

Despite my social work training and career advocating for people's health needs, speaking truth to power – crossing into activism – sometimes feels risky. So, when one of my recent graduate school courses asked the question about whether professionals should be activists, I did some [soul searching](#). Undoubtedly, the [root causes](#) of [racism and privilege](#), perpetuated through historic [colonialism](#) and present-day [neoliberal ideologies](#), cause [persistent health disparities in the United States](#) and [globally](#). The resulting systemic dynamics jeopardize human flourishing and pose [existential threats](#) on a worldwide scale. [Structures and processes](#) which perpetuate racial injustice and health disparities are formidable foes against which Aging Life Care professionals need to be activists. We should learn from and be motivated by "[the pandemic within the pandemic](#)" and how resultant activism made headway. We also need to examine and find ways to draw upon, and perhaps emulate, other professionals' varied types of active engagement. As [Cesar Chavez](#) said,

*"Once social change begins, it cannot be reversed. You cannot uneducate the person who has learned to read. You cannot humiliate the person who feels pride. You cannot oppress the people who are not afraid anymore. We have seen the future, and the future is ours."*

Racial protests following George Floyd's murder and disparate impacts of the COVID 19 pandemic provide the most recent of many demonstrative examples of why speaking up and taking a stand for institutional and cultural change is a helping-professional's imperative. Societal [structures which facilitate health inequities](#) were [devised by people and can be reformed](#) by intentional combinations of grassroots and professional efforts. Grassroots, local organizers, the people with lived experience, [depend on supporters and affiliates](#) lending their expertise. The combination of laypeople and expert support allows social movements to [succeed in changing both social norms and policies](#). Examining racial protests around the world, we see how grassroots organizers were joined by outspoken [physicians, nurses](#), and [other professionals](#). Activism motivated [business leaders](#) and institutions,

including some powerful [multinational corporations](#), to change their [policies](#), [slogans](#), and [brand mascots](#).

Importantly, media highlighted not only businesses which acknowledged racism, but also [personal statements](#) by powerful, privileged [leaders](#) which advocated for change. People who have historically been less powerful, such as a contingent of [politically motivated black women](#), were empowered by activism and claimed their roles in the social justice movement. These are examples of feminists' longstanding claim that "[the personal is political](#)."

Similarly, the COVID 19 pandemic showcased the interconnectedness of all humanity and how disproportionate resources and [vulnerabilities](#) harm people of color. Globally, the amount of pandemic-related morbidity and mortality in [low and middle income countries](#), where predominantly black and brown people live, continues to mount and outcomes can only be [estimated](#). Millions of people have [learned more about what "health disparities"](#) mean, thanks to the efforts of scientists, academics, and engaged health professionals. Those of us [insulated by power and social privilege](#) need to acknowledge [how we benefit from systemic oppression](#), while at the same time as working for change.

The pandemics have moved numerous professionals and organizations, [including ALCA](#), to take a stand and devise an action plan. Merely contemplating and elucidating our moral insights not enough, given that ALCA constituents are inherently helping professional who embrace an advocacy role. [Media and politics influence people's health and related policies](#), and Aging Life Care Professionals should not shirk opportunities to participate.

The opposite of activism is remaining silent and allowing unhindered perpetuation of the status quo. At this cultural moment, [silence about racism and disparate treatment](#) is as deadly as ever. Not speaking out signals [betrayal](#) and [complicity](#).

The current wake up call for racial justice is not unique, however unrealized. Scholars have documented the problem of “[white silence](#)” for many decades. Many of us are likely familiar with the 2003 Institute of Medicine’s [Unequal Treatment](#) report. Increasingly, scholars and health professionals have analyzed racism’s myriad health impacts and [published papers](#) documenting and describing inherently inequitable, unjust social structures.

Despite the incontrovertible damage done by racism and health inequities, some professionals may nevertheless find activism intimidating. Certainly, it is important to recognize that activism need not be loud or out in the streets to matter. Activism can be approached by many methods, from calm discussion, writing for blogs or publications, telephonic or internet outreach, all the way to visibly protesting. The point is that extremism is not required for advocacy to become activism. It might be that, for example, a professional becomes an [unintentional spokesperson](#) for a justice-oriented viewpoint, the influence of which is parlayed to benefit a disadvantaged group.

Feeling uncomfortable is not a valid excuse for inaction. We should seek activism opportunities where we live and work, to help reform our systems. Past [successes in health activism](#) might inform our options. Because racism, health disparities, and neoliberalism, are root causes, there are many person- and population-centered movements and causes we might lend professional engagement to which will be reflective of and counter these adversaries.

Professional connections outside of the sphere of our immediate practice settings may suggest additional venues for activism. As an [ALCA](#) member, [social worker](#) and aspiring [bioethicist](#), I can look to activities of my colleagues and professional associations, including the advocacy work of the [National Council on Aging](#), for opportunities. I might also take cues from [physicians](#), [medical students](#), [nurses](#), [psychologists](#), [chaplains](#), and [attorneys](#) who have pursued activist endeavors. If professional connections do not offer appealing activist opportunities, there are also a host of [independent](#) and [faith-based](#) activist organizations.

It is a professional obligation that we not remain silent about how structural inequities constrain healthcare choices. [Justice](#) is a core ethics concern that Aging Life Care professionals need to promote, not merely discuss. The penchant of neoliberal ideology “[to move on with life as usual regardless of risk](#)” demand that we take notice and become activists for wide-reaching, multi-systems level changes that “[take the social dimensions of health seriously](#).” Otherwise, the cultural norms and institutions influencing health will continue to [evolve or devolve](#), root causes of racism and disparities will morph, and professionals will risk losing meaningful seats at the table.

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