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## *How You See Me Matters*

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As a Black person, much of my personal and professional life has been consumed with the question of how and why the health of Black people is adversely impacted by race and racism. Whether it is living in poverty with limited food options, attending worn-out schools, or holding lower-paying jobs with more difficult working conditions, racial oppression causes chronic stress and trauma. Persistent stress and trauma are associated with physical disease, anxiety, depression, and overall compromised health, contributing to a cycle of inequity perpetuated by systemic racism. This is not to say that most Black people in the U.S. live in poverty; in fact, we do not. But because of racism, a disproportionate share does. In 2020, 8.2% of White people in the United States lived in poverty compared to 19.5% of Black people.

However, poverty and its traveling partners noted are not the only sources of chronic stress for Black people. Regardless of socio-economic class, Black people live with the threat that any encounter can, without provocation, lead to emotional or physical violence, or even fatal conflict, because we are perceived as a threat or a problem.

Neuroscience tells us that the pain from social exclusion and the pain from physical injury or illness travel the same neural pathways. So, whether we have been punched in the face or excluded from an opportunity because of systemically racist practices, we experience the same pain. The bottom line – images, messages, and actions, whether they are direct or indirect, that signal that we are left out, not worthy, or viewed as “lesser than,” cause real pain. These experiences of marginalization and exclusion register as pain in the brain, which we

experience throughout the body and psyche -- including elevated systolic blood pressure, increased anxiety, and low self-esteem.

And research shows that when we do get sick, African American patients receive a lower quality of care than their white counterparts, despite presenting with comparable medical conditions, insurance, income, and age. This disparity in quality of care is linked to higher death rates among African Americans and despite changes in medical school curricula, racial disparities in health outcomes persist. Although medical schools began adding cultural competency to their curricula in the early 2000s, researchers have confirmed that racial health disparities are due in part to the biases and prejudices of healthcare providers. Add to this a severe shortage of culturally competent psychiatrists who are highly trained to understand and deal with trauma, and interactions with medical personnel tend to be characterized by mistrust, misdiagnoses, and mistreatment.

The root problem of disparities has always been the self-interest of those with power. Even though humans are nearly 100% the same genetically, through the ages individuals embraced a false story that paleness equaled superiority. Worth, value, and opportunities were provided based on how someone looked in a way that placed certain individuals and communities at a disadvantage and gave others an advantage in a variety of areas including education, employment, criminal justice, and health care. Americans justified slavery and the discrimination that followed by saying that Black people were inherently inferior

and were not entitled to the same opportunities and resources as their white counterparts.

Racial equity is about correcting this false belief in the superiority of one race over another. The racially-marked social hierarchy flowing from this false belief has been used for centuries to justify discrimination. Racial equity strives to create opportunities for those who have historically been denied access to societal institutions. While progress certainly has been made, a false belief in racial superiority continues to impact the overall quality of life for most Black people, even today.

Here is why. Although the Thirteenth Amendment abolished slavery in 1865, discriminatory laws and policies continued to exclude Black people from access to educational opportunities, employment, housing, and healthcare throughout the next century. While the letter of the law changed in the mid-1960s to prohibit discrimination in education, employment, and housing, engrained racism still lurks behind present-day struggles.

Black families that were, by law, denied equal opportunities for housing and employment until the mid-1960s ended up, for the most part, clustered in urban areas with higher rates of poverty and lower property values. It is not surprising that Black families have lagged behind their white counterparts in terms of earnings and net worth ever since. This is largely because schools in wealthy communities, of which Black people were rarely a part, had the most resources, and schools in the poorest communities, in which Black people were disproportionately overrepresented, had far less. Access to education is one of the primary tools for upward mobility. We know that the higher the quantity and quality of our education, the better positioned we are for jobs in terms of working conditions and pay. This, in turn, may shape societal factors such as poverty and crime, as well as individual factors such as health, emotional wellbeing, and quality of life.

The good news is that opportunities to make a difference abound.

First, recognize that how you see me matters. Reject the notion that one group of people is superior to another based on the color of their skin--an idea that has been used for

centuries to justify unequal treatment. Embrace the notion that the worldview (the traditions, history, and value system) of any cultural group – whether European/white, African/Black, Asian, Hispanic, or Native American – is just one among many. While there are differences in worldviews there also are commonalities, and none is better, universal, or the standard. None is entitled to supersede the variety of other perspectives in which people proudly center themselves. All people are entitled to the highest level of health and well-being as a basic human right.

Finally, think about how you can leverage your strengths and abilities to make changes in your sphere of influence. You do not need to do everything. You can do just one thing in your local community. As an educational institution, Temple University's faculty, staff, and students address the issue of inequity in hundreds of ways that positively impact thousands of people: from after-school and summer academic enrichment programs, scholarships, and job placements to a nurse-managed integrative primary care health center and anti-racism research and training. As public health practitioners and healthcare providers, you each play a role in working toward better health for all people. Racial equity requires work at every level and in every space. It also requires people coming together across disciplines and geographic spaces to find solutions. As young people demonstrate in the street and advocate for change with elected officials, we must expect the same commitment to racial equity among administrators and practitioners in hospitals, health departments, and schools. Explore what racial equity work means for you as an individual...and then act.