

(Opinion):

Justice Reimagined in the Southwest: Health, Race, Cannabis, and Policing

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Martin Luther King Jr. once said that “the arc of the moral universe is long, but it bends toward justice” and many thanks to the insight of the notorious RBG (Justice Ruth Bader Ginsburg) who added that it only bends “if there is a steadfast commitment to see the task through to completion.”

In an ideal world, discrimination would not exist and outlawing it would not be necessary. Racism and sexism would only be fleeting thoughts of a time far gone. And people would rise in society based on the merits of their achievements, and not their gender, race, ethnicity, or any combination of the three.

I have noticed that powerful people like to point out that Covid-19 does not discriminate. Indeed, the rain, too, does not discriminate against those it falls on. But one’s ability to stay dry beneath a downpour is dependent on the availability of an umbrella. Similarly, our access to security in a pandemic depends on the safety net of the state. Umbrellas can be shared or withheld. Those without one can be listened to – or ignored.

The Coronavirus pandemic has upended life for people across the United States and the world. But the experience and severity are not equal. In the United States, deep inequities, rooted in a history of exploitation and maltreatment of Black, Brown, Indigenous, and people of color, are making the COVID crisis worse. Intersecting communities of people have been systematically “otherized” to the detriment of their health.

Government plays an important role in breaking down barriers of systemic racism. It has often been stated that racism is an infectious virus as harmful and even more deadly than Covid-19. For those who are mathematically inclined racism can be viewed as an equation where the formula reads $RACE\ PREJUDICE + POWER = RACISM$. This interpretation is insufficient, however, without a clear manifestation of reality. The question becomes how racism is perpetuated in society.

We know that a person’s race, (By “race” I apply: The People’s Institute definition, “A specious classification of human beings created by Europeans (whites) which assigns human worth and social status using “white” as the model of humanity and the height of human achievement for the purpose of establishing and maintaining privilege and power,”) impacts economic opportunity, access to healthcare, rates of imprisonment, and even the freedom of holiday travel is affected, if driving while black, but policymakers either lack the tools or outright fail to implement actions to directly change those outcomes. This has been the case historically and it will not change until we, as ardent believers in America, the constitution, and its ideals, do something about it.

As an epidemiologist, I find that the scientific study of how racism harms health requires theoretically grounded methods. At issue is how racism, as one form of societal injustice, becomes embodied inequality and is manifested as health inequities.

I direct your attention to Ecosocial theory, as delineated by Professor Nancy Krieger of Harvard University, it illuminates the requirement that methods must address the lived realities of racism as an exploitative and oppressive societal phenomenon operating at multiple levels and involving myriad pathways during the course of one’s life and affecting generations. From the moment the first abducted Africans found themselves enslaved and oppressed on American shores in 1619, freedom became their singular ambition and continues today. The words of African Americans calling for racial justice resound from generation to generation.

As Dr. Krieger vividly illustrates in discussing methods of study an integrated embodied research approach must consider (1) the structural level –past and present de jure and de facto racism; (2) the individual level –

issues of domain, nativity, and use of both explicit and implicit racism measures; and (3) how current research methods likely underestimate the impact of racism on health.

One of the many lived realities of racism is recognition that the medical cannabis industry in New Mexico for a decade or more has failed miserably to encourage and enable full participation by people from communities that have previously been disproportionately harmed by cannabis prohibition and enforcement. The means of commercially producing, selling, and profiting from cannabis are, so far, incredibly concentrated in the hands of white males only in New Mexico, a majority minority state.

Equity is the recognition and accommodation of differences to prevent the continuation of an inequitable status quo. Cannabis cultivation has an ancient legacy going beyond race, color, or creed. Despite that, in America's burgeoning multi-billion-dollar cannabis economy, your likelihood of involvement, ownership, and success depends on your skin color.

Throughout the war on drugs era, the heavy-handed enforcement of cannabis prohibition resulted in the lopsided criminalization of people of color. Despite a near equal propensity between whites and people of color for possessing cannabis, police have historically targeted Black and Latinx communities when doling out criminal repercussions.

It does not have to be this way. We can turn shared anger into action through concrete actions:

1.) By viewing racism via a shared analysis, and shared vocabulary to be able to effectively communicate with each other.

2.) Immediately ending racial profiling by police.

3.) Being willing to invest in nonpunitive programs and community-based services, develop, secure, and implement strong, independent, and effective oversight mechanisms for local law enforcement.

4.) Recognize and clearly demonstrate that social equity must include license ownership and management in both the medical and adult recreational industries not just floor and production staff. Most of the senior management in New Mexico dispensaries currently is white and/or male. Issues having to do with racism or harassment have little, if any, impact due to their lack of experience and no understanding of people of color employees experience therefore they cannot appropriately react.

The medical cannabis industry and state government in New Mexico, as it stands, is guilty of whitewashing African Americans, Latinx, indigenous peoples and people of color out of sight. While we can find some diversity in print advertisement campaigns, and floor and production staff, we will be hard pressed to find this same diversity in ownership and management.

This seemingly impenetrable bro culture goes by another name: white supremacy. Racism is not always overt. In many instances it is coded and deeply rooted in legislation, regulation, or company policies that ultimately ends up with many African Americans, Latinx, indigenous and people of color being kept at bay.

New Mexico's majority-minority population doesn't need sympathy. We need empathy, support, and fair medical cannabis and adult recreational licensing practices to achieve a diverse ownership within. We need our white peers and allies to educate and eradicate racism in hiring processes, career advancements in the workplace, and promotional advertisements. This can be done through a social equity fund "that provides business opportunities to people from disproportionately harmed communities so they can ... become full-fledged owners and cannabis proprietors.

