LET'S NOT FALL SHORT: COVID-19, SOCIAL JUSTICE AND SPEECH-LANGUAGE PATHOLOGY

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It is now well established that COVID-19 negatively and disproportionately impacts the physiological, economic, and educational outcomes of communities of color. The Centers for Disease Control (CDC) recently updated their website to include a summary report of *COVID-19 and Racial and Ethnic Minority Groups* (2020). This report details potential factors that contribute to this disproportionality, but it falls short of addressing the depth of systemic racism in our country that leads to these outcomes. I was bothered by it and other reports from the U.S. Department of Education which do the same. I began to wonder. In this climate, how do we address inequities and effectively prepare pre-professional students to engage in practices that can positively facilitate individual change in communication and transform broader society? As an instructor, what will I need to do to help prepare future SLPs to address inequities and injustices? I share with you some musings that I have had during this time to help me answer that question so that I don't "fall short" in talking about and discussing the role of systematic oppression in health and educational disparities. My reflections are related to a talk I gave at last year's National Black Association of Speech Language and Hearing (NBASLH) Convention on social-justice and speech-language pathology. NBASLH's call for papers to address the COVID-19 crisis provides an ideal forum to discuss many of the key points from that talk and why they need to be considered within the context of teaching during this pandemic.

Currently, a number of instructors, students, researchers, and practitioners are searching for answers that are oriented towards social-justice and serving communities of color. Social-justice frameworks to teaching, research, and service delivery focus on understanding the ecological contexts of certain phenomena for traditionally marginalized groups; protecting the rights of these groups; improving their access to educational, economic, and health opportunities; and working toward equitable outcomes in how these groups benefit and participate in society (Levey and Sidel, 2013). Discussions of so-cial-justice are important given the COVID-19 landscape and sociopolitical climate that affects how our clients, pre-professional students, and practitioners of color carry out their day to day functioning. In order to facilitate social-justice, we will need to:

1. Increase knowledge of existing social inequities.
2. Critique how systems of privilege and oppression operate.
3. Recognize and honor the contexts in which students and clients live their lives.
4. Identify strategies and frameworks that can be used to promote social justice.

The US society adheres to a social-stratification system that reproduces and reinforces inequities based on social position factors such as *race, economics, language, and disability status*. In the current COVID-19 landscape African-Americans continue to suffer from conditions associated with poverty; segregated and poor neighborhoods, poorer public education and quality healthcare, and more chronic health conditions (Brookings Institute, 2020). We also know that aversive racism plays a significant role in patient referrals and differential diagnosis in African-American patients (Gonzalez, Kim, & Marantz, 2014); and discipline and placement decisions for African-American students (Long, 2016). These issues negatively impact availability, accessibility, and acceptability of health services and educational opportunities.

In pre-professional settings we must be honest and acknowledge that student race matters in our field. Students of color in communication sciences and disorders may face unique circumstances during their educational and career journey. COVID-19 has amplified those circumstances. Some students of color and first-generation students may not have access to the types of economic, material, and technological resources that allow students to effectively participate in remote learning. For international students or students far from home, they may also lack in traditional support systems provided by family and

loved ones. Faculty should not underestimate the daily stress and anxiety faced by students of color during this pandemic as they attempt to stay safe and healthy, meet financial obligations, perform academic duties, and deal with daily racialized practices that harm their mental and emotional well-being.

Language is a tool for socialization but also one for maintaining current systems of power and oppression in our society (Cummins, 2000). In our current COVID-19 settings we will need to discuss and analyze "standard language" frameworks and policies that seek to further marginalize communities that have been hard hit by an economic depression that has only amplified disparities. In particular, economically oppressed African-American children who have had little to no formal instruction over the past few months due to lack of available childcare, poorly funded schools, and/or limited access to technology and learning materials, are at increased risk for being identified as having difficulty with learning to read. Many of these children may use non-mainstream (NM) dialect. In the aftermath of this pandemic it will be important to move our discussions beyond NM dialect use as an explanation reading failure and consider how the systems in which these children develop language impacts their literacy outcomes. Additionally, in health care settings there will need to be a concerted effort to also consider how language excludes, particularly as it relates to health literacy. Lower health literacy results in higher health care costs and problems with self-management of health care (Allen & Easily, 2013)

Individuals with disability continue to be more likely than their non-disabled peers to experience poverty, reduced employment, lower educational achievement, and social exclusion (Erickson, Lee, and von Schrader, 2019). Prior to the pandemic significant disparities in access to health care and educational opportunities for individuals with disabilities was always an issue. Under COVID-19 conditions these challenges are more likely to be exacerbated. Recent reports indicate that during COVID-19, 44% of individuals with disabilities surveyed, faced new challenges in seeking, accessing, and participating in health care (Drum, Oberg, Cooper, & Carlin, 2020). It will be important for us to examine our own assumptions about disability and discuss with our students advocacy frameworks for promoting disability rights.

Just as important as examining our assumptions and knowledge about race, class, language, and disability status, it will be equally important to recognize that individuals from communities of color may be impacted by "intersectionality". Intersectionality is a term used to discuss the idea that it is possible for individuals to experience accumulated forms of oppression and discrimination when their identity is tied to multiple social position factors (Crenshaw, 1989). For individuals of color, their experiences and social contexts for racism, classicism, linguicism, and ableism are not mutually exclusive. Intersectional aspects of identity may result in exacerbated difficulties with access, opportunity, participation, and equitable outcomes in educational and healthcare settings. Intersectionality needs to be addressed in our coursework on cultural-linguistic diversity, research, and practices with students, adults and families dealing with communication and cognitive disabilities.

We can promote and facilitate the use of social-justice strategies and tools in all settings. We can begin to have more inter-professional conversations on the impact of communication impairment on daily behavior and teach using frameworks that are effective in understanding and working with communities of color. Specific frameworks that are oriented towards social-justice include critical race heuristics, trauma-informed frameworks, restorative justice models, and systems-based approaches to disability. These are a few of the frameworks that will guide my teaching and research practices in the upcoming year and I remain hopeful that our profession is ready to do the work.

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