



National Collaborating Centre
for Determinants of Health

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des déterminants de la santé

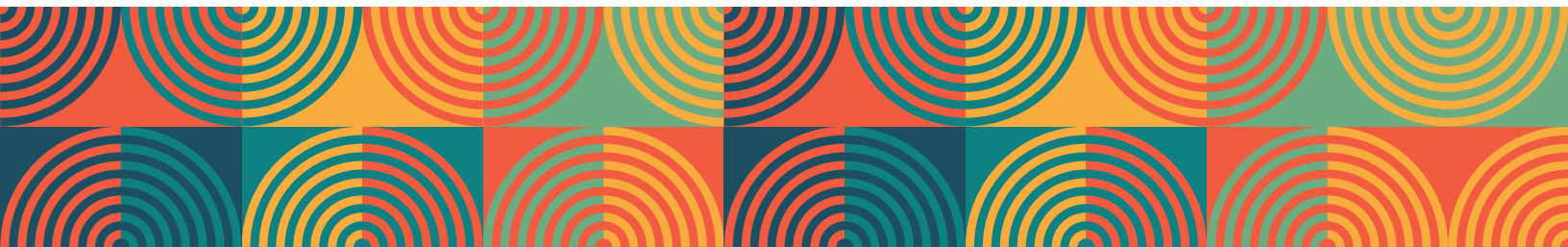
Mind the Disruption

PODCAST EPISODE TRANSCRIPT & COMPANION DOCUMENT

SEASON 1 | EPISODE 2

Disrupting Whiteness

Episode released on:
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Mind the Disruption is a podcast about people who refuse to accept things as they are. It's about people pushing for better health for all. It's about people like us who have a deep desire to build a healthier, more just world.

The first season of Mind the Disruption focuses on Cultivating Creative Discontent: what it means to look around, see something that needs to be changed — something that is unfair and unjust — and then take bold action despite the resistance we might face.

This episode companion document, available in English and French, provides a new way to engage with the podcast. It includes a written transcript of [Episode 2](#) as well as highlighted powerful quotes and related resources to prompt further reflection and exploration.

HOST



BERNICE YANFUL

Bernice is a Knowledge Translation Specialist with the National Collaborating Centre for Determinants of Health (NCCDH). Bernice is also a PhD candidate studying the intersections between school food and food security, and she has worked as a public health nurse in Ontario.



PODCAST GUESTS



SUME NDUMBE-EYOH

Sume is the Executive Director of the [Black Health Education Collaborative](#) and an Assistant Professor at the University of

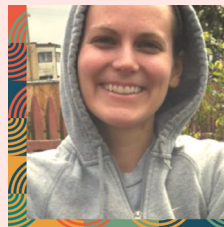
Toronto. She is a catalytic leader who mobilizes knowledge and activates networks to advance policy and practice on social and economic issues that impact health and well-being. She spent a decade with the NCCDH, where she provided leadership to public health practice on health equity and the social determinants of health including racism, in partnership with institutions across Canada. She holds a Master of Health Sciences in Health Promotion and Global Health from the University of Toronto. Hailing from Cameroon, she is grateful to live, work and play in Turtle Island, and is committed to working towards decolonial futures.



MANDY WALKER

Mandy (she/her) is a registered nurse and public health professional with most of her career having a pediatric and family-centred care focus. She has 10-plus years of clinical health care experience within an emergency department, acute care

and community setting. Her front-line work experience ignited and continues to inspire her passion and dedication in working to advance health equity and social justice. She now works as a Knowledge Translation Specialist at the NCCDH.



HANNAH KLASSEN

Hannah is a White cisgender woman with European settler and Métis ancestry living on Treaty 7 land. Her passion for health equity and social justice developed working as a registered nurse in substance use and perinatal health. She completed her Master

of Public Health through the University of Victoria and is grateful to work as a Knowledge Translation Specialist at the NCCDH.

EPISODE DESCRIPTION

Sume Ndumbe-Eyoh has been raising tough conversations about Whiteness, White supremacy and racism for over 10 years in the public health field. Whiteness is the practices, policies and perspectives that create and enable the dominance of White people, norms and culture. Listen to or read this episode to learn about Sume's personal story of growing up in Cameroon, becoming "Black" in Canada, and how she persisted — despite fear and constant pushback — in naming and disrupting racism in public health. Later in the episode, we hear from public health nurses Mandy Walker and Hannah Klassen who, inspired by Sume, share their research about how Whiteness shapes the nursing profession and how this can be changed. Mandy and Hannah are both registered nurses and Knowledge Translation Specialists at the NCCDH as well as recent Master of Public Health graduates. In this episode, you'll hear from Sume, Mandy and Hannah about how each public health practitioner can dismantle these practices, policies and ideas.

BERNICE YANFUL (NCCDH)

Hi. Welcome to Mind the Disruption. I'm Bernice Yanful. I'm a PhD student and public health practitioner working to move knowledge into action for better health for everyone.

On this podcast, I chat with community organizers, public health professionals, academics and more who have a key thing in common: they're disruptors. They're people who refuse to accept things as they are. Passionate about health for all and are pursuing it with a tenacity, a courage and a deep conviction that a better world is possible.

In Season 1, we're talking about creative discontent. What it means to look around us, see something that needs to be changed — something that is unfair and unjust — and then taking bold action despite the resistance we might face.

In each episode, we hear from a disruptor who has done just that in different areas: work, food, Whiteness, migration and much more. And we hear their personal journeys.

Then we dive into a reflective conversation about what all this means for public health. Wherever we find ourselves — in research, policy or practice — how do break from the status quo and move forward with boldness?

REBECCA CHEFF (NCCDH)

This podcast is made and brought to you by the National Collaborating Centre for Determinants of Health. We support the public health field to move knowledge into action to reduce health inequities in Canada.

We're hosted by St. Francis Xavier University. We're funded by the Public Health Agency of Canada, and we are one of six National Collaborating Centres for Public Health working across the country. The views expressed on this podcast do not necessarily reflect the views of our funder or host.

We are located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People.

SUME NDUMBE-EYOH

You become aggressive without even saying a word. Very quick, very quick. You'll be accused of undermining people by the people who are trying to undermine you. You will become a problem because you're saying problems exist.... And I know for me, there were times when I would think maybe I'm going to get fired.

BERNICE (NARRATION)

You just heard from our disruptor for today's show, Sume Ndumbe-Eyoh. Sume is the director of the Black Health Education Collaborative and an assistant professor at the University of Toronto. And somehow in her spare time, a fashion designer.

From 2011 until 2021, she worked at the National Collaborating Centre for Determinants of Health where, among all the amazing and impactful things she did, she played a key role in advancing conversations around both public health's complicity and perpetuating, and its responsibility in disrupting Whiteness, White supremacy and racism. You'll hear Sume break down these terms in a little bit, but for now, know that Sume is an absolute rock star.

I first met her when I was a public health nurse at an Ontario public health unit. I would often call her for resources and advice when it came to advancing health for all in my role. From the moment I first spoke to her, I was blown away by the depth of her knowledge and expertise.

In my interview with Sume, we talk about what led her to public health and what it meant to raise tough conversations around Whiteness, White supremacy and racism in a public health field that often insisted it wasn't ready.

And then, for a reflective conversation, you'll hear from Mandy Walker and Hannah Klassen. They are both registered nurses and Knowledge Translation

Specialists at NCCDH, as well as recent Master of Public Health graduates. Together they completed their master's practicum placements [at the NCCDH], for which they conducted a rapid review on Whiteness in nursing. You'll hear from them about what they learned through that process and how they hope their work will shape nursing and public health in Canada more broadly.

One of the things I know and admire about Sume is that she's unafraid to question the way things are and challenge the status quo. I really wanted to know where that boldness came from.

BERNICE

I was reading a 2019 [blog post](#) you wrote, and in it, you mentioned how you learned feminisms from your mother, your aunties, your grandmother and your father. Can you talk a little bit about that? How did they shape you into who you were hoping to be and what you hoped to do when you grew up?

SUME

Maybe I'll start with my grandmother. My maternal grandmother specifically passed away probably about 10, 12 years ago. And she was in her late 90s when she did. She grew up at a time when education for young girls in Cameroon — we're talking about colonial time, she was born in the early 19-somethings — so education for young girls at the time really stops before high school. In her generation, she was one of the first women to go through a Western-style education, for better or for worse because that comes with its own issues. But that education meant that she was then exposed to some very specific opportunities early on. And she then became an educator. For a lot of women who grew up in that part of the country, my grandmother probably taught them because she was one of the few people in that generation to get an education.

And so I think because of that particular location and experience, she just went on to do such amazing things in her life. For me and for our family, she was always this powerhouse, this incredible matriarch. And not just for our family but for people way beyond our family. Just looking around, we talk about the importance of role models in our lives, right? So for me, from my grandmother to my mom, to my aunties — my mom has tons of sisters — they've always been those women. They've always been the women who went out — they all worked outside of the home — and did what they wanted to do in very different careers and very different kinds of spaces from education to law, to politics, to health.

Another thing, just very early on setting up that model which says that the world is fundamentally unjust because there was that sense of injustice around you, but as an individual you can still navigate those. And a lot of the times, part of the ways in which you navigate those is trying to make the systems around you better. So specific, like my mom, when we were teenagers or younger, did a lot of human rights law and a lot of that focus on women's rights, both in Cameroon but also in other countries.

BERNICE

And so you saw those examples growing up, and it was kind of paired with an encouragement that you could do anything that you wanted to do.

SUME

Exactly, exactly. And then speaking of my father, so again, if you think about the societal context where there tends to be all this limitation based on gender, he never had those for us growing up as children. There was never a sense that okay, you're a girl so you don't get to do X, Y, Z. I never really felt any sense of limitations in terms of what is possible. If you wanted to do something, then you go out and do it. It doesn't mean it's always going to work, but you try it, right?

BERNICE (NARRATION)

So for Sumé, she grew up in an environment that taught her that the world is unjust but that she had the power to be a part of changing it, and that she could do anything that she set her mind to. As a young person, she took an early interest in health. An interest formed in part by what she saw as the limitations of the health promotion campaign she was exposed to at the time.

SUME

I was a teenager in the 90s, and if you're a teenager in the 90s in Cameroon and probably a lot of African countries, this was a time when a lot of organizations locally and globally were really investing in HIV prevention. The prevalence and incidence of HIV was very high compared to other parts of the world. So there were a lot of programs, there was lots going on, but I always felt like there was a disconnect. So this program, I don't know if it's still around because this is many years ago, it was called 100% jeune, 100% réglo. It was a mass media program targeting young people around HIV prevention, and it was supposed to be cool and on trend and reflecting ...

BERNICE

How was it cool?

SUME

Because, you know, they use the kind of lingo they were using. It still felt out of touch with at least the way I was experiencing my life as a young person and the way my friends were experiencing their lives. I think that that was where the HIV piece came from but also the sense that whoever's designing this is missing something. This is not reflecting the reality of how we are actually living our lives right now.

BERNICE

What were the ways in which it wasn't reflecting how you were living your lives? I'm curious, what was that disconnect?

SUME

It was the highly behavioral focus. I find that's my challenge with health education in general, that very individualized focus and talking about people's sexual practices outside the context of their everyday realities. And so to me that was another disconnect. There's a reason why, say, young girls find it hard to negotiate safer sex practices. There's a reason why people may choose to trade sex for money. I think in health education campaigns, it's often harder to capture that social reality. So for me, that was the other missing piece in a lot of these campaigns.

BERNICE

So is it fair to say that your interest then was to be able to shape interventions and strategies so that they're more appropriate for people's lived realities and looking beyond the individual? Would that be the case?

SUME

Definitely. From a public health perspective, I've always found individual-level interventions not particularly interesting because I find them so, so limiting. For me, if we stop funding everything related to exercise, telling people what to eat, how to eat, I would be very happy with that. We've been doing that for decades, right? Let's stop with that and just redirect our energy and resources to other things.

BERNICE (NARRATION)

Eventually, Sume moved to Canada as a young adult for undergraduate studies at the University of Toronto. And in immigrating to Canada, it was one of the first times she began to be treated as a Black woman, her Blackness carrying a different meaning in Canada than it did growing up in Cameroon. She describes this experience of becoming Black in interpersonal encounters and through navigating the immigration system.

SUME

I moved to Canada in the heart of the winter. It was December 2001. I do not recommend that to anyone coming from a coming from a tropical country. It is terrible timing.

“So you started to see that exposure to, again, those injustices which are deeply immersed in how the systems work. And for the folks who work there, it's just normal, it's just the way things work.”

SUME NDUMBE-EYOH

This was my first time dealing directly with the immigration system. This was the first time where I was going to an embassy by myself, getting the information I needed for the visa application and just observing the ways in which this system treats African folks in many ways as pariahs. Like there's a sense that if you're coming from an African country and you're moving to Canada or the U.S. or the U.K., or pretty much anywhere in the global North, you're doing that for very dubious reasons. You are doing that because you have this desire to contravene the laws of these supposedly advanced societies.

And you start to feel that, when you walk into an embassy, the ways in which you're treated, like the processes are incredibly long. Even if you look right now, when you check, say, the Government of Canada website, the time it takes to process visa applications from African countries is way longer than it takes, say, if you're coming from Europe.

So you started to see that exposure to, again, those injustices which are deeply immersed in how the systems work. And for the folks who work there, it's just normal, it's just the way things work. So I actually came to start school a semester later than I was supposed to because I got my visa, believe it or not, I got my visa the same week school started. But because of that little detail, I had to delay my start by a whole semester, which in the grand scheme of life is fine, it makes no difference. But, again, it's just a way

to say that these systems then have direct implications around life, which is how I ended up here in December instead of, say, September.

And so that was how the transition was. And I recall early on, probably a few months after because I think it was still winter, having one of my very first encounters with a random White guy asking me — at this point, I lived on St. Clair in Toronto — and walking down the streets and I think he asked me for the time or something, but I had my earphones on so I didn't hear him the first time. And then I take them off and say, "Excuse me, what did you say?" And then he gets very aggressive very quickly and goes, "Oh, are you stupid? Don't you speak English? What's the time?" And I'm thinking to myself, you are asking me for the time. You need something from me, not the other way around, so I don't get it. But it's that very vicious racism, right, that was coming out so strongly because a random person wants to know what the time is from me. So again, it was a very, very early exposure to, okay, this is what racism in a very direct way looks like in this supposedly open, metropolitan ...

BERNICE

Diverse.

SUME

Diverse city called Toronto. The truth is most of my day-to-day experiences were fine, were pleasant. And that tends to be because as a Black woman, you're living with that mix of a lot of your encounters with people, with individuals are fine, but then you also have these random encounters where you are just thinking, okay, what on earth is going on? And it's everything from the guy asking the time and then yelling at you to walking it into a hair salon and having it go silent because they're thinking, "Uh, what are you doing here? We don't do your kind of hair, you know?"

BERNICE

Oh, I can so relate to that. Yeah.

SUME

So it's everything from the benign to the more impactful things, which then have a deep implication of how you live life, your social and health. Because imagine that happens consistently over time, it accumulates, at some point it starts to become too much, a lot. And if we think about the impact on health, we know that over time exposure to that kind of discrimination definitely has an impact on our health.

BERNICE (NARRATION)

As Sume is saying here, racial discrimination has a profound effect on our health. A 2017 [study](#) by Arjumand Siddiqi and colleagues published in *Social Science & Medicine* found that Black and Indigenous people were more likely to experience discrimination in Canada. For example, this looks like receiving poor service in a restaurant or store, being harassed or threatened, or being feared by others. The researchers found that experiences of discrimination are associated with chronic disease and their risk factors. These interpersonal forms of racism are compounded by the structural and institutional racism experienced by Black, Indigenous and racialized people in Canada, a major source of health inequities.

Now, let's get back to my conversation with Sume.

BERNICE

I absolutely love your writing. I think I've told you that this before, and I'll read anything you write. I think you're such a gifted writer. So I was reading the 2019 [blog post](#) I mentioned earlier, and you wrote something that I found really interesting. You wrote that "In many ways, I have become 'Black' in Canada." And that really struck me. I'm curious, what does that mean to you and how has this process of becoming Black in Canada shaped who you are and who you hope to be in this work?

SUME

So when you grow up in a context which is highly racialized, it's very easy for you to see yourself in a particular way. And so we talk about the fact that racialization is a process. We talk about fact that race is socially constructed. It's social, it's historical, it's political.

BERNICE (NARRATION)

Sume here is describing the idea of racialization. Racialization can mean many different things. Generally, it describes a complex process that differs based on context and attaches a racial meaning to groups of people, particular issues and practices. It includes dividing people into different racial categories based on characteristics such as their skin colour, place of origin and religion.

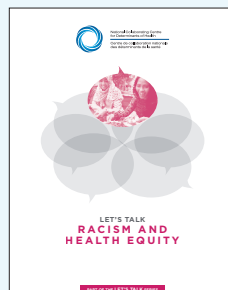
Racialization provides privileges to White people and disadvantages to Indigenous and racialized groups, producing health and social inequities. These include psychological trauma due to exposure to racism and decreased access to employment, housing and education. To learn more about racialization and its relationship to racism and health, check out the *Let's Talk: Racism* document from NCCDH.

Now back to Sume who was telling me about her experiences moving to a highly racialized society.

Let's Talk: Racism and health equity

NCCDH. [2018].

Racism is a critical factor impacting health and well-being, and settler colonialism and structural racism are the root causes of inequities experienced by Indigenous and racialized peoples in Canada. This *Let's Talk* resource from the NCCDH describes key concepts and provides strategies for embracing critical, decolonizing and anti-racist health equity approaches in public health practice.


SUME

If you talk to a lot of folks who grew up particularly in African countries, outside of a few exceptions like South Africa, which is a highly racialized society, this sense of Blackness is not an overwhelming part of your identity. That's not how you move in the world. You don't move in the world thinking about the fact that I am Black and because I'm Black, X, Y and Z things may happen to me there. There are other parts of your identity which are more salient, right? So for me growing up, being a girl, being a woman, that was more salient. Being of a particular social class, that was more salient. Being from a particular ethnic group, that was more salient. So if you're in Cameroon and you introduce yourself, usually you do it with your first and last name. I'm sure you know this. Because people need to place you, people need to say, okay ...

BERNICE

They want to know where you're from.

SUME

Exactly. And your name tells people that because, okay, your name is Bernice Yanful so you're from X part of Ghana. You know what I mean? So the same thing happens in Cameroon.

So those parts of my identity were more critical. You're not walking in the world as a Black woman. Now, do I know that globally it matters? I do. But on a day-to-day basis, that was not the most primal thing for me. On a day-to-day basis, it really doesn't matter because everyone around you is Black. That's not how your life choices and chances are being determined on a very local level. Globally? Absolutely. But locally in terms of how you're living your life, it's not; it's not the case. But I think in the Canadian context, because it's such a racialized society and that sense of being the racial other, being a Black person becomes such a primary part of your identity. And I shared the example of the young White man asking me about the time. That that was a very quick, early reminder that "Hey, you're a Black person and that matters."

I remember, I think I was probably 7 years old or so, and my dad was a theatre professor so I was involved in children's theatre. We attended the first world festival on children's theatre, and it was in Germany. And I remember when we were prepping to go and we were being prepped, it was like, okay, you're going to be in a place where you're now going to be encountering a whole host of White people who are going to see you as a Black person.

BERNICE

And that's how they prepped you?

SUME

Yes. It was part of our prep. And they're going to treat you in ways which may feel very strange and foreign to you, but that's what happens in that society. So again, the place matters. Place absolutely matters. Point in history matters. That was what I was speaking to when I mentioned becoming Black in Canada, which as I mentioned, it's an experience which lots of folks who have made that transition into highly racialized societies experience.

BERNICE (NARRATION)

Eventually these various experiences came together to shape Sume's interest in public health. After completing her master's in health promotion and global health, her initial plan was to work in HIV prevention outside of Canada. But life had other ideas, and in 2011, she ended up joining the National Collaborating Centre. Similar to noticing gaps in HIV campaigns all those years ago, through her work at the NCCDH, she began noticing gaps in public health in Canada. Silences, conversations that public health desperately needed to be having that it wasn't having. And that needed to change.

BERNICE

So I'm curious: you had the ambition to work in HIV work outside of Canada, and then you ended up joining the National Collaborating Centre. Can you tell me a little bit about that? What made you decide to join?

SUME

For me, the attraction with the National Collaborating Centre for Determinants of Health was that explicit focus on the social determinants of health, on health equity, on social justice and health. While it seems like a move from HIV, my interest, yes, it was in HIV, but in that space, it was always thinking about the social, cultural, political context within which people were experiencing the pandemic. So for me, I can do that looking at pretty much any health issue because I'm not particularly interested in the particular health issue but more the other dimensions I mentioned.

BERNICE

Like how we understand it and how we respond to it?

SUME

Exactly. In its social context.

BERNICE

And so that's how we first met. I previously worked at a local public health unit, and I would desperately call and email you at the National Collaborating Centre for support and resources around certain projects I was working on. So thank you for that, by the way.

SUME

Absolutely, those were always the best calls.

BERNICE

Oh, thank you. I'm glad to hear that.

And so through your work at the National Collaborating Centre and beyond, you've done a lot to advance conversations around racism, Whiteness and White supremacy in particular and their connections to health. Can you tell me a little bit about that? Can you first break down those concepts and what they mean and how they connect to health? Because I find for a lot of us, we might use those terms, but we might not necessarily have a good sense of what they mean.

SUME

Absolutely. Maybe I'll start by saying, okay, why racism? Why White supremacy? If we think about the Canadian public health landscape about 10 years ago and the kinds of conversations we were having around the social determinants of health, I think, first, we have a number of issues. Public health, usually we consider ourselves to be a bit fringe in the health system. So we're always bemoaning the fact that no one knows what public health is and what we do. And then, at the social determinants of health, there you are carving out an even more niche aspect of public health. And now you start to talk about racism and White supremacy, you're in there and you're going, again, even more focused.

So for me, the reason I started to focus more explicitly on racism and White supremacy and its impact on health is — it was really about a decade ago when we talked about the social determinants of health, it was a really narrow conversation, right? We know that there are multiple things which influence our health. There was a lot of conversation about the impact of income inequality, but really poverty reduction was really at the top of people's minds at the time. And in those conversations, there was a real absence of a sense that, if you're experiencing poverty, that experience of poverty looks very different for someone who is, say, a racialized woman or someone who's living with a disability or someone who's experiencing various forms of social isolation. So it was a very one-dimensional conversation.

And one of the things which was glaringly absent for me in the conversation was the ways in which poverty, income inequality remains very, very racialized. It was things like, if we address poverty, then all the issues around health inequities are solved. And you would hear this in very public forums by people who were considered health equity leaders. For me, that was always very concerning.

So over time, I really thought that we needed to focus on racism very explicitly. Not because it's the only thing that matters — because I know that's always a challenge, but why racism and not something else? — but because, especially if you think about the broader Canadian context, it's this reality which we love to be silent about. By “we” I mean the White dominant society loves to be silent about. We like to act like it just doesn't exist here or somehow racism is more benevolent and benign in the Canadian context compared to ...

BERNICE

Racism's more benevolent ...

SUME

Really, that's how we act. Compared to our good friends down south, right? That is the Canadian story we tell ourselves: yeah, it doesn't really exist here. If it exists here, it's not that bad. Or it's not that bad, it was not that bad, you know. We tell ourselves all these lies. So it was not just about what was happening in public health. What was happening in public health reflects larger conversations which happened in broader Canadian society. So for me, that was why it felt so urgent to talk about racism but also knowing that there was resistance to do it.

“When I talk about racism, I think it's important for us to think about it as a system — a system which then divvies up opportunities, power, resources, both very material things like money but also symbolic like how we see ourselves.”

SUME NDUMBE-EYOH

When I talk about racism, I think it's important for us to think about it as a system — a system which then divvies up opportunities, power, resources, both very material things like money but also symbolic like how we see ourselves. And it does that based on a racial hierarchy where White folks are at the top, Black folks tend to be at the bottom. Over time, if we go back and think about the creation of the idea of race by Europeans — mostly European scientists, actually, so we can think about the ways in which science has always been implicated in the racial project — that has an impact on our health. So it was trying to get people to say, okay, racism does exist in the Canadian context. And it matters for us as a discipline. It matters for us in terms of the kind of research we do, how we do that research, the kinds of interventions we do.

Some of the things which probably made that a little bit easier were the things, unfortunate things which were going on in society. Because we can think about, this is in the 2000s, when Black Lives Matter as a social movement was developed in response to the murders of young Black men, young Black boys, women, girls, trans folk.

BERNICE (NARRATION)

Black Lives Matter as a social movement began in 2013 in response to the acquittal of George Zimmerman who shot and killed Trayvon Martin, an unarmed Black teenager in a gated community in Florida. Since then, the movement has grown, reverberating globally in response to the systemic racial violence enacted against Black bodies and communities. It is against the backdrop of numerous high-profile killings of unarmed Black people that Sume's efforts to bring up conversations around racism and White supremacy within the context of public health slowly began to gain traction.

SUME

That social conversation was also happening at the same time. Those sorts of societal changes then made it easier, unfortunately, to say, "Yes, we need to be having this conversation in public health."

BERNICE (NARRATION)

It is Wednesday, June 15th, 2016. Sume is on stage at the annual Canadian Public Health Association conference moderating a panel on racism as a determinant of health; how it is embedded in public health practices, programs and policies; and how public health can engage in anti-racist action.

I spoke with Claire Betker, the current Scientific Director at NCCDH, about the significance of this moment. Claire wasn't the director at the time. She was in a leadership position in Manitoba. Claire describes to me receiving a text from a public health colleague who is amazed by what was happening. "Sume is on stage at CPHA talking about racism," the colleague wrote. While perhaps not seeming like a big deal by today's standards, in 2016, it was. Then, it was rare for someone to discuss racism on the national public health stage at such a high-profile event. The panel was a testament to the work that Sume and others had done to move these conversations forward in public health, despite any early discomfort or resistance.

My colleague Pemma Muzumdar, who helped organize the conference, tells me this panel was well received by attendees. One of the best evaluated sessions at CPHA at the time, she tells me.

Webinars on racism, anti-racism and racial equity

NCCDH. [2016–].



Together, this webinar collection from the NCCDH forms a substantive introduction to racism, anti-racism and racial equity for public health practitioners and organizations. These webinars can be used to support individual and organizational learning. They cover topics such as recognizing racism as an oppressive system, disrupting racism and colonialism, and investing in healthy communities.

This moment helped build momentum and granted Sume and others the space and time to work further on these issues. Then came requests for anti-racism training, including from the Public Health Agency of Canada; webinars; and other documents showing that racism, which exists in different forms, is a public health issue in Canada and the field of public health has been both complicit in perpetuating it and has a responsibility for disrupting it.

SUME

Once that conversation started and was happening at NCCDH but also having very public forums to engage with public health practitioners, policy-makers, researchers on that conversation. One of the things which happens when we talk about racism is that it seems like we're talking about Black and Brown people. White folks tend not to see themselves implicated in the conversation on racism, which is why, very earlier for me — and not just for me, for people who have been doing this work for way longer than I had been, for centuries — it's always think about the ways in which White supremacy creates those unequal conditions in society.

So I think it was always important to bring that as part of the conversation so we can be clear that the problem is not with Black folks or Indigenous folks or Brown folks. It's really with a system which over-privileges Whiteness. Which says that Whiteness is best, it is what we should all be aspiring for. And that the closer we are to it, the better off we will be. So that took us to the explicit focus on, okay, let's now talk about Whiteness and White supremacy and what that means for health.

One of the interesting choices, and I'm thinking about a particular document we worked on, and I still struggle with this, because one of the things is White supremacy harms everybody, even White folks. And it's very hard to be in my body as a Black woman and talk to White people and say, "By the way, this is damaging

to you." Because I'm thinking, it's a hard thing to do, but I found that it was a good way of how people see themselves in the picture.

BERNICE (NARRATION)

This is a really important point that helped our own team and many others in public health think about dismantling racism differently. When we only talk about racism as the problem, it can be too easy to focus on Black, Indigenous and racialized people as a source of that problem, or that they alone are responsible for fixing it.

By talking about disrupting racism and Whiteness and White supremacy, we can name the source of the problem: Whiteness. Whiteness doesn't refer to white skin itself but rather the idea that White is best, that White people and culture are the norm. Whiteness refers to the practice, policies and ways of thinking that keep these ideas and this reality alive in our public health organizations, our school systems, our labour market, and on and on.

By naming Whiteness, which is rooted in White supremacy, we see that part of anti-racism work requires that we all, White people included, have a role to play in dismantling these practices, policies and ideas.

SUME

So we know for sure that it's damaging to Black folks, it's damaging to Indigenous folks. It's damaging to Black folks, but it has an impact on all of us in the ways in which it dehumanizes all of us. So I think bringing that into the conversation is what that focus on Whiteness helps us do, even as we stay focused on the negative impact it has on Black and Brown people.

BERNICE

It shows everyone that everyone has a stake in this, in these conversations, from what you're saying.

SUME

Exactly. But very few exceptions. The only people that White supremacy benefits are the extremely rich and powerful White folks, know what I mean? It's like you reap some benefits from it. You certainly as White person accumulate *privileges* from it, but even that has its limits.

One of the interesting connections we can also make is the ways in which, let's say, low-income, working-class White folks support policies which are extremely detrimental to their own health and well-being. Because of this complete belief in the power of White supremacy and the belief that these systems are designed to protect them, which is really not the case. So helping people see those connections for me was always helpful. But ultimately with the view that we can re-engineer our social policies, our public policies, our health policies, and ultimately improve the health of Black folks, of Indigenous folks, of other racialized communities.

BERNICE (NARRATION)

Yet, the shift to discuss Whiteness and White supremacy more explicitly came with pushback. Unsurprising but no less frustrating.

BERNICE

I can imagine the work to try to begin to help people see those connections was probably really difficult. Can you take me back to those early days when you first started talking about Whiteness and White supremacy in your work. What were some of the initial reactions you received?

SUME

Well, one of the first ones was, "You can't do that." I'm thinking about one of the NCCDH publications *Let's Talk: Racism*. In it there was an explicit mention of White supremacy, and one of very first comments I got was, "We can't talk about White supremacy."

BERNICE

Did they give a reason?

SUME

You just can't do it. Like, that's too ... it's going to freak people out. It's too in your face. It's too ... people can't handle it. Like, you can't talk about it because people can't handle it. You're going to lose people when you say this. But for me, it's like, well, if we're going to do it, then let's do it right. Otherwise, let's not do it. We can't do it halfway. Because you can't talk about racism as a social system without implicating Whiteness, it's just impossible to do. So if you're going to do it, then do it properly or let it go.

So I think it was just that sense that — because when we think about White supremacy, we think about the KKK and things like that, which exists and the KKK was very active in the Canadian context, by the way — and that can be very alienating to people. I think that's a balance we always try to strike with knowledge translation and education: how do you, as I say, meet people where they're at and then bring them along?

I think the sense was this is too far out there and if you start there, then how are you going to get people to come into the conversation? But for me, it was important to just — if you're going to do it, do it as best as you can.

BERNICE

Right.

SUME

In terms of the public health community, I think at the time, what tends to happen is the people who come to this is because they want to. They read your work because they want to. So you tended to have people who themselves were probably already thinking about what they could do in their own practice and were curious. So I would say that in most sessions, it was really openness and some curiosity, even with the

resistance which comes along with it. It was never perfect. It doesn't mean that the resistance doesn't show up, but as an educator, as a researcher, you sort of expect that and plan for it accordingly.

BERNICE

I'm curious, with the people who would say, "Oh, we can't talk about this," did they ever suggest alternative language, like maybe talk about a lack of diversity instead? Or did they suggest maybe ways to kind of water down or use different language that they felt would be less offensive?

SUME

I think the suggestion was just focus on the Black and Brown people, leave the White people out of it. It was never explicitly said in that way, but that was really the message which was being sent.

And also the sense that we, the universal we, are not comfortable talking about this. But who's the we? The we there is an implicitly White audience, but the world is not White. We may like to act like it is, but really it isn't. It's just that White people have the power and the control. But you're writing and you're talking to a wide variety of readers, of learners and things like that.

Linda Tuhiwai Smith, she has a book on [Decolonizing Methodologies](#), and in her second edition of this book, in the foreword, she talks about the reaction to her book on decolonizing research methodologies and the fact that, for some people, it was so disturbing and it was like their worlds were being turned over. And then for others, her writing was very comforting.

So I think just being aware that there's no universal we, and that's one of the things which Whiteness and racism does. It acts like there is a universal we, and that that we is a dominant, privileged White person, White gaze. And so understand that, no, we're doing this work for multiple people. Because when I talked to Black folks about this, the reaction tended to be: "Whew, finally. It's about time. We've been waiting for this. I have been trying to do this work in my own

organization. Each time I do, I get blocked. The fact that this work is coming out of a national organization makes my life in my organization just a little bit easier." So for that person, this work then is a lifesaver. And if I think about, okay, who is this work ultimately for, it's for that person.

"It's ultimately so that, as Black folks, as Indigenous folks, our lives are better at the end of all of this. That is the ultimate goal. It's not so that White people feel comforted."

SUME NDUMBE-EYOH

It's ultimately so that, as Black folks, as Indigenous folks, our lives are better at the end of all of this. That is the ultimate goal. It's not so that White people feel comforted. That's not it. So I think keeping that focus on who is this work for. It is so that at some point, again, in a small way, you have less Black people being shot down in the streets because we understand that that's not the ways in which we need to organize a society.

It's easy to lose focus so that, when you're in a paper, at your desk, it's not just words on a piece of paper. It has the potential to do something bigger and different. And that's really the goal for me.

BERNICE

Yeah, I love that. I think for me, and maybe many people can relate to this, if I'm ever trying to go in a certain direction or say something in a professional context that makes people uncomfortable, it is really hard for me not to back off because I don't want to be seen as difficult or disagreeable. So for you, where does that ability — to hear the things people say and their reactions and the resistance they show and listen to their comments but not be limited by them — come from?

SUME

I don't know. What I do know is, I'm not delusional. I'm fully aware of the ways in which society tries to limit us, limit me, limit us as Black women especially because one of the things which will happen is you become aggressive. You become aggressive without even saying a word. Very quick, very quick. You'll be accused of undermining people by the people who are trying to undermine you. You will become a problem because you're saying problems exist. So I think just going into the work knowing this, knowing that this is the reality of doing this work and choosing to do this work, because there is an element of choice in this, right? We decide what we want to do. Most of us, a lot of us are doing this in institutional spaces. And I know for me, there were times when I would think maybe I'm going to get fired.

BERNICE

Can you tell me about one of those times? I'm curious.

SUME

It's not necessarily a specific moment, but it happens. Like maybe you would say something which is now going to make you become unemployable because no one wants to deal with you because, apparently, you're a troublemaker, right? That happens. And we've seen it happen. It is a reality, but just know that it's a risk which I'm willing to take. And I'm thinking, what's the worst which could happen? If I lose my job, what does that mean? Okay, maybe I can't pay my rent. If I can't pay my rent, okay, then I lose my home. But that's okay, I have an uncle who will probably house me for a couple of months. You know what I mean?

BERNICE

You go through that whole thought process. Okay, it's worth it, let's do this.

SUME

Okay, worst case scenario, I can't pay my bills. But okay, I'm not alone in this world. I have a community around me. I have a family around me who I can lean

on for support if it ever came to that end. And who knows, maybe, just maybe, I have the law. I say maybe because it's not guaranteed. But maybe, maybe I do.

BERNICE (NARRATION)

The work Sume does is not easy. It is personal and it is difficult, and especially early on, she often faced pushback and resistance. So for her, developing a community of support has been critical to keeping her going.

SUME

One of the things I learned very quickly is that you can't do this work alone. You have to have a community of people who are doing similar things. They don't have to be in the same field. I think building that community, it helps you strategize, it helps you just check in to say, "Okay, am I way off here?" or "No, you're right on track." That for me has been critical. We cannot do this work alone. We cannot do it in isolation. There's always this sense of trying to be the first and the only and the groundbreaker, which I personally resent. For me, there's never been any joy in that position. Working in systems which want us to take pleasure in that, I think, is very, very troubling. Because, again, it's that very individualized way of existing in the world. And that's not the way I believe we should be in the world.

So finding community, finding ways to collaborate so you're never doing this work alone. There's always someone beside you, even if that person is not visible to the rest of the world but you know that they're there. And so that provides certainly support — and also knowing when to say, no, not today.

***"We cannot do this work alone.
We cannot do it in isolation...
So finding community, finding
ways to collaborate so you're
never doing this work alone."***

SUME NDUMBE-EYOH



BERNICE (NARRATION)

Sume has had such an amazing journey in the work she has done, both to advance health for all more broadly as well as the specific work she has engaged in to position Whiteness, White supremacy and racism as public health issues. I was curious if her journey had been different than what she imagined.

SUME

I think the main thing, and this probably struck me when I started with the NCCDH, is I expected the practice of public health to be in a very different place than I actually found it. Particularly when it comes to addressing a wide range of determinants of health and health inequities. So one of the things which stunned me very early on was this whole conversation about we don't have the data or we don't know what to do or we don't have the evidence. There's some truth to that, but I also think it's just a lot of ways in which we just maintain the inertia.

“One of the things which stunned me very early on was this whole conversation about we don't have the data or we don't know what to do or we don't have the evidence. There's some truth to that, but I also think it's just a lot of ways in which we just maintain the inertia.”

SUME NDUMBE-EYOH

BERNICE

Did you find that in particular for your work around racism, Whiteness and White supremacy that these conversations weren't happening? Was that a surprise to you or had you expected that?

SUME

No, that part wasn't a surprise to me. I expected it because I had seen it. And one of the things which happens in those conversations is there's still the sense of we don't know what to do. And a lot of the times that comes after you've done your best to have, okay, here's five things you can do right now. So you give the five things, and then after like, but what do I do? So again, but I just gave you five things and someone before me gave you 10 and someone after me is going to give you more, right?

BERNICE (NARRATION)

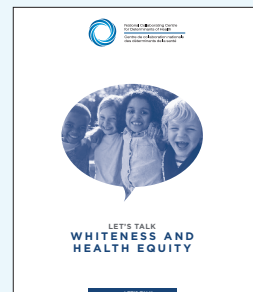
The *Let's Talk: Whiteness and health equity* document from NCCDH discusses many of these actions that can be taken to disrupt Whiteness. They include a focus on ongoing self-reflection and the rejection of a colour-blind approach that claims to not see colour and ignores the realities of racism. The document also speaks to public health specific roles for disrupting Whiteness, focused on community action, institutional change and public policy.

Now back to my conversation with Sume.

Let's Talk: Whiteness and health equity

NCCDH. [2020].

Whiteness encompasses the practices, policies and perspectives that enable the dominance of White people in society. This *Let's Talk* resource describes how Whiteness manifests in public health research, practice and policy, and provides examples of how to take a critical approach to reduce racial health inequities at individual, institutional and systemic levels.



BERNICE

So that response of “I don’t know what to do,” it can often work as an excuse to maintain the status quo and the way things are.

SUME

Exactly. So again, it’s knowing that you have to find ways to continue to maintain that dialogue and you can’t, even if you’re frustrated by it, you can’t let it stop you because that is the work. Like you could try something today and it works brilliantly for you, and I try the same thing and I fall flat of my face. So knowing that we are working in systems which are always shifting, always changing. It’s different players, it’s different policies, different institutions. It’s not a checklist — and we love checklists — but it’s never a checklist. So we have to be willing to experiment, to try things out. Sometimes they work, right?

The fact that we are sitting here is a sign that sometimes the things people try do work.

BERNICE

Absolutely. So it’s worth trying.

SUME

Exactly.

BERNICE

I’m wondering if you have any words of advice for people looking to challenge the usual ways of doing things or talking about things in the spaces in which they find themselves. So whether it be as a student in school or maybe a public health institution, a community organization, what advice would you give?

SUME

Oh, advice, I don’t think I have any, but maybe Audre Lorde does. I think about two things, which I’m not going to even try and quote her now, but she talks about the fact a lot of times we’re silent because we think our silence will protect us and that’s not true.

So not speaking out does not offer us any protection. For me, being silent doesn’t mean that you’re now safe. And also she talks about speaking the unspeakable. So I think we need to find ways to live with the fear and not wait for that fear to disappear because most of the time it doesn’t. It stays with you. It can stay with you, but you can still speak out.

And as I said, if you have community, then you know that you have a backup plan if things go pear-shaped.

“We need to find ways to live with the fear and not wait for that fear to disappear because most of the time it doesn’t. It stays with you. It can stay with you, but you can still speak out.”

SUME NDUMBE-EYOH

BERNICE

If things go south.

SUME

Exactly. If things go south, that’s your lifeline. So yeah, I think you just have to find ways knowing that it’s okay to be afraid, it’s okay to not want to risk it. It is a risk, but it’s one which you have to be willing to take. And we can think about all the people who have come before us and risked a lot more than we have to risk today actually. So I think using whatever power, influence we have wherever we find ourselves, even if we are afraid, is important because there’s never a perfect time. No one’s going to come and tell you, “Hey, this is the time for you to do it. And when you do, there will be no consequences.” So we just have to do what we think is right and best and not do that in isolation.

BERNICE (NARRATION)

And finally, Sume talks about the importance of finding joy and prioritizing wholeness amid this challenging work.

SUME

When we think about the ways in which the World Health Organization defines health, again with all its problems, that's what it's about. Like, you're not constantly striving and stressing. It's being in a place where you can be whole, you can be complete, you can have all the resources you need to live a good life. But I think this work sometimes — because there are so many problems, there's such an urgency to act — we see that for a lot of us, it's work which is not just intellectual work, it's work which is deeply personal. A lot of folks, we can relate this to our lives. We can relate this to the lives of the people who we love, people around us. It's easy to just get so consumed by it and not give ourselves the time to stop, to breathe, not as an exception but as a way we live our everyday life. So that for me has been critical.

BERNICE (NARRATION)

In 2021, Sume became the director of the Black Health Education Collaborative. In this role, she works with others to transform medical and health professional education to improve the health of Black communities across Canada. At the Collaborative, she's able to focus on work that tackles anti-Black racism, telling me she's working with an extraordinary group of Black folks, particularly Black women who she can engage with, learn from and be challenged by. An opportunity she relishes.

You can find links to some of the work that Sume was critical in advancing during her time at NCCDH in our episode description and on our website nccdh.ca. These include the *Let's Talk: Racism* and the *Let's Talk: Whiteness and health equity* documents. These documents provide a foundational introduction to these topics for public health and identify key actions public health should take in these areas.



REFLECTIVE CONVERSATION

BERNICE (NARRATION)

In this portion of the episode, I chat with Mandy Walker and Hannah Klassen. Mandy and Hannah did their practicum placements at NCCDH where they were asked to complete a rapid review for the Canadian Nurses Association on Whiteness and nursing. That is, as Sume told us earlier, the practices, policies and perspectives that create and enable the dominance of White people, norms and culture in society.

Mandy and Hannah's review involved researching how the nursing profession in Canada has been shaped by Whiteness as well as actions that could be taken to disrupt Whiteness within the profession. In chatting with them, they tell me about their initial hesitation with the review topic, but how the work Sume and others have done to advance these conversations in public health made them feel more comfortable.

BERNICE

So this notion of exploring Whiteness within the nursing profession, was that something completely new to you or something that you had some familiarity with?

MANDY WALKER

It was new, yeah.

BERNICE

What was going through your head as you were coming up with this topic and the research question? What were you feeling at that time?

MANDY

A lot of things. I mean, I'm a White woman and so this topic of Whiteness, I knew that it would be uncomfortable for some. And so just sitting with that. But ultimately, we as White people are in this, we need to do the work in this space and we need to name Whiteness. And so that's why we took a little bit of a risk jumping into this and using this language.

“Ultimately, we as White people are in this, we need to do the work in this space and we need to name Whiteness.”

MANDY WALKER

BERNICE

How about for you, Hannah?

HANNAH KLASSEN

Well, using this language was building on the work that Sume and the National Collaborating Centre for Determinants of Health have already done. And so it was really exciting to be working with an organization that was already in this space. And I had heard Sume speak with two others, Nancy Laliberté and Alycia Fridkin, in the fall while I was looking into doing a practicum.

BERNICE

And was this in 2021 or when would this have been?

HANNAH

Yes, 2021 fall. And it was on this work. In that talk Sume calls out White people and says, “This is your work to disrupt Whiteness and to listen. There's lots being said by Black, Indigenous and other peoples of colour.”

And so I remember hearing that call and then moving into January into this rapid review work. It was really exciting to be with an organization that was already here and already in this space. If we want a research question that is looking at the problem, then Whiteness is the space that we need to be talking about and problematizing Whiteness.

BERNICE

I was listening to the recording of the presentation you delivered at the Community Health Nurses conference, and you mentioned during that presentation how important it is for the nursing profession to critically self-examine regarding its relationship to Whiteness and White supremacy. So I'm curious, for you, how has your own critical self-examination informed your approach to this rapid review?

HANNAH

I'll say that this is the unmasking of the harms of Whiteness and White supremacy in this structure. It's like the peeling off of an onion. Every time you take off a layer, you see other things. I think that first layer for me has been removing that colour blindness layer that says "Oh, we're all the same." Well, that's not true. That's Whiteness at work. By saying that racism doesn't exist, well, racism does exist. And we can see that in the data of the differences and the inequities experienced by Black, Indigenous and other people of colour across these communities. And we can see it in the data of who is in leadership positions, in nursing and in public health, who's able to access our higher education.

And so I think that that's like the unpeeling of the onion that's been happening for me. And a big thing that Sume said that resonated with me is that it's not work that we can do alone. It's not work that we can do in isolation.

MANDY

So Hannah just spoke to the inequities, and so it's even having the privilege to get into nursing school. And then within nursing school, there are just so many layers of the onion of colonialism within that, of the education that we receive and those Eurocentric ways of teaching and ways of being the only way to teach and to learn. Once you start looking at it, you can't unsee it and you can't not be aware of it.

Black Nurses Task Force report: Acknowledging, addressing and tackling anti-Black racism and discrimination within the nursing profession

Registered Nurses' Association of Ontario, Black Nurses Task Force. [2020].



This report from the Black Nurses Task Force of the Registered Nurses' Association of Ontario presents survey and literature findings and 19 recommendations to dismantle anti-Black racism in the nursing profession.

HANNAH

And this land has generations and generations since time immemorial of healers and ways of knowing how to heal and how to provide care for one another and for this earth and for this land and place that look different than what nursing teaches. And yet our textbook contains a certain set way of teaching and healing that doesn't always make space for other ways of knowing.

BERNICE

So in my conversation with Sume, she described how a sense of we don't know what to do when it comes to racism, Whiteness and White supremacy in public health can be used as an excuse to maintain the status quo. So this idea that okay, we understand it's a problem, but we don't know what to do about it can be used to kind of leave things the way they are. How do you hope to challenge a commitment to this status quo through the work that you're doing?

HANNAH

Mandy talked to changing curriculum, changing hiring practices. Networking is necessary often to get a job, and recognizing that a lot of the ways that these happen continue to maintain that status quo of White dominance within leadership positions.

And a big one is changing minds and ideologies, that's a big piece that needs to happen across spheres and disciplines. I think that it's generational work, it's stuff that's going to continue on. And we are just one little piece of the story, one little drop.

BERNICE

What would that involve? Changing minds and ideologies? I can imagine in many ways that might be one of the most challenging things to do.

HANNAH

We need to shift from thinking about disrupting Whiteness just from an individual stance. In our rapid review, we really wanted to shift away from individual-level interventions even though, yes, it is crucial that we be doing our own work. But it needs to go beyond that. With our rapid review, we wanted to look like at how is Whiteness being evaluated or measured within the nursing profession? What actual structures do we have to be holding us accountable?

Because it can't just be individuals who are then doing their own work and going and bringing that to the workplace, even though that's important. If we stay at that individual level, we will not make the big changes that are needed.

“We need to shift from thinking about disrupting Whiteness just from an individual stance.... Yes, it is crucial that we be doing our own work. But it needs to go beyond that....What actual structures do we have to be holding us accountable?”

HANNAH KLASSEN

MANDY

We were intentional in that we didn't want to specifically focus on the individual. While that is important, we wanted to put the lens on the bigger structures and systems, and we wanted to focus the accountability there.

BERNICE (NARRATION)

Mandy and Hannah's review identifies actions to disrupt Whiteness within the nursing profession in Canada that are also relevant to other professions in public health. The review's six recommendations include calls to:

- acknowledge the colonial roots of the nursing profession;
- design and put into place anti-racist and anti-oppressive policies in all nursing settings;
- increase the diversity of nursing faculty and students;
- audit nursing curricula on an ongoing basis with the focus on accuracy, appropriateness and inclusiveness;
- implement equitable human resource policies; and
- support the leadership of and grow mentorship opportunities for non-White students and nurses.

The review also emphasizes the need for a dedicated task force to oversee and monitor these changes.

BERNICE

I know Sume was sharing that when she started in this work, a lot of the reactions that she received were that, “Oh, we can't talk about this, it'll make people uncomfortable.” Are you finding that same thing, or what has been the reaction in general?

MANDY

I would say it varies, but from some White people mainly it's “Oh!” or “What is Whiteness?” I think there is some where it's just the quiet “Oh, okay,” which you can sense the apprehension, but maybe they don't even want to say that. So it's just a quiet curiosity.

BERNICE

Are you finding the same thing, Hannah?

HANNAH

I would say overall in the professional world, I've had the experiences that Mandy has. In my personal life? Not so much, there's been some more pushback. I grew up in Alberta in a Christian evangelical upbringing, and we had a family reunion a little while ago. And so some of my family members expressed some strong concern about these ideas.

But then the response I got is that I was being divisive, and I could feel that the part of me that I've grown up with where I'm a person who wants to bring people together and that confrontation can provoke anxiety in me. So when Sume talked about living with fear and finding ways to live with fear and still speak out, that really resonated with me. And I've been reflecting on that too in the context of my family relationships. What does it look like to do this work with integrity knowing that fundamentally there is going to be a minority of people who completely disagree?

But we can still be doing this work, and it's okay to be afraid. And to remember those who've come before who found it so much more — and Sume talks about that. And recognizing my own position of comfort within that, my life is not going to be at risk for talking about these things. Yes, I might get into some hard conversations with my family, I might not get invited to family things anymore. But I really liked Sume's framing about what is actually the worst-case scenario and thinking about this in context of the history of this land that we're on, where I am sitting from that place of comfort and holding that responsibility. And so to be examining that, and that's part of that self-reflection piece and that critical reflection piece is recognizing that my comfort is not the priority and that I need to lean into that.

BERNICE

Thank you so much for sharing that. When you do this type of work, as you mentioned, there's bound to be pushback and it's about how do we navigate that and push through. And it sounds like you're learning that as you go along.

HANNAH

And it's also not about getting it right either. I think that that's been a letting go for me. And Mandy and I have talked about this too, that if we are really committed about disrupting Whiteness, then we're going to make mistakes. And I think a practice of listening deeply and of practicing humility, and recognizing when we haven't been holding that posture. Because the systems, the culture Whiteness is deeply rooted in has, like Mandy brought up, shaped our world view and shaped the way we see things.

BERNICE (NARRATION)

Many thanks to Sume, Mandy and Hannah for sharing their personal experiences and insights. I felt so privileged to hear about Sume's journey and how her own experiences in becoming Black in Canada have shaped her work in disrupting Whiteness, White supremacy and racism. And how, though initially she faced pushback, she saw the importance of keeping the larger goal in mind and pushing through. And she also provided great advice that fear may never leave, but we can still act despite our fear.

And Sume's willingness to persist has inspired countless others including Hannah and Mandy. They're early on in their public health journey, and they're committed to moving forward these conversations both through their rapid review and beyond.

Please visit nccdh.ca to learn more about their rapid review. While you're there, be sure to check out our [Let's Talk](#) documents to learn more about challenging Whiteness, White supremacy and racism, and taking a multifaceted approach to action.

REBECCA

Thanks for listening to Mind the Disruption, a podcast by the National Collaborating Centre for Determinants of Health. Visit our website nccdh.ca to learn more about the podcast and our work.

This episode has been produced by Carolina Jimenez, Bernice Yanful and me, Rebecca Cheff, with technical production and original music by Chris Perry. If you enjoyed this episode, tell a friend and subscribe. We have more stories on the way of people challenging the status quo to build a healthier, more just world.

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