Privilege and Critical Allyship

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I acknowledge the land on which I work, live and play.

For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and most recently, the Mississaugas of the Credit.

Today, this meeting place is still the home to many Indigenous people from across Turtle Island and I am grateful to have the opportunity to work on this land.
Acknowledging wisdom

Anita Balakrishna, Atik Bird, Tracy Blake, Lisa Boivin, Dionne Falconer, Katie Gasparelli, Ritika Goel, LLana James, Stephanie Lurch, Dawn Maracle, Renee Masching, Melisa Moore, Onyenyechukwu Nnorom, Angie Phenix, Sherri Pooyak, Lisa Robinson, Jackie Schleifer Taylor, Meredith Smith and Ciann Wilson
Your 3 tasks for this hour:

1. What is an insight that is new to me that I really get?

2. What is something about this work that feels important but is still muddy?

3. How do I feel as I lean into reflecting on my privilege?
   • Body
   • Emotions
   • Uninvited reactions
Social justice is a matter of life and death.

These inequities in health, avoidable health inequalities, arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness.”
Privilege
You have a benefit others don’t
You didn’t earn it
You have it because of who you happen to be

Oppression
You have a disadvantage other don’t
You didn’t earn it
You have it because of who you happen to be
Privilege
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Oppression
You have a disadvantage other don’t
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You have it because of who you happen to be
These forces shape who is healthy, who is ill, who gets injured, who accesses health care, what kind of care people get, who lives and who dies.
These forces shape who is healthy, who is ill, who gets injured, who accesses health care, what kind of care people get, who lives and who dies.

avoidable health inequities
Privilege

Oppression
marginalized populations
disadvantaged communities
high-risk groups

Equity
Oppression

marginalized populations
disadvantaged communities
high-risk groups
Oppression

marginalized populations
disadvantaged communities
high-risk groups
What are the **implications for health equity** if we frame it exclusively as the bottom of the coin?

- It limits the think-able solutions to those that address the **problem of the bottom of the coin**
  - and not the problem of the coin, or the problem of the top of the coin.

- It allows those on the top of the coin to see themselves as neutral, unconnected and altruistic
  - vs
  - **part of and complicit** within the system of inequality.

**Oppression**

- marginalized populations
- disadvantaged communities
- high-risk groups
Is this about good or bad people?

heterosexism

not straight / LGTBQ2SIA+

straight
Who is more expert on how heterosexism plays out in society?
Who is more expert on how racism operates in society?
anti-Black racism
ableism

able-bodied

disabled
colonialism

settle / people who are not Indigenous

Indigenous
Can people be on the privilege side of some coins and the oppression side of other coins at the same time?
Introduced by legal scholar and critical race theorist, Kimberlé Crenshaw

Developed by Black feminist scholar, Patricia Hill Collins

intersectionality
So what
If you want to work toward dismantling an inequity (e.g., ableism or racism) different actions are appropriate depending on your position in relation that inequity i.e., which side of the you are on for that inequity.
inequity

- settler / of settler descent
- upper / middle class
- lower class / poor
- Indigenous
- not straight / LGTBQ2SIA+
- straight
- able-bodied
- cis
- male
- female
- trans
- not white / racialized
- disabled
- Indigenous
practicing critical allyship
allyship is...

an active, consistent, and arduous practice of unlearning and re-evaluating

in which a person of privilege seeks to operate in solidarity with a marginalized group of people - The Anti-Oppression Network
allyship is...

_not an identity
_not self-defined

is a practice

- The Anti-Oppression Network
Understanding one’s position on the top of coins makes possible reframing the problem
A reorientation for those of us working to reduce health inequity:

**Before:**
I use my expertise to help marginalized populations deal with health inequities.

**After:**
I see and understand my own role in upholding systems of oppression that create health inequities.

I learn from the expertise of, and work in solidarity with, marginalized populations to help me address health inequities.

This includes working to help build insight and mobilize action among people in positions of privilege.

I mobilize in collective action under the leadership of folks on the bottom of the coin to dismantle systems of inequality.
Global health: do less harm by resisting the urge to save people on the bottom of the coin

This conversation

Workshop participant
(on top of a particular coin):

Me:
Workshop participant (on top of a particular coin): I understand what you’re saying, and I’m trying to figure out how I can do less harm when working people who are [in a low-income country, poor, Indigenous, racialized, disabled, queer, etc]?  

**Me:** If you want to do less harm, then stop trying to help them.

OK, but how should I approach them to be less harmful?  

Are you approaching them to help? Then stop. Don’t do that.

OK…but then how can I work with them?

Why do you think you should work with them in the first place?

What do you mean?  

I’m inviting you to reflect on why it is that this group is framed as the problem in need of your help in the first place.

[Pause.] Ohhhh. The gorilla! You’re saying that maybe it’s people on the top of the coin like me that could be the problem, and I should try to help them. That would be a good step in your journey of practicing allyship.

And that if I want to collaborate with people on the bottom of the coin, it should be not to help them, but to work in solidarity with them.  

Yes.

[Pause] So how will I know when it’s the right time to work in solidarity with people on the bottom of the coin?  

**Stephanie Nixon**

When they invite you.
If you have come here to help me, you are wasting your time.

But if you have come because your liberation is bound up with mine, then let us work together.

- Lilla Watson, indigenous activist
Your tasks for the breakout:

Reflect on and refine your answers to the original 3 questions, which we’ll share afterwards in the chat:

1. What is an insight that is new to me that I really get?

2. What is something about this work that feels important but is still muddy?

3. How do I feel as I lean into reflecting on my privilege?
   - Body
   - Emotions
   - Uninvited reactions
Your tasks for the breakout:

Practice critical allyship in the breakout discussion itself:

- Resist the feeling of needing to appear expert

- Carefully consider the space you occupy in your top-of-coin-ness

- Attend to whose voices are heard more than others and why

- What might you unlearn through paying attention to others in your group?
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Dr. Barnor Hesse

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1. **White Supremacist**: Clearly marked white society that preserves, names and values white superiority

2. **White Voyeurism**: Wouldn’t challenge a white supremacist; desires non-whiteness because it’s interesting, pleasurable; seeks to control the consumption and appropriation of non-whiteness; fascination with culture (e.g., consuming Black culture without the burden of Blackness)

3. **White Privilege**: May critique supremacy, but a deep investment in questions of fairness/equity under the normalization of whiteness and the white rule; sworn goal of diversity

4. **White Benefit**: Sympathetic to a set of issues but only privately; won’t speak/act in solidarity publicly because benefitting through whiteness in public (some POC are in this category as well)

5. **White Confessional**: Some exposure of whiteness takes place, but as a way of being accountable to POC after; seek validation from POC

6. **White Critical**: Take on board critiques of whiteness and invest in exposing/marketing the white regime; refuses to be complicit with the regime; whiteness speaking back to whiteness

7. **White Traitor**: Actively refuses complicity; names what’s going on; intention is to subvert white authority and tell the truth at whatever cost; need them to dismantle institutions

8. **White Abolitionist**: Changing institutions; dismantling whiteness, and not allowing whiteness to reassert itself