

TC based on Doc Body (offset is 01:07)

### When The Bough Breaks

Montage of hospital hallways

00:00

**Several years ago, two physicians in Chicago set out to solve a mystery: why do African American women have babies that are born too small, at twice the rate of white American women?<sup>1</sup>**

*Richard David and James Collins shake hands; treating premature baby; Collins interview; David interview.*

**Richard David and James Collins are neonatologists<sup>2</sup> -- pediatricians who specialize in the care of infants who come into the world too early or dangerously underweight – and often both.**

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

**James Collins:** V/O

00:59

Originally I thought that the disparity in premature delivery was really driven by socioeconomic differences between African Americans and whites.

LOWER THIRD:

JAMES W. COLLINS, JR, MD

01:09

Neonatologist

Children's Memorial Hospital, Chicago

**James Collins:** O/C

It's well known that African Americans have a lower, collectively, socioeconomic status than whites; they're less likely to receive college education than whites. So I thought once you corrected for that, that the gap would go away.

**But Collins and David discovered the gap didn't go away.**

**James Collins:** V/O

01:27

We were very surprised to find that the gap actually widened as education and socioeconomic status improved

**James Collins:** O/C

and then began to look at it from a bigger perspective and broader perspective, and really started to realize, well maybe it's something about lifelong minority status which is the driving factor here.

LOWER THIRD:

RICHARD DAVID, MD

01:44

Neonatologist

Stroger Hospital of Cook County, Chicago

**Richard David:** O/C

There's something about growing up as a black female in the United States that's not good for your childbearing health. I don't know how else to summarize it.

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<sup>1</sup> "Infant Mortality and Low Birth Weight among Black and White Infants – United States, 1980-2000," Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, July 12, 2002, vol 51, no 27; "Births: Final Data for 2003," Centers for Disease Control and Prevention, National Vital Statistics Reports, September 8, 2005, vol 54, no 2; *Healthy People 2010*, Second Edition, U.S. Department of Health and Human Services, November 2000

<sup>2</sup> Phone calls to Collins and David to confirm titles

*James Collins and Richard David discuss in office; premature babies; pregnant mother.*

**So the two neonatologists began to explore whether being a member of a particular minority group might affect pregnancy outcomes, and they came up with a controversial hypothesis.**

**What's behind the low birth weight and premature birth for African American babies is the unequal treatment of African Americans in American society.**

**In other words, racism is taking a heavy toll on African-American children even before they leave their mother's wombs.<sup>2A</sup>**

**It's an idea that's slowly gaining acceptance.**

**Richard David: V/O**

**02:33**

We're in the midst of a paradigm shift. 15 years ago,

**Richard David: O/C**

racism as a risk factor was almost never heard of in a scientific paper; whereas now it's much more a possibility.

*Anderson walks into market; stills of Kim in store; photo of graduation picture.*

**The story of Kim Anderson, a successful Atlanta executive and lawyer illustrates exactly what David and Collins are talking about. We know that a healthy lifestyle should lead to a healthy baby. Women who eat well, exercise, get prenatal care, avoid alcohol and drugs, and cigarettes are more likely to have a good pregnancy.<sup>3</sup>**

**But one of the best predictors for a healthy pregnancy outcome is higher education.<sup>4</sup>**

*Still of Anderson's house; tracking of neighborhood; Anderson interview; montage of Anderson's childhood photos.*

**Kim Anderson: V/O**

**03:16**

This is a picture of me, May 1984, when I graduated from Columbia Law School. People would think I'm living the American Dream: a lawyer with two cars, two and a half kids, the dog, the porch,

**Kim Anderson: O/C**

a good husband, great family.

**Kim Anderson: V/O**

I've always been lucky to have good health. Always ate well. Exercised. Never smoked.

**So when we look at Kim Anderson – a well-paid lawyer in good health -- we would expect her newborn to be a healthy, full-term baby.**

*Still of Kim Anderson.*

**It didn't turn out that way.**

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<sup>2A</sup> Confirmation from Richard David, email, 8/6/07

<sup>3</sup> *Preventing Low Birthweight; Summary*, Institute of Medicine, 1985, "Prenatal Care," National Women's Health Information Center

<sup>4</sup> "Racial/Ethnic Variations in Women's Health," David R. Williams, *American Journal of Public Health*, April 2002, vol 92, no 4; *Preterm Birth: Causes, Consequences, and Prevention*, Institute of Medicine, 2007; "Trends in Low Birth Weight: United States, 1975-85," Selma Taffel, U.S. Department of Health and Human Services, October 1989

**Back in 1990 when she was pregnant with her first child, Kim went into labor two and a half months early.**<sup>5</sup>

LOWER THIRD:

KIM ANDERSON

04:02

**Kim Anderson:** O/C

I just wanted to know at least that if she was born alive, that at least we had a fighting chance.

*Stills of Danielle shortly after birth.*

**Kim Anderson:** V/O

04:09

I heard her cry, I said, "Thank, God." But she was so small. I mean you could like, hold her in the palm of your hand.

**Kim's baby, Danielle, weighed only two pounds thirteen ounces when she was born.**<sup>6</sup>

*NICU ward.*

**She joined the ranks of almost 300,000 low birthweight infants born in the U.S. that year, about 1 out of every 14 babies<sup>7</sup>, all of them at a high risk of dying before their first birthday.**

*Still of crib.*

**Kim Anderson:** V/O

I remember getting home and being in the bathroom, I just, I fell apart.

**Kim Anderson:** O/C

You know, cause it's like I didn't get to take my baby home, you know. I remember just sort of falling apart.

*Interior hospital premature baby ward.*

**Preterm and low birth weight are the leading reasons that the US claims the dubious distinction of having one of the worst infant survival rates in the industrialized world.**

*Animation of infant survival rates.*

05:02

**We fall behind dozens of countries.**

**Babies born in Slovenia, Cyprus, Malta and Croatia stand a better chance of living to the age of one than a baby born here.**<sup>8</sup>

*NICU ward.*

**Richard David:** V/O

05:24

It is kind of like the canary in the mine;

**Richard David:** O/C

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<sup>5</sup> Kim Anderson interview

<sup>6</sup> Kim Anderson interview

<sup>7</sup> Centers for Disease Control and Prevention, Monthly Vital Statistics Report, February 25, 1993, vol 41, no 9

<sup>8</sup> United Nations Development Programme, Human Development Report, 2006

it's the most sensitive of our health outcome indicators per population.

**And infant mortality is not just a problem for African Americans.**

**Richard David:** V/O

White Americans, if they were a separate country, would still rank

**Richard David:** O/C

23<sup>rd</sup> in the world.<sup>9</sup> So outcomes are very bad. (Beep, beep.)

**As a country we pay an enormous price for our high rate of premature and low birth weight babies.**

**Pre term birth is the second leading cause of death for infants.<sup>9A</sup>**

**If they're lucky enough to survive, many face a lifetime of learning and medical problems. Studies show that prematurity increases the risk for hypertension, diabetes and coronary artery disease.<sup>9B</sup>**

**And the high cost of their medical care begins the moment they're born.**

**One month's stay in a neonatal intensive care unit averages \$68,000 dollars.<sup>10</sup>**

**James Collins:** V/O

**06:37**

Neonatology is a lot of things. Inexpensive is not one of them. And we spend a disproportionately high amount of our income as a society taking care of infants, a lot of whom's problems

**James Collins:** O/C

probably could have been prevented if they had stayed in the womb until term.

*Nurse with mom and infant in hospital.*

**Nurse:** O/C

**06:54**

Her current weight today mom, is 2 pounds, 6.3 ounces.

**Mom With Preemie:** O/C

Ok.

**Nurse:** O/C

Ok? So she's gaining, she gained 15 grams from yesterday.

**Mom With Preemie:** O/C

This is my first child, so I was like just amazed, (you know) and I was, I was a little shocked – cause I ain't never, I have never seen a child this small before - never. It just took me away, but you see how she is now – she's 2 pounds. So, miracles do happen. Everyday.

*Tracking shots of the Anderson's walking through their neighborhood.*

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<sup>9</sup> "Annual Survey of Vital Statistics – 2003," Martin, Kochanek, Strobino, Guyer and MacDorman, *Pediatrics*, March 2005

<sup>9A</sup> Centers for Disease Control and Prevention, National Vital Statistics Reports, 2003 and 2004

<sup>9B</sup> "Fetal Origins of Adult Disease: Strength of Effects and Biological Basis," D. J. P. Barker, J. G. Eriksson, T. Forsén, and C. Osmond, *International Journal of Epidemiology*, December 2002, vol 31, no 6

<sup>10</sup> Confirmation from Norida Torriente, National Association of Children's Hospitals and Related Institutions, email, 4/20/2007

**In the terminology of social scientists, Kim Anderson's family enjoys high socioeconomic status, which increases the odds for overall good health.<sup>14</sup>**

**David Williams:** V/O **07:35**

Persons who are higher in socioeconomic status, persons who have

**LOWER THIRD:**                      DAVID WILLIAMS **07:40**  
Sociologist  
Harvard School of Public Health

**David Williams:** O/C  
more income or more education or better jobs or more wealth, live longer, and have fewer health problems than those who are lower in socioeconomic status.

**LOWER THIRD:**                      CAMARA PHYLLIS JONES, MD **07:51**  
Medical Epidemiologist  
Centers for Disease Control and Prevention

**Camara Phyllis Jones:** O/C  
Education, for example, predicts infant mortality for both black women and white women. And the more educated you are, the less likely you are to have a low birthweight baby,<sup>14A</sup> a preterm baby,<sup>14B</sup> or an infant death.<sup>14C</sup>

*Premature babies* **08:03**

**Women who are poorest and least educated are those whose babies are at greatest risk in any racial group. But the babies of African American mothers with higher education are still at greater risk than we'd expect.**

*Animation of infant mortality rates.* **08:24**

**Infant mortality among white American women with a college degree or higher is about 4 deaths per thousand births. But among African American women with the same level of education, infant mortality is about 10 per thousand births – almost three times higher.<sup>15</sup>**

**In fact, African American mothers with a college degree have worse birth outcomes than white mothers without a high school education.<sup>16</sup>**

**Michael Lu:** V/O  
Think about this. We're talking about African-American doctors, lawyers, and business executives.

**LOWER THIRD:**                      MICHAEL LU, MD **08:57**  
Obstetrician  
David Geffen School of Medicine, UCLA

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<sup>14</sup> "U.S. Socioeconomic and Racial Differences in Health: Patterns and Explanations," David R. Williams, Chiquita Collins, *Annual Review of Sociology*, 1995, vol 21, no 1; "Patterns and Causes of Disparities in Health," David R. Williams, in *Policy Challenges in Modern Health Care*, New Brunswick, New Jersey: Rutgers University Press, 2005; See RWJ Data

<sup>14A</sup> Centers for Disease Control and Prevention, Vital Statistics of the United States, 2002

<sup>14B</sup> "Risk Factors Accounting for Racial Differences in the Rate of Premature Birth," E. Lieberman, K. J. Ryan, R. R. Monson and S. C. Schoenbaum, *New England Journal of Medicine*, September 17, 1987, vol 317, no 12

<sup>14C</sup> Centers for Disease Control and Prevention, Vital Statistics of the United States, 2002

<sup>15</sup> CDC, National Center for Health Statistics, 2006

<sup>16</sup> Ibid

**Michael Lu:** O/C

And they still have a higher infant mortality rate than non-Hispanic white women who never went to high school in the first place.

*Stills of Danielle as preemie.*

**Kim Anderson:** V/O

**09:06**

As a mother you're thinking: I did all the right things. They told me to take vitamins; I took vitamins.

**Kim Anderson:** O/C

They told me to walk. They told me to eat vegetables. They told me not to drink. I didn't do all that, and why is my kid sitting here with these needles and, you know, so you feel real helpless. You really feel helpless.

*Shots of city streets.*

**So Doctors Collins and David asked themselves if the answer could possibly be genetic – it's well known that prematurity can run in families.<sup>17</sup>**

*Animation of DNA; graduation still*

**09:36**

**is there something in the DNA of African American women that tends toward premature births regardless of education, prenatal care, or lifestyle?**

*Animation of research study.*

**09:48**

**To answer the question, they created a study based on a simple assumption:**

**Richard David:** V/O

If there was

**Richard David:** O/C

**09:55**

such a thing as a "prematurity" gene, and it came from Africa, then Africans should have more of it.

*Animation of newborn study.*

**10:02**

**They compared newborns among three groups: African American women, African immigrants to the U.S., and U.S.-born white women.**

**Richard David:** V/O

It turns out that the Africans and the whites were about the same. The African Americans, on the other hand, had babies that weighed almost eight or nine ounces less than the other two groups.<sup>17A</sup>

*Hospital patient and preemie shots.*

**10:28**

**In other words, African immigrants to the U.S. and white women born in the U.S. had similar pregnancy outcomes.**

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<sup>17</sup> Confirmed by James Collins on phone 3/5/07

<sup>17A</sup> "Differing Birth Weight Among Infants of U.S.-born Blacks, African-Born Blacks, and U.S.-born Whites," Richard David and James Collins, *The New England Journal of Medicine*, October 23, 1997, vol 337, no 17.

**So if there is any genetic pre-disposition for low birthweight babies, it's doubtful that it falls along what we call racial lines.**

*David, nurse, and preemie.*

**It turns out that when African women immigrate to the US, it takes only one generation before their daughters are at risk of having premature babies at a significantly higher rate and with poorer birth outcomes.<sup>17B</sup>**

**Richard David:** O/C

Has her heart rate been in that range? Over 180?

**Nurse:** V/O

No actually, it's been about 160.

**James Collins:** V/O

So within one generation, women of African descent are doing poorly. This to us really suggests that something

**James Collins:** O/C

is driving this that's related to the social milieu that African American women live in throughout their entire life.

*Stills and footage of the civil rights movement.*

**11:26**

**The news was once more hopeful.**

**During the 1960s and 70s, with the civil rights and anti-poverty movements, the health of African Americans compared to whites improved overall.<sup>18</sup> 11:32**

**Government initiatives not only integrated hospitals<sup>19</sup> but also opened up education opportunities and better jobs and housing.<sup>19A</sup>**

**The health of African-Americans began to catch up with that of whites. And infant mortality rates in the African American community declined.<sup>20</sup>**

**Camara Phyllis Jones:** V/O

During my lifetime the gap has closed a bit

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<sup>17B</sup> "Differing Intergenerational Birth Weights among the Descendants of U.S.-born and Foreign-Born Whites and African Americans in Illinois," James Collins, Shou-Yien Wu, and Richard David, *American Journal of Epidemiology*, 2002, vol 155, no 3

<sup>18</sup> *Dying While Black*, Vernellia R. Randall, Dayton, Ohio: Seven Principles Press, 2006; "Improved Mortality Among U.S. Blacks, 1968-1978: the Role of Antiracist Struggle," Cooper, Steinhauer, Schatzkin, and Miller, *International Journal of Health Services*, 1981, vol 11, no 4

<sup>19</sup> *Dying While Black*, Vernellia R. Randall, Dayton, Ohio: Seven Principles Press, 2006

<sup>19A</sup> "What Was Really Great About the Great Society," Joseph A. Califano, Jr., *The Washington Monthly*, October 1999, vol 31; "The Great Society and the Drive for Black Equality," Steven Mintz, *Digital History*, 2007, retrieved August 10, 2007, from [http://www.digitalhistory.uh.edu/database/article\\_display.cfm?HHID=372](http://www.digitalhistory.uh.edu/database/article_display.cfm?HHID=372)

<sup>20</sup> "Social Inequalities in Health: Enduring 21<sup>st</sup> Century Crises," David R. Williams, Institute for Social Research, University of Michigan; Centers for Disease Control and Prevention, National Vital Statistics Report, vol 54, 2006; National Vital Statistics data charted by Kenneth Chay, Associate Professor of Economics, UC Berkeley

**Camara Phyllis Jones:** O/C

and I think it's as a result of social policies. After the War on Poverty and the civil rights movement, we had social policies that were allowing people more opportunity.

*Article: Economic Scene*

**12:19**

**But in the 1980s, economic growth stagnated, and government began cutting back social programs.<sup>21</sup>**

*Article: Unemployment Rate Rises: Article; U.S. Jobless Rate Climbs to 10.8%; Animation: Black to White Infant Mortality Ratio*

**12:39**

**The impact on infant deaths was dramatic. The ratio of infant mortality among African Americans compared to whites began to climb. And continues to climb today.<sup>23</sup>**

*Kim Anderson at garden store.*

**12:53**

**But that doesn't explain the case of middle-class African American women like Kim Anderson. Why should highly educated women with good incomes still have high rates of premature and low birth weight babies?**

*Still of Danielle as preemie.*

**Once again a study by Collins and David points to racism as a key factor.**

**LOWER THIRD:** RICHARD DAVID, MD  
Neonatologist  
Stroger Hospital of Cook County, Chicago

**Richard David:** O/C

Women who perceived that they had been treated unfairly on the basis of their race, whether it was looking for work, in an educational setting, or a variety of other settings, had more than two-fold increased risk of very low birth weight infant.<sup>24</sup>

*B-roll of people in subway; people on street.*

**So if racism is contributing to premature births among African American women – how does it work?**

**How might racism take a physical toll on the human body over a lifetime?**

**Increasingly researchers are looking at chronic stress – the stress caused by living day in and day out with discrimination.**

**James Collins:** V/O

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<sup>21</sup> "The United States 1970s-1980s," Bartleby Encyclopedia of World History

<sup>23</sup> "Social Inequalities in Health: Enduring 21<sup>st</sup> Century Crises," David R. Williams; National Vital Statistics data charted by Kenneth Chay, Associate Professor of Economics, UC Berkeley

<sup>24</sup> "Very Low Birthweight in African American Infants: the Role of Maternal Exposure to Interpersonal Racial Discrimination," James Collins, Richard David, Arden Handler, Stephen Wall and Steven Andes, *American Journal of Public Health*, December 2004, vol 94, no 12



Recent data suggests that

**James Collins:** O/C **14:00**  
chronic stress associated with being a minority, particularly being African American, for some biological reason, increases the risk of delivering a premature, low birth weight infant.<sup>24A</sup>

*Traffic shots.*

**Tyan Parker Dominguez:** V/O **14:12**  
When you have a reaction to a situation in your life that makes you anxious or gets you stressed out,

**LOWER THIRD:** TYAN PARKER DOMINGUEZ **14:22**  
Assistant Professor  
USC School of Social Work

**Tyan Parker Dominguez:** O/C  
you not only have a psychological or emotional reaction to that; you also have a body reaction.

**Michael Lu:** O/C  
And if that stress is chronic, constant, and you just can't escape it,

*Still of African-American woman; Animation of Stress Pathways* **14:39**

**Michael Lu:** V/O  
over time that chronic stress, the chronic activation of that response, creates wear and tear on your body's organs and systems so that you create this overload on these systems so that they don't work very well.<sup>24B</sup>

*Woman having a sonogram.*

**Researchers believe stress can affect pregnancy outcomes in several different ways.**

*Animation of womb.* **14:57**

**Stress hormones are part of the intricate chemistry of pregnancy under normal conditions. When those hormones reach a certain level they may help trigger labor.**<sup>25A</sup>

**But what might happen if you went into pregnancy already overloaded with stress hormones?**

**Tyan Parker Dominguez:** V/O **15:14**  
Think about a woman who is pregnant who is under a great deal of stress. Her body

**Tyan Parker Dominguez:** O/C

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<sup>24A</sup> *ibid*

<sup>24B</sup> "Racial and Ethnic Disparities in Birth Outcomes: a Life-Course Perspective," Michael C. Lu and Neal Halfon, *Maternal and Child Health Journal*, March 2003, vol 7, no 1; "Weathering' and Age Patterns of Allostatic Load Scores Among Blacks and Whites in the United States," Arline Geronimus, Margaret Hicken, Danya Keene and John Bound, *American Journal of Public Health*, May 2006, vol 96, no 5

<sup>25A</sup> "Stress, Infection and Preterm Birth: a Biobehavioural Perspective," Pathik D. Wadhwa, et. al., *Paediatric and Perinatal Epidemiology*, July 2001, vol 15, no 3, supplement 2; "Maternal Experience of Racism and Violence as Predictors of Preterm Birth: Rational and Study Design," Janet Rich-Edwards, Nancy Krieger, Joseph Majzoub, Sally Zierler, Ellice Lieberman and Matthew Gillman, *Paediatric and Perinatal Epidemiology*, July 2001, vol 15, no 3, supplement 2

is going to start pumping out extra stress hormones.

*Animation of womb.*

15:23

**Tyan Parker Dominguez:** V/O

And so she may reach that tipping point for labor to begin sooner.<sup>25B</sup>

**Stress can also constrict blood flow to the placenta, which could limit fetal growth and may lead to premature delivery.**<sup>25C</sup>

**Chronic stress may also contribute to serious inflammation inside the uterus, which can trigger premature labor.**<sup>25D</sup>

*Dr. Lu with patients.*

15:49

**Research suggests it's not so much stress during pregnancy that may determine the health of a mother's baby, but the cumulative experiences of the mother over the course of her entire life, regardless of race.**<sup>26</sup>

**Dr. Lu calls this hypothesis the "life-course perspective."**

**Michael Lu:** V/O

16:11

The life-course perspective posits that birth outcomes

**Michael Lu:** O/C

are the product of not simply the nine months of pregnancy, but really the entire life course of a woman. And the corollary for that is, disparities in birth outcomes is really

**Michael Lu:** V/O

the consequences not only of differential exposures during pregnancy, but really the differential experiences across the life-course of women of color.

**But is racism so dominant throughout the lives of African American women, that it can affect the birth outcomes of their children?**

*Animation of studies and articles on discrimination.*

16:46

**One recent study reports that the majority of white Americans believe racial discrimination is a problem of the past.**<sup>27</sup>

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<sup>25B</sup> *ibid*

<sup>25C</sup> "Stress and Preterm Birth: Neuroendocrine, Immune/Inflammatory, and Vascular Mechanisms," Pathik D. Wadhwa, Jennifer Culhane, Virginia Rauh and Shirish Barve, *Maternal and Child Health Journal*, June 2001, vol 5, no 2; "Preeclampsia: Complications," Mayo Clinic.com; Michael Lu interview

<sup>25D</sup> "Maternal Stress Is Associated with Bacterial Vaginosis in Human Pregnancy," Jennifer F. Culhane, Virginia Rauh, Kely Farley McCollum, Vijaya K. Hogan, Kathy Agnew, and Pathik D. Wadhwa, *Maternal and Child Health Journal*, June 2001, vol 5, no 2; "Stress, Infection and Preterm Birth: a Biobehavioural Perspective," Pathik D. Wadhwa, et. al., *Paediatric and Perinatal Epidemiology*, July 2001, vol 15, no 3, supplement 2; email from Michael Lu, March 5, 2007; email from James Head, June 5, 2007

<sup>26</sup> "Racial and Ethnic Disparities in Birth Outcomes: a Life-Course Perspective," Michael C. Lu and Neal Halfon, *Maternal and Child Health Journal*, March 2003, vol 7, no 1

<sup>27</sup> "Stormy Weather: Race, Gene Expression and the Science of Health Disparities," Nancy Krieger, *American Journal of Public Health*, December 2005, vol 95, no 12; "Racial Attitudes and Relations at the Close of the Twentieth Century," Lawrence Bobo, in *America Becoming: Racial Trends and Their Consequences*, Commission on Behavioral and Social Science Sciences and Education, National Research Council, 2001

The evidence indicates otherwise.

For example, African Americans at all income levels are more likely to be denied mortgages,<sup>28</sup> pay more for automobiles,<sup>29</sup> and receive fewer job interviews.<sup>30</sup>

**David Williams:** O/C

It was a fairly dramatic study done in Milwaukee, Wisconsin

*Animation of Milwaukee study.*

17:12

**David Williams:** V/O

where they sent black and white men, all with identical resumes

**David Williams:** O/C

to apply for 350 entry-level jobs. What this study found was

**David Williams:** V/O

that a black male with a clean record, no criminal record,

**David Williams:** O/C

was less likely to be offered a job than a white male with a felony conviction.

*Footage of bus interior; still Greg Lepow, Danny's father.*

**David Williams:** V/O

So it was a dramatic example of in the year 2004, of the persistence of discrimination in American society.<sup>31</sup>

**This racial stress can have a life-long impact on African American families and their health.**

**Richard David:** V/O

Racism is a societal

**Richard David:** O/C

level problem. It's institutionalized;

18:04

*Footage of people boarding bus.*

**Richard David:** V/O

it's part of our educational system; it's part of our media; it's part of our culture.

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<sup>28</sup> "The Federal Reserve Bank of Boston Study on Mortgage Lending Revisited," James Carr and Isaac Megbolugbe, *Journal of Housing Research*, 1993, vol 4, no 2; Department of Housing and Urban Development, news release 8/1/1996, "Patterns in Racial Discrimination in Mortgage Lending," Glenn C. Loury, Queens University, Dept of Economics

<sup>29</sup> "Race and Gender Discrimination in Bargaining for a New Car," Ian Ayres and Peter Siegelman, *American Economic Review*, June 1995, vol 85, no 3; "Are you being taken for a ride - African Americans charged more for automobiles," Marjorie Whigham-Desir, *Black Enterprise*, April 1997; "Further Evidence of Discrimination in New Car Negotiations and Estimates of Its Cause," Ian Ayres, *Michigan Law Review*, vol 94, no. 1, 10/1995

<sup>30</sup> "Are Emily and Greg More Employable than Lakisha and Jamal? A Field Experiment on Labor Market Discrimination," Marianne Bertrand and Sendhil Mullainathan, National Bureau of Economic Research, Working Paper, July 2003; "Racial Preferences: the Treatment of White and African American Job Applicants by Temporary Employment Agencies in California," Jenny Bussey and John Trasaviña, Discrimination Research Center, December 2003; "Racial discrimination continues to play a part in hiring decisions," *Economic Policy Institute*, 9/17/2003

<sup>31</sup> "The Mark of a Criminal Record," Devah Pager, *American Journal of Sociology*, March 2003, vol 108, no 5

**Richard David:** O/C

It's one of the struts that reinforces inequality in the society we live in.

**Kim Anderson:** O/C

**18:18**

So nobody, when I walk in a store, nobody says, "Oh, that's Kim Anderson, African-American, female lawyer, went to Columbia," they just see a black woman.

*Patrons outside a store; stills of African-American woman in clothing store.*

**Kim Anderson:** V/O

I was in a store once, just walking around, thinking I was going to buy a pair of jeans. This clerk's following me around. So I said, "Why are you following me around? I'm not going to steal anything. Leave me alone. I'm not going to take something." When you're confronted with racism, that covert racism

**Kim Anderson:** O/C

your stomach just gets like so tight.

**Kim Anderson:** V/O

You can feel it almost moving through your body;

**Kim Anderson:** O/C

almost you can feel it going into your bloodstream.

*Footage of people on city street.*

**Nancy Krieger:** V/O

There are very different kinds of quote, unquote stressors in the world.

LOWER THIRD:

NANCY KRIEGER  
Social Epidemiologist  
Harvard School of Public Health

**18:56**

**Nancy Krieger:** O/C

You can have a bad day and somebody else can have a bad day. They can cut you out of a parking space. It's an occasion, but

**Nancy Krieger:** V/O

**19:04**

it's not premised on the idea of second-class citizenship. It's not something that is a repeated and reactivated insult that occurs.

**Michael Lu:** O/C

So if we're serious about improving birth outcomes and reducing disparities, we've got to start taking care of woman before pregnancy and not just talking about that one visit three months pre-conceptionally, I'm talking about when she's a baby inside her mother's womb, an infant, and then a child, an adolescent and really taking care of women and families across their life course.

*Pan of CDC building.*

**19:38**

**So how do we actually identify and measure the kind of subtle, everyday racism that follows black women throughout their lives?**

*Camara Phyllis Jones giving a lecture.*

**Camara Phyllis Jones is a family physician and epidemiologist at the Centers for Disease Control.<sup>32</sup>**

**She was among the first to investigate the connection between racism and health.**

**One study looking at chronic diseases in over 100,000 women, posed a critical question to get a better understanding of how women internalize their racial experience.**

**Camara Phyllis Jones: V/O**

How often do you think about your race? For white women, fifty percent saying that they never think about their race. For black women, almost fifty percent think about their race once a day or more frequently, with twenty-one percent thinking about their race constantly.<sup>33</sup> That's an

**Camara Phyllis Jones: O/C**

eternity of experience apart.

**20:29**

*Carol Hogue taking blood pressure.*

**Carol Hogue: V/O**

Recently there has been a coming together around the hypothesis that stress really does make a difference. And that racism is a particular kind of stressor.

**LOWER THIRD:**

CAROL HOGUE

Epidemiologist

Emory University

**20:46**

**Carol Hogue: O/C**

It's like an add-on to the other stressors of one's life: losing a job, losing a spouse, etc.

*Footage of woman and child walking down sidewalk.*

**Carol Hogue: V/O**

The question is, "how do you address this?" You have to measure it.

**20:54**

*Women at a focus group, including Fleda Jackson, Carol Hogue & Mona Phillips.*

**Focus Group Woman: O/C**

You know, there have been times where I've called on the phone and been like – I can't do this today y'all. Somebody, you know, come help, come...

**Finding ways to identify and measure racism is a challenging task. Psychologist Fleda Jackson, sociologist Mona Phillips and epidemiologist Carol Hogue have attempted to measure the impact of racism on middle-class African American women.<sup>34</sup> It's a first step in understanding how ordinary, daily encounters with racism can affect women throughout their life course.**

**Fleda Jackson: V/O**

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<sup>32</sup> Camara Phyllis Jones interview

<sup>33</sup> "Confronting Institutionalized Racism," Camara Phyllis Jones, *Phylon*, 2003, vol 50, no 1-2

<sup>34</sup> "The Development of a Race and Gender-Specific Stress Measure for African-American Women: Jackson, Hogue, Phillips Contextualized Stress Measure," Fleda Mask Jackson, Carol Rowland Hogue and Mona Taylor Phillips, *Ethnicity and Disease*, Autumn 2005, vol 15

To collect the data we decided we

**LOWER THIRD:** FLEDA MASK JACKSON 21:38  
Psychologist  
Emory University

**Fleda Jackson:** O/C

first needed to hear from African-American women about what were the stressors in their lives.

**Fleda Jackson:** V/O

And so we started with focus groups.

**Carol Hogue:** O/C

And over a period of about 15 years, we evolved this measure,

*Animation of Hogue, Jackson, Phillips Study* 21:54

**Carol Hogue:** V/O

which is gendered. It's only just for African-American women.

*Focus group of woman.*

**Focus Group Woman:** O/C

21:59

I think constantly having to internalize the racism that we experience every day. It's like, to me, where do you escape to?

**Focus Group Woman:** V/O

My daughter she's real open and friendly, and so, you know, she'll run up to the white children and say, "Can I play with you?" And then they don't even answer; they just look at her and run away. It's heartbreaking for me to see that.

**Fleda Jackson:** V/O

If you have to take children outside of your neighborhood for the best educational opportunities; if you have concerns that they will be racially profiled;

**Fleda Jackson:** O/C

if there are concerns about the opportunities that they will have, all of that represents serious kinds of stresses

**Fleda Jackson:** V/O

that are experienced by African-American women on a constant basis.

**Camara Phyllis Jones:** V/O

It's like

**Camara Phyllis Jones:** O/C

gunning the engine of a car, without ever letting up.

**Camara Phyllis Jones:** V/O

Just wearing it out, wearing it out without rest. And

**Camara Phyllis Jones:** O/C

22:54

I think that the stresses of everyday racism are doing that.

**Focus Group Woman 2: O/C**

You have a doctor that comes in that doesn't really pay attention to what it is you're saying, that invalidates what it is you're saying.

**Focus Group Woman 3: O/C**

**23:04**

No matter how many times I made it to the final interview, or how many programs come out of my research, it's just not enough. And I think it's unfortunate, but it does something to me internally. I've taken jobs, I mean, getting paid way less than the people that I know don't have as much education. I don't know what kind of resume to write at this point. So, you know, I'm scared to give people a resume.

**Can we protect African American women's bodies from the wear and tear of racism? One program, The Family Health and Birth Center in Washington, DC provides family support, employment and financial counseling -- and prenatal care. The result: preterm births were reduced by a third and low birth weight deliveries cut in half.<sup>35</sup>**

*FADE TO BLACK*

*Stills and footage of Danielle as preemie.*

**In Kim Anderson's case it's impossible to pinpoint one cause for Danielle's premature birth-- the stress of racism, genetic predisposition, or other factors.**

**But researchers work with averages, not individuals. And with thousands of examples -- the evidence pointing to the impact of racism and stress on pregnancy outcomes is becoming hard to ignore.**

*Stills of Danielle as a baby, child, and teenager.*

**Kim Anderson: V/O**

**24:24**

Danielle was discharged, even though she was so small, you know four pounds, but she just pulled through. She could have had sight problems; she could have had learning disabilities. She's a great student. She doesn't have problems with health.

**Kim Anderson: O/C**

It could have been so different. It could have been so different.

*Shots of preemies; stills of Dr. Lu's daughters.*

**24:46**

**Michael Lu: V/O**

What kind of nation do we want? I have two daughters, and the question is: What kind of nation do we want them to grow up in?

**Michael Lu: O/C**

This nation was founded on the self-evident truth that all men and women are created equal,

**Michael Lu: V/O**

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<sup>35</sup>Lubic, Ruth Watson, as part of her Acceptance Remarks for the Martha May Eliot Award from the American Public Health Association; Kahef, Ziba, "Persisten Peril," *Race Wire*, Feb 2003; Pestronk, Robert, Franks, Marcia L., "A Partnership to Reduce African American Infant Mortality in Genesee County, Michigan," *Public Health Reports*, July-Aug 2003, Vol 118; *Excerpts of State Initiatives in Preconception Health*

and yet 230 years later, that truth still not quite so self-evident. Right: you ain't created equal if you can't get a equal start.

*DIP TO BLACK*

*Stills of Danielle.*

**25:25**

**Kim Anderson:** V/O

Sometimes I do worry what would happen if my daughter delivered a preemie. I'm looking at a second-generation preemie, who says she wants to be a cardiologist and neonatologist, which to me is stress on top of stress, and as a African American woman, (laugh) who now wears dreads. So, so all those things that are going to be on her heart, on her mind, in her life. You don't want her have to worry about what to do with a preemie. Just don't want her to have to go through that and experience that, and wonder what the outcome would be. And I hope, I pray, that if it happens, her outcome will be as blessed and successful as ours has been with her.