Public Health Meets the Problem of the Color Line

In her memoirs, Shirley Chisholm—the first woman to stand for the Democratic Party nomination and the first Black person to run for the US presidency—wrote, "Racism is so universal in this country, so widespread, and deep-seated, that it is invisible because it is so normal."[1(p133)] Nearly 50 years later, her analysis stands. Congresswoman Chisholm (Figure 1) has us consider how we lose sight of what is right in front of us.

For example, although we have never been more attentive to such concepts as the social determinants of health and health equity, our analysis is ironically myopic, a limitation that keeps us from realizing their full potential as frameworks.

NAMING RACISM

Today, we can speak of health equity without invoking race at all. Those who do speak of race seldom explicitly name racism, and even in those few forays into racism there is hardly mention of the history and contemporary situation of racial oppression or the staying power of White supremacy. This troubles me, because it does not take much for invisibility—what we do not see—to become blindness—what we can no longer see.

My goal is to convince you that we must explicitly and unapologetically name racism as we protect and promote health; this requires seeing the ideology of neutral public health science for what it is and what it does. We must deepen our analysis of racial oppression, which requires remembering uncomfortable truths about our shared history. And we must act with solidarity to heal a national pathology from which none of us—not you and not me—is immune.

MUDDYING CLEAR WATERS?

There are many well-meaning and well-trained public health practitioners who disagree that we must name racism. Those who make that argument will sometimes claim that public health is about helping people, pointing to increased life spans and decreased infectious disease outbreaks over time. They will at other times claim that we do not want to muddy the clear rivers of public health with the messy politics of race, that this issue is best left to protesters, opinion editorials, and campaign speeches. I have also heard the claim that identifying racism opens a Pandora's box of problems that our modest field cannot hope to address—that identifying racism hoists too heavy a burden. Last, there are those who claim racism is not the core issue; instead poverty is. We cannot fix racism, but we can fix poverty.

Of these, I believe the most dangerous claim is the first: that our technical expertise is enough to meet the challenges of poor health, wherever they are. This mind-set presumes a neutrality of public health that has never been true; it ignores the fact that public health both operates in a political context and is itself, like any science, permeated by ideology.

SCIENTIFIC "OBJECTIVITY"

Much is conflated when medicine and public health attempt to fly below the radar of politics by donning the armor of scientific objectivity—guarding the faith by positing the cold logic of the scientific method. Science is not all methodology: one simply cannot judge the prudence of a whole ecology of funders, research proposals, theory building, conferences, journals, institutes, and applications by reducing it to the scientific method. Each of these facets is fully penetrated by the biases of human behavior, by the ideologies of our time.

We must remember that objectivity is not a synonym for neutrality. Objectivity refers to the idea that independent researchers can independently seek to test the same hypothesis and, if the hypothesized causal processes are indeed going on, they should find the same results if they use the same methods. However, what researchers choose to study and how they frame hypotheses determines the context in which objectivity is deployed. Consider, for example, that a great deal of unacceptable actions have taken place when objective methodology was used without regard for the role of science in oppression: eugenics, forced sterilization, the Tuskegee study. Often these are dismissed as bad science or unethical science, when in fact they too were science.

Knowing this, we must name racism in our research proposals, in our theories, in our oral presentations and conference tracks, and even in our hypotheses. The essence of naming racism is this: how we frame a problem is inextricable from how we solve it.

This is also why it is important to name racism as something more than poverty concentrated in communities of color. Not only does poverty not explain why several disparities cut across classes of Black and Latino people, but starting our analysis of poverty through the lens of

ABOUT THE AUTHOR

Mary T. Bassett is Commissioner of the New York City Department of Health and Mental Hygiene, New York, NY.

Correspondence should be sent to Mary T. Bassett, MD, MPH, Gotham Center, 8th Floor, 42-09, 28th Street, Queens, NY 11101-4132 (e-mail: Commissioner_Bassett@health.nyc.gov). Reprints can be ordered at http://www.ajph.org by clicking the "Reprints" link.

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FIGURE 1—Representative Chisholm Announcing Her Candidacy in 1972

racism changes how we think and act with respect to poverty.

PANDORA'S BOX

The anxiety that a focus on racism opens a Pandora's box and asks us to do too much when we are not equipped to change society or upend the prison-industrial complex is untenable. The conditions of our society are not the outcome of some vague social physics impenetrable to change: they are the product of decisions made at every level of power. In that respect, each of us has real power to make different choices.

The story of Pandora's box seems to be relayed only partially when invoked in editorials like this. When Pandora opens the box, out flies all manner of evils into the world. But sitting there at the bottom of the box is its only remaining item, hope.

It is crucial that we name racism, but naming racism is only the starting point for the work we must do. The question arises—how do we act in solidarity?

POWER TO MAKE DIFFERENT CHOICES

We must use our tools to carry out more critical research on racism to help us identify and act on long-standing barriers to health equity.[2] We can look inward to the makeup and conduct of our own institutions. We can lend our voice to advocacy for racial justice.

In time, more will come to see, as I do, that racial justice is not just a value for public health work but a necessary commitment if we are to do our jobs competently. The mission of the New York City Department of Health and Mental Hygiene is to protect and promote the health of all New Yorkers. I do not believe that mission can be accomplished without regard for the pervasive reality of racial injustice. As New York City often leads the nation in innovating responses to disease response and prevention, so too should it use an antiracist approach to public health.

We have a real moment to make change, one that has been paid for in blood. There are many who resist, many who are unsure, but I believe that the tide is turning. Here, another one of Shirley Chisholm's reflections is apt: "I don't measure America by its achievement, but by its potential."[1(p175)] AJPH

Mary T. Bassett, MD, MPH

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THE 2016 CALDERONE PRIZE HONORING DR. MARY BASSETT

The Calderone Prize was created to shine a spotlight on the field by awarding and thanking transformative public health professionals at the peak of their careers with a prize of exceptional gravitas; to shake things up a bit and focus our thinking on new ideas via the Calderone Lecture; to inspire young professionals like our Calderone Junior Faculty awardees who are at the beginning of their own potentially transformative careers; and to give public health students who are just starting out some very good reasons to continue their studies and stay the course.

This year we are honoring Dr. Mary Travis Bassett, Commissioner of Health for New York City. Dr. Bassett heads up one of the best managed, most highly regarded, and most influential health departments in the world, and I am happy to admit that her place of work has always held a special place in my heart because, early in their careers, both of my public health physician parents worked on the Lower East Side for the New York City Health Department and, what is more, they were introduced to each other by the incomparable Dr. Leona Baumgartner, who would go on a few years later to become the first woman to serve as New York City's Commissioner of Health. So I think I can say without equivocation and absolutely no possibility of contradiction that if it hadn't been for the New York City Health Department I would not be here today!

—Francesca Calderone-Steichen