

The Fifth Annual Symposium
on the Social Determinants of Health

Race, Racism, and Baltimore's Future: A Focus on Structural and Institutional Racism



Summary Report

#SDH2016



Engaging communities, Improving health

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Introduction

After the death of Freddie Gray on April 12, 2015, and the protests and demonstrations that shook the city soon after, Baltimore became a symbol of racial strife and inequity and gained the media attention of not just the United States but the entire world. This was not news for the people of Baltimore or for many of the organizations that work tirelessly toward positive change in this city. To many, the death of Freddie Gray did not come as a surprise. To them, inequitable treatment of young, black men was nothing new; and it certainly was nothing that they had not heard, witnessed, or personally experienced. With the whole world watching, this tragedy brought determination; a determination that his death was not in vain, that the spotlight would not go away, and that together, through galvanized momentum, something would be done.

On April 25, 2016, over 700 people came together to attend the 5th annual Social Determinants of Health Symposium on **Race, Racism, and Baltimore's Future: A Focus on Structural and Institutional Racism**. The symposium was hosted by the Johns Hopkins Urban Health Institute and the Office of Provost. Attendees were a diverse group from the Baltimore area and beyond. Twenty-one invited speakers ranging from research and legal experts to leaders from non-profit community organizations spent the day in an intense discussion of race and racism in Baltimore. They participated in four panels, sharing poignant anecdotes about their personal experiences and presenting their research, all offering suggestions for ways forward.

Speakers participated in four panels sharing expertise on:

1. overcoming structural racism;
2. how racism affects health;
3. how racism, racial segregation, and the education system are connected, and
4. racism and policing.

This year, for the first time, the symposium also facilitated small breakout sessions in an effort to turn discussion into action. These sessions were an essential part of the event, and were created because despite

popular and lively discussions about racial injustices in our education, health, and justice systems, here in our city we need tangible steps forward. As James E. Page, Jr. noted, *"We must begin to think beyond the boxes. The problem with this type of thinking is that it is too narrow, too confining, it does not allow us to be the kinds of people that we want to be. We have to push, we have to make ourselves think beyond the confines of these small boxes."*

The goals of this symposium were to:

1. reiterate how salient structural racism is in the lives of people in Baltimore City,
2. acknowledge structural racism as a critical public health concern, and
3. critically assess the changes that we can make to reduce structural racism in our personal lives and in the institutions where we work.

"We must begin to think beyond the boxes.. We have to push, we have to make ourselves think beyond the confines of these small boxes."

James E. Page, Jr.

We must do all of these things in order to improve the future for all people in Baltimore city. As Congressman Elijah Cummings reiterated: *"Our children are the living messages that we send to a future we will never see. The question is, how will we send them. Will we send them crippled, unable to read, will we send them like Freddie Gray filled with lead? How will we send them? Life is short. If we are going to make a difference, we must find a way to bring an end to this stuff. So many people are falling by the wayside."*

Organization of this Report

This report is organized in six sections summarizing presentations from the four panels, a section on information gained from the breakout sessions, and a final section on residential segregation.

Each section supplements the symposium presentations with research and statistics aimed to provide context and significance for what was discussed specifically related to Baltimore City. The sections detail lessons learned, challenges, and examples of successful organizations in Baltimore City. In addition, an effort was made to provide an accurate timeline of major historical events related to racism and each of the topics. This was done for two reasons. First, history was acknowledged by the discussants across all panels as centrally important to understanding racism. Second, in order to have accurate conceptualizations of racism in current society, and to eventually move forward to change it, it is important to place discussions of race in the proper context – one that does not ignore America’s racial history. A fifth section is provided that details information gained from the breakout sessions, and a plan for moving forward towards a better future for Baltimore.

Residential Segregation – It’s purpose in this Report

A sixth section on residential segregation was added because it is central to understanding structural racism and all that was discussed by the speakers at the symposium. More specifically, residential segregation by income and race was discussed as being a crucial factor that contributes to inequities in education, policing, and health. In fact, data suggests that neighborhood disadvantage has remained stable over generations in Baltimore City, including indicators of spatial segregation,¹ clustering of economic distress,^{2,3a} location of vacant housing,² and economic mobility.⁴ These neighborhood factors are likely to change people’s access to appropriate and adequate health systems, their access to quality education, and lastly, their neighborhood safety and relationships with police. As a result of interest from speakers at the symposium, and data that supports their claims, an analysis of Baltimore City and residential segregation by race and income can be found in the final section of this report. If this is not a topic that you are familiar with, it is helpful for understanding the other sections of this report.

“Our children are the living messages that we send to a future we will never see... How will we send them?”

Congressman Elijah Cummings

A Note about Framing

This report provides a detailed analysis of the current status of Baltimore City in comparison to other parts of Maryland. This information was synthesized from research as well as publically available health data. Although the current status of Baltimore City and its inequities by poverty and race are substantial, the facts provided in this report are not intended to create despair, but rather to acknowledge current reality. This report hopes to shine a light on the inequities that traverse across many domains for many people living in Baltimore City because in order for change - *and we do need substantial change* - we must first acknowledge Baltimore’s complicated racial history. Before we can move forward, we must acknowledge the past and likewise we must acknowledge the present. As George Santayana said: *“Those who do not learn from the past are condemned to repeat it.”*

Good intentions are insufficient. As Maggie Potapchuk noted at the symposium: *“We need to work continuously to make sure that our actions are aligned with our intentions. We can’t assume that we get it, just because we have a good heart. Sometimes we are blinded by our own lack of knowledge.”*

Additionally, it must be acknowledged that this report focuses mostly on the inequities experienced by African Americans in this city. This is not to ignore the discrimination faced by other ethnic groups; rather it is because this city has a large African American population, and many of the inequities experienced by African Americans are a result of a racial history shared by no other ethnic group.

Panel 1: Overcoming Structural Racism

Racial disparities in health, policing, and education are a product of structural racism

Keynote Speaker: **Diane Bell McKoy**, President and CEO, Associated Black Charities

Discussants: **Gretchen Susi**, PhD, Director, Roundtable on Community Change, The Aspen Institute
Maggie Potapchuk, Founder, MP Associates

Moderator: **Phyllis Sharps**, PhD, RN, FAAN, Associate Dean for Community Programs and Initiatives, Johns Hopkins University School of Nursing

Current Status

The following chart depicts data from a nationally representative poll (N=1562; white participants = 382; black participants = 501; Hispanic participants = 501) conducted by CNN and the Kaiser Family Foundation in 2015.⁵ Participants were asked whether a series of situations had occurred to them as a result of their race or ethnicity. For example, participants were asked, "Have you ever been afraid your life was in danger because of your racial or ethnic background?"

Clearly, one's racial and ethnic affiliations impact one's experience as an American. Moreover, this information allows us to see that African American and Hispanic participants were more likely to disclose that they experience inequities in safety, housing, employment and voting, than white participants. Even in 2015, despite significant progress towards eliminating legal discrimination against racial or ethnic minorities, public opinion demonstrates it is still a salient issue in the lives of many Americans.

"People wonder, that can't be possible, this is 2016! We have had a host of civil rights laws and opportunities have occurred, laws have changed... But despite all our laws, structural racism not only endures, but it actually adapts over time."

Diane Bell McKoy

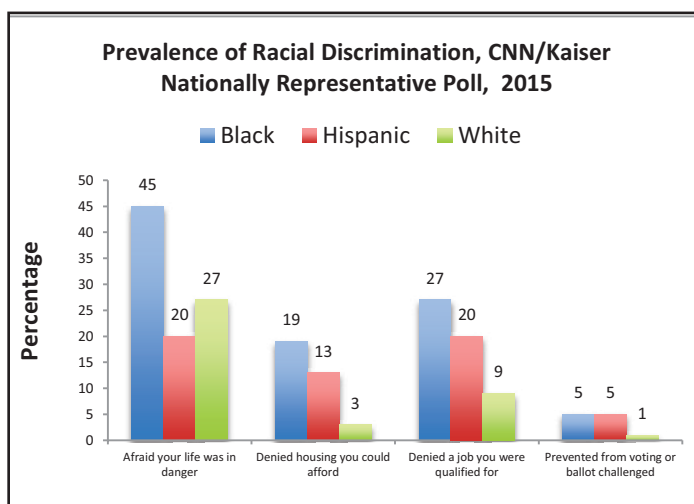


Figure 1. Source: CNN/Kaiser Family Foundation Poll, August-Oct 2015

Lessons Learned

- **There are many different forms of racism.**

Many of the experts at the panel discussed different forms of racism (see Table 1). This is very important for understanding and educating others about race. In order to overcome structural racism, we must understand each of these different levels, and work to address them all.

Definitions	Examples
Individual Racism	
“Individual racism refers to the beliefs, attitudes, and actions of individuals that support or perpetuate racism. Individual racism can be deliberate, or the individual may act to perpetuate or support racism without knowing that is what he or she is doing.” ⁶ Individual racism can include acts of commission as well as acts of omission. ⁷	“When police officers look at young black males and believe that they are violent and dangerous, they are not bad cops, they are normal Americans reflecting what they have been fed as a result of being raised in this society. These are images deeply embedded in selves and their culture and we have to think about ways of dismantling these images from this culture.” – David R. Williams
Internalized Racism	
Internalized racism occurs when a racial group oppressed by racism, supports the supremacy by participating in the beliefs, attitudes, actions, social structures and ideologies of the dominating group’s power. ⁶ As Donna Bivens explains, “As people of color are victimized by racism, we internalize it. That is, we develop ideas, beliefs, actions and behaviors that support or collude with racism. This internalized racism has its own systemic reality and its own negative consequences in the lives and communities of people of color.” ⁶	Sherrilyn Ifill discussed the internalized racism that African American children experience. Specifically, she spoke of Dr. Kenneth Clark’s famous “doll experiment” where when black children are asked to compare dolls, identical but for the color of their skin, they majority believed that the black doll was the “bad” doll, compare to the “nice” white doll.
Interpersonal Racism	
“Interpersonal racism occurs between individuals. Once we bring our private beliefs into our interaction with others, racism is now in the interpersonal realm.” Interpersonal racism reveals itself in public expressions of racial prejudice, hate, bias and bigotry between individuals. ⁸	“What my friend did not understand is that I have been followed in stores, I have had guns pointed at me by both police officers and others. What my friend did not understand is that I have had my mother harassed as she unloads groceries and I have seen police tanks roll in front of my house, making people feel like they are in a war zone and not a major American city.... That was, and still, is my life.” – James Page
Institutional Racism	
“Institutional racism refers specifically to the ways in which institutional policies and practices create different outcomes for different racial groups. The institutional policies may never mention any racial group but their effect is to create advantages for whites and oppression and disadvantage from groups classified as non-white.” ⁶	“If you are the only black, or Latino, or minority in an organization when you arrive.” – Thomas A. LaVeist
Structural Racism	
“Structural Racism lies underneath, all around and across society. It encompasses: (1) history, which lies underneath the surface, providing the foundation for white supremacy in this country, (2) culture, which exists all around our everyday lives, providing the normalization and replication of racism and, (3) interconnected institutions and policies, they key relationships and rules across society providing the legitimacy and reinforcements to maintain and perpetuate racism.” ⁸	“Where you live in the United States determines where you go to school, and the quality of education that you receive. It determines your access to employment opportunities. It determines the quality of neighborhood and housing conditions and how much lead exposure you have. It determines whether it is easy or difficult to be healthy in your neighborhood. It determines your access to medical care.” – David R. Williams

Table 1. Definitions and examples of various forms of racism.

- **All of these forms of racism interact.**

In discussions by panelists it became apparent that all of these forms of racism interact. It is helpful to understand this interaction by use of the following diagram which was developed by Cook and colleagues (see Figure 2).⁹

This framework helps us understand that different forms of racism are bidirectional and reciprocal in nature. For example, intrapersonal racism influences interpersonal racism, which influences structural racism, and vice versa.⁹ Intrapersonal racism includes both internal and individual racism. In order to dismantle structural racism, we must understand these interactions. Even if we have race-neutral policies and systems in place, they will inevitably fail to reduce structural racism unless we also work to eradicate interpersonal and intrapersonal racism.

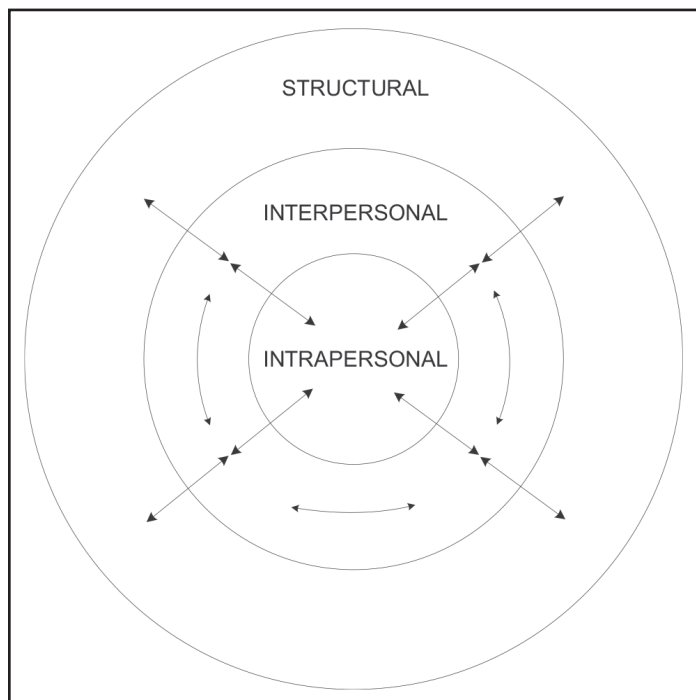


Figure 2. A multilevel system with arrows depicting the possibility for bidirectional influences within and between system levels.⁹

- **Residential segregation by race and poverty impacts everything else, including health, schools, and policing.**

In relation to health, residential segregation impacts access to healthy foods, access to hospitals and doctors, quality housing (exposure to environmental toxins), and access to safe recreational places for children. Additionally, residential segregation impacts the quality of the schools as well as access to appropriate and timely policing. As a result, panelists emphasized addressing residential segregation to overcome structural racism. (For more detail please see the sixth and final section titled “Residential Segregation.”)

- **History is important.**

In learning how to overcome structural racism, speakers emphasized that we must acknowledge United States history, and the role that this history plays in our current policy and practice even when such acknowledgement is uncomfortable and challenging. We will try to capture that history throughout the sections of this report that follow.

“It is important to be very specific with our policies. Though they might look like it is good for everyone, they might not be. We need to approach policy with an equity lens.”

Diane Bell McKoy

- **We must acknowledge and address white privilege to understand others' disadvantage.**

We must acknowledge that the myth that everyone can make it if they just work hard enough is just that – a myth. It was emphasized by many of the speakers that “black and brown people are not broken,” and that the systems in America force people of color to adapt, either successfully or unsuccessfully, to racialized policies. If white America does not acknowledge that they have been advantaged by their skin color then they will continue to believe that people of color are less advantaged because of personal attributes.

Challenges

- **Some have argued that with the election of President Obama we live in a post-racial society where racism is a notion of the past—that is far from reality.**

Speakers discussed how ignorance about race is culturally normative. Moreover, within the current political climate, policies are often framed with a universal lens, one that gives equal access and opportunities to all. Even if true, such policies ignore that the starting point is not the same for all people and “equal opportunity” advantages those whose starting point is farther ahead. Policies, speakers argued, need to acknowledge this reality.

- **Structural racism is ever changing and we continue to make the same mistakes.**

Speakers discussed frustration with the lack of public awareness and understanding of how policies adapt over time to reinforce and bolster structural racism. They also acknowledged the need to develop clear conceptual frameworks for understanding the multidimensional nature of structural racism.

Components to Address

- **We need to develop a Baltimore City racial equity action plan.**

Examples of cities/states that have implemented actions plans are available on the following website made available by Racial Equity Tools. This could be a good place for Baltimore to start.

www.racialequitytools.org/plan/action-plan#PLA34

Examples of Successful Baltimore Organizations

- **The Greater Baltimore Urban League** is a nonprofit that seeks to reduce disparities in employment, education, healthcare and housing for African-Americans and other people facing barriers across Maryland.
www.gbul.org/about-gbul.html
- **Leaders of a Beautiful Struggle** works towards transforming Baltimore through policy change.
www.lbsbaltimore.com
- **The Maryland Legislative Black Caucus** drafts and sponsors legislations dedicated to enriching Maryland's Black or African American community.
www.msa.maryland.gov/msa/mdmanual/07leg/html/caucus/black.html
- **Associated Black Charities** is a public foundation that “advocates and facilitates the creation of measurably healthier and more prosperous communities through responsible leadership and philanthropic investment throughout the State of Maryland.”
www.abc-md.org/associated-black-charities

Panel 2: Racism and Health

Disparities in health are a symptom of structural racism

Keynote Speaker: **David R. Williams**, PhD, MPH, Professor, Harvard T.H. Chan School of Public Health

Discussants: **Thomas A. LaVeist**, PhD, Chair, Department of Health Policy and Management, George Washington University Milken Institute School of Public Health

Cory Bradley, MSW, MPH, Doctoral Student, Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health

Moderator: **Maria E. Trent**, MD, MPH, Associate Professor, Johns Hopkins University (School of Medicine, Nursing, Bloomberg School of Public Health)

Historical Context for Racism and Health

While many would like to believe that medicine and health care are free from bias and discrimination, the evidence does not support that perspective. As Byrd and Clayton explain, "Racism in medicine and health care has paralleled racism in society. The nation's health delivery system has been distorted by race and class problems from its beginnings."¹⁰ Baltimore's health care legacy – while one of great advances in medicine – has been paralleled by racially segregated health care delivery.

Understanding the history of racism in medicine is important since many who lived through that era are alive today and the stories are passed from one generation to the next.

late 19th and early 20th century

The late 19th and early 20th century American medical journals and textbooks were laced with "pseudoscientific racist principles, derogatory racial character references, and pronouncements of impending black racial extinction."¹⁰

1893

In 1893, Johns Hopkins Universities opened with racially segregated classes, hospital, and medical staff even while its charter avowed non-discriminatory health care delivery.¹⁰

1932

In 1932, the Tuskegee Institute in Alabama conducted the "Study of Syphilis in the Untreated Male," where even after a good treatment for syphilis was discovered, white physicians withheld treatment to examine how it affected black bodies.¹¹ Many men died or passed on the disease. This experiment continued for more than 40 years.¹⁰

"How is it possible that health care providers in the United States – well trained, highly educated, health professionals – wake up every morning wanting to do the best for their patients and still produce a negative pattern of outcomes?"

David R. Williams

late 1930s-40s

In the **late 1930s and 40s**, birth control was tested in the black community before it was known to be safe.¹² The 20th century was also a time when black women underwent forced sterilization.¹²

1951

In **1951**, Henrietta Lacks, a black woman, died of cervical cancer even after receiving treatments that were the standard of care at that time. Physicians successfully cultivated her cancer cells and the result was used for the last 65 years as a major culture medium used in medicine. The family was only informed years later.¹³



Photo of Henrietta Lacks

mid-1960

In the **mid-1960s**, Johns Hopkins University integrated patient care wards.¹⁰

1964

In the **1964** Civil Rights Act, there were several movements that created significant positive changes for African Americans in health care including hospital desegregation, the passage of Medicare and Medicaid, the Voting Rights Bill, and the health center movement.¹⁰ Federal funding for health services allowed African Americans, many for the first time, access to medical care.¹⁰

1980s

It wasn't until the **1980s** that the proportion of black physician graduates rose above 2%.¹⁰

Current Status in United States, Maryland, and Baltimore City

Racial Disparities in Mortality and Morbidities in Maryland and Baltimore City

Today, substantial racial differences persist in both mortality and morbidity based on race in Baltimore City. As can be seen in figure 3, with the exception of a marginally higher rate of adult asthma for white residents of Baltimore City, every single health indicator, including diabetes, obesity, high blood pressure, childhood asthma, smoking, and poor mental health days is higher for African Americans than for white residents in this city. Of greatest concern is the substantial disparity between childhood asthma rates at 38.16% (black) and 11.36% (white), more than a three-fold difference.

Infant mortality, which is often used as an indicator for population health, has substantial inequities by race in Baltimore City. In Maryland, African American average annual infant mortality rates in 2012 were substantially higher at 12.2 deaths per 1,000 live births, than whites (4.5 deaths per 1,000 live births), American Indians (5 deaths per 1,000 live births), Asians (3.6 deaths per 1,000 live births), and Hispanics (3.8 deaths per 1,000 live births). Disparities were greatest for black male babies residing in Baltimore City. In fact, African American male infant mortality rates* for Baltimore City

were 3.21 times higher than their white counterparts; and African American female infant mortality rates were 2.82 times higher than for white female infants.¹⁵ While these disparities are great, it is notable that there has been a 24% reduction in African American infant mortality overall for the state of Maryland between 2001 and 2012, declining from 13.6 to 10.3 deaths per 1,000 live births in the 11 year period.¹⁶

Minority Medical Professionals Underrepresented in Maryland and Baltimore City

- The following graph helps us understand the marked differences in graduation rates from U.S. medical schools for physicians by race. Number for Asian physicians has risen substantially since the 1980's however the rates for Hispanic or Latino, black, and American Indian's have stagnated.¹⁷

In addition, these disparities continue within the state of Maryland and within Baltimore City:

- Despite African Americans representing 29.2%, and Hispanics or Latinos representing 9.0% of Maryland's total population, they only account for 9.4%, and 1.9%, respectively of Maryland's total physician count (excluding residents and fellows). This is in stark contrast to Asian physicians, who only represent 6.0% of the total Maryland population, yet account for 10.5% of Maryland's total physician count.¹⁷

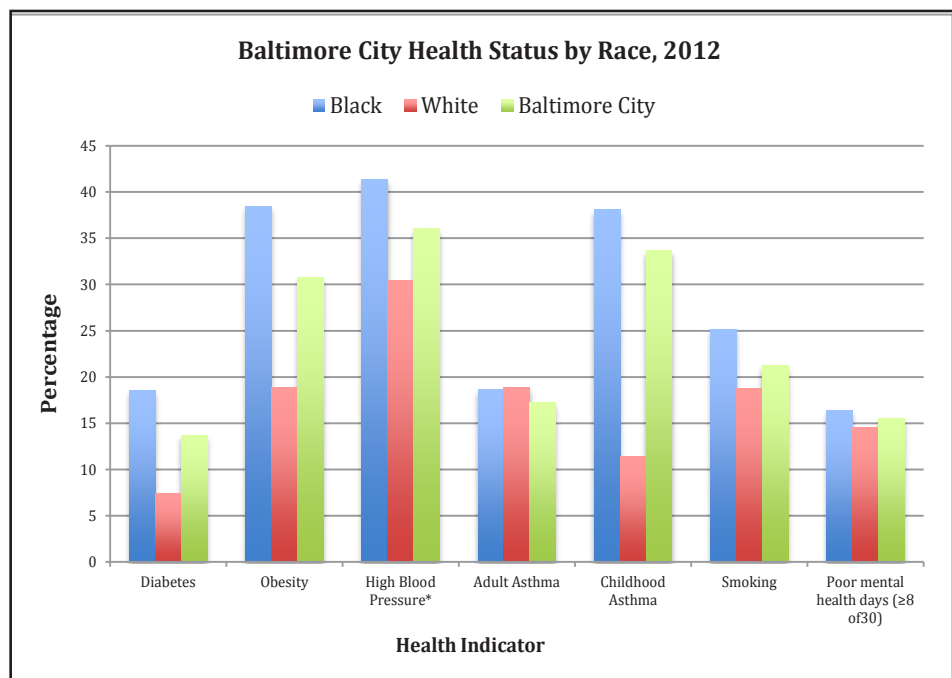


Figure 3. Source: Baltimore City Health Disparities Report Card, 2013.¹⁴
*Note - Blood pressure estimates are for 2011.

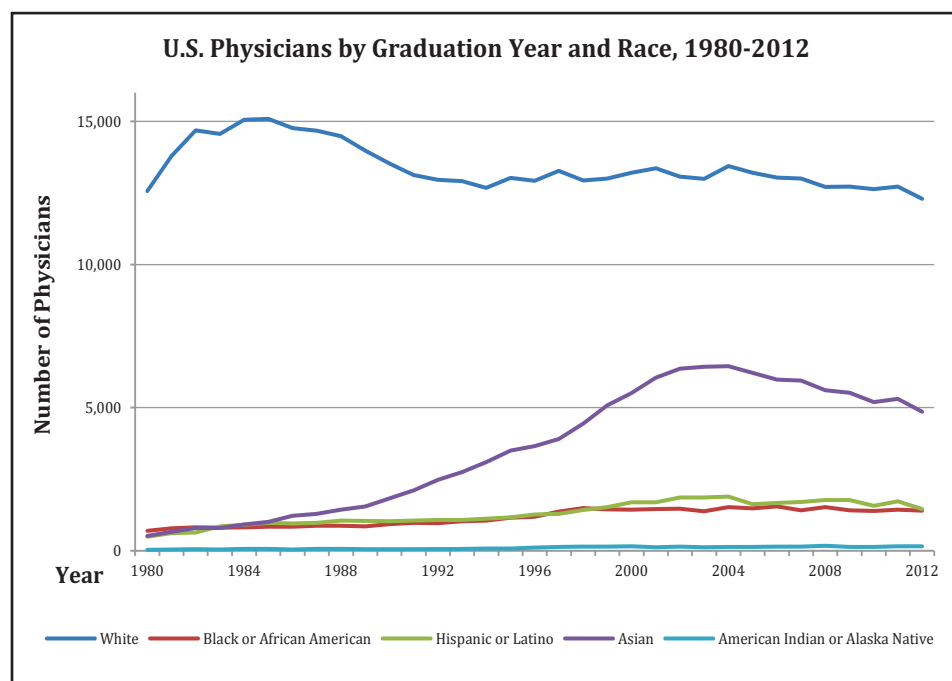


Figure 4. Source: Association of American Medical Colleges (2014).¹⁴ Chart generated by Alicia Vooris using data from the AAMC Data Warehouse: Minority Physician Database, AMA Masterfile, and other AAMC data sources, as of 1/22/2014

* Infant Mortality (<1 year), denominator - total live births

- According to the American Association of Medical Colleges and their 2013 Minority Physician Database,¹⁷ in Baltimore City there are a total of 2,480 physicians (again, excluding residents and fellows). Of these physicians, there were 434 (17.5%) Asian doctors, 346 (14.0%) black doctors, 84 (.03%) Hispanic or Latino doctors, 1,612 (65%) white doctors, and 4 (.002%) American Indian or Alaskan Native doctors in Baltimore City. However, according to the U.S. Census Bureau's 2010-2015 estimates, the population is 62.9% black, 28.3% white, 4.8% Hispanic or Latino, 2.8% Asian, and .4% American Indian. Given both the numbers of the demographics of Maryland, and the physician count by both state and Baltimore City specifically, it is apparent that there is severe underrepresentation of Hispanic and Latino physicians to care for Hispanic and Latino patients. This is a particularly salient problem with a predicted increase in the Latino population in the city.¹⁴

Thomas LaVeist noted in a paper published in 2014¹⁸ that there are six public health benefits to increasing diversity in the health workforce:

1. Improved overall quality of care through higher levels of patient satisfaction and trust
2. Enhanced level of cultural competency in patient-provider relationships
3. Expanded minority patients' access to and utilization of health services
4. Increased access to care for geographically underserved minority and white communities, as minority physicians are more likely to locate to underserved communities
5. Improved breadth and scope of medical research with a broader range of racial/ethnic perspectives
6. Larger societal benefits including having more minority providers running their own practices

Racial Bias from Medical Professionals

A recent systematic review by Hall and colleagues¹⁹ has found that a majority of health care providers appear to have implicit bias in terms of positive attitudes towards whites and negative attitudes towards people of color. Public and professional awareness is key to reducing these disparities, and this systematic review can be used as an educational tool. It is the most recent, comprehensive meta-analysis on racism and health to date.

“Racism never acts alone, in the reek of its havoc. It thrives in collaboration and collusion with a host of other oppressions, acting simultaneously to impact health.”

Cory Bradley



One of 20 love walls around Baltimore, Maryland, part of the Baltimore Love Project. This is in southwest Baltimore near Hollins Street Market.

Lessons Learned

- **Racism never acts alone in its effects on health.**

In fact, there are multiple pathways in which racism and racist systems affect health, including increased stress associated with racism (discrimination, physical/chemical exposures, historical trauma, internalized racism, etc.), fewer opportunities because of societal and individual level racism (educational, employment, income, etc.), and reduced access to societal resources because of institutional racism (medical care, housing, neighborhood/community).²⁰ In order to address the elements of racism in the health care system that perpetuates health disparities, David Williams spoke of increasing accountability and reducing discretion, as well as working on key leverage points.

- **Racism affects our behaviors and physiological responses.**

Although 'race' is a socially constructed idea, an individual's racial classification has profound impacts on their health. Racism and racist systems affect a person's behavioral patterns (health practices, everyday resistance), their psychological responses (internalized racism, racial identity, self-esteem), and their physiological responses (central nervous system, endocrine, metabolic, immune, and cardiovascular).²⁰

- **Racism itself is a determinant of health.**

These racial and ethnic disparities in health exist even when insurance status, income, age, and severity of conditions are comparable.²¹ Speakers discussed how racism can affect both mental and physical health, and for people of color it can create internalized racism where they believe and act upon the negative stereotypes that are perpetuated about them.

- **Place matters – disparities in health among minority groups are intimately connected to residential segregation.**

Moreover, speakers discussed how the institutionalized isolation and marginalization of racial populations has adversely affected health and life chances in multiple ways. It determines whether it is easy or difficult to be healthy in your neighborhood. As Dr. Williams explained, "Where you live in the United States determines where you go to school, and the quality of the education you receive. It determines your access to employment opportunities. It determines the quality of your neighborhood and your housing conditions and how much lead exposure you have." In addition to impacting physical health, it is also about wellbeing. Living in an unsafe, unhealthy, run-down neighborhood decreases your quality of life.

- **Embrace, rather than avoid intersectionality.**

When understanding the health consequences of racism, we need to embrace, rather than avoid, intersectionality. That is to say, individuals have a myriad of identities that makes them who they are, including their sexual orientation, their gender, their socioeconomic status (SES), their disability status, and their race. In understanding their health and making positive changes to improve it, we must highlight how these identities are intertwined.

“There is a particular indifference in the United States for particular groups of people. Most Americans are compassionate and caring, but we need to overcome this peculiar indifference and have the political will.”

David R. Williams

Challenges

- **Health care providers are part of the problem.**

They are part of the problem, as bias, stereotyping, prejudice, and clinical uncertainty negatively affect health outcomes of patients of color. Speakers discussed how this was not necessarily overt, or blatantly discriminatory acts against patients, but that racism affects the choices that physicians and health care providers make in the care of their patients. We must work hard to provide our medical professionals with adequate training on implicit racial bias and cultural competency to combat this problem.

- **One of the most dangerous forms of racism is indifference.**

Racism often occurs without malicious intent²²; and thus, providers need to understand and acknowledge their often hidden biases. Speakers noted the challenges of addressing hidden bias since first there is the need to make them visible to the individual and then develop a strategy to address them.

- **We need political will to dismantle how structural racism affects health.**

To make changes in the health care and social systems that lead to persistently poorer health outcomes of some groups, we need a political will since health care access alone will not in itself alter the statistics.

Components to Address

When addressing poor mental and physical health outcomes that are related to racism, there are multiple systems that need to be addressed. Ultimately, all of the following components need to be improved to reduce inequities in health:

- **Health care system**
including insurance, funding, majority white health care provider system, and access
- **Health care providers**
including unconscious bias, attitudes, and racism
- **The patient**
including mistrust, health behaviors, health literacy, and fear
- **The community**
including transportation to hospitals and collective efficacy

Examples of Successful Baltimore Organizations

- **B'more for Healthy Babies** is a program of the Baltimore City Health Department and the Family League of Baltimore City. They work towards improving health outcomes for women, children, and their families through public health initiatives including safe sleep, teen pregnancy prevention, family planning, health literacy, and housing. www.healthybabiesbaltimore.com

“Racial differences in socioeconomic status are not acts of God, they are not random events. They didn’t just happen or come out of thin air. They reflect the successful implementation of social policies, and residential segregation is doing exactly what it was intended to do and it is a structural component of racism that we will not see progress on, unless we find ways to dismantle its negative effects.” *David R. Williams*

Panel 3: Racism, Racial Segregation, and Education

Disparities in education are a symptom of structural racism

Keynote Speaker: **Richard Rothstein**, Research Associate, Economic Policy Institute

Discussants: **David W. Andrews**, PhD, President, National University, La Jolla, CA

Lisa N. Williams, EdD, Director of Equity and Cultural Proficiency, Baltimore County Public Schools

Verlando Brown, MS, Advocate for health and education

Moderator: **Mariale Hardiman**, EdD, Interim Dean, Johns Hopkins University School of Education

In the 60 plus years since *Brown vs. Board of Education*, Baltimore City has followed freedom of choice. According to Baum,²⁴ this meant that officials avoided talking about race and officially remained silent on whatever racial composition resulted. "Black community leaders encouraged and supported this approach. In the end, unregulated family choice of schools, compounded by white withdrawal from city public schools, produced only modest, temporary desegregation, followed by resegregation and the steady growth of the black student majority."²⁴ School segregation racially and socioeconomically limits educational opportunities and outcomes.



“There is something deeply hypocritical about a society that holds an eight-year-old inner-city child “accountable” for her performance on a high-stakes standardized exam but does not hold the high officials of our government accountable for robbing her of what they gave their own kids six or seven years earlier.”

Jonathan Kozol

Still Separate, Still Unequal: America's Educational Apartheid, 2005²³

Historical Context for Racism and Education*

1826

In **1826**, the Maryland General Assembly created public elementary schools for white children under the age of ten. Black families paid school taxes to support white schools, but were unable to attend.

1859-1867

Between **1859** and **1867**, Black leaders formed the Colored Sabbath School Union of Baltimore to improve black education, which included fifteen black schools. The Baltimore Association for the Moral and Educational Improvement of the Colored People promoted an additional seven schools in **1864**, and by **1867** it had established more than a hundred schools, mostly in Baltimore but some on the Eastern Shore of Maryland. Additionally, this organization established a training school for black teachers.

1896

It wasn't until **1896** that a new high school, the Colored High and Grammar Schools moved into their own building, hired its first black teachers, and enrolled about 90 black students.

1850

In **1850**, 90 blacks and 126 whites petitioned for public funding for schools for free black children, but it was rejected.

1897-1906

Enrollment in black schools grew from 901 in **1867** to 9,383 in **1900**, yet no black schools were built between 1889-1915. If a building were judged as unfit for white students, it would be transformed into a black school. Due to overcrowding in black schools in **1905**, most black children attended school half time.

1867

In **1867**, the Baltimore Association turned its schools over to the government, who assumed responsibility for hiring staff and funding. Black schools had inferior buildings and lower teachers' salaries than white schools, and the board spent money differentially by class and race. The board reserved its greatest investments for building high schools for children in elite white families.

1856

In **1856**, black churches and white Methodist, Presbyterian, and Quaker congregations opened additional schools for blacks, and 1,200 children attended these schools which were all staffed by white teachers.

1906

By **1906**, all teachers in black schools were black and had no formal salary or promotion schedule, in contrast to white teachers who were civil servants.

* Unless noted otherwise, this information was obtained from Brown in Baltimore: School Desegregation and the Limits of Liberalism by Howel S. Baum.²⁴

1920

In **1920**, Columbia University Teachers College professor George Strayer assessed Baltimore City schools and recommended renovating, closing, and replacing 34% of white schools and 43% of black schools. Strayer noted that Baltimore spent nearly half as much on nearly all government activities than 14 other major American cities including New York, Newark, Pittsburgh, Los Angeles, and Boston.

1940s

In the **1940s** there were sufficient classrooms and seats for all children, but there was overcrowding in black schools, and children were not allowed to school together. In addition to overcrowding, many black schools did not have toilets with running water, were infested with rats, and lacked adequate lighting.

1954

In **1954**, the landmark *Brown v. Board of Education of Topeka* case took place. It was determined that 'separate but equal' no longer had a place, as separated schools were inherently unequal and legally it was no longer allowed to differentiate white and black schools.

Baltimore decided that students would be allowed to transfer to any school, subject to space availability and administrative approval, which became known as "freedom of choice."

Although *de jure* (ordained by law) segregation was no longer allowed, segregation prevailed.

This condition is known as *de facto segregation*, which implies that it is a result of private preferences and actions.

Choice of schools was seen as freedom from coercion, as such that no child would be required to attend any particular school, which was in stark contrast to policies in Washington, D.C., which began assigning students to schools in racially mixed zones.

This decision meant that now "race was now invisible with regard to public policy, the board would not be interested in any ensuring inequalities between racial groups."²⁴

This plan did not provide transportation, which made transferring an unrealistic option to many families.²⁵

mid-1930s

In the **mid-1930s**, the *Baltimore Afro-American* newspaper and the Baltimore Branch of the NAACP, which was revitalized in 1935 by Lillie May Jackson and Carl Murphy, led a national campaign to end school segregation.

In **1935**, Thurgood Marshall joined the fight and sued Baltimore County to build a black high school. Although the NAACP lost this case, Murphy and Marshall organized a statewide campaign to equalize black and white teacher salaries.

They won in April **1941**. The *Afro* played a crucial role in reporting about inequities and publicizing black school conditions.

1943

In **1943**, Baltimore elected a new mayor, Theodore Roosevelt McKeldin, a liberal Republican, who appointed George W. F. McMechen as the first black man to fill one of the three educational board openings.

1950

In **1950**, the school board sought a loan of \$40 million for new construction and to accommodate an anticipated increase of thirty thousand students by **1958**. Plans included 29 new schools, including one new senior high, and one new junior high for black students. Plans would not improve run-down black schools, and they allocated less than a third of the money to improving black schools.

1968

In **1968**, in *Green v. County School Board of New Kent County*, the U.S. Supreme Court ruled that freedom of choice plans were insufficient to eliminate segregation.²⁶

1971

In **1971**, the U.S. Supreme Court and *Swann v. Charlotte-Mecklenburg Board of Education* ruled that school buses could be used in bussing efforts to correct racial imbalances, where black children could be bused to white schools and white children to the black schools.²⁷

1973

In **1973**, in the *Adams v. Richardson* decision, 85 districts across the United States, including Baltimore were named as being in violation of *Swann*²⁵ which meant that the U.S. Department of Health, Education and Welfare was required to take action to actively desegregate Baltimore's public schools.²⁵

1976

In **1976**, Baltimore City filed a suit in which the city achieved an injunction to *Adams v. Richardson* so there was little incentive to cooperate.²⁵ Additionally, according to Baum, Baltimore City has a limited amount of white students and the Reagan administration strongly opposed desegregation efforts, which meant that Baltimore City schools continue to be racially segregated.²⁴

Current Status in United States, Maryland, and Baltimore City

In understanding racial segregation in our school systems in Baltimore, it is important for us to be grounded in the facts, and in the reality of the problem here in Maryland. These data reflect how students in Maryland are often separated by race.

Segregated Schools

- In the **last two decades**, the white proportion of students in Baltimore City Public Schools has dropped from 18.5% to 11.7% to 8% in 1989, 1999, and 2010, respectively.²⁸
- In **2010-2011**, the most segregated schools in Maryland (99-100% minority), termed apartheid schools, also had the highest level (72.8%) of low-income students.²⁵
- In **2010-2011**, 12.5% of the Baltimore-Washington Consolidated-Metropolitan* areas were apartheid schools (99-100% black, Latino, American Indian, and Asian students).²⁵
- Although there has been an increase in multiracial** schools in Maryland (from 7.8% (1989-1990) to 24.0% (2010-2011)) multiracial schools have drawn a much larger share of Asian (49.8%) and Latino (45.9%) than white (20.9%) and black (21.0%) students between **2010-2011**.²⁵
- Both black and Latino students in the state of Maryland are underexposed to white

* In the report *Settle for Segregation or Strive for Diversity* by Ayscue et al.,²⁵ the Baltimore-Washington D.C. metropolitan area includes Anne Arundel County, Baltimore City, Baltimore County, Calvert County, Carroll County, Charles County, Frederick County, Harford County, Howard County, Montgomery County, Prince George's County, Queen Anne's County, and Washington County.

** Multiracial is defined as schools that have any three races representing at least one-tenth of the total student enrollment.

students, but the situation is more extreme for the typical black student in Maryland.²⁵ For example, a typical black student attends a school with mostly black classmates (62.5%), but a smaller number of white (19.6%), Latino (10.7%), or Asian classmates (4.3%). This is compared to a typical Latino student who attends schools that are somewhat racially balanced among black classmates (32.1%), white students (27.6%), and other Latino classmates (29.0%).

- In **2011-2012**, Maryland ranked as fourth most segregated state in the nation on two measures of racial segregation, and third most segregated in the nation for another. These measures include the number of black students in majority white schools (14.0%; ranked fourth most segregated), the percentage of black students in 90-100% minority schools (53.1%; ranked third most segregated), and the percentage of black students exposed to white students (19.5%; ranked fourth most segregated).²⁹

Graduation from High School

Based on a report by the Baltimore Neighborhood Indicator Alliance (BNIA) and 2010-2014 American Community Survey, 18.9% of Baltimore City residents over the age of 25 do not have a high school diploma. The largest percentage of residents without a diploma reside in Orangeville/East Highlandtown (38.8%), Madison/East End (38.0%), Brooklyn/Curtis Bay/Hawkins Point (34.6%), and Poppleton/The Terraces/Hollinas Market (34.6%).^{3b}

Additionally, according to Joseph Popovich from the Maryland Equity Project,³⁰ since 2009, despite the relatively stable rate of black high school graduates across the state (-3% decline), there has been a sharp decline (from 2009 to 2014) in black Maryland residents enrolling as new freshman (-22%). It is hypothesized that this decline is predominantly among students from lower income families.³⁰ Between these years, Baltimore City accounted for 28% of the decline in freshman enrollment despite being the source of only 10% of the in-state freshman in 2009.³⁰

Quality of Schools

Research suggests that highly segregated schools are systematically unequal. Why? Because quality of educational success is fundamentally related to poverty, low parent education, isolation from higher achieving fellow students, and less knowledgeable teachers.²⁵ Children's educational success and the success at the school are intricately linked to the education and resources of homes and communities, the quality and range of the curriculum, the nature of the peer group in the school, and the skills of the teachers.²⁵ All of these things tend to be better in middle class and upper class schools, than those in concentrated poverty (which are typically the schools that are predominantly minority).

Poor Educational Attainment and Poor Health are Closely Related

In Baltimore City, poor educational outcomes are related to poor health. According to research conducted by Virginia Commonwealth University Center on Society and Health, "the average life expectancy in Community Statistical Areas (CSAs) that were in the highest quintile for educational opportunity was 8.5 years longer than in CSAs in the lowest quintile." In addition, drug induced mortality, homicide mortality, and HIV and AIDS mortality all were higher in CSAs with lower educational attainment.^{31a}

"You can have schools where all or most of the children are suffering from these, or similar disadvantages and it is inconceivable that even the best teachers can raise the achievement of these children to anything close to middle class achievement."

Richard Rothstein

Lessons Learned

Given this information, four main themes emerged in the discussions that were held by the symposium panelists. Specifically, in understanding racial segregation in our Baltimore City schools, it was noted that:

- **Educational segregation occurs typically BOTH by race and poverty status.**

Panelists discussed this concept, which has become known as *double segregation*. Residential segregation is a major contributor to school segregation. Orfield and colleagues discuss this problem of double segregation by explaining that “in schools that are 81-100% black and Latino, over three-quarters of the students are also enrolled in schools where more than 70% of students live in poverty. In fact, half of students in 91%-100% black and Latino schools are in schools that also have more than 90% low-income students.”²⁵ Panelists discussed the need to desegregate neighborhoods before racially integrated schools can become a reality.

- **Educational segregation is both a result of *de facto* and *de jure* segregation.**

Rothstein discussed the fact that Maryland (one of 17 states) had *de jure* segregation, and thus has an intense history of racial school segregation.²⁵ Distinction between *de facto* and *de jure* segregation is important. *De jure* is the most obvious form of segregation, which is ordained by the law. *De facto* segregation refers to segregation that occurs as a result of choice. Dr. Rothstein argued that *de facto* segregation is not a reality, and cannot be so because educational segregation is a result of both intentional and unintentional acts of racism through policy and white flight. His argument lies mostly in the “choice” aspect of residential segregation. Can it really be “by choice” if the system was set up from inception to be racially segregated, as was discussed and becomes obvious when we look at the history of education in Baltimore City.

- **Segregated schools put children at a disadvantage.**

Speakers discussed how school segregation limits academic development and the social and economic opportunities for black children, thus perpetuating disadvantage.

- **Black, brown, and Native kids are not broken.**

Although self explanatory, the following quote by Lisa Williams most eloquently elaborates: “*We need to make substantive transformation that is not rooted in looking at children and communities as deficits. Black, brown, and Native kids are not broken. We need to transform our policies and ultimately see the value and worth of all young people and when we do those things, line our actions up accordingly.*”

“They [teachers] have had no exposure to know or understand things differently. What we need to do is work with teachers to be transformed. It is not a blame the teacher conversation and it should be a systems discussion. Change the system. This is a systemic problem.”

Lisa N. Williams

Challenges

- **De-segregating students in schools is not enough.**

Although it is known that students in mixed race and mixed income schools will thrive, simply bringing children into the same buildings does not overcome all the obstacles they face in order to be successful. As was noted by the speakers, inequities for students in segregated schools are not all caused by segregation. In order to address unequal educational outcomes, and to make appropriate, affordable education available to all our children, regardless of their race or ethnicity, we have to take a holistic view in our solutions. That means we need to think about equitable policies to improve transportation systems, housing, and employment opportunities for parents.

“We can racially integrate schools... I’m not arguing that residential segregation shouldn’t be a thing that we discuss... but if we don’t talk about racism and systemic white supremacy that is part of our modus operandi, day in and day out, it won’t matter that we integrate our schools.”

Lisa N. Williams

- **Punishing the teachers is counterproductive.**

Imposing impossible standards on failing school systems and then blaming teachers is not productive for making adequate change for our youth. Yes, teachers, just like medical professionals, need to understand their implicit biases and have appropriate cultural competency training. Yes, we do need to combat this interpersonal level

prejudice, discrimination, and bias; however, we must also address the entire educational system and how it systematically advantages some over others. Panelists asserted that we need to move away from structural inequalities – such as SAT scores and rigid test requirements – that disproportionately disadvantage particular groups of children.

- **It is not just about K-12.**

It is also about representation of racial and ethnic groups in higher education institutions and the difficulties that they face. As panelist Verlando Brown discussed, many public school systems in Baltimore City do not adequately prepare students to attend college. Brown discussed how he was able to succeed in college due to a strong support system that encouraged him to overcome his lack of preparation, yet he also candidly acknowledged that not all students in Baltimore City have this. Public school segregation in Baltimore City limits academic development and the social and economic opportunities for black children, thus putting them at a substantial disadvantage when they enter college.

“Not only was it a big culture shock, but also it was a huge adjustment. Academically and socially I was not prepared for college... I felt frustrated, I didn’t know how to time manage. I remember getting bad marks on my papers and I almost dropped out. But what got me through was that I was able to develop a network of support.”

Verlando Brown

Components to Address

Repeatedly, symposium speakers reinforced that in order to make change in Baltimore City, we must apply racial equity to city programs and projects, and inform and educate where necessary. There needs to be deliberate policy and leadership to truly transform the schools to have strong values and equitable treatment of all students, and an understanding of diversity of culture and learning styles from all levels of education, including leadership, administration, and teachers. According to the Civil Rights Project and authors Ayscue et al,²⁵ there are multiple steps that Maryland should take to address school segregation. For a comprehensive list, please see the link that is provided in the resource section. However, several recommendations are highlighted here:

1. Maryland should develop state-level policies for reducing racial isolation and promoting diverse schools including:
 - a. Diversifying teaching staff
 - b. Requiring districts to report on diversity-related matters for both public and charter schools
2. School officials should work to promote diversity and litigation should be considered against charter schools that intentionally served only one racial or ethnic group.
3. Fair housing should be addressed including a focus on auditing discrimination in housing markets.
4. New schools should be built that are not opened in racially isolated areas.
5. Transfer programs should be used to promote racially integrated schools.
6. Parents should ask school boards to address noncompliance and violations of desegregation plans.
7. Interested citizens should support judicial appointees who are willing to address the history of segregation.

In addition to racial integration in K-12, Chambers, Boger, and Tobin³² suggest a change in the admissions process for colleges such that college admissions deliberately advantage qualified high school students who have come from a high school that has demonstrated a racially inclusive student body and that the student applicants have personally demonstrated the ability to compete in a diverse educational setting.³² This will both improve K-12 diversity but also college admissions diversity.

Examples of Successful Baltimore Organizations

- **KIPP Baltimore**'s mission is to "create and operate public schools in Baltimore City that lead students from low socioeconomic backgrounds and a diversity of skill levels to attend and succeed in four-year colleges."
www.kippbaltimore.org/pub/Mission-/-Vision
- **Building STEPS (Science Technology and Education Partnerships Inc.)** is a nonprofit that helps support minority high school students to attend college and to become science and technology professionals.
www.buildingsteps.org
- **Higher Achievement** is an organization that provides public school students with varying levels of support both inside and outside the school to improve academic achievement. They focus on four social justice pillars including voice, freedom, justice, and solidarity.
www.higherachievement.org/our-program
- **Middle Grades Partnership** has created nine public-private school partnerships that provide "exceptional programming that halts summer learning loss, balances enrichment with skill development and brings communities together to address silos of race, class and opportunity."
www.middlegradespartnership.org

"We need to make substantive transformation that is not rooted in looking at children and communities as deficits... We need to transform our policies and ultimately see the value and worth of all young people."

Lisa N. Williams

Panel 4: Racism and Policing

Disparities in policing are a symptom of structural racism

Keynote Speaker: **Sherrilyn Ifill**, President and Director-Counsel, NAACP Legal Defense and Educational Fund, Inc.

Discussants: **Deborah Peterson Small**, JD/MPP, Executive Director and Founder of Break the Chains, JHSPH Post-Doc Fellow

David O. Fakunle, BA, Drug Dependence Epidemiology Training Program, Department of Mental Health, Johns Hopkins Bloomberg School of Public Health

Moderator: **Daniel W. Webster**, ScD, MPH, Director, Johns Hopkins Center for Gun Policy and Research, Deputy Director for Research, Johns Hopkins Center for the Prevention of Youth Violence

Historical Context for Racism and Policing

late 18th century

In the **late 18th century**, the emergence of a semi-formal, organized police force can be traced to slavery, in an effort to control the slave labor population that in some cases equaled or surpassed the size of the master class.³³ These slave patrollers had the authority to physically punish runaway slaves, and whippings and extremely violent acts were not uncommon.³³

late 1860s

In the **late-1860s** legislation was passed, starting in Mississippi and South Carolina to enforce vagrancy and loitering, but became known as Black Codes because despite being "racially neutral," they essentially created a set of legal tools for continued subordination of blacks to white economic power.³³

1877

In **1877**, Jim Crow Laws were created in the South, which were a series of elaborate regulations to govern black life in shared public spaces, and to reduce interactions between the races.³³ Formal police systems, as well as the general white public, were responsible for upholding the formal and informal social order.³³ Police brutality was often used to punish subordination.³³

"I struggle when I have to tell my son to bow his head, to avert his eyes, to close his mouth. He should be able to walk up to the other man and look him square in the eyes and say to him, I am James Edward Paige the third and I am not your target practice. But I have to tell him, don't say anything son. Just come home and give me a hug and tell me about your problems and fears. But just always come home."

James E. Page

1900-1920s

After World Wars I and II, there was a surge of black migration to Northern industrial cities occurred, yet as the black population grew, so did tools and means of racially segregating them.³³

After race riots broke out between **1900-1920** federal policies played a significant role in encouraging white flight to the suburbs and restricting African Americans to the cities.³³

This is important because legalized housing discrimination had a profound impact on the police. Moreover, the police were responsible for upholding and enforcing these laws.³³

It has been hypothesized that as a direct result of the housing segregation laws, racial minorities became viewed as objects of law enforcement and social control, rather than as citizens who are entitled to civil protections.³³

It is believed that these laws, and the environments where police were bound to uphold order “set a pattern for police behavior and attitudes toward minority communities that has persisted until the present day.”³⁴

1973-1992

The War on Drugs was declared by President Nixon in **1973**, and re-dedicated in **1982** by President Reagan.³⁵

Although these policies are racially neutral on their face, racial disparities in drug-related arrests intensified during the war on drugs.³³

According to Tonry,³⁶ in **1976** 22% of individuals arrested by police were black and 77% were white, but by **1992**, 40% of the arrests were black and 59% were white.

Notably, during these years 82% of the population was white, while only 12% of the population was black.³⁶

Policies implemented in the War on Drugs included stop and frisk, where people could be stopped based on an officer’s reasonable suspicion, but were predominantly conducted in impoverished black and Latino communities.^{36, 37}

These stop and frisk policies lead to psychological violence and increased risk of physical and sexual violence, and arguably frayed relationships between civilians and police.³⁵

2010

In **2010**, Congress passed the Fair Sentencing Act (FSA).³⁸

2011

In **2011**, the U.S. Sentencing Commission voted to retroactively apply the new FSA guidelines to individuals sentenced before the law was enacted.³⁸

Baltimore City Events

1942

In **1942**, Thomas Broadus, a black soldier was killed by white officer, Edward Bender who shot him when he ran from him after trying to get a cab after going to see Louis Armstrong with his friends on Pennsylvania Avenue.²⁴ Broadus was the second African American that Edward Bender had killed, but charges were dismissed.

prior to 1966

Prior to **1966**, African American officers were limited to foot patrols as they were barred from the use of squad cars. These officers were quarantined in rank, barred from patrolling in white neighborhoods, and would often only be given specialty assignments in positions in the Narcotics division or as undercover plainclothes officers.³⁹

1990s

In the **1990s**, Baltimore City Council members instilled “zero-tolerance policing” in Baltimore City, which lead to mass arrests for minor infractions and severe “community frustration” according to Ms. Kumar of American Civil Liberties Union, who was quoted in a 2015 New York Times article, titled “Baltimore’s Broken Relationship with Police.”⁴⁰ These “zero-tolerance policies” are interrelated with police violence against black adolescents and adults in the United States.³⁵

1942

In **1942**, a peaceful March in Annapolis occurred where more than 2,000 protesters convened while Carl Murphy, Lillie May Jackson, Juanita Jackson Miller, Edward Lewis, and W.A.C. Hughes met with Governor O’Conor to investigate police administration in black neighborhoods, and request that he appointed black uniformed policemen, a black police magistrate, and an additional place policewoman.²⁴

His response was noncommittal; instead of doing as asked, he appointed five blacks and thirteen whites to an Interracial Commission to Study Problems Affecting the Colored Population.²⁴

1968

On **April 4, 1968**, Martin Luther King Jr. was assassinated, followed by the Baltimore riots.

2015

On **April 12, 2015**, Freddie Gray was arrested by the Baltimore Police Department and later died in a hospital from spinal injuries.

Two recent laws have been passed that are hopeful for improving police and civilian interactions:

- Doubling the maximum awards in civil lawsuits by those injured by police.⁴⁰
- Requiring the reporting of police-involved killings in Maryland.⁴⁰

Current Status in United States, Maryland, and Baltimore City

Unfair Interactions by Police Because of Race – Results from a National Poll

In a poll of a nationally representative sample of 1,951 adults conducted by CNN in October of 2015, one in five blacks (19%), and 17% of Hispanics reported that they had had an “unfair” dealing with police in the past month. By comparison, only 3% of whites said that they had been treated unfairly.⁵ When asked whether they believed that the American criminal justice system treats whites and blacks equally, only 38% of whites, 29% of Hispanics, and 9% of blacks said yes. When asked the same question but whether whites and Hispanics were treated equally in the criminal justice system, only 41% of whites, 28% of Hispanics, and 12% of blacks agreed.⁵ These findings suggest that many citizens of color experience discrimination or unfair treatment at the hands of police.

Civilians Killed by Police Nationally

According to the Washington Post, between 2014-2015, 990 people were shot and killed by a police officer in the United States. Although approximately 13.3 % of the U.S. population is African American,⁴¹ black civilians accounted for 40% (258) of police deaths.⁴² There were 172 civilian deaths who were identified as Hispanic and 492 who were white. Civilians killed by police tended to be armed (783 had a deadly weapon), mentally ill (250 had signs of mental illness), and/or were fleeing, generally on foot (approximately 25%). Although the majority of individuals killed by police were white (492 deaths), only 32 white individuals, or approximately 7% of these individuals were unarmed. This is in contrast with 36% (93) of black men who were unarmed.⁴²

As of August 29, so far in 2016, a total of 622 people have been shot and killed by police nationwide.⁴³

Civilians Killed by Police in Maryland and Baltimore City

According to this same database,⁴² between 2014-2015, there were 15 civilians killed by police in Maryland. Twelve of these (11 male, 1 female) were black civilians and 3 (all male) were white. All of the white civilians were armed, yet the three African American were not.⁴³ While there are various hypotheses as to why this is the case, a plausible conclusion is that police fear is greater when the civilian involved is not white.

In March of 2015, the American Civil Liberties Union (ACLU) of Maryland published a report on deaths in police encounters in Maryland between 2010-2014.⁴⁴ During these years it was reported that at least 109 people died in police encounters, and that out of the 17 counties, 28% (31) occurred in Baltimore City. Sixty-nine percent (75) of the total deaths were black and forty-one percent (45) were unarmed. The most startling finding of this report was that the number of unarmed black civilians who died (36) was greater than the number of whites who died (30), armed or not⁴⁴. After controlling for the size of black and white population, it was found that unarmed 10 black people died for every unarmed white person who died.

Disparities in Homicide Mortality in Baltimore City by Race

In 2013, homicide was the cause of 5.1 per 100,000 deaths nationwide.⁴⁵ In 2012, the homicide rate in Maryland was 7.0 per 100,000, compared to 33.6 per 100,000 deaths in Baltimore City, nearly five times higher. Black men have the highest homicide mortality in the city with 100.6 deaths per 100,000 residents, which is 11.67 times higher than the homicide rate for white males, at only 8.6 per 100,000 residents.¹⁴

According to Vital Signs 14, on Crime and Safety and the Baltimore City Police Department, there has been a substantial increase in homicides in the city. In 2014, there was a total of 211 homicides, which rose to 344 homicides in 2015.^{3a} In 2014, the neighborhoods with the largest number of homicides were Southwest Baltimore (14), Cedonia/Frankford (11), Southern Park Heights (11), Dorchester/Ashburton (10), and Pimlico/Arlington/Hilltop (10).^{3a}

High Crime Neighborhoods in Baltimore Face Substantial Deprivation

A recent analysis was conducted by Gomez, published in 2016,⁴⁶ on policing, community fragmentation, and public health in Baltimore City. Her analysis of six high police activity neighborhoods including Clifton/Berea, Madison/East End, Oldtown/ Middle East, Sandtown-Winchester, Southern Park Heights, and Pimlico, indicated that these neighborhoods, which are predominantly African American, have some of the worst indicators of deprivation. Six of these neighborhoods in Baltimore city are ranked in the worst quintiles 4th and 5th – on four out of the five socioeconomic indicators of deprivation (households earning less than \$25,000; population over age 25 with less than a high school diploma; gun-related homicide rate per 1000; percent of adult population on probation). Additionally, five out of six ranked in the worst quintile for infant mortality and life expectancy.⁴⁶

According to a 2016 report by Milam et al,⁴⁷ two communities in Baltimore stand out due to their high violence. Specifically, Park Heights has a rate of 160 homicides or shootings per 100,000 residents and Southwest Baltimore at 180 per 100,000 residents.⁴⁷ These numbers are staggering by any measure.

“Had Freddie Gray lived, what were his chances for a full and filled life? There are other Freddie Grays out there that we are not talking about, simply because they are alive. But we have not been asking what their lives would have been like.”

Sherrilyn Ifill

Narrative from Sandtown-Winchester

Unequal Protection

An analysis of incident reports, interviews, and testimonials of police misconduct as told by citizens living in Sandtown-Winchester published by the No Boundaries Coalition, reveals detailed reports of distrust and unfair treatment. After the death of Freddie Gray and the subsequent protests, residents of Sandtown-Winchester discussed differential levels of police protection, and a notable number of foot patrols to protecting areas such as the Inner Harbor far in excess of that in Sandtown. The interpretation was articulated by one neighborhood resident: *“The city was pretty much saying Sandtown doesn't matter; the Black neighborhood can burn. They were protecting the white people, the richer people. Made it clear to me that even though we have a Black Mayor, Baltimore is still a very racist city.”*

Unequal Treatment

In this same report, the War on Drugs was discussed by Sandtown residents as creating an “us against them” mentality where police officers acted aggressively and invasively when policing drugs. In discussions of police strategies and tactics, and out of 57 interviews, key informants identified 67% of the stops as unwarranted (not prompted by a legitimate public safety crime), and 86% as excessive (resulted in a response disproportionate to what they expected or was necessary). During stops, informants described physical violence (96%), long periods of detention (46%), and abusive, demeaning, or subordinating language (57%). The report explained that this created a “cycle of antagonism, recrimination and resentment.”⁴⁸

Changing Help-Seeking Behaviors

According to research by Freudenberg et al,⁴⁹ for some populations who have experienced excessive violence or coercion at the hands of police, it changes help seeking behaviors. In particular, it may cause hesitation to summon police assistance in cases of civilian-on-civilian violence, because there is a fear that the police could escalate the situation.⁵⁰ This has public health consequences for safety and has an impact on health in Baltimore City. Ultimately, if black Americans know that that policies have racial bias, they can become deeply disillusioned by their current situation and according to Bobo and Thompson, “undermine a readiness for positive engagement with the police in the court.”⁵⁰

Lessons Learned

- **We must work together to improve racism in policing.**

Panelists discussed the need for open and honest discussion. David Fakunle asserted that sometimes people become defensive when discussing racism because they don't want to be seen as a racist. He said how we must try to relate to each other, understand each other's point of view, and be accepting of ourselves when we make mistakes. Understanding our differences allows us to see humanity in one another and see others as worthy of kindness and respect. Ultimately, we must not be afraid to bring our biases to light, as it is the only way we can learn from each other. After all, panelists agreed that racism is bad for everyone, not just people of color. We cannot be a fully functioning, diverse, multicultural, thriving community when racism is present.

- **When investigating inequity in police treatment, people are asking the wrong questions.**

Sherrilyn Ifill discussed how in the moment of crisis, and largely in the death of unarmed black men at the hands of police, people become fixated on what she believes to be the wrong questions. Though Ifill believes that focusing on moments where officers deliberately choose to treat someone differently because of their race is important to call out, she argued that what is more important is focusing on the broader social, political, and organizational cues that instruct the officer's actions. Yes, it is important to understand the circumstances that led to the death of Freddie Grey, including understanding the actions of the police officers who interacted with him, but she also calls on us to understand the lack of opportunities that Freddie Grey had for housing, employment, and schooling.

- **Black lives matter in life, not just in death.**

The death of Freddie Grey was a topic that arose and was discussed by the panelists often. The main sentiment was that Freddie's life should have been important before he was killed. Only seeing black lives as worthy of action in their death is a very painful message for African Americans and people of color and is dangerous for well-being, health, and internalized racism.

- **Police brutality and an unequal justice system is about a failure to see humanity in others.**

Although it was emphasized that we must focus on changing the systems that allow racism in policing to occur, it was also emphasized by panelists that we must remember to put a face to the work that we are doing. We must not lose touch of why we are seeking to change policy, because ultimately it is the people that we are changing. As David O. Fakunle stated: *"We need to acknowledge our differences and the differences in our experiences... in that, we can recognize our humanity. Sometimes we lose touch of this when we think about policies and laws because we are thinking about what we have to put on paper."*

"Some of the best allies that I have ever had in my life were people that did not know (about their personal biases) and it was not about putting them down, it was about teaching them and making them learn. I don't blame you - you have been taught just how I have been taught. So let me show you."

David O. Fakunle

Challenges

- **There is sometimes innaccurate portrayal of people of color in media.**

Racism is embedded in American culture and is internalized by even our youngest members. Images and ideas of black inferiority and white superiority are commonplace in American culture and are perpetuated in almost every form of media. Thus, our society embeds within us a culture of racism, which leads to bias, stigma, and stereotyping.²⁰

- **There is a need for more data around police-involved killings.**

Panelists discussed the lack of transparency that occurs when police harm people. Although there has been substantial community mobilization and commitment to making the facts known about the current status of police interactions in Baltimore City, there continues to be a glaring lack of data and evidence on police interactions or deaths at hands of police.

- **The black community does not trust the police and they are afraid.**

In a powerful personal narrative, Dr. Page discusses his fear in raising a black male child in today's society. He discusses how he has been followed in stores and had guns pointed at him by police. Dr. Page's narrative helps us understand that these fears are not unique to him, but rather a common African American experience.

- **Police brutality and oppression are traumatizing for the black community.**

In discussions about police brutality and oppression for African Americans and people of color, panelists discussed the negative mental and physical health impacts that result from the cumulative and unpredictable trauma that occurs from unfair treatment.

Examples of Successful Baltimore Organizations

- **No Boundaries Coalition** has brought together community members from Sandtown, Druid Heights, Upton, Madison Park, Penn North, Reservoir Hill, and Bolton Hill to address issues in racial and economic segregation in Baltimore City.

www.noboundariescoalition.com

- **Safe Streets** is a Baltimore City Health Department community engagement program that utilizes community mediators to intervene in potentially violent situations to reduce violent crime before police have to respond.

<http://health.baltimorecity.gov/safestreets>

- **Baltimore Racial Justice Action** is a Baltimore City organization that works against racism and other forms of institutional oppression through consulting, coaching, and assistance to organizations and the community.

www.bmoreantiracist.org

“The myth of black inferiority and the myth of white superiority has caused structural trauma, it has caused economic trauma, mental trauma, and psychological trauma. And we really don't emphasize that enough.”

David O. Fakunle



Developing a Strategy to Move Forward: Lessons from the Small Group Discussions

“Freddie Gray’s life and death are a symbol of all of the systems working against him. All of the things that you have been talking about today affected him: schools, health, and criminal justice. Did you see him? All of those things hit Freddie in the gut. **Did you see him?**”

Congressman Elijah Cummings

We see you, Freddie Gray, and together we want to do something about the systems in Baltimore City that perpetuate racial inequality. We want to make it known that you are important not just in your death, but also in your life. The events that took place throughout your life are not just a story, but they are a reality – and they show that we still have a long way to go.

The following information was obtained from 35 groups who met several times throughout the day to discuss content from the symposium, and to formulate ways to move forward in Baltimore City.

Areas of Deep Concern

In analyzing group activities in the symposium, we looked for commonalities across groups. As discussions about Baltimore City circulated, it became apparent that across 35 independent group sessions, there were major sources of concern for Baltimore City residents. Issues acknowledged by half or more participants as priority concerns:

- **Lack of access, or unequal access to quality healthcare:** Participants discussed a lack of access to mental health services in particular communities, a lack of access to culturally competent healthcare, segregation in healthcare access, and lack of access to affordable health insurance.
- **Poor educational opportunities,** largely affecting the City vs. the County. Participants discussed lack of access to universal pre-K, little control over school curriculum, black children being labeled for special education, high school staff turnover in city schools, schools that don't have basic needs (e.g., available water), lack of vocational education tracks, lack of college preparatory readiness, and lack of trauma-informed policies or curriculums.
- **Major housing difficulties** were discussed by 47% of groups and included substandard housing, issues with large populations of homelessness, segregated neighborhoods, gentrification, racist housing policies, and unstable housing.

Additional concerns of note by 40% of participants:

- Unequal distribution of accessible, affordable, and high quality food options
- Unequal or segregated funding sources and educational resources for non-profit organizations
- Poor information-sharing (i.e. databases, public information) for the Baltimore community

Identifying Obstacles to Baltimore City Anti-Racism Work

Additionally, respondents identified barriers that continue to interfere with progress in moving away from structures in Baltimore that allow disparities by race to continue. The top five barriers that were discussed included:

- daily, lived trauma of Baltimore residents
- a lack of knowledge of where to find needed resources
- low health literacy rates
- internalized racism
- a pervasive mistrust of government and institutions.

Additionally, power dynamics (18%), hopelessness (12%), and untapped human capital (6%) were discussed as barriers to success.

Identifying Baltimore City Assets and Strengths

Respondents also identified key attributes of Baltimore City that make it strong, and advance its capacity to move forward to overcome racism. The most commonly discussed strengths were:

- **Baltimore's medical community:** Baltimore houses some of the best medical institutions. Johns Hopkins, University of Maryland, Morgan State University, and University of Baltimore were all mentioned.
- **Baltimore's resilience:** Baltimore City is resilient, proud, and has a strong sense of community.
- **Human capital:** Discussants mentioned that a large black population and a large and vibrant history from diverse backgrounds makes us as a city strong. People discussed prominent historical

figures such as Thurgood Marshall as examples of important leaders and idols for people in the city.

- **The philanthropic and business community:** Baltimore City has many non-profits and businesses that are passionate about helping their community.
- **Community momentum for change:** There is a momentum in anti-racist efforts and a willingness to have a conversation about racism and Baltimore City. People discussed how the civil unrest following the death of Freddie Gray created a spotlight to harness and mobilize change.

Short Term Goals and Action Steps

These actions and goals included ideas about individual transformation and change of others, as well as implementing steps towards accountability. Together attendees stated that they would: build awareness, collaborate across organizations, invest in youth development, educate people about white privilege, talk to politicians, help people navigate the system, offer mentorship, build trust and engage the community, and follow up with each other.

It is important moving forward that we can trust each other to define the work that needs to be done in our own communities, and follow through to make this city a more equitable place. In order to accomplish the goals that were discussed by the symposium attendees and speakers, the Urban Health Institute has compiled resources that can be useful in accomplishing these goals. It is important to us that as a collective and passionate unit, inspired by our ONE Baltimore and all that it has to offer, that we do something with what we have learned.

There is something profound and powerful about a group of people impassioned to make positive change. Please use the tools found in the [online resource guide](#) to continue our efforts to eradicate structural racism in Baltimore City. Additionally, if you are interested in watching the full program from the symposium or any of the panel discussion, please visit the UHI's YouTube page and navigate to the SDH2016 Playlist: www.youtube.com/UrbanHealthInstitute

Short Term Goals and Action Steps

Together attendees stated that they would:

- **Build awareness**
- **Collaborate across organizations**
- **Invest in youth development**
- **Educate people about white privilege**
- **Talk to politicians**
- **Help people navigate the system**
- **Offer mentorship**
- **Build trust and engage the community**
- **Follow up with each other**

Intermediate Goals

These actions reflected a need for organizational, structural, and environmental change across the city:

- **Begin education reform**
- **Instill accountability and transparency measures**
- **Create a new paradigm for social justice**
- **Improve Baltimore's image**
- **End food shortage**
- **Offer transportation solutions**
- **Diversify the workforce**
- **Create funding initiatives and provide more resources**

Resources

For the full summary report and the tools and resources guide, visit our website:

www.urbanhealth.jhu.edu/SDH2016

If you are interested in watching the full program from the symposium or any of the panel discussions, visit the UHI's YouTube page and navigate to the SDH2016 Playlist:

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Strategic Framework for Action

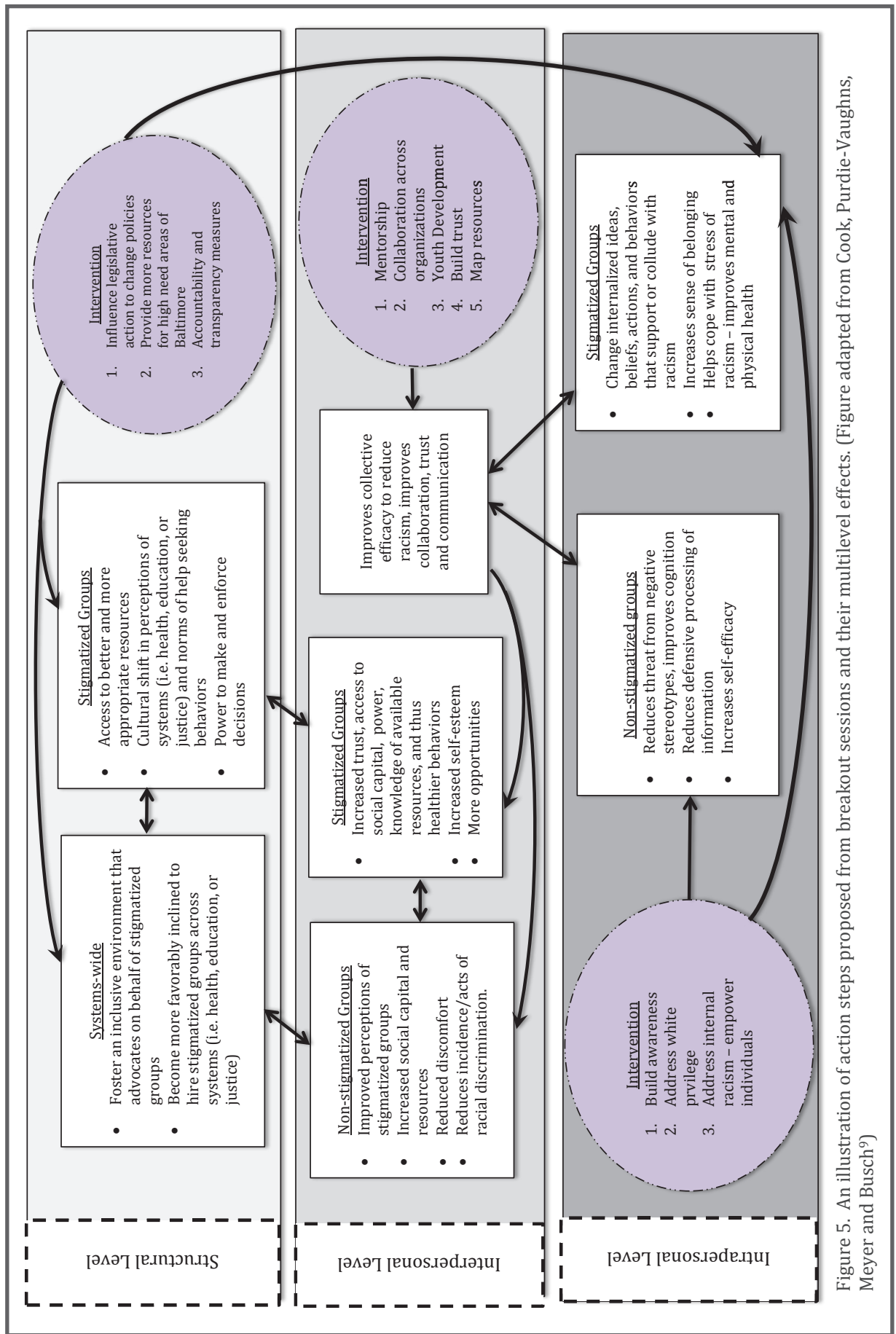


Figure 5. An illustration of action steps proposed from breakout sessions and their multilevel effects. (Figure adapted from Cook, Purdie-Vaughns, Meyer and Busch⁹⁾)



Appendix: Residential Segregation in Baltimore City

Residential segregation is a result of structural racism, and works to affect health, education, and policing.

In his book *Stuck in Place*, Patrick Sharkey argues that accumulated deficits in human capital, educational attainment, economic circumstances, and particular occupational positions cannot explain why African Americans remain in disadvantaged neighborhoods for generations. Instead, he argues that after the civil rights movement, the poorest neighborhoods bore the brunt of four decades of economic restructuring and political disinvestment, which led individuals living in them (in Baltimore's case, predominantly African Americans) to be "stuck in place."⁵¹ According to Sharkey, African Americans remain attached to places – often places with concentrated poverty and violence – due to a combination of "white discrimination, hostility and violence, housing and credit constraints, and social and family ties."⁵¹

How did Baltimore create a city where significant numbers of African Americans are stuck in place? The timeline below provides some insights on residential isolation in present day Baltimore City.*

Historical Context for Residential Segregation

1910

In 1910, the first ordinance on "racial zoning" in Baltimore City was passed.⁵²

mid-1930s

In the mid-1930s in an attempt to recover from the Great Depression, the Home Owner's Loan Corporation (HOLC) was established.^{31b} The HOLC was responsible for assessing the financial risk of investing in a geographic area. A red color was used to designate the neighborhoods that were considered greatest risk, and generally this assessment was based on age and condition of the buildings, as well as the ethnic or racial composition of the community. This well-known practice in Baltimore became known as "redlining" and had substantial implications for homeownership for black residents.^{31b}

1930s-1943

The Housing Authority of Baltimore City (HABC) ran two housing programs, one for whites and one for blacks.⁵³ Housing projects were used to reinforce residential segregation, including the McCulloh Homes, which were built as the first black housing development to prohibit the "encroachment of colored into the adjacent good white residential neighborhood."⁵² This white neighborhood is now known as Bolton Hill.

1930s

By the **1930s**, blacks comprised 20% of the city population, but were confined to about 2% of the City's land area. There were distinct neighborhoods that emerged in West and East Baltimore that were known as the black "ghettos."⁵²

Westport Homes were built, which were a public housing project for whites only.

1939-1945

During WWII, there was a severe housing shortage for African Americans who migrated to work in shipyards and defense plants. Opposition from white residents of the city prohibited housing to open for black workers, thus African Americans were forced into racially segregated space that became known as the "black belt."⁵² Despite efforts to open a "Negro war housing" at Herring Run area in Northeast Baltimore, and urging from the Urban League, the NAACP, CPHA, and Afro, that Cherry Hill area was isolated and full of pollution and environmental hazards, Mayor McKeldin dropped the Herring Run site.⁵²

1950s

The Federal Housing Administration (FHA) mortgage insurance program of the **1950s** fueled an increase in rental housing and homeownership for whites.^{52, 55}

1950-1964

Between **1950 and 1964**, 25,000 residents of Baltimore were displaced by "urban renewal, public housing construction and school construction."⁵² According to Samuels, 2008, 90% of the displaced residents were African American. Rental ads during this time designated housing as "colored" or "white."⁵²

1960

In 1960, Baltimore City was 34.7% African American and 30.2% of the census tracts in Baltimore City were 60% African American.¹

1967

As a result of civil rights activists, in **1967**, Brooklyn, Claremont, and O'Donnell, which were all white, were integrated. According to Samuels,⁵² as of 1995, these neighborhoods were all still 60% white with a waiting list of 90% black applicants.

1968

In **1968**, the Fair Housing Act was passed just days after the riots in Baltimore that occurred after the assassination of Dr. Martin Luther King, Jr. This law prohibited the discrimination on the basis of race, color, national origin, religion, sex, familial status, or disability in the sale, rental, and financing of dwellings.⁵⁶

1995

In **January 1995**, Carmen Thompson v. United States Department of Housing and Urban Development (HUD) fought to eradicate segregated public housing in Baltimore.⁵⁴

* Most of this information was obtained from a presentation on the history of housing segregation in Baltimore City developed by Samuels⁵⁰ and the American Civil Liberties Union of Maryland in a fight against unfair housing projects in the Thompson v. HUD ruling in 2005.⁵³

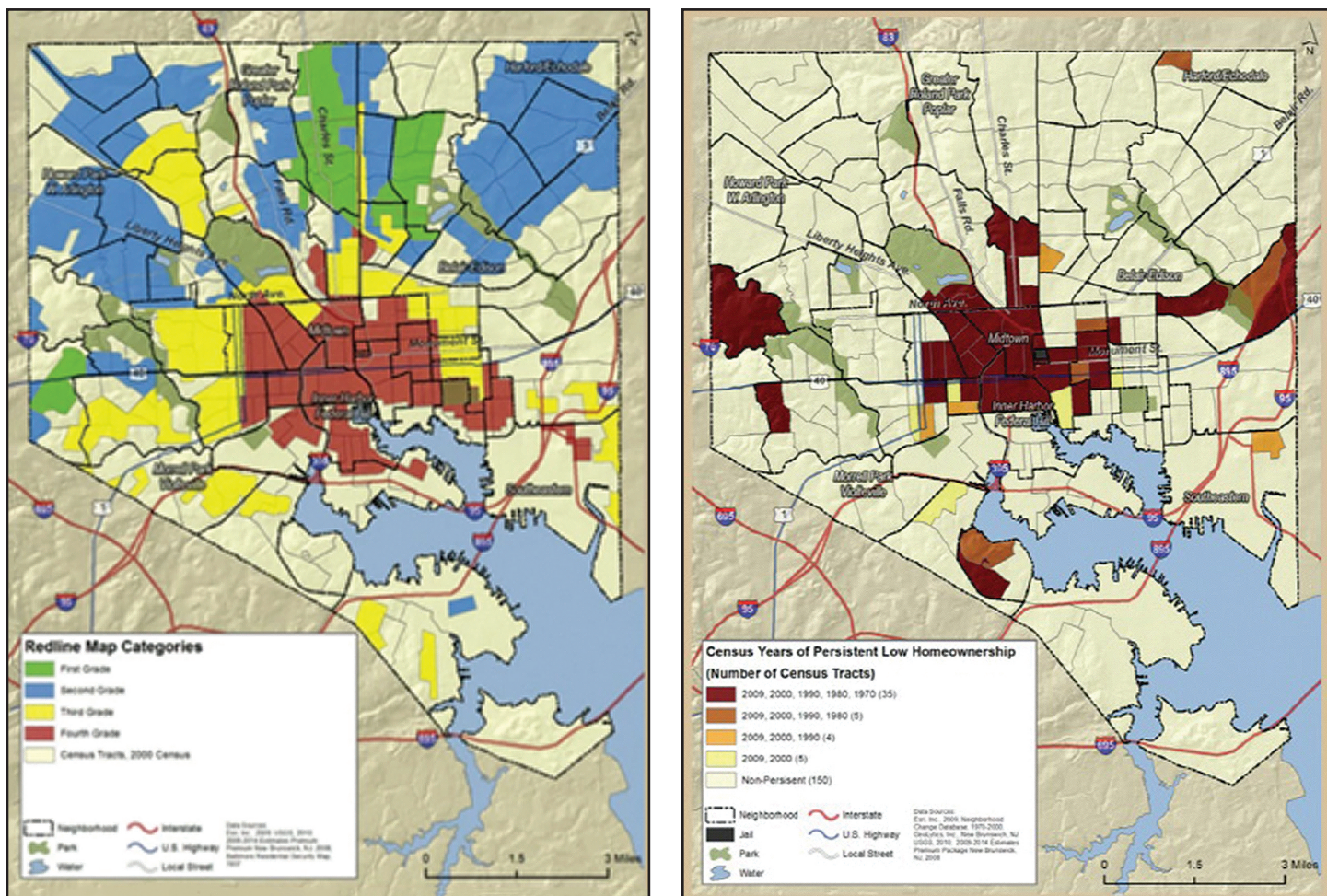


Figure 6. Baltimore's redlining map (left) and current census tracts with persistently low homeownership rates (right). VCU Center on Society and Health.^{31a} Maps created by the Virginia Network for Geospatial Health Research.

2000

By **2000**, Baltimore City was 64.3% African American, and 60% of the census tracts in Baltimore city were more than 60% African American which is double what they were in **1960**.¹

2005

In **January 2005**, after ten years of litigation, Federal District Judge Marvin J. Garbis ruled in favor of Thomson, stating that HUD violated the Fair Housing Act of 1968 by unfairly concentrating African Americans to the most impoverished and segregated areas of Baltimore City.^{54, 55}

2014 Governor Larry Hogan stopped the 14-mile, 2.9 billion dollar plans to build a Red Line rail line, which was intended to connect the East-West corridor of Baltimore.⁵⁷ According to Sherrilyn Ifill, this effort will disproportionately affect low and middle income African Americans who would have used the Red Line to get to work. Additionally, the money not spent on this project is likely to go towards supporting transportation infrastructure for the suburbs. According to the NAACP Legal Defense and Educational Fund, "whites will receive 228 percent of the net benefit from [Hogan's] decision, while African Americans will receive -124 percent."⁵⁸ Since the ruling to stop the Red Line, the NAACP LDF has filed a civil rights law suit against the state of Maryland.⁵⁸

As can be seen by this timeline, there was a time when it was legal to forcibly segregate neighborhoods and there were specific policies in place that prohibited mobility and integration both economically and racially. Although some of these policies were explicitly racist, others created an environment where discrimination and racism allowed unequal and segregated neighborhoods to continue. As Bass explains, “federal, state and local governments played an active role in creating and preserving race-based spatial residential patterns. History shows that blatantly discriminatory and racially neutral policies that were discriminatory in practice were implemented primarily to segregate and discriminate against African Americans.”⁵⁶ The victory of Thompson vs. HUD in 2005 was a big step forward in eradicating residential segregation in Baltimore City.

Current Status in Baltimore City

A lot of the information that follows was obtained from a report published by the Urban Health Institute called *Health and Wellbeing of Baltimore's Children, Youth and Families*, written by Dr. Philip Leaf and colleagues.² The report provides a thorough overview of Baltimore City and demographic and structural changes that have occurred between 2000 and 2010. A few of its findings are highlighted below as they help us better understand the current residential inequities in Baltimore City. The story of racial inequity in housing to the present day can be thought of as a continuation of a story of residential segregation that extends well back in time.⁵¹ Unfortunately, as the data provided below suggests, neighborhood disadvantage has remained relatively stable over generations.

Spatial Segregation

Denton and Massey⁵⁹ discuss a measure of indicators, including “evenness” and “isolation” to describe the degree of residential segregation in a metropolitan area. Evenness refers to the proportion of demographic groups and how they are distributed throughout the jurisdiction as a whole. “Evenness” is scored on a scale of 0.0 to 1.0, with zero indicating no residential

segregation and 1.0 indicating complete residential segregation.¹ According to Denton,⁶⁰ an evenness score above .6 indicates hypersegregation. Isolation refers to the likelihood that a member of one group will interact with a member of another group in their neighborhood,¹ and is again scored on a scale of 0.0 to 1.0, with zero indicating no isolation and 1.0 indicating complete isolation.⁶⁰ According to Denton,⁶⁰ an isolation score above .7 indicates hypersegregation. According to the use of these indexes and analysis conducted by Webster:¹

- In 1960, Baltimore City’s index of evenness was .84. By 2000, the City’s index declined to .71 yet is still above Denton’s cutoff of .6, indicating hypersegregation.*
- In 1960, Baltimore City’s index for isolation was .83, and in 2000, it was .85, indicating again on Denton’s scale that the City is hypersegregated.²⁴
- Between 1960 and 2000, the percentage of the city’s census tracts that were 60% or greater African American steadily increased, as can be seen in the chart below.

The residential geographic pattern of African Americans in Baltimore City remains strongly segregated. According to an analysis conducted by Frey and Myer in 2000,⁶² in Baltimore City, African Americans scored

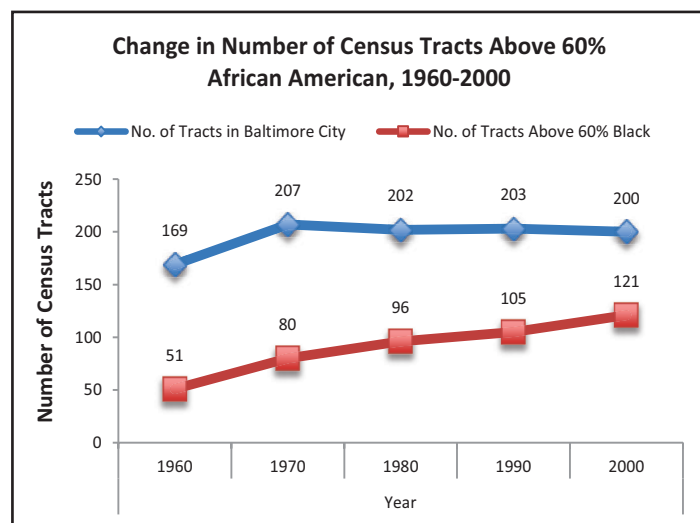


Figure 7. Demographic Overview of the Baltimore Region, 1960 to the Present. (Expert testimony in Thompson vs. HUD). This was an analysis of U.S. Census data from 2000. Data obtained from Webster, G.¹

* These coefficients are drawn from Karl Taeuber’s expert report entitled “Public Housing and Racial Segregation in Baltimore.”⁶¹

a 75.2 dissimilarity index with whites. This indicates that in order for blacks and whites to become evenly distributed across all the neighborhoods in Baltimore City, 75.2% of whites would have to move to another neighborhood.⁶²

Within Baltimore City, there are both areas of family public housing projects and housing secured by Section 8 voucher users, and both are heavily populated with African Americans who are poor. In contrast, housing that is secured by white Section 8 voucher users is more commonly located in the five counties that surround Baltimore City, including Baltimore County, Anne Arundel County, Carroll County, Harford County, and Howard County, and not in the city itself.¹ This trend can be seen in the following three maps, provided by Dr. Webster in his expert testimony in *Thompson vs. HUD*.⁵⁴

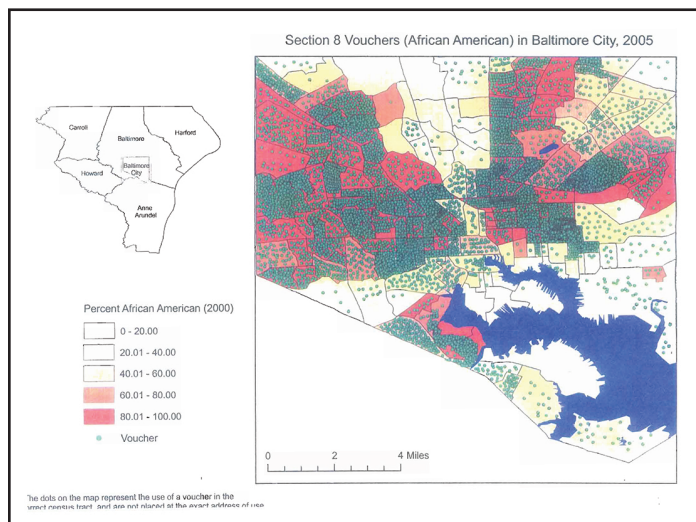
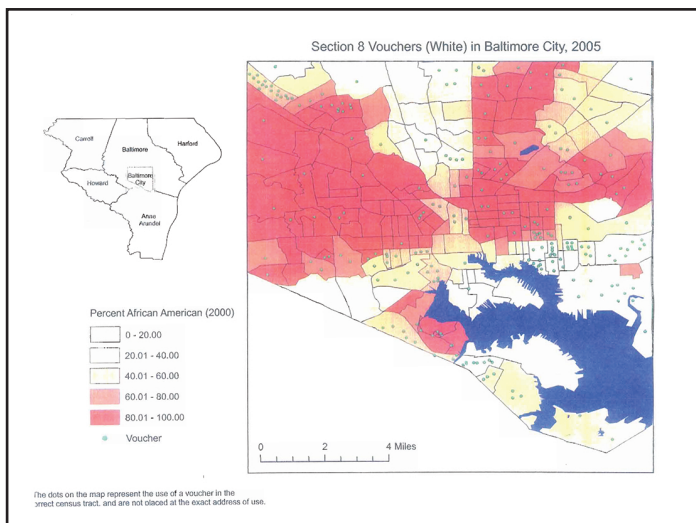
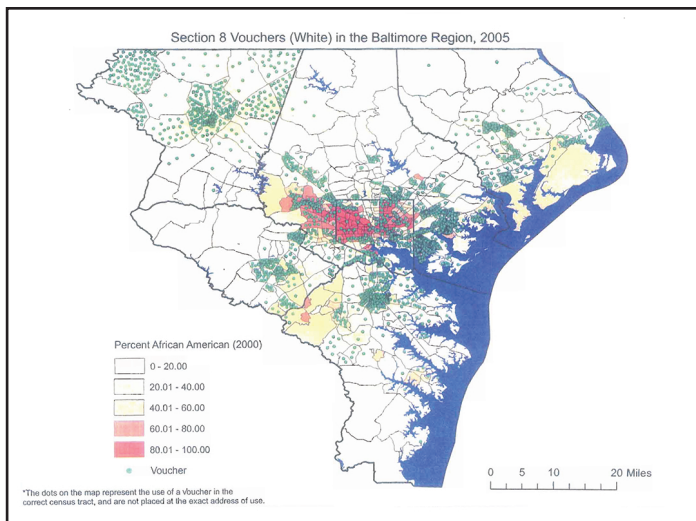
Residential segregation provides a means for which different standards of public service can be delivered.⁶³

Clustering of Economic Distress

Baltimore City in 2009 had a median household income of \$38,772 compared to the Maryland median income of \$69,272.² However, many neighborhoods in Baltimore City have a median income of much lower than \$38,772. The five neighborhoods with the highest rates of unemployment are Greenmount East, Upton/Druid Heights, Oldtown/Middle East, Madison/East End, and Southern Park Heights.^{3a} One can expect that the differences in income and employment translate into discrepancies in schools and health. One can speculate that spatial segregation in areas of high economic poverty and disheveled housing conditions is likely one of the conditions that replicates and preserves unequal conditions for people of color, who predominantly live in these areas.

Increase in Vacant Housing

Between 2008-2010 the number of vacant housing units in Baltimore City increased by 10.1%.² More affluent neighborhoods, including Harbor East and Little Italy saw increases in population, while a large portion of East Baltimore, including Oldtown/Middle East, Greenmount East, Clifton Berea, and Midway Coldstream, saw substantial declines in population.² These demographic changes, and the increase in vacant housing can pose substantial challenges to health, schooling, and policing if continued to be left unaddressed. For example,



Figures 8-10. To see more maps like these, please refer to the expert testimony of Webster,¹ which is available online at www.aclu-md.org/uploaded_files/0000/0156/776webster.pdf

increases in vacant housing for particular communities could influence school segregation if flight out of the neighborhoods is disproportionately white and rows of unattended, uncared for empty buildings could decrease sanitation standards for residents living close by.

Limited Upward Economic Mobility

Moreover, in particular for African Americans and other racial minorities living in these communities, it limits their economic mobility. In a study conducted by Chetty and Henderson⁴ at Harvard University, researchers found that out of 100 of the largest counties in the U.S., Baltimore City had the worst prospects for upward economic mobility for children with parents at the 25th percentile of the income distribution.

Based on data from children who grew up in the 1980s and 1990s, this study found that every extra year spent in the city of Baltimore reduced a child's earnings by .86% per year of exposure, which generates a total earnings penalty of approximately 17% for children who grew up here since birth.⁴

Findings from this study also found that within a given commuting zone, counties with the worst rates of upward mobility tended to have five characteristics:

- Segregation by income and race
- Poor school systems
- Higher levels of income inequity
- High rates of violent crime
- Smaller share of two-parent households

From what we have detailed throughout this report, Baltimore City has many of these characteristics, and many of these characteristics are tied intimately to structural racism.

Baltimore City Organizations Addressing Housing and Transportation Discrimination

- **NAACP Legal and Educational Defense Fund** www.naacpldf.org
- **The Citizens Planning and Housing Association** www.cphabaltimore.org
- **Baltimore Heritage** is a non-profit organization that works to save historic buildings, revitalize neighborhoods, and celebrate the stories of people living in Baltimore City by providing tours and education. <http://explore.baltimoreheritage.org/>

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Who we are

Established in 2000, the UHI serves as an interface between Johns Hopkins University and the Baltimore community in which it resides. Together with its university and community partners, the UHI explores ways that the research, teaching, and clinical expertise of the University can be better harnessed for the benefit of the residents of Baltimore.

Our Mission

To serve as a catalyst that brings together the resources of Johns Hopkins Institutions with the City of Baltimore, to improve the community's health and well-being, and in so doing serve as a model of community-university collaboration regionally and nationally.

We would like to acknowledge the contributions from the Community-University Coordinating Council and community planning meeting participants in helping to shape the symposium.

Author:

Alicia Vooris, MSPH
Johns Hopkins Bloomberg School of Public Health



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