What Is Antiracism in Health Promotion Practice?

PRESENCE//Gifted: On Poetry, Antiracism, and Epistemic Violence in Health Promotion

INTRODUCTION: WHO ARE WE/WHO ARE WE?

Public health research and practice have subjected Black and other communities of color to myriad forms of violence since the beginning of the COVID-19 pandemic, not the least of which are symbolic and epistemic violence. This has been observed in inadequate data systems that have invisibilized/obscured burdens and impeded efforts toward equity by not routinely collecting data on race (Krieger et al., 2021; Labgold et al., 2020; Servick, 2020), and in colorblind COVID-19 care rationing rubrics that fail to account for impacts of structural racism (Chomilo et al., 2020; Petteway et al., 2020). It has also been observed in racialized and pathologizing narratives of vulnerability and being “at-risk” (Petteway, 2020), and victim-blaming narratives of “hesitancy” that ignore historic and present contexts of violence, exploitation, and spatial and biomedical apartheid (Corbie-Smith, 2021; Gamble, 2010; Washington, 2008; Wrigley-Field et al., 2021). More generally, it has been observed within broader individualist, personal responsibility, and behavior-change discourses that outright ignore, among other things, how structural forms of inequality have shaped risks (Feldman, 2021; Laster Pirtle, 2020; McClure et al., 2020; Nygren & Olofsson, 2020; Yearby & Mohapatra, 2020; Yong, 2021). As we continue to live and narrate this “brief history of being young, COVID and Black”—however long the last 2+ years have felt—it is imperative that we embody antiracist praxis, to center the margins (Crenshaw, 1991;
hooks, 2000, 2015), and resist our field’s propensity to enact symbolic and epistemic violence upon those of us who claim the margin as source of knowing and site of resistance. As I have articulated elsewhere (Petteway, 2021; Petteway, 2022a; Petteway, 2022b), a central issue for public health must be interrogating—and contesting—normative rituals and practices of knowledge production, for example, what counts as knowledge, which knowledges count, how/where knowledge is legitimized, and who is seen as “knowers.” And for health promotion scholars, practitioners, and students, this means reflecting critically upon who we are, and who are we to even be taking up this space to begin with? Because taking up space in this growing health equity and antiracism discourse is not the same as holding space. And if you know, you know. No citation necessary.

Below, I offer a brief overview of the notion of epistemic violence and outline its relevance to advancing antiracism within health promotion knowledge production, acquisition, and dissemination. Rather than an exhaustive analysis, the intention is to provide an approachable and generative first step toward deeper engagements, outlining potential elements of a cursory framework for future development. I connect this overview to the notion of poetry as praxis (Petteway, 2021), suggesting that poetry can be a space of antiracist resistance and counternarrative for those subjected to the epistemic erasures, omissions, censures, and silences discernible within health promotion training, research, and practice. I then close with a poem that enacts poetry as praxis, testimony, resistance, and “rememory.”

**EPISTEMIC VIOLENCE: A THEORETICAL IMPERATIVE FOR AN ANTIRACIST HEALTH PROMOTION**

Public health and health promotion programs, scholars, practitioners, and students would do well to add a new word to their lexicon, curricula, and core competencies: epistemology. Generally, epistemology is an area of philosophy that deals with the study of knowledge and theories of knowledge, with core considerations pertaining to the origins, nature, and scope of knowledge(s). In simple terms, it concerns itself with questions of what counts as knowledge, how knowledge is acquired and expressed, and related matters of power as implicated in whose knowledges count, which knowledges are valued or privileged, where knowledge is legitimated, and who curates what is “known”—that is, who controls the knowledge landscape/narrative about certain topics. Within this broader context of epistemology, here I suggest that matters and mechanisms of testimonial quieting, testimonial smothering, and testimonial incompetence are of critical importance for health promotion scholars, practitioners, and students to reflect on. These concepts come from Black feminist philosopher Kristie Dotson’s (2011) work outlining how epistemic violence manifests in exchanges wherein one party is speaking from a marginalized social location—such that this speaking from the margins presents as a form of potentially “unsafe” and “risky” testimony. She defines epistemic violence in these contexts as, “a refusal, intentional or unintentional, of an audience to communicatively reciprocate a linguistic exchange owing to pernicious ignorance” (p. 238), with pernicious ignorance being a, “reliable ignorance, . . . that harms another person” (p. 238). At risk of oversimplification, the central concern is the manner in which the speaker can have their knowledge dismissed or otherwise be perceived/portrayed as incapable of possessing any relevant/credible knowledge within a given context/exchange (testimonial quieting)—with the audience incapable and/or unwilling to “hear” the speaker’s truths (testimonial incompetence; more on this later).

As described by Dotson (2011), testimonial quieting occurs, “when an audience fails to engage a speaker as a knower” (p. 242), thereby creating a scenario in which the speaker is effectively silenced. Even if they do speak, their words, ideas, and perspectives are dismissed, discounted, devalued, or otherwise diminished as not constituting worthwhile knowledge. As Dotson articulates, such an instance of silencing can be read as a practice of silencing—as mode of epistemic violence—when it is part of a repetitive and “reliable” pattern of discursive practices/productions of knowing/unknowing, and of knowers/non-knowers. Those who are quieted through such practices learn to discern the landscape of knowledge and related power relations—to identify practices and patterns of knowledge (de)valorizing that have implications for their own acceptance within/entrance into legitimated knowledge spaces as a knower and/or producer of knowledge. From my read, this concept very much helps to contextualize the landscape of public health knowledge production and, importantly, curation—a landscape in which most of the speaking about those at the margins is not done by those socially located there and who claim it as site of knowledge and resistance. As a field with discernible practices of silencing from knowledge acquisition (e.g., what is/is not part of the curriculum, what is/is not valued as a “core” competency), to knowledge production (e.g., privileging of positivist, reductionist survey-based work; what is deemed worthy of funding), to knowledge dissemination (e.g., social locations of “peers” on editorial boards and peer-review bodies), a core concern from the would-be-speaker perspective (as quieted knower), then, becomes whether or not to speak at all, and if so, how?
Here, for scholars/practitioners of color and public health students, Dotson’s notion of testimonial smothering becomes especially important. She describes testimonial smothering as when a speaker, “perceives one’s immediate audience as unwilling or unable to gain the appropriate uptake of proffered testimony” (p. 244). In essence, a would-be-speaker reads the room and decides (read: through coercion) that speaking/sharing one’s ideas/knowledges/truths are not worth the foreseeable epistemic, psychic, and/or potentially physical risks. In effect, such testimonial smothering has the potential to not only further enable existing dominant narratives that misrepresent lived and factual contexts of the would-be-speaker’s history/reality, but also to coerce a self-silencing of potential counternarratives. In this way, testimonial smothering presents as a coerced truncation and withholding of (counter)stories and knowledges that could potentially deepen learning and offer resistance. Consider, for example, health promotion’s propensity (ritual, really) to focus on deficits in discourse of/ research on racial health equity, and the extent to which many (if not most) course syllabi feature reading materials that in one way or another portray Black people as “worse off than” White people. Imagine (should not be too difficult) a scenario in which every course public health students take, the only time Black communities are discussed is when they are compared with White communities and/or the focus is on their burden of racial health inequities—such that the metamessage for all students (including Black students and other students of color) is one of the deficits, needs, vulnerability, susceptibility, and being “at greater risk.” Would the one or two or three (gasp!) Black students have the courage—and the instructor-created space—to offer a counternarrative when it is their perspective and knowledges versus literally their entire MPH curriculum?

Although my core concern at present is for viewing poetry—as testimony—as modality for public health knowledge production, expression, and acquisition and antiracist praxis, the considerations raised here remain relevant/applicable to public health broadly. From my vantage, public health remains ensconced in a heavily positivist, reductionist, settler-colonial “ritual” of knowledge extractivism and expropriation wherein credentialed researchers mine marginalized communities for data to (re)package and (re)distribute as their/our own knowledge (Petteway, 2021, 2022a). And much of this work has focused on racial health inequities while, curiously, leaving unexamined matters of epistemic equity in the production of knowledge about racialized subjects (here, perhaps better described as “objects”)—a production dominated and curated by White scholars. How can we make honest strides toward antiracism (and decolonizing) without interrogating this? Without interrogating how we structurally devalue/exclude knowers and knowledges from the margins—especially if what/how they speak is cast as prima facie incongruous with our extant knowledge production apparatus (e.g., in classrooms, research, peer-reviewed publishing)? How can public health/health promotion even remotely say it’s embracing antiracist praxis when one of the core principles of such praxis is honoring—as in holding space for, as in making space for, as in actually hearing—the “voice” of those at the margins (Ford & Airhihenbuwa, 2010)? If as students many of us did not feel safe sharing our knowledges, then how do we imagine our current public health research and practice systems are free of testimonial smothering? How many of us are still holding on to something we wanted to say or write or research or publish because the epistemic violence we were subjected to during our own training coerced our silence and/or warped our training goals? How many of us current scholars and practitioners bear the scars of testimonial quieting? How many current students are being quieted in classrooms and MPH programs right now—learning to not speak, or to “only speak your pain” (hooks, 2015, p. 152)?

If nothing else, at this juncture of antiracism buzz, it should trouble us all that allowing these matters to continue to go unexamined within our spaces of knowledge exchange not only reifies our field as a vehicle of (racial) capitalist (re)colonization of life at the margin, but further entrenches a future public health workforce rife with testimonial incompetence. As described by Dotson (2011), testimonial incompetence is, “the failure of an audience to demonstrate to the speaker that she/he will find proffered testimony accurately intelligible” (p. 245). In other words, the audience consists of folks who “don’t get it” and are not at all prepared—neither epistemically nor affectively—to do the work of listening, hearing, and holding space. An example Dotson gives of what may signal to a speaker an audience’s testimonial incompetence—that is, that they (foreseeably) “don’t get it” and/or “ain’t ready for this conversation”—is the audience’s deployment of microaggressions—something quite familiar to health promotion scholars/practitioners (and students who contend with them every. damn. day. in our schools of public health). In the context of public health training (i.e., knowledge acquisition), consider the above example regarding deficits-focused discussions of Black health (and implicitly, anti-Blackness). In addition, consider the routine instance when a student is the only Black student in a course focused on “social inequalities and health” and the conversation moves into racial inequities and racism. Or, perhaps even more disquieting, when the conversation does not
name racism at all. What are the other students sharing and reflecting on, and how? Are they testimonially competent—despite exposure to potentially 45+ credit hours of deficit-focused courses that quite possibly did not include any materials written by scholars of color? What does being the only Black student present for those discussions feel like? Safe? Some of us know the answer to these questions. Some of us pretend they should not be asked.

While Dotson’s analysis is focused primarily on episodic and/or repetitive epistemic encounters between individuals, my position here is that these same dynamics play out within our field at-large. Why, for example, would a scholar of color, a public health student of color, or community co-researcher/research participant trust us (public health) with their testimony (their story, their knowledge, their truths from the margins) if, in my view, the bulk of our knowledge production apparatus signals death by epistemic violence? In this manner, testimonial quieting, smothering, and incompetence—particularly as codified via/embedded within status quo knowledge production processes—present as an integrated practice of silencing that threatens continued epistemic violence against those of us who dare speak what we know from the margins. And perhaps most fundamentally for the field of health promotion, it preemptively silences countless opportunities for those at the margins to move us all forward with their words, ideas, and counterperspectives—foreclosing the possibility of the antiracist, liberatory public health future so many of us claim we want to forge.

In short, the racism is not just “out there” to be studied/analyzed and reported on, it is also very much “in here”—as in all up in here, as in it is the “here” here. As in open up all the windows and pass that Costco-sized Febreeze up in here. We must begin to ask ourselves some tough questions. For example, how has health promotion practice—through exclusion, erasure, censure, and/or coercion (as modes of epistemic violence)—served to (re)produce and curate a health promotion knowledge canon that is structurally racist and anti-health-equity? And what can we learn by engaging Dotson’s scholarship here to reclaim, restore, repair, and re-center knowledges from the margins? Public health instructors should be asking themselves if their syllabi are odes to epistemic violence—vis a vis knowledge erasures and exclusions as practices of silencing. Program directors should be asking themselves if their programs are manufacturing futures of epistemically violent public health professionals—vis a vis testimonial incompetence. Public health scholars, practitioners, and students of color should be asking themselves how—and where, specifically (name the space)—they have been quieted or forced to smother their testimony. And importantly, reflect on the epistemic consequences of their testimonial smothering as legible in their current practices/praxis. For as hooks (2015) reminds us, “we are more often silenced when it comes to speaking of the margin as site of resistance” (p. 151). What has that meant for what we have/have not dared to speak, and has it meant that we have compromised in how we show up from the margins for the margins—that is, who are we when we finally get/move “to center” as health promotion professionals? Have we, “kept alive in [our] heart ways of knowing reality which affirm continually not only the primacy of resistance but the necessity of a resistance that is sustained by remembrance of the past. . . giving us ways to speak that decolonize our minds, our very beings” (p. 150)?

“Silenced. We fear those who speak about us, who do not speak to us and with us. We know what it is like to be silenced. We know that the forces that silence us, because they never want us to speak, differ from the forces that say speak, tell me your story. Only do not speak in a voice of resistance. Only speak from that space in the margin that is a sign of deprivation, a wound, an unfulfilled longing. Only speak your pain.”*

(hooks, 2015, p. 152)

(*line spacing and breaks stylized by author)

Public health has much to learn from hooks’ reflections on academic spaces and knowledge systems premised upon and designed around White curiosity about—and credentialed access to—those at the margin. As I have discussed elsewhere (Petteway, 2022a), the public health knowledge landscape—from funding, to research, to dissemination—is disproportionately controlled and curated by White scholars. As research on racial health inequities continues to grow—thereby generating more tuition dollars, more fiscal and administrative dollars (“F&A”), and more paywall journal access dollars—there appears nothing antiracist about a field wherein just 5.7%, 5.9%, and 0.3% of tenure-track
public health faculty are Black, Latinx, and Indigenous, respectively (Goodman et al., 2019). And there is nothing antiracist about continuing to recruit, train, credential, fund, and publish in the same manner that produced our present context—scores of credentialed professionals unwilling and/or incapable of “hearing” not only what we have said, been saying, and say, but also what we, ourselves, hear: the silences and practices of silencing included. If our field aspires to a future of antiracist practices and scholars/practitioners, it appears rather basic that we must appreciate what that means in regard to epistemic violence as manifest within various domains of our knowledge acquisition, production, and dissemination apparatus—from what counts as knowledge and who has knowledge that counts, to what gets funded to be counted as knowledge, who gets paid/tenured/conference per diems to do the counting, and who has access to what gets counted when the counting is done. The silence is, go figure, silencing. An antiracist public health and health promotion cannot exist amid such blatant epistemic violence and exploitation. We know what it is like to be silenced.

POETRY AS TESTIMONY, RESISTANCE, AND “REMEMORY” FOR AN ANTIRACIST HEALTH PROMOTION

It is from this position that I offer this poem. In reference to a song from Nina Simone,1 “PRESENCE//Gifted” draws from antiracism, critical race, and Black feminist theory literatures to explicitly name racism/racialization and colonization as root “pandemics,” and rearticulate/center a long legacy of creative and academic Black brilliance and resistance as related to racial injustices implicated in health. Specifically, I draw from public health critical race praxis principles of “voice,” “social construction of knowledge,” and “disciplinary self-critique” (Ford & Airhihenbuwa, 2010), to excavate a lineage of embodied social and political critique and/as an art of resistance embedded within—and legible through—a necessarily bi-modal academic-creative Black health equity knowledge production beyond the bounds of traditional. It pulls into conversation the statistical, the conceptual, and the affectual—weaving a line of emancipatory praxis through W.E.B. DuBois and Ida B. Wells-Barnett on the same thread as Langston Hughes, Nina Simone, Pete Rock, and Kizzmekia Corbett.

As such, this piece evokes and simultaneously enacts core principles of antiracist and decolonizing praxis, while engaging traditional science discourse through a prism of creative Black expression that embodies “rememory” to counter epistemic oppression. Toni Morrison (2004) introduced the notion of “rememory” in her writing about/use of memory in her 1987 novel Beloved. Generally, rememory can be described as a recollection of memories once forgotten or repressed—the remembering of things we forgot that we know, or were coerced and/or traumatized into “forgetting.” Morrison also describes rememory as a re-membering—as in a recounting and reassembly of pasts. In public health, for those at the margins, rememory speaks to our option—and power—to rely on (our) (re)memory—versus exclusive reliance on historical canon and “legitimized” bodies of knowledge rife with omissions and erasures (i.e., epistemic violence). In this way, echoes of rememory are found in hooks’ (2015) rearticulation of Milan Kundera: that “our struggle is also a struggle of memory against forgetting: a politization of memory that distinguishes nostalgia, that longing for something to be as once it was, a kind of useless act, from that remembering that serves to illuminate and transform the present” (p. 147). Through this poem—in this academic space—I engage rememory as portal between margin and center, connected by a thread of time-traveling resistance rendered as radical possibility through the act of re-membering.

In doing so, this piece engages poetry as praxis (Petteway, 2021), expanding upon critical public health scholarship that has articulated “poetic knowledge” as invaluable in centering lived experience and/as embodied knowledge from the margin (Dill, 2015; Dill et al., 2018). As Dill (2015) summarizes Aimé Césaire’s position on poetic knowledge, “poetry would create the kind of knowledge needed to transform oppressive conditions” (p. 129). The piece offered here aspires to such a vision for poetry in health promotion—as a space in/through which to pursue antiracist praxis and counter epistemic violence. As such, it invites academic scholars, community practitioners, students, and artists (and those at the nexus) to critically reflect on the ways in which traditional forms/venues of public health knowledge production and communication often serve to invalidate, devalue, and distort expressions of knowledge rooted in and arising from those of us “at the margins.” And for those operating primarily within academic spaces, it dares us to see the brilliance of both Black bars and bar charts (see Petteway, 2022b), if you will, as germane and inextricably linked to an epistemically just and emancipatory racial health equity discourse—one which does not shy away from the power of creative expression as counternarrative and counterstorytelling (Delgado, 1989; Solórzano & Yosso, 2002), and which embraces the power of/in knowing from the margins.
I am located in the margin. I make a definite distinction between that marginality which is imposed by oppressive structures and that marginality one chooses as site of resistance—as location of radical openness and possibility.

(hooks, 2015, p. 153)

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PRESENCE/Gifted
Or, A Brief History of Being Young, COVID and Black

Quem é você?
O que você quer de nós?
Nosso sonhos?
Nossa magia e alegria?

If we keep wearing these masks you might not make it.

Entendeu?

We cannot speak beneath this burden and be heard – awaiting the sting of elastic dreams snapping behind our ears, biased blades of triage upon our throats.

Our words are much too sharp for sympathy, much too weathered to be paired with platitudes and promises moving ear to ear panning to the rhythm of our respiration cutting out apologies, sewing them into makeshift scarves to wrap around the necks of models predicting our demise –

you can bury them with the others.

Você lembra?

When Onesimus shared our knowledge; when DuBois charted our resistance and created hot joints of illustration;

when Ida recovered our fruit; when Langston called your shit and Nina sang his blues…

I saw you there – thumb prints pressing the edges of history, shaking Polaroids to her vibrato.

You knew then what the world knows now: we make futures.

Então, o que você quer? A salvação?

We’ve been here for hours, waiting to be seen. De nada.

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Notes
1. Nina Simone recorded “To Be Young, Gifted and Black” in 1969, the title a tribute to the autobiographical play about Lorraine Hansberry by the same name. The song was written in memory of Hansberry, who was the first Black woman to have a play run on Broadway, “A Raisin in the Sun” in 1959—the title of which is a line from Langston Hughes (1951) poem, “Harlem” (available here: https://www.poetryfoundation.org/poems/46548/harlem).
2. Via Aimé Cesaire’s (1943) “Poésie et Connaissance (Poetry and Knowledge).” Tropiques, 12: 158-170.
3. In Portuguese as conversation with colonizers credited with “discovering” the Americas under the flag of Portugal. Specifically, Italian explorer Vespucci Amerigo.
4. In reference to/in conversation with Paul Laurence Dunbar’s piece, “We Wear the Mask”, and simultaneous reference to public masking mandates in response to COVID-19—and thus a double-masking mandate for Black Americans.
5. In reference to structural racism and “colorblind” approaches built into COVID-19 care rationing guidelines; see: Chomilo et al (2020), and Petteway, Macaysa, & Teng (2020).
6. Referring to literal physiological embodiment of chronic stress due to racism and the weathering hypothesis; see: Geronimus et al, 2006; Forde et al (2019).
7. In reference to the story/legacy of Onesimus; see: https://www.history.com/news/smallpox-vaccine-onesimus-slave-cotton-mather
8. In reference to the statistical works of W.E.B. DuBois as Black antiracist resistance and data justice; see: Chalabi, M (2017); Battle-Baptiste & Rusert (2018).
9. In reference to a line from the first verse of Pete Rock’s 1998 song entitled, “Soul Survivor”.
10. In reference to the works of Ida B. Wells-Barnett, e.g., (6), 1241. https://doi.org/10.2307/1289308
11. In reference to Langston Hughes’ piece, “Let America Be America Again”.
12. In reference to Nina Simone’s song, “Backlash Blues,” lyrics written by Langston Hughes.
13. In general reference to Black excellence, here in the context of infectious disease science, with key COVID-19 vaccine research being led by a Black woman, Dr. Kizzmekia Corbett; see: Ross, J (2020); also, a revisiting of the legacy of Onesimus.

Supplemental Material
Supplemental material for this article is available online at https://journals.sagepub.com/home/hpp

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