

Can reparations close the racial health gap?

A symposium examining the persistent toll of anti-Black racism and avenues for redress

Thursday, November 3rd, 2022

PRESENTED BY:



FXB Center
for Health & Human Rights
at Harvard University

Harvard Public Health

Symposium Highlights



“Reparations are not a new concept. They have been paid in the past. And they have been paid in the context of slavery. Only, not to the enslaved... There’s a pattern here of reparations going to the wrong people — the victimizers, not the victims. Today’s symposium is designed to consider how those of us in public health can help to flip that script.”

Michelle A. Williams, ScD, Dean of the Harvard T.H. Chan School of Public Health

“We must bring the idea of reparations into spaces where it hasn’t been taken seriously. Slowly it will no longer seem like such a far-fetched idea. We must do it for the sake of national cohesion and the sake of our health.”

Mary T. Bassett, MD, MPH, New York Health Commissioner



Artwork by
Crystal Z Campbell

“Nothing about us,
without us, is for us.”

Julia Meija, Boston City Councilor

If the mortality rates of Black Americans were equal to those of white Americans, there would be 8.8 million more Black Americans alive today.

“How has your relationship with white supremacy, colonialism, and systemic racism benefited you so that you could be here in this moment?”

Marie Plaisime, PhD, MPH, FXB Health & Human Rights Fellow,
Harvard T.H. Chan School of Public Health



“[We identified] a summary measure that captures the cumulative, intergenerational effects of white supremacy... the Black-white disparity in wealth, which amounts to approximately \$840,000 per household... This sets the target for monetary reparations... at \$14 trillion. This is the baseline amount that is due to descendants of U.S. slavery.”

William A. “Sandy” Darity, Ph.D., Samuel DuBois Cook Professor at
Duke University

“The question is not if reparations should be paid. This is a debt that must be paid. The question is how will that impact health and health equity?”

Collette N. Ncube, DrPH, MPH, MS, Assistant Professor, Boston University
School of Public Health





“It is right for us to remedy historical injustices that are just simply not going to remedy themselves.”

Sandro Galea, MD, MPH, PHD, Dean, Boston University School of Public Health

“We’ve heard almost every single panel talk about collective action and solidarity and the importance of doing. I know there are a lot of doers and folks who are about action in this room, and I hope they are inspired to do something different and with each other.”

Aletha Maybank, MD, MPH, Chief Health Equity Officer and Senior Vice President, American Medical Association



Participant Responses

“We’re only halfway through [the program] and I’m so energized to be a champion in this work.”

“My only regret was not taking my kids out of school to attend this symposium. Harm has been done. Harm is being done. As a white woman, I vow to do more to repair the harm, however I can.”



“I found it really valuable to learn how localities like Evanston are already figuring out how to make reparations work logistically.”

“Amazing discussion of the role communities and local governments play in reparations.”

“As an enthusiast of the intersection of public health, racial justice and economic justice, I must say your panel stoked a fire of passion within me.”

“Every part of this symposium was interesting and engaging.”

