

# **RACISM IS A PUBLIC HEALTH CRISIS**

## **achieving health equity: naming racism and moving to action**

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**Invited Testimony**  
**Select Committee on Racial Justice**  
Minnesota House of Representatives

*Via Zoom from Atlanta, Georgia*  
*September 22, 2020*

## What is health equity?

- ❑ **“Health equity” is assurance of the conditions for optimal health for all people**
- ❑ **Achieving health equity requires**
  - Valuing all individuals and populations equally
  - Recognizing and rectifying historical injustices
  - Providing resources according to need
- ❑ **Health disparities will be eliminated when health equity is achieved**

# National Campaign Against Racism

Name racism

Ask “How is racism operating here?”

Organize and strategize to act

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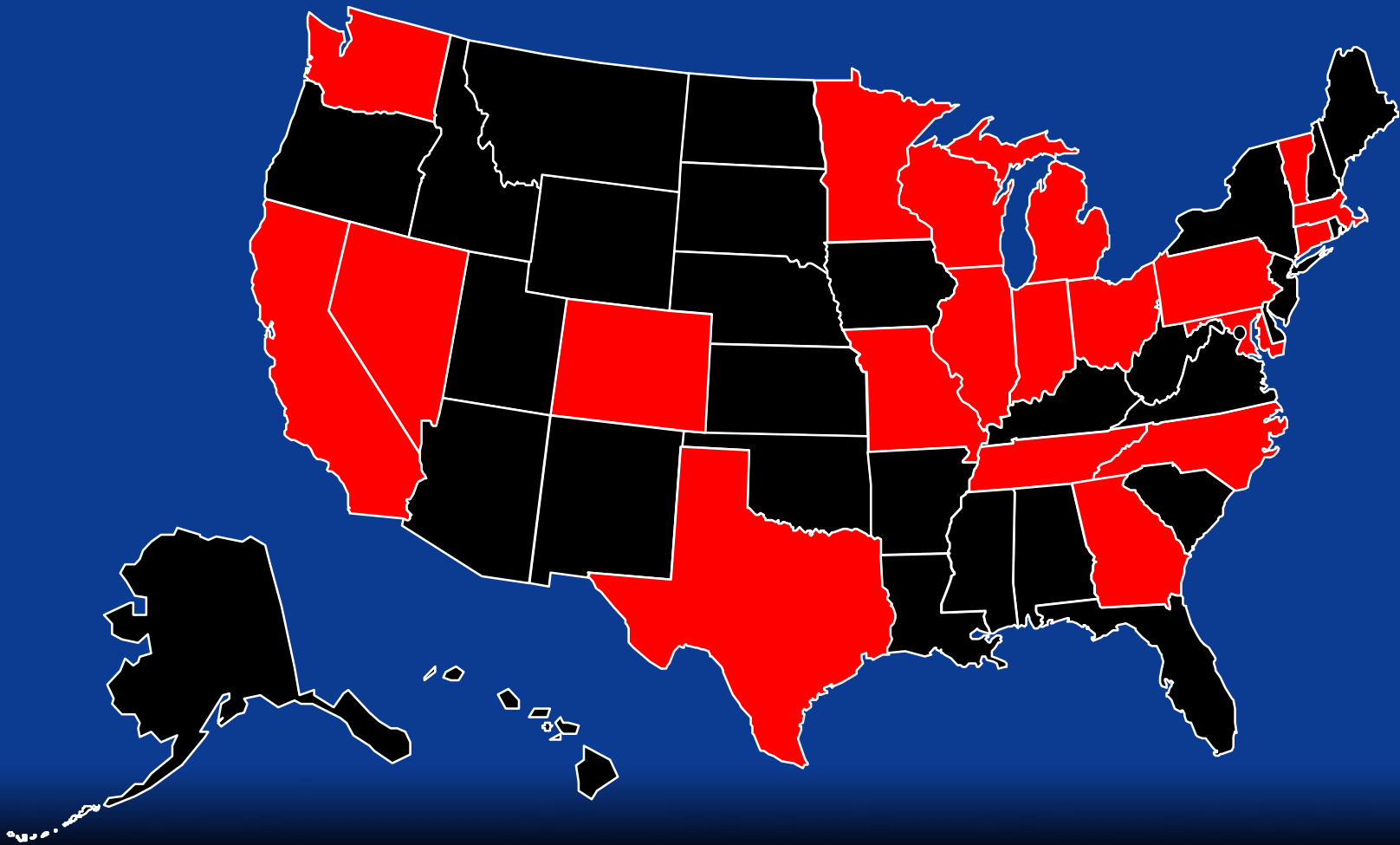
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# States with jurisdictions declaring “Racism is a public health crisis”



**California 14, Colorado 1, Connecticut 10, Georgia 1, Illinois 1, Indiana 2, Maryland 2, Massachusetts 9, \*Michigan 11, \*Minnesota 4, Missouri 1, \*Nevada 1, North Carolina 2, Ohio 17, Pennsylvania 2, Tennessee 1, Texas 1, Vermont 1, Washington 2, \*Wisconsin 7**

American Public Health Association, <https://www.apha.org/topics-and-issues/health-equity/racism-and-health/racism-declarations> (09/08/20).

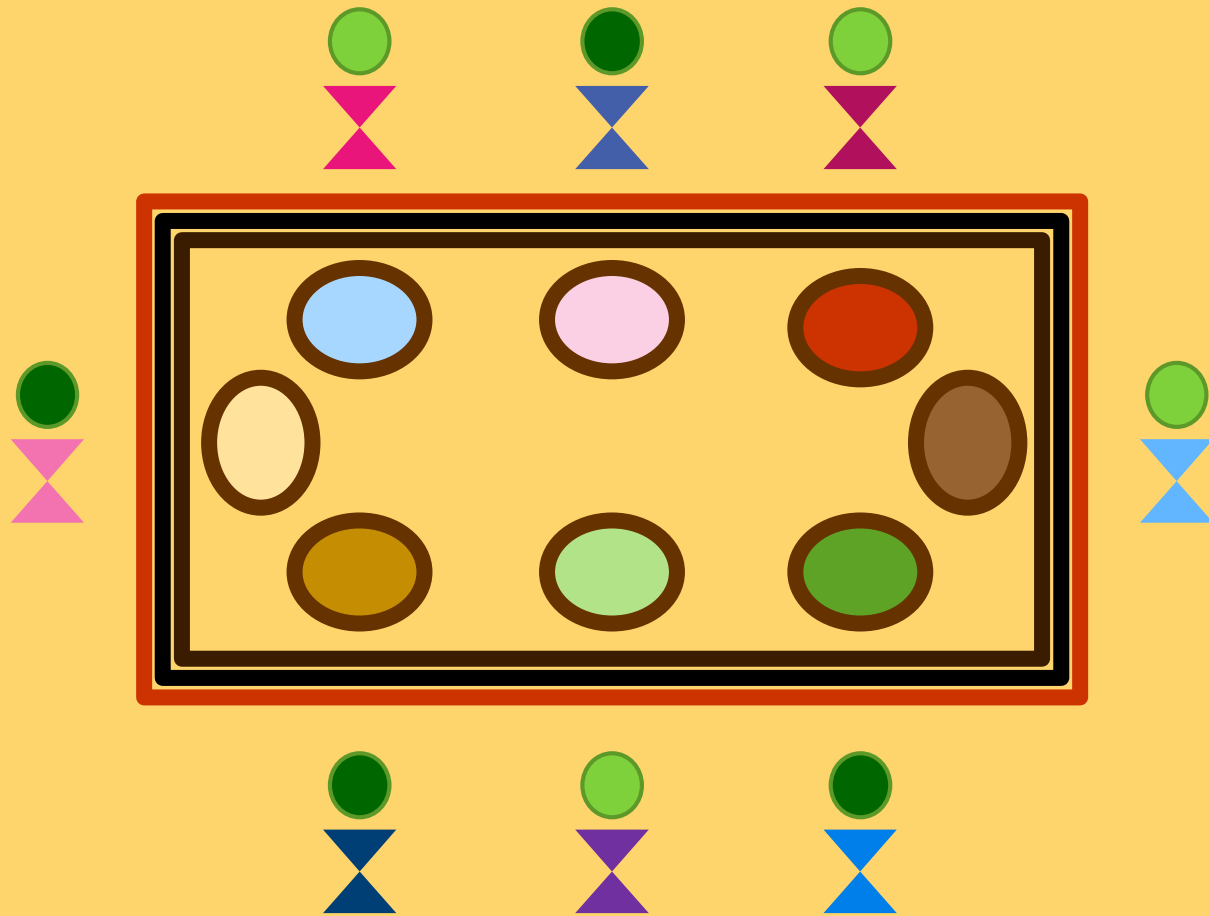
## **Key messages**

- ❑ Racism exists**
- ❑ Racism is a system**
- ❑ Racism saps the strength of the whole society**
- ❑ We can act to dismantle racism**



# Dual Reality: A restaurant saga





I looked up and noticed a sign . . .

**OPEN**

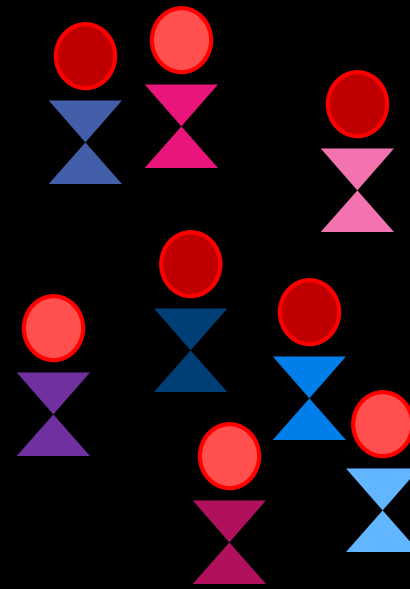
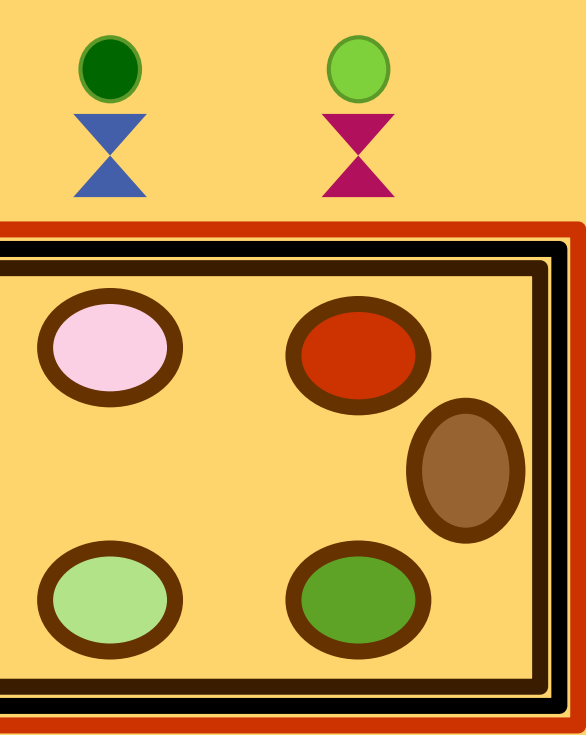




**CLOSED**

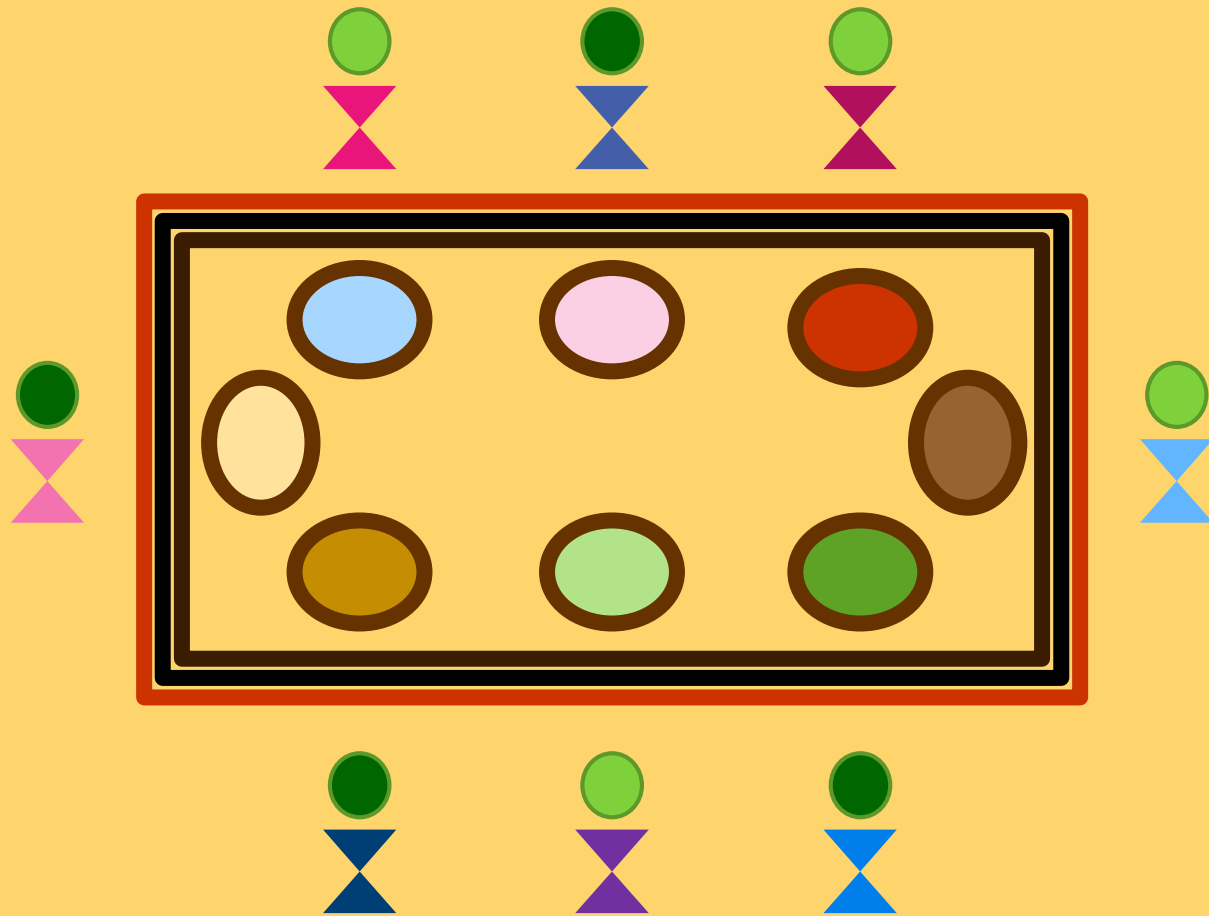


Racism structures “Open/Closed”  
signs in our society.



It is difficult to recognize a system of inequity that privileges us.

Those on the outside are very aware of the two-sided nature of the sign.



Is there really a two-sided sign?

Hard to know, when only see “Open”.  
A privilege not to HAVE to know.  
Once DO know, can choose to act.

# What is racism?

**A system**

# What is racism?

**A system of structuring opportunity and assigning value**



## **What is racism?**

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**A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that**

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

# Levels of Racism

- ❑ Institutionalized
- ❑ Personally-mediated
- ❑ Internalized

## **Institutionalized racism**

- ❑ **Differential access to the goods, services, and opportunities of society, by “race”**
  
- ❑ **Examples**
  - Housing, education, employment, income
  - Medical facilities
  - Clean environment
  - Information, resources, voice
  
- ❑ **Explains the association between social class and “race”**

## Personally-mediated racism

- ❑ Differential assumptions about the abilities, motives, and intents of others, by “race”
- ❑ Differential actions based on those assumptions
  
- ❑ Prejudice and discrimination
- ❑ Examples
  - Police brutality
  - Physician disrespect
  - Shopkeeper vigilance
  - Waiter indifference
  - Teacher devaluation

## Internalized racism

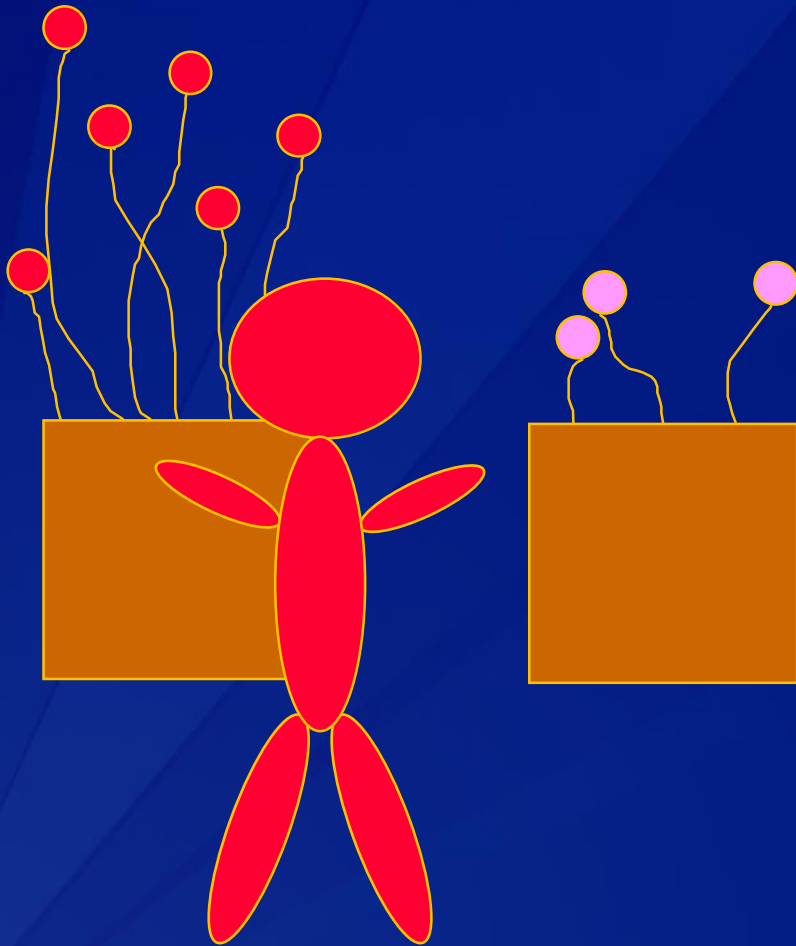
- ❑ **Acceptance by the stigmatized “races” of negative messages about our own abilities and intrinsic worth**
  
- ❑ **Examples**
  - Self-devaluation
  - “White man’s ice is colder” syndrome
  - Resignation, helplessness, hopelessness
  
- ❑ **Accepting limitations to our full humanity**



# Levels of Racism: A Gardener's Tale

Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* 2000;90(8):1212-1215.

# Who is the gardener?



- Power to decide
- Power to act
- Control of resources

## ■ **Dangerous when**

- Allied with one group
- Not concerned with equity

# “How is racism operating here?”

## □ Identify mechanisms

- **Structures:** the *who?, what?, when?, and where?* of decision-making
- **Policies:** the written *how?*
- **Practices and norms:** the unwritten *how?*
- **Values:** the *why?*

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# Barriers to achieving health equity

## ❑ **Narrow focus on the individual**

- Self-interest narrowly defined
- Limited sense of interdependence
- Limited sense of collective efficacy
- Systems and structures as invisible or irrelevant

## ❑ **A-historical stance**

- The present as disconnected from the past
- Current distribution of advantage/disadvantage as happenstance
- Systems and structures as givens and immutable

## ❑ **Myth of meritocracy**

- “If you work hard you will make it”
- Denial of racism
- Two babies: Equal potential or equal opportunity?



# Barriers to achieving health equity

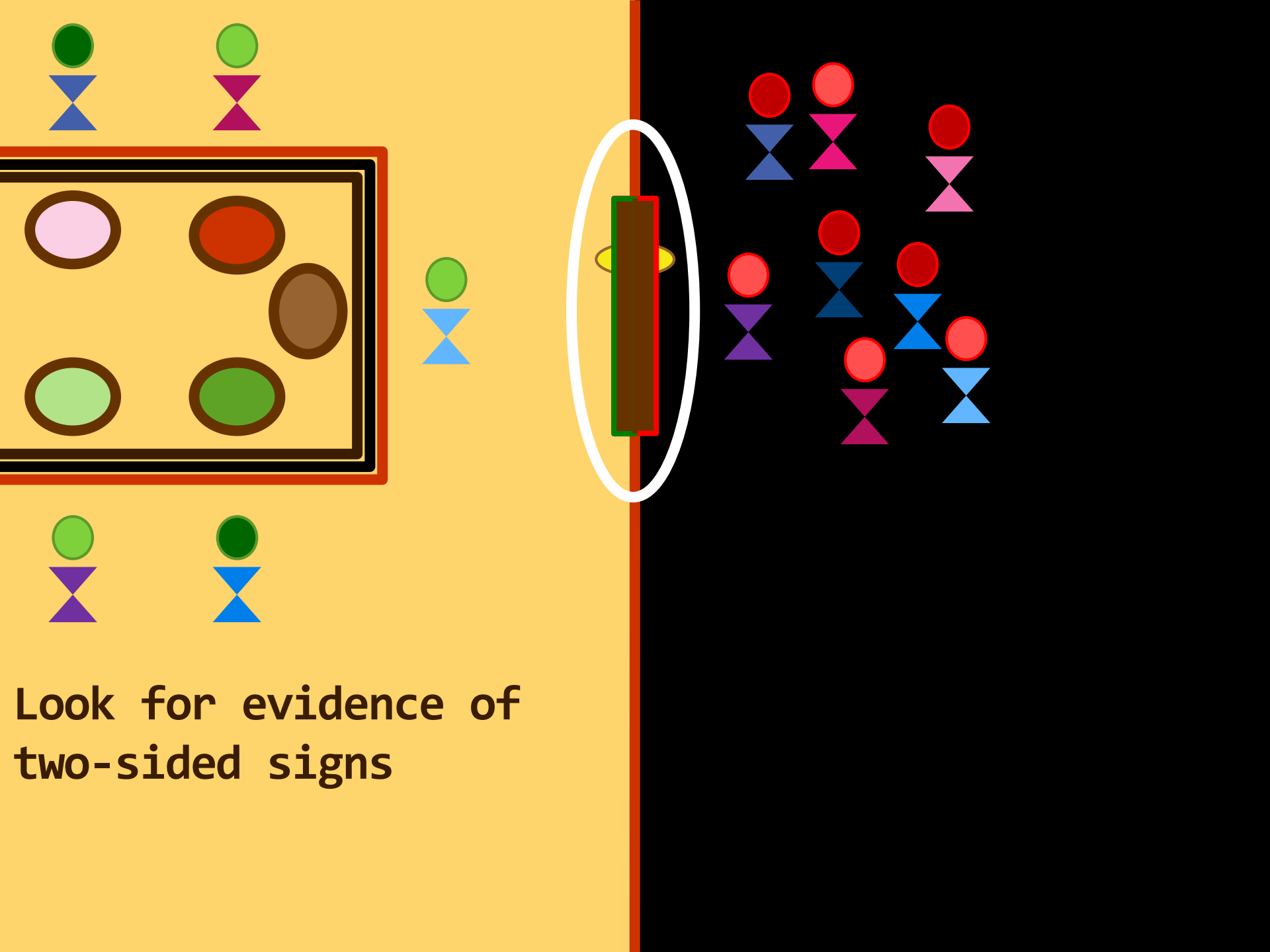
- ❑ **Myth of zero-sum game**
  - “If you gain, I lose”
  - Fosters competition over cooperation
  - Masks the costs of inequity
  - Hinders efforts to grow the pie
- ❑ **Limited future orientation**
  - Disregard for the children  
No “*Seven generations*” perspective  
No “*How are the children?*” focus
  - Usurious relationship with the planet
- ❑ **Myth of American exceptionalism**
  - Disinterest in learning from others
  - Sense of US entitlement

# Barriers to achieving health equity

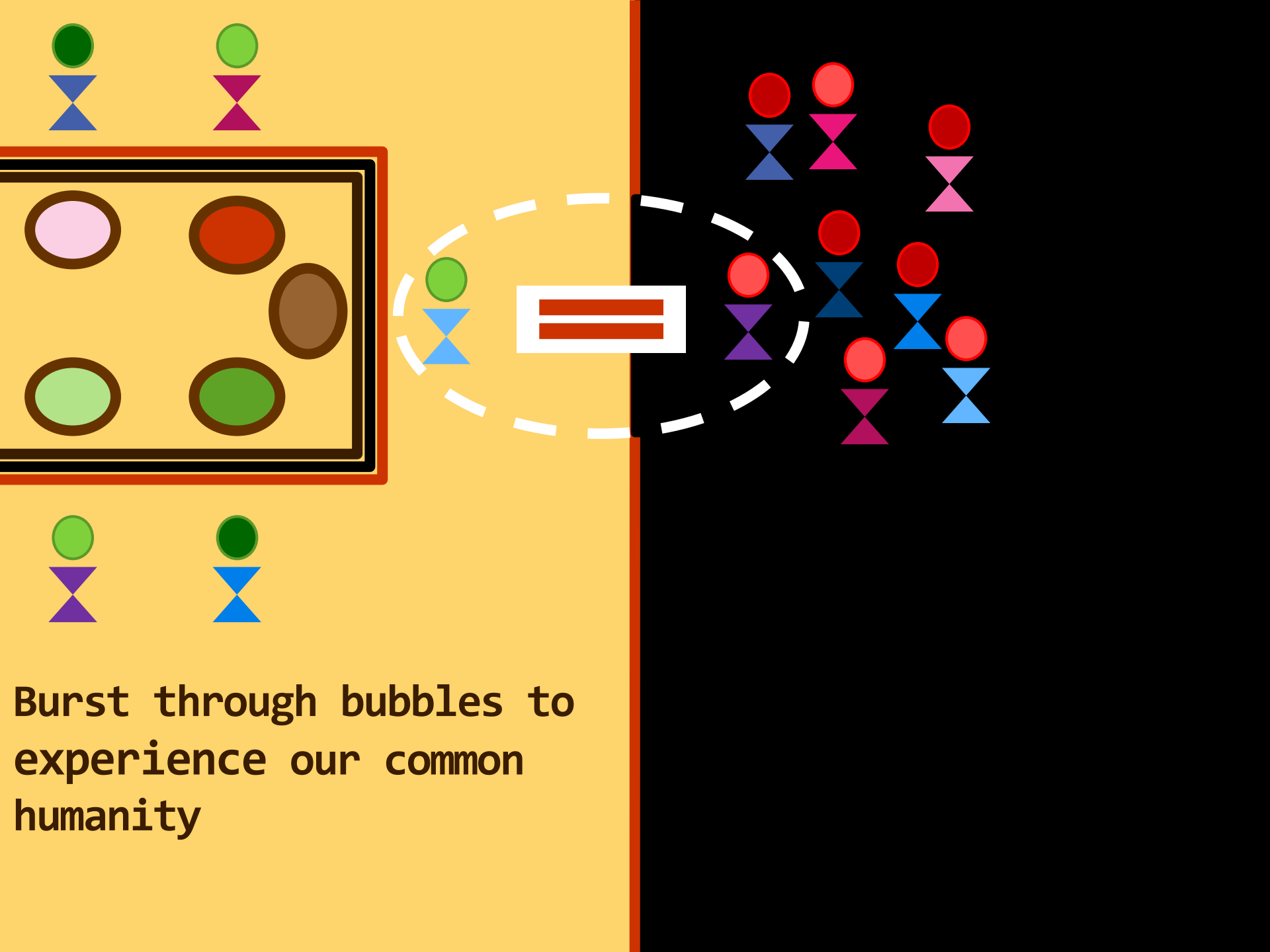
- ❑ **White supremacist ideology**
  - Hierarchy in human valuation
  - “White” as the ideal and the norm
  - Sense of “White” entitlement
  - Dehumanization of people of color
  - Fear at the “browning” of America



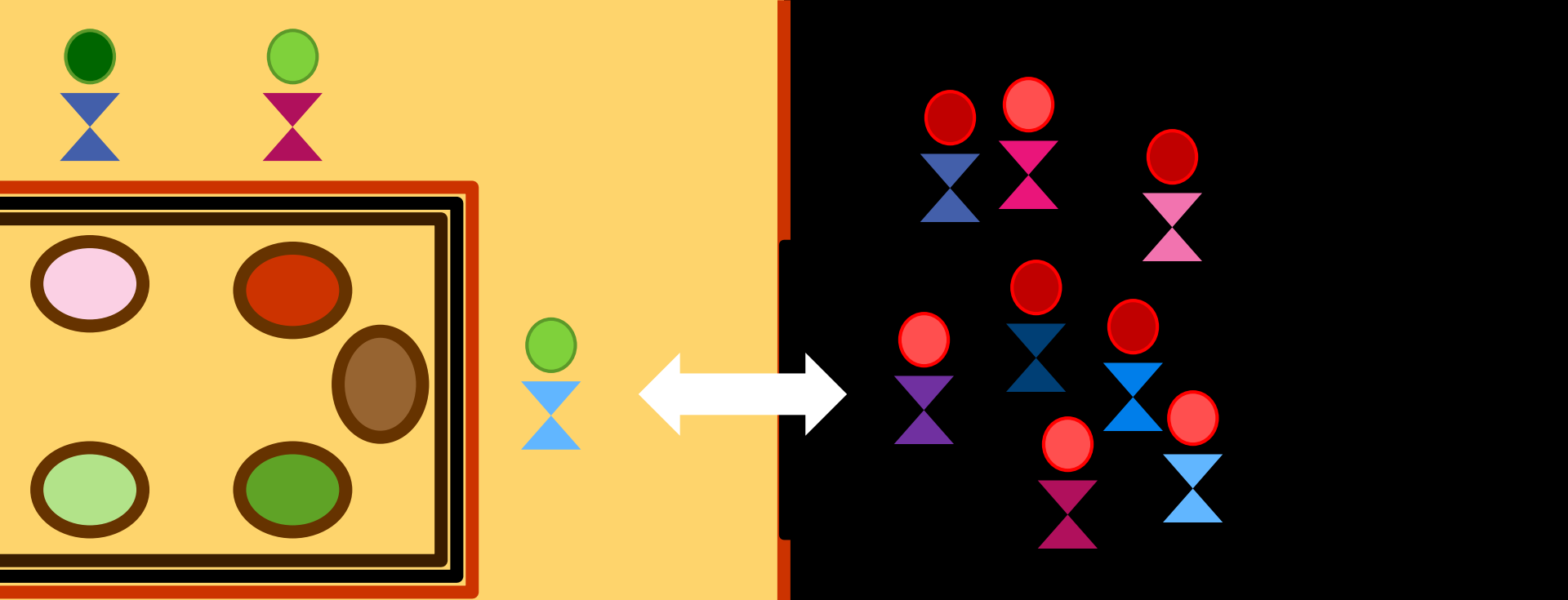
What can we do today?



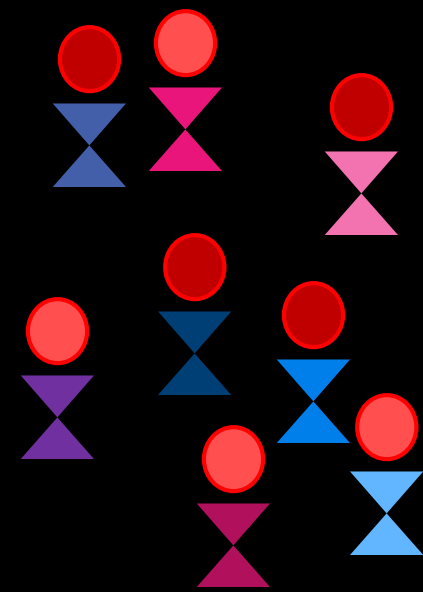
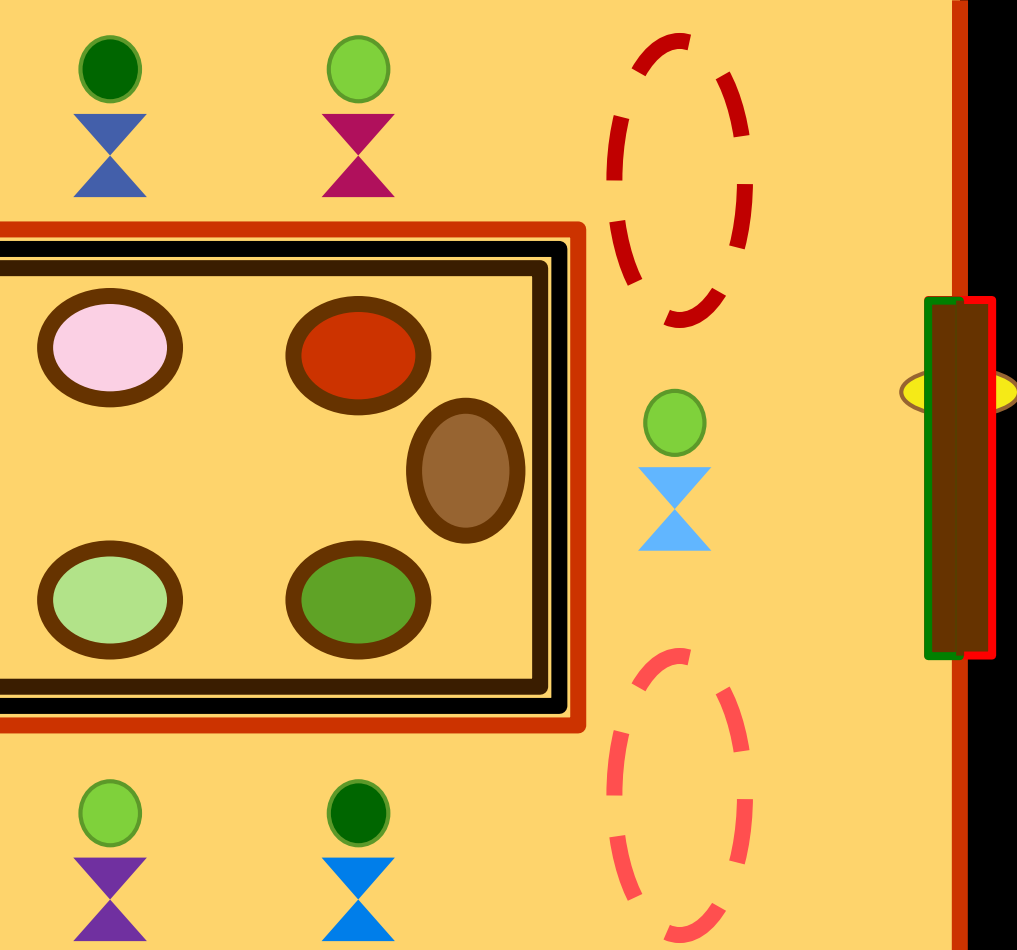
Look for evidence of two-sided signs



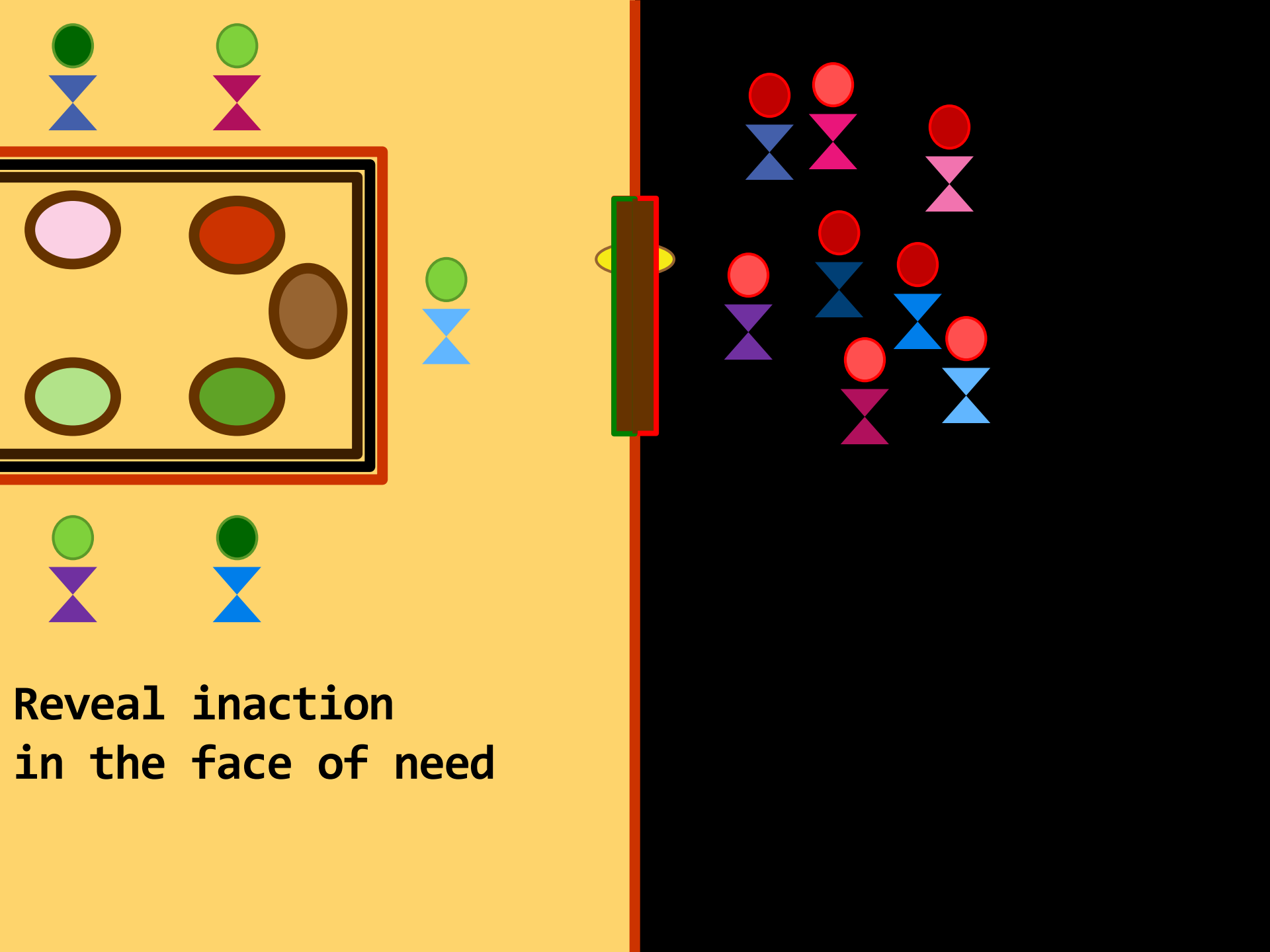
Burst through bubbles to  
experience our common  
humanity



Be interested  
Believe  
Join in  
The stories of others

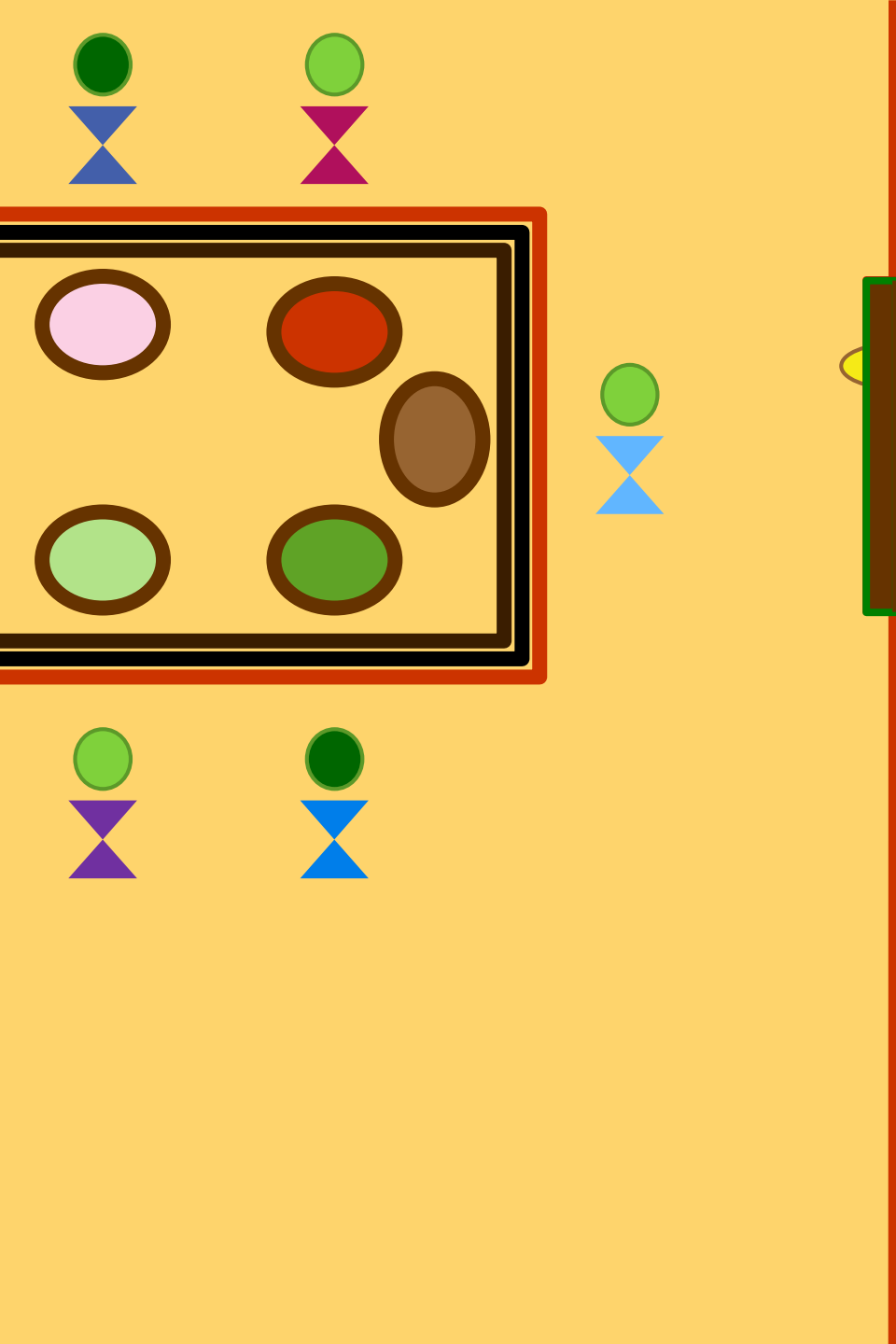


See “the absence of”

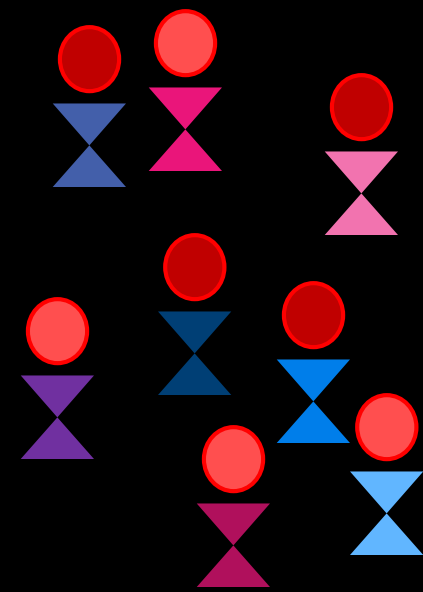


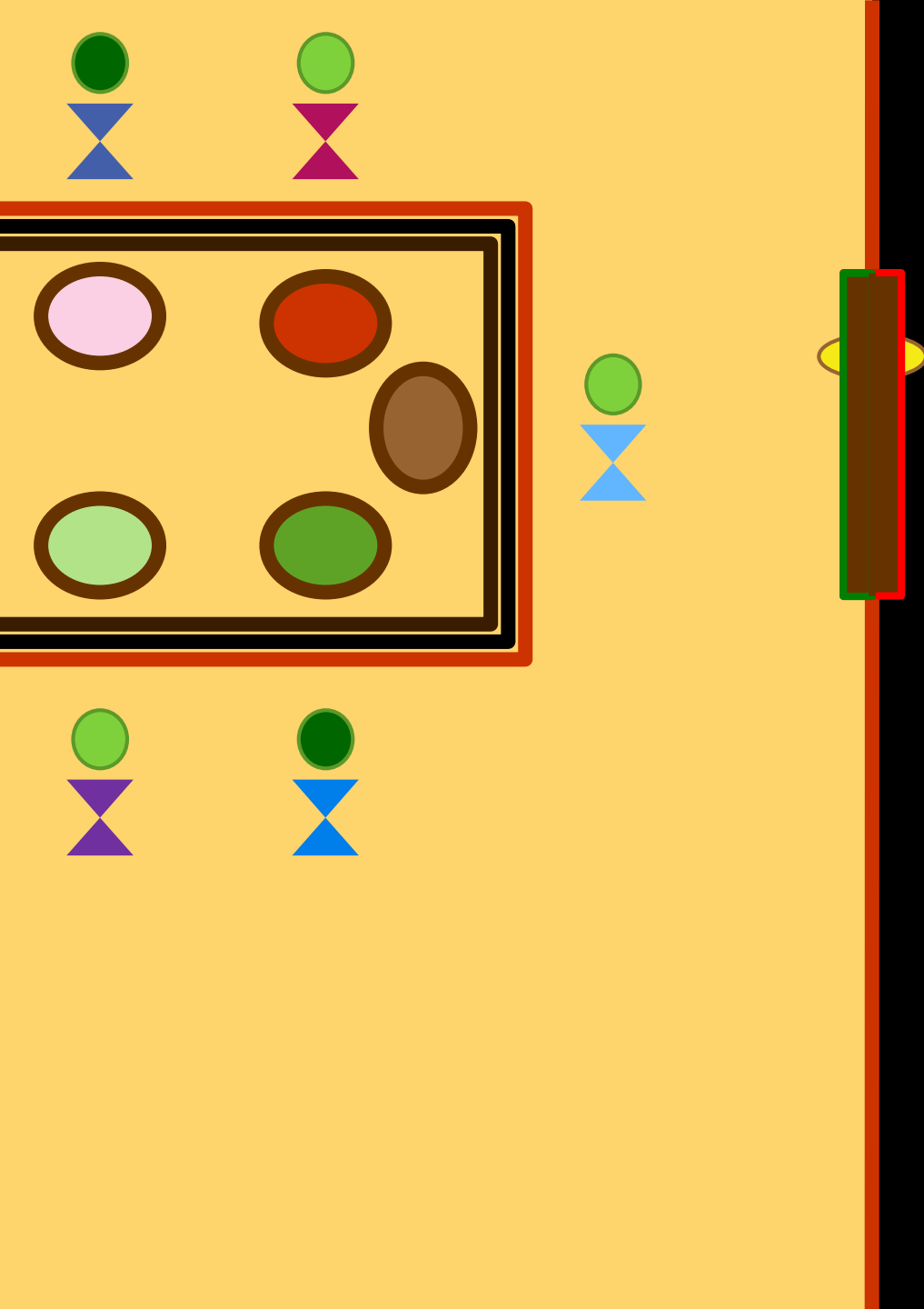
Reveal inaction  
in the face of need



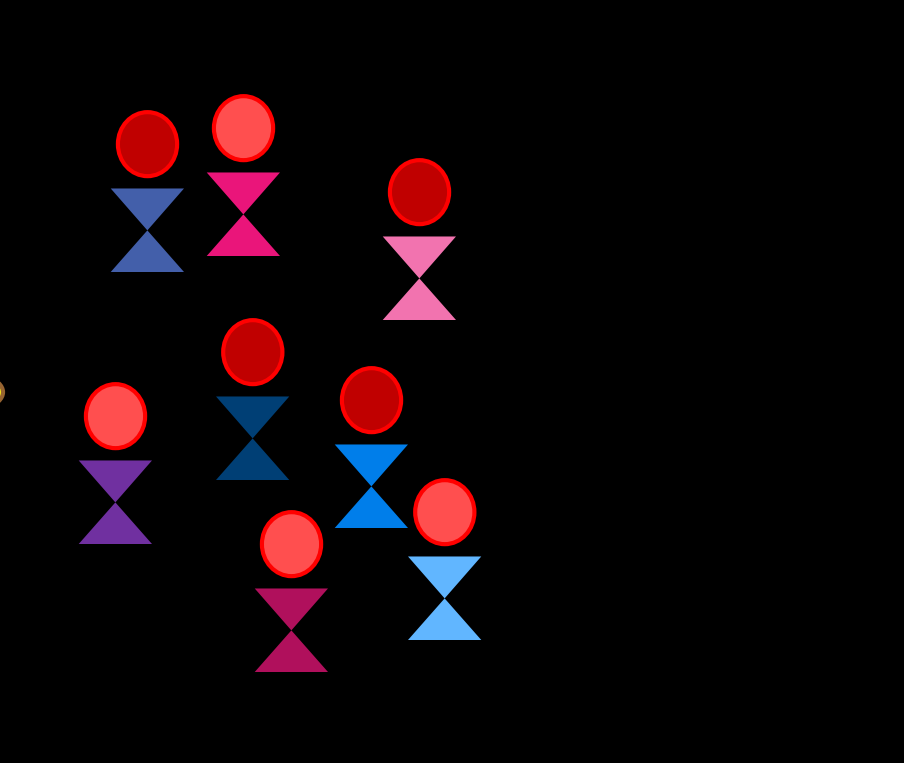


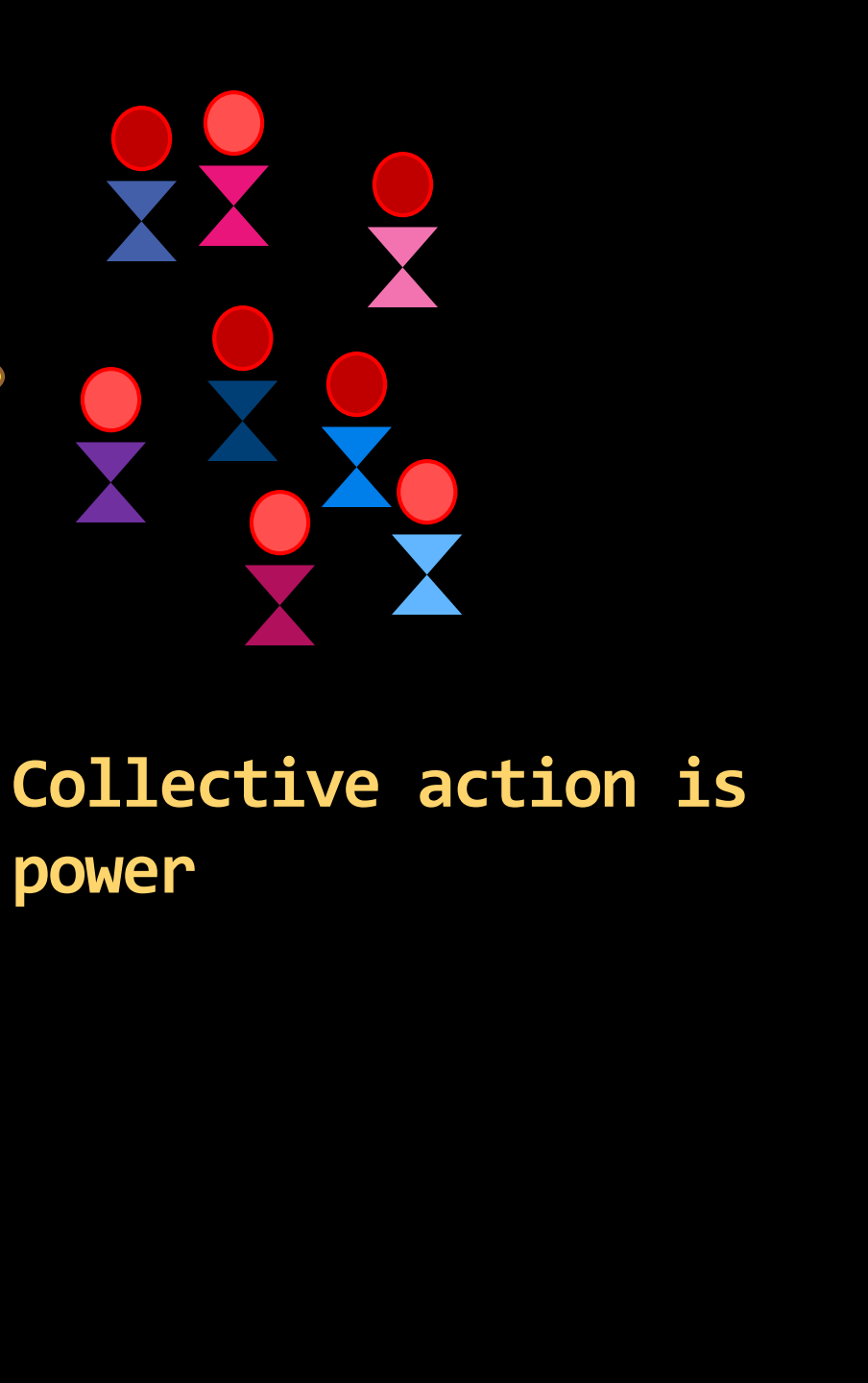
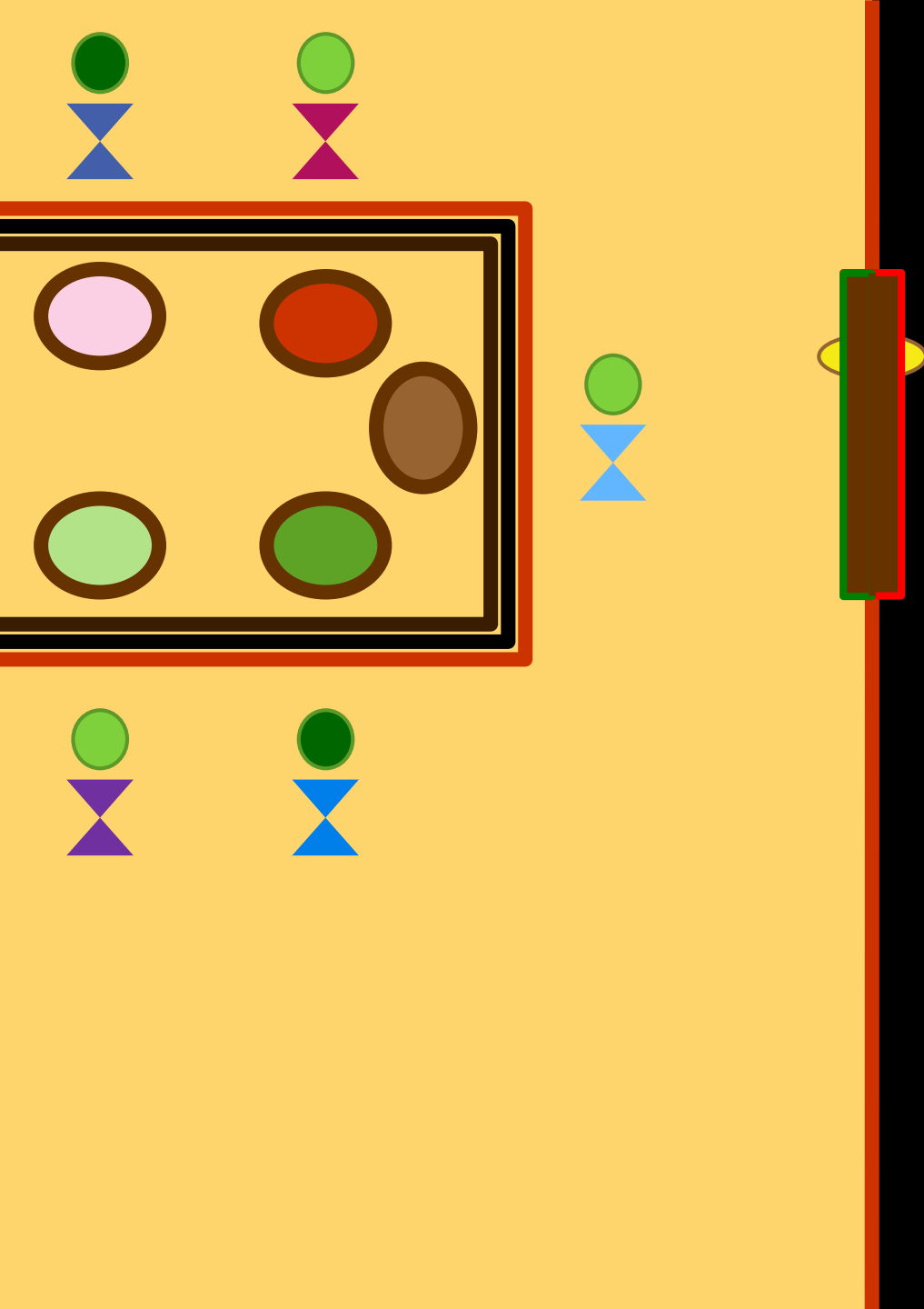
Know our  
power





Action is  
power





Collective action is power

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