Mopping up Institutional Racism

Activism on a Napkin

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Racism is an anathema to a just society. Overt expressions of personal racism are frowned upon in 'nice' homes, at progressive boardroom tables, in liberal churches, in the critical classrooms of universities, and in the many places privileged people meet. Institutional(ised) racism, however, has yet to attract such widespread recognition and a similar public discouragement. We are aware of, and engaged with, many expressions of such racism in Aotearoa, a country renamed as New Zealand by the colonisers. In this paper we focus on how institutional racism manifests within public health policies and funding practices in this country distilled into a handy napkin-sized conversation starter. We see the moral integrity of managers as a necessary conduit to institutional and therefore social transformation. We urge their responsible actions in their corporate citizenship in seeking innovations that wipe out institutional(ised) racism and embed practices that are just for all.

- Institutional racism
- Activist scholarship
- Public sector
- Health policy and funding
- Critical management education

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Maria Humphries came to New Zealand with her migrant parents in 1960. The existence of Te Tiriti o Waitangi and its implications for a just New Zealand was drawn to her attention in the late 1980s by a group of local activists who sought to draw wider acknowledgement and respect among Pākehā to this document. How integrity of relationships, including Treaty relationships might be included in the education of managers is part of her professional concern. Maria is currently an Associate Professor at Waikato Management School teaching critical management studies.

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Question: 'What are you researching?'

Answer: 'Institutional racism within public health policymaking and funding practices in Aotearoa[1] that undermine the wellbeing of Māori[2] in this land. We are interested in how activist research might contribute to its transformation…'

Interruption: 'How interesting…'

Eyes around the table glaze over. The conversation moves to a different topic. This polite disengagement from a deep conversation about something as uncomfortable as institutional(ised) racism will not be unique to our experience. Researchers in any field that challenges the comfort zones of those with social privilege will recognise this disengagement in polite company. Our commitment to staying in the conversation is an integral and necessary part of being anti-racism researchers. Raising the topic at the tables of the privileged may seem like a small action. It is, however, part of a broader activist agenda that seeks to expand a small chink in the delusions of those who want to believe that we are living in and contributing to a just world. Are we, the good among the privileged, living a lie? Now that really is a scary dinner-time topic! Our passion to remain engaged in conversations about institutional(ised) racism and its necessary transformation has drawn us into research that directly challenges such racism, and into writing about such racism as a choice of focus. This choice of focus is itself an activist choice.

Activist scholarship is about recognising competing knowledge claims and unravelling the complex political matters that give rise to the unjust outcomes of unequal influence on the discourses through which we organise our humanity. Such work entails cracking codes of silence and exposing the lies and delusions of the master narrative, that beguiling cloak of reason that pervades so much common sense, infuses our institutional protocols, and directs our manners. It involves ongoing dialogue and accountability between scholars and activist communities. However commitments to action go beyond dialogue. In activist research there is a commitment to move beyond procedural empowerment whereby research participants feel valued as part of the research process, to a focus on what Cram and Pipi (1997) describe as outcome empowerment; that is, a contribution to enduring change in social and political actions generated from the research.

In this paper we tell a part of our story as activist researchers. This part of our story is about a contribution to sustained challenges to the institutional racism that activist scholars intend to change. It is a story told in part as a simple vignette on our work, in part through the academic voice that is most often our medium of communication and, in its most important part, a call to reflection and action that will eliminate racism from our institutional procedures. We depict these elements of our work together on a paper napkin—that everyday object produced from the fruits of earth and the labour of many—an every-

1 Aotearoa is one of the original Māori names for New Zealand.
2 The indigenous people of Aotearoa.

day object that we so often dispose of in the unthinking manner in which we conduct so much of our everyday, taken-for-granted lives.

Locating our work

We are two Pākehā (settler) activist and critical management scholars with feminist orientations. We are interested in enhancing social justice and equity in the world and in advancing the interests of Mother Earth. We have long-standing commitments to maintaining honourable relationships and alliances with indigenous peoples. In New Zealand, the country we call home, Te Tiriti o Waitangi[3] (1840) is the treaty negotiated between hapū (sub-tribes) and the British Crown[4] which defined the terms of conditions of British governance and subsequent acceleration of settlement. Te Tiriti reaffirmed Māori sovereignty as recognised in He Wakaputunga o Te Rangatiratanga o Nu Tireni (The Declaration of Independence of 1835) and guaranteed Māori equal citizenship rights with those British ideas under development at that time. Breaches of Te Tiriti by the settler government have been documented within Waitangi Tribunal reports[5] tracing back to within months of the treaty signing (Waitangi Tribunal, 1986, 1996, 1998; Williams, 2001). Came (2013a:77) maintains 'Pākehā political, economic, ideological hegemony was systematically established by force, by parliament, by democracy and the everyday workings of kāwantanga' [governorship].

Since 1840 Māori land has been alienated, Māori language has been marginalised, and Māori legal, health and education systems have been diminished. These have been supplanted with mono-cultural systems of law and order imported from Britain (Huygens, Murphy and Healy, 2012). These systems are now under increasing pressure from the homogenising influences of a globalising health industry that morphs all humans into consumers of products and services devised to maximise the profit and power of a global elite (Biehl and Petryna, 2013). Many argue the impact of the intergenerational legacy of this violence is reflected in enduring inequities in health, social and educational outcomes between Māori and non-Māori (Ministry of Social Development, 2010, Robson and Harris, 2007). The trajectory of a homogenised global health

3 Within this text we are deliberately referring to the Māori text of Te Tiriti o Waitangi instead of the English version as this was the text that was signed on 6 February by Hobson and the overwhelming majority of Māori rangatira (chiefs). It is also the text of the Treaty recognised within international law.

4 The force invoked to discipline various unrest brought about by European settler disruptions to this land, but later harnessed to the land-grabbing interests of the later settlers.

5 The Waitangi Tribunal is a permanent independent commission of enquiry charged with investigating and making recommendation on claims brought by Māori related to policies, practices or omissions of Crown Ministers and officials that allegedly breached either of the Māori text of Te Tiriti o Waitangi or the English version.

industry (despite its explicit rhetoric to respect diversity in its pursuit of profit) does not bode well for the wellbeing of indigenous peoples the world over (Department of Economic and Social Affairs, 2009). This observation should serve as a sober warning perhaps for us all. It is from a context of past injustice and ongoing harm that we write about the contemporary institutional racism within the New Zealand public sector and more specifically the public health sector.[6]

Institutional racism

Institutional racism is complex and multi-layered. It is a pattern of differential access to material resources and power determined by race which advantages or privileges one sector of the population while disadvantaging or discriminating against another (Came, 2013a). It can present as both action and inaction. It is difficult to detect by those for whom the attributes of privilege shroud their perceptions of justice. As privileged people we tell ourselves that we are a just people—and we wish to believe it. As privileged people, we have many opportunities to speak out against routinised discrimination and degradation of people and planet. These opportunities are brought about by the privileges generated from being Pākehā (settler) in a world that favours this way of being. Opportunities to speak out are often forgone or not sustained over time. We as authors count ourselves among those people for whom acute attention to the opportunities and responsibilities of our privilege is sporadic at best. We seek to contribute to a change in this situation. To do so, we need tenacity of intent and practice, and a thick skin to resist the discipline of the associated social discomfort that comes with the calling to attention of the impact of our privileges.

It is challenging to draw continuous attention to our daily cavalier treatment of each other and of Mother Earth. We draw a parallel lesson from the thoughtless use and disposal of paper napkins. Mostly we do not notice their pervasiveness in our taken-for-granted everyday lives. We might even espouse an overt commitment to environmental sustainability most of the time. It can be tiresome to be constantly reminded to notice systemic conflicts and paradoxes that go well beyond what we can personally address in this single seemingly insignificant item in the armoury of the subtle abusiveness of consumerism. We can flaunt our choice of apparently bio-friendly, recyclable products with which

6 Public health within this paper refers to population-based interventions to enable people to increase control over the factors that determine their health, not the provision of clinical services. The Ministry of Health has the core responsibility for overseeing policy development and funding services in this area. These services are delivered by Public Health Units working within District Health Boards, by Primary Healthcare Organisations, non-governmental organisations and, since the mid-1990s, Māori health providers. The health system is overseen by an elite group of senior managers under the direction of the Minister and Associate Ministers of Health.

we appease our conscience and numb our consciousness. It is more comfortable to not-notice our wider embroilment in a culture of consumption. All that recycling of so much stuff, however, endorses our human identity as consumers, first and foremost. Institutional racism is similarly difficult to notice, and also to not-notice once we have been made aware of its pervasiveness. But how can we make the seemingly invisible, more visible, particularly when, in the trying, we make people uncomfortable (Kirton, 1997)? How do we act on that which most prefer not to see? How do we stay at the table to remain engaged in a dialogue for change?

Lying at the master's tables

Central to critical race theory is what Solórzano and Yosso (2002) call 'master narratives'—the stories of the powerful that infuse the common sense of whole societies and underpin the everyday logic of institutions. Leonidas Donskis calls these informing stories the tiresome ideas of the world's powerful people, their vanity, their unbridled quest for attention and popularity, and their insensitivity and self-deception (Bauman and Donskis, 2013:1). Gramsci (2010/1975) calls these master narratives hegemonic discourses. He maintains that they serve to perpetuate inequitable power relations between groups of people. They keep orderly the master's house and his yard (Thomas and Humphries, 2010). Master narratives, however, are not the only story in the land. Counter-narratives (the stories of the vulnerable, the alienated and the oppressed) can be found everywhere a master narrative is in sway. These counter-narratives may draw on ancient notions with a pull to the sacred. They may be astute and sometimes mocking of the master narrative, indignant, critical, politicised, and fluid. The more violently expressed, however, the more easily these counter narratives are policed and the more readily their policing is publicly endorsed. To become involved in transforming institutional racism is to become involved in challenging the master's legitimacy. The master, however, is adept at the deflection or assimilation of any critique and profiting from it. For this, the master needs the services of colluders and collaborators. We are all vulnerable to unwittingly participating in such service.

Master narratives as expressions of power may be found in any dynamic where story serves power. Adrienne Rich (1980) in her landmark feminist text *Women and Honor: Notes on Lying* maintains that lying has become normalised within Western patriarchal society. She suggests that women often lie through silence, while men tell vast lies that are so big they are difficult to unravel and dispute. The dynamic will not be unfamiliar to any people or person who finds themselves at the table of a reasonable, generous, or indulgent master. They may be at the table as trusted family members, indulged guests, or as slightly titillating radicals invited to demonstrate the liberal indulgence of the master. The extent to which questioning the protocols of his regime is to be enjoyed, indulged, tolerated or [c]overtly punished varies—perhaps based on

the perceived potential of the radical to effect real change. Regardless, even as they are indulged, or given room to speak, any radical will be under pressure to display the preferred manners of the master's table. Those who transgress the boundaries of what may pass for appropriate behaviour, polite conversation, or stimulating debate will be disciplined—subtly and kindly at first, increasingly assertively, and ultimately violently. The dynamic is everywhere to be noted where powerful interests are at play. We have focused our work on the narratives of the people who manage the master's funding regimes in the resourcing of public health services. These regimes are often framed as technical and operational discourses, and are thus perceived as instrumental, seemingly amoral processes of the distribution of such services. These narratives often appear ahistoric and apolitical in their overt expression or selectively so. Nonetheless, they carry the values and the power of the master.

It is to the senior managers of public health service providers that we have turned our research attention. Such managers may be women or men. They may be young or old. They may identify themselves with diverse cultural heritages. They remain, however, the mouthpiece of the master's narrative and they thus embed and maintain the logic of the master narrative and the power and the pain of its naturalisation. They are a pivotal link in the narrative that maintains the racial disparities which we call institutional racism, a hegemonic manifestation of privilege.

Unravelling institutional racism

> The standard ideology says that Maori/Pakeha relations in New Zealand are the best in the world, rooted as they are in the honourable adherence to the outcome of a fair fight (Nairn & McCreanor, 1991, p. 248).

This standard ideology perpetuates a lie.

> …it doesn't matter whether you have a centre right or centre left government you still have the same racism. It just gets cloaked a bit differently (Berghan as cited in Came, 2013a, p. 290).

In Aotearoa as in other places, there are significant gaps in health outcomes and life expectancy between indigenous and non-indigenous peoples (Department of Economic and Social Affairs, 2009). King, Smith and Gracey (2009) and Gracey and King (2009) argue that within neo-colonial contexts such as New Zealand, Canada and Australia these outcomes can be linked to the ongoing impact of colonisation and institutional racism exerted against indigenous peoples. Within New Zealand in the 1980s a series of damning reports were released. Among them is the work of Berridge *et al.* (1984), Herewini, Wilson and Peri (1985), Jackson (1988), and the Ministerial Advisory Committee on a Maori Perspective on Social Welfare (1988). This well-documented exposure of an ideologically perpetuated lie pressed Heather, the lead author of this paper, into a new round of specific action. A PhD no less! She takes up the story of

her research intentionally framed to expose the lie about the race relations in Aotearoa and to call us to just action. The following sections of the paper are framed as a conversation to highlight and discuss Heather's motivations and experiences.

Heather's activist research story

Heather tells: My doctoral research emerged out of ongoing dialogue with Māori and through first-hand experience of witnessing institutional racism targeting Māori (Came, 2013a). It is also informed by 20 years of Pākehā Tiriti work, which for me has been firmly grounded in feminist analysis of structural analysis and privilege (see Awatere, 1984) and complex accountabilities to Māori via Te Tiriti o Waitangi (see Huygens, 2007). My specific research questions related to how institutional racism and privilege manifest within public health policy making and funding practices in New Zealand and how it might be transformed. The methodological focus of this work was informed by engagement with Te Ara Tika framework[7] (Hudson *et al.*, 2010) and the decolonising challenges offered by Linda Tuhiwai Smith (1999) to non-indigenous academics. The work has a strong critical race theory orientation through its focus on racism (see Ford and Airhihenbuwa, 2010) and aforementioned utilisation of master and counter narratives.

At the centre of the research was a research whānau/reference/governance group which provided cultural and political direction for the work. These Māori health leaders and a Pākehā crone acted as kaitiaki [guardian] for the project, signed off the initial proposal and made a significant ongoing contribution to the research. Their input supported the development of the research design, its structure, overall direction and the detail of the study. Members of this whānau variously continue to tautoko [support] the dissemination of this work and the ongoing activist efforts to mobilise people to challenge institutional racism. This research was also shaped by what Hale (2008) describes as horizontal dialogue with Pākehā Tiriti workers, who challenged me to make the thesis accessible to a non-academic audience (i.e. napkin sized—easy to understand).

A mixed method approach to data collection and analysis was crafted. A literature review was undertaken, supplemented by a historical analysis, from 1840 to the present day, of institutional racism as enacted by Crown Ministers and officials. This analysis was strongly influenced by Waitangi Tribunal reports and deeds of claim. To capture the Crown's master policy and funding narratives a review of Crown documents was undertaken, augmented with an interview with a senior Crown official to check the detail of Crown practice. Information sourced through official information requests also informed a quantitative analysis of investment in Māori public health.

7 See Came (2013b) for a Pākehā exemplar of how this Māori ethical framework was applied within this research.

Counter narratives were developed through collaborative storytelling (see Bishop, 1996) with senior Māori leaders within the public health sector and a Pākehā crone. This work was complemented by relevant literature and observational field notes from my three years working within a Māori organisation (Te Tai Tokerau MAPO Trust) that engaged in co-funding and planning with Crown agencies. Given the inflammatory nature of the initial findings, these were tested further and refined by undertaking a telephone survey of different groupings of public health providers to benchmark their respective experiences of dealing with Crown officials.

The findings of the study revealed compelling evidence of institutional racism and the failure of Crown agencies over decades to develop inclusive policy and undertake consistent funding practices within the public health sector. Moreover, it exposed both the failure of Crown agencies to detect institutional racism within their own organisation practices and the ineffectiveness of domestic and international controls to prevent such discrimination. The study culminated in the development of a multi-entry anti-racism intervention framework informed by systems theory. The framework outlines generic structural and organisational pathways to address racism and emphasises the importance of both strengthening controls and enhancing racial climate. It also offers specific remedies to address institutional racism within the context of policy making and funding practices within the public health sector in New Zealand with potential application elsewhere in the public sector. The recognition of indigenous sovereignty and the honouring of Te Tiriti o Waitangi lie at the heart of this anti-racism framework.

Thesis on a napkin

Why a napkin? The concept of 'a thesis on a napkin' emerged out of polite queries at dinner parties about what my research was about and the social pressure to be able to explain what I was doing concisely before my dinner companions lost interest. It was also a potentially creative way to address the challenge from fellow activists to ensure my work was widely accessible, a reminder that I wasn't writing exclusively for an elite academic audience. As a seasoned public health practitioner and anti-racism educator, I knew the value of a good prop for capturing and holding the attention of an audience. In the right hands such a prop can enable others to tell their own stories of how they see institutional racism operating. Pragmatically it is easier to get someone to read a napkin than to commit to reading an entire doctoral thesis and it seems text on a napkin can make people curious.

How were you able synthesis all that information? I think in becoming an activist I went through a process of what feminists (Hooks, 2000) call consciousness raising, Freire (2000/1970) calls conscientisation, and activist scholar Kirton (1997) calls attempts at 'seeing the unseen'. That is, I learnt something about how oppression, privilege and discrimination work. These learnings came out of reflecting on my own experiences of discrimination as a bisexual woman and through the active process of being guided and mentored by Māori and Pākehā

Tiriti workers to notice where power resides, how it is exercised and to question who is benefitting from that.

With an activist background I was fortunate to start this research with a strong theoretical base. This was supplemented by two decades of working in the public health sector which gave me the opportunity to witness how different groups of providers were handled by Crown officials. The wave (see Fig. 1), developed by activist priest Fanchette, shows how people see the world from different viewpoints, each of which are valid and real to them. The challenge from an activist scholarship perspective is about being able to look across all the sites of the wave and expose the discrimination and privilege inherent within systems. As Paradies (2005) argues, wherever there is a group being disadvantaged by racism there is another experiencing advantage and/or privilege as a result of that discrimination.

Figure 1 The Wave

Retrieved from http://awea.org.nz/sites/default/files/Wavecolfooteronly.jpg. Reprinted with permission.

Figure 1 depicts a widely utilised structural analysis tool that was introduced to Aotearoa by Father Fanchette from Martinique and was illustrated by Jenny Rankin for the Auckland Workers Education Association.[8]

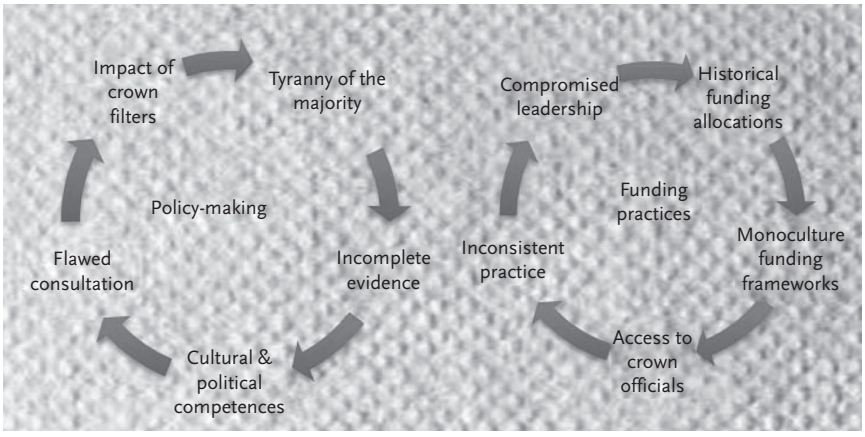
Whakawhanaungatanga [relationship building] according to Royal (1998) is central to kaupapa Māori[9] approaches. I was able to negotiate access to Māori health leaders due to existing, often longstanding relationships. The storytellers within my thesis chose to tautoko (support) the kaupapa [philosophy] of the research. Indeed many of them took the extra and unusual step to agree to be identified within the research. In listening carefully and intently to these stories clear themes emerged. Whenever I tested a theme by sourcing additional information the new information confirmed and clarified the theme. The napkin (see Fig. 2) is the synthesis of the key themes from the storytelling process. It

8 Retrieved from: www.awea.org.nz/sites/default/files/Wavecolfooteronly.jpg.

9 Kaupapa Māori is a Māori philosophical approach where a Māori world view is considered ordinary.

contains two processes: one highlights where racism manifests in public health policy making; the other highlights where racism resides in funding practices.

Figure 2 Sites of institutional racism in public health policy making and funding practices
Source: adapted from Came 2013a



Can you explain the detail of the napkin? In relation to policy making the first site of racism is the tyranny of the majority, a reference to the work of John Stuart Mill (2006/1859). Mill argued that democracy is not a benign force; rather it serves the interests of the majority at the expense of the minority. Decision-making at board-level and within senior management teams within the health sector can and does exclude Māori priorities from the policy agenda (see Māori Policy Analyst as cited in Came, 2013a; O'Sullivan, 2003). Storyteller, Berghan (cited in Came, 2013a, 171-172) explains:

> I am the only Māori sitting around the table and there are ten of us. We are arguing the prioritisation framework and I am arguing strongly that Māori health should be right up near the top because of poor Māori health outcomes. So we have the debate…you put it on the table, you go hard for it and in the end…if you don't have the numbers, that is where the funding goes.

The second site of racism is in what evidence is included, excluded and/or misused in policy (see Kuraia as cited in Came, 2013a; Kawharu, 2001). Within the health sector there is significant reliance on bio-medical evidence at the exclusion of kaupapa Māori understandings of what strengthens health status.[10] Storyteller Senior Māori Executive (cited in Came, 2013a, 177) elaborates:

> …[we] would explain why our thinking would be in a particular direction and provide…absolute irrefutable [Māori] evidence…or talk about the necessity for tikanga for instance to be honoured… Most if not all would be soundly ignored by the District Health Board…in their white western thinking [they] were not able to give [it] any credence whatsoever… Māori thinking was not welcome at the table.

10 In reviewing the evidence base of Ministry public health plans and strategies over the last ten years, only a handful of Māori health academics and research institutes were cited.

The third site of racism is the cultural incompetence of the Crown policy makers who are trained in Western paradigms of health and appear to have neither the capacity nor guidance available to them to notice the mono-cultural nature of their practice (see Berghan and da Silva as cited in Came, 2013a; Maaka & Fleras, 2009). Storyteller Senior Māori Advisor (cited in Came, 2013a, 178) explains:

> …it is predominately about set values and one set of values being the norm and that is the benchmark that everything is put against. It is about systems then, that process those values and move them through into everyday working life and process them as the norm, they reinforce those views as the norm.

This cultural incompetence of some officials acting on behalf of the Crown is compounded by the fourth site of racism which is a flawed consultation process which involves asking the wrong people the wrong questions, often within the wrong timeframes (see Bradbrook and Shortland as cited in Came, 2013a; Te Tai Tokerau MAPO Trust *et al.*, 2009). Finally the policy sign-off process requires any draft policy to pass through a variety of Crown filters that frequently wash-out Māori content, sanitising policy so it is fit for the majority and will pose no political challenges (see Berghan, Māori Provider CEO and Māori Policy Analyst as cited in Came, 2013a). Storyteller Berghan (cited in Came, 2013a, 184) describes:

> What happens, as happens all the time with government policy it had to go through all the iterations, and it had to be approved by non-Māori, and because of that because of the political environment what happened was, most of it got cut out, so we got this…very safe [for the Crown] version.

In relation to funding practices the first site of racism is the historic allocations of public health funding. Sustainable funding was awarded to a range of public health providers prior to the emergence of Māori public health providers and these contracts have never been retendered to ensure they are currently held by the most appropriate provider (see Bloomfield & Logan, 2003). Furthermore mainstream providers are not monitored for their service delivery to Māori (see Senior Crown Official as cited in Came, 2013a). The second site of racism is within the service specification; that is the documents from which public health services are purchased (Ministry of Health, n.d.). These specifications are mono-cultural in their content and their structure. They marginalise Māori public health paradigms (see Te Tai Tokerau MAPO Trust *et al.*, 2009; Thomas, 2002).[11]

The third and fourth sites of racism were uncovered through benchmarking groupings of public health providers' experiences with Crown officials. Māori providers reported problematic access to Crown officials and low levels of representation on advisory and steering groups. This is consistent with a larger pattern of differential treatment of Māori health providers against other groupings of providers, in relation to contract timeframes, access to discretionary funding,

11 The *Public Health Service Handbook* (Ministry of Health, n.d.) for instance has a service specification for working with refugee and new migrant communities but no kaupapa Māori service specification.

levels of auditing and other elements of contracting (see Came, 2013c; Senior Māori Executive as cited in Came, 2013a; Cram & Pipi, 2001). This pattern of discrimination is entrenched through the final site of racism that is a management and quality assurance system that fails to detect and respond to institutional racism within the policy making and funding practices of the Crown.

The good news in relation to this exposure of institutional racism is that each of these sites of racism is also a potentially useful site for anti-racism interventions. Meantime the napkin serves to enable the unpacking of a complex system of racism. It also offers recipients direction about where to challenge racism. For 'good' people, this challenge is most readily made visible at a point of recognition of a paradox or contradiction in an image of ourselves as good people managing unethical systems, systems we know we ought not to engage with, systems we know we ought to wipe our hands of. It is a recognition ripe with potential. It is a recognition we ought not to turn our gaze from. Refusing to support racist institutional processes will bring us to situations in which we must act in new ways. We must call on our creativity to invent processes for the dismantling of the master's power. This is messy work. A strong napkin with succinct instruction or inspirational guidance could be handy!

Conclusion

Institutional racism is a complex and destructive phenomenon that is difficult to explain to those who have neither the eyes to see it in practice nor the moral sensitivity to feel its outcomes. Our example of institutional racism in practice is its manifestation within public health policy making and funding practices in Aotearoa. Informed by a project of collective enquiry, in this paper we have told a story of unravelling some of the ways institutional racism manifests within public health policy making and funding practices in New Zealand. It is a long story. Our telling of this story has a purpose. It is a story inviting recognition of responsibility to expose and transform institutional racism wherever it is to be found by those who have it in their capacity to do so. We have distilled it to fit onto a paper napkin or napkin-sized hand-out for ready use at many tables, conveniently sized for easy transportation by busy academics, managers and/or activists. The key words on the napkin make for excellent conversation starters, lie detectors, and demystifiers of the everyday institutional practices that we each find ourselves embroiled in—even as we see ourselves as a just people with a desire for a more equitable outcome in the access of public health services or the other necessities and joys of human life. The napkin can be freely reproduced, elaborated, beamed up electronically or left lying about. It can be decorated in diverse styles to grace any table. We invite you to reproduce this napkin and distribute it widely. It seems a very good added use for the many paper napkins at our disposal. We invite you to discuss its contents at your next dinner party, executive lunch, or university seminar. We invite you to create your own napkins that tell stories of racist practices and ways to transform these.

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