



## **BREAKING THE SILENCE: ACTION STEPS FOR ERADICATING RACISM IN CSD**

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### **— ABSTRACT —**

As racially motivated violence in our country toward its Black citizens is being exposed with alarming frequency, so are the structures that uphold this violence. During these unprecedented times, members of our Communication Sciences and Disorders (CSD) community have courageously shared their stories of racial prejudice and discrimination. These experiences of injustice should not be normalized as they have a negative impact on the members of our community who are already severely marginalized due to lack of diversity in our field. This lack of diversity has a direct correlation with the negative experiences of Black, Indigenous, and People of Color (BIPOC) individuals who are working to become Speech-Language Pathologists and Audiologists. In response, it is time that we as a community take action to engage in the work of being anti-racist. It is imperative that the field of CSD acknowledge the actions that are enabling systemic racism on a National, University, and personal level. After acknowledging these actions, strides toward accountability must be enacted. Embracing anti-racism and the responsibility of creating a truly equitable field is no small assignment. However, it is a long overdue duty that is within our reach, should the majority be willing to do the work.

**KEY WORDS:** systemic racism, communication sciences and disorders, anti-racism

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## Introduction

There is much irony in the idea that our purpose as a field is to make effective communication achievable for all people, as we know that it is a human right (McLeod, 2018; Brady, Bruce, Goldman et al. 2016). All the while the voices of our own Black peers are being erased and silenced. Departments of Communication Sciences and Disorders across our nation, as well as our national association have publicly endorsed sentiments of justice. The American Speech-Language-Hearing Association took a stance on condemning systemic racism and oppression in response to the horrific murders of Black folks that occurred over the summer as a result of state violence (ASHA, 2020). However, it is time that the sentiments of the majority within our CSD community be turned into action steps, and today, rather than five years from now. Special interest groups and committees in the professions that encompass communication sciences and disorders (CSD) i.e., speech-language pathology and audiology, have been assembled whose focal point is multicultural issues and Black, Indigenous, and People of Color (BIPOC) members of our communities have long been asked “What can we do?” by our peers who hold privilege. The answer is not a surface level change. Instead it is deep and uncomfortable work on the part of white people who make up the majority of our professional field as well as academic settings. In order to move forward and truly condemn systemic racism, we must look within our system and engage in the work of anti-racism.

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## Action Steps

First, we must recognize that systemic racism is more than physical violence against Black people, or overt discrimination and prejudice. Systemic racism is also all-white leadership within organizations and a lack of diversity in hiring or admission, despite the availability of qualified applicants of color. On July 1st of 2019, ASHA Leader published an article that reported 4% of the people working as Speech Language Pathologists are Black. One percent identify as multiracial (ASHA, 2019). Dismantling this racial gap within CSD looks like intentionally admitting BIPOC students who are qualified applicants to our programs of higher education. It also looks like investing in these students in the form of scholarships, fellowships, grants, and forgivable loans. In most cases, it takes an average of six years of higher education to achieve a Master’s degree in Speech-language Pathology and 10 years to earn a Doctor of Audiology (AuD) degree. This time commitment to higher education is incredibly expensive to the average student of color. BIPOC students are more likely

to be first generation college attendees, unlike their white peers, whose families are more likely to have experience with higher educational settings as well as resources to fund and supplement their student’s education. It should be the goal of our national organizations as well as individual academic educational CSD departments that host our undergraduate and graduate studies to create more opportunities for minoritized students to receive scholarships within our field. Not engaging in the intentional admission of BIPOC students does not only affect those not admitted, but also those who we are charged to serve. Investing in our students and clinicians of color also means investing in our clients of color who may be more receptive to services from someone who looks like them and shares similar cultural backgrounds.

Next, in addition to initiatives that fund the education of BIPOC students majoring in CSD, we must strive to create a culture of advocacy and intentional education within our respective fields. It can no longer be a choice, but rather a requirement, that all professionals in our field experience training in implicit-biases, anti-racist advocacy, cultural humility, and curricula on racial inequities in healthcare in America. These difficult conversations should be mandatory and should not require BIPOC students or clinicians in our fields to lead and teach these lessons. The task of dismantling a system that we did not build and do not profit from is a heavy and unfair burden. Rather, training and sustained dialogue should be provided by people who are paid to do this work, such as community groups knowledgeable in and dedicated to social justice. These groups exist within every university, in every community and if not, then on the state and regional levels. It is time we utilize their services.

Finally, change should be enacted on a personal level. In the classroom setting when diversity or inclusion are a topic of discussion, BIPOC students often become the teachers. We are either tokenized or discomforted by microaggressions to the point where there is no choice but to speak up on behalf of the marginalized people in the room. We are often the only people in the room that are affected by said topics which inherently creates a power dynamic within the space. The people who hold racial privilege in the room are allowed to openly discuss our existences and pick up temporary racial guilt, leaving it at the door upon their exit. To rid ourselves of these situations, educators must encourage vulnerability in the classroom as well as affirm safe and brave spaces for BIPOC students. For students, this looks like listening to your friends’ and colleagues’ stories without expecting them to be your educator or sounding board unless they choose to take on that role.

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## Conclusion

It has never been enough to just be non-racist. In order to truly engage in change and create an equitable field for all, we must be intentionally anti-racist. We must use our privileges to advance people of color within our field and create systems of accountability. We must be willing to be vulnerable to create a culture of safety and trust for BIPOC students, educators, and clinicians within our profession. These action steps all require a culture of non-complacency that may be difficult and uncomfortable for the majority but is worth it.

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