June 5th, 2020
Cambridge, MA & Bronx, NY

To our colleagues, community partners, and community members:

In the wake of the recent murders of George Floyd, Tony McDade, Nina Pop, Breonna Taylor, and countless other Black people, we reiterate that we condemn structural and interpersonal discrimination and racist violence. We unequivocally support protesters across the country who are exercising their First Amendment right to express anger, frustration, and disappointment with a country that fails to value the lives and wellbeing of Black people. We condemn the Trump administration's ongoing use of inflammatory, racialized rhetoric against Black people and other racial/ethnic minorities. As public health and mental health services researchers and providers, our work uniquely positions us to measure the performance of the U.S. health system. The results are abysmal— the United States consistently fails to promote the mental health and wellbeing of Black communities. We are moved and challenged by the statements that have been put out by Black leaders at our healthcare institutions and elsewhere, and share resources on the history and scholarship that guide our reactions, education, and response.

We recognize and denounce the impact of systemic racism and white supremacy on the mental health of Black people. The Health Equity Research Lab's work on mental health care disparities is indebted to, informed and grounded in the research of David Williams, Camara Jones, James Jackson, Lisa Cooper, and other Black psychiatric epidemiologists, sociologists, psychologists, and public health leaders. In our collaborative efforts, we have attempted to build upon these efforts to document and better understand the bleak state of mental health treatment for Black communities, and aim to uplift long standing histories of resistance against the forces of racism and explore how to amplify powerful Black community protest and healing.

Today, we are re-committing to:
1. **Conducting community-engaged research that centers the lived experiences of Black people**. It is vital that communities influenced by health and social policy are involved in asking research questions, collecting data, and informing those policies.
2. **Creating and sustaining opportunities to mentor and promote Black scholars**, including students, early career investigators, and senior leaders.
3. **Citing and promoting research by Black scholars**. From our positions of power in healthcare institutions, academic centers, and federal funding institutes, we will advocate for health disparities research, community-engaged research methodologies, and increases in funding for Black scholars.
4. **Questioning, reflecting, listening, and learning about racial inequities intentionally as a group**. Community-engaged research changes not only the research, but researchers themselves. We commit to continue making intentional reflection and learning along with Black community partners a part of our ongoing activities. We will refine the culture and practice of research with a more explicit racial lens within our labs and beyond.
5. **Reaffirming the importance of development and family,** focusing attention on the pivotal role of social systems in enabling positive outcomes and preventing avoidable outcomes for Black youth, and expanding strength-based diversion programs to reduce the harmful effects of involvement with criminal justice systems.
6. **Sharing our research in accessible language** through newsletters, issue briefs, and op-eds outside of academia.
7. **Dedicating time to ongoing advocacy for racial equity.** We acknowledge that anti-Black police violence and systemic racism cannot and will not be addressed with a single intervention. We will routinely and continually advocate, speak up and act in support of Black communities.

In Solidarity,

Health Equity Research Lab, Cambridge Health Alliance/Harvard Medical School
Center for Health Equity, Montefiore Medical Center/Albert Einstein College of Medicine