Stress is a universal experience of the human condition and a key mechanism by which we adapt to our changing environments. While activation of the physiological stress response in the short-term can be adaptive and beneficial, experiencing toxic stress over prolonged periods of time can be harmful to one’s physical and mental health (Sapolsky, 2004, Selye, 1950). When the physiological stress response is continually activated in response to a relentless perceived threat, stress hormones become unregulated and disrupt functioning of neuroendocrine, cardiovascular, immune, and metabolic systems (McEwen, 1998; McEwen 2002). Allostatic load measures the cumulative impact of physiological stress responses that chronically exceed optimal operating ranges and cause wear and tear on the body’s regulatory systems (McEwen 1998; McEwen & Stellar, 1993). This wear and tear exacted on the body represents some of the earliest evidence of decline in health and is associated with premature mortality, aging, cardiovascular disease, disability, depression, anxiety, and decreased physical and cognitive functioning (Borrell et al., 2020; Karlamangla et al., 2002; Kobrosly et al., 2015; Seeman et al. 1997; Seeman et al. 2001). Allostatic load is one possible mechanism by which structural inequities “get under the skin” to affect individuals at the cellular level (McEwen, 2012).

Experiencing racism, including systemic and other forms, is a pervasive and persistent stressor that leads to higher allostatic load, and in turn, a disproportionate burden of chronic disease, disability, and premature mortality among people of color (Berger & Sarnyai, 2015; Mays et al., 2007; Miller et al., 2021; Van Dyke et al., 2020). However, POC are not the only ones whose health is negatively impacted by racist systems that were originally instituted to oppress POC. Systemic racism harms all members of a population. As McGhee (2021) states, “…the idea that Black people are the “takers” in society while white people are the hardworking taxpayers—the “makers”—has become a core part of the zero-sum story preached by wealthy political elites.” This divisive rhetoric has obscured the fact that Whites are also negatively affected by systemic racism, and provides erroneous justification to continue oppressive policies.

Racial capitalism is the concept that race is embedded in how labor markets in capitalist societies are structured, such that capital accumulates through exploitation of “unequal differentiation of human value” based on race (Melamed, 2015; Robinson, 2019). Racism is a means for exploiting POC and fomenting hostility among working-class Whites towards POC, such that White capitalists derive social and economic value from everyone else (Leong, 2013). Dating back to the 1600s, the
enslavement of Black people laid the foundation for a violent, race-based division of labor that supported the economy. The capitalist system in the U.S. thrives on what McGhee (2021) refers to as “last place aversion”, the phenomenon in which individuals care more about their relative position in a hierarchical system than their absolute position. This focus on positional status results in lower income Whites accepting their disadvantaged conditions under the current system as long as they are not suffering as much as their POC counterparts of lower income. Today, race-based labor divisions continue to disadvantage POC as exemplified by the higher than average COVID-19 transmission and mortality among POC, in part due to POC being more likely to work in essential jobs, lack the power to ask for the types of protections higher wage workers can request, and lack the ability to leave these types of jobs (McClure et al., 2020).

In recent decades, the working class in the U.S. has been devastated by economic misery and social dysfunction, brought on by a flawed capitalist system that has evolved to serve an elite wealthy minority. Beginning in the 1950s, labor unions were weakened by anti-union narratives that perpetuated degrading stereotypes about Black people and notions of racially redistributive socialist takeovers that white workers did not want to take part in, despite major gains for everyone from union efforts in previous decades (McGhee, 2021). The current economic system harms all blue-collar workers who now suffer from wage stagnation, job loss, unemployment, and financial insecurity coupled with hopelessness, lack of belonging, and social maladjustment (Case & Deaton, 2020; Introcaso, 2021). These chronic stressors could result in increased allostatic load, leading to increased morbidity and premature mortality. Indeed, Case & Deaton (2015) found a significant increase in all-cause death rates for middle-aged White men and women in the U.S. between 1999 and 2013, largely due to an increase in deaths from drug and alcohol poisoning, suicide, chronic liver diseases, and cirrhosis. This alarming reverse in mortality rate trends after decades of progress has disproportionately impacted working-age White men without a college degree. Concomitant with these “deaths of despair” are antecedent negative health conditions including self-reported decline in health, mental health, ability to conduct activities of daily living, increase in chronic pain, inability to work, and deterioration of liver function (Case & Deaton, 2015; Case & Deaton 2020). Thus, while racial capitalism originally subjugated POC to concentrate power in the hands of a privileged minority, as McGhee (2021) notes, these oppressive systems harm the sum of us.

Our broken and unjust economic system, deeply rooted in racism, corrodes our quality of life and exacts a devastating cost in the form of premature and excess disease and death. To address this, we must abandon a zero sum outlook and embrace cross-racial solidarity in order to reap the benefits of the “solidarity dividend” (McGhee, 2021). Only when we as a nation confront systemic racism and reexamine its underlying values, will we begin to see improvements in our health and well-being that will benefit the sum of us.
References:


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