

[00:00:32] **Thomas LaVeist:** Hello and welcome to the partners for advancing health equity podcast. I'm your host, Thomas LaVeist Dean and Weatherhead presidential chair in health equity at the Tulane University School of Public Health and Tropical Medicine.

[00:00:45] **Thomas LaVeist:** I'm honored today to introduce our guest, Dr. Sherman James, Dr. James is the Susan B. King distinguished professor emeritus of public policy in the Sanford School of Public Policy at Duke University. Dr. James is among the most impactful health equity scholars and has a point of personal privilege. He's one of my former professors during his time at the University of Michigan, his research focuses on the social determinants of US racial, ethnic, and socioeconomic disparities of health and healthcare.

[00:01:17] He is the originator of the John Henryism hypothesis, which posits that repeated high effort, coping and chronic stress and economic stressors rooted in systematic racism contributes to the early onset of hypertension and related cardiometabolic diseases and African Americans for more on his career and work. You can follow the link in his bio, on our website. Thank you Sherman for joining us today.

[00:01:45] **Sherman James:** Thank you Tom. For inviting me

[00:01:47] **Thomas LaVeist:** Sherman. I've known you for many years now. but it occurs to me that I don't know a lot about your background. where are you from? Where'd you grow up?

[00:01:59] **Sherman James:** I grew up in a small town in rural South Carolina, in the 1950s. And during that time, during my boyhood years, I think the population of the town was maybe 5,000 people, about 2,500 black folks and 2,500 white folks. I think today it's now the metropolis of a 7,500 people. so it's a really small town. It's located about 70 miles Northeast of Columbia, and about, 40 miles south of the North Carolina South Carolina state line. So really small town. I'm a small town guy.

[00:02:38] **Thomas LaVeist:** You didn't say the name of the town what's the name of it?

[00:02:41] **Sherman James:** Hartsville. H A R T S V I L L E

[00:02:43] **Thomas LaVeist:** Hartsville. South Carolina. And your parents, are they also from that area?

[00:02:47] **Sherman James:** well, my parents grew up, on farms, in and around Hartsville and, um yeah so we trace our roots, back to a back to ya know , pre-emancipation, in South Carolina. So generations and generations.

[00:03:02] **Thomas LaVeist:** So tell me about your journey. So you grew up in Hartsville, South Carolina in the 1950s, and I look at the arc of your life and someone who grew up there and now, a what you've accomplished. tell me about that. how did you get out of Hartsville? what was the impetus for you to leave and where did you go? What did you do?

[00:03:22] **Sherman James:** Yeah, well, after graduating from high school in 1960, I attended Talladega college in Talladega, Alabama Talladega college is an historic black college, uh founded in 1867 by freed slaves. It's one of the American missionary association, churches and I attended Talladega from 1960 to 1964. I went to Talladega on the advice of the pharmacist that I worked for, uh in the small town. there was one black pharmacist, one black doctor. And a one black dentist. And, uh I worked for the pharmacist as a, as ayou know, do it, everything kind of, uh, guy from the time that I was 12 years of age until I went away to college at almost 17.

[00:04:26] And, um the pharmacist went to a historic black college, himself, um, right after world war II, he was a war II veteran, went to Claflin and his math teacher was a graduate of Talladega and he was just so impressed with her. And he knew I was a serious, uh student myself. And he said, I think you ought to go to Talladega it would be a good place for you. So it was on his advice. that I applied to Talladega along with other schools, all historic black colleges and universities at the time after all, this was the late 1950s when I was looking around, for colleges, but Talladega gave me a full ride and I went there and I spent, uh really four. Transformative years at Talladega, I should have mentioned that Talladega college is just 50 miles east of Birmingham, Alabama. And I reiterate I was there in near the 1960s.

[00:05:12] **Thomas LaVeist:** Oh yeah.

[00:05:13] **Sherman James:** Yeah. So it was a very heavy time to be, to be a, black college student in the south in the early 1960s. Uh one might say in the belly of the beast.

[00:05:24] **Thomas LaVeist:** Tell us about that. What, anything you want to share about those experiences?

[00:05:28] **Sherman James:** Well I um, I I went to Talladega with the idea of maybe going into medicine because I hung around these black health professionals, you know as a boy and I and I looked up to them, I liked what they were doing and I liked the debates that they would have about everything under the sun. And that was a kind of a parallel education for me. Uh Because they were worldly men and there were sort of role models for me, but at Talladega, I learned that, I was, I enjoyed social sciences and humanities more than I did. the natural sciences, even though I was a, decent enough

student. I just really liked the social sciences and the humanities got involved in the theater in music and um and um you know and I just enjoyed history. I enjoyed psychology, enjoyed, sociology, the languages, and then wound up majoring in inpsychology and philosophy. That was my undergraduate major, uh, at Talladega.

[00:06:43] **Sherman James:** And I was involved in protests and we had our own, city movement and tried to desegregate some of the local churches and so on. And some of us were thrown in jail and some of us were beaten some severely. So it was a transformative experience for me. The civil rights movement had a, had an enormous impact on me. And, as I, as I neared graduation, I knew that I wanted to do something, ya know that would enable me to, ya know to carry on, the struggle, uh for black for black first class citizenship. And uh so I had I had plans to go to seminary. Actually, that was something that I had decided I wanted to do because after all, many of the frontline, civil right leaders, were men, who were part of the clergy.

[00:07:30] Of course we often overlooked, ya knowthe pivotal role that black women played, in the background. But, uh the black males, Martin Luther king, junior, Ralph Patna and so many others. I admired them. I admired them in the same way, if not more so. And I admired.the the black male health professionals, who really, taught me a lot about the larger world, but I decided, um in my senior year that I didn't really want to go to seminary, that I wasn't sufficiently sort of committed to that as a career path, uh to do that.

[00:08:09] **Sherman James:** So I took some time off and, went into the air force, became an air force. Officer spent four years in the air force. This is 1960, early, 1965, early 1969. And of course, uh when, I decided to go into the air force, no one had ever heard of , the Vietnam war occurred after I had been commissioned as a second Lieutenant.And there I was, in the military with this, immoral war raging, And I had a crisis of conscious, as you might imagine, uh based on what I've told you about, ya know the kind of person that I was before going into the air force, uh but managed to get through, those four years in the air force without having to serve in Vietnam.

[00:09:57] **Sherman James:** Thank God. So, I decided I had to go to graduate school in psychology, went to Washington University in St. Louis got my PhD in psychology with a concentration on personality, social psychology. and that was interesting enough. Tom, but it didn't really sort of speak to me, in a deep way and to my great good fortune one day out of the blue, I got a call from a chair of a search committee, uh, in the department of epidemiology at the school of public health at University of North Carolina Chapel Hill This is late 1972 I'm in my final year at at Wash U working on my PhD. And um he asked if I might be interested in talking with him about, um going to the Chapel Hill to join the epidemiology department, I said, what is epidemiology? And a, so he did his best to explain it to me. It was all pretty opaque. But the chair of the search committee had

spent the first five years of his academic career on the faculty in anthropology at Washington university in St. Louis. So, when the two psychologists that had been on the faculty for a decade, say 1960 to 1972 decamped to Boston, they said, well let's see if we can find, ya know another psychologist to uh, do what they were doing.

[00:10:33] **Sherman James:** And so this is the early 1970s and University of North Carolina. Chapel Hill. Is taking baby steps to desegregate the faculty. So they were now looking for black faculty and the chair of the search committee decided that he would call up Washington University, the psychology department to see if there were any black psychologists uh ya know, about to get their degree. So yeah, there was this guy, Sherman James. And so they gave him my phone number and he called me up. And as I said, epidemiology, what? he said, come on down, come on down. And let's have a, ya know conversation and uh see what you're thinking and you get a chance to look us over. And I thought, Chapel Hill, it's just it's just like three hours from where I grew up. So they wanna fly me down to Chapel Hill, ya know free of charge and wine and dine me. Then I can go see my parents, who am I to refuse such an invitation? (laughing) okay. I went down to Chapel Hill and I had no interest whatsoever.

[00:11:46] **Sherman James:** Ya know when I first arrived and the first people that I, ya know spoke to parapsychologists and virologists, and they were talking Greek as far as I was concerned. and I knew that, oh yeah, this is just not going to work. The fit is not good. let me just get through this experience. At the end of the first day of the two day visit, I had an interview with John Castle, who is chairman of the department of epidemiology, a world renowned social epidemiologist. I didn't know any of this because I didn't do any homework whatsoever. for this visit, he was just giant

[00:12:27] **Thomas LaVeist:** for, for the record. You don't recommend that do you?

[00:12:28] **Sherman James:** . I don't recommend that.

[00:12:30] **Thomas LaVeist:** okay.

[00:12:31] **Sherman James:** I think you're going on a job interview. you want to at least find out who the people are, that you might be meeting with. But John Castle was a physician epidemiologist, um from South Africa. And when he was in South Africa, he, and a group of other, uh South African physicians, all white, obviously, provided healthcare to a community of Africans, Zulu nation, basically in, in and around Durban. And in the course of providing healthcare to this community, uh he became very impressed with the role of culture and how cultural resources can protect, people when you have, strong social report systems, you have an intact, uh culture. and then you can weather all kinds of storms, under those conditions. but here they were this group of, of uh south African physicians of trying to provide care to this community of African

people. As apartheid South African apartheid was coming down with both feet on the natives of South Africa, and they could see how this system of political and economic oppression was destroying the culture of the people and making them vulnerable to health issues that historically they had not been vulnerable to.

[00:14:06] **Sherman James:** So that impressed him, that social and cultural and economic and political, conditions are profoundly. Important in terms of influencing the health of populations and creating vulnerability. It was that vision, that understanding of the role of social conditions, uh as a, factor in the health of populations that he brought with him to the department of epidemiology at UNC Chapel Hill. And that was the story he began to tell and he didn't say it in so many words, but I think one of the reasons why they were especially interested in me was that I grew up in the south. I grew up under American apartheid. So, he knew as he was speaking to me, he knew the circumstances under which I grew up. And at one point he said, I think that ya know someone with your background, this is a paraphrase. It's been many years now. someone with your background could make a real contribution to the work that we were trying to do. Because they had a big project, underway in Georgia, looking at cardiovascular disease, the epidemic the epidemic of cardiovascular disease in the black population in this county in Georgia.

And they thought that as the trained social scientist, as a psychologist, I might be able to help them sort of bring, a unique perspective to bear on the work that they were doing. And then at one he another point, he said, epidemiology is the place where science and social justice come together. And boy, I set up on the edge of my chair when he said that, because now he was really speaking to me here I am the project of the early 1960s. Civil rights movement had been searching for a way to bring together my interest in social justice and civil rights and science. And here it was, it fell into my lap.

[00:15:59] **Thomas LaVeist:** Yeah.

[00:16:00] **Sherman James:** I thought to myself. Holy cow. This this might be it. This might be the thing that I've been looking for. So I was completely different person. The second day of my of my interview there I was, my ears were wide open. I wanted to learn as much as possible about this thing called epidemiology. And then it was a matter of, ya know sort of thinking through my options. So I'll stopped there, but that was how, ya know my my journey from Hartsville through college, through the air force, through graduate school, led me to uh the department of epidemiology at UNC Chapel Hill,

[00:16:29] **Thomas LaVeist:** Now, this county in Georgia, this was was this, this is Evans county?

[00:16:31] **Sherman James:** This is Evans County.

[00:16:33] **Thomas LaVeist** Evans County right, right And so from someone who didn't know what epidemiology was to the president of the S E R (laughter) that's that's some journey.

[00:16:44] **Sherman James:** it's it's been a remarkable journey. Yes.

[00:16:46] **Thomas LaVeist:** So so, if, how would you answer the question? What what drives you or what, certainly when you were developing these concepts, like John Henryism, what was the driving force behind that?

[00:16:57] **Sherman James:** Well I I wanted to do something, ya know that was meaningful, not just meaningful to me, but but meaningful, ya know in my own conceptualization of things, meaningful to black people, meaningful to my people. that has always been the driving force, ya know in my life, I wanted to do something to help my people. And I wanted to draw upon, what I considered to be my strength. I've always been a very curious person. I've always been interested in a lot of things. Ya know I mean I'm not an activist in the, in the traditional way, you think about that, ya know going out marching. I did my fair share in college, but I'm not that kind of leader. I consider myself, a serious academic always was, really a very serious academic interested in, in uh ideas and interested in the application and the implementation of ideas and the service of of improving improving social conditions, and particularly for black people.

[00:18:17] **Sherman James:** So for me, public health represented kind of an institutional venue where I could do that. I mean in a way that it was pretty clear to me, as a graduate student in psychology, that I wouldn't be able to kind of work on this core commitment that I had, ya know to really work on applied issues, on practical issues, on issues that had political and social significance. Right? I wanted to get out of that kind of, I didn't know it but I just didn't

[00:18:44] I didn't feel like that was where I could be me. And so public health it turned out was a place where I could be me where I could pursue my intellectual interest. I could pursue a variety of ideas and I could I could be close to the front line. I could I could try to generate some knowledge, ya know that could make a difference. and that was really what I wanted to do and and dedicated, ya know 43 years, trying to do that in terms of teaching research and. Various kinds of service.

[00:19:22] **Thomas LaVeist:** So I asked you to, for, an article from the early point in your career and something from later in your career, and I asked this of everyone that we interview, and I'm always curious about the articles that people select. You you selected

an article that you published in the American journal of public health, 1978. It was It was an essay. It was sort of an introduction to a special issue of the journal. and the title of the essay was blood pressure and skin color. tell me about that essay why why did you select this specific one to talk about?

[00:19:53] **Sherman James:** So, it was an invited editorial, which I coauthored with, Senior Conly, uh Al very famous, epidemiologist physician epidemiologist, who. Who passed, I think in 2007, the editorial was a commentary on an article that was published in the journal. It wasn't a special issue of the American journal of public health, but it was an article that was, um uh conducted by some researchers at the University of Michigan.

[00:20:23] It turns out, uh on the role of skin color, dark skin color as a risk factor for high blood pressure in black folks ,uh black men and black women in Detroit, and they also had a sample of whites and they looked at skin color and, uh variations of skin color among whites and relationship to blood pressure and variations in skin color and blacks, and, uh the relationship to blood pressure.

And they found. uh As a few other, studies had found that the darker, the skin color, the higher, the blood pressure and the, this particular association was stronger, for black men than for black women, it was present in black women, but not quite as strong as it was for for black men. And they advanced, um an explanation that was a kind of a combination of well genetic factors in some poorly understood, uh psychosocial circumstances.

[00:21:49] Now This is this is 1978 and uh, the data that they collected had been collected in, the late 1960s late 1960s. So they had published this University of Michigan group had published a series of articles beginning in the early 1970s through the probably through the early 1980s on their research in, in Detroit. And so this one, as I mentioned, focused on skin color, and blood pressure, and they sort of advanced uh ya know an argument that positive that maybe there was something about melanin concentration that was part of a terocin, melanin biochemical pathway. And they made kind of some superficial comments about racial discrimination and this kind of thing.

[00:22:30] Maybe being the real explanation for the darker skin color blood pressure fine, but they didn't go into much detail. So Olataorda, senior colleague was asked to actually write the editorial, but Al said, I want to invite Sherman, uh to join me. So the two of us. Together wrote this editorial Al sort of really focusing more on the biological, dimension of it. And then I focused on the psychological, the social cultural, the historical significance of skin color uh, as a risk factor for black folks for African Americans, both in the largest society, but also in terms of social status differentiation within the African American population. noting that, African Americans who were

racially mixed even before emancipation, had access to certain privileges that, um darker skin enslaved people did not have, uh access to.

[00:23:39] And certainly with emancipation following emancipation, African Americans of fair skin, a lighter skin color were much better positioned. To sort of take advantage of the quasi freedom that newly freed African Americans had. They were more likely to be literate. They were more likely to have skills.

[00:18:12] and if you will, they probably had more cultural capital just by being closer to the, uh to the stabling families. So, they were better positioned to, to really take advantage of the narrow and short lived opening that black Americans, uh had, you know going into reconstruction period, and then after the fall of reconstruction.

[00:24:17] **Sherman James:** So I wanted to tell that story, I wanted to to bring that historical perspective to bear, on the researcher's findings about why dark skin color might, um might put African Americans those so exposed to those with that particular characteristic at a high risk, because because of the discrimination that they were faced with the denial of access to these critical social and material resources and that the struggle to overcome those disadvantages could have, a in deleterious impact on their cardiovascular health, as as indicated by a higher risk of high blood pressure, that there will be physiological consequences of having to, uh work so hard to acquire, uh material and social resources that would enable you to, ya know to get ahead in life if not to survive itself.

[00:25:27] **Sherman James:** So this chronic struggle with difficult circumstances in the midst of of all kinds of uncertainty, could have a deleterious impact and that darker skin, African Americans would be more subjected to these kinds of pressures and obstacles. than those who uh who were who were fair skin. so it gave me a chance then to, ya know because I had a a pretty strong liberal arts education, uh it enabled me to kind of really draw on history, draw on psychology, draw on culture, you know and bringing that perspective to bear, uh on this, uh particular paper, which otherwise, ya know would've just fueled ya know the then dominant point of view that the problem with high blood pressure and African Americans is pretty much about genes.

[00:26:14] Yeah. those African genes are just, ya know kicking in and and wreaking havoc with the cardiovascular system of black folks. And I was thinking, let's look at it historically, understand where this comes from and why darker skin, African Americans, ya know are so much more disadvantage arguably than any other group in the United States with a possibly exception of native Americans. But. That potential exception, ya know darkest skin, African Americans are just faced with so many more obstacles, so many more barriers, so much more stigma. And I wanted to interrogate those findings from that point of view.

[00:26:58] **Thomas LaVeist:** Well your interest in the humanities certainly came through in that essay. It's I think it's a beautifully written essay and I'd like to recommend anyone who's interested in just seeing some excellent scholarship to take a look at that essay. As I think it covers a lot of ground, especially considering when it was published. I mean I think the ideas in this article have become pretty commonplace now but back then, it was not at all commonplace to talk about, how slavery, and how, Jim Crow and how the entire entire history of this country, as it relates to race, ultimately, coexist s within the body of human beings, today.

[00:27:31] but at that time, this was quite a radical idea. So I get this question a lot from people, ya know kind of writing about these topics back at that point, ya know back in the eighties, you were doing this in the seventies. Tell me what that was like. And what kind of reaction did you get from colleagues and from others?

[00:27:51] **Sherman James:** Well, Chapel Hill was a very interesting place at that time. and, I guess the short answer, Tom is, a lot of compliments. , that's a short answer. I had a lot of support from the senior faculty. I was the first black professor to be hired in that school of public health, on the tenure track. And uh and he first black American to become a full professor, uh in the school of public health at Chapel Hill. So it was As I look back on it, I don't recall getting any, at least to my face, ya know push back on that, but but the essay, the editorial was coauthored by one of the most prestigious, epidemiologists in the country.

[00:28:50] **Thomas LaVeist:** Yeah.

[00:28:51] **Sherman James:** So the fact that he was a co-signer, ya know uh to the, uh to these ideas, I think, provided me a bit a bit of protection that I might not have otherwise had.

[00:29:00] **Thomas LaVeist:** Yeah. I think that's an interesting thing, ya know he basically used his privilege to, to help bolster your voice in in bringing that out.. So that essay was on skin color. but then your work evolved and this is 78. So shortly after that, your work really began to evolve into this concept of John Henryism, which really, I think is the thing you're most noted for. Talk to me about how you developed that concept. Where did that come from?

[00:29:23] **Sherman James:** So I met a man by the name of, John Martin in the summer of 1978. I did not know that his full name was John Henry Martin, when I first met him, but I met him in July of 1978, the editorial essay, blood pressure and skin color was published in December of 1978.uh So my speculations about why dark skin color, particularly in black men, Because that was where the association between dark skin color and higher blood pressure was stronger. so those speculations that I offered at

the end of that editorial about the physiological cause of chronic struggle against discrimination against structural racism, those speculations were informed by the meeting that I had with Mr. John Henry Martin four or five months prior to the time that we actually wrote that editorial had I not had that encounter with him. I don't know that I would've brought that perspective to bear, but, let me tell you let me tell you now about that encounter because it was life changing for me, John Henry Martin in 1978 was 71 years of age. He was born in 1907 in a farming community, just north of Chapel Hill in Alamance, County into a sharecropper family. his father was not a slave, but his grandfather was enslaved. So, John Henry Martin was born into a sharecropper family, dirt poor in 1907. And as he grew up, he could see how his father who after sort of early in his own adulthood became a widower He lost his wife in 1919. So he was a single parent. John Henry Martin's father was and a sharecropper and he had to raise four or five children. And John Henry Martin saw how he would work himself. Ya know night and day trying to get ahead, but half or over half of whatever he earned. he would owe to the owner of the land, for whom he was share cropping. So he could never get ahead. And John Henry Martin decided that he ever got, this is almost a direct quote. He said, if I ever get to be a man, if I ever get to be grown, I'm not going to be a sharecropper ya know I'm going have my own land. That way when he did become an adult and got married to a really wonderful woman, eventually, I mean after a decade or more share cropping themselves and he he was becoming more and more incensed at the exploitation of his labor because he was an uneducated man.

[00:32:02] Ya know he only was able to only go to second grade because he had to help out on the farm right? So after about a decade decade and a half of being a share cropper himself, he and his wife decided that they were going to, take out a loan from the bank to purchase some property. And he did so with great trepidation because he was very very concerned about being in debt to anybody or to anything, including a bank, because he saw what indebtedness did to his father. So he resolved to, take out a loan to purchase 75 acres of fertile land. And he had a 40-year mortgage to pay for it, but he didn't want to take 40 years to pay for it. He said, I want to pay it off in one year. well there was no way. Of course, he could pay it off in one year, but he with the support of his wife worked night and day, six days a week, sometimes six and a half days a week.

[00:33:03] And they managed to pay off that 40-year mortgage in five years, in five years just by working himself, literally to the bone and after about two hours of listening to his story, his wife came to the door and she said, John Henry, uh it's time for lunch, bring bring your guest with you. So, I looked at him, I said, name's John Henry said, yeah, John Henry, Martin. I thought, holy cow, John Henry Martin, because in the course of the conversation, he told me that The reason why he felt that his health was so bad, he had high blood pressure. He had a case of peptic ulcers disease that required that 40% of his stomach be removed. And he had a case of debilitating osteoarthritis. He could

barely walk. Remember I said, at the outset, he was only 71 years of age. And he had, and the onset of these conditions occurred beginning in his fifties. And he said, I think the reason why my health is so bad and that my legs are all outta whack is because I pushed myself too hard in the fields. So when his wife said John Henry time for lunch, bring your guest with you. Is my mind went immediately to the legend of John Henry, the steel driving man.

[00:34:23] **Thomas LaViest:** Yeah.

[00:34:24] **Sherman James:** Who Engaged in this epic struggle against the machine who refused to be defeated in this epic contest, steel driving contest he exceeded in beating the machine in terms of drilling further in the face of the mountain than the machine did, but then he dropped dead immediately after his victory from complete mental and physical exhaustion. So, he won, but he paid a high price. And so, I began to think the connection between John Henry Martin's story and the legend was really instantaneous but then I thought, well my dad was a brick Mason bricklayer. My mom was a factory worker. They were not well educated people, in a formal sense. But they had all of these sort of prototypical health problems that affect working class, black people, high blood pressure diabetes.

[00:35:21] **Sherman James:** And my dad died of congestive heart failure. My mom, high blood pressure diabetes. And now by this time, this is five years. This is 1978. So, by this time I have become pretty well informed about how widespread the epidemic of high blood pressure heart disease and stroke, is in the black population And I was already aware that this was epidemic in my own family. So, John Henry Martin's life story seemed emblematic not only of the legend of John Henry, but really emblematic of black people. My family members included. So, I thought that there is something here. There is something here that needs to be interrogated that needs to be understood. Could it be that this incessant struggle to overcome these various manifestations of structural racism, whether it's the sharecropper system, whether it is, you know not having uh the opportunity to go to school, to graduate from a decent, high school, to live in a, a community that had lights, paved streets, ya know these different manifestations of structural racism that impacted the black working class, Southern population all over the south.

[00:36:40] Could that be part and their struggle to overcome those conditions, to realize their potential, to get somewhere in life. Much like John Henry Martin struggles to do. Could that be part of this epidemic? Could that be the psychosocial piece, the stress and coping piece that needs to be understood? So here again, I was drawing upon my background and the social sciences, humanities, my understanding of the lived experience of black people and my advanced training in psychology to weave together, if you will, the beginnings of a theory about how it is, ya know that refusing to be

defeated, refusing to give up in the face of this systemic oppression and actually moving forward many times, but at a cost, is that part of what we need to understand about this ongoing epidemic of high blood pressure and related cardiovascular diseases in black America. So that became the John Henryism hypothesis, which I then needed to figure out how to test empirically.

[00:37:50] **Thomas LaVeist:** This is, just fascinating. so this John Henryism concept, is this a personality characteristic, or is it a cultural dynamic? Is it something endemic to the person or is it something you acquire, through life?

[00:38:05] **Sherman James:** I think that's a great question. there was one one paper, I don't know if this's ever been replicated or not, but it was a study done on twins, looking at the um the contribution of let's say genetic variation and the environmental and the environment through John Henryism scores and so many other human characteristics, right? 30% of the variation in John Henryism, the scores, according to this this particular group of researchers had its origins and some genetic factor, but the rest was the environment. So 30% can be accounted for by by genes, if you will, whatever those genes are, 70% by the environment, which you find yourselves. So I think that there's a huge cultural, uh, component to this. I think that the way African Americans are, as children are socialized about how you have to deal with, racial disadvantages, structural disadvantages in American society. There's this notion of the Negro theum, which has been around for a long time.

[00:39:27] **Sherman James:** And it goes something like this, that as a black person in America, you have to work twice as hard as a white person to get half as far as a white person. So the emphasis is on work and the emphasis is on tenacity and the emphasis is on determination. This is something that is deeply embedded in African American culture. You don't give up in the face of adversity. You persist, you know, that you are going to have to work hard oftentimes twice twice as hard in order to get ahead because the deck is stacked against you. And so black boys and black girls, these historically, you could make the case that this is problematic, but at least historically black boys and black girls were socialized, into that sort of way of thinking that kind of understanding of what you have to do as a black person in America. You just have to work hard in order to get ahead in order to provide something for your family. And in order to leave something behind for the, next generation, which is something that John Henry Martin said was a big part of his motivation.

[00:40:87] **Thomas LaVeist:** Yeah. but So just looking at your life story, obviously you worked very hard to go from where you came from to accomplish what you had been able to accomplish throughout your career. So what is wrong with hard work?

[00:40:50] **Sherman James:** Nothing.

[00:40:51] **Thomas LaVeist:** Why is that a problem?

[00:40:54] **Sherman James:** it is not a problem. it is not a problem. But if you don't have the resources, right? if you keep the um accelerator all the way to the floor, you know all the time. And you don't modulate that you don't pick your battles. You don't take time to rest, to recover, to play right. Then your cardiovascular system is going to be in fight or flight mode, if not all of the time, too much of the time. So that when you lay down at night to rest, to go to sleep, instead of your blood pressure, being able to dip down to a level that becomes restorative, right? That gives your system all of your different systems, a chance to sort of recover. Then you going to arise and enter the world the next day, without the kind of restorative strength that really, permits long term resilience at the physiological level. So it's a question of of self-regulation, but also modulating your expenditure of energy being aware of the circumstances around you, picking your battles, mobilizing your support, right? Mobilizing support don't try to do it all by yourself, but mobilizing a support system, a social support convoy as a colleague, uh has put it as a way of minimizing those physiological costs that attend having to work twice as hard. Because you're black in order to get, half as far.

[00:42:36] **Thomas LaVeist:** Yeah. but what if you are working that hard and you're succeeding, what if you are advancing and in in that hard work has been efficacious, does it still have the same deleterious health impacts?

[00:42:46] **Sherman James:** Yeah, I mean, I think the case of John Henry Martin is a illustrative as is the case of my own father, who started out as a peak and shovel man and became a general foreman of the construction company with only in eighth grade education And his story is directly analogous to the story of John Henry Martin success at a high price the legend John Henry success, but at a high price. So yeah, you you can advance you can advance, but unless you really pace yourself and mobilize, those resources that are going to. Ameliorate some of the more adverse consequences of stress on your various systems, whether it's the reproductive system in the case of women, cardiovascular system, also in the case of women, but certainly men, immune system. So it's a question of pacing yourself. taking time taking time to rest, taking time to relax instead of just going all out, ya know without taking care of yourself. and so I think that this is something that, many many working class, African Americans, at least historically, when they had jobs, when they had jobs that required hard physical labor, whether it's share cropping, whether it was factory work, whether it's construction work, when those jobs were there and black folks.

[00:44:16] Were able to take advantage of those kinds of jobs. And they worked hard because they wanted to advance, and they wanted to leave something behind for their children. And if didn't take time to replenish their resources, then the physiological cost could be considerable. Now the contrast, this contrast, that set of circumstances with

middle class black folks, because you have this social class gradient in terms of cardiovascular disease among African Americans, just like you have it among whites, that social class gradient is not as steep for African Americans as it is for white's because the health returns in time. I know, this, the health returns let's say on high education or higher income, for black Americans are not as great as they are for white Americans. So, you get this sort of leveling off of good health returns on high educational, achievement, and income, because it takes a lot for black folks just to get into that range of the social class spectrum to begin with.

[00:45:13] And then once you get there, there are all these sort of subtle, you know uh complicated stressors that are oftentimes very difficult to decode and figure out how to respond to it. And so the wear and tear among that better educated, better, ya know more well off African Americans, the wear and tear the daily wear and tear on their various physiological systems would be greater than it is for the white counterparts because they're dealing with different kinds of social environmental stressors that said those social environmental stressors. Aren't aren't nearly as great in magnitude And, compromising in terms of health as operate on working class and in poor African Americans, if they engage in what I call John Henryism. So what's common to both of course, is this desire to move ahead, this willingness to work hard, but the playing field is a little bit more level for better educated blacks than it is for working class blacks.

[00:46:18] **Sherman James:** That the mountain that that working class and poor blacks have to climb that mountain is steeper than it is for middle and upper middle-class blacks. But the mountain that middle and upper middle-class blacks have to climb is steeper than even the mountain that working class whites have to climb right? So that we have a lot of data showing that for things like high blood pressure, infant mortality, less well educated, white have a better health profile than do middle class, college educated black folks. Again, it's because I said that the, the struggle, to make ends meet to, to get ahead, is differential by both race and by social class.

[00:47:04] **Thomas LaVeist:** so how do we address this? do we do we tell people, ya know that it's important that they rest, that they work hard, but they also have to, ya know kind of balance that out with restorative activity. Do we change the culture and say that. You don't have to work twice as hard to get half as far, or do we change the, uh broader culture? And how about get rid of the impediments to people's progress? How how Or is there something else

[00:47:39] **Sherman James:** Number three on your list, change the culture change the culture, do something about, uh structural racism. now that's easier said than done as better than most of us. because the machine now going to evoke, ya know the legend of Jonh Henry again ,the machine the machine of structural racism, because if you really think about what that legend is really telling you, it's really a story about structural

racism and the deadly exploitation of black labor. But at the same time, the refusal of black folks to give up, to run away their determination, to confront the machine. I argue that determination is cultural, and it plays out in what I call John Henryism. And, under under more favorable circumstances, meaning if you can get a good education, you can get a good job. You can surround yourself with allies as I was very fortunate to be able to do. And they part of my career, which I think has more to do with the success that I had than any individual talent that I have, because there are a lot of highly talented black folks out there smarter than me. I was lucky I had a strong intellectual and social support system from senior people. When I began my career. Made all the difference in the world. How do we put that in place for more people that involves changing the culture that involves changing the culture so that you level the playing field so that this work ethic, which I think is a core part of black culture, I've seen it all in my life. it's there. Black people are not lazy. Black people are not criminal. And yet the racist culture lifts up like criminality as if it's somehow characteristic of black people, particularly black men. And it's not anybody who knows anything about black Americans know that is simply not characteristic, but it's all a part of systemic manipulations.

[00:49:46] **Sherman James:** to keep black people in their place and the manipulation of these systemic forces, plays out in the educational arena, plays out in the labor arena, plays out in mass media, plays out in the cultural arena, this depiction, this stigmatization of black people right? so that's what I mean when we say change the culture, or when you talk about changing the culture, I'm talking about changing the culture, both in terms of labor relationships, educational opportunities, the way that black students are treated in predominantly white universities, the way that black professors are, the way that black executives or black staff people are treated in the corporate world. I'm talking about all these institutions that make up, let's just say American culture, right? We need to change those things. and then this desire for upward social mobility, this desire for self-fulfillment to realize your full human potential black folks and other people of color, particularly those who really other people of color, not just those who are really poor disadvantage, but all people of color and particularly African Americans, right?

[00:51:12] **Sherman James:** Who are subjected to these forces of systemic racism, cultural, economic, political, we can level the playing field a little bit. If we can remove some of that pressure, then the same hard work ethic that we've been talking about, the same desire to be successful can be realized without the associated physiological costs. That mounting evidence, not just my work. But evidence coming in from a variety of directions, right? People are calling it by different names. but it's the same phenomenon. It's the same underlying phenomenon. Whether you're talking about skin deep resilience, talking about weathering, you're talking about, diminished health returns, on educational advancement. John Henryism is all the same phenomenon, just going by different names. And there's a convergence. It seems to me, toward the same

conclusion that is really these systemic forces that operate on people of color, African Americans, particularly in the Shelby site. At least that's what I know best. that is resulting in too high of cost.

[00:52:11] **Thomas LaVeist:** Yeah.

[00:52:12] **Sherman James:** As people tried to pursue, shall we say the American dream try to make something of themselves

[00:52:18] **Thomas LaVeist:** So, the partnership for advancing health equity is all about bringing together these same sectors. You just talked about ya know, academia, community-based organizations, civil society, government philanthropy, private sector, to all work on health equity, all of whom are doing things in health equity but what we're trying to do is bring these coalitions together to build synergies and to create a more common agenda around addressing, the health equity issue. Talk to this coalition. what would you say to people from these variety of backgrounds who are all looking at ways to advance health equity? what would you want them to know?

[00:53:05] **Sherman James:** What I'm going to share Tom, about that important question, may or may not be helpful but here but here's my thought about it and it is one thought with multiple facets. I think that our children are in trouble. children in America are in trouble, irrespective of race, ethnicity, and social class children in America today are under tremendous stress. Yes. And I'm alluding down to the school shootings is a source of toxic stress, and that's a respective of race and ethnicity or geographical location, but then you have, when you think about poor children, poor black and brown children and poor native and poor children from indigenous communities who are born into poverty and who suffer from intergenerational poverty and who want to make something of themselves much like John Henry Martin wanted to make something of themselves much. Like I'm sure the people that, you know children who come from less advantage in home environments and neighborhoods that you well have known that you've studied, who want to make something of themselves. And yet as they apply themselves, as they work hard, as they try to overcome those obstacles, try to get a decent education.in under resourced schools, worry about getting to school safely and getting home safely, who worry about being over policed, who worry about just not being able to realize their dreams for a variety of reasons. My thought then is that if we, as a society could coalesce around an agenda to protect and promote the health and wellbeing about children, and look at that agenda from the point of view of what do we need in the area of housing, what do we need in the area of education?

[00:55:18] **Sherman James:** What do we need in the area of job training? What do we need in the area of healthcare? What do we need in the area of more effective policing? So we have these different sectors is there a way to bring these different

sectors together, to focus on the children of America, to alleviate some of the toxic stress that is undermining their health, that is driving increases in suicide and suicidal ideation. The community-based organizations have been in this business, many of them for a long time, but they just haven't had the help that they need from the corporate world. I would argue from religious institutions. Certainly not from the political institutions. And this is something like this, it seems to me could bring together partners at various levels of government, local state, and federal who could be opposed to, an agenda focused on improving the health of children. It seems to me that would be one way to try to get some traction in order to move move forward on a on a number of interlocking issues that cut across sectors and that tap into the agendas, into the portfolios, into the mission statements of these different sectors. so that's my thought about that question.

[00:56:46] **Thomas LaVeist:** and I did have one final question. Okay. As you are an accomplished, research scientist and scholar, I'd like you to address the next generation of health equity scholars, what would you say to them? What advice would you give them for how they can pick up the mantle and continue excuse my mixed metaphor here. Continue pushing that Boulder up that hill, up that hill.

[00:57:09] **Sherman James:** Well I think, knowledge is power. Knowledge is power, and we will come to know different things only by asking different kinds of questions. I was fortunate early in my career to stumble upon a different kind of question, which I pursued for decades. And I was able to do that because I drew on my life experiences. I drew upon what I saw around me, what I understood about the people ya know, who raised me in the larger community. And I received very effective mentoring early in my career, made a huge difference. So now we have Tom, as you all know, as the Dean of a major school of public health, we have a more diverse student body than we've ever had. we have young people who are bringing in incredibly rich life experiences, global. What a laboratory, what a learning laboratory, right? To learn from each other, where some different questions can be asked. Some different questions can be asked that are tailored to the material, the social culture, the economic, the healthcare needs, or specific communities. But at the same time, tell us something really powerful about the human condition. So, we can begin to ask unique kinds of questions, different kinds of questions, exploiting the diversity of backgrounds and life experiences that we now have available to us. But when we add them all up, the sum is greater, than the parts, because now we'll come to understand what it really means to be human. What it means to be human and what it what it will take for more groups groups that have been historically marginalized to flourish. We won't get there until we start asking some different kinds of questions. And so the beauty is, as I said, we're now in a better position than we've ever been to start asking some different kinds of questions.

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Episode 3: Pathways to Health Equity: Sherman James, PhD
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Transcript

[00:59:00] **Thomas LaVeist:** Thank you for that, Dr. Sherman, James, thank you so much for this great conversation as always. It's been a pleasure talking with you and also thank you to our listeners. We hope you found this engaging and we look forward to having you tune in to our next episode.