AMERICAN PSYCHOLOGICAL ASSOCIATION

August 4, 2023

Dear Committee on the Elimination of Racial Discrimination:

I am writing on behalf of the American Psychological Association (APA) to provide feedback into the draft General Recommendation No. 37 on *Racial discrimination in the enjoyment of the right to health*. We commend your Committee for its tremendous efforts in monitoring progress and implementation of the Convention on the Elimination of All Forms of Racial Discrimination. We are grateful for your leadership in highlighting the importance of racial discrimination as it intersects with health at the global level.

APA is the leading scientific and professional organization representing psychology in the United States (US), comprising a membership of more than 146,000 clinicians, researchers, educators, practitioners, consultants, and students across the US and around the world. We work to advance the creation, communication, and application of psychological knowledge to benefit society and improve lives. APA holds special consultative status with the Economic and Social Council and is associated with the Department of Global Communications. APA has active teams of volunteer psychologists advocating at the United Nations in New York and Geneva, the latter in collaboration with the European Federation of Psychologists' Associations and the Federation of Swiss Psychologists.

We welcome the opportunity to provide input into this draft General Recommendation on the relationship between racism and health, based on science-based Association policies. In October 2021, APA's governing Council of Representatives passed a number of Resolutions on racism and mental health. Much of the information in this document is drawn from these Resolutions: Advancing Health Equity in Psychology (APA, 2021a); Apology to People of Color for APA's Role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in U.S. (APA, 2021b); The Role of Psychology and APA in Dismantling Systemic Racism Against People of Color in the United States (APA, 2021c); and Harnessing Psychology to Combat Racism (APA, 2021d).

Therefore, we offer the following feedback and recommendations from a psychological perspective on how racism intersects with, and is detrimental to, achieving physical and mental health and wellbeing globally.

Section I. Introduction

We recommend that Section I add language around the economic drain that racism can cause society.

Racism is a key driver of health inequities, which in turn drives economic and educational inequities (APA, 2021a). This became apparent with the COVID 19 pandemic, whereby intergenerational inequalities for marginalized groups led to higher morbidity and mortality rates (Moore, Ricaldi, Rose et al., 2020). The combined effect of inequities in health, education, incarceration, and employment opportunities has been linked to lost economic output (APA, 2021a). For instance, it is estimated that anxiety and depression cost the world about US$2.5 trillion per year in lost economic productivity (Gorringe et al., 2020). For children and adolescents who fail to contribute to the economy due to mental health conditions, the annual loss of human capital is estimated at US$387.2 billion (purchasing power parity dollars; UNICEF, 2021). The COVID-19 pandemic has demonstrated these stark disparities in health and economic outcomes across groups (APA, May 27, 2020; CDC, April 16, 2021; Moore, Pilkington & Kumar, 2020, cited in APA, 2021a). Research

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has shown that eliminating health inequities would not only reduce human capital loss, but also direct and indirect medical care costs associated with illness and premature death (LaVeist et al., 2011, cited in APA, 2021a).

Section II. The Convention and the right to health

Subsection B.1: General principles, including intersectionality

We recommend that Section II, Subsection B.1, include a definition of racism and the levels at which it operates.

APA's Resolution on Harnessing Psychology to Combat Racism (2021d) defines racism as:

> A system of structuring opportunity and assigning value based on phenotypic properties (e.g., skin color and hair texture associated with "race" in the U.S.). This "system"—which ranges from daily interpersonal interactions shaped by race to racialized opportunities for good education, housing, employment, etc.—unfairly disadvantages people belonging to marginalized racial groups and damages their health and mental health, unfairly advantages individuals belonging to socially and politically dominant racial groups, and "ultimately undermines the full potential of the whole society" (Jones, 2003).

The 2021 Resolution also conceptualizes four distinct levels of racism, all of which can influence health:

1. **Structural racism** results from laws, policies, and practices that produce cumulative, durable, and race-based inequalities, and includes the failure to correct previous laws and practices that were explicitly racist (Yearby et al., 2020).
2. **Institutional racism** results from policies, practices, and procedures of institutions—such as school, health care, law enforcement, and criminal justice systems—that marginalize diverse racial groups (APA, 2017; Kovera, 2019; Yearby et al., 2020).
3. **Interpersonal racism** occurs when individuals from socially and politically dominant racial groups behave in ways that diminish and harm people who belong to other racial groups. Interpersonal racism is therefore distinct from bigotry (negative attitudes about an outgroup, not necessarily tied to race) or prejudice (a preconceived opinion that is not based on reason or actual experience; APA, 2019; Yearby et al., 2020).
4. **Internalized racism** refers to the acceptance by diverse racial populations of the negative societal beliefs and stereotypes about themselves—including negative stereotypes and beliefs about complexion and color (i.e., colorism), that reinforce the superiority of Whites and can lead to the perception of themselves as devalued, worthless, and powerless (Jones, 2001). For example, following centuries of European colonization and/or domination, Black and Indigenous people, as well as Latino/a/x and Asian persons, may act out biased attitudes and behaviors, whereby lighter-skinned individuals of these groups assume the psychological demeanor of the dominant White group (Hall, 2002).

These forms of racism are mutually reinforcing. Therefore, efforts to mitigate and ultimately eradicate racism will require comprehensive interventions aimed at all four levels (APA, 2021d).

Subsection B.2.11: Effect of racism and racial discrimination on physical and mental health at the micro-level and the macro-level

We recommend that Section II, Subsection B.2.11, expand on the underlying psychological dynamics and consequences of racism.

Racial trauma is a form of race-based stress, referring to people of colors' reactions to dangerous events and real or perceived experiences of racial discrimination. Such experiences may include threats of harm and injury, humiliating and shaming events, and witnessing racial discrimination toward other people of color. Racial trauma involves ongoing

individual and collective injuries due to exposure and re-exposure to race-based stress. (Comas-Díaz et al., 2019; Kniffley, 2018; Mosley et al., 2020 – cited in APA, nd).

It is well-established that stress has detrimental, far-reaching impacts on psychological well-being. It harms one's sense of role or purpose and affects concepts of self-esteem and mastery, all of which contribute to mental health difficulties (Aneshensel, 2009 in DeVylder et al., 2020). Members of marginalized and stigmatized groups can experience excess and chronic stress due to marginalized social status and history of oppression (Meyer, 2003). Significant adversity in life, such as exposure to racism and discrimination, particularly for those with intersectional identities, can undermine the foundations of healthy development (Shonkoff et al., 2021, cited in APA, 2021c). Cumulative and toxic stress resulting from experiences of racism, have been associated with enduring biological changes in the brain that can increase the risk for later physical and mental health concerns (Shonkoff et al., 2021 in APA, 2021b).

These stressors can accumulate and exacerbate other areas of life, often referred to as the "stress proliferation process" (D. R. Williams, 2018). The impact of systemic and structural racism can seep into relationship or financial stress, to name a few. Coping with racialized stressors can lead to a state of heightened vigilance which can have negative health consequences, such as increased risk of cardiovascular dysfunction or depressive symptoms (D. R. Williams, 2018).

Societies should prioritize tackling structural racial inequities at the upstream, macro-level, such as through housing, healthcare, or education to maximize impact (APA, 2021a; Shonkoff et al., 2021, cited in APA, 2021c).

Subsection B.2.15. "[Climate change] affects profoundly mental health, both directly and indirectly due to its impact on social networks and cultural traditions. Racial and ethnic minorities are disproportionately affected, due to geographical location, socio-economic situation, cultural norms, and intrinsic psychological factors."

We recommend that Section II, Subsection B.2.15 expand upon the mental health impacts of climate change as they relate to racism.

Communities of color often experience a disparate concentration of adverse social determinants of health. For instance, US neighborhoods populated primarily by people of color and members of low socioeconomic backgrounds disproportionately lack access to healthy food, quality health care, and community safety. These neighborhoods also experience disproportionate exposure to environmental hazards, including lead paint in older buildings, toxic waste facilities, and other sources of pollutants. As the incidence of adverse social determinants of health and climate change worsens, there will be increasingly deleterious effects on both the physical and mental health in communities of color (Bullard et al., 2013; Rosner, 2016; Schell et al., 2020; B Williams, 2018 -- cited in APA, 2021b).

Climate change can also compound familial stress, which is detrimental to child development (APA, 2023), especially for families already exposed to chronic intergenerational trauma and stressors caused by racism. For instance, families with homes damaged by a flood, storm, or wildfire may be uprooted numerous times before resettling permanently. The stress of displacement may challenge parents' ability to be effective caregivers, increasing stress on children. Children may experience disruptions in schooling, putting them at risk for psychological distress or behavioral issues (Pfefferbaum et al., 2016).

Subsection 2.C.19: Deprivation of liberty, due to over policing, racial profiling, and overrepresentation in the penitentiary system, leads to disproportionate restrictions in the right to control their health and bodies and be free from non-consensual medical treatment, including as a preventative measure to address the impact of imprisonment on mental health.

We recommend that Section II, Subsection 2.C.19 expand beyond the deprivation of liberty to examine the impact of over policing and racial profiling on mental health of racial and ethnic minority communities.

African Americans and other marginalized racial/ethnic groups are stopped by police more often than White Americans (Harris, 1999; U.S. Government Accountability Office, 2000; Wordes et al., 1994) and report being treated unfairly (Cervantes et al., 1989; Jackson & Volckens, 1998; Norris, 1992; Vrana & Rollock, 1996). African Americans are more likely than their White counterparts to report toxic stress resulting from encounters with police officers (e.g., Geller et al., 2014). For example, neighborhood-level frisks and use of force are linked to higher levels of psychological distress among African American men living in highly policed neighborhoods (Sewell et al., 2016) and police stops predict youth school disengagement (Del Toro, Jackson, & Wang, 2022). African Americans who experience police brutality suffer not only heightened generalized psychological distress, but also heightened vigilance, for example, anticipation of insults and increased attentiveness to what they say, do, and wear (Alang, et al., 2022). Even absent physical violence, several studies have shown that stops by law enforcement that are perceived as unwarranted, discriminatory, or invasive are associated with adverse mental health outcomes, including anxiety, depression, racial trauma and Post Traumatic Stress Disorder (DeVylder et al., 2017; Geller et al., 2014), as well as future delinquent behavior (Del Toro et al., 2019).

Additional findings suggest that police violence against African American adults can lead to poor mental health among African American adults living in the same state (Bor et al., 2018). Indirect exposure through the media to racism-based police use of force has been associated with lower self-esteem, as well as higher depression, hypervigilance (e.g., trouble sleeping), and physical symptoms (e.g., poor appetite) among African American young adults (Motley et al., 2022).

Section III: Obligations under ICERD

Subsection A.27: Representation in medical research and development, decision-making, healthcare facilities, services and goods.

We recommend that Section III, Subsection A.27 expand its call for the adoption of more culturally responsive health systems.

The traditional "medical model" of health care pathologizes cultural difference (Bailey et al., 2021, cited in APA, 2021c) and contributes to the underutilization of services by marginalized communities, due to stigma. There are also barriers to population health approaches that aim to provide access to primary, secondary, and tertiary levels of prevention and intervention services for historically minoritized communities (Bailey et al., 2021) Such barriers to access include cultural and linguistic differences and a paucity of appropriately trained and culturally responsive providers (APA, 2017).

The history of oppression suffered by people of color has resulted in intergenerational trauma that calls for a developmental, culturally responsive, race conscious, trauma-informed, and lifespan approach to treatment (Comas-Diaz et al., 2019; Mohatt et al., 2014). Hence, societies should adopt prevention, early intervention, and recovery frameworks based on a population health approach, including improving the availability of and payment for culturally responsive telehealth practices (APA, 2021c).

This section of the document should call for greater investment in training of health professionals from underrepresented groups; expanding incentives for health professionals to work in underserved communities; encouraging providers to seek further education on implicit bias and microaggressions; and adopting more culturally responsive health systems (APA, 2021c).

Subsection B.32. Monitoring racial inequalities in health

We recommend that Section III, Subsection B.32 include language about monitoring inequalities in school systems.

Racial inequalities are prevalent in school systems. For instance, in the US education system, discriminatory policies and practices, the inappropriate application of psychometric tests and assessment instruments, and teacher biases have contributed to detrimental outcomes for children of color, including: overrepresentation in special education; overidentification with behavioral problems; suspensions and expulsions; and low graduation rates (Downey & Pribesh, 2004; Fulks et al., 2020; Gilliam et al., 2016; Girvan et al., 2019; Losen & Martinez, 2013 -- cited in APA, 2021c). All of these factors negatively impact health outcomes. Hence, we urge schools to collect and monitor demographic data on students, ensuring that such disciplinary policies do not disproportionately affect students of color (APA, 2021c).

In order to advance health equity in schools and beyond, policies can be designed to 1) advocate for increased funding for research in health equity including scholars of color and scholars knowledgeable about health equity issues, 2) design health insurance reimbursement formulas and models that support culturally appropriate mental health services, and 3) develop and engage in partnerships and coalitions with other professional and policymaking organizations to address health equity issues in communities of color (APA 2021a).

Section IV: Recommendations

Subsection B. Data and Statistics

We recommend that Section IV, Subsection B be explicit about Member States' commitment to disaggregate data by race and ethnicity in their Voluntary National Reviews.

In the 2020 Statement, "Beyond the Human Rights Rhetoric on 'Leaving No One Behind'" the Society for the Psychological Study of Social Issues (SPSSI) and more than 100 endorsing NGOs, including APA, argue that the Sustainable Development Agenda pays insufficient attention to eradicating systemic racism. There remains a vital need for increased availability of high-quality, timely and reliable disaggregated Sustainable Development Goal (SDG) data. Member states should monitor and evaluate progress on all SDGs by using indicators disaggregated by race, ethnicity, and other factors including national origin, indigenous identity, age, sex, income, language, religion, disability, migratory status, geographic location, and other characteristics relevant in national contexts (SPSSI, 2020).

Conclusion

I would like to close this letter by reiterating our admiration for the draft General Recommendation No. 37 on *Racial discrimination in the enjoyment of the right to health*. If governments fulfill the responsibilities outlined, all people will advance toward the highest attainable standard of physical and mental health, no matter their race or ethnicity. Thank you for the opportunity to express support for and offer suggestions on this important General Recommendation. If APA can provide any further assistance, please contact Gabriel Twose, PhD, Senior International Affairs Officer (gtwose@apa.org) or Kelley Haynes-Mendez, PhD, Senior Director Human Rights Team (khaynes-mendez@apa.org).

Sincerely,

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