Welcome! Yay! Whoo-hoo. So many friendly faces. That clock is early. Every clock is a little different around UCSF. You all are in the building, so we’re going to go ahead and get started. Good afternoon. My name is Lamisha Hill. I'm the director of the diversity and outreach center. We welcome you to our Fall keynote address, Targeted Universalism featuring John A. Powell. This year we co-constructed a theme to guide our programmatic efforts, and that theme is "cultivating into action across differences." We will be live streaming, and will encourage you to tweet if you are on social media or posting via Facebook. And our hash tag for the event today is #UCSFdiversity. At this time, I have the pleasure of welcome my boss Vice Chancellor Renee Devaro. She leads the efforts to create an inclusive and welcoming environment for all of us to thrive here. Thank you.

[Applause]

Hello. Good afternoon!

Good afternoon! (Laughing) How is everyone doing this afternoon? Thank you so much for being here. It's my pleasure to be here to introduce our featured speaker this afternoon. But first I want to give a thank you to Dr. LaMisha Hill for her work and leadership in securing today’s speaker, but actually providing a space and opportunity for us to have discussions of othering and belonging and being secure in those discussions. I really applaud you for those efforts and in the LGBT resource center.

With that I wanted to take a minute to talk about what our office is doing. The office of diversity and outreach is committed to building and engaging diversity to achieve our campus goals of excellence and innovation. We talk about redefining possible. And that redefinition has to be one that includes the breadth of all of us and what we bring with us to this campus.
As LaMisha indicated, we have areas of focus this year, which are to continue to educate our campus community and engage you in conversations around these issues, as we’re going to discuss today, to really cultivate allyship. How do we reach out to others? How do we eliminate structural barriers for full inclusion? So we will be strategically focused on those things.

So now to the main event. It’s such a pleasure to introduce Professor john powell. john powell is an internationally recognized expert in the areas of civil rights and civil liberties, including a wide range of issues: Racism, othering, housing, policy issues, and democracy. He is professor of law and ethnic studies at the University of California Berkeley where he holds the Robert D. Haas Chancellors Chair in Equity and Inclusion. He is the executive director of the Haas Institute. The Haas Institute brings together community partners, strategic communicators, and policymakers to identify and eliminate the barriers to an inclusive, just, and sustainable society with the goal of creating transformative change towards a more equitable world.

Cal was fortunate to recruit him away from his position as the executive director of the Currin Institute at The Ohio State University.

Prior to that, he directed the institute on race and poverty at the University of Minnesota. And he was formally the director of legal services in Miami, Florida, and was the national legal director of the American Civil Liberties Union. You can see how fortunate we are to have him with us today. The American Civil Liberties Union and he were instrumental in developing the American civil liberties theory.

Regionalism, concentrated poverty, opportunity-based housing, voting rights, affirmative action in the United States, South Africa, and Brazil, racial and ethnic identity, social justice, and the needs of citizens in a democratic society. He is the author of several books, including the most recent work "Racing to Justice: Transforming Our Conception of Self and Other to Build an Inclusive Society."

Before I give him the floor, not to preempt him, I thought I would share a portion from his book that really resonated strongly with me. And I believe that many of you would agree.

And he says we are often unskilled in talking about race. Our approach has been to insist that we are all the same and that race does not matter. A second is to insist that our own racial experience is unique and must be addressed as distinct from all others. What I have called for is a targeted universalism, which recognized that we have many universal goals. We all want our children to be healthy and well educated. We want to be connected to our communities and we want to make a contribution.

On that note, I thank you for taking the time to be here and I ask you to join me in welcoming our very special guest, Dr. powell.

[Applause]
John Powell: We could think about disability. We could think about LGBTQ. We could think about religion. There are a lot of ways in which we other. And our balance sometimes is across dimensions. And who gets othered. And who belongs is not just important in terms of civil rights and civil liberties, it's also important in terms of health. And othering, there is a lot of data now that shows when people are othered, it has more negative health outcomes than smoking, diabetes. So it's a health issue.

Structuring is the way we organize resources and connect people. And we all live in structures. And structures can actually enhance opportunities. You're going here to a wonderful university. It's a structure and a pathway to great outcomes, and you're probably already doing great things. But structures can also inhibit. So the way we organize space, the way we organize courts.

When we talk about being people isolated or segregated, we're not simply talking about people being segregated from each other, which can matter, but also people being segregated from opportunity. Consigned to places where there's a lack of adequate opportunity. So part of the things that we're going to be talking about are what I call structural racialization and how structural racialization can produce negative health outcomes, and ways to overcome some of that.

So as you can see there are different ways of approaching this. One is we can talk about inclusion. We can talk about immigration. And each one of these terms actually suggests something slightly different. And we're constantly evolving as to how we think about where we should be going. And I think in some ways, the issue in the United States and in the world today is the issue of othering and belonging. If you think about what's happening in the election cycle, and if you think about what's happening in Europe, and if you think about what's happening in much of the world. As the world becomes more mobile, there are issues of who belongs and who does not belong. There is a concept in Europe now of legacy Europeans, which suggests that some people are grandfathered in terms of belonging, and some people are well ...kind of Europeans, but not really.

I was in France recently and in France a couple of years ago, and I was talking to a person who is French but whose ancestors are from Africa. He was talking to someone and said "Where are you from?" He said "Paris." They said, okay, where were you parents from? Where were their parents from? They were saying "You can't be from Paris, you're black" The concept of you don't belong. So when you think about what's happening on the sports field right now. Or what's happening with Black Lives Matter, and LGBTQ movement, they're all claims of trying to assert belonging. We really do belong.

Sometimes people get upset and say "Go back to where I came from." To my friend in Paris, "What do you mean, Paris?" That's really not what I had in mind. It's really a way of saying
some people belong and some people do not belong.

So again, the way we belong and don't belong is both interpersonal, cultural, but it's also structural. And these structures matter. And oftentimes living in a society which is sometimes called methodological individualist. We miss the work of structures. And structures do a lot of work in terms of life outcomes, in terms of health. And we're just now getting to the place where we're becoming fairly sophisticated in this.

So we have social determinants. You've heard of social determinants of health. I want to also suggest there are social determinants of race. Now race is actually interesting. Race is like gravity. According to physicists, all of us have weight. We would agree with that. Some of us think we understand gravity, but according to many physicists, only about 12% of people on the planet really understand gravity. It's really close to us. You get up in the day and think I need to gain weight or lose weight. Gravity is pulling me down. No pun intended. But at the same time we really don't know what gravity is.

Race is really similar. We all sort of have a race, whether we want to or not. We also have opinions about race. But it's actually incredibly complicated. It's so complicated that I wrote a book about it!

(Laughter).

And I say "racing" because just "race" is a process, it's a verb. It's something that is going on. It's a thing. It shows up in many different expressions and it's actually quite important. In fact, there was a fledgling economist named Paul Krugman who writes for the New York Times. He wrote a book and he said you can't really understand economics in the United States without understanding race. If you really can't understand how the United States economy is structured. Race is not something that just happened to black people or Latino, or Asian Americans. Race is about how we organize ourselves and our identity and our country and structures in some complex ways. It's interactive. There's contestation. It's deeply relational. But if you want to understand more, read the book.

So there's the social determinants of race, and social determinants of health. That's interesting. Because I teach a class. And sometimes I start off with the student just saying "What is race?" And they struggle. Well some go back to biology. Well, we aren't comfortable with that. Some go to culture. It's not quite that. After a couple weeks it's like "Wow, I actually don't really know." And more recently we talked about race being socially constructed. But we almost never take the next step and say what are the social determinants that construct race and how do they do it. We never ask that question. If it's socially constructed, what does that mean. Most of us still act like it's a deep, biological genetic factor. That's it. That's the end of the story. But at some level we say that's not quite right. So when I talk about race, I'm not simply talking about phenotypes. I'm talking about how we socially assign identity and meaning and attach it to something. That's a very different set of considerations than someone's color. Now one of the things that happens is we have such a bad history with race, maybe we should just stop talking about it and it will go away. Shouldn't
we treat everyone the same? Isn't that the goal. No, that's not the goal. If that's not
the goal, what is the goal? Well, the concept that I've deployed is something called targeted
universalism. Now it's a wonky term. And, you know, when you're at these esteemed
universities, you have to make up these terms every few years to keep your chair.
(Laughter).
Targeted Universalism is there are universal goals. We don't want to treat everyone the same.
We want to treat everyone with dignity. They're different depending on who people are. The
goals may be universal, but the strategies are targeted. And they'll be targeted based on how
people are situated within structures, institution, and culture.

Now that's a very simple definition. When you start applying it, it gets complicated very
quickly. But when you think about it, obviously we don't want to treat everybody the same.
So here are some examples. We build an escalator to get people to the third floor. So the
goal is to get people to the third floor. The mechanism, the strategy for doing that is an
escalator. And now here comes someone in a wheelchair. Now when the person in the
wheelchair shows up, we could say this person, give them some crutches, some braces, put
them on the escalator and say "Good luck." We could also as we watch this person fall down
the escalator, we could say this person is kind of clumsy. There is something wrong with this
person. They don't even know how to ride an escalator. We could focus on the problem of
the person. I don't like the term "disability," because disability presupposes that there is
something wrong with the person, as opposed to the structures are normalized against certain
populations. Everybody else who hasn't been normalized against a certain structure is
disabled in relationship to the structure.

Let me give you an example of that. Some people think I'm tall. Usually those people are
short.

(Laughter).
When I was at the Ohio State University. You got it right. T "the" is there. They had a rule.
It's a big university. By some accounts, it's the largest university in the country. They had a
universal rule. If you're doing anything related to university basis, even if you're paying for it
out of your pocket, you and you have to rent a car, you have to rent a subcompact. Universal
rule. We're going to treat everybody the same. I said no.

Now the person who was the dean of cars and all other things kind of irrelevant.

(Laughter).

Said well professor powell for 50 years. I said I bet you a dime to a donut that the person was
under six feet. They said it's irrelevant. I said no, it's kind of relevant. It went all the way to
the chancellor. The chancellor said I'm going to make an exception for you. So when I was
driving around in a full size car, other faculty members would say there goes professor powell.
He thinks he is all that. Look at him in his big car. So when we make accommodations for
people, those people get stigmatized. And oftentimes instead of fixing the structure, we focus
on fixing the people. So Targeted Universalism says the structures matter. And they don't
just matter in terms of taking us where we want to go. They also matter in terms of prohibiting us from where we want to go. So when we think of the social determinants of race or the social determinants of marginalization, we're actually looking at what those structures are doing. And the goal is to make structures work for all of us to get all of us to those universal goals.

Now sometimes we might say let's eliminate discrimination in structures. So we want to eliminate structural discrimination. I want to suggest to you that's not the goal. The goal is structural inclusion. Let's affirmatively organize structures for different populations to get them to the goal. Again, don't build an escalator and say okay now how do we use this escalator and have someone in a wheelchair get included. No, we build an elevator. We affirmatively build structures to produce the outcomes we want. Structures are also not primarily process oriented. They're outcome oriented.

So that's sort of the whole ball of wax of Targeted Universalism. Again, there's a lot of complexity and subtlety, but that's the heart of it. Focus on the structures. People are important because of how they're situated. And so what we're suggesting then when we talk about race and we talk about gender and when we talk about, we're saying that people are somehow, there's not something inherently different about being black or white, but there is something different about how those groups are situated within the structure.

And theoretically we're coming to structures where we're trying to make the structures responsive to people, but the structures are so imbued with negativity, we need to get rid of the whole structure. We can't simply fix the structure. And that's actually pretty radical. And I think to some extent we're at that place in the country now. We're wondering if many of these structures can be tweaked or do we have to start over again? What should we do about Wells Fargo? Should we just slap their hand and say okay, you did something wrong, we're going to give you a fine and keep going? Or do we say maybe there is something wrong with our banking system?

If you think about issues like police, there's been a lot of police shootings recently. Unfortunately it's almost every day. I sort of wince when I wake up in the morning to look at the news, because there's more bad news. But I would suggest that the problem is not only or necessarily primarily police. That if you have that many police actually doing something, there is probably something wrong with the structure. So we don't do enough in terms of even holding police accountable. But what's happening with structure that would allow the kind of ongoing, tortuous killing that is happening day after day after day after day. For us what Targeted Universalism does is our situatedness in structures and cultures and stories.

And again, it means we have to look at these structures carefully and understand them. And structures suggest that we're all interrelated. We're connected to those structures. So there's another concept in terms of Targeted Universalism is saying focus on where people are in relationship to structures. What some people take from that is that you should focus on the most marginal. And the answer is yes and no. You focus on the most marginal, but the goal is to get everyone to the universal. Not just the most marginal, everyone. So it's not just
eliminating disparities. Because when we focus on eliminating disparities, implicitly we're saying that the favorite group is the universal. And maybe they're not. They may be doing better than this favored group, but it doesn't mean they're doing as well as they should be.

Take for example healthcare insurance. Before the affordable care act, only about 70% of Americans had healthcare. Blacks it was about 40%. Asians were close to whites. What is the goal? Is the goal to eliminate the disparity between blacks and white? Whites have 70, blacks have 40. Everybody should have 60. No disparity. That's not the goal. What that means is whites also need a shift. So in that sense Targeted Universalism is also operational, but it's also a communication strategy. It tells us how to talk about this. Because oftentimes again when we talk about issues related to race, it's immediately divisive. People oftentimes say they don't want to talk about race, because I feel bad afterwards, especially if I'm talking to someone of a different race. And also there's a question of my story, not our story. So again, Targeted Universalism can help us with that.

Now in terms of articulating the particular, the particular is based again on how we're situated. And then trying to figure out the pathway to get us there. And again, it may be similar. It may be quite different. So what are some of the structures that actually affect us? Well, one structure that's quite big is where we live. Our neighborhood. The neighborhood actually is a powerful structure. And it has powerful implications in terms of life chances including health outcomes. And in fact, as you know, we can predict someone's life expectancy by the zip code. How is that possible? So, you know, for all of us in here who are real estate brokers or real estate agents, our friend is. So we might say you should move in this neighborhood. People in this neighborhood live six years longer than people in that neighborhood. That's a good selling point. You want six more years on your life? How much is it worth to you? It turns out that when we look at where people have shorter life expectancies, it's where lower-income people, generally lower-income people of color generally live. It's interesting, it's not just low-income people of color, it's everyone who lives in that zip code. It's not just race. And it's not even just socioeconomic. That is a middle class person living in a zip code where there is low life expectancy is actually taking years off their life, as well. They're living in a structure where the structure is actually organizing people in such a way that they will have a lower life expectancy.

So here is interesting. I'll give all of these to you. Here is Oakland. The darker colors are more poverty and also lower life expectancy. And you can see it's almost completely contiguous. And now, you are professionals working in the health area. So again, you can imagine a client comes in and says doctor so and so, I'm not feeling well today. Where do you live? Here's a voucher. Go live someplace else. It's not just in terms of healthcare. It's also in terms of wealth.

I worked on a project in Minneapolis where they were trying to making housing for the Hmugh population. Even though Minnesota was growing in terms of equity very fast, there were pockets where it was either not growing. That's where they were going to place these
populations.
And the people said they were not going to do it. And the city came back to me and they were not happy. You told me to talk to them! You said the wrong thing! Space matters. This is in terms of how different populations are managed differently. If you buy a house and the market is increasing, you generate equity. When you look at things from a more nuanced perspective, it's not always the same.

There are some places in Michigan where you probably don't want to drink the water. I'm not going to say anything about Flint or Detroit. But you know where these places are. Now you can imagine. We already knew that lead was bad, but this is lead plus. Now again, if you look at who is exposed to lead and water and lead paint, it's people of color. But if you look at neighborhoods, it's everybody in that neighborhood. Poverty does matter, but so does space. And again, I'm emphasizing the point because a lot of times when people, and by people, I mean white people, when you talk to them about race, they want to move the conversation to something else. They're a little uncomfortable talking about race. Because they're afraid at some point you're going to notice that they're white and start blaming them for being white. That guy Columbus, wasn't he white? I don't know Columbus. George Washington was white? I don't know him either. Can we start talking about socioeconomics and culture. Can't we all just get along? While socioeconomic is important, it does not in and of itself explain these huge disparities. And life expectancy. It has an impact. Up to a certain point, every $12,500 you make, you add an extra year to your life. And it caps out at about $150,000. But it's not even as important as the structures that you live in.

This is not just a U.S. phenomena. This phenomena exists all over the world.

This is some data, and you may have already seen this data. But this is life expectancy. And there is a huge difference in life expectancy based on your race. And it correlates strongly to where we are residentially. This actually shows the increase in medical and the effects of residential segregation. What this suggests is if you're trying to create life expectancy, the medical is small. The social determinants are quite large. So if we're really trying to address some of these differences, we need to focus not just on what pill people take, but what they're exposed to.

We flipped this and we did some mapping. This has now been picked up around the country, called opportunity mapping, where we can literally map out where opportunity is distributed in the country and where populations are distributed in the country. There is a friend of mine who was here recently, Manuel Pastur looking at where toxic dump sites are. If you live next to a toxic dump site, you're not going to live that long. There is a high correlation between toxic dump sites and where blacks and Latinos live

He spent two years doing this study. A great woman, but had not graduated from high school. I did this study and said where Latinos live is where there are toxic dump sites. Manny, everybody knows that.

Intuitively it makes sense. If you live in a rich area and they're going to put a toxic dump site
here, there are going to be letters to the editor and they're going to call the mayor. They have to put it somewhere. So they're going to put it where poor people are, and people without a lot of power.

So I've been talking about the spatial dimensions and disparities. I just want to say a little bit about implicit bias. And there's very strong evidence of implicit bias in the medical field. Now implicit bias is not secret racism. First of all, we all have implicit bias. Implicit bias actually affects how we see the world. It affects how we process information. It's about habit. And actually, I don't like the term "bias" because bias suggests something bad and it also suggests that we're really good people, we can get beyond bias. If you think of the mind being deeply habituated, we can't live without habits. We have habits that are inconsistent with our values. And you have a country where race is salient, we will have implicit racial biases. If you live in a country where religion is salient, you'll have implicit religious bias. We can map it. It's not just analytics. We can measure it empirically.

So how does bias work? We have, there it is. Nobody likes the cockroach. The poor cockroach. They're people too, you know. And when you see something that's negative. And they have a test. The unconscious mind is fast, the conscious mind is slow. The unconscious mind is big. The conscious mind is small. We process 40 bits of information a second consciously. During that same second, we process 11 million bits of information unconsciously. The unconscious is really where the story is. Not the conscious. It affects our body. It affects our involuntary actions. It affects outcomes. It's more accurate in terms. They show pictures. We identify groups of words. And some words are positive. Some words are negative. The upshot of it is if you're looking at a black face, the ability to identify positive words actually slows down. Because black face in this culture, like cockroaches produces a negative reaction at an unconscious level. And so it's a speed test. So if you see the words intelligence, hard working, honest, and you see a black face, it's like really? The unconscious and conscious is like a fight and it slows you down. On the other hand, if you see and Jennifer Everheart is doing a study down at Stanford. If you see negative and violent activity and a black face, the ability to identify that negative actually speeds up. That's interesting. And you can do this at a subliminal level. You can show a black face so fast that the conscious mind never even sees it. One of the thing she does is she shows a disconfigured gun. You can't identify what it is. And she shows several clips. And the test becomes when can you identify that it's a gun? And after subliminally seeing a black face, your identification of the object as a gun speeds up. Now think about that in terms of police.

Now the reality is black men are no more violent, especially gun violent than white men. But it doesn't matter. The unconscious actually doesn't process facts that way. It just is habituated. In terms of the movies, in terms of popular culture, in terms of television, there is a constant refrain of black men and violence. We all become habituated to black men and violence, even black people. Not to the extreme as white people. And the reason we're not as extreme at this as white people is not because we're better, but because we have experiences. I know my father. He just turned 96. He's a minister. He would never hurt a fly. Maybe he would hurt that roach. But I have a counterfactual example in my life. Most whites, because we're segregated don't have actual experience with black
Those images become habituated in our minds. Just associations. And unfortunately they're pretty negative and they become implicit. And implicit bias can oftentimes be inconsolable with our explicit values. Someone may say yes, I don't care about race. I don't even see race. I don't notice race. And they could be telling you the truth at the conscious level. But the unconscious mind, which tends to be radically politically incorrect doesn't care about what we should and shouldn't see. What it cares about are all the images it gets every day. So when a black person walks in, a Latino walks in, the conscious mind is saying I'm not going to notice you're black. The unconscious mind is calling a meeting, writing a memo, heavily actioned, and it affects our behavior.

And this is actually truth in the healthcare area, as well. And we can actually measure this. And this is again in terms of some measurements for example in terms of end of life care the time spent, the interaction with people. We can measure it. And less likely to spend time with a black person or anyone that we have a bias against in our society. Now it's interesting when we talk about biases. We might think again because this doctor, this nurse, this healthcare provider is just a bad person. Implicit bias, like structures, are not individual. It's actually talking about the cultural artifacts in our society. The cultural icons. It's social. These are biases that we carry around. Yes, they get implemented through the individual, but it's reflecting society's script in terms of black people. That's important. It doesn't mean we can't make some interventions, but ultimately the interventions can't simply be made at the individual level, which is one of the reasons why I think just focusing on the bad policeman doesn't work. Because there's something larger in our culture that many of us, if not all of us, are exposed to.

So there are things we can do. And part of it is just becoming aware of. This but two, starting to make interventions. Creating some prophylactics to make sure the person is getting the right treatment, the right painkillers. There are times when blacks don't get as much painkillers as whites do. I'll tell you a quick story. I got assaulted about five years ago outside my house in Columbus, Ohio. I was living in a place called Bexly, which is a suburb of Columbus, Ohio. I had broken ribs. Emergency services came. Two guys and a woman came and just getting off the ground. Two things happened that were very interesting that I'll share with you.

One was emergency services did not do any checks. They just looked at me. The woman said do we want to check him? The guy said no, he looks okay. The next day I went to see my family doctor, someone who I had been seeing for years. I told him what happened. He said that's terrible. That's terrible. He told me to take it easy, sent me home. Took some X-rays and he sent me home. He called me that evening and was yelling at me on the phone. And he said, and he asked me. He said how do you feel. I said I have a lot of pain. That's understandable. You just went through a traumatic experience. But anyway, he called me that evening. And he was yelling at me. He said john, how come you didn't tell me you were in serious pain! He said I'm looking at your X-rays, you have four broken ribs. I'm concerned about your lung being punctured. You should have told me. I said I did tell you! But he didn't hear it. He didn't process it. He said get back in here right away. The way I processed it, he was a little embarrassed. It's not that he didn't like me, we're actually friends.

The other thing that happened, related to that, the person who lived next to me is a federal
judge on the appellate court, which is one step down from the Supreme Court. I saw him a couple days later. The guys who attacked me, the three of them, were white guys. And they fired a shot and neighbors looked out their window and called police. My friend saw it and he called police. He was also white. He said there was this big black guy. And he was doing something to these white guys. I don't know. He was huge. I said well he wasn't all that big.

(Laughter).

I said it was me! No, no, no, no. I know you. It wasn't you. It was a big black guy. He heard the gun. And this is a federal judge. He is trained to be objective. And again he got embarrassed. It's like could I have missed it that much? This implicit bias affects us in powerful ways. It doesn't mean that the judge is a bad guy or that the doctor is a bad guy. But it needs to be affected by the judgment.

We see similar things in terms of country. The greater the inequality the more disparities exist across countries. And we carry all these histories in our bodies. So when we're situated in an area where there is a lot of stress, where there is a lot of violence, where there is bad water, even if we're not affected directly, we're affected indirectly. I'm concerned, for example, that with all these killings with the police, it's not just affecting the population, the people who actually get killed and immediate family, it's affecting all of us, and especially the black community. They're carrying that in their body. There was a commentator who made the observation, if you get stopped by the police, and if you're white. You're like whatever, I'm going to get a ticket. If you're black, your first thought is will I get out of this without being shot? Will I get out of this alive? Very different process.

When we see bad apples, what do we think about? Do we think about the bad apples? Do we think that maybe there's a bad tree? Do we think about maybe there is something wrong with the soil. And in this country we almost never get beyond the apples. And so we keep fixing, trying to fix the apple. And the keeps producing bad apples. If we talk about the tree, we certainly never think about the soil.

I have a couple more slides and I'm going to end and have some time. I have about three or four more minutes.

So earlier I talked about belonging. And this is something called the circle of human concern. That no one, and I emphasize no one, should be outside the circle. How do we actually say to people? How do we actually signal people? How do we actually tell people both in terms of our action, in terms of our behavior and institutions that they belong. There was a survey done at Cal and the black and Latino students felt they didn't belong. One of the ways you feel that you belong is just numbers. If there is an extremely small number of you. And I said, and I told Maryann this, I was sitting at Cal, having lunch the other day, beautiful day. And I noticed student after student, no black students. I'm thinking what? I'm not just thinking why are they not here? Why am I here? I was recruited at the university of Texas- Austin. They wanted me to come. They were offering me a chair, money, all kinds of things. And they're
explaining to me that I should not be put off by the confederate memorabilia all around campus.

(Laughter).

Now at a conscious level, I can probably make sense of that. The unconscious is like "Ah, get me out of here!" There are ways that we say to people "You don't belong." And we know it has a huge impact in terms of health, performance. We need to be aware of the physical environment. We have an environment where people who are in wheelchairs can't get in. It doesn't overcome that by picking them up and taking them into the building. You actually have a structure saying this is not your place.

And so the question is how do we actually build a circle of human concern where everyone belongs. And of course what we've done in this society is maybe say people don't belong, but certainly corporations belong. I suggest this is not where we want to go.

So structures and culture and implicit and explicit, they actually interact with each other. And I'm going through these last slides quickly because I want to get to one more set of things before we end. So here's one of them. Again, this is just to make the point. Kyle, I'm thinking about you right now. I'm trying to play a video for two minutes if I can figure out how to do this.

Do we have sound?

>> Several years ago two physicians in Chicago set out to solve a mystery. Why do African American women have babies that are born too small at twice the rate of white American women? Richard David and James Collins are neonatologists. Pediatricians that come into the world too early or dangerously underweight, and often both.

Like virtually everyone in their field, they were troubled by the striking racial differences in rates of premature and low birth weight babies. What could account for the differences?

>> We usually thought that the disparity in premature disparity was really driven by socioeconomic differences between African Americans and whites. It is well known that African Americans are oftentimes in a lower socioeconomic class than whites. We thought once you correct for that, the gap would go away.

>> But they discovered the gap didn't go away.

>> We were very surprised that the gap actually widened as education and socioeconomic status improved. And then we started looking at it from a broader perspective. Maybe it's something about lifelong minority status, which is the driving factor here.

>> There is something about growing up as a black female in the United States that is not good for your childbearing health. I don't know how else to summarize it.
John Powell: Okay. And you can look at the rest of the slides. I want to just show you one other thing. And the point is that even when you account, even if you move out of the neighborhood, right? Where there is concentrated poverty. Even if you go to college, you still haven't escaped the social determinants of race in this country. Race still happens. And what I want to talk to you a little bit about. I thought it was in here. Autostopic load. It's the biometrics in terms of measuring stress. And the stress that blacks experience compared to whites is there at childbirth and it widens as we get further in life. The load has a lot of correlation with first of all where we live, but secondly how long we live. And one of the things that I've been advocating is that we start tracking this and have this as a measure of what it entails to be quote, unquote, destigmatized in the United States. I don't think it's just race. But I think race is significant. And so part of the intervention has to be how do we interrupt this so your life is not shortened, not because you were killed by police, but because you live in a society that the social determinants of race just because you're black you are constantly under stress, you never get a chance to relax. They're multiple. It's not a single thing. Geography is one, but it's not the whole story.

When we see that, it suggests some targeted strategy. Not just universal strategies. But this is happening to blacks in other groups in a way that is alarming. What would be the strategy to address that? And with that, I'll stop and open it up for a few minutes of questions.

[Applause]

What are the strategies?

John Powell: Well it's interesting. Some of them are obvious. And they're not politically necessarily palatable. David Williams, he teaches in the health department in public health at Harvard. He suggests that we can cut it in half by dealing with residential segregation. They're not going to do that, so let's move onto another solution. And part of why I talk about Targeted Universalism is first of all to move away from this notion that we should treat everybody the same. I was contacted yesterday by a school district that is sort of looking at the treatment of blacks and whites in schools. And it was a school district right here in California where blacks are being suspended and expelled at two or three times the rates of whites. It turns out they're suffering from post-traumatic syndrome, and they should be getting disability benefits instead of being expelled. The school did not identify them as needing healthcare, because they assumed they were just acting out. And in this case, it's even more complicated. Because they might have a black student and a white student acting the same. But because blacks are about five times more likely to be suffering from post-traumatic stress syndrome, it means they're being diagnosed at five or six times the rate. Groups are situated differently. And a teacher will say, I talked to the San Francisco School District. It's like we want to treat all students the same. No, you don't. Because they're not all situated the same. Treat black students differently. Why? Isn't that racist? No. Not if you recognize that we're living and experiences different structures and realities. Part of it is to drill that in and then get down to what those are, and then we can really move to what's the appropriate intervention for a black student who is having a post-traumatic stress syndrome episode at school as opposed to just misbehaving.
Other questions? Yes?

>> What are your thoughts about - - you talked about the load and stress. What are your thoughts about the impact of residual effects as they pertain to socialization? Automatic responses?

>> john powell: I think it's quite important. Two things. I'll say a few things. Slavery is important. Segregation is important. Foreclosure is important. More immediate. Displacement. There is one study that looks at when large communities are displaced, it has an effect in terms of health. And I think part of it, chair of the department of health in southeast Michigan, part of it is helping you, helping us understand that there are important health implications and we need to address them. And actually helping people to see how it gets registered in our body.

The other thing I would say, though, is that Tony Morrison wrote a piece that said we have actually looked at the residual effects of slavery on black people. We have not looked at the residual effects of slavery on white people. I think that is also important. Looking at these things collectively and having these measurements of appostopic loads. When you see them being high, there needs to be a medical intervention. End of story. I'm advocating that healthcare providers make a baseline of the load when they come to school. Just like fascination and monitor what's going on. And I think that could be done without a big expense and I think it could be done in a way that's fairly objective. Yeah, I think we do have to have a different story. But to show how that story is showing up in our medical experience and our health experience today.

Now I'm going to take at least one more question. But before I do that, I do this all the time. And I noticed we have a bunch of white people here. Or people who look white anyway. And you haven't asked any questions. So we have two questions from people who look black, so white people come on now!

>> (Away from the microphone)

>> john powell: I talked about belonging, which is actually closely associated with stress. When you feel like you don't belong, your stress level goes up. So what happened at UT Austin, the graduation rate for black and Latino students was abysmally low. And the narrative around that was UT Austin is a hard school, maybe they got in by affirmative action and they don't really belong. That is what they were already feeling, that they don't belong. And they spent millions of dollars for programs to help them. And they called the students together and said what is it like being here at UT Austin. This torrent of stuff came out. It's so alienating. And they changed. Just by talking about it, acknowledging it, within a short period of time, the black and Latino students were graduating at almost the same rate as white students. And the effect was so powerful, the researchers thought something was cooking the books. It's not possible. So thinking about the practical things we could do to tell people they belong to
pictures on the wall, to physical structures, to the stories we tell, to the curriculum, to just acknowledging, yes, I know this is hard. And it matters a great deal. Now some universities are replicating this around the country.

I have to tell you, I went to UC Berkeley. I went to a lot of fancy schools. I went to Yale. I went to Stanford. All of them were alienating. I used to think they were all alienating in the same way. No, they're alienating in different ways. When I went to Berkeley, I went to Berkeley Law, it was so alienating, I used to walk up the hill backwards. I literally could not face coming to school. And the school's whole thing was we have a student on drugs. And I was on drugs, but not the fun drugs. The drug of racism. The drug of feeling so alienated from the place. And no one from the school ever came and talked to me. There were all these stories. No one said "Why do you do that?" Part of it is just coming to the students. And the students may not be able to tell you everything. But they can tell you a lot. And then the last thing I'll say is Claude Field's work. Writing Vivaldi. Critical mass matters. The group that's marginalized, so they feel like they have peers and partners, and they don't feel like they're constantly being noticed. That reduces the stress level a lot.

One last question.
>> (Away from the microphone)

>> john powell: I think you're exactly right. And in my book I talk about this. You know, people make this other in a hundred ways. When I talk about otherring, it's not just race. Otherring is in a hundred ways. I used to live in San Francisco. I recently moved to Berkeley. I lived on a large park. And I would walk into a restaurant. And no one ever said anything way off. But I would literally walk into a restaurant and there would be hordes of people in ton of me trying to get a table. And the hip thing is not to take reservations. And they would look over the crowd of people and say to me “Excuse me, sir, can I help you?” What they're really saying is what is this old black man doing in here. Yeah, I want a table. That's why I don't like the term "disabled." Disabled is saying there is something wrong with you.

I'm going to end by telling this story. A bad movie starring Denzel Washington. One of these post apocalyptic movies. The whole fight is over this book that is magic. Anybody who gets the book can control the world. The book is the Bible. Whatever. They shoot Denzel Washington and the evil guy gets the Bible. And the evil guy has a harem of women and one of these women is blind. He's a bad guy. And they open up the Bible. And he's now like I'm going to rule the world. And he opens it up and it's in braille. And he turns to the blind woman and says can you read braille. And the smirk comes on her face and says no. If we're communicating in braille, then all of us who can't read braille are disabled. It's sort of flipping the switch. It's like if the structures are organized around a certain theme and you don't fit, then you become disabled. The structures are helping decide in my case I'm too tall. I'm not too tall. How can I be too tall? You're right. The way general society and the medical profession deals with us is to say this is normal and you're not normal. And I tell the story about being a vegetarian. And my son
saying which of these lasagnas is vegetarian. And someone responds by saying this is the normal one and this is the vegetarian one. And I respond by saying this there is no normal. This is the meat one, this is the vegetarian one. You don't normalize things.

Thank you!

>> Thank you professor powell.

[Applause]

I know everybody has to dash off. But we do have a small gift for you. And for everybody that joined us today, I just want to say thank you again. Please continue to follow us in various forms, whether that's social media, on our list serves, or check into our websites. We have ongoing programming throughout the year. And john will probably be signing books out in the lobby area. We're going to take you over there. And thank you all. Thank you to all of our partners. Kyle in the back, EPS, and everybody who helped place this event together. Appreciate you all.

[Applause]

(The event ended at 1:07 p.m. Pacific Time)