



**FXB Center**  
for Health & Human Rights  
at Harvard University

## **MAKING THE PUBLIC HEALTH CASE FOR REPARATIONS: LANDSCAPE REPORT**

FXB Center for Health and Human Rights at Harvard  
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FXB

## INTRODUCTION

Reparations for slavery have been debated in the United States since the end of the Civil War in 1865, when Union Army Gen. William Tecumseh Sherman issued Special Field Order No 15. The order, which would come to be known as “40 acres and a mule,” intended to take a large portion of Atlantic coastline from former enslavers and redistribute it to newly freed Black Americans. Although President Abraham Lincoln and Congress approved this plan, it would be short lived. Months after Lincoln’s assassination, President Andrew Johnson rescinded the order and returned all the land that had been given to some 40,000 newly freed Black Americans back to its former owners. Today, more than a century and a half later, Black Americans still have not received any reparations for slavery.<sup>1</sup>

The National Coalition of Blacks for Reparations in America (N’COBRA) has championed the Congressional Reparations Study Bill that has been introduced almost every two years since 1989 (originally H.R. 3754 introduced by John Conyers of Michigan). But until relatively recently, these calls were largely dismissed. In April 2021, the House of Representatives’ Judiciary Committee voted to advance H.R. 40, the bill that would establish a commission to study the effects of slavery and recommend appropriate remedies. Yet, to date, it has still not been taken up for consideration by the full House, and proponents acknowledge that getting it passed in the Senate would be a tremendous challenge.<sup>2</sup> However, many jurisdictions are taking action.

The FXB Center’s Making the Public Health Case for Reparations project, which is supported by a grant from the Robert Wood Johnson Foundation, seeks to explore Black reparations as a public health strategy to help to eliminate racial disparities in health outcomes and achieve health equity.

This landscape analysis provides a basis for this effort and includes a literature review of scholarship on reparations and health (Section 1); an analysis of key debates that will impact policy and research assumptions (Section 2); and an overview of the current legislative environment, based on a desk review and a series of interviews with government officials undertaking reparations initiatives at the local level (Section 3).

## SECTION 1: LITERATURE REVIEW ON US REPARATIONS AND HEALTH

To date, public health scholars have not engaged significantly in debates on the need for and form of reparations. Instead, it has been led by scholars in other fields, particularly lawyers, economists, sociologists, journalists, and historians. One of the most influential books on reparations in the past 20 years is lawyer Randall Robinson’s *The Debt: What America Owes to Blacks*, published in January 2001.<sup>3</sup> After the 9/11 attacks that same year, however, hopes of sustained discourse on reparations vanished as the country’s attention shifted to national security. Then, in 2015, writer and journalist Ta-Nehisi Coates reignited the national debate on reparations with his essay in *The Atlantic*, “The Case for Reparations.”<sup>4</sup> The essay reframed American history as a centuries-long process of the economic plunder of Black Americans and brought the reparations

conversation into mainstream discourse. The 1619 Project and Isabel Wilkerson's *Caste* further deepen the historical case for reparations.<sup>5,6</sup> Economist William Darity and Folklorist Kristen Mullen's *From Here to Equality: Reparations for Black Americans in the Twenty-First Century* strengthens the case for reparations and discusses how a program of reparations could be implemented.<sup>7</sup> These works and other scholarship have focused on the moral, legal, economic, and historical arguments for reparations.

The possibility of a dramatic improvement in the health and life expectancy of Black Americans through reparations, however, has rarely entered discussions. Public health scholars have largely remained silent on the topic. Scholarship on the need, and potential form, of reparations to US descendants of slavery has not been led by public health researchers. This project centers on exploring this gap.

The earliest identified peer-reviewed article to make a case for reparations' health benefits was Rodney Hood's "The 'Slave Health Deficit: The Case for Reparations to Bring Health Parity to African Americans'" published in the *Journal of the National Medical Association* in 2001.<sup>8</sup> At that time, Hood was the president of the National Medical Association (NMA), the oldest professional and scientific organization representing more than 25,000 Black physicians. In "Slave Health Deficit," Hood provided a historical perspective on the causes of the health disparities experienced by Black Americans for 400 years, from the beginning of the Atlantic slave trade to the present day. Hood asserted that these disparities are not due to biological differences between races, but instead are the intentional result of institutions of slavery and ongoing racism in medicine and society. Citing Robinson's *The Debt: What America Owes to Blacks*, Hood argued that reparations are a way to overcome these health disparities and called upon the public health and medical communities to engage in conversations around reparations as a public health strategy.

Since the publication of Hood's "Slave Health Deficit," only a handful of peer-reviewed public health articles have referenced reparations. Like Hood's essay, most of the articles have either been commentaries or conceptual pieces as opposed to empirical studies. David Williams and Chiquita Collins published "Reparations: A Viable Strategy to Address the Enigma of African American Health," in *American Behavioral Scientist* in 2004, with a related version in an edited volume titled *Redress* based on a conference held at Duke University in 2007. In it, they discussed how residential segregation has been a leading cause of health disparities and made a case for reparations as a way to overcome these disparities by rebuilding the infrastructure of economically deprived neighborhoods.<sup>9</sup> Similarly, Darrell Gaskin's "Racial Disparities in Health and Wealth: The Effects of Slavery and Past Discrimination," published in *The Review of Black Political Economy* in 2005, presents a conceptual framework for understanding the effects of slavery, legal segregation, and ongoing discrimination on both the health and wealth of Black Americans, and calls for reparations in the form of policies that reduce the relative cost of human capital investment for Black Americans.<sup>10</sup>

More than a decade would pass before additional peer-reviewed public health articles referencing reparations and health appeared. In 2019, Evelyn M. Hammonds and Susan M. Reverby published "Toward a Historically Informed Analysis of Racial Health Disparities Since 1619" in the *American Journal of Public Health*. Written as part of a series of reflections marking the 400-year anniversary of the arrival of the first captured Africans

to the Jamestown colonial outpost, this commentary focused on the need for historically informed analyses of health disparities and concluded that conversations about reparations could be enhanced by framing health disparities experienced by Black Americans as an indicator of the cumulative effects of racism across generations.<sup>11</sup> Building on this line of thought, in June 2020, the president and CEO of the Cobb/NMA Health Institute Randall C. Morgan and Tiffany N. Reid published a commentary titled “On Answering the Call to Action for COVID-19: Continuing a Bold Legacy of Health Advocacy” in the *Journal of the National Medical Association*, arguing for reparations as a way to address the persistent racial inequities that COVID-19 has laid bare.<sup>12</sup> Then, in November 2020, Mary T. Bassett and Sandro Galea published “Reparations as a Public Health Priority — A Strategy for Ending Black–White Health Disparities” in the *New England Journal of Medicine*.<sup>13</sup> Their commentary represents the most direct and in-depth discussion of why the public health and medical communities should become involved in reparations conversations since Gaskin’s 2004 article “Racial Disparities in Health and Wealth.”

To our knowledge, there has been only one empirical study on the health benefits that reparations would bring to US descendants of slavery. That is a study by Richardson and colleagues titled “Reparations for Black American Descendants of Persons Enslaved in the U.S. and Their Potential Impact on SARS-CoV-2 Transmission” published in *Social Science & Medicine* in May 2021.<sup>14</sup> Part of a larger report by the Lancet Commission on Reparations and Redistributive Justice (whose scope is primarily global in nature), the study found that if a full-scale reparations program that closed the Black-white wealth gap had been enacted before the COVID-19 pandemic, transmission of the virus could have been significantly reduced not only for Black Americans, but for everyone. To arrive at this finding, the study compared COVID-19 transmission rates in Louisiana, a state with particularly extreme income inequality, and South Korea, a relatively egalitarian nation, during the early months of the pandemic. According to the study, reparations would have reduced COVID-19 transmission in Louisiana by 31-68 percent by lowering the presence of pre-existing conditions among Black Americans, lowering their rates of household overcrowding, and lessening their disproportionate presence among high-risk frontline workers whose work was designated as “essential.”

In contrast to the few public health articles that have been written on reparations, a growing body of literature suggests that wealth and health are closely linked.<sup>15–19</sup> Research on the health benefits of reparations could build on this scholarship to help inform conversations around the best form of reparations.<sup>20</sup> While some researchers have found that poorer health can lead to lower wealth due to lost income or higher spending on health care, others have found that wealth also strongly affects health. For example, a 2016 study by Jay L. Zagorsky and Patricia K. Smith used the National Longitudinal Survey of Youth to track asthma prevalence and wealth among American adults born between 1957 and 1964 (baby boomers) and found that inheriting substantial wealth protected against severe asthma, whereas wealth did not decrease after an asthma diagnosis.<sup>18</sup> Similarly, a 2011 study by Anjum Hajat and colleagues used data from the Panel Study of Income Dynamics, the longest-running household survey in the world, and found that wealth improved long-term mortality rates and self-reported health status.<sup>17</sup> Wealth can improve health and longevity by providing not only material benefits, such as healthy

living conditions and access to health care, but also psychological benefits, such as reduced chronic stress. Additionally, wealth can improve health across generations, because the wealth that people inherit shapes their educational, economic, and social opportunities – all of which matters profoundly for health.<sup>21</sup>

Evidence from policy-based socioeconomic interventions that provided direct cash payments to households can also shed light on how a reparations policy might affect population health. These income-boosting interventions include the Earned Income Tax Credit in the US, provided to low-to-moderate income families; Oportunidades in Mexico, a conditional cash transfer program; and the Alaska Permanent Fund, a program using the profits gained from auctioning drilling rights to provide payments to families.<sup>22–25</sup> In their systematic reviews of these interventions, Cooper and Stewart examined studies with rigorous methods—such as randomized control trials or lotteries—that minimize differences among the treatment groups in order to isolate the effects of poverty reduction.<sup>22,23</sup> The authors find evidence for significant positive effects on psychological well-being and cognitive development among children and beneficial effects in reducing depression, anxiety, and stress and improving happiness and life satisfaction among adults. Importantly, the benefits of income gains for child and adult mental health were largest for people lowest in the income distribution. This evidence from socioeconomic interventions underlines the role of poverty as an important determinant of health and suggests that increases in income can provide more options for families to invest time and money on lifestyles promoting mental health.<sup>22</sup>

However, the evidence on the effects of socioeconomic interventions for physical health outcomes is less conclusive than the literature on mental health outcomes. While there is consistent evidence that suggests income gains are beneficial for infant birthweight,<sup>22,26</sup> there are mixed findings for other health outcomes like obesity and substance use problems. Self-rated health has a more consistent and positive relationship with income gains, but the effect is small and is often not statistically significant after adjusting for group differences like employment status.<sup>24,25</sup> Conversely, studies focusing on inheritances and lottery wins find higher rates of substance use behavior.<sup>23</sup>

There are still several important gaps in this literature. First, this scholarship largely focuses on overall population health benefits, instead of effects for Black Americans specifically or for racial inequities in health. Second, compared to studies evaluating more immediate effects on mental health and well-being, there are fewer studies on physical health outcomes like all-cause mortality.<sup>22,23</sup> Wealth and income gains likely have more varied and complicated effects for physical health across the life course. Overall, more research is needed on the extent to which Black Americans' health specifically benefits from public policies that would increase household wealth and shrink the Black-white wealth gap.

As public discourse around reparations continues and a growing number of jurisdictions commit to piloting reparations programs (see Section 3), there is a clear need for more research that examines the quantitative and conceptual aspects of reparations as a health intervention and an opportunity for funders and foundations to invest in rigorous evaluations of local and state level initiatives.

## SECTION 2: BIG DEBATES AROUND REPARATIONS

In this section, we summarize some of the key debates around what a reparations policy should include and what restitution could look like. At the outset it is important to acknowledge that even the term “reparations” is used in different ways by different actors. The UN General Assembly adopted resolution 60/147 in 2005, on Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law, which outlines the following five principles for reparations: (1) **restitution**, restoring human rights guarantees; (2) **compensation**, for any economic damage; (3) **rehabilitation**, including medical care; (4) **satisfaction**, which could take the form of a public apology and historical correction, and (5) **guarantees of non-repetition**, for example through legal reform.<sup>27</sup> These principles align well with Darity and Mullen’s framing that reparations should include an ARC of justice: **Acknowledgement** of the atrocity, **Redress**, often in the form of financial compensation, and **Closure**. More broadly, the literature has engaged with the concept of reparations, particularly in distinguishing it from other types and methods of redress and justice.<sup>28</sup> Roy L. Brooks argues that a foundational element of reparations is the expression of atonement and suggests that “reparations are easily distinguished from a settlement by the presence or absence of an accompanying statement of apology.”<sup>29</sup>

In the United States, there have been some efforts to engage in “truth and reconciliation,” and in the context of ongoing racism, a key dimension of closure must also include the guarantees of non-repetition and reform. However, the primary debates around reparations focus on what redress and compensation should look like. The key questions below are not exhaustive, yet such debates are ongoing and have implications both for policymaking and for research in terms of the assumptions being made.

### Who should receive reparations?

One big question is who should be eligible to receive reparations: Black Americans who are descendants of US slavery or all Black Americans, regardless of when they arrived in the country? Today, 10 percent of the Black population in the US represents families of recent immigrants. The remaining 90 percent consists of individuals with at least one ancestor who was enslaved in the country – this 90 percent corresponds to 40 million people.<sup>30</sup> Reparations experts like economist William Darity and folklorist Kirsten Mullen, who believe reparations should be paid to the 40 million Black Americans whose ancestors were enslaved in the US, argue that it is this community that has experienced the cumulative, intergenerational effects of slavery, legal segregation, and ongoing discrimination. Experts who hold this view point out that a reparations program with these parameters is increasingly possible because of online ancestry databases. Such a program would exclude Black Americans whose ancestors were enslaved in other countries such as Jamaica, Haiti, or the Bahamas.<sup>7</sup> Other legal scholars have argued that reparations should extend to Black Americans who have endured the ongoing legacy of discriminatory policies that followed slavery, including Jim Crow laws, racialized mass incarceration, and so forth.<sup>31</sup> Finally, there are those who believe we should consider the administrative burden of documenting ancestry in making this decision.

### How much would reparations cost?

Black Americans make up 13 percent of the US population but possess only 2 percent of the country's wealth, which corresponds to Black families having an average net worth that is \$840,000 less than white families.<sup>32</sup> According to Darity and Mullen, this massive racial wealth gap is the starkest economic indicator of the cumulative, intergenerational effects of slavery, legal segregation, and ongoing discrimination. A full-scale reparations program would eliminate this gap by bringing the share of Black wealth into consistency with the share of the Black population. Darity and Mullen estimate this would require at least \$11 trillion.<sup>7</sup> Other estimates of the total cost of slavery and anti-Black discrimination range from \$18.6 trillion to upwards of \$35 trillion.<sup>33</sup> Darity and Mullen also observe that President Joe Biden's proposed policies to increase Black wealth – policies, for example, that increase Black homeownership – are not nearly enough to eliminate the massive racial wealth gap.<sup>30</sup> At the local level, no pilots have been adequately funded to make a noticeable impact in narrowing the wealth gap.

### What form should reparations take?

Another important question in the reparations debate is whether financial restitution should take the form of direct cash payments to individuals or something else like community investments. Some scholars and activists argue in favor of individual remedies; others advocate for collective redress. And some representatives of victims or survivors reject both types of reparations, which some consider an opportunistic use of the past. Nevertheless, authors like Roy L. Brooks propose a distinction between individual reparations, which are compensatory in nature and collective reparations, rehabilitative of the community, aiming “to nurture the group's self-empowerment or the community's cultural transformation, or at least to improve the conditions under which the victims live.”<sup>29</sup>

Among US cities that are developing initiatives being labeled as “reparations,” most plans do not currently include direct cash payments to Black individuals but instead feature programs to indirectly increase the wealth of Black communities using policies targeted at place-specific historical harms. Under a new reparations program in Evanston, IL, eligible Black residents will receive up to \$25,000 for down payments or repairs on homes to address the city's legacy of discriminatory housing policies. This approach highlights yet another debate about what form reparations should take: If reparations take the form of direct payments, should there be restrictions on what the money can be used for (housing, education, etc.)? Darity and Mullen argue direct cash payments should be a central component of reparations and individuals should be free to spend the payments how they see fit. Darity and Mullen acknowledge some component of an overall reparations fund could be directed to community projects but insist the majority of the funds must be directed at individuals. They also note that the payouts do not necessarily need to be cash payments, but could be provided through less liquid assets such as trust accounts.<sup>7</sup>

Other national organizations supporting reparations include the National Association for the Advancement of Returning Citizens (NAARC), N'COBRA, the December 12th Group, and the Institute of the Black World. Each have a slightly different conceptualization of what a reparations policy should redress, include, and improve.

General themes across coalitions include: historical reckoning with past racial injustice, health inequity, education inequity, economic development, social development, housing and land injustice, criminal injustice, community development and empowerment, sacred sites and monuments, formal apology, and information and communications infrastructure development.

### **Who should pay the reparations bill, and what is the role of local reparations efforts?**

Although cities like Evanston, IL are proceeding with reparations initiatives to provide some measure of restitution to their Black residents, there is broad agreement that these are supplementary efforts and that a large-scale reparations policy must ultimately be implemented by the federal government. While cities and state governments share a role in the institution of slavery and the country's sustained record of discrimination against Black Americans, it was the federal government that established the legal framework that allowed slavery and other injustices to occur in every segment of the country.

Furthermore, only the federal government has the financial resources necessary to close the Black-white wealth gap. State and local governments collectively have a sum total annual budget of \$3.2 trillion – far short of the minimum of \$11 trillion that is required to bring the share of Black wealth into consistency with the share of the Black population.<sup>34</sup> Some have suggested that the American Rescue Plan and the new Infrastructure Bill could offer opportunities to fund reparations programs.

Despite the state and local reparations initiatives outlined in Section 3 below, some scholars, including Darity and Mullen, are skeptical of the utility of non-federal measures: “the misapplied label ‘reparations’ can only lead to confusion over the scope of what is required for genuine restitution.”<sup>35</sup> That said, cities, such as the 13 that formed Mayors Organized for Reparations and Equity (MORE), and the state of California, that have committed to piloting or initiating their own reparations programs typically have also committed to supporting federal reparations bill H.R. 40.<sup>36</sup> At the same time, local efforts have focused on reparations for policy decisions taken at the local level (for example, housing discrimination or neighborhood disinvestments), so there is an analogous correspondence between the levels of action and repair.

### **What about reparations for other groups?**

The question is often asked: If reparations are owed to Black Americans, what about other racial and ethnic groups such as Native Americans, who have also suffered grievous injustices? It is certainly true that other communities have legitimate claims for compensation from the US government. The case for reparations for Black Americans, however, is specific to how the injustices of slavery, Jim Crow, and ongoing discrimination have harmed living members of this community and should likely be addressed separately at the federal level. At the local level, efforts have been expanded. For example, cities such as Providence, Rhode Island and Saint Paul, Minnesota began their initiatives investigating the injustices meted out to Black Americans, however later expanded their scope to explore the harm inflicted upon a broader community outside of the Black population. At the same time, domestic reparations programs implemented in the US, such as for the internment of Japanese American civilians, can inform methods of reparations for enslavement, from compensation to



apologies and special funds.

### How can global reparations movements inform the US process?

Calls for reparations for collective injustices and harm have been issued globally. Yet, reparations programs remain remarkably scarce (see Figure 1, with some exceptions), as state institutions and other liable public and private stakeholders have largely avoided responsibility and accountability. The 2001 World Conference against Racism is seen as a milestone in the global debates on reparations. This historical event offered a forceful opportunity for institutions and groups in the United States to engage in Pan Africanist and international solidarity efforts for reparations. The Durban Declaration underlines the role of enslavement and colonialism as sources of present-day racism; it also includes provisions of truth-telling, acknowledgment, apologies, and compensations.<sup>37</sup> In 2016, the UN Working Group of Experts on People of African Descent concluded that “there is a profound need to acknowledge that the transatlantic slave trade was a crime against humanity and among the major sources and manifestations of racism, racial discrimination, xenophobia, and related intolerance and that Africans and people of African descent were victims of these acts and continue to be victims of their consequences. Past injustices and crimes against African Americans need to be addressed with reparatory justice.”<sup>38</sup> Post-Holocaust reparations programs have also been seen as exemplar models and often used to inform claims, movements for reparations, and scholarship in other countries. In *Reparations for Nazi Victims in Postwar Europe*, Regula Ludi argues that the post-Holocaust reparations “have radically changed our understanding of reparations.”<sup>39</sup> However, there are critiques and lessons from various reparations programs, including those for the Nazi atrocities. For instance, Afro-Germans, Roma, and LGBTQIA+ people, among others, have historically been overlooked in reparations processes and programs.

## SECTION 3: CURRENT POLICY LANDSCAPE

Across the country, state and local efforts towards reparations are underway, including forming political coalitions, introducing legislation, establishing research committees, and launching pilot programs. These initiatives broadly advance policies aimed at redressing historical anti-Black racial discrimination and injustice, with differences across policies and coalitions that reflect the disagreements discussed in Section 2. One of the most recent political coalitions for reparations is MORE, started by Los Angeles Mayor Eric Garcetti. MORE is comprised of 13 mayors committed to supporting the H.R. 40 bill, piloting reparations programs, and forming Black advisory committees.<sup>36</sup> In parallel, several mayors have joined the Mayors for a Guaranteed Income (MGI) network, which aims to address racial income inequities that have resulted from historical discrimination.<sup>40</sup>

In addition, several states and other local municipalities have introduced legislation in support of reparations for African enslavement. Oklahoma and California were the first states to form committees to study reparations. Oklahoma’s Commission issued their 200-page report on February 28th, 2001, which recommended cash payments to survivors of the 1921 Tulsa Race Riots and their descendants.<sup>41</sup> California’s bill to establish a task force to study and develop a reparations proposal for African Americans affected by enslavement was adopted

in September 2020, and the Commission which first met in July 2021, is expected to issue its first report with findings in the summer of 2022, and recommendations for reparations in the summer of 2023. Jurisdictions including Providence, RI; Burlington, VT; San Francisco, CA; Cambridge, MA and Amherst, MA are researching their city's discriminatory laws in order to educate the public about the necessity for reparations. Providence released *A Matter of Truth*, a nearly 200-page report that details the history of racial injustice against Black and Indigenous people in the city since 1620. The report describes discriminatory laws and housing practices that were carried out in Providence such as redlining, de facto segregated schools, and the systemic displacement of jobs for Black residents.<sup>42</sup>

Evanston, IL was the first and only jurisdiction to our knowledge to begin the process of distributing reparations to Black residents. With funding from the sales tax of cannabis, Evanston has pledged \$10 million within the next 10 years for reparations. The first phase of this program allocates \$400,000 for grants of \$25,000 to 16 Black residents who faced discriminatory housing laws and their descendants. However, these grants can only be spent on housing infrastructure.<sup>43</sup> Evanston is the only jurisdiction so far to establish direct cash payments as a part of their reparations policy. State and city officials in Oklahoma and Cambridge, MA have expressed interest in individual cash payments linked to those affected by historical racial injustice, but no formal policy has been proposed. Most other state and city reparations plans are moving towards agendas focused on community investments. Asheville, NC, for example, has allocated \$2.1 million for reparatory community investments, but the Committee is still in the process of identifying a target demographic group and developing a budget.

These emergent state and local initiatives to investigate historical racial injustice and advance reparations policies may also build political momentum for federal action, including H.R. 40, which was advanced in a House committee in April 2021 after being re-introduced for nearly three decades. In addition, stakeholder interviews revealed the need for legal support in circumventing legislative barriers to implementing reparations programs. For example, Proposition 209 in California prohibits any public resources (local or state) from being distributed on the basis of race and efforts to restore affirmative action through its repeal (Proposition 16) were rejected in 2020.<sup>44,45</sup>

Developing communications strategies or highlighting potential resources to assist in navigating such barriers could be useful, especially since national public opinion of reparations policies remains low. Over two-thirds of Americans do not support reparations, largely because they believe descendants of slaves are undeserving of monetary compensation.<sup>46</sup> Other polling data suggest that around one in five Americans agree that the U.S. should use "taxpayer money to pay damages to descendants of enslaved people in the United States," with sharp divisions across partisan and racial lines. Nearly 80 percent of Republicans opposed, as did around one-third of Democrats. Only one in 10 White respondents expressed approval, while approximately half of the Black respondents shared the same sentiment.<sup>47</sup> That said, public support for reparations has grown 19 percent in the past two decades.<sup>48</sup> A Washington Post-ABC News poll was more extensive on the timeline of support for reparations and the evident increase across white and Black Americans. When surveyed in 1997,

approximately 10 percent of the white respondents and 65 percent of the Black respondents were in support of reparations. A 2020 survey showed this number has increased to 18 percent and 82 percent respectively.<sup>49</sup>

While outside the scope of our current project, developing a centralized database or resource for ongoing and novel reparations programs (or ideas) may be useful to interested parties in identifying work that has been conducted across multiple disciplines and jurisdictions. A centralized resource containing journalistic, legislative, academic, and community-led findings, for example, could foster interdisciplinary and novel strategies to advance reparations efforts. This resource may also provide opportunities for learning across jurisdictions. Committees advancing or implementing reparations programs are currently siloed. Future efforts to not only document, but also convene established committees to discuss and evaluate ongoing efforts (for example bringing together cities and towns in Massachusetts with ones in California) may contribute to solutions for common challenges, identification of funding sources, and insights around best practices for community engagement.

## CONCLUSION

The COVID-19 pandemic has quite literally and dramatically shown us how wealth and whiteness protect health, bringing into sharp relief how even a novel virus to which no humans were immune to would take a stunningly unequal toll, tracking along the fissures of racial and ethnic inequalities. But even prior to the pandemic, this has always been true. The New York Times recently tallied up racism's toll in excess deaths, showing that if Black people died at the same rate as white people between 1900 and 2015, over 8.8 million deaths would not have occurred.<sup>50</sup> So, the question remains, can reparations be a step in the right direction?

In this fraught but shifting political context, the time is ripe for those working in public health and medicine to, at a minimum, participate in the reparations debate. The political conversation and ongoing legislative initiatives on reparations should include a deep look at the impact of reparations on racial health inequities. Making the Public Health Case for Reparations aims to contribute to this endeavor by bringing together public health researchers, social scientists, and other public leaders advocating for reparations that are long overdue.

Of course, while the focus of this effort is to set the stage for more public health and medical professionals to engage with conversations around reparations at the federal and local levels, there are also opportunities for medical and public health communities to reflect on our role in propagating scientific racism, which lent a sheen of science to white supremacy that still lingers. We permitted human experimentation, from the infamous US Public Health Service “Tuskegee Study of Untreated Syphilis in the Negro Male” to J. Marion Sims, the southern physician who procured enslaved women to perfect a repair of birth injury called vesicovaginal fistula. The actions of organized medicine to maintain separate and unequal medical care and exclude Black physicians from practice, should also be acknowledged. Indeed, the American Medical Association, founded in 1847, apologized only in 2008 for its decades of collusion with segregated health care and the exclusion of Black physicians. And we continue to have an unequal health system and unequal health

care.

The renewed public conversation around structural racism and reparations offers an opportunity to invest further in self-reflection and in research to learn from local and national reparations efforts. The timing is particularly opportune, as commissions are set up across the country to study reparations, or to pilot small interventions, to partner directly with jurisdictions to support in evaluation and sharing of experiences. One potential way this could be implemented is with funding mechanisms encouraging submissions that provide evidence of social impact and community engagement for mutually beneficial gains to scholarly work and community needs/priorities. Overall, efforts by the public health community to enter ongoing conversations around reparations must reflect a commitment to support community leaders, local organizations and organizers, and a model embracing community sovereignty and knowledge that comes through lived experience.

**FIGURE 1: GLOBAL REPARATIONS PROGRAMS**

Collective Injustice	Methods of Reparations	Critique
<i>The Holocaust</i>	<ul style="list-style-type: none"> <li>• War crimes trials</li> <li>• Financial compensations: individual and collective</li> <li>• Apology (e.g., Konrad Adenauer, West Germany's first chancellor, September 27, 1951: "In our name, unspeakable crimes have been committed and demand compensation and restitution, both moral and materials, for the persons and properties of the Jews who have been so seriously harmed.")</li> <li>• Truth-telling and memorialization</li> <li>• Other symbolic forms of memorialization and remembrance</li> </ul>	<p>Afro-Germans, Roma people, or LGBTQIA+ people have long been discounted by reparations programs, including memorialization.</p> <p>Eastern European Jews were initially neglected by compensations programs, too.</p> <p>The German government granted pensions to SS and Gestapo veterans.</p>
<i>Comfort Women in Japan</i>	<ul style="list-style-type: none"> <li>• Public trials</li> <li>• Redress through lawsuits</li> <li>• Compensations</li> <li>• Japan's Prime Minister apologized to South Korea in 1990</li> <li>• A Japanese Committee was established to study the comfort women system and its consequences and publish the report Results of Investigation into the Question of "Military Comfort Women" Originating from the Korean Peninsula.</li> <li>• A governmental-funded reparations plan</li> </ul>	<p>The reparations plan put in place and funded by the government, which included only Filipina victims, ensured compensations only in the amount of \$9,302 U.S./victim. In addition, the program was run by welfare agencies, shifting the attention from reparations to welfare.</p>

<p><i>Japanese internment camps in the US</i></p>	<p>The Commission on Wartime Relocation and Internment of Civilians (CWRIC) issued a report, which recommended Congress to ensure:</p> <ul style="list-style-type: none"> <li>• A joint congressional resolution ensuring public apology</li> <li>• “The President pardon those convicted of curfew violations and review other wartime convictions based on discrimination due to race or ethnicity.”</li> <li>• Governmental bodies in charge of the applications for restitution of position, status, and entitlements lost</li> <li>• Funding and a foundation to “sponsor research and public educational activities.”</li> <li>• Compensation in the amount of \$20,000 for each survivor</li> <li>• The recommendations became part of the Civil [Liberties] Act of 1988</li> </ul>	<p>N/A</p>
<p><i>The 52-year armed conflict in Colombia</i></p>	<ul style="list-style-type: none"> <li>• A system of truth, justice, reparation, and non-repetition</li> <li>• A truth, coexistence, and non-repetition commission</li> <li>• Former leaders of armed groups asked for forgiveness for the atrocities committed against Afro-Colombians</li> <li>• Truth-telling dialogues regarding the impact of the armed conflict on people of African descent</li> </ul>	<p>N/A</p>
<p><i>The legacy of Belgian colonialism in Burundi, the Democratic Republic of Congo, and Rwanda (partial reparations)</i></p>	<ul style="list-style-type: none"> <li>• A Parliamentary Commission to study the role, structural and economic impact, and legacy of Belgian colonialism</li> <li>• A key role of the Commission is to propose recommendations to remedy the harm of colonization in the former colonies</li> <li>• The Commission is also tasked to suggest methods of reconciliation with the past and steps to ensure research on the Belgian colonial period and post-colonialism</li> </ul>	<p>N/A</p>

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