**PODCAST 4 – Global colorism**

**Nishtha:** Hello listeners. Welcome to " The Pigment Paradox," the podcast where we delve into the often overlooked but deeply impactful issue of colorism against women. Today, we are exploring the intricacies of colorism—a global issue that touches hearts and lives in different corners of the world.

**Nishtha:** Colorism knows no boundaries—it stretches far beyond the shores of India, manifesting itself in varied forms and emotions across the globe. From Asia to Africa, Europe to the Americas, women grapple with the weight of societal judgments based on the shade of their skin. A Forbes study authors found that 51% of women of color have experienced racism in their current workplace. For women with darker skin tones in those groups, this can go as high as 69%. Yet, while racism is widely discussed, colorism remains in the shadows, silently eroding the confidence and opportunities of women everywhere.

**Nishtha:** Let's hear from Johanna Pinto Lee, a Rotman MBA student with a background in medicine in Toronto where she shares her take on colorism and how it is perpetuated in Canada in the health sector.

***Johanna:*** *So, I have an unusual background from a business standpoint. My background is in healthcare and more broadly that public sector. I started as a public servant in the federal government with the Treasury Board Secretariat of Canada and then later and the Public Health Agency of Canada. And then after my work in that space, I went to medical school in Ireland. So, I lived abroad for almost six years and then, just as COVID began, I came back to Canada to begin my general surgery training at the University of Toronto. So, by background I am a general surgeon by training and then also have a public policy background and have had the added benefit of living abroad. So, it's given me a very broad experience and perspective on which to talk about things like equity, diversity and inclusion and more specifically, colorism from a personal standpoint, I am half Chinese-Malaysian and half Indian.*

*My mother is South Indian and my dad's from Malaysia. So, the ethnicity aspect I look very mixed going to have been and I let's say many different shades from somewhere to winter. So, I have my own personal experiences to draw on, and then from a provider standpoint have many experiences both in terms of the patients that I care for and then in terms of my co-trainees who are in my residency program with me.*

***Johanna:*** *For me, colorism, I think very broadly, the definition we think of is someone who's treated differently based on their skin tone. I think here in Canada. It's a little bit more challenging to think about because we're a very multicultural country. So, people, I think, think of discrimination more often based on ethnicity or race as opposed to color. Umm, but I truly believe like as we become more multicultural like these, the colorism aspect becomes stronger and it's really treating people differently based on their skin tone as opposed to other things that like ethnicity for example.*

***Johanna:*** *I think when we have these discussions about intersectionality in terms of colorism and ethnicity 100%, I think that from a gender standpoint, it's people who identify as women or gender-nonconforming are the ones who are most affected by this. I think it's probably easier to think about impact in terms of where people are impacted on a baseline already. So, if we think*

*of, if you happen to be a white man or we're White-appearing man, things like colorism will probably affect you less than. And if you are already a step behind from a societal standpoint based on your gender based on some other identifiers about you that are traditional discriminators, like whether or not you're out and LGBTQ plus, and then also how your ethnicity plays and into other aspects or affinity groups that you might be part of.*

***Johanna:*** *So, I think that there is one specific experience that stands out in my mind, and this is always I think about this a lot because of the kind of equity work that I do with my own institutions and with the University of Toronto's Faculty of Medicine. But there's things that I see from what happens to providers and then there's things that I see in terms of what happens and how patients are treated by the system. From a provider standpoint, something that we've discussed about and something that stands out very strongly in my mind is roughly a year ago myself and a Co-trainee who is at the same training level as me. So, at the time we were both senior resident surgeons at the University of Toronto. We had this interaction with a patient, so I as I mentioned before, I'm of a mixed ethnicity and my co-trainee is of East African descent, um and we were interacting with this patient who she went in to see the this this patient first and the interaction was quite aggressive and sort of devolved into racially themed epithets and some comments about her appearance, in particular her skin color and her hair. Uh, but then when I went in to go and see this patient and tried to you manage his surgical concerns and his surgical emergencies. Uh, you know, his treatment of me was very different and was essentially pleasant, I would say. And when you look at my co-trainee and myself, the truly the only difference in terms of our training, in terms of our background, in terms of our personal experience and lived experience has to do with the color of our skin, which you can think about is quite frankly she's black and I'm not. But then obviously our ethnicities play into what the impact on colorism is as well.*

***Johanna:*** *And then from a provider standpoint, in managing patients and seeing how the system treats them, I think very broadly, we know that provider diversity improves patient outcomes and in places where providers are not diverse or come from what we traditionally think or historically have thought doctors and I use that word in quotes have looked like and you know people do worse and the people who suffer are the ones who far in a way are different when we think about is the average patient. And what I mean by that is women, instead of men. Uh, you know non white people. And then when you think of non-white people as a spectrum, traditionally more darker individuals or black individuals and even black individuals from different parts of Africa or different parts of them and least do much, much worse than they their white or white passing counterparts.*

***Johanna:*** *During my residency training to work in many different hospitals in Toronto, and I think we're, uh, colorism shows itself the strongest is in terms of, uh, which women get hired where and what I mean by this is that medicine has gone through a very big rebirth in terms of how we think about equity, diversity and inclusion from a provider standpoint and treating our patients standpoint. And people have been making a very large effort to bring more women into the workforce, umm, both in terms of who become residents and then also in terms of who gets hired to be full time consultant or staff surgeons or staff physicians. And so, you notice that in the women that get hired for a staff roles, either staff physicians or staff surgeons, there is a tendency towards hiring women who are of Fair skin - be they white or of other ethnicities, and*

*these women get hired more frequently. And they also get promoted on a more regular basis. And I think the other thing that's more important from a physician standpoint is often these women also get less patient complaints. And so, when you think of the inverse of that, what that means is the darker you are as a provider, the less likely that you are first to get hired in the first place. The less likely you are actually get hired for prestigious things like becoming the academic lead of a program we're getting promoted in your professorship, or even considered for professorship in the first place, and then also the more likely you are for your patients to complain or put in complaints about the care that you receive, though you know patient care at institutions like those, the ones in Toronto is very highly standardized, so the differences from providers to providers is not enough to account for the kind of differences that we see in terms of patient reactions to things like skin color.*

***Johanna:*** *I think I think you hit the nail on the head with really saying that this is a nuanced problem. I think specifically within a Canadian context that there's a lot of history that needs a sort of to be understood and this all this all takes time. Like, I think we've slowly come around to the idea that diversity is important, and that people get treated worse depending on what their skin looks like. Like racism is not a new idea in this country, especially because many Canadian citizens left their country of origin for things like racism or and other exclusionary tactics, but the colorism aspect, I think people are coming towards it a little bit more, but I think something that we can do in terms of education is changing the language that we talk about with. It's important not to uh, you know, hide, or avoid the fact that people get discriminated on by race. But it's also important to highlight the fact that people can get discriminated on things other than race, and then the things can be a little bit broader than the bucket that we've already think things belong to. So, I think it's a very heavily done on an education standpoint, but I also think that there's some other cultural factors at play that are slowly helping to this. Like you know, as we become more multicultural, more diverse, many people become mixed race become, you know, people like me and my sister and that also changes how people think about things because the definition of ethnicity becomes a little less rigid. And so, people turn to other things like colorism, which are more all encompassing. And I think do a much better job of explaining the kind of discrimination that happens.*

**Nishtha:** Johanna's comments reminded me of something that Professor Naminata Diabate, a Professor of Comparative Literature at Cornell University mentioned in the annual conference on "Colorism Across Global Lines". She mentioned that even different languages uphold and perpetuate colorism, highlighting the complex and nuanced nature of this issue and how it operates differently in different cultural contexts.

**Nishtha:** Colorism isn't just an issue in India—it's a global phenomenon with far-reaching effects. For example, in Asia, specially in India, South Korea and Thailand, this preference for light-skin is often linked to notions of beauty, purity, and social status with lighter-skinned individuals may having advantages in employment, marriage prospects, and social acceptance. In Africa, colorism is rooted in colonialism, where lighter-skinned individuals were often favored by colonizers with profound effects on individuals' self-esteem and mental well-being of dark-skinned women. In Latin American countries like Brazil and Mexico, colorism intersects with issues of race, ethnicity, and social class. Lighter-skinned individuals, particularly those of European descent, are often privileged and overrepresented in media and positions of power. In

Western countries such as US and the UK, colorism operates within the broader context of racism and white supremacy.

**Nishtha:** So, there is no one solution that fits all problems. To combat global colorism against women, we must educate, advocate, and empower—all shades deserve recognition and respect. We need allies who support us and openly challenge hidden bias and foster conversations on colorism. We need explicit policies that bring out the rights and wrongs and highlight colorist behaviors. Most importantly, we need an intention to solve this problem because it is unfair to be told that you're not enough because your skin is too dark.

**Nishtha:** Thank you for joining me on this journey. Together, let's embrace our shades and celebrate the richness of our diversity. This is "The Pigment Paradox," by Nishtha signing off. Keep shining bright, and never forget the beauty of your true colors.