

# DEI Committee

## Notes on Draft DEI Plan

### DEFINITIONS

## EQUITY v 1.0

RATIFIED 01/11/2023

This is a living document, and will never be complete.

### Precis & Value Statement

In a generic sense, “equity” is a framework for ameliorating the harms to one population relative to another as a result of past structural injustice through three requisite elements:

- (1) the recognition of **population disparities** in opportunities and access to fundamental resources for living and social engagement are partitioned across historically marginalized and oppressed groups<sup>1</sup> as compared to the general population, or to a hegemonic population (e.g. white, cis-het, housed, etc.);
- (2) the identification of how such population disparities are **created by structural injustices**, and which are both unnecessary and unfair, and so these disparities should be understood as unjust **population inequities**; and
- (3) aspirations towards equity are realized by **confronting the systems of power** which create and maintain the mechanisms.

Policies, curricula, and other commitments reaching towards equity will center **power** and **politics**; someone is going to change the world: if we do not, someone else will. As the DEIC of a school of public health that strives for equity, we especially strive towards **population health equity**, **equity in classed labor and its conditions**, and **equity in population educational opportunity**.

### History & critique

The value of varied commitments to equity are found in the particulars. A generic equity framework, while useful for orienting the unfamiliar, and creating a shared language, is insufficient and may ultimately distract from, dilute, and curtail advancement of the work of opposing structural injustice and enacting justice. We therefore eschew uncritical, passive, unskilled, nonspecific, and generic claims of any “commitment to equity,” and reject “equity” as branding. Without critical interrogation of the presence or absence of requisite **conditions for equity**—without confronting specific systems of power perpetuating historical structural marginalization and oppression—we are left with merely an accounting, recounting, or counting of the **consequences of inequity**. Describing injustice is one thing; ending injustice is another.<sup>2</sup> The OHSU-PSU School of Public Health’s work and the DEIC’s work towards promoting equity will accordingly be informed and characterized by the following tenets and commitments:

- 1 **The DEI will not pursue any action or effort to advance institutional equity without requisite affirmations, material commitments, and protections made by institutional leadership.**
  - The labor, psychic, emotional, and social costs and risks of this work must be appropriately acknowledged and recompensed—with the understanding that those most burdened by *inequity*

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<sup>1</sup>See the DEIC’s working definition of “diversity.”

<sup>2</sup>Cf. “Philosophers have hitherto only interpreted the world in various ways; the point is to change it.”—Karl Marx, *Theses on Feuerbach*, 1888.

are frequently the most burdened by the commitments and consequences of equity-focused work.

- Equity cannot exist within social and institutional spaces wherein white supremacy, structural racism, sexism, heterosexism, settler-colonialism, and other expressions of oppression and social exclusion exist. Reaching towards equity must explicitly acknowledge and redress the operation of these forms of oppression within all levels of organization, with attendant explication of historic and current power relations within and across institutional levels.
- Work to advance equity that ignores the aforementioned poses substantial risks of psychic and professional harm to those involved, i.e. “charged” with “leading” the work.
- As such, our ability to engage productively necessitates explicit discernment of intra-institutional and interpersonal power relations such that potential to a) minimize extent of contributions/impacts of, or b) “scapegoat” DEI members, are rendered transparent. We will not accept “moving targets” or transactional/short-term commitments, nor will we accept tasks or “charges” without the resources necessary to do the work justice.
- DEI labor—by students, administration, and faculty, for example, addressing student anti-racist labor emails, Title VII complaints, equity award evaluations, etc.—will not merely serve to market (e.g., by centering faces of color) the SPH, but will be materially supported with funds, academic credit, labor credit to creatively reach towards equity.

2 **The OHSU-PSU School of Public Health and the DEIC will commit to equity as a process, an act, and a way of being and becoming—as self, as community, as institution. Equity must be understood as aspirational. The SPH and DEIC will actively resist and counter any ideology of “achieving equity”: equity—in population health, in classed labor, and in population educational opportunity—is a process, not something that can be “achieved.”**

- The very articulation of equity as “achievable” is an expression of logics rooted in white supremacy and settler-colonialism that promote positivist, empiricist, and extractivist epistemologies of science and knowledge production that run counter to principles of procedural, distributive, and epistemic justice that undergird any notion of social justice within public health.
- Efforts in the name of promoting equity without this understanding are nothing more than institutional virtue-signaling efforts that, ultimately, serve only to protect status quo and reify public health as socially acceptable neoliberal capitalist exploitation and colonization.
- Equity is not an endpoint to be “achieved” via unfettered access to, examination of, and pontification about the physical and social bodies of oppressed and socially excluded populations—construed as data and specimens for scientifically “solving” health “problems.” Rather, equity is a **process** and an **act**—something that is continuously done by and with (not for and about) populations subjected to the health consequences of social, economic, and political inequity.
- We should joyfully and inquisitively Un-Settle our institutions at multiple levels and across generations.
- We should fertilize institutional and individual growth towards a community competent in striving for equity not merely with grand gestures, but with a constant practice of small efforts “like so many soft rootlets, or like the capillary oozing of water, and yet rending the hardest monuments of man’s pride, if you give them time.”<sup>3</sup>
- We, instead, commit to developing, guiding, and supporting programmatic and policy efforts that a) reflect a critical engagement of the discourse of health equity, b) center relational and intersectional histories of communities burdened by health, labor, and educational inequities, c)

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<sup>3</sup>William James, from a letter to Mrs. Henry Whitman, June 7, 1899.

adequately frame and value the labor and cultural capital of members of such communities in advancing equity efforts, and d) explicitly engage intra-institutional and interpersonal power relationships as fundamental explanations for the presence or absence of conditions requisite for equity.

- 3 **We demand routine institutional accountability for the contradictions between our mission to “Educate future public health leaders and advance public health scholarship and practice in collaboration with our communities to promote health and social equity,” while we are still creating social and institutional spaces wherein white supremacy, structural racism, sexism, heterosexism, settler-colonialism, ableism, and other expressions of oppression and social exclusion exist.**
- An institutional commitment to equity means we do not gaslight the students, staff and faculty on the receiving end of structural violence, with an absence of accountability for the ways the SPH itself expresses oppression and social exclusion.
  - The Dean’s Office should transparently communicate how much of faculty’s creative labor—service, teaching, research & other productive arts—will be directed towards health equity, and with what measures of support from the institution? Equity should be integrated into all routine evaluations and assessments of the SPH. We should be accountable to answering the question What is our capacity for equity work?
  - The SPH should commit to equity work that is productively difficult, creative, and which confronts power, and avoid investment in equity work which is about checking boxes, or fulfilling rote measures in compliance with systems established by entrenched power.
  - Commitment to equity demands we always make place for, and value our own vulnerability. Our striving for equity must therefore be rooted in the practice of humility. We make mistakes. We do not know everything. We recognize our small place in a complex world. There is so much value in situating ourselves in our work, and by situating ourselves in our histories and aspirations.
  - Equity work in practice demands data, representation, and inquiry. There is no equity without making disparities visible, without illuminating how structural injustice creates and maintains inequities, and without evaluating the effectiveness of our equity efforts.