

## **Office of Community Outreach & Engagement's Commitment to Anti-Racism in Community Engagement and Research:**

The Fred Hutch/University of Washington (UW) Cancer Consortium Office of Community Outreach and Engagement (OCOE) stands with the many communities that have been marginalized in this nation due to the continued effects of [colonialism and the maintenance of white supremacy](#) through structural, systemic racism and oppression. We are now at a pivotal social moment when we are recognizing the historic and pervasive continuance of [anti-Blackness](#) in our society.

**We state, unequivocally, that Black Lives Matter.** We acknowledge the unjust deaths of Black people at the hands of inherently racist systems and institutions including law enforcement via police brutality and healthcare via inequitable access to life-saving opportunities for disease prevention, diagnosis, and treatment. The Consortium brings together world-renowned scientists, humanitarians, community leaders, faculty, and staff to drive innovations to reduce the burden of cancer, HIV/AIDS, COVID-19, and other diseases. Yet, as a research institution, we also recognize the historic complicity of research, both intentionally and unintentionally, being used as a tool to justify white supremacy.

We can begin to make reparations by ensuring that our innovation is ***inclusive and equitably beneficial*** to the communities we serve. These goals are mutually reinforcing. Inclusivity extends not only to increased representation of participants from marginalized communities in clinical trials, but to the faculty and staff who are leading these trials as well. Equity of benefit from research means acknowledging historic acts of racism, discrimination, and trauma inflicted on marginalized communities and prioritizing community-identified research needs to repair that harm and trauma.

To pursue these goals, the OCOE affirms its commitment to the continued critical interrogation and abolishment of institutional racism. We are guided by the [American Public Health Association](#) in the recognition that addressing racism will create an environment and culture where all will thrive by dismantling the structured allocation of opportunity and value based on the social interpretation of individuals or groups. We will apply an [anti-racist approach](#)<sup>1</sup> by taking purposeful action to eliminate the mechanisms for and effects of systemic and institutionalized disadvantaging or devaluing of [social identities](#) in our work.

We invite you to join us. We acknowledge that, regardless of one's own social identity, individuals will be at different stages of anti-racism awareness and engagement depending on context. Our charge is to support the capacity of faculty and staff across the Consortium to continually integrate anti-racist actions in their research, practice, and engagement.

### **We Stand Committed:**

1. To affirm explicitly our office's identity as an anti-racist unit and pledge to work in solidarity with anti-racist efforts across the Fred Hutch/UW Cancer Consortium, our community partners, and beyond.

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<sup>1</sup> Kendi, Ibram X. How to Be an Antiracist. First Edition. New York: One World, 2019.

2. To examine how our own internal unit structures, processes, practices, and culture contribute to the perpetuation of systemic racism and/or [white-skin privilege](#)<sup>2</sup> and to work with affected individuals and communities to co-design and implement transformative change strategies to foster social justice and health equity.
3. To support Consortium members in the examination of individual, team, and institutional [positionality](#) in research including the conceptualization, study, and abolishment of racial/ethnic/cultural inequities in cancer and other health outcomes.
4. To cede our individual and collective privilege to center the voices of marginalized communities in all phases of research and engagement.

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<sup>2</sup> McIntosh, P. (2003). White privilege: Unpacking the invisible knapsack. In S. Plous (Ed.), *Understanding prejudice and discrimination* (p. 191–196)