“Chop It Up!” A Clinical Reflexive Case for Barber Shops as Safe Havens for Black Men During the Pandemic

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Abstract: The year 2020 was full of unfortunate events such as the outbreak of coronavirus (COVID-19) and the apex to the reiteration of Black racial oppression in the United States of America (USA). Both events have resulted in death, systematic health, and financial disparities for Black people living in America. Due to ongoing Black racial oppression, there continues to be limited engagement of Black people within the helping professions, which can lead to acute symptomology. The phrase “reiteration of Black racial oppression” is coined by the authors as over generality to identify the generational, cumulative oppressive experiences of Black/African Americans in the United States. As history teaches, similar experiences of oppression have echoed throughout generations and communities (Goosby & Heidbrink, 2013). This reflective narrative depicts lived experiences and provides insight as a Black male [Khabir] working in the helping profession during the apex of Black oppression and COVID-19 pandemic.

Keywords: Black racial oppression, African diaspora, mental health, barbershops, Chop It Up program

Introduction

It was March 2020, and I was inside my office at my former place of employment, sitting in silence after I had just completed my morning affirmations. I pivoted my office chair toward the window and admired the horizon, reflecting on my humble beginnings in life. To my surprise, this day was different from the traditional beautiful sounds of emergency vehicles racing down the streets, impatient drivers honking their horns ferociously, and music piercing through someone’s car stereo as if they were having a concert inside their car.

On this day, the streets were empty; it was quiet, eerie, and felt unusually hollow. As I was pondering my tranquility, I heard rigorous pounding on my office door. *Boom! Boom! Boom!*

My heart rate rapidly increased, my palms got sweaty, and my fight or flight instinct kicked in. I had to evaluate the situation; what was my plan of action going to be?

Onset of Trauma

The intense knocking reminded me of the time I sneakily went to a co-ed house party sometime in high school when I was supposed to be at my school’s basketball practice. Three friends and I were walking to school after waiting for one hour and the 70 bus had not arrived. While walking, my friend informed us that he heard of a house party that he wanted to attend. “It’s gonna be fun; it’s gonna be a lot of girls. We gonna chill and relax…what’s the worst that can happen?” said my friend. As I contemplated all the possible scenarios and consequences, my ignorance and immaturity got the best of me. Deep within my soul, I knew the right thing would be to go to school and basketball practice.

I consistently convinced myself, one day won’t hurt. All you do is go to school, basketball practice, basketball games, study, repeat. Looking back, I would say I was yearning for self-care and the opportunity to spend time with my peers in a setting that was not the classroom, study hall, or basketball court, even if it meant taking a risk and dealing with consequences.

Collectively, my friends and I came up with a foolproof plan. We decided to attend the party and for me to arrive back home around the same time I would if I had attended basketball practice. Next, I would send a text message to my coach and inform him I was not feeling well and could not attend practice, and I did just that. Minutes later, my coach texted me back, “No worries, feel better soon, watch some film.” To my surprise, the plan was working!

As we were walking to the party, we stopped at the corner store. Before walking in, we greeted our peers with handshakes and head nods. At the corner store, we bought some chewing gum and miscellaneous items. When we came out of the corner store, we noticed three unmarked—but obviously—police cars with dark tinted windows driving in unison. The police pulled up to the store rapidly and jumped out of their vehicles; they quickly pulled their guns out and shouted, “Freeze!”

There was an intense moment of silence; it was so silent; I could hear myself think. It seemed like I was able to freeze time, and my senses and thought process were heightened. I could feel my body temperature as it increased, and I could feel my toes clinch the soles of my sneakers. My heart rate rapidly increased, my palms got sweaty, and my fight or flight instinct kicked in.

Suddenly, all the young Black males that were playing dice in front of the corner store dispersed so fast, as if they were running in a track meet. One of the men threw what appeared to be individually packed capsules of drugs in the air, possibly as a diversion to escape. My heart rate rapidly increased, my palms were sweaty, my eyes were shifty as I looked for an exit and tried to evaluate the situation. “Carry on… Carry on,” one officer yelled at us. I was shaken but relieved. We continued to walk down the block. Looking back, it was probably foreshadowing the events of the day.

We arrived at the house, and we could hear the music from the front doorsteps. We waited for what seemed like eternity for someone to open the door. In my mind, I was thinking, “Yes, we made it.” My guard came down, and I began to relax. As I was walking through the house, a musk of sweat and cigarettes hit my face as hard as a proud parent clapping for their child at graduation. There were cigarette burns in the brown carpet that was supposed to be white, and cat furballs glided along the floor when someone walked in the room. As I walked through the house, I greeted my peers with handshakes, head nods, and hugs. As I got deeper into the apartment, I noticed more than thirty of my peers inside the home and an overwhelming smell of Axe and Victoria’s Secret body spray. The party continued, and everyone was dancing, smoking, drinking, laughing, and having a good time. I was overwhelmed with joy, as I needed this time to relax. However, outside of the walls of the house, trouble waited.

On my way to the bathroom, I heard *Boom! Boom! Boom!* As I approached the back of the apartment, *Boom! Boom! Boom!* “Search warrant!” The back door flew to the ground, and within seconds, law enforcement stormed inside the house with their guns drawn.

"Everyone, get on the ground now! Face on the ground, praise the lord with your hands up high!" one officer said. Again, my heart rate rapidly increased, my palms got sweaty, and my eyes looked for an exit as I tried to evaluate the situation. I noticed everything around me slowed down and my senses were in overdrive. With a pistol in my face, an officer said, "Don't even think about it!" The officer grabbed my shirt and threw me to the ground as if I was a meaningless piece of lint from a sweater he wanted to dispatch.

As I looked around, my peers were on their knees with their hands behind their heads, sitting as if they were about to get executed. One by one, each of them was zip-tied like cattle preparing to be slaughtered. Mascara was running down faces, and everyone was crying, nervous, afraid, and asking for their parents. The officer said, "Your parents are not going to save you…where is your ID?" There were sobs and fear in the atmosphere. I summoned my confidence and bravery to inform the officer that, "We are only high school kids having a party." The officer seemed confused and startled. He began to talk on his police radio to someone I assume was his superior, based on the tone. At this point, the intensity in the room made it difficult to breathe, and my friend started to turn pale as if he was about to faint.

"They are free to go… free to go now!" The officers apologized and made partially successful attempts to console us. The officers identified that they had a search warrant, but it was for a different house. We were all shocked, and I was forever traumatized from this event and many more throughout my life. Reflecting, this would have been a perfect situation for a social worker linked to the police department to be able to offer support, education, and counseling. It was a situation where a police officer could have noticed the potential impact of underage drinking and high-risk behaviors and how this traumatic interaction with law enforcement could have adverse consequences for us, including psychopathology.

Trauma is something I continue to cope with and heal from to this day, due to this event and several others. To feel grounded, I must consistently be aware of my surroundings and possible threats and devise a preventative plan of action to manage the situation or threat. I always wonder how the house raid impacted my peers. Do they have ongoing trauma, depression, anxiety, and mood symptoms from this event? Were they fortunate enough to have access and utilize avenues of healing? Only the higher power would know.

Within my community, it is an emotional roller coaster where you are conditioned to survive by *any means necessary*.

Back to the Present

Boom! Boom! Boom! My heart rate rapidly increased, my palms got sweaty, and my fight or flight instinct kicked in. I had to evaluate the situation; what was my plan of action going to be?

After I cautiously opened the door, prepared for anything on the other side, my former co-worker yelled, "We are remote!", indicating the organization I worked for at the time had transitioned into providing mental health, substance use, and behavioral health services to the clients (community members) fully online, using telehealth services. I thanked her and closed the door, pondering what the next few seconds, days, months, or even years would look like for

myself, my family, and community members.

My initial thoughts were there would be several challenges; for example, there was no identified workflow or notice provided to the community members or staff. I thought about the technology barriers for the community members and expected challenges to adjusting to telehealth. I pondered on the outcomes for the housing insecure community members who could no longer walk in for appointments and have a safe place of refuge when they were forced to leave their shelter every morning. As I sat in my office soothing my anxiety with my fidget spinner, there was an email sent for an emergency staff meeting; it confirmed what my co-worker informed me regarding telehealth.

Surprisingly, in this staff meeting, the organization's leadership was present. This was the first time I met many of them in person. All staff sat in a decent-sized conference room, practicing social distancing, approximately six feet apart with masks on their faces. Within each six feet of spacing, the air was filled with tension, anxiety, worry, anger, fear, and a deep silence as if we were mourning the death of a loved one or close colleague. Leadership preferred to stand in front of everyone instead of sitting at the table in solidarity which consciously or unconsciously highlighted their position of power, thus increasing staff insecurities further. I looked to the front of the room and noticed that there were few people on the leadership team representing the majority African American community we served.

Having diversity in leadership can lead to a positive effect on patient care (Becker's Hospital Review, 2016). For example, if an individual on the leadership team is from the community they serve, they can possibly have increased insight and a direct voice to represent the community when decisions are being made on behalf of the community. I identify this approach to be the "boots on the ground approach." This approach signifies that those who are closest to the problem often are the ones closest to the solution. If, in fact, organizations build more professional capacity to Black professionals with lived experiences, and provide them with the resources to be placed in positions of leadership, agencies would have a perspective from those directly affected. Furthermore, helping professionals with lived experiences can provide insight to some of the barriers and challenges that can prevent effective care.

I began to conceptualize how this error in leadership can indirectly contribute to the Black racial oppression. I asked the question, "How can an organization serve a community and make decisions for the community when there is limited representation from the community in decision-making?" More times than not, the decisions can be expected to be driven from data rather than combined with people's voice. This results in an ineffective, "cookie cutter" model of care due to the ongoing barriers to obtain effective client satisfaction surveys (Gayet-Ageron et al., 2011).

As the leadership went on to inform staff about productivity expectations and policies to follow, I could not help but drift off and think about the racial climax in the United States at this time. I thought about the Black Lives Matter movement and the global impact it had on society. I dwelled on the senseless deaths of George Floyd, Eric Garner, Botham Jean, and many others. I thought about how, through the Black Lives Matter movement, people from different cultures, backgrounds, ethnicities, social statuses, and tax brackets were united to fight for human rights

and equality through peaceful protests and awareness against the reiteration of Black racial oppression.

Retracing History

As I got deeper into my thoughts, I began to realize that the reiteration of Black racial oppression is not a new phenomenon in the United States. There has been a prolonged period of suffering, injustice, and systematic oppression of Black people that fizzles like Coca Cola soda and then explodes as if you added Mentos candy. I reflected on the Stono Rebellion of 1791, where over 100 slave masters were murdered by Black Americans in response to racial oppression (Thornton, 1991). Throughout this narrative reflection, the terms Black and African American are used interchangeably as to include various ethnicities of the African diaspora. I thought about when Nathaniel "Nat" Turner, in the year 1831, led a slave rebellion against slave owners; it resulted in tragic deaths of over 100 people, both slaves and slave masters, primarily due to Black Americans being exhausted with ongoing systematic Black racial oppression, where they were denied basic human rights and liberties (Beaulieu, 2000). These rebellions and several others are crucial to history and we (Black people) honor Black leaders for the courage to stand up for their rights; however, Violence Begets Violence. When oppressed people use physical force against the oppressor, it typically leads to insignificant outcomes, like a nil hand in spades. In addition, physical force can lead to unwanted, unforeseen consequences and limited success due to the majority having more resources.

Moving forward, in the 1960s, Black Americans also faced more severe, yet somewhat similar, injustices as today. Black people living in the south had to endure ongoing injustice such as Jim Crow laws; segregation; and insecurities in housing, education, and employment, primarily due to the color of their skin, ethnicity, and nationality (Darity & Mullen, 2020; Feagin, 1999; Fremon, 2000). Pioneers such as Southern Christian Leadership Conference, National Association for the Advancement of Colored People, the honorable el-Hajj Malik el-Shabazz (Malcolm X), Martin Luther King, Jr., and many other ancestors saw value in working with allies, mostly non-violently, for the common cause of human rights for all (Blake & Cleaver, 1969; McDonald, 2016; Ovington, 1924; Reagin, 1968).

In 1965, led by Dr. Martin Luther King, Jr., several allies of various cultures, backgrounds, ethnicities, social statuses, and tax brackets united to fight for human rights and equality. Allies locked arms and walked side by side, marching from Selma to Montgomery, Alabama, for the purpose of creating awareness to the challenges Black Americans faced when attempting to vote (Garrow, 1990) Often, there were barriers that would prevent Black people from voting, such as intimidation at the polls by White Americans, poll taxes, and even competency tests. On one attempt, the allies were brutally assaulted on national television. This tragic event can be understood as the apex of Black oppression during this time. The world witnessed the horrific events, which were pivotal for change. Several participants were verbally and physically assaulted by law enforcement agencies. The innocent people sacrificed their lives to force the United States government to revisit, discuss, and answer to the systematic Black racial oppressive policies that fueled the hate exhibited towards Black bodies. Shortly after, the 1964 Civil Rights Act and Voting Rights Act of 1965 outlawed discrimination based on race, color, religion, sex, national origin, and sexual orientation.

Black Racial Oppression Today

The trend continues to be a prolonged period of suffering, injustice, and systematic oppression of Black people that reaches the apex and explodes with riots, peaceful protests, and calls for action. On May 25, 2020, George Floyd died while in police custody for reportedly attempting to use counterfeit currency. The arresting officer placed his knee on Mr. Floyd's neck for well over eight consecutive minutes while Mr. Floyd was on the ground in handcuffs. The world was able to witness the ongoing Black racial oppression.

Unfortunately, George Floyd's death was not an isolated event. There have been similar cases such as Eric Garner, who was placed in a chokehold for minutes by law enforcement, which resulted in his death; he was allegedly selling loose cigarettes (Hays & Sisak, 2019). Botham Jean was shot and killed inside his own home by a police officer who reportedly mistook his apartment for hers (Kallingal et al., 2020). I reflected and wondered if my peers and I would have faced a similar fate if we would have reacted differently during the search warrant?

The reiteration of Black racial oppression has been ongoing for centuries, and the use of technology (media, cameras, audio, and video recording) has been pivotal in magnifying the issues, which usually trigger intervention or at least dialogue. In the events such as the March on Selma, deaths of Mr. Floyd and Mr. Garner, and many others, video and audio recording combined with eyewitness testimony have been crucial to force the USA to revisit, discuss, and answer to the systematic Black racial oppression. Their lives will not be lost in vain, as society will hold individuals and institutions accountable for their actions and use the power of unison as leverage to obtain justice.

Why is There Always a Reiteration of Black Oppression?

There continues to be a reiteration of Black oppression due to the systematic culture of oppression that is embedded in United States. This retelling of horrific injustices experienced by Black male bodies manifests itself across space and time. The names may change, the dialect may sound different, but the stories and accounts are far too similar. The transgenerational traumatic experiences of oppression that Black men across the diaspora living in America face transcends beyond geographical space and temporality. It depicts a sense of universality that one could argue repeats oppressive instances from social power structures. It is the continuum of oppressive acts by power structures that abuse Black bodies by dehumanization tactics shrouded by policies and minimization of the value of Black male bodies. Although there is monumental legislation such as the Voting Rights Act (1965) and Civil Rights Act (1964), disparities and insecurities for Black people continue to be prevalent in terms of health care, employment, housing, education, and resources (Jacobs, 2011; Kohli et al., 2017; Moy & Freeman, 2014). According to the U.S. Bureau of Labor Statistics (2020), in November 2020, the unemployment rate in the USA was 7%, and for Black people the rate was at 10%. According to Gold et al. (2020), the Center for Disease Control and Prevention reported total COVID-19 deaths from May to August 2020 as 114,411. From the total deaths, Black people accounted for 18.7% of the cases, despite being 12.5% of the total U.S. population. This ratio continues to represent the disparities. If systematic oppression of Blacks was not ongoing and prevalent, the statistics would represent equal distribution amongst all races and ethnic groups. If disparities exist, there

will continue to be a reiteration of Black racial oppression in the USA.

Impact of Oppression

Oppression leads to lasting psychological and physical implications, which present barriers for Black males to address mental health needs (Banks & Stephans, 2018). Arguably, mistrust for African Americans began during slavery, where they were experimented on. Since this time, the United States health care system has continually proven to be mistrusted by African Americans due to egregious experiments such as the Tuskegee Syphilis Study (Wasserman et al., 2007). In fact, Hankerson et al. (2015) explain that institutional racial oppression can limit socioeconomic mobility, which leads to psychopathology. There is clinical research and data available that highlights African American women's oppression and linkage to psychopathology, while there is limited data for men (Carr et al., 2014; Windsor et al., 2010). There have been promising recommendations to increasing treatment engagement for African Americans such as using faith healers, primary care physicians, and mental health providers (Hankerson et al., 2015). Yet, African American men continue to be underrepresented within mental health programs (Harris et al., 1996). To bridge the gap between Black males increasing their insight and engagement in mental and behavioral health services, I propose using the "Chop It Up" program.

As a native of the city of Newark, New Jersey, I am honored to work for the ground-breaking Office of Violence Prevention and Trauma Recovery (OVPTR). This office is a model for change created by the honorable Mayor Ras Baraka in response to the ongoing systematic oppression of Black people. Mayor Baraka diverted funds from the city's public safety budget to provide resources and the creation of the OVPTR. The Office provides resources and opportunities in education, housing, finances, and health for communities that are identified to have historically been impacted by crime, poverty, oppression, and trauma. Furthermore, there are counseling services to victims of violent crimes provided by Licensed Clinical Social Workers (LCSWs) and Licensed Clinical Alcohol and Drug Counselors (LCADCs) to address trauma, mental, and behavioral health through dynamic, diverse, and creative programing. The programing includes, but is not limited to, virtual technology trauma-informed therapy, restorative justice, circle processes therapy, and complementary and alternative medicine techniques. It also includes using sports and movement for healing, coping, and behavioral skills along with substance use and mental health focused barber shops and beauty salon talks to increase community members' insight and engagement into mental health and case management services. This collaborative approach is unique, as it also links the majority of the nineteen additional grassroots organizations (housing, advocates, youth programming, violence prevention, etc.) under one entity (OVPTR), which enables fluidity of care and an abundance of available resources, knowledge, and expertise. Finally, at the foundation of OVPTR are credible messengers (outreach workers) who are trusted within the community, and they provide education and linkage to services offered through OVPTR.

The Chop It Up program (inspired by the Confess Project [n.d.]) is offered through OVPTR; it can be effective in reducing treatment barriers and increasing insight and engagement into mental health and substance use services. The Chop It Up program is a community-based program where barbers are trained as non-clinical mental health first responders to raise awareness, identify, and support community members with addressing their mental health and

accessing social services.

The Chop It Up Program

Through a six-week program curriculum, barbers are trained how to use positive language to advocate for mental health services and use active listening. Additionally, they are taught how to link community members with community resources, identifying early warning signs of suicide, depression, anxiety, alcohol and drug abuse, trauma, and emotional dysregulation. The overall goals would be for the barbers to be able to identify (psychopathology/addictive behaviors/case management needs), educate (community members), and refer with a *warm handoff* to service providers. The warm hand off is a term often used within the team system to describe a friendly referral provided by one trusted informal support partner to another formal support, trusted provider. This enables the client to be more receptive to therapeutic services. Furthermore, Chop-It-Up-trained Barbers offer safe space for mutual support shop talks, where collective coping can be offered like circle process groups, which can be effective (Mehl-Madrona & Mainguy, 2014). Moving forward, shop talks would be expanded to include a trained mental health or addiction specialist to further educate and provide supportive therapy and linkage to ongoing mental and behavioral health services.

Significance of the Barbershop

Black barbers can be effective with facilitating change within communities due to their established trust and rapport within the community. From my lived experiences within Black barbershops, there is a sense of camaraderie amongst several generations of men, and it is traditionally a designated space to obtain knowledge, feedback, advice; learn life and social skills; buy products; obtain resources; and get a haircut (Wright & Calhoun, 2001). Black barbers tend to cater towards Black men and the individuals who patronize the shops and who would rather seek help from men who share the same characteristics or socioeconomic status (Plowden et al., 2006).

Past Use of Black Barbers and Barber Shops

Using Black barbers to increase health outcomes within the Black community has been effective in the past. There is research to suggest the effectiveness of using Black barbershops and Black barbers as resources to increase specific mental health outcomes for African Americans within their community. Moreover, there is research that supports the notion that Black barbers are effective in increasing awareness of the importance of physical activity, hypertension, and cancer (Hess et al., 2007; Hill et al., 2017; Linnan et al., 2011). In fact, Brawner et al. (2013) have shown that Black barbershops are well respected within the community, are willing to help community members address medical health concerns, and are effective sources of resources.

Implications of the Chop It Up program

The Chop It Up program could possibly have some implications, as there is a heavy reliance on the effectiveness of the barber. There are expected situations where trained Barbers may relocate, there may be limitations on effectiveness of the six-week curriculum, or COVID-19

restrictions could limit face-to-face contact. To minimize the implications, OVPTR offers fully online continuing education trainings, access to remote curriculum, and an online peer support network to stay connected. In addition, there are ongoing refresher courses and advanced level curriculum for barbers who wish to increase their competency and skill level. Further explorative and longitudinal research would provide data to demonstrate the areas of improvement and success.

Social Work During the COVID-19 Pandemic

After a few weeks, my practice as a social worker changed dramatically. The organization I worked for moved to telehealth, and I initially struggled to adapt to the new way of life. First, my former employer did not provide me with adequate resources in terms of internet and telephone, which caused financial challenges, as I had to pick up the cost to work remotely. Secondly, community members were resistant to talk via telehealth due to their psychopathology and/or limited resources to have telehealth sessions. At the agency that I formerly worked for, there were limited internal resources to negate the barriers, and sadly, many community members decompensated, relapsed, and/or were hospitalized as a result. In my experience, an overwhelming majority of Black male community members dropped out of services due to the access barrier. I was constantly reminded to increase my productivity without the resources to do so and without consideration for the pandemic or community members. The assumption that the community members had available resources came from a place of privilege and further confirmed the notion of systematic oppression. In fact, I recall a supervisor suggesting, "They have time for Facebook, they can make time for therapy." I internalized this as a cognitive distortion, being ignorant, and the ongoing Black racial oppression. This is an example of disconnection and total lack of compassion for the community we serve.

The community members who did not have access barriers also faced challenges. Most of the earlier sessions were geared towards education on new dynamics of therapy or teaching them how to use telehealth platforms, which took a lot of convincing. I found that my long-term community members struggled with telehealth the most. There is something special, unique, dynamic, and intimate about having face-to-face sessions: being able to connect to each another's energy; identifying slight changes in body language, whether it's rapid foot taps or clenching hands when emotions are intense; and feeling the vibrations of your voice bounce off the wall with guided relaxation imagery.

Moving forward, to reduce the access barrier, I propose that Assurance Wireless Lifeline customers can have their talk minutes and data extended indefinitely to continue with mental and behavioral health and substance use services, to reduce relapse or decompensation. A possible implication of this would be misuse of services. To minimize misuse, there can be a requirement for community members engaged in mental and behavioral health services to provide proof from their mental health providers. To their credit, Assurance Wireless Lifeline did expand their services to some extent, allowing for increased access and deferral of recertification (Federal Communications Commission, 2020). However, access continues to be a barrier to services for the community members I serve.

As time shifted forward, the community members and I began to adjust to telehealth. About four

to five months into telehealth, it became easier to navigate and adjust despite some barriers. At times, the video communication platforms crashed, or they were not compatible with the community members' phones or devices. Within my household, family members had to attend work or school virtually, which resulted in slower internet speeds, family pets making cameo visits, and impromptu learning curves of virtual learning environments.

As time progressed, I found that many of the community members looked forward to sessions. The community members preferred to use telehealth audio only for sessions. They, too, were going through the COVID-19 trauma in addition to the anxiety, depression, audio and visual hallucinations, substance use problems, and, at times, suicidal thoughts with a plan. Due to their intense isolation, many times, I served as their only escape and insight to the outside world, like a prisoner who just spent several months in solitary confinement, hoping to speak with someone.

Week after week, someone would inform me of their challenges with COVID-19 restrictions, fears of going outside of their homes, or someone they knew died or tested positive for COVID-19. During this same time, I had to be mindful of my countertransference, as I, too, shared similar fears related to COVID-19. Every time I left my home for groceries, I would fear I would get infected by COVID-19 and could be a carrier, bringing COVID-19 to my family, who would face fatal health consequences because of me. Our fears and anxieties were warranted, given the limited and, at times, conflicting information regarding COVID-19 at the time. Frequently, I felt helpless when community members asked me about the virus, and I could only refer them to the local government, Center for Disease Control and Prevention, or the World Health Organization websites. I didn't feel confident or competent enough to provide guidance. One of my community members informed me, "You are who we trust…why would I get information from them?" Those words remain with me today, as they humbled and reminded me of the privilege it is to work within my community.

Call for Action: Strategies for Change

It was the year 2020, and Black Americans are continuing to fight, protest, and advocate for some of the same basic human rights, as they did since the first African was trafficked to the United States of America for the purpose of slavery. Black Americans in the U.S have made some notable progress. However, tragedies such as George Floyd's death and countless others continue to be a reminder of the long road ahead. As Lee (2016) explains, one of the most difficult things is to change the culture of organizations. The United States institutions were built on the ideology of Black Americans as slaves and indentured servants, giving people from European descent a conscious or subconscious advantage in finances/resources and opportunities, which is an underlying issue of oppression (Chen, 2017; Walters, 2012). It enables power, control, privilege, and opportunities for people who are not of color. To bring about change, there must be a shift in ideology and culture. There is hope in knowing that awareness dialogue is present; however, it is time for movement towards legislative action.

I am proposing communities identify early warning signs and begin to intervene prior to the next critical incident to occur by establishing a comprehensive national task force and/or governmental offices that have legislative power to implement programming and provide immediate resources and opportunities in education, housing, finances, and health for

communities, which have been identified to have historically been impacted by crime, poverty, and oppression, like those incorporated by OVPTR. I propose that the American society identifies Black racial oppression as a national public health crisis like the "war on drugs" or "opioid pandemic," to shift the attention and focus on making immediate, effective, long-lasting, and equitable changes.

Black Americans have made major progress in the United States of America; however. there is still a long road to travel, as we are consistently reminded by the systematic disparities. However, the United States is at the apex, and the time has come to make change! The changes will come from several allies of various cultures, backgrounds, ethnicities, social statuses, and tax brackets, who are united to fight for human rights and equality. It happens when we empower informal community support systems such as barbershops and hair salons, it happens when we provide sustainable resources to reduce the revictimization of Black male bodies, both from the systems of oppressive power structures and the interpersonal violence that occurs within under-resourced communities. It begins by divergently identifying allyship in non-conventional spaces, where Black men find safety, fellowship, and community. It is this unified support paradigm where we will move towards sustainable change for us to survive, thrive and be unified—in and out of any pandemic.

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