

## **Stepping into the Intersection: The Unintended Consequences of Presenting a ‘Latina Educational’ at a Feminist Health Organisation**

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### **Abstract**

An intersectional approach is typically applied to individuals, but this lens is also needed at the level of systems. Similar to large institutions, human service agencies may maintain racism due to established patterns of Eurocentricity. Agencies also function as entities where change can be affected. The following case study is about the process of decentering whiteness at a feminist health organisation located in an urban centre in the United States. The author, a white, non-binary woman, serving on the board of directors, offered to present a graduate paper at an agency-wide meeting. Preparations for this presentation evolved into a year-long process, during which time the agency began to grapple with the limitations of a cultural competence framework in its services for women’s and trans health.

Feminist intersectionality theory is used to examine the organisation’s steps towards facing its Eurocentricity. This case study provides examples from organisational practice, during a year of racial turbulence, to explore three strategies that human service agencies commonly use to avoid confronting internal issues of race. It deconstructs past events in which staff maintained systemic racism through (1) disowning past harm, (2) suppression of criticism, and (3) deflection of responsibility through white feminine fragility.

A narrative of events is analysed with the support of scholarship to explore how an intersectional approach can address gaps in the flawed implementation of a cultural competence framework. Intersectionality theory can transform ways of thinking among human service providers to promote critical analysis of racism within agency settings. This framework also shows the connection between systemic racism and the delegitimisation of individuals, an essential concept to the task of decentering whiteness within human service organisations.

**Keywords:** racism, whiteness, intersectionality, Latinas, feminism

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## Introduction

My own understanding of intersectionality took root at a long-standing women's and trans health agency in the United States. When I accepted a position on the board of directors of Ivy Health Center<sup>1</sup> in 2008, I was delighted to find a collective of feminist and Queer professionals who shared my drive and politics. What I did not see at the time, due to my own uninspected Eurocentricity, was that the organisation was based in a feminist movement defined primarily by the interests of white women (Gutiérrez, 2004). I was also unaware of the limitations of a cultural competence framework applied by a predominantly white staff, in which people of colour were welcomed as clients, but not as stakeholders with a right to critically examine racial bias embedded in organisational practices. Knowing that Latinas were the second-largest racial/ethnic client demographic and that staff were interested in energising the monthly, agency-wide meetings, I offhandedly offered to present a graduate paper I had begun writing on the topic of Puerto Rican women's reproductive rights.

When it was relayed to me that agency staff members, people of colour and white alike, were excited about my upcoming 'Latina Educational', I was confused because I did not have expertise in Latina populations overall. I became concerned that my paper, with its specific focus on Puerto Rico, would not meet the agency needs to learn about Latina communities more broadly. Humbled by this task, I spent a year reviewing the scholarly literature and preparing materials for what would become a training on Latina reproductive justice. This process evolved into my effort to decenter whiteness at the agency-level, alongside my own awakening to Eurocentricity embedded in the organisational culture. I inadvertently found myself in the position to advocate for the use of an intersectional lens as a means to enhance underlying models of cultural competence.

My aim in recounting this period of racial conflict for Ivy Health Center is to use praxis as a site of analysis for deconstructing the limitations of a cultural competence framework as it is often misused in practice, and assert the importance of an intersectional lens. I strive to critically analyse specific ways that a feminist and trans-inclusive agency perpetuated racism (Cho, Crenshaw, & McCall, 2013) without discounting the essential services that

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<sup>1</sup> The names of places and people have been altered to respect the privacy of the agency's staff members and clients.

the agency provided or its intention to promote social justice. Similar service settings can use this case study as a tool for reflection in the interest of promoting greater inclusion and intersectional awareness within their own agency cultures. Candid thoughts on intersectional failures are imperative to the task of intersectional growth, by shining light on racist practices that thrive in a context of unexamined Eurocentricity (Joy, 2019; Phillips, 2015).

The following reflection offers an example of the complicated nature of exposing Eurocentricity and deconstructs how whiteness informed a feminist agency culture. By grappling with intersectional differences, I address two noted limitations of a cultural competence framework. First, there is a tendency to overgeneralise about cultural groups, which presents a barrier to the recognition of intersectional differences (Wendt & Gone, 2012). Second, a cultural competence framework implicitly maintains whiteness as a state of racial neutrality, whereas intersectionality highlights differences in power resulting from social constructions of race (Cole & Luna, 2010; Hurtado & Stewart, 2004). Common forms of racism proliferate through a variety of means (Mapedzahama, 2019), and can flourish in agencies where staff members make tremendous personal sacrifices for their work. The analysis of missteps in this case study is not meant to shame or indict any one person or agency. Those shortcomings identified are typical occurrences at similar service settings.

This article considers several problematic practices that discredit and alienate women of colour. It builds on the work of Ross (2017) and Price (2010), who have previously named barriers that women of colour face within predominantly white feminist organisations. The following case study about strategies used by white women to avoid confronting issues of race, which echoes empirical findings on white women's avoidance by Case and Hemmings (2005), examines three problematic agency-level practices: disowning past harm; suppression of criticism; and the deflection of responsibility through white feminine fragility. These everyday organisational behaviors function as barriers to agency-level change.

## **Story Details – An Overview**

I began my two-year term of board service intending to support fundraising efforts as part of the current capital campaign. Less than a year into my term, I spontaneously made the

offer to present on Puerto Rican women's "reproductive rights" at a future agency-wide meeting (the agency, at that time, being unfamiliar with the reproductive justice movement). When some staff members began referring to my upcoming presentation as the 'Latina Educational', I decided to expand the content more broadly to Latina reproductive justice. I did not stop to critically analyse the reason that my paper on Puerto Rican women was mislabeled as an overview of all Latina populations, and concluded that increased knowledge about Latinas must be an area of agency interest. At the time, I was unaware that my presentation was scheduled to take place with the annual renewal deadline for "the Latina grant" on the horizon, which may have prompted a title that would align with a future grant application. Nor did I take a moment to consider how, regardless of the grant, this impromptu title-change reflected significant gaps in staff knowledge of local Latina communities served by the agency. I did, however, realise that the second-largest racial/ethnic client group, after white women, was Latina populations. It was also well-known within the agency that the staff did not know how to address the high cancellation rates of Latina clients.

While continuing preparations for my presentation, I participated in a round of board member recruitment and made fundraising calls for the capital campaign underway. When making solicitation calls for donations from former staff members, I reached a Latina who shared distress over her experience of racial conflict during employment at the agency. As for board recruitment, the board did not succeed in recruiting any Latina members, although we had identified this as a priority. After these experiences, I saw the opportunity for my presentation to develop beyond informational content to, instead, have a greater impact on organisational operations. In my capacity as a board member, I could help respond to current agency needs in our work with Latina communities, including relationship-building with potential board members and prospective donors. When I reached out to white staff, excited about developing the presentation to include a reflection on how to address these agency gaps, I was met with grave concern about my motives.

Ivy Health Center began to openly deal with issues of race, propelled by a growing awareness that neglecting to address this intersection of identity was causing disruption and instability (Pitts, Hicklin, Hawes, & Melton, 2010). The agency lost the grant for serving Latina populations and struggled with attrition among staff members of colour who asserted racial relations were an area for organisational growth. I learned through a series of interactions that a lack of racial diversity was functioning as a barrier to building

relationships with allied providers as well as existing and potential clients. Perhaps indicating the agency's increasingly visible struggles and ambivalence in confronting internal racial inequity, my presentation about Latina reproductive justice was deferred during the meeting at which I was scheduled to present. Instead, another white presenter, recently invited from a local credit union to talk about membership opportunities, spoke uninterrupted throughout both of our time slots. I watched in disbelief, unwilling to interrupt our guest speakers and present my materials under circumstances that would undermine the content.

The subsequent monthly meeting was explicitly, yet vaguely, dedicated to the purpose of agency 'healing'. At my urging, the presentation was rescheduled for the following month. A few minutes later, the meeting began with everyone in attendance sharing a one-word intention for the meeting, to which a majority said 'love'. Shortly after that, a recently hired woman of colour entered late and quit the organisation, effective immediately, while faulting a specific staff member for racism.

The next month I presented to a subdued audience. Over the previous year, the content of my presentation on Latina reproductive justice had evolved to include material that raised my own intersectional awareness. I integrated content by Latina activists and feminists who were dedicated to resisting racial injustice, and who saw mainstream feminism as a movement that was neither aligned with their personal interests nor their political agenda. This was a concept key to my own learning that I wanted to highlight for my audience. The Puerto Rican and Chicana feminists I read about had distinct reproductive justice platforms and strategies to fight back against abuses and discrimination targeting their race and class status alongside sex and gender.

During the discussion period afterward, the dialogue shifted to a receptive tone as compared to previous meetings. A woman of colour newly hired into a position of leadership expressed admiration to others for their willingness to 'hold up a mirror'. I asked if there was continued interest in learning about reproductive justice, to which the executive director responded with enthusiasm. One white woman stoically commented that the agency had lost the grant to serve Latinas, to which a woman of colour remarked that the work could still go on.

The discussion continued with the board president, a white woman, raising the question of whether the organisation is trying to target specific populations or serve whoever walks in

the door. Another white staff person suggested that Latina clients could be encouraged to explain their needs to their provider during appointments, to which a white transgender man responded that it was problematic to put a client in the role of educating their provider. The discussion period ended on a humble note, with someone posing the question, *If Latinas are seeking services but are not regarded as a target demographic, then can the agency adequately serve this population?* The question hung in the air rhetorically. It was becoming increasingly clear that, by relying on a cultural competency framework without the integration of intersectionality, we as an organisation were implicitly catering to white women and transgender people while claiming to serve a broader community.

Later, during the usual refreshment period following the end of the meeting, a white staff person who had previously shared with me her hesitations to view herself as an oppressor privately complimented me for limiting the presentation to my allotted twenty-five minutes. Her 'compliment' was a reminder that although my work had made an impact on the agency culture, the space for constructive dialogue about race was restricted, and the labor of its preparation devalued. Even while there was visibly growing attention to racial justice and steps taken towards developing skills to engage in sensitive dialogue about reproductive justice, private and indirect insults would simultaneously persist.

## **Situating the Cultural Competence Framework**

The cultural competence framework, first emphasized in the 1990s, was established as a guiding framework for providing social services to people of colour and immigrants (Azzopardi & MacNeill, 2016). Cultural competence grew out of a recognition that interventions could only be effective when accounting for cultural differences (Carpenter-Song, Nordquest Schwallie, & Longhofer, 2007). It was defined in the literature by Cross, Bazron, Dennis, and Isaacs (1989) as "a set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals that enable effective interactions in a cross-cultural framework" (p. 3). The model organised crucial cultural information about the four major groupings of racial-ethnic minorities in the United States in the interest of improving care, advocating for attention to cultural differences at individual, organisational, and policy levels. The cultural competence framework attempted to address racial stereotyping by shining a strengths-based light on cultural differences, enabling advancements in the treatment of marginalised groups across the human service professions (Fisher-Borne, Montana Cain, & Martin, 2015; Weaver, 2005).

Since the cultural competence framework was first introduced several decades ago, scholars have made numerous critiques based on agency implementations, of which a primary one is that it does not decentre whiteness or challenge the power imbalance between provider and client (Carpenter-Song et al., 2007). With its focus on providing tools to improve care for people who represent cultural differences, cultural competence frameworks reinstate racial privilege as a state of neutrality. Common implementations of the cultural competence model do not highlight self-awareness of bias and systemic racism, nor deconstruct whiteness as a racial norm (Jani, Osteen, and Shipe, 2016).

The cultural competence model has also been critiqued for inattention to within-group differences (Wendt & Gone, 2012). The model paints broad strokes about the characteristics of racial and cultural groups, which in practice has led to a one-dimensional perspective of clients and an inadvertent perpetuation of stereotypes. Providers who apply cultural competence frequently neglect to critically consider the interactions of multiple identities in people's lives (Fisher-Borne et al., 2015). The integration of an intersectional lens can enrich and transform cultural competence as a base of knowledge, which requires additional frameworks to capture a more complete picture of client circumstances (Garrañ & Razas, 2013).

## **Intersectionality as a Theoretical Framework**

Intersectionality originally emerged as a resistance to power structures within dominant practices and narratives in social justice movements, with an emphasis on decentring whiteness. In the context of the United States, women of colour asserted that their lived experiences of systemic oppression were not addressed by resisting uni-dimensional sexism or uni-dimensional racism (Anzaldúa, 1987; Collins, 1990; Crenshaw, 1989). Prior to the establishment of the term intersectionality, Moraga and Anzaldúa (1981/2015) published "This Bridge Called My Back," a landmark anthology that analysed oppression within feminist movement. Anzaldúa (1987) also theorised *mestiza consciousness*. Described as shifting and unstable, it referred to a position of navigating multiple oppressions.

In the intersectional activism in the United States that preceded the emergence of a cohesive, scholarly body of literature, intersectionality was self-advocated by women of colour for rights that were relevant to their racial/ethnic communities. Chicana feminists, for example, focused on the interests of the working-class and resisted white supremacy



alongside patriarchy (Cotera, 1977; Hurtado, 1998; Pesquera & Segura, 1993; Vidal, 1971). They demanded leadership roles in Chicano Mexican American rights movements (Hurtado, 1998; Roth, 2004). Their platforms were distinct from those of white feminism and remain so around issues such as reproductive choice (Gutiérrez, 2004). In the more recent past, Latina feminists, including Chicanas, have formed coalitions with other groups among women of colour to form the reproductive justice movement (Luna, 2016; Ross, 2017).

Based in activism that eventually catalysed this reproductive justice movement, intersectionality offers a wide umbrella to theorise relationships between multiple identities and oppressions. A key feature of intersectionality is an ongoing and in-depth discussion of its meaning, application, and implications (Collins & Bilge, 2016). Bowleg (2013) proposed three tenets of intersectionality pertinent to public health. Cole (2008) drew a distinction between an individual's experience of multiple, overlapping identities, and the experience of being caught between the agenda of different identity-based groups. Significantly, Mehrotra (2010) has called for applications of intersectionality to acknowledge myriad experiences, including post-colonial contexts, to better fulfill intersectionality's original aim. Patil (2013) similarly observed that intersectionality theory has primarily been applied in the United States and that forces of globalisation have hindered the potential of this framework.

Critics from the global south have called for intersectionality to be situated as having emerged in the United States in response to issues within a Western context (Dhawan & do Mar Castro Varela, 2016). Menon (2015) asserted that intersectionality has been integral to the Indian feminist movement from its beginnings, rendering an intersectional framework irrelevant. From this Indian feminist perspective, the intersectional knowledge and practices of postcolonial feminists have gone unrecognised.

The unrestricted potential of intersectionality to transform entrenched modes of thinking and doing has remained its strength, with the potential to improve the knowledge base of agencies mired in shallow implementations of cultural competence. In the context of organisational change, intersectional frameworks suggest the possibility of promoting social justice by addressing power dynamics among colleagues, through acknowledgment of the interconnectedness between daily interactions and systemic oppressions (Winker & Degele, 2011). An intersectional lens points to the relationship between systemic oppression and the delegitimisation of individuals, and calls for critical thinking about



social constructs of whiteness, beyond mastering knowledge about underserved racial groups.

## **Organisations as a Site for Change**

Organisations operate as systems that can either produce or interrupt oppression among employees by normalising behaviors (Proudfoot & Kay, 2014). Without attending to intersectional differences among staff members, Eurocentricity is bound to inform the tenor of predominantly white organisations (Bunjun, 2010). When whiteness defines workplace norms, people of colour are more likely to experience increased vulnerability as well as decreased status and power (Settles, Cortina, Buchanan, & Miner, 2012). Institutional racism can trigger race-related trauma for staff members of colour and contribute to service inequities (Gómez, 2015; Wolf, Green, Nochajski, Mendel, & Kusmaul, 2014).

Agencies are responsible for the quality of staff member interactions (Cortina & Magley, 2009). Within the context of human service agencies, there are distinct nuances that add to the challenges of creating racially just workplaces. White employees with a commitment to altruism are prone to expressing bias in covert forms, such as compliments to colleagues of colour that convey surprise about their competency (Dovidio & Gaertner, 2000). Inversely, the effects of ongoing, subtle discrimination are apt to be especially detrimental to people of colour who strongly align with an organisation's mission (Kabat-Farr, Cortina, & Marchiondo, 2018). This combination of factors can give way to emotionally-charged environments, in which white staff members are unwilling to confront their own behaviours while staff members of colour are cumulatively impacted by the behaviours themselves, along with this refusal of acknowledgment.

Predominantly white agencies may struggle to reconcile racial justice ideals with actual racial tensions among staff, such as scenarios where staff members of colour, who point out areas for greater cultural humility in services, are perceived as divisive and adversarial by white colleagues in their defensive response. In striving to diversify, agency administrators may waiver between paradigms of diversity-by-necessity, motivated by the desire to avoid critiques of discrimination, and diversity-by-choice, driven by practices of inclusion that serve the organisational mission (Adu-Febiri & Quinless, 2010). White staff members' unconscious bias may interfere with their own racial justice efforts. Such unconscious bias is more likely to occur when people are busy or under stress (O'Brien,

Scheffer, van Nes, & van der Lee, 2015), a typical experience for employees in human service settings. Agencies may struggle to obtain the funds needed to provide fair compensation and good working conditions, including manageable caseloads that support quality, non-racist services (Andersen, 2005). In light of these multiple challenges, an effective evaluation of an agency requires a frank comparison of ideals with realities faced during service provision (Kusmaul, Wilson, & Nochajski, 2015).

Organisations may become caught in a loop where Eurocentricity undermines efforts to diversify. A lack of mentors can make it harder for new employees of colour to adapt to a workplace (Curtis-Boles, 2009). Racial stigma can negatively affect performance evaluation by others, and that can even distort one's self-evaluation (O'Brien et al., 2015). In agencies where people may be devoted to their job, staff members of colour who experience racial slights from their white colleagues have an increased likelihood of feeling distressed (Kabat-Farr et al., 2018; Sue et al., 2007). These many seemingly small barriers can lead to higher turnover rates among women of colour (Cortina, Kabat-Farr, Magley, & Nelson, 2017). The same Eurocentricity that escalates turnover rates, undermining agency efforts to recruit and maintain a racially diverse staff, adversely affects the quality of services, particularly for clients of colour (Brimhall, Lizano, & Mor Barak, 2014).

Organisational scholars have made a call for more attention to incivility, or subtle forms of discrimination and rudeness between employees (Cortina, Kabat-Farr, Leskinen, Huerta, & Magley, 2013; Kabat-Farr et al., 2018; Van Laer & Janssens, 2011). Studies indicate that while behaviors may be perceived as subtle and harmless by those who perpetrate them, they nevertheless undermine the work performance and job satisfaction of those targeted, often harming the same population that the agency claims to serve (Cortina & Magley, 2009). Naming the subtle workplace discrimination that occurs urges organisations to create an environment of accountability.

In the following case study, I apply intersectionality for critical inquiry into agency practices to promote praxis of intersectional anti-racism work, examining the misuse of cultural competence in an agency setting. As the author of the following case study, in which I reflect on my experience as a board member of a feminist health agency, my own intersecting identities situate my perspective. My privileged identities around nation, race, and class are equally salient as my marginalised identities around biological sex, gender identity, and sexuality. From an intersectional standpoint, these identities shape one

another. To situate myself only as a voice of marginalisation, or only from a position of privilege, would omit important context.

This case study decentres whiteness within a feminist agency setting, integrating an intersectional lens to advance limited applications of cultural competence. As a white person, I do not hold expertise based on a lived experience of racism. Instead, I write from a position of continually contending with my own racial bias. As a feminist, non-binary woman, my social location gave me insight into the biases of my white, feminist colleagues and, to some extent, increased perceptions of my trustworthiness. In a Eurocentric, feminist agency, where the subject of institutionalised racism was perceived by many as divisive, I saw the opportunity to present on the topic of reproductive justice as a responsibility to educate myself and my peers. I ultimately realised that in my capacity as a board member, I could challenge staff and was willing to risk the loss of social capital in doing so.

I eventually recognised that I could adequately address issues internal to the agency head-on, instead of bringing in an outside trainer, who, especially if Latina, would likely be tokenised. Bringing in an outside trainer to present on cultural competence with Latina populations would likely assure white staff members that they had addressed agency needs, without necessarily tackling pertinent, sensitive issues essential to improving the organisational climate and services for Latinas. Cultural competence trainings that are a one-time occurrence, and lacking in follow-up, do not consistently allow participants the opportunity to process the material (King, Dawson, Kravitz, & Gulick, 2012). One-time trainings can perpetuate the dangerous notion that cultural competence is a body of knowledge which can be mastered after attending a single forum, rather than a life-long process of learning and uncomfortable introspection (Fisher-Borne et al., 2015; Tervalon & Murray-Garcia, 1998).

## **Critical Missteps**

During this period of intersectional resistance and eventual growth, the agency made several key missteps typical to similar service settings that use a cultural competence framework. As part of making needed shifts in organisational culture, three issues are explored in greater depth, that, if addressed, would allow for the integration of an intersectional lens and a critical analysis of whiteness.

## **Disowning Past Harm**

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Trauma from the past can live on into the present through organisations (Kusmaul et al., 2015). Providers' mistakes and the consequent suffering that clients endure can inform agency reputation, affecting services. Whole populations learn to distrust healthcare systems and to anticipate biased care, leaving individuals from underserved communities extremely vulnerable when seeking treatment. Historical abuses and gaps in quality of care based on race can alienate communities of colour (Case, 2015). Improving organisational practices requires open acknowledgment of past oversights and their impact on both history and the present (Gómez, 2015). When predominantly white organisations explicitly identify the power dynamics between institutions and the communities of colour who seek their services, they decentre whiteness within their operations.

### **Agency example**

While preparing for my presentation on Latina reproductive justice, I also continued work in my fundraising capacity. I solicited donations for the current capital campaign from former staff members, identified by current staff for having had a strong organisational commitment. It was not particularly shocking to me when a former Latina staff person from the 80s spoke emotionally of painful internal racial politics from that time. I did my best to validate her experience and to assure her that Ivy Health Center was now committed to racial justice, which I erroneously presumed to be true.

This phone call struck me as something of which current staff members should be made aware. Assuming that internal racial injustices from Ivy Health Center's past had been recognised and resolved, I reached out to the agency to let them know of my exchange and to suggest that this phone call could make an interesting point of reference as part of the 'Latina Educational'. My exchange with the prospective donor would highlight the immediate relevance of Latina feminisms to Ivy Health Center's agency operations. I also wanted to situate this former staff person's perspective within the reproductive justice efforts made by Latina feminists and activists that I was reading about from that generation, and which were distinct from the mainstream feminism that informed Ivy Health Center's practices at that time.

When I proposed bringing up my fundraising experience within the context of my presentation on Latina reproductive justice, I was asked to come to Ivy Health Center as soon as possible for a meeting. The following day, I was brought into a room with three white staff members, including Harriet, who had been with the agency since the 70s, who

collectively asked me not to speak of the incident from the 80s. Harriet invoked rights of confidentiality, and the staff members pressed me about the purpose of my presentation (One of these employees later met with me one-on-one outside of her workday, offering insight on agency gaps in racial justice). Baffled by this response and also wanting to show consideration to the agency, I agreed not to speak further about the incident.

I began to see that by committing to present on Latina reproductive justice for Ivy Health Center, I had unintentionally positioned myself to challenge an established agency culture and analyse the long-term consequences of the agency's failure to grapple with racial difference. When I received additional critiques of racial injustice from more Latinas in the coming months, both from clients as well as staff members from an allied Latina organisation, the agency response was to shut down the conversation. When I relayed my exchanges with local community members, the agency neglected to respond to these communications. Voicemails and emails, including those sent to our board president, went unanswered.

Disowning past racial harm serves to protect the comfort and image of white staff members, whether currently employed or remembered nostalgically. So-called rights of confidentiality were invoked to suppress the voices of Latinas, clients among them, who were asserting their perspectives and wished to be heard. To claim that it was never acceptable for me to relay the critiques of Latinas was an apparent refusal to listen and attempt to silence. It also was an implicit demand that I, as a white colleague, align myself with white agency leadership and not with its racial/ethnic minority critics. With a paternalistic approach to cultural competency, the agency was willing to provide services to Latina populations while refusing to engage with the concerns of Latina community activists who positioned themselves as empowered self-advocates for their communities.

### **Suppression of Racial Criticism**

Most organisations have a non-discrimination statement. In practice, administrators may deny that any incidents of racism occur. Consequently, staff members of colour may be expected to tolerate subtle, legal forms of discrimination, to the detriment of both agency performance and missions of social justice (King et al., 2011). These cumulative issues deny employees of colour rather than affirm their centrality, damaging community partnerships and services to clients. While a cultural competence approach was developed to address systems-level gaps, in practice, it has been applied to clients at the exclusion of

creating more inclusive and just workplaces for human service employees.

### **Agency example**

Several months after I was first asked not to speak of the racial conflict that occurred in the 80s, the executive leadership committee distributed a letter to all staff and board members through the internal organisation listserv. This letter addressed Tamika, a woman of colour who had recently resigned and who was disgruntled. Tamika, whom I had seen ostracised during my first attendance at the monthly agency-wide meeting, requested formal mediation after her exit. The letter, which declined mediation, was written by several white staff members, who expressed their disappointment in Tamika's "lack of trust" in their ability to continue her work of providing outreach and education to underserved communities, including communities of colour, in her absence. Their letter indicated a lack of awareness of their own racial bias and the impact of whiteness on agency operations, both characteristic limitations of agencies informed by a shallow cultural competence approach without an anti-racism focus. The email noted that two staff members, one white woman and one a woman of colour, both of whom I recognised as outspoken racial justice advocates, were in favor of Tamika's mediation request.

Seeing those two names assured me that my perception was not mistaken. This letter itself read like yet another dig at Tamika, who was known to have done excellent work, with a recent feature in the agency newsletter, and whom I had experienced as friendly and collegial. I hit "reply all" and suggested that we, as an agency, might want to maintain better relationships at employee exit, particularly because Tamika held influence in communities of colour and that we as an organisation had "less-than-ideal relationships with communities of colour". When I next checked my inbox the following day, there was a slew of responses. Numerous staff members critiqued my email as vague, unhelpful and provocative. One woman of colour commented towards the end of the thread that although my email had been provocative, the agency should not "rest on its laurels". She soon resigned from Ivy Health Center on a cordial note, stating that it was simply time for something new.

I felt caught in a double-bind, critiqued for alluding to issues of race more generally while told not to speak of specific incidents. It dawned on me then that while I was asked not to talk about a few isolated incidences, women of colour who came with existing knowledge of the agency's reputation were being asked to withhold their perspective altogether. I was

beginning to understand how, for those attuned to subtle racism in their surrounding environments, the agency itself was a complex, discriminatory system to navigate.

### **White Feminine Fragility as a Deflection of Responsibility**

*White fragility* refers to a pattern in which whites evade grappling with racism by displaying discomfort when whiteness is decentred (Applebaum, 2017). These displays tend to evoke sympathy from other members of their racial group, who derail conversations about racism to put the discomfited white person at ease (DiAngelo, 2011). Feminised versions of white fragility often take the form of sentimentality and tears, in which a white woman's perceived tenderness and vulnerability take precedence over racial injustice (Jayakumar & Adamian, 2017). White providers who display white fragility may take comfort in shallow implementations of the cultural competence framework, in which power and prejudice are not necessarily called into question.

#### **Agency example**

One month after the meeting during which my presentation on Latina reproductive justice was initially scheduled, was the monthly agency-wide meeting planned for 'healing'. Before its official start, I asked that my presentation be rescheduled. A white moderator informed me that there was not enough time. Feeling the need to assert the importance of explicitly learning about race, I responded, "I'm not okay with that", to which the next month was offered as an alternate date.

Several minutes later, this meeting formally opened with the white moderator asking each person to state a one-word intention, to which the majority of the room said, 'love'. Stunned and upset by the way I and others had been treated within the organisation, these intentions of love largely struck me as hypocritical and uncondusive to facilitating the difficult dialogues about race that needed to take place for so-called healing to occur. I stated an intention of 'respect', adding that I was committed to a working relationship with those at the organisation despite whatever happened at the meeting.

Five minutes into the agenda, a recently hired woman of colour who was publicly opposed to the way Tamika's exit was handled, entered brusquely and found a seat. All staff and board members waited as she situated herself, with someone offering to take her coat. She declined, then announced that she was quitting the agency effective as of that moment due to 'racists' at the agency. When saying the word 'racists', with an outstretched arm she



pointed her finger across the room directly at Amy, a staff person who I perceived as consistently resistant to intersectional growth. Amy burst into tears and began sobbing, "You don't know me". I admit that I was surprised to feel relief at her humiliation. Amy had made comments pressuring me to quit the board and also previously instructed me to withdraw from a required class in my graduate program, one week before the start date, when she was invited to teach it as an emergency hire. She had generally responded to comments about structural racism by reminding fellow employees of the agency's priority to serve clients, enacting a poignant example of how a cultural competence model can be misused. I could only imagine the distress that Amy appeared to have caused some of her co-workers, particularly among women of colour with whom she worked daily.

Precisely what happened next at the meeting is foggy in my memory. The person who had resigned loudly made her departure. Amy stepped into another room with a couple of other staff members. Stunned by what had just happened, the remaining staff and board members listened as a moderator of colour, a board member older than most people present, made a calming and impromptu speech. This moderator acknowledged the fear in the room and feelings of invisibility. Seeing as the organisation was still ill-prepared to engage in a constructive group dialogue about internal racial politics, the official monthly, agency-wide meeting, purportedly dedicated to healing, ended without further reflection about what had just taken place.

Afterward, people scattered to eat. I saw the opportunity to make a final crucial, albeit much overdue, step to directly ask Julia, the only visible/known Latina staff person, if she would like to contribute her perspective and knowledge to the upcoming training. Although I had not wanted to put the onus on Julia to do any additional work, I had misgivings about having not even reached out to her to see if or how she might like to be involved. With my plate of food in hand, and one month left to go until my presentation, I approached Julia and asked if she would like to meet one-on-one to offer input on my materials.

Julia and I met for coffee the next weekend, the last of nearly a dozen meetings in preparation for my presentation on Latina reproductive justice with staff and board members who, otherwise, had requested to meet with me or were recommended by another staff person. Notably, the several staff meetings characterised by collaboration took place off-site and outside of business hours. Julia told me emphatically that she loved working for the agency and serving the clients. She genuinely enjoyed being neighbors and colleagues with Harriet, a veteran staff member who appeared to me as among the less

adept at addressing issues of racial justice. If the agency paid staff more, Julia would stay there indefinitely. As for the presentation materials, she said she had learned a lot from reviewing them and warmly suggested a few minor changes to keep me from losing my audience.

## **A Minor Shift in Agency Culture**

My presentation was not the end of my time at the agency. I watched as a cultural shift began to take place. However, it was not a shift that would include recognition of the harm done to women of colour at the organisation, past and present. Nor would this cultural shift include acknowledgment of the women of colour who had been instrumental to racial justice advocacy at the organisation while enduring accusations of divisiveness. There was not an open reflection about how a woman of colour had purposefully made a display of quitting the agency while faulting a colleague for racism. Within the span of a tumultuous year, although I saw Ivy Health Center make significant and important progress, the agency did not address racial gaps sufficiently to achieve the aims of intersectionality.

During the remainder of my term, a new round of recruitment began. A fellow board member of colour, Lee, who had previously connected me with a local Latina social service provider in preparation for the presentation, asked if I could recommend this community partner to help with recruitment. I explained to Lee that, although I had two months left on the board, I was no longer receiving responses from Ivy Health Center to my calls or emails. I had exhausted my influence. She resigned soon after I left, halfway through her second term. Even though we had laid the foundation to fill this gap, no one would build on it that year.

I remained on the board long enough to see fraught dialogues circling the topic of intersectionality continue as the focus of that year's annual staff retreat, without a pointed discussion about race. Some of the more resistant but influential white staff members began to say ideas which, no doubt, many women of colour and their allies at the agency had been trying to explain for decades. While neither I nor these others were acknowledged for the work of resisting racism, I assured myself that the conversation would continue. Progress towards racial justice seemed to move at the pace of those staff members most reluctant to reflect on their own privilege, but it was moving regardless.

During my exit interview, I met with two staff members of my choosing, a couple of white people with whom I had had pleasant and limited interactions, who asked me a standard

list of questions. I tried to leave on an encouraging note, saying that although there had been difficult meetings over the past year, important conversations had taken place. A week after completing my term, I kindly asked to be removed from the mailing list, feeling bittersweet about my two years of board service for Ivy Health Center. The opportunity to be involved with this organisation had been an incredible honor at that juncture in my life and career, and yet I no longer saw myself as a feminist without equivocation. I was now a white feminist, newly aware of how race inextricably shaped my experience, privilege, and responsibility in this community.

## **Implications and Conclusion**

This agency-level case example demonstrates how shallow implementations of a cultural competence framework perpetuate racial inequities and undermine services for clients of colour. An intersectional lens holds great promise to address organisational gaps, accounting for intersecting identities as well as challenging the status of whiteness as racial neutrality. It emphasises the analysis of systemic oppression and provider bias, shifting away from the limited applications of a cultural competence framework in which quality of care is viewed in isolation from systems. An intersectional approach highlights the interconnectedness between large-scale oppression, organisational systems, and client services.

This agency-level case example underscores the importance of decentering whiteness and of integrating an intersectional lens, at all levels of the human service professions. Open and public acknowledgment by current agency administrations of past harm resulting from racism is an essential step to move forward and strengthen relationships with communities of colour for the future. Human service organisations ought to include, as part of their objectives, fostering inclusive workplaces where providers are supported in a nuanced analysis of systemic racism within their immediate environment. Agencies need to provide clear and accessible channels of remediation for staff members of colour who are navigating Eurocentric environments, in which they are also protected from retaliation. The professional development of staff members should include attention towards the advancement of employees of colour who advocate for racial justice, and who are well-regarded for their work performance yet perceived as disagreeable. Human service organisations have a responsibility to strategically foster racial equity within organisations, with efforts supported by administration rather than as acts of resistance by individual staff

members to an agency culture.

Decentering whiteness within organisations is a complex and challenging process. It often proceeds in fits and starts, as staff members reckon with their own position in oppressive systems. Organisations with long histories of Eurocentricity cannot effectively address racial inequities as a result of a single training. Instead, resisting racism requires ongoing effort and education. Agencies ought to use training models that emphasise accountability and allow staff members safeguarded spaces to engage in critical reflection. Any diversity training must be contextualised as one effort within an ongoing learning process, with education valued as a critical component of agency operations.

The racial injustices perpetuated by Ivy Health Center must be fully acknowledged for the agency to more adequately serve the diverse communities that utilise its services. However, the struggles the agency faced should not be interpreted to mean that racism is permanently embedded within organisational practices. With appreciation for the inherent complexity of decentering whiteness, these conflicts ought to be understood as signs of the agency's potential growth toward critical, intersectional awareness, spurred primarily by the many women of colour who advocated for organisational change.

### **Acknowledgments**

I thank Laina Bay-Cheng for her consultation during the development of this manuscript. I also thank Kim Case, Cyndie Shannon-Hutchison, Pat Shelley, and Hilary Weaver for their careful feedback. I thank Bonsai Bermudez, Priscilla Freire, and Jesi Miller for their insight and impactful words of support.

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