

## Subtle racism damages health

Written by Jazelle Hunt, NNPA Washington Correspondent  
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WASHINGTON (NNPA) – *"My office says my name, Rachel, on the door. I am the only one who sits in it. People constantly walk in, see me, and say, 'Oh, I'm sorry...I'm looking for Rachel.' I'm half black."*

*"Upon hearing that I had secured an internship for the summer, my roommate said 'I would have on[e] too if I was a minority. I have everything but that minority 'it' factor.'"*

*"'Sometimes I forget that you're black.' Pissed off, how dare she! I love how she has no idea what the hell she said by that. I[t] just—it kills me. This kills me. These little jabs at my blackness"*

WARNING: What might seem little jabs, can have a major impact on Black longevity. There's a term for this death-by-a-thousand-cuts phenomenon: Microaggressions. It might not be in most Whites' everyday vocabulary, but Black and Brown people in the United States know the meaning intimately. It's in the way they're passed up for well-deserved promotions. In the way a teacher refuses to remember or pronounce their names correctly. And it's in being the token in your group of White friends.

The italicized quotes above are real. In fact, they were submitted to the Tumblr blog, Microaggressions ([microaggressions.tumblr.com](http://microaggressions.tumblr.com)). Co-creator David Zhou explains, "Microaggressions are the subtle interactions that convey hostile language. Or, subtle expressions of what some would call bigotry or prejudice that express power in a social setting."

Scrolling through Microaggressions yields more than 1,000 similar anecdotes from marginalized people across the nation and in other Western countries. According to its "about" section, the project began in 2010 and aims to [show] how these comments create and enforce uncomfortable, violent and unsafe realities onto people.

"I think this is important because...there are still so few ways to talk about types of racism other than overt forms of discrimination," Zhou explains. "Without the ability to talk about that, people think, well, if we just get rid of hate crimes and slurs we'll have an equitable society. That's not actually the case. There's a hostile society climate that creates huge ramifications."

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An emerging body of research supports Zhou's assertion. Over time, these racialized slights incubate and fester into alarming health ramifications, ranging from higher rates of depression, more severe cases of high blood pressure, and even mortality rate disparities.

David Williams, a professor of public health, sociology, and African and African American studies at Harvard University, has been studying these links for the past few decades. Three statistical instruments he crafted—the Major Experiences of Discrimination, Everyday Discrimination, and Heightened Vigilance scales—are making it possible to quantify discrimination for the first time, which is helping drive more rigorous research on the topic. He recounts an incident 10 years ago, when he submitted a paper on discrimination for peer review and one of his colleagues commented, "The word 'racism' doesn't belong in a scientific paper because it's just a social term that can't be measured."

Williams recounted, "From a scientific point of view, researchers were very worried [about discrimination measures] that people were just saying how they felt. But now we have actual discrimination predicting incidence of disease. Evidence today is overwhelmingly finding that this type of stress is greatly and adversely affecting our physiological functions."

Professor Williams' and other studies are finding that those who report higher levels of discrimination also report high levels of inflammation in the blood and visceral fat inside organs – both of which increase risk of diabetes and cardiovascular disease.

One study in the February 2013 issue of *Sociological Inquiry* finds that physical or emotional stress stemming from discrimination predicts an increase in poor mental and physical health days. A study published in the *American Journal of Epidemiology* in 2007 found that in African American women, breast cancer risk increased 20 percent for those who reported discrimination at work. Another from 2006 asserted that chronic discrimination might increase risk of early artery plaque build-up in African American women.

Camara Jules P. Harrell, a psychology professor at Howard University, has studied stress, psychophysiology, and how discrimination intersects the two.

"Just being in this environment has physiological reactions, often outside of awareness," he says. "I take the extreme position, but I emphatically believe in how so much of [microaggressions]—well over 60 percent—is processed outside awareness."

Harrell and Williams agree that it is the small indignities that have the biggest impact.

"What we're finding with discrimination is that chronic, ongoing stress has a bigger effect than big, one-time stress events," Williams says. He likens it to the effect of dripping water on concrete; each drip on its own doesn't matter much. But over time, the damage is considerable.

Not only does the constant barrage of negative feedback erode a sense of safety and belonging, it also creates an underlying hyper-awareness, or vigilance.

A study published in the May 2012 *American Journal of Public Health* finds: "...merely

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anticipating prejudice leads to both psychological and cardiovascular stress responses. These results are consistent with the conceptualization of anticipated discrimination as a stressor and suggest that vigilance for prejudice may be a contributing factor to racial/ethnic health disparities in the United States."

Williams says, "People who report higher levels of vigilance also report poorer sleep. It's as if you can never fully relax; you're always on alert to protect yourself."

Although the link between health and the effects of discrimination is now firmly established, Williams says it will take time for these considerations to trickle into health professional training and academic programs, but there are already some signs of progress.

"There's a big demand on therapists to have that [understanding]. I think [health providers] curtsey to it, they say the right things, but they have no idea what this experience means," he says. "It's got to be saturated into every form of health learning. It's tough, but if you want to be effective that's what you got to do."