

HPHR Editorial: Racism Is a Public Health Problem

Harvard Public Health Review Editorial Board

The killings of Romain Brisbon, Tamir Rice, Akai Gurley, Dante Parker, Michael Brown, Eric Garner, and many other Black Americans, have brought global attention to racial inequities involving police brutality in the United States. The subsequent non-indictments resulting from the grand juries in Ferguson and Staten Island as well as the bombing outside a NAACP chapter in Colorado have left many Americans outraged. The Editorial Board of the *Harvard Public Health Review* recognizes that racism has driven health inequities among historically underserved and marginalized populations nationwide, evidenced not only in the extraordinarily disparate rate at which Blacks are killed at the hands of the police compared to Whites, but also through inequities in environmental exposures, limitations in access to health care, and other factors that affect optimal health and well-being. Indeed, Eric Garner died after a police

officer violently compressed his neck and chest. This officer's actions severely limited his ability to breathe, which already had been compromised by asthma, obesity, and hypertensive cardiovascular disease¹—diseases that occur at substantially higher rates among Blacks than Whites.^{2 3 4} As the Institute of Medicine (IOM) has noted, the role of racism in undermining Black health is undeniable.

Yet the literature concerning police violence has been sparse and the discourse surrounding these issues has been limited within the public health community. Schools of public health have attempted to address the issue by looking introspectively at environments they have created and question if they are inclusive and safe for all students. At its 2015 State of the School Address, the Harvard T. H. Chan School of Public Health reported that only 30% of staff and 16% of students belong to racial/ethnic minority groups—a decrease since 2009. The Deans

¹ Sanchez R. Choke hold by cop killed NY man, medical examiner says. *CNN* 2 August 2014. Accessible via: <http://www.cnn.com/2014/08/01/justice/new-york-choke-hold-death/>

² Litonjua AA, Carey VJ, Weiss ST, & Gold DR. Race, socioeconomic factors, and area of residence are associated with asthma prevalence. *Pediatric Pulmonology* 1999; 28:394-401.

³ Befort CA, Nazir N, & Perri MG. Prevalence of obesity among adults from rural and urban areas of the United States: Findings from NHANES (2005-2008). *J Rural Health* 2013; 28(4):392-7.

⁴ Mensah GA, Mokdad AH, Ford ES, Greenlund KJ, Croft JB. State of disparities in cardiovascular health in the United States. *Circulation* 2005; 111:1233-41.

acknowledged that they must go beyond issues of representation to foster a culture that is inclusive of all students, staff, and faculty. Furthermore, we believe it is the responsibility of all public health institutions to place social justice as a central tenet of their curricula and learning experience.

The *HPHR* Editorial Board is committed to promoting discourse around issues of racial justice and discrimination. We have published two commentaries on this topic, written by Professors Felton Earls and Nancy Krieger, as well as a research letter by Dr. Krieger and colleagues that evaluates national trends of deaths of White and Black Americans by legal intervention from 1960-2010. We also will be dedicating a special issue of the *Harvard Public Health Review* entitled Race, Politics, and Power in Spring 2015. As public health professionals, it is our responsibility to address racial injustices through research, discourse, and reform. And at this critical juncture, renegeing on such responsibility is not an option.