An article in the Yale Alumni Magazine told the story of Clyde Murphy, a black man who was a member of the Class of 1970. Clyde was a success story. After Yale and a law degree from Columbia, Clyde spent the next 30 years as one of America's top civil rights lawyers. He was also a great husband and father. But despite his success, personally and professionally, Clyde's story had a sad ending.

In 2010, at the age of 62, Clyde died from a blood clot in his lung. Clyde's experience was not unique. Many of his black classmates from Yale also died young. In fact, the magazine article indicated that 41 years after graduation from Yale, the black members of the Class of 1970 had a death rate that was three times higher than that of the average class member. It's stunning.

America has recently awakened to a steady drumbeat of unarmed black men being shot by the police. What is even a bigger story is that every seven minutes, a black person dies prematurely in the United States. That is over 200 black people die every single day who would not die if the health of blacks and whites were equal.

For the last 25 years, I have been on a mission to understand why does race matter so profoundly for health. When I started my career, many believed that it was simply about racial differences in income and education. I discovered that while economic status matters for health, there is more to the story. So for example, if we look at life expectancy at age 25, at age 25 there's a five-year gap between blacks and whites. And the gap by education for both whites and blacks is even larger than the racial gap. At the same time, at every level of education, whites live longer than blacks. So whites who are high school dropouts live 3.4 years longer than their black counterparts, and the gap is even larger among college graduates. Most surprising of all, whites who have graduated from high school live longer than blacks with a college degree or more education.

So why does race matter so profoundly for health? What else is it beyond education and income that might matter?

In the early 1990s, I was asked to review a new book on the health of black America. I was struck that almost every single one of its 25 chapters said that racism was a factor that was hurting the health of blacks. All of these researchers were stating that racism was a factor adversely impacting blacks, but they provided no evidence. For me, that was not good enough.

A few months later, I was speaking at a conference in Washington, DC, and I said that one of the priorities for research was to document the ways in which racism affected health. A white gentleman stood in the audience and said that while he agreed with me that racism was important, we could never measure racism. "We measure self-esteem," he said. "There's no reason why we can't measure racism if we put our minds to it."

And so I put my mind to it and developed three scales. The first one captured major experiences of discrimination, like being unfairly fired or being unfairly stopped by the police. But discrimination also occurs in more minor and subtle experiences, and so my second scale, called the Everyday Discrimination Scale, captures nine items that captures experiences like you're treated with less courtesy than others, you receive poorer service than others in restaurants or stores, or people act as if they're afraid of you. This scale captures ways in which the dignity and the respect of people who society does not value is chipped away on a daily basis.
Research has found that higher levels of discrimination are associated with an elevated risk of a broad range of diseases from blood pressure to abdominal obesity to breast cancer to heart disease and even premature mortality. Strikingly, some of the effects are observed at a very young age. For example, a study of black teens found that those who reported higher levels of discrimination as teenagers had higher levels of stress hormones, of blood pressure and of weight at age 20. However, the stress of discrimination is only one aspect.

Discrimination and racism also matters in other profound ways for health. For example, there's discrimination in medical care. In 1999, the National Academy of Medicine asked me to serve on a committee that found, concluded based on the scientific evidence, that blacks and other minorities receive poorer quality care than whites. This was true for all kinds of medical treatment, from the most simple to the most technologically sophisticated. One explanation for this pattern was a phenomenon that's called "implicit bias" or "unconscious discrimination." Research for decades by social psychologists indicates that if you hold a negative stereotype about a group in your subconscious mind and you meet someone from that group, you will discriminate against that person. You will treat them differently. It's an unconscious process. It's an automatic process. It's subtle, it's normal and it occurs even among the most well-intentioned individuals.

But the deeper I delved into the health impact of racism, the more insidious the effects became. There is institutional discrimination, which refers to discrimination that exists in the processes of social institutions. Residential segregation by race, which has led to blacks and whites living in very different neighborhood contexts, is a classic example of institutional racism. One of America's best-kept secrets is how residential segregation is the secret source that creates racial inequality in the United States. In America, where you live determines your access to opportunities in education, in employment, in housing and even in access to medical care. One study of the 171 largest cities in the United States concluded that there is not even one city where whites live under equal conditions to blacks, and that the worst urban contexts in which whites reside is considerably better than the average context of black communities. Another study found that if you could eliminate statistically residential segregation, you would completely erase black-white differences in income, education and unemployment, and reduce black-white differences in single motherhood by two thirds, all of that driven by segregation. I have also learned how the negative stereotypes and images of blacks in our culture literally create and sustain both institutional and individual discrimination.

A group of researchers have put together a database that contains the books, magazines and articles that an average college-educated American would read over their lifetime. It allows us to look within this database and see how Americans have seen words paired together as they grow up in their society. So when the word "black" appears in American culture, what co-occurs with it? "Poor," "violent," "religious," "lazy," "cheerful," "dangerous." When "white" occurs, the frequently co-occurring words are "wealthy," "progressive," "conventional," "stubborn," "successful," "educated." So when a police officer overreacts when he sees an unarmed black male and perceives him to be violent and dangerous, we are not necessarily dealing with an inherently bad cop. We may be simply viewing a normal American who is reflecting what he has been exposed to as a result of being raised in this society.

From my own experience, I believe that your race does not have to be a determinant of your destiny. I migrated to the United States from the Caribbean island of Saint Lucia in the late 1970s in pursuit of higher education, and in the last 40 years, I have done well. I have had a supportive family, I have worked hard, I have done well. But it took more for me to be successful. I received a minority fellowship from the University of Michigan. Yes, I am an affirmative action baby. Without affirmative action, I would not be here.

But in the last 40 years, black America has been less successful than I have. In 1978, black households in the United States earned 59 cents for every dollar of income whites earned. In 2015, black families still earn 59 cents for every dollar of income that white families receive, and the racial gaps in wealth are even more striking. For every dollar of wealth that whites have, black families have six pennies and Latinos have seven pennies.

The fact is, racism is producing a truly rigged system that is systematically disadvantaging some racial groups in the United States. To paraphrase Plato, there is nothing so unfair as the equal treatment of unequal people. And that's why I am committed to working to dismantle racism.

I deeply appreciate the fact that I am standing on the shoulders of those who have sacrificed even their lives to open the doors that I have walked through. I want to ensure that those doors remain open and that everyone can walk through those doors. Robert Kennedy said, "Each time a man" -- or woman, I would add -- "stands up for an ideal or acts to improve the lot of others or strikes out against injustice, he sends forth a tiny ripple of hope, and those ripples can build a current that can sweep down the mightiest walls of oppression and resistance."

I am optimistic today because all across America, I have seen ripples of hope. The Boston Medical Center has added lawyers to the medical team so that physicians can improve the health of their patients because the lawyers are addressing the nonmedical needs their patients have. Loma Linda University has built a gateway college in nearby San Bernardino that helps in delivering medical care, they can provide job skills and job training to a predominantly minority, low-income community members so that they will have the skills they need to get a decent job. In Chapel Hill, North Carolina, the Abecedarian Project has figured out how to ensure that they have lowered the risks for heart disease for blacks in their mid-30s by providing high-quality day care from birth to age five. In after-school centers across the United States, Winfrey Philps and the US Dream Academy is breaking the cycle of incarceration by providing high-quality academic enrichment and mentoring to the children of prisoners and children who have fallen behind in school. In Huntsville, Alabama, Oakwood University, a historically black institution, is showing how we can improve the health of black adults by including a health evaluation as a part of freshman orientation and giving those students the tools they need to make healthy choices and providing them annually a health transcript so they can
monitor their progress. And in Atlanta, Georgia, Purpose Built Communities has dismantled the negative effects of segregation by transforming a crime-ridden, drug-infested public housing project into an oasis of mixed-income housing, of academic performance, of great community wellness and of full employment. And finally, there is the Devine solution. Professor Patricia Devine of the University of Wisconsin has shown us how we can attack our hidden biases head on and effectively reduce them. Each one of us can be a ripple of hope.

This work will not always be easy, but former Supreme Court Justice Thurgood Marshall has told us, “We must dissent. We must dissent from the indifference. We must dissent from the apathy. We must dissent from the hatred and from the mistrust. We must dissent because America can do better, because America has no choice but to do better.”

Thank you.

(Applause)