

POINTS OF VIEW

The Performance of “Antiracism” Curricula

Knowledge was suddenly about information only. It had no relation to how one lived, behaved. It was no longer connected to antiracist struggle.

— bell hooks¹

I woke up one morning to news that numerous U.S. medical institutions had implemented new “antiracism” curricula and were publicly declaring their commitment to antiracism. I have struggled in my brief career as a clinician-educator to bring critical race theory, narrative medicine, and decolonial theory into medical practice. Though I am animated to hear colleagues suddenly referencing Frantz Fanon, bell hooks, James Baldwin, and Angela Davis, I’m concerned about this overnight change in institutional vogue. I fear that “antiracism” curricula may distract us from the very institutional problems that got us here.

Queer feminist scholar Sara Ahmed has written that “statements of commitment to antiracism can also have paradoxical effects . . . [R]eferring to racism as what an institution is ‘against’ could even be used to block the recognition of racism within institutions.” She notes that such statements often take “the form of an assertion disguised as a question: ‘how can we be racist if we are committed to equality and diversity?’”² Ahmed’s observation grasps at the root of a key tactic: creating distance between what an institution says publicly and what it is actually doing. We have all seen medical institutions being compelled to deliver statements on “diversity and inclusion,” with subsequent mandatory training on cultural competence, cultural sensitivity, health disparities, implicit bias, the Tuskegee syphilis experiment, and countless other ways of skirting real confrontations with racism. We have also seen these efforts fail.

These approaches not only reduce racism to culture, difference, or communication; they fail because they do not reveal racism — they cover it up. They are all additive, rather than subtractive. If you see the problem as a lack of knowledge, it makes sense to add training to remedy this lack. But does the mere existence of an an-

tiracism curriculum mean that an institution is actively working against racism?

Consider an institution that says it’s committed to antiracism and has added mandatory antiracism training, broadcasting that “We’re paying attention to this topic.” Yet it has no Black or Latinx senior faculty, supports no research dedicated to studying racism specifically, has poor retention rates of Black and Latinx clinicians, has a history of retaliating against employees or clinicians who speak up, and presents no plan for addressing these issues or has excluded its own members of color from participating in the planning. What does a new antiracism curriculum do, set against the backdrop of these structurally racist practices? It directs attention away from their very examination.

Picture a house that has pests. The homeowner decides to fumigate, and a tent is placed over the house, indicating visibly that “pests have no place here.” But once the fumigation is done, the pests return and the process repeats. What if the problem is that the home’s residents don’t store food safely, trash cans are not covered, rooms are poorly ventilated, walls are cracked, crumbs are left on countertops? What if the household practices are the problem? Rather than adding pesticide in a display of “commitment” to eliminating pests, one could examine and subtract the harmful processes — making actual changes to the way the home functions. Similarly, inviting an antiracism speaker to a medical institution will not eliminate racism if the institution’s practices remain unexamined. Indeed, the tent may ultimately signify a commitment to not changing at all — the institution declaring a commitment to learning about racism, but not unlearning the pathological structural forces that perpetuate it.

My eyes remain on what hides in the shadow of “antiracism” curricula and statements. Until antiracism is seen not merely as new information to learn but as a continual practice of (un) learning, it joins a long list of actions that have

only delayed examination of institutions themselves. We must continue to be wary of where these institutional performances of antiracism direct our attention. Are lids being sealed? Are we ventilating the basement? Are we changing our cleaning practices? What is going on beneath the tent?

Kevin J. Gutierrez, M.D.
NYU Langone Medical Center
New York, NY

Disclosure forms provided by the author are available at NEJM.org.

This article was published on August 25, 2020, at NEJM.org.

1. hooks b. Teaching to transgress: education as the practice of freedom. London: Routledge, 1994.
2. Ahmed S. On being included: racism and diversity in institutional life. Durham, NC: Duke University Press, 2012.

DOI: 10.1056/NEJMp2025046

Copyright © 2020 Massachusetts Medical Society.