We write this editorial at a time of great civil unrest in the United States, following the public murder of George Floyd, an unarmed Black man who was killed by Minneapolis police officers, and Breonna Taylor, an innocent Kentucky woman killed by police serving a no-knock warrant. These 2 deaths were among the many unjust atrocities committed against Blacks that have been repeated far too many times in our history. Amid a pandemic, when stresses have been heightened and people have felt little control over their own lives, Floyd’s death triggered outrage and, more importantly, the recognition of the need for action to dismantle structural racism. LaToya Nolan, a Black medical student, described a situation from her university class held on the Monday following George Floyd’s death: the professor asked the students if they had a “nice weekend.”¹ As the only Black student in the class, she did not feel safe to freely speak up about the trauma and grief that she was experiencing related to the atrocities being inflicted on Black people. Nolan’s story is just 1 example of how White privilege is a barrier to supporting Black people. Another issue of injustice is the too familiar pattern of White people weaponizing authorities against Black people, such as Amy Cooper, a privileged White woman, who called the police and falsely accused a Black man who was birdwatching in a New York City park—an incident that was unjustified and racist. Some of you may be growing tired of hearing about Black Lives Matter.² What about those who have grown tired of living it?

I invited my friend and former colleague, Dr Lovoria Williams, to join me in writing this editorial. Together we provided leadership in a national program for underrepresented nursing students at Augusta University, from 2008 to 2015. As codirectors of the program, we received formal training on effective strategies to support diverse nursing students. Since working together, Lovoria and I often discuss racial issues. We share a safe, comfortable space in our relationship that allows us to openly discuss our lived experiences as a Black or White person. It is safe for us to use language such as black skin or white skin. As a female with White privilege (simply being born with white skin), I remember the shock and shame that I felt when Lovoria shared her personal experience of what it is like to go shopping as a Black person in America. She expressed how she, a middle class,

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highly educated American, frequently felt targeted by
store employees, being closely watched, or even fol-
lowed in the store while she was shopping. How could
her shopping experience be so different from my own?
When I hear stories such as these, I am also ashamed
that my White privilege blinds me from noticing what
is happening within my own community. These types
of situations negatively affect our Black friends, colleagues,
patients, and neighbors, yet our position of privilege
often renders us unaware.

How are our Black colleagues feeling these days?
Many nurses in critical care were already exhausted
by the demands of a prolonged pandemic, both in the
workplace and in their personal lives. Our Black col-
leagues, who along with many others are tired and
stressed, are also trying to deal with the disproportio-
ate number of Black deaths from coronavirus disease
2019 (COVID-19), coupled with racism and injustice.3
There is nothing sudden about the recent abuse of Black
people and outright racism—these incidents are a per-
stant lived reality for Black Americans. It is shocking,
yet many of us (Whites) are complicit in allowing this
type of unjust behavior to occur by taking no action.
You may not consider yourself an activist, but there are
opportunities for acute and critical care nurses to recog-
nize racism, educate ourselves and each other, and speak
out against it. We all have a role to play in reversing the
hatred and negativity associated with racism.

In this editorial, we focus on the issue of colorblind-
ness. The term colorblindness is typically used by people
who enjoy racial privilege, most often Whites, to describe
overlooking racial/ethnic differences and the experiences
of others in the quest to promote racial harmony.4 Declar-
ing colorblindness is generally well intentioned. Color-
blindness is touted to minimize discrimination and racism,
but, as stated by Dr Jonathan Cox in a presentation from
University of Central Florida, “if you don’t see race—you
cannot see racism.”5 Colorblindness in the context of
race/ethnicity actually perpetuates racism and is considered
White dominant.6 Dr Cox encourages people to abandon
colorblindness and become color conscious: “Color con-
sciousness is the first step to becoming anti-racist.”5

One example of my own colorblindness was my lack
of awareness that the famous American journalist and
news anchor, Lester Holt, is Black. Although I watch this
man almost every evening on the national news, I had
not given any thought to his racial/ethnic background.
I was aware that his skin color was darker than my own,
but his racial/ethnic background did not seem like an
important factor to me. Looking back, I recognize that
in the context of colorblindness, I was ignoring or being
insensitive to his heritage and personal challenges. After
realizing that Mr Holt was Black, I had a heightened
awareness of how he covered certain news events and
realized that his Black heritage added credibility to many
of the stories he told. For example, Mr Holt covered a
story about the new National Memorial for Peace and
Justice in Montgomery, Alabama, which honors the lives
of 4400 Black people who were lynched in America.6 The
broadcast was particularly raw and emotional, and while
reporting the story, Mr Holt unexpectedly discovered his
paternal grandmother’s maiden name engraved on 1 of
the pillars. He said, lynching was “painful, and as I found
out today, a sometimes personal legacy that is often left
out of the conversation about race.” As a viewer, I had
empathy for this Black man who discovered on live cam-
era that 1 of his relatives had been lynched by a White
person. Not only did this story help to increase my
awareness of Black history in America, I had a height-
ened consciousness that Mr Holt’s Black heritage in the
context of his news coverage was important. This
realization was a small step in my journey of becoming
more color conscious.

So how do racism and color blindness translate to
critical care nursing? Nursing is the most trusted profes-
sion.7 We seek to provide high-quality, person-centered
care for every patient—whatever their race, sex, religious
beliefs, or sexual preference. We care for patients and
their families when they are most vulnerable. During the
COVID-19 pandemic, the vulnerability of patients and
families has been stretched to capacity; people often have
spent weeks in critical care without the physical touch
of their loved ones. Patients have had to rely entirely on
the health care team to attend to their physical and emo-
tional needs. After witnessing the persistent pain caused
by racism and discrimination against Black citizens in
many communities across the country, we paused in rec-
ognition that racism and bias continue to exist in our
health care system, including critical care. The Institute
of Medicine reported that Blacks received fewer procedures
and lower quality medical care compared with Whites,
findings that persisted after statistically controlling for
health insurance, income, education, disease state, comor-
bidities, and type of health care facility.8 Limited progress
has been made in reducing these disparities, although some clinicians have started to recognize the negative role of implicit (unconscious) bias in clinical decision-making and behaviors. As stated by Williams and Wyatt and others, we must commit to developing the skills needed to minimize these biases.

An expert in antiracism, Ibram X. Kendi described a 3-step approach to becoming antiracist: (1) moving from the fear zone, (2) to the learning zone, (3) to the growth zone. In the fear zone, people want to remain comfortable, avoid hard questions, sit with others who look like them, and deny that racism is a problem. To begin the process of dismantling racism, we urge all nurses to situate themselves within the learning and growth zones. In the learning zone, you acknowledge that racism is real, ask uncomfortable questions, Educate yourself about race and racism, listen openly to others who think and look differently, and understand your own privilege of ignoring racism. As you advance into the growth zone, you will help to educate your peers on racism and how racism can hurt the nursing profession and the patients we serve. You will also become an advocate for antiracism policies and leaders and speak out when you see racism in action.

A White author, Jessica Logsdon, wrote about a moment of personal clarity when she realized that she was looking at the issue of racism from the wrong perspective. Her moment of awakening led her to realize that she “wasn’t throwing the life preserver to the person who needed it. Instead, [she] was standing on the boat encouraging the drowning person to come get the life preserver for [themself].” So, what does this mean to us as critical care nurses? How can we throw a life preserver to our Black colleagues and patients and act with intention?

As nurses, we must respect people of color and work toward equality. When working with Black individuals from marginalized communities, our “interactions must be sincere, strategic and sustaining.” In Maya Angelou’s words, “I did then what I knew how to do. Now that I know better, I do better.” Fellow nurses, we urge you to embrace color consciousness. We stand in solidarity with our Black patients, families, colleagues, friends, and community. We hear you, we see you, we are with you. Black Lives Matter. We can and will be the change we are calling for. 

References