

On May 8, a white Yale graduate student called the police to investigate a Black graduate student who had fallen asleep while working on a paper in the common room of her dorm. Yale security officers interrogating her even after she produced working keys to her room and a Yale identification card. Unfortunately, harassment is not rare in America, where Black men and women are repeatedly denied claims to the very spaces where they live their lives, and where daily activities such as driving, waiting for friends on the street or in a coffee shop, shopping, grilling, and even napping can result in police interrogation, unfamiliar experiences to whites.<sup>1</sup> Racism perpetrated by individuals and institutions have been well documented to have deleterious effects on physical and biological health.<sup>2</sup> However, when events occur in our own institution to persons of minority background that would be highly unlikely to occur for white students, we are uniquely responsible for addressing them. Faculty members at Yale have a responsibility to create an inclusive learning community where we respect all individuals, value diversity, and seek to ensure that our students do not have to justify their claims to earned space in our dorms, classrooms, and in our academic discourse. At the YSPH we have an additional task, addressing racism as a significant barrier to health equity, a central theme in both our research and educational missions.

Repeated exposure to discrimination (both directly experienced and witnessed; intentional or unintentional) acts as a form of toxic stress that chips away at the body, a process referred to as 'weathering'.<sup>3</sup> Weathering results in health deterioration, the onset of chronic conditions such as hypertension, and in premature aging at the cellular level.<sup>4</sup> It is thought to be the primary cause of pronounced Black-white disparities in morbidity and mortality across numerous chronic conditions.<sup>3</sup> Most recently, the role of weathering has been called into stark relief in recent media coverage of pronounced Black-white inequalities in pregnancy and birth outcomes. As recently reported in the NY times, babies born to Black women are more than twice as likely to die in their first year of life as those born to white women.<sup>5</sup> This disparity is related to policy decisions across many sectors that exacerbate inequities in access to care, and the accumulated toll of daily stress on the bodies of Black women in America.<sup>6,7</sup> Indeed, research finds that Black women who immigrate to the US have birth outcomes similar to those of white women of similar socioeconomic status; one speculates that immigrant women were not exposed to noxious racism experienced when raised in the US.<sup>8</sup>

Weathering and resultant health inequalities are not just the result of accumulated exposure to a lifetime of subtle and not so subtle interpersonal racism. It also results from the racism that is present in the very structures of our society. These include the housing policies that have contributed to wealth inequality and segregation, the quality of our nation's schools for Black, Latino/Latina, and other ethnic/racial minority children, the laws and policies that disproportionately privilege white Americans and/or punish individuals who are Black, Latino/Latina, or from other non-white ethnic/racial groups. Economic and class privilege do not provide protection from weathering and the brutally health demoting effects of racism.

Given the toll that racism takes on our nation's health, addressing it must be central to our work as public health professionals and as educators of the future of public health. Discussions of racism should not be the topic in just a few classes, but should be a primary lens through which we teach about and engage with public health work. Furthermore, it is not enough to document and acknowledge the widespread disparities that exist. In our classrooms, our research, and our public health practice, we must acknowledge the cause of these disparities as rooted in the racism that pervades our institutions and daily lives. Moreover, we can direct our studies to understanding how institutional racism was constructed, and dedicate some component of public health practice to not only redressing the effects of systemic racism, but to undoing the structures of power which perpetuate these inequities. A call to

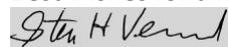
action is indicated for all of us to take the individual and collective steps necessary to combat these oppressive systems and structures. This includes actively thinking about how we function as part of these systems and structures and to consider how we benefit from the privileges that result from these systems, and the impact of that privilege on others who do not share the same benefits.

We are taking steps at the YSPH to implement the fight against racism and discrimination as a core foundational principle of our school. These steps include:

- *Launch a core MPH course in Social Justice and Health equity for all MPH students starting Fall 2018*
- *Develop a Concentration in Social Justice and Health Equity to be launched in 2019-2020*
- *Work with students to develop an action plan to prevent racism or respond to members of the Yale community who engage in racist behavior and microaggressions, here at YSPH and in collaboration with initiatives across the University.*
- *Work with students to support Yale Leadership in their revamping of police protocols in response to experiences of students and members of the New Haven community.*
- *Collaborate with initiatives across campus to roll out comprehensive training for faculty, staff, police, and students on methods to combat racism.*
- *Continue to build our research programs in stigma and discrimination, and their structural influences on health.*
- *Build a cadre of minority leaders in public health research, particularly in health themes that disproportionately affect persons of color<sup>9</sup>.*
- *Expand the diversity of our faculty, students, and staff.*
- *Work closely with our alumni, particularly the Emerging Majority Affairs Committee of the Association of Yale Alumni in Public Health, in their Diversity, Equity and Inclusion Initiative.*

We are committed to work with you to develop and modify our action plan to make YSPH and Yale a truly inclusive place for everyone and a leader in eliminating racism and restoring social justice.

Best wishes for a healthy and productive summer,



Sten H. Vermund, Dean, YSPH

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