Health Equity and Social Justice

The Importance and Challenge Of Seeing Unearned Privilege

Doak Bloss
Ingham County Health Dept.
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Six Things to Know about Unearned Privilege

1. We must make unearned privilege visible if we want to eliminate health inequity by leveling the playing field across race, class, and other types of difference.

2. It is difficult to see our own unearned privilege because we move in and out of privilege all the time.

3. It is difficult to see our own privilege because of the forms that unearned privilege takes.

4. It is difficult to own our unearned privilege because of false ideas that it is bad, wrong, or innately oppressive to have these privileges.

5. The popular construction of national values are at odds with the notion of unearned privilege, giving many of us an investment in denying its existence.

6. For all these reasons, engaging in dialogue about unearned privilege across difference is difficult and scary--but it is essential if we want to eliminate health inequity.
Point #1

We must make *uneearned privilege* visible if we want to eliminate health inequity by leveling the playing field across race, class, and other types of difference.
Distinguishing Disparity from Inequity

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The Workshop is Dialogue-Based

Three types of dialogue “trigger”:

Language constructs – ways of naming things we are conditioned not to see.

Illustrations of the impact of oppression and privilege on health.

The lived experience of participants.
Point #2

It is difficult to see our own unearned privilege because we move in and out of privilege all the time.
Unearned Privilege

An advantage conferred upon a person based solely on an aspect of one’s cultural identity.

Non-Target Groups

- White people
- U.S.-born
- English-speaking
- Older adults
- Young people
- Christian
- Middle, owning class.
- Men
- Heterosexual people
- People w/o disability

Doak Bloss, Ingham County Health Department, 2013.
Point #3

It is difficult to see our own privilege because of the forms that unearned privilege takes.
Unearned Privilege

An advantage conferred upon a person based solely on an aspect of one’s cultural identity.

Privilege can take different forms:

- Getting something without asking for it; moving ahead without doing what is required of others.
- Not regularly experiencing behavior, actions, language that portrays your identity as “less than.”
- Not having to think about or do certain things in order to assure you are treated fairly.

Doak Bloss, Ingham County Health Department, 2013.
Point #4

It is difficult to own our unearned privilege because of false ideas that it is bad, wrong, or innately oppressive to have these privileges.
Identifying Unearned Privilege

Focus on RACE or ETHNICITY

I can go shopping alone knowing that I will not be followed or harassed because of the color of my skin.

If I am stopped by a police officer, I don’t worry that the color of my skin may put me at risk.

When I apply for a new job, it is unlikely that my race or ethnicity will be used to predict whether I will “fit in.”

I can be sure that if I need legal or medical help, my race will not work against me.

My formal education focused on learning about the contributions of people whose skin is the same color as mine.
Identifying Unearned Privilege

Focus on
CLASS or SOCIO-ECONOMIC STATUS

I am able to deduct interest on my mortgage from my taxes.

My parents were able to help me finance my college education.

I can afford reliable transportation for myself and my family.

I am able to adjust my work schedule to accommodate my personal life.

Doak Bloss, Ingham County Health Department, 2013.
Identifying Unearned Privilege

Focus on
GENDER

I can express my opinion confidently and forcefully without people thinking that I am being inappropriately aggressive.

I can walk alone without fear that my gender places me at risk of attack or abuse.

I can take a job without being concerned that I may be receiving less pay than someone of the opposite gender doing the same work.

As a child I was not exposed to repeated media images of people of my gender occupying submissive or subservient roles.
Focus on
SEXUAL ORIENTATION

People do not assume that sexual activity is the only thing I think about.

I can be assured that a fundamental part of my identity will not be referred to as a “lifestyle.”

If I choose to enter into a lifetime commitment with another person, I can have that commitment legally sanctioned and protected through marriage.

The sacred texts of major religions are not used to demonstrate that people of my sexual orientation are sinful or abnormal.

Doak Bloss, Ingham County Health Department, 2013.
I don’t have to worry that people will assume I am less intelligent because of my physical attributes.

I can go about my daily business without people making a special effort to provide assistance I don’t need.

I can enter, exit, and move around in most buildings without worrying whether they are accessible to me.

I can apply for a job without worrying that my status as a person with a disability will be a barrier to being hired.

Doak Bloss, Ingham County Health Department, 2013.
Getting past the challenge of seeing our unearned privileges

The world as it is / the world as we want it to be.

We didn’t create this reality.

The costs of unearned privilege.

We can’t give our privilege away… …but we can USE it to create a more equitable world.
Point #5

The popular construction of our national values is at odds with the notion of unearned privilege, giving many of us an investment in denying its existence.
Tackling Health Inequities Through Public Health Practice: A Handbook for Action

Doak Bloss, Ingham County Health Department, 2013.
Equality doesn't mean Justice

This is Equality

This is Justice
Point #6

For all these reasons, engaging in dialogue about unearned privilege across difference is difficult and scary--but it is essential if we want to eliminate health inequity.
Why We Must Tackle Racism, Classism, Sexism Explicitly:
Two Arguments and a Challenge

Argument #1

Race, class, and gender oppression in their modern forms are pervasive and insidious—each time they are identified, unearned privilege asserts itself to diminish concern over them.

Explaining it away: “I know racism exists, but…”; “You’re just being hypersensitive.”

The fairness paradox: When we focus an intervention on a specific population (e.g. first time African American mothers), the focus often diffuses to “we have to help everyone.”

Benign neglect: an employee “just not fitting in,” certain groups “just don’t show up for our programs,” or assumptions about safety when dominant culture’s norms are violated.

Doak Bloss, Ingham County Health Department, 2013.
Why We Must Tackle Racism, Classism, Sexism Explicitly: Two Arguments and a Challenge

Argument #2

In order to undo our entrenched ideas of “business as usual,” we must actively create an organizational culture where challenges to privilege and oppression are routinely welcomed.

What would this mean at each of the 4 Levels?

PERSONAL: We would mutually unpack our own racist sexist, classist (etc.) assumptions when encountered.

INTERPERSONAL: We would invite challenging analysis of interactions that may imbued with racism, sexism, etc.

INSTITUTIONAL: We would automatically ask about the consequences of privilege and oppression in any policy discussion.

CULTURAL: We would establish a new “normal” for the community, by openly challenging oppression and actively working to eliminate root causes.

Doak Bloss, Ingham County Health Department, 2013.
Why We Must Tackle Racism, Classism, Sexism Explicitly: Two Arguments and a Challenge

The Challenge

To tackle modern forms of oppression explicitly, we must find ways to make conversations about race, class, and gender “tolerable” to people who experience oppression daily AND to people who have no awareness that such oppression occurs.

Non-target group members, when made aware of the oppression of target group members, often feel an urgent need to gain immunity from participation in it.

*If they fail to gain this immunity, their next action is often to leave the conversation.*

Target group members view dialogue as painful and pointless, after seeing the failure of non-target group members to grasp the truth of their experience.

*If this is not reversed, they will understandably abstain from any effort to change practice.*

Doak Bloss, Ingham County Health Department, 2013.
Doak Bloss

dbloss@ingham.org