prejudice: Restatement, reflections, and new directions in critical race theory. *Sociology of Race and Ethnicity, 1*(1), 73–87. https://doi.org/10.1177/2332649214557042

Butler, M., McCreedy, E., Schwer, N., Burgess, D., Call, K., Przedworski, J., Rosser, S., Larson, S., Allen, M., Fu, S., & Kane, R. L. (2016). *Improving cultural competence to reduce health disparities*. Agency for Healthcare Research and Quality. http://www.effectivehealthcare.ahrq.gov/reports/final.cfm

Collins, P. H. (1993). Toward a new vision: race, class, and gender as categories of analysis and connection. *Race, Sex & Class, 1*(1), 25–45. www.jstor.org/stable/41680038.

Crenshaw, K., Gotanda, N., Peller, G., & Thomas, K. (Eds.). (1996). *Critical race theory: The key writings that formed the movement*. The New Press.

DiAngelo, R. (2018). *White fragility: Why it's so hard for White people to talk about racism*. Beacon Press.

Dictionary.com. (n.d.). Positionality. In *Dictionary.com*. Retrieved August 18, 2020, from https://www.dictionary.com/e/gender-sexuality/positionality

Dowd, A. C., & Bensimon, E. M. (2015). *Engaging the "race question": Accountability and equity in U.S. higher education*. Teachers College Press.

Golden-Vazquez, A. (2017, April 3). Justice Sonia Sotomayor speaks out on latino identity and civic engagement. *The Aspen Institute*. https://www.aspeninstitute.org/blog-posts/justice-sonia-sotomayor-speaks-latino-identity-civic-engagement/

Hurtado, S., Griffin, K. A., Arellano, L., & Cuellar, M. (2008). Assessing the value of climate assessments: Progress and future directions. *Journal of Diversity in Higher Education, 1*(4), 204–221. https://doi.org/10.1037/a0014009

Issaka, R. B. (2020). Good for us all. *JAMA, 324*(6), 556–557. https://doi.org/10.1001/jama.2020.12630

Kegler, A. (2016, July 22). The sugarcoated language of White fragility. *HuffPost.* https://www.huffpost.com/entry/the-sugarcoated-language-of-white-fragility_b_10909350

King, M. L., Jr. (July 24, 2014). *Letter from a Birmingham Jail, 1963 draft*. The Martin Luther King, Jr., Research and Education Institute.

http://okra.stanford.edu/transcription/document_images/undecided/630416-019.pdf

Lorde, A. (1984). *Sister outsider: Essays and speeches*. Crossing Press.

Martinez-Acosta, V. G., & Favero, C. B. (2018). A discussion of diversity and inclusivity at the institutional level: The need for a strategic plan. *Journal of Undergraduate Neuroscience Education, 16*(3), A252–A260.

Rex, J. (2020, July 15). Are you complicit in systemic racism? Here's how to change. *Forbes.* https://www.forbes.com/sites/johnrex/2020/07/15/ive-been-complicit-in-systemic-racism-heres-what-im-doing-to-change/

Schlesselman-Tarango, G. (Ed.). (2017). *Topographies of Whiteness: Mapping Whiteness in library and information science*. Litwin Books & Library Juice Press.

Stewart, D.-L. (2017, March 30) Language of appeasement. *Inside Higher Ed.* https://www.insidehighered.com/views/2017/03/30/colleges-need-language-shift-not-one-you-think-essay

Thompson, D. (2013, November 6). The 33 Whitest jobs in America. *The Atlantic.* https://www.theatlantic.com/business/archive/2013/11/the-33-whitest-jobs-in-america/281180

Thorp, H. H. (2020). Time to look in the mirror. *Science, 368*(6496), 1161. https://doi.org/10.1126/science.abd1896

U.S. Census Bureau. (2020). *Quick facts*. https://www.census.gov/quickfacts/fact/table/US/PST045219

Whitman College. (2020, February 20). Activist Angela Davis calls for transformation and justice. *Newsroom.* https://www.whitman.edu/newsroom/angela-davis-lecture

Young, M. I. (2014). *Five faces of oppression*. State University of New York Press.

Learning Outcomes

As a result of this activity, the participant will be able to:

- Define/describe systems of oppression and that impact in the field of communication sciences and disorders.
- Describe why improvements of cultural competence is independently insufficient to deal with systems of racism.
- Describe how to make change at a systems level to deal with the multiple aspects of oppression/racism.