

Going Public

ABSTRACT

The author presents a theoretic framework for understanding racism on 3 levels: institutionalized, personally mediated, and internalized. This framework is useful for raising new hypotheses about the basis of race-associated differences in health outcomes, as well as for designing effective interventions to eliminate those differences.

She then presents an allegory about a gardener with 2 flower boxes, rich and poor soil, and red and pink flowers. This allegory illustrates the relationship between the 3 levels of racism and may guide our thinking about how to intervene to mitigate the impacts of racism on health. It may also serve as a tool for starting a national conversation on racism. (*Am J Public Health*. 2000;90:1212–1215)

Camara Phyllis Jones, MD, MPH, PhD

Race-associated differences in health outcomes are routinely documented in this country, yet for the most part they remain poorly explained. Indeed, rather than vigorously exploring the basis of the differences, many scientists either adjust for race or restrict their studies to one racial group.¹ Ignoring the etiologic clues embedded in group differences impedes the advance of scientific knowledge, limits efforts at primary prevention, and perpetuates ideas of biologically determined differences between the races.

The variable race is only a rough proxy for socioeconomic status, culture, and genes, but it precisely captures the social classification of people in a race-conscious society such as the United States. The race noted on a health form is the same race noted by a sales clerk, a police officer, or a judge, and this racial classification has a profound impact on daily life experience in this country. That is, the variable “race” is not a biological construct that reflects innate differences,^{2–4} but a social construct that precisely captures the impacts of racism.

For this reason, some investigators now hypothesize that race-associated differences in health outcomes are in fact due to the effects of racism.^{5,6} In light of the Department of Health and Human Services’ Initiative to Eliminate Racial and Ethnic Disparities in Health by the Year 2010,^{7,8} it is important to be able to examine the potential effects of racism in causing race-associated differences in health outcomes.

Levels of Racism

I have developed a framework for understanding racism on 3 levels: institutionalized, personally mediated, and internalized. This framework is useful for raising new hypotheses about the basis of race-associated differences in health outcomes, as well as for designing effective interventions to eliminate those differences. In this framework, *institutionalized racism* is defined as differential ac-

cess to the goods, services, and opportunities of society by race. Institutionalized racism is normative, sometimes legalized, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator. Indeed, institutionalized racism is often evident as inaction in the face of need.

Institutionalized racism manifests itself both in material conditions and in access to power. With regard to material conditions, examples include differential access to quality education, sound housing, gainful employment, appropriate medical facilities, and a clean environment. With regard to access to power, examples include differential access to information (including one’s own history), resources (including wealth and organizational infrastructure), and voice (including voting rights, representation in government, and control of

The author is currently with the Department of Health and Social Behavior, Department of Epidemiology, and the Division of Public Health Practice, Harvard School of Public Health, Boston, Mass. She will soon begin working with the Centers for Disease Control and Prevention, Atlanta, Ga.

Requests for reprints should be sent to Camara Phyllis Jones, MD, MPH, PhD, Centers for Disease Control and Prevention, 4770 Buford Hwy, MS K45, Atlanta, GA 30341.

This article was accepted April 12, 2000.

Internalized racism

This part of the story illustrates some important aspects of institutionalized racism. There is the initial historical insult of separating the seed into the 2 different types of soil; the contemporary structural factors of the flower boxes, which keep the soils separate; and the acts of omission in not addressing the differences between the soils over the years. The normative aspects of institutionalized racism are illustrated by the initial preference of the gardener for red over pink. Indeed, her assumption that red is intrinsically better than pink may contribute to a blindness about the difference between the soils.

Where is personally mediated racism in this gardener's tale? That occurs when the gardener, disdaining the pink flowers because they look so poor and scraggly, plucks the pink blossoms off before they can even go to seed. Or when a seed from a pink flower has been blown into the rich soil, and she plucks it out before it can establish itself.

And where is the internalized racism in this tale? That occurs when a bee comes along to pollinate the pink flowers and the pink flowers say, "Stop! Don't bring me any of that pink pollen—I prefer the red!" The pink flowers have internalized the belief that red is better than pink, because they look across at the other flower box and see the red flowers strong and flourishing.

What are we to do if we want to put things right in this garden? Well, we could start by addressing the internalized racism and telling the pink flowers, "Pink is beautiful!" That might make them feel a bit better, but it will do little to change the conditions in which they live. Or we could address the personally mediated racism by conducting workshops with the gardener to convince her to stop plucking the pink flowers before they have had a chance to go to seed. Maybe she'll stop, or maybe she won't. Yet, even if she is convinced to stop plucking the pink flowers, we have still done

nothing to address the poor, rocky condition of the soil in which they live.

What we really have to do to set things right in this garden is address the institutionalized racism. We have to break down the boxes and mix up the soil, or we can leave the 2 boxes separate but fertilize the poor soil until it is as rich as the fertile soil. When we do that, the pink flowers will grow at least as strong and vibrant as the red (and perhaps stronger, for they have been selected for survival). And when they do, the pink flowers will no longer think that red pollen is better than pink, because they will look over at the red flowers and see that they are equally strong and beautiful. And although the original gardener may have to go to her grave preferring red over pink, the gardener's children who grow up seeing that pink and red are equally beautiful will be unlikely to develop the same preferences.

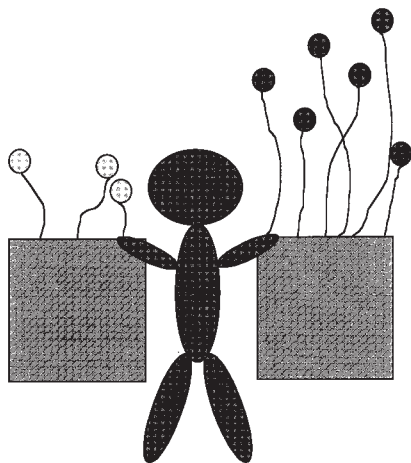
This story illustrates the relationship between the 3 levels of racism. It also highlights the fact that institutionalized racism is the most fundamental of the 3 levels and must be addressed for important change to occur. Finally, it provides the insight that once institutionalized racism is addressed, the other levels of racism may cure themselves over time. Perhaps the most important question raised by this story is *Who is the gardener?* After all, the gardener is the one with the power to decide, the power to act, and the control over the resources.

In the United States, the gardener is our government. As the story illustrates, there is particular danger when this gardener is not concerned with equity. The current Initiative to Eliminate Racial and Ethnic Disparities in Health by the Year 2010 is to be lauded as the first explicit commitment by the government to achieve equity in health outcomes.

Many other questions arise from this simple story. What is the role of public health researchers in vigorously exploring the basis of pink-red disparities, including the differences in the soil and the structural factors and acts of omission that maintain those differences? How can we get the gardener to own the whole garden and not be satisfied when only the red flowers thrive? If the gardener will not invest in the whole garden, how can the pink flowers recruit or grow their own gardener?

The reader is invited to share this story with family members, neighbors, colleagues, and communities. The questions we raise and the discussions we generate may be the start of a much-needed national conversation on racism. □

Who is the gardener?



Government

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

Dangerous when

- Allied with one group
- Not concerned with equity

References

1. Jones CP, LaVeist TA, Lillie-Blanton M. "Race" in the epidemiologic literature: an examination of the *American Journal of Epidemiology*,

- 1921–1990. *Am J Epidemiol.* 1991;134: 1079–1084.
2. Cooper R, David R. The biological concept of race and its application to public health and epidemiology. *J Health Polit Policy Law.* 1986;11: 97–116.
 3. Cavalli-Sforza LL, Menozzi P, Piazza A. *The History and Geography of Human Genes.* Princeton, NJ: Princeton University Press; 1994: 19–20.
 4. Williams DR. Race and health: basic questions, emerging directions. *Ann Epidemiol.* 1997;7: 322–333.
 5. Krieger N, Rowley DL, Herman AA, Avery B, Phillips MT. Racism, sexism, and social class: implications for studies of health, disease, and well-being. *Am J Prev Med.* 1993;9(6 suppl): 82–122.
 6. Jones CP. *Methods for Comparing Distributions: Development and Application Exploring "Race"-Associated Differences in Systolic Blood Pressure* [dissertation]. Baltimore, Md: Johns Hopkins School of Hygiene and Public Health; 1994.
 7. President Clinton announces new racial and ethnic health disparities initiative [White House fact sheet]. Washington, DC: US Dept of Health and Human Services Press Office; February 21, 1998.
 8. US Dept of Health and Human Services. The Initiative to Eliminate Racial and Ethnic Disparities in Health. Available at: <http://raceandhealth.hhs.gov/>. Accessed May 29, 2000.
 9. Jones MD, Rivers LE, Colburn DR, Dye RT, Rogers WW. A documented history of the incident which occurred at Rosewood, Florida, in January 1923. Located at: State Library, Tallahassee, Fla. Also available at: <http://members.aol.com/klove01/rosehist.txt>. Accessed May 29, 2000.
 10. Love K. Materials on the destruction of Rosewood Florida. Available at: <http://members.aol.com/klove01/rostedest.htm>. Accessed May 29, 2000.
 11. Canellos PS, Sege I. Couple shot after leaving hospital: baby delivered. *Boston Globe.* October 24, 1989;Metro/Region section:1.
 12. Jacobs S. Stuart is said to pick out suspect. *Boston Globe.* December 29, 1989;Metro/Region section:1.
 13. Cullen K, Murphy S, Barnicle M, et al. Stuart dies in jump off Tobin Bridge after police are told he killed his wife: the Stuart murder case. *Boston Globe.* January 5, 1990;Metro/Region section:1.
 14. Graham R. Hoax seen playing on fear, racism: the Stuart murder case. *Boston Globe.* January 11, 1990;Metro/Region section:1.
 15. Davis R. Prayers lifted up for abducted boys: tots whisked off in S.C. carjacking Tuesday. *USA Today.* October 27, 1994:10A.
 16. Terry D. A woman's false accusation pains many blacks. *New York Times.* November 6, 1994;section 1:32.
 17. Harrison E. Accused child killer's family apologizes to blacks. Race relations: Susan Smith's brother says that his sister's false claim that an African American man kidnapped her sons was a "terrible misfortune." *Los Angeles Times.* November 9, 1994:A9.
 18. Lewis C. The game is to blame the blacks. *Philadelphia Inquirer.* November 16, 1994:A15.