

SURVIVAL

SADIQA AND I rarely sat on the rounded cream sofa in our new home in Providence. But our nerves brought us into the living room on this day in late August 2013.

We'd moved in weeks before as newlyweds. We eloped and changed our last names together months before, in a picturesque affair captured in *Essence's* "Bridal Bliss" column. Sadiqa's gold dress and red accessories and cowrie-shell adornments and regal aura sitting on her throne of a peninsula beach as the waves bowed under the colorful sunset were all so sublime.

Still high from the pictures, we were crashing down now. We held hands, waiting for the phone call from the radiologist who performed the ultrasound and biopsy. A week prior, Sadiqa told me about the lump. She did not think much of it, probably knowing that 93 percent of women diagnosed with breast cancer are over forty years old. She was thirty-four. But she obliged my requests to see a doctor that day. The phone rang. We jumped as if we were watching a horror flick. On speakerphone, the doctor said Sadiqa had invasive breast cancer.

Minutes later, we were upstairs. Sadiqa could not do it. I had

to call and tell a mother who had lost a daughter that her living daughter had cancer. I stood in our guest room as her mother let out a wail, as Sadiqa wailed in our bedroom, as I wailed in my mind.

The wailing soon stopped, if the worry encircling and suffocating my wife did not. Sadiqa surveyed the fight ahead. Surgery to remove the lump. Chemotherapy to prevent a recurrence. Close monitoring to notice and treat a recurrence.

Sadiqa had time before surgery. We decided to freeze embryos in case the chemotherapy harmed her ovaries. The process dangerously overstimulated her ovaries, filling her abdomen with fluid, causing a blood clot. We slept in the hospital for a week as she recovered. All before her cancer fight.

The blood clot made doing surgery first too dangerous. Chemotherapy came first, which meant three months of watching and feeling her anguish. She was a foodie who couldn't really taste her food. She had to push through chronic fatigue to exercise. She'd just completed twelve years of medical training, but now instead of seeing patients, she'd become one herself. It was like training hard for a marathon and getting sick steps into the race. But she kept running: through chemotherapy, through three surgeries, through another year of less toxic chemotherapy. And she won.

I HAD TROUBLE separating Sadiqa's cancer from the racism I studied. The two consumed my life over the final months of 2013 and during the better part of 2014 and 2015. Months after Sadiqa survived stage-2 breast cancer, Ma was diagnosed with stage-1 breast cancer. She endured radiation and a lumpectomy in 2015. Those years were all about caretaking Sadiqa, helping Dad caretake Ma, and—when they were sleeping or enjoying company or desiring alone time—retreating from the pain of their cancer into the stack of racist ideas I'd collected.

Over time, the source of racist ideas became obvious, but I had trouble acknowledging it. The source did not fit my concep-

tion of racism, my racial ideology, my racial identity. I became a college professor to educate away racist ideas, seeing ignorance as the source of racist ideas, seeing racist ideas as the source of racist policies, seeing mental change as the principal solution, seeing myself, an educator, as the primary solver.

Watching Sadiqa's courage to break down her body to rebuild her body inspired me to accept the source of racist ideas I found while researching their entire history—even though it upended my previous way of thinking. My research kept pointing me to the same answer: The source of racist ideas was not ignorance and hate, but self-interest.

The history of racist ideas is the history of powerful policy-makers erecting racist policies out of self-interest, then producing racist ideas to defend and rationalize the inequitable effects of their policies, while everyday people consume those racist ideas, which in turn sparks ignorance and hate. Treating ignorance and hate and expecting racism to shrink suddenly seemed like treating a cancer patient's symptoms and expecting the tumors to shrink. The body politic might feel better momentarily from the treatment—from trying to eradicate hate and ignorance—but as long as the underlying cause remains, the tumors grow, the symptoms return, and inequities spread like cancer cells, threatening the life of the body politic. Educational and moral suasion is not only a failed strategy. It is a suicidal strategy.

THIS MESSAGE OF focusing on policy change over mental change was written in my next book, *Stamped from the Beginning*. After the book came out in 2016, I took this message on the road from our new home at the University of Florida. I talked about racist policies leading to racist ideas, not the other way around, as we have commonly thought. I talked about eliminating racist policies if we ever hope to eliminate racist ideas. I talked and talked, unaware of my new hypocrisy, which readers and attendees picked up on. "What are *you* doing to change policy?" they kept asking me in public and private.

I started questioning myself. What am I doing to change policy? How can I genuinely urge people to focus on changing policy if I am not focused on changing policy? Once again, I had to confront and abandon a cherished idea.

I did not need to forsake antiracist research and education. I needed to forsake my orientation to antiracist research and education. I had to forsake the suasionist bred into me, of researching and educating for the sake of changing minds. I had to start researching and educating to change policy. The former strategy produces a public scholar. The latter produces public scholarship.

IN THE SUMMER of 2017, I moved to American University in the nation's capital to found and direct the Antiracist Research and Policy Center. My research in the history of racism and anti-racism revealed that scholars, policy experts, journalists, and advocates had been crucial in successfully replacing racist policy with antiracist policy.

I envisioned building residential fellowship programs and bringing to Washington dream teams of scholars, policy experts, journalists, and advocates, who would be assisted by classrooms of students from the nation's most politically active student body. The teams would focus on the most critical and seemingly intractable racial inequities. They would investigate the racist policies causing racial inequity, innovate antiracist policy correctives, broadcast the research and policy correctives, and engage in campaigns of change that work with antiracist power in locales to institute and test those policy correctives before rolling them out nationally and internationally.

THESE TEAMS WOULD model some of the steps we can all take to eliminate racial inequity in our spaces.

*Admit racial inequity is a problem of bad policy, not bad people.
Identify racial inequity in all its intersections and manifestations.*

*Investigate and uncover the racist policies causing racial inequity.
Invent or find antiracist policy that can eliminate racial inequity.
Figure out who or what group has the power to institute antiracist
policy.*

*Disseminate and educate about the uncovered racist policy and anti-
racist policy correctives.*

*Work with sympathetic antiracist policymakers to institute the anti-
racist policy.*

*Deploy antiracist power to compel or drive from power the unsympa-
thetic racist policymakers in order to institute the antiracist policy.*

*Monitor closely to ensure the antiracist policy reduces and eliminates
racial inequity.*

*When policies fail, do not blame the people. Start over and seek out
new and more effective antiracist treatments until they work.*

Monitor closely to prevent new racist policies from being instituted.

On the September night I unveiled the vision of the Anti-racism Center before my peers at American University, racist terror unveiled its vision, too. After my presentation, during my late-night class, an unidentified, middle-aged, hefty White male, dressed in construction gear, posted copies of Confederate flags with cotton balls inside several buildings. He posted them on the bulletin boards outside my classroom. The timing did not seem coincidental. I ignored my fears and pressed on during the final months of 2017. This wasn't the only thing I put out of my mind. I also ignored my weight loss and pressed on. It became annoying going in and out of bathrooms only to produce nothing, only to still feel like I needed to go minutes later. But I felt I had more important matters to worry about. After all, White nationalists were running and terrorizing the United States and their power was spreading across the Western world.

I did not have a rejuvenating break during Thanksgiving. I was bedridden. The throwing up started and stopped after the weekend. The bloody diarrhea did not. It all became worse. By Christmas, things had become acute. I obliged when Sadiqa urged me to get myself checked out.

Neither the nurse practitioner nor Sadiqa thought it was anything serious. I was thirty-five, about half the median age for the worst possibility, colon cancer. I did not exhibit any of the risk factors for colon cancer, since I exercised, rarely drank, never smoked, and had been a vegan since Sadiqa and I made the change to help prevent a recurrence of her cancer. We scheduled a precautionary colonoscopy for January 10, 2018.

I WAS GROGGY from the anesthesia early that morning. Cleaning out my colon had been an all-night affair. Sadiqa helped me put on my clothes in the small and dreary consultation room. No windows or striking colors or decorations, only pictures of the GI tract hanging on the walls. The Black woman doctor who'd performed the colonoscopy entered the room with a serious look on her face.

"I saw something abnormal," she said, sitting down. "I saw a mass in the sigmoid colon. It is large and friable, and it is bleeding." I looked at her in confusion, not knowing what she meant. Sadiqa looked at her in shock, knowing exactly what she meant.

She said she could not get her scope past the mass. It was obstructing the colon. "It is most likely cancerous," she said.

She paused as my confusion converted into shock. I checked out of myself. Sadiqa had to speak for me, really listen for me. The doctor told me to get blood work that day and get my body scanned the next day to confirm the cancer. I did not know what to think or feel. And so I did not feel or think anything other than shock.

At one point, several minutes later, perhaps as someone drained me of blood, I thought about Professor Mazama. About when I told her Sadiqa's diagnosis and asked, "Why her?"

"Why not her?" Professor Mazama responded.

Why not me?

I thought of Sadiqa and Ma and Dad's cancer fights. *Why not me?* They survived. *Why shouldn't I be the one to die?*

WE LEFT THE medical office in downtown Washington and headed for Busboys and Poets to meet Ma for breakfast. We sat down at the table. Ma had been waiting for a half hour. She asked why it took so long. I was still mute, looking down, up, away from anyone's eyes. Sadiqa told Ma about the mass. That it was probably cancer. "Okay, if it is, we will deal with it," Ma said. I looked up into her eyes, holding back tears. "We will deal with it," she said again. I knew she was serious. "Yes, we will," Sadiqa said, snatching my eyes. *Yes, we will*, I said to myself, absorbing their courage.

That night, I received more courage, when Sadiqa and I assumed we'd caught the cancer early. Probably stage 1 or 2. Perhaps 3. Not stage 4. About 88 percent of people diagnosed with stage-4 colon cancer die within five years.

The next day, they confirmed it. I had metastatic colon cancer. Stage 4. *Maybe we won't be able to deal with it.*

OUR WORLD IS suffering from metastatic cancer. Stage 4. Racism has spread to nearly every part of the body politic, intersecting with bigotry of all kinds, justifying all kinds of inequities by victim blaming; heightening exploitation and misplaced hate; spurring mass shootings, arms races, and demagogues who polarize nations; shutting down essential organs of democracy; and threatening the life of human society with nuclear war and climate change. In the United States, the metastatic cancer has been spreading, contracting, and threatening to kill the American body as it nearly did before its birth, as it nearly did during its Civil War. But how many people stare inside the body of their nations' racial inequities, their neighborhoods' racial inequities, their occupations' racial inequities, their institutions' racial inequities, and flatly deny that their policies are racist? They flatly deny that racial inequity is the signpost of racist policy. They flatly deny the racist

policy as they use racist ideas to justify the racial inequity. They flatly deny the cancer of racism as the cancer cells spread and literally threaten their own lives and the lives of the people and spaces and places they hold dear. The popular conception of denial—like the popular strategy of suasion—is suicidal.

I HAD BEEN thinking all week about denial, before the diagnosis, after the diagnosis. I still could not separate racism and cancer. I sat in the waiting rooms, between medical meetings, tests, and procedures, writing an essay arguing that the heartbeat of racism is denial, the heartbeat of antiracism is confession. It appeared in *The New York Times* on Sunday, January 14, 2018, three days after my diagnosis. But my writing on the denial of racism did not stop me from denying the severity of my cancer. I could not confess I was likely to die.

I had been privately making sense of racism through cancer since Sadiqa's diagnosis. Except now I started making sense out of my cancer through my new conception of racism. Denying my ability to succeed in my cancer fight did not differ from those denying our ability to succeed in the antiracism fight. Denial is much easier than admission, than confession.

I have cancer. The most serious stage. Cancer is likely to kill me. I can survive cancer against all odds.

My society has racism. The most serious stage. Racism is likely to kill my society. My society can survive racism against all odds.

I prepared myself to fight. I looked past what could harm me in the fight to see all that could bring me joy if I survived. Dancing through life with my surviving and thriving partner. Watching my nearly two-year-old Black girl grow into a phenomenal woman. Growing myself into a better self through the love of my constructive family and friends and mentors I know and do not know. Engaging the open-minded readers of *Stamped from the Beginning*. Building the Antiracism Center into an intellectual factory of antiracist policy. Witnessing my beloved New York

Knicks finally win an NBA championship. Writing for *The Atlantic*, in the same pages as W.E.B. Du Bois. Finishing this book and sharing it with the world.

I looked at the antiracist progress coming in my lifetime, the antiracist society coming in my granddaughter's lifetime, our great-grandchildren refusing to return to the racist time when all the victims of all forms of bigotries that feed and are fed by racism had far less resources, far less of an opportunity to be one with their humanity, to be one with human difference, to be one with our shared humanity.

MY TREATMENT PLAN took shape like battle plans. Six months of chemotherapy. If my tumors shrank, the chance for surgery. The chance of removing the rest of the tumors. The chance at life if there was not a recurrence. A long shot. But a chance.

On Mondays, every three weeks, beginning in late January 2018, I received chemo injections and started taking two weeks of chemo pills. By Tuesdays, I already felt like I had been jumped by Smurf and his boys. Could barely climb out of bed. Could barely write this book. Could barely eat and drink. But I pushed myself to get out of bed, to write, to stay hydrated, because when I did not exercise my body and mind, when I did not consume enough protein and thoughts and fluids, I could feel the toxicity levels rising in my body, exacerbating all the symptoms.

To keep up with my normal life, I had to go outside into the bitter cold of winter, not merely to the gym but to meetings, to speaking engagements, to life. The chemo made me hypersensitive to cold. Thirty degrees outside felt like negative ten degrees inside me. Whenever I breathed in cold air, it hurt my lungs. Whenever I drank ice-cold fluids, it hurt my throat. Whenever I touched anything cold, it hurt my fingers.

Instead of wallowing in the chronic discomfort or asking the doctor to ease the chemo, I found ways to make myself more comfortable. Pain is usually essential to healing. When it comes

to healing America of racism, we want to heal America without pain, but without pain, there is no progress.

MY TUMORS SHRANK enough for me to go on the surgical table by the end of the summer of 2018. Surgeons removed what was left and sewed me back together. Pathologists dissected what they took out and did not find any cancer cells. The six months of chemotherapy had obliterated, apparently, all the cancer. My doctors were as shocked as I had been when I was diagnosed. I had a good chance to land in the 12 percent of people who survived stage-4 colon cancer.

WE CAN SURVIVE metastatic racism. Forgive me. I cannot separate the two, and no longer try. What if humanity connected the two? Not just the number of people of all races who would not die each year from cancer if we launched a war against cancer instead of against bodies of color who kill us in far lesser numbers. Not just the better prevention and treatment options doctors would have if we diverted to cancer care and research a portion of the trillions of tax dollars we spend on cutting taxes for the rich, imprisoning people, bombing people, and putting troops in harm's way.

What if we treated racism in the way we treat cancer? What has historically been effective at combatting racism is analogous to what has been effective at combatting cancer. I am talking about the treatment methods that gave me a chance at life, that give millions of cancer fighters and survivors like me, like you, like our loved ones, a chance at life. The treatment methods that gave millions of our relatives and friends and idols who did not survive cancer a chance at a few more days, months, years of life. What if humans connected the treatment plans?

Saturate the body politic with the chemotherapy or immunotherapy of antiracist policies that shrink the tumors of racial ineq-

uities, that kill undetectable cancer cells. Remove any remaining racist policies, the way surgeons remove the tumors. Ensure there are clear margins, meaning no cancer cells of inequity left in the body politic, only the healthy cells of equity. Encourage the consumption of healthy foods for thought and the regular exercising of antiracist ideas, to reduce the likelihood of a recurrence. Monitor the body politic closely, especially where the tumors of racial inequity previously existed. Detect and treat a recurrence early, before it can grow and threaten the body politic.

But before we can treat, we must believe. Believe all is not lost for you and me and our society. Believe in the possibility that we can strive to be antiracist from this day forward. Believe in the possibility that we can transform our societies to be antiracist from this day forward. Racist power is not godly. Racist policies are not indestructible. Racial inequities are not inevitable. Racist ideas are not natural to the human mind.

Race and racism are power constructs of the modern world. For roughly two hundred thousand years, before race and racism were constructed in the fifteenth century, humans saw color but did not group the colors into continental races, did not commonly attach negative and positive characteristics to those colors and rank the races to justify racial inequity, to reinforce racist power and policy. Racism is not even six hundred years old. It's a cancer that we've caught early.

But racism is one of the fastest-spreading and most fatal cancers humanity has ever known. It is hard to find a place where its cancer cells are not dividing and multiplying. There is nothing I see in our world today, in our history, giving me hope that one day antiracists will win the fight, that one day the flag of antiracism will fly over a world of equity. What gives me hope is a simple truism. Once we lose hope, we are guaranteed to lose. But if we ignore the odds and fight to create an antiracist world, then we give humanity a chance to one day survive, a chance to live in communion, a chance to be forever free.