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# A Decolonizing Narrative of Global Health: Black Graduate Students' Sense of Belonging in an Academic Global Health Program

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## **Abstract:**

**Background:** Academic global health programs have reproduced historical legacies of racial exclusion stemming from colonialism and higher education's racist past. These histories continue to exclude the voices and experiences of Black communities. The manifestation of these legacies can impact Black students' sense of belonging in academic global health programs. Sense of belonging is a complex, multidimensional experience that allows students to feel valued and connected. This thesis explores the connection between white institutional spaces, neocolonial structures, and belonging by centering the shared experiences of Black graduate students within an elite global health master's program in one predominately white private institution in the Southwest U.S.

**Methods:** Qualitative research and data analysis were used with a narrative research design approach. The study consisted of 30 former and current self-identified Black students from the global health master's program. Data was collected from 20 virtual interviews and 2 virtual focus groups to capture a wide breadth of experiences across cohorts. A critical race theoretical approach was applied to highlight the importance of race, racism, and counternarratives.

**Results:** Results from qualitative research highlighted the following five themes identified: 1) Navigating the Racialized Identities of the Self and Others, 2) The Department's Academic, Cultural and Procedural Environment, 3) Otherness, Disappointment and the Emotional Cost within the Black Student Experience, 4) Emotional Safety and Security, and 5) Creating Connections & Building Support. These factors influenced how Black students' felt included and excluded throughout the program, thus impacting their sense of belonging. This study showed a need for structural and interpersonal change within the department that encourages the field to reckon with its history, implement an anti-racist and decolonial systemic approach, and support enfranchisement for Black students.

**Keywords:** belonging, academic global health programs, Black graduate students, racism, decolonization

## **Black Students in Higher Education**

In the early 1990s, an increasing trend in international health led to its growth in both education and practice. Through an effort initiated in 1991 by the International Health Medical Education Consortium—now the Global Health Education Consortium (GHEC)—global health education became a prominent aim in Northern American medical school (A. Velji, 2011). As the definition and perspective of global health changed over time, global health education evolved and expanded in academic institutions in high income countries such as the U.S, and increasingly, around the globe (Rowson et al., 2012). Students and health professionals demanding educational preparation and training in global health accelerated the progression of global health programs and the creation of new global health initiatives in the global North (J. Crane, 2010; Jogerst et al., 2015; Kerry et al., 2011; Macfarlane, Jacobs, & Kaaya, 2008; Rowson et al., 2012). As students sought global health opportunities to advance their practice in the field, institutions created new and established spaces—centers, institutes, and departments— dedicated to global health within public health undergraduate, graduate and medical school (Matheson, Walson, Pfeiffer, & Holmes, 2014) . The magnitude of university-based global health programs reflects this new keen interest and thus increased over the past two decades which is predicted to continue growing.

Since the early 2000s, university-based global health programs in North America, mostly in the U.S., quadrupled from a handful of programs to over 40 from 2003 to 2009 (Kerry et al., 2011). By 2005, the U.S. accredited 37 Schools of Public Health (SPH) by the Association of Schools of Public Health (ASPH)— now the Association of Schools and Programs of Public Health— an organization created in 1953 committed to building, strengthening, and protecting how academic public and global health is taught within the U.S (Hagopian et al., 2008). Out of 27,000 applicants admitted into all 37 accredited SPHs in 2005, 9% (2,372) of those applicants were on the international health track across the 13 operating international health programs at the time (Hagopian et al., 2008). Since then, those numbers have increased drastically. A survey conducted by the Center for Strategic and International Studies (CSIS) documented over 200 academic global health programs by 2014 (Matheson et al., 2014). According to CSIS, academic global health programs are on a stable increase, especially since global health initiatives in U.S. universities tripled every five years since 2000 (Matheson et al., 2014). Out of all the respondents, only 3 universities developed global health initiatives by 2000 while 14 universities reported creating initiatives around or after 2009 (Matheson et al., 2014). Although many universities reported having global health activities for more than 10 years, solely focusing on global health was new territory for them (Matheson et al., 2014). As global health became a primary focus, universities received more applications across a diverse pool of students. However, these programs are not always representative of the communities they are trying to reach.

The student population in academic public and global health programs is majority white. For decades, white students made up more than half of the programs in the U.S (Goodman, Plepys,

Bather, Kelliher, & Heaton, 2020). In 1996, a little over a quarter (29.4%) of graduate students in accredited public health programs were from racial/ethnic minority groups (Goodman et al., 2020). The majority of racial/ethnic minority students enrolled were Asian with 17.2% (364), followed by Black/African American with 11.3% (323), and then Hispanic with 9.6% (217) (Goodman et al., 2020). Over the last 20 years, racial/ethnic minority students in public health masters and doctoral programs increased by 10.3%, with the percentage of Black/African Americans almost doubling to 16.8% (Goodman et al., 2020). However, Black/African American students in both masters and doctoral programs had the lowest increase in students in 2016 compared to Asian (30.8%) and Hispanic (19.5%) (Goodman et al., 2020). Although the diversity among racial/ethnic public health graduate students has increased over the recent years, minority students are still disproportionately underrepresented (Goodman et al., 2020). The percentage of minority students (Black/African American, Asian, Hispanic) in academic global health programs in the U.S. was not available but the percentages across public health disciplines can be representative of the racial/ethnic graduate student makeup in global health programs. The underrepresentation of Black students in academic public and global health programs resembles the larger inequity of Black students within higher education.

On the surface, it would seem as if there has been an increase in the number of Black students in higher education, particularly in graduate programs or in pursuit of professional degrees. The National Center for Education Statistics, Higher Education General Information Survey (HEGIS) reports an increase in the number of degrees granted to Black students between 1976 and 2018 with Black Master's degree holders increasing from 21,252 (6.59%) to 91,273 (11.1%) and Black doctoral degree holders has increased from 3,575 (3.91%) to 14,241 (7.74%) (De Brey, 2021). Despite these increases in Black graduate degree holders, they remain true to their identification as underrepresented with only 12.5% enrolling in graduate programs compared to 60.5% of their white US citizen or permanent resident counterparts in the fall of 2018. This can impact the representation of the workforce as graduate degrees are growing in today's competitive market. Torpey and Watson showed that job opportunities are required to have a master's degree or higher to gain employment and that is expecting to increase by 18% by 2022, as graduate education helps stabilize the economy (Torpey & Watson, 2014). These gaps in higher education are especially apparent in undergraduate schooling and permeate into the graduate level. Based on a report by the Center of American Progress (CAP), the institutions in which Black and Hispanic students receive their undergraduate education spend less per student than institutions attended by White students which translates to a lower enrollment and completion likelihood (Council of Graduate Schools, 2020; De Brey, 2021)). The study also points to the disparities within fields of study in which Black students are less likely to pursue science, technology, engineering, and mathematics (STEM) degrees (Libassi, 2018).

Consequently, lowered participation in these higher paying fields may exacerbate the income and wealth gap due to Black students already having to borrow more (Libassi, 2018). In addition to

this, the aforementioned low percentage of Black doctoral degree holders also decreases the representation within universities and colleges, specifically in PWIs. Jones and Williams report that 4.9% of full-time faculty were Black in 2003 and that number has dropped to 3% for Black women and Black men each as seen in the 2018 report by the National Center for Education Statistics (Hussar, 2020; Jones & Williams, 2006) As Jones and Williams later remark, the need for representation in the faculty aids in increasing active role models and mentors for the academic journey (Jones & Williams, 2006). It is evident that such institutional support is needed as shown by the increased risk factors negatively associated with degree completion and the low graduation rate reported by the National Center for Education Statistics (De Brey, 2021) Similarly, in sociology, Brusman et. al acknowledges mentorship as one of the most crucial resources for graduate students and pertinent to their academic success (Brunsma, Embrick, & Shin, 2017). Unfortunately, Black and Brown students do not receive the same quality of mentorship compared to their white counterparts. Without adequate mentorship, Black and Brown graduate students tend to have more challenging graduate experiences (Brunsma et al., 2017). The challenges Black and Brown graduate students face within predominantly white institutions negatively impact their sense of belonging.

## **Sense of Belonging**

Although there are varying definitions of sense of belonging, the term is commonly used as the “extent to which students feel personally accepted, respected, included, and supported by others, especially from teachers and other adults in the school social environment” (Goodenow & Grady, 1993). Strayhorn extended this definition to include sense of belonging as a basic level of human need within academia and defined it as:

*“Sense of belonging refers to students’ perceived social support on campus, a feeling or sensation of connectedness, the experience of mattering or feeling cared about, accepted, respected, valued by, and important to the group (e.g., campus community) or others on campus (e.g., faculty, peers). It’s a cognitive evaluation that typically leads to an affective response or behavior” (Strayhorn, Hurtado, & Harris, 2012)*

Decades of research have indicated that students who express feelings of belonging have higher academic success, retention and persistence (Freeman, Anderman, & Jensen, 2007; Hausmann, Ye, Schofield, & Woods, 2009; Mwangi, 2016; O'Meara, Griffin, Nyunt, & Kuvaeva, 2017; Strayhorn et al., 2012). Positive peer and student-teacher relationships can contribute to a student’s sense of belonging and psychological well-being (Gray, Hope, & Matthews, 2018; Mwangi, 2016). Studies on sense of belonging within higher education were heavily influenced by Vincent Tinto’s theory and model on student departure, which emphasized on the academic, environmental and societal factors that influenced how students integrate and excelled in college campuses (Tinto, 1993). The student's ability to feel committed to their institution was impacted by their background



characteristics (family background, skills, abilities, and prior schooling), which can be reflective of their sense of belonging and “fit” within the college environment. “Fit” is identified as an important element in belonging research that Tinto acknowledged as central to being a part of this “fabric of institutional life” (Tinto, 1993). Without “fit”, a student's level of integration into the academic culture is at a greater risk (Mwangi, 2016). In contrast, lacking a sense of belonging is directly related to depression, hopelessness, alienation, loneliness, and anxiety, which can lead to a cycle of constant disconnect and social behaviors that continues to weaken their sense of belonging (L. M. Fuchs et al., 2021; Gildersleeve, Croom, & Vasquez, 2011; Hunter, Case, & Harvey, 2019).

Despite the extensive research on sense of belonging for undergraduates, there are minimal studies that focus on graduate student’s sense of belonging (edited by Stephen John & Shaun R. Harper, 2015; O’Meara et al., 2017; Pascale, 2018). Graduate students account for a large number of people pursuing higher education (Pascale, 2018). However, 50% of graduate students are likely to leave before receiving their degree as the national six-year rate was over 60% for both public and private institutions in the U.S (Council of Graduate Schools, 2020; Millett & Nettles, 2006). This can lead to a loss of human capital, institution revenue, and financial support for other students (Pascale, 2018). As belonging studies focus on undergraduates, those same undergraduates are predicted to enroll in graduate programs due to the economic demand for graduate degrees (Torpey & Watson, 2014). Therefore, there is a need to increase focus on graduate students’ sense of belonging so institutions can implement initiatives that can improve the graduate experience, increase their opportunities for success, retention and completion rates. Furthermore, there are limited studies that examine the difference in sense of belonging for undergraduates compared to graduate students (Pascale, 2018). Strayhorn conducted one of the few studies that investigated the graduate student experience and linked their sense of belonging to socialization, graduate student GPA and satisfaction (Strayhorn et al., 2012). Generational studies also highlight the importance of socialization for millennials within academic and professional settings (Howe, Strauss, & LifeCourse, 2007; Thompson & Gregory, 2012). Stewart and Dottolo expanded on that notion explaining that graduate students tend to create a new identity, both as a scholar and professional, to adhere to the demands of their program (Ostrove, Stewart, & Curtin, 2011; Stewart & Dottolo, 2005).

Graduate student socialization is the process of understanding the culture, norms, values, and expectations of their graduate program, respective field, and the integration into that academic community (Weidman, Twale, & Stein, 2001). Achieving meaningful socialization can also help increase academic success, persistence and becoming a valued member of their program or field (Strayhorn et al., 2012). Therefore, graduate students may have different experiences than undergraduates as they are more focused on their professional goals and more likely to feel connected to their department or field than their institution (edited by Stephen John & Shaun R. Harper, 2015). They are also less likely to live on campus and be actively engaged due to their

career and professional commitments and associations (edited by Stephen John & Shaun R. Harper, 2015). Graduate student socialization can shape and develop their sense of belonging while focusing on socialization can provide insights into additional factors that impact graduate student's sense of belonging.

In regard to graduate student socialization, there are several student characteristics and demographics that can influence their sense of belonging. Social identities, particularly race, ethnicity, and gender, among other factors like professional networks, mentoring and department climate and support can also influence graduate students' sense of belonging (Strayhorn et al., 2012). However, early studies and frameworks, such as Tinto's research on sense of belonging, lacked to include the extent and influence social identities had on students of color experiences and their sense of belonging. Tinto's work has been heavily criticized for its disregard for the institution's role in developing students' sense of belonging (Owolabi, 2018). Additionally, Tinto's theory has been criticized for failing to apply this to minority students and its lack of culturally specific activities to increase student's participation and academic success (Mwangi, 2016). With these critiques, the concept of "fit," "connectedness" and "socialization" are gradually being included in belonging research that focuses on students of color and acknowledges that racial and ethnic identity is an important facet to sense of belonging, especially for students of color at predominantly white institutions (PWI) (Gray et al., 2018; Hunter et al., 2019; Sylvia Hurtado & Carter, 1997).

Strayhorn examine how race, gender, sexual orientation, and the institution/department's conditions can change their inherence experiences of belonging (Strayhorn et al., 2012). The author highlighted the importance of context and the way it can alter a students' experience of belonging (Strayhorn et al., 2012). In addition to social identities, campus environment can also put students at a disadvantage and increase difficulties "fitting in." Marginalized students have different experiences than those who have dominant social identities, which pose threats to their identity and their belonging (Ostrove et al., 2011). Strayhorn acknowledged that peer interactions across a diverse community with different social identities contribute to a greater sense of belonging (Strayhorn et al., 2012). The author explored cross-racial interactions and sense of belonging in African American men in college. The study reported higher levels of belonging for those who did have cross-racial interactions than those who did not. (Strayhorn et al., 2012). However, within these cross-racial interactions, students of color may experience discrimination, racism, and racial microaggressions on an interpersonal and institutional level, especially in predominantly white environments (Gray et al., 2018; S. Hurtado & Alvarado, 2015; Hussain & Jones, 2019). These race-related experiences are enhanced by the student's racial identity and the racial climate of their program (Hussain & Jones, 2019; McClain & Perry, 2017). For Black graduate students, these are factors that heavily impact their experiences within their program.

Black student's self-identities regarding their race, ethnicity and nationality is central to their sense of belonging. It was impacted by how they perceived their self-identity and how others, Black and non-Black students, perceived it in majority white spaces (Mwangi, 2016). Although Black students share the same race, international students may feel more connected to their ethnic identity and nationality than their shared racial identity (Mwangi, 2016). Mwangi explored belonging for international students at a Historically Black University or College (HBCU). The study showed that international students didn't automatically feel like they belonged to their campus if their nationality stuck out to them or their connection to their nationality impacted their level of "fit" at their institution (Mwangi, 2016). There is a need to focus on the educational experiences and outcomes of Black international students at both HBCUs and PWIs as their experiences are uniquely different than domestic Black and non-Black students and they experience prejudice and discrimination more than other groups of international students (Caldwell & Hyams-Ssekasi, 2016) It's also important to acknowledge that within a PWI, regardless of ethnicity and nationality, their Black racial identity is impacted by the institution's whiteness and how others view their blackness (Mahar, Cobigo, & Stuart, 2013). This can lead to a hostile racial climate which is associated with Black students' substantiated lower sense of belonging, socialization, and persistence (S. Hurtado & Alvarado, 2015). Racial climate is an extension of the psychological climate (perceptions and attitudes) that are inherently linked to the PWI's structure, history and interactions in addition to the community's beliefs about race, ethnicity and diversity (S. Hurtado & Alvarado, 2015). These race-relations and racial attitudes impact Black students' educational outcomes and their belonging within PWIs.

## **Historical Legacies of Racial Exclusion in Higher Education**

### *Black Students Excluded in U.S. Higher Education*

PWIs have historical legacies of inclusion and exclusion that can impact student retention and belonging (McClain & Perry, 2017). Milem et al. expressed how PWIs have a longer history of exclusion more than inclusion, especially for Black students (Milem, Chang, & Antonio, 2005). Universities and Colleges have a history of denying admission for Black people, which resulted in the creation of HBCUs (Milem et al., 2005). PWIs history of segregation and racial discrimination continue to shape their campus climate. This legacy resulted in policies and missions that negatively shaped the institution's structural diversity (e.g., diverse student enrollment; diverse faculty and staff), psychological climate (e.g., perceptions of racial/ethnic tensions; perceptions of discrimination; attitudes and reduce of prejudice) and behavioral dimension (e.g., social interactions across race/ethnicity; campus involvement and diversity; classroom diversity) (Milem et al., 2005). This will continue to outline the structure of college campuses and fortify the racial undercurrent that causes distress for Black students where they experience marginalization and isolation. Milem et. al also acknowledges that empirical studies show that students of color are more likely than white students to have cross-racial interactions and that different racial groups see same-group interactions differently. White students view same racial/ethnic groups as racial

segregation or separation while students of color view it as support groups that their campus environment doesn't provide (Milem et al., 2005). The author also stated that white students are more likely to describe their campus climate as inclusive while Black students are twice more likely to describe the racial climate as poor (Milem et al., 2005).

In a society where whiteness dominates, structural racism is woven within institutions and infiltrates education. The ideas of white superiority have historical structured classrooms in predominantly white institutions that stemmed from white privilege and power that was designed to be exclusive and elitist (Darling-Hammond, 1998). Currently, these institutions continue to preserve power and model exclusionism that Black graduate students have to navigate. Whiteness and exclusionism can affect Black graduate students as it pertains to race outside of additional factors such as residential status (Darling-Hammond, 1998). Both international and domestic Black graduate students are navigating spaces that were historically never built for them based on their race. Therefore, their sense of belonging is drastically impacted by the structural ways anti-Blackness is reinforced within higher education.

Institutions are microcosms of the racial issues facing society and often reproduces and inflicts the same mistreatment to Black people. College campuses experience their own replications of the society's racial awareness, tension and unrest, which usually directly impacts Black students and other students of color. For example, the U.S. Department of Education reported a higher prevalence of hate crimes that increased by 25% from 2015-2016 after the Donald Trump election. In 2016, there were over 1000 hate crimes committed on college campuses in the U.S (De Brey, 2021). There's also been an increased visibility of white supremacist groups and numerous reports of white students or staff calling the police on Black students while sleeping in their dorms or eating their lunch on campus. For example, the Anti-Defamation League documented around 346 incidents of white supremacy propaganda from 2016-2017 (De Brey, 2021). Additionally, since 2018, the Southern Poverty Law Center reported 434 incidents of white supremacist flyering on college campuses (De Brey, 2021). This resurgence of race-related incidents occurring on college campuses over the past few years may be associated with the increased visibility of racial tension and anti-Blackness during those times. Similarly, the recent 2020 national racial uprising after the multiple occurrences of state-sanctioned anti-Black violence and murders could have impacted the college climate as well. The rise of Black Lives Matter again in 2020 spurred student activism and challenged college campuses to address the institutional, systemic, and individual racism occurring against Black students.

This institutional and systemic racism within predominately white institutions disproportionately affect Black graduate students. Truong et. al. explored the experiences of minority doctoral students and graduates with vicarious racism, a term that encompasses racism felt through the experiences of others (i.e., second-hand racism) (Truong, Museus, & McGuire, 2016). The students recount shocking experiences they have witnessed as well as "trickledown racism" that

has affected their mentoring and support. Moreover, although they come to externalize the racism they witnessed and created spaces for advocacy and support, they risked becoming the target of further attack and alienation (Truong et al., 2016). The recurrent theme of hostile and alienating environments among Black graduate students is prevalent across all fields from Black Master's in Counseling students to Black Ph.D. in Mathematics students and there is mounting evidence surrounding these experiences (Borum & Walker, 2012; Haskins et al., 2013; Truong et al., 2016).

Differences in the racial dynamics across student populations may lead to Black graduate students experiencing unequal treatment and distressing marginalization. A study on the experiences of Black graduate students at ivy league schools presented themes associated with a deficit in culturally competent advisors, an insensitivity toward Black perspectives in the classroom, and stereotype threat fueled by alienation (Gasman, Hirschfeld, & Vultaggio, 2008). Though specified in the context of ivy league schools, similar experiences are generally held by Black graduate students in PWIs. In their inquiries, Johnson-Bailey et. al. and Haskins et. al. both echo the same sentiment that Black students matriculating into graduate programs experience similar symptoms of race-related social isolation and oppression (Haskins et al., 2013; Johnson-Bailey, Valentine, Cervero, & Bowles, 2009). Many Black students enrolled in PWIs feel unwelcome and ignored by their institutions and peers, which presents yet another consequence of the racial gap in higher education (Johnson-Bailey et al., 2009). While navigating this looming animosity and cultural insensitivity from their institutions, these negative experiences begin to take time and energy from their educational endeavors (Sylvia Hurtado & Ruiz Alvarado, 2015). Wounds on the progression of Black undergraduate and graduate students, inflicted by a discriminatory and racist system, are seen across the journey through higher education and shown in the striking scarcity of Black Master's and Doctorate degree holders. The exact challenges faced by Black students are well studied and show the reasons for these poor educational statistics (Sylvia Hurtado & Ruiz Alvarado, 2015).

In connection to the inclusion and exclusion criteria embedded in PWIs history and contemporary structure, sense of belonging also mounted on the grounds of inclusion and exclusion. Sociological studies use social inclusion and social exclusion to grasp the depth of belonging for college students (L. Fuchs et al., 2021). Social inclusion expands beyond enrollment numbers and focuses on the social integration of Black students that makes them feel valued and is also associated with positive emotions like joy, trust, and calm (Crisp & Taket, 2020; L. Fuchs et al., 2021). Crisp acknowledges the benefits of addressing social exclusion to promote belonging, connectedness and understanding feelings of alienation (Crisp, 2010). The definition used was included by Taket et al who defines social exclusion as helping us "make sense out of the lived experience arising from multiple deprivations and inequities experienced by people and localities...the language of social exclusion recognizes marginalizing, silencing, rejecting, isolating, segregating and disenfranchising as the machinery of exclusion, its processes of operation" (Taket et al., 2009). Social exclusion hinders feelings of belonging and prosocial behavior. However, Crisp (2010)

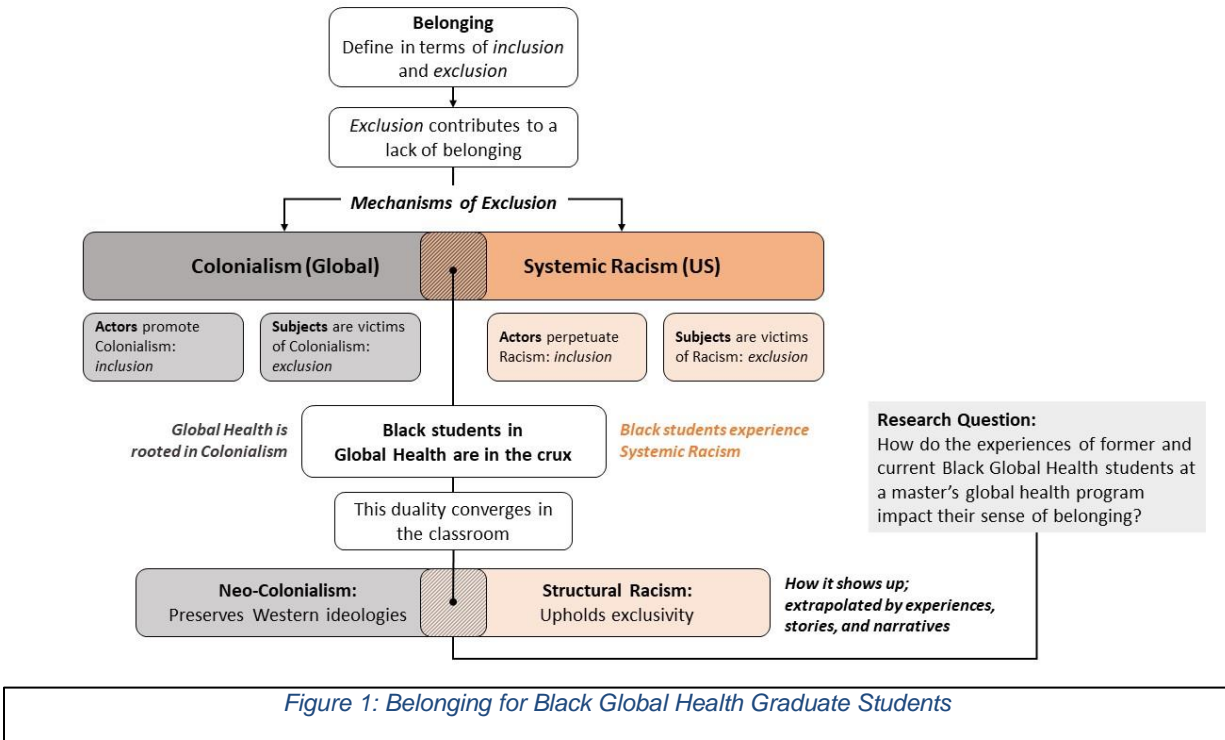
highlights that inclusion and exclusion are not entirely binary as there is nuance between the two. It is possible for someone to feel neither included nor excluded, included but not excluded (and vice versa) or both included and excluded at the same time (Crisp, 2010). This dynamic will be used in my study to explore experiences of belonging and to describe inclusion and exclusion methods within systemic racism and neocolonialism in academic global health programs that contribute to Black students' sense of belonging.

#### *Academic Global Health Programs in the U.S.*

In higher education, there's continuous research on the experiences of African American students in PWIs and how campus culture impacts their sense of belonging (Kane, 2019). Research on belonging for Black graduate students discusses the institutional challenges they face that contribute to feelings of unwelcomed and devalued in PWIs (O'Meara et al., 2017). Although much is known about the causes and impacts of belonging for Black graduate students, research on its connection to social identities and structural factors within different fields besides STEM are rarely explored. Furthermore, this concept can be extended to Black graduate students enrolled in global health programs at PWIs. Black global health students' sense of belonging is not only impacted by the whiteness of their institution but also the historical, colonial legacies of their field (Darling-Hammond, 1998). Therefore, the combination of structural racism within the classroom and neocolonialism from global health can impact belonging for Black global health graduate students.

Despite extensive research documenting and examining how Black students experience sense of belonging and the factors that impact it, the scope is limited to perspective from academic global health programs. Today's global health is the newest iteration of "international health," which is rooted in European colonialism and imperialism (Saha, Kavattur and Goheer, 2019). The emergence of global health occurred during the popularization of globalization in the mid- to late-nineteenth century when colonial governments and corporate philanthropies decided to decrease infectious diseases in the Global South or "developing" countries (Di Ruggiero, MacPherson, & Bajwa, 2018; Kerry et al., 2011; Merson, 2014). Since then, global health has been defined and redefined multiple times (Anvar Velji, 2011). One of the most used definitions of global health was created during the 2008 CUGH augural meeting and then included in a heavily cited article by Koplan et al, which was defined as "an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide" (Koplan et al., 2009). Also, the term seems to be mostly used in high-income countries and created by prestigious scholars in North America (J. T. Crane, 2010). The definition of global health and how it is performed have been debated even within the field. At a CUGH meeting, this was a prominent conversation brought up by a panelist of international senior researchers from Haiti, Mexico, Bangladesh and Uganda who all expressed concern over the term "global health," who decided to define it and its colonial undercurrent (J. T. Crane, 2010). Nelson Sewankambo, the Principal Makerere University College of Health Sciences in Kampala in Uganda during that time stated at the meeting "...when you see it the way I see it, people are not discussing global health. [...] How

do our students learn global health? By coming North? By staying home? You need to examine what global health actually means from other countries' perspectives" (J. T. Crane, 2010). The history of global health is rooted in colonial endeavors and continues to perpetuate white centric dominance within the field.



Although global health is considered a newer and improved field that includes the health and perspectives of everyone worldwide, it's unaddressed colonial past continues to affect its future. Global health's colonialist history and regime perpetuate the same exploitation and vocal suppression of vulnerable and marginalized communities globally (Büyüm, 2020). Researchers and global health professionals are recognizing how the field is "[repackaging] colonial ambitions" that are being reproduced and mimicked in merely changed clothes (Horton, 2013). It's unexamined history and post-colonial underpinnings rarely are acknowledged or addressed. The realization of global health's structure and intentions of dominant voices in the field of global health within the 21st century is long overdue. This dominant voice reflects European colonial endeavors whose implicit ideologies were made explicit through formal education and curriculum throughout academic institutions that prioritize the views of traditional, Western elites (Saha, Kavattur, and Goheer, 2019). Recently, these colonial legacies and structural histories remain a prominent conversation around the world. Student-led groups across universities, such as Duke, Harvard, University of Cape Town, and other professionals are reintroducing the concepts of decolonizing and democratizing global health. The concept of decolonization features dismantling power imbalances while centering historically marginalized voices within global health and academia (Eichbaum et al, 2020). Additionally, these amplified calls for decolonization focus on

how global health's colonial history, ideologies, and white-centric paradigm continue to not only manifest within research and partnerships but also shape academic institutional structures (Erondu, Peprah and Khan, 2020). Colonialist notions emphasize and center voices from the Global North instead of the Global South, which can be represented within academic curriculum and structured classroom dynamics (Horton, 2013). In the U.S. and other high-income countries (HICs), neocolonialism and structural racism serves as a foundation and systemic model in academic global health programs (Erondu, Peprah and Khan, 2020). In addition to institutional and structural racism in the history of the U.S. and its permeance in society and the educational system, both legacies can be perpetrated within the program and be felt by Black students. Both legacies hold practices of exclusion—where neocolonialism from global health's colonial roots and systemic racism in the U.S. perpetuate forms of exclusion that can converge and manifest for Black students in the classroom (Figure 1).

Therefore, I hope to challenge the global health field and its histories by sharing the stories of Black students and centering their experiences. The decolonizing agenda forces global health to start uncomfortable conversations that allow the field to be criticized and re-examined. Although the practice of decolonization is increasing, there is an incredible gap in research that examines how colonialism and structural racism impact the sense of belonging for Black global health graduate students while shaping academia and the global health field. Moreover, there's an even larger gap in research in decolonizing academic global health programs, especially through the perspectives of marginalized populations. Therefore, this study aims to understand how the experiences of former and current Black graduate students in a highly ranked global health program at a predominately white institution impact their sense of belonging in the department and school. It will also add to the needed discourse to belonging research by understanding this concept from a different discipline and one of the few studies that center and elevate Black graduate students' voices and experiences.

### **Theoretical Framework:**

Critical Race Theory (CRT) is a theoretical construct that examines, contextualizes and interrogates the integration of race and racism within American education (George, 2021). The theory recognizes the central role race and racism has in perpetuating a racial caste system that is embedded into the American society where Black lives lie at the bottom (George, 2021). In addition to understanding these structures, CRT upheaves the deeply rooted racial lines and hierarchies from legacies of historical racial violence and exclusion that infiltrates and permeates the fabric of the U.S (Ledesma & Calderón, 2015). This is done by unearthing how racism is explicitly and implicitly, visible but cloaked, across all institutions and systems. Additionally, CRT goes beyond race and encourages engagement and critical thought about the “material, structures, ideological mechanisms of white supremacy” (Ledesma & Calderón, 2015). With this framework, CRT is a movement that strives to promote equity, justice and liberation for marginalized racial



groups (Ladson-Billings & Tate, 1995). CRT is a social justice theory that cannot be separated from the practice of challenging and actively working to dismantle these systems (Ladson-Billings & Tate, 1995). As a result, CRT scholars commonly use the approach to deconstruct the structures of higher education and challenge dominant ideologies from hegemonic educational practices that create disparities and inequalities across racial groups (Ladson-Billings & Tate, 1995). Ladson-Billings and Tate pioneered the idea to branch CRT into education by theorizing it as a prominent system that uplift the same Eurocentric, dominant and oppressive ideologies, institutional and systemic factors that impact the climate and educational space for students of color (DeCuir & Dixson, 2004; Patton, 2015). To understand these structures wholeheartedly, CRT brings visibility to the voices and stories to those marginalized who weren't and would not be provided the space otherwise. To challenge these dominant structures, DeCuir and Dixson outlined various tenets of CRT to understand the impact of race and racism and the ways to challenge systems that uphold white supremacy (DeCuir & Dixson, 2004).

CRT comprises of five tenets: 1) Counter-storytelling, 2) Permanence of racism, 3) Whiteness as property, 4) Interest conversion and 5) Critique of liberalism (Hiraldo, 2010). In education, counter-storytelling and the permanence of racism are heavily used to describe educational experiences for students of color and this article focuses on these two tenets as an approach to discuss the experiences of Black global health graduate students. Counter-storytelling is a framework that acknowledges the experiences of marginalized groups as evidence and truth (Hiraldo, 2010). DeCuir & Dixson acknowledged counter-storytelling as an effective way to expose how dominate (cis male, heteronormative and white) ideologies exist within systems while providing space for marginalized groups to tell their own stories (DeCuir & Dixson, 2004). There is liberation in recognizing their experiences as experiential knowledge and centering them as they've been historically ignored. CRT's usage for racial justice is shaped by the voices and experiences of those who are affected the most by racial injustice (Hiraldo, 2010). The solitary voice of CRT focuses on the experiences of those oppressed because they were never centered previously and can discuss oppression in ways that white people would not be able to understand, consider or explain (DeCuir & Dixson, 2004). Also, CRT addresses the notion of intersectionality and anti-essentialism which highlights that no one person has a unitary and simple identity (DeCuir & Dixson, 2004). Within Black communities, everyone has multiple, overlapping identities. This article will center Blackness, not as a monolith, but in a way that captures its intersectionality and breadth. In the U.S. where anti-Blackness is rooted in the structures, policies and way of life, centering Blackness is used to validate Black people's experiences and critique how the subjugation of their lives fuels the American system. CRT's interest in counter-storytelling fight against dominant culture narratives, which is powered by social, institutional and systemic structures, that minimize Black people's experiences and knowledge, erases their contributions and stories, and contributes to racial stereotyping and scapegoating (DeCuir & Dixson, 2004).

Counter-stories can also provide context to the racial campus climate and the experiences students of color have navigating it (Hiraldo, 2010). By listening and analyzing their stories, institutions can find ways to increase inclusivity and belonging. Also, as institutions may try to increase diversity on campus by enrolling more students of color, addressing the racial climate will encourage student retention and success (Hiraldo, 2010). Counter-storytelling is also usually included in conjunction with the second tenet: permanence of racism. Permanence of racism suggests that issues of race and racism are persistent, permanent and deeply ingrained in the political, social and economic structures of the U.S. society and consequently educational system (Hiraldo, 2010). In CRT, permanence of racism is seen as a fixture of American life that needs to be dislodged from these societal realms (Hiraldo, 2010). These realms are embedded in the “policies, practices, procedures and institutionalized systems of education,” which privileges white students over students of colors in many aspects within higher education (Hiraldo, 2010). Without institutions recognizing how racism becomes a part of their very structure and how they perpetuate structural and institutionalized racism, action plans for diversity and inclusion are ineffective (DeCuir & Dixson, 2004; Ong, Smith, & Ko, 2018). This deeper reflection and application that addresses, challenges and dismantles these structures can begin to improve Black student’s experiences of belonging but until then, institutions are consciously and unconsciously yielding to structurally racialized, oppressive and unwelcoming academic spaces (DeCuir & Dixson, 2004; Ong et al., 2018).

Although many scholars have adapted CRT from legal scholarship to educational reform, there’s been apprehension and uncertainty about CRT in the academy and the media. In 2020, Trump’s administration issued an executive order banning federal agencies conducting anti-bias and racial sensitivity training that include “race-based ideologies” and focuses (Ray, 2020). The Trump administration identified race-based ideologies as theories and practices that address race and racism as a part of U.S. history, institutions and systems. The administration will not fund any programming from federal contractors that includes race-based ideologies, critical race theory and white privilege (Ray, 2020). Trump saw the training as “divisive” and “un-American, toxic progoganda” (Ray, 2020) Similarly, within academia, one critique is about CRT’s take on racism and how it considers racism as a fundamental part of U.S. society (Mocombe, 2017). However, it’s important to recognize the racist history of the U.S. in order to address the ways it infiltrates into our societal structures and negatively impacts the lives of people of color. It’s the only way towards liberation for Black people and other people of color.

This study addresses global health’s neocolonialist structures within academic global health programs and U.S. racist history that influences educational systems in order to challenge a global health educational program within one private PWI in the Southeast U.S. This is in hopes for academic global health programs to embark on an anti-colonialist and anti-racist paradigm and decolonizing shift within higher education. Additionally, for the studied global health program to hear the stories of their Black graduate students to make structural and interpersonal changes

within the department. Therefore, this article centers Blackness and the experiences Black students to amplify their voices and identities.

**Methodology:**

My study utilizes a qualitative narrative research design to capture the participant’s stories and lived experiences to indict how it shaped their sense of belonging. The narrative approach allows for thick descriptions and in-depth meanings of participants’ experiences and stories (Butina, 2015). It will also allow the participants to go deeper into everyday encounters and make meaning of those experiences (Butina, 2015). Narrative inquiry includes the histories and contexts needed to fully grasp the depth of the participants' experiences, especially as the participants are navigating a space impacted by legacies of colonialism and racism (Butina, 2015). In addition to these legacies, it captures the societal, cultural and institutional implications and environments that are intertwined with how we perceive the world and how the world interacts with us (Butina, 2015). This narrative approach is important for this study as there is limited research on the lived experiences of Black graduate students in higher education solely through their voice, especially in academic global health programs. Through the analysis of their stories, this study hopes to explore how their experiences impacted their sense of belonging while pinpointing narratives of exclusion and how these legacies shaped their experiences.

*Site and Sample Selection:*

| Academic Year | White | Black/African American | Other | Unknown |
|---------------|-------|------------------------|-------|---------|
| Fall 2011     | 57%   | 6%                     | 12%   | 4%      |
| Fall 2012     | 54%   | 9%                     | 12%   | 4%      |
| Fall 2013     | 60%   | 3%                     | 16%   | 5%      |
| Fall 2014     | 50%   | 8%                     | 14%   | 9%      |
| Fall 2015     | 43%   | 9%                     | 17%   | 1%      |
| Fall 2016     | 47%   | 18%                    | 20%   | 4%      |
| Fall 2017     | 36%   | 19%                    | 28%   | 1%      |
| Fall 2018     | 40%   | 19%                    | 24%   | 2%      |
| Fall 2019     | 43%   | 18%                    | 24%   | 2%      |
| Fall 2020     | 35%   | 24%                    | 27%   | 3%      |

Figure 2: Race Table

The site selected was at a highly ranked global health department in a master’s program within a mid-size private predominantly white university. Figure 2: The Race Table shows the percentages of students enrolled into the master’s program by race. The Race table is based on U.S. citizenship status, “Other” includes American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, Hispanic/Latino and Two or More Races. International students are not included in this table. As the table shows, the percentage of domestic Black/African American incoming students who were admitted and enrolled for each academic year has fluctuated over the last ten years but there’s a 300% increase of domestic Black-African American students enrolling in Fall 2020 than Fall 2011. Additionally,

Figure 3: Residency table, “Domestic” includes US native, naturalized and permanent resident students. Fall 2014 and 2017 each included one student whose U.S. status was not one of the standard status codes. They are included in the international numbers based on the IPEDS value returned in the query results. Based on Figure 2, the majority of master’s students are domestic

with the Fall 2020 having the lowest percentage of international students, which could have been impacted by the COVID-19 pandemic, but the percentages from Fall 2016-2020 was the lowest compared to Fall 2011-2015.

| Academic Year | Domestic | International |
|---------------|----------|---------------|
| Fall 2011     | 80%      | 20%           |
| Fall 2012     | 79%      | 21%           |
| Fall 2013     | 84%      | 16%           |
| Fall 2014     | 81%      | 19%           |
| Fall 2015     | 71%      | 29%           |
| Fall 2016     | 89%      | 11%           |
| Fall 2017     | 83%      | 17%           |
| Fall 2018     | 85%      | 15%           |
| Fall 2019     | 87%      | 13%           |
| Fall 2020     | 90%      | 10%           |

Figure 3: Residency Table

The recruitment for Black global health students were by social media—cohort Facebook pages and GroupMe’s—and word of mouth. To gain a variety of experiences from Black graduate students, a snowball sampling strategy was initiated to ensure robust data was collected. The first participants from each cohort were asked to recruit additional participants who they were acquainted with. Snowball sampling method was prioritized because it “can be effectively used in the recruitment of members of traditionally underserved or vulnerable populations” (Sadler, 2010). It helped reach Black graduate students who are more shy or difficult to reach (Allen, 2017). Also, not all Black graduate students participated in the Facebook chats,

GroupMe’s or may have removed themselves after graduation. These students may hear of this project via word of mouth and seek out to be a part of this study directly.

The study criteria included full-time former and current Black graduate students all over the age of 18 that are domestic and international students in the global health department across four cohorts. This study focuses on Black students who enrolled in the global health department for at least one semester in either Fall 2017, Fall 2018, Fall 2019 and Fall 2020. Any graduate students that do not self-identify as Black (African American, Afro-Latinx, Afro-American, African) would be excluded from the study. Therefore, this study excludes non-Black students, and any non-Black or Black student not in the Global Health department. These criteria were selected to amplify the voices or identified Black students in the global health department, who are typically underrepresented, and enough time for students to interact and integrate within the department while reflecting on these experiences as well. There were 30 participants in total. 28 participants identified as “female” and two as “male”, around half of the participants identified as immigrants or children of immigrants, and two students identified as international students. The participants ranged across various ethnicities: Jamaican, Haitian, Nigerian, Sierra Leonean, Kenyan, Ethiopian, Eritrean, Somali and African American. This aggregated data was acquired before data collection to provide context to the department demographics to gain a deeper understanding of the participants experiences.

*Data procedures:*

Students were contacted via email and asked to participate in either a virtual in-depth interview or focus group. Any student from each cohort could decide on participating in an in-depth interview but only current students had the option of being in a focus group because current students will provide their most current snapshot of the department/classroom culture and dynamics. Five participants from each cohort were interviewed, totaling in twenty participants. In-depth interviews were semi-structured in nature. The primary researcher developed the interview protocol, which included questions that elicits experiences and stories related to their student experience and sense of belonging. Fourteen questions were designed, guided by the theoretical framework, that focused on classroom dynamics and culture, identity, belonging and recommendations. Additional follow up questions were asked to explore their experiences and stories to encourage reflection and meaning making. The study utilized an interview guide to solicit narratives while maintaining consistency and structure throughout the interview. The narrative approach includes using open-ended questions with clear, everyday language and complemented probes to encourage detailed stories and elicit narratives (Butina, 2015) Some examples of questions are “Describe the most memorable experience you’ve had in the classroom” “Tell me about a time when you felt your identity was a heightened focus in the classroom” and “Given the global health classes you’ve taken, how would you describe the department/classroom culture?” The full interview/focus guide is included in at the end of the paper in Appendix 1.

The additional ten participants were separated into two focus group discussions. The focus group discussions were included to also allow for thick descriptions while promoting critical dialogue amongst students. As Black global health students take many similar classes together, this can help each student share stories, build community, and “piggy-back” off each other to create even richer data. The focus group guide included similar questions from the interview guide but focused more on the classroom experiences, norms and culture.

Participating in the interview or focus group could have been a positive experience for Black students who feel marginalized in the program because it’s an opportunity for them to share their stories and amplify their voice (Banks-Wallace, 2002). Storytelling is an important and powerful tool in the African diaspora, which is one of the many cultural expressions used throughout Black history. This is a method that is not only used to transmit cultural knowledge and histories but to fortify experiences and take control of their narrative (Banks-Wallace, 2002). Also, for focus groups, this can be an opportunity for Black graduate students to build community with other Black graduate students in their class and possibly find belonging amongst each other.

All interviews and focus groups were recorded and transcribed. Interviews ranged between 45 to an hour and a half in length while both focus groups were an hour and 45 mins. All participants signed an informed consent form and filled out an eligibility survey. The first screening occurred when the participant initially contacted the researcher. The participants were asked five eligibility

questions: 1) What is your age? 2) What is your self-identified race? 3) Were or are you a graduate student in the global health program? 4) When did you enroll into the global health program? 5) How long have you been a student in the global health program? (for current students) or When were you a student? (for those who graduated). Afterwards, students were asked if they had computer access, internet and a Zoom account for the interview or focus group. Every participant had all three but if not, the researcher prepared to work with the participant to figure out what worked best for them.

#### *Data Analysis:*

The study utilized a narrative thematic analysis for the interviews and focus groups while using a visual narrative analysis for the digital story. Narrative thematic analysis focuses on finding themes within the content of the stories and experiences. After the interview and focus group were transcribed, a general sense of the data was established. During that moment, patterns, themes, frequencies and uniqueness of stories were noted across transcripts. Butina describes the coding process as a “simultaneous activity” as the beginning of analysis starts during the first interview, focus group or observation (Butina, 2015). The data collection and analysis stage are a cyclic stage that requires constant reflection and insight throughout the process to understand the narratives efficiently and effectively. During the study, the researcher removed filled words and deidentified transcripts. Afterwards, a codebook with 20 codes was created from notes and four transcripts in total were reviewed (one from each cohort) to pinpoint specific themes. Glesne defined coding as “a progressive process of sorting and defining and defining and sorting those scraps of collected data ...that are applicable to your research purpose” (Glesne, 2016). Throughout the study, codes were redefined during the coding process.

#### *Data verification and validation:*

Qualitative validity and reliability were assessed throughout the data analysis process. Validity promotes appropriateness, credibility and transferability across other highly skilled researchers in qualitative analysis (Glesne, 2016). This was assessed with a Black Ph.D. student at the same university who has experience in creating qualitative codebooks and analysis. Additionally, this student provided a racial lens to give insight and assessment on the codebook. Intercoder reliability was assessed with another Ph.D. student at that university with analysis experience. This Ph.D. student was given a heavy data transcript that was previously coded by the primary researcher to check for code consistency.

#### *Positionality:*

An important skill encouraged by scholars for qualitative researchers or anyone completing a qualitative research project is this process of reflexivity. Reflexivity focuses on this constant self-assessment from the researcher and how they inwardly and outwardly understand the ways their identities, experiences, and biases shape their research. My status as a current Black student in the global health program I am studying and my active presence within this program could have

influenced participants to be a part of my study and the type of stories they decided to share. Also, as a student in the Black global health community, my relationship with peers and the conversations we have outside of school could have impacted the study. However, I had limited conversations with majority of the participants about their experiences in the global health program (8/30 participants shared a conversation with me about their experiences on a peer-to-peer basis previously before the study). For the participants who I did have a previous conversation with sometime during our time in the program, I added extra protocol to remind them that I am only the researcher and that I want to hear about their experiences and reflections. I also journaled and reflected on my positionality within the study and the stories I've already heard before from the participants in the study and others who weren't in the study. This was a process that took a lot of reflection and assessment. This could have also enhanced my research as students felt comfortable sharing their experiences with a known face and name without holding back from censoring their true feelings.

Our identities and our experiences are subjected to history, culture and constant interactions with our communities. My positionality as a Black woman born in the U.S. from Nigerian immigrants undoubtedly influenced how I interacted with my participants and how I viewed my research. My identities are closely related to that of the study participants, which impacted how we saw and interacted with each other. As I also reflected on this, my identity provided me with a unique perspective on race, ethnicity, gender and culture. For this study, I constantly lead with reflexivity, understanding my positionality and the complex roles we have in relation to each other. I reflected on my personal context and point-of-view by addressing my biases and making sure the story stayed in the voice of the storyteller.

## **Results**

From the interviews and focus groups, five themes emerged: 1) Navigating the Racialized Identities of the Self and Others, 2) The Department's Academic, Cultural and Procedural Environment, 3) Otherness, Disappointment and the Emotional Cost within the Black Student Experience, 4) Emotional Safety and Security, and 5) Creating Connections & Building Support. Each theme was described and illustrated presenting quotations and stories that emerged from the analysis.

### **Theme 1: Navigating the Racialized Identities of the Self and Others**

*Finding 1:* The experiences of Black students featured multifaceted dimensions of racial identity. Race was a prominent factor for how Black students saw themselves, non-Black students and faculty saw them, and how they navigated academic spaces. The meaning of racial identity and Blackness varied across participants due to their previous and current encounters with other students and previous or current academic environments. Their racial identity was specifically

impacted by their interactions with other Black or white students, faculty, and the institution. Participants discussed how their racial identity and the race of others become a regular part of their daily life as it was enforced in and outside of the classroom. Race was an unavoidable component of how they showed up in the classroom, how others interacted with them and how those classrooms functioned. One participant said:

*“We as a people, we use race to categorize others. In the classroom setting, in a global health setting, when we're talking about these things, we're talking about it in relation to someone's race a lot of the time, or in relation to someone's culture. I think you can't have these conversations without acknowledging that. That's why I think that it comes up for me a lot more. I think it comes up in the classroom a lot more because you can't acknowledge people's culture or race without-- It's going to come up regardless, so it's usually one of the first things that come up.”*

In addition to the foundational sense of racial awareness in the classroom, their racial identity became a heightened focus after the Black Lives Matter protests in the summer of 2020. Also, participants had a heightened awareness of race in mostly white classes compared to more diverse classes.

There were different levels of racial centrality across participants. Race was a more centrality part of identity for African-Americans and first-or second-generation immigrants compared to international students. One participant said *“I'm originally from Nigeria. I think normally, even when I hear what it means for me as a Black student in global health, sometimes when I hear that I don't really feel like that is really capturing who I am, because I think normally when I hear Black students, it normally tends to be African-American students. Even when people say that it's like, ‘Okay.’ As a Black student, as an African student, for me there tends to be that difference when I hear people talk about that. One, just being a Black student, I think it's difficult.”* However, their racial awareness increased the longer they stayed in the United States. Also, integration into a white society or in a predominately white institution did not result in participants experiencing racelessness. Also, participant’s intersecting identities influenced their experiences, such as nationality, ethnicity, sexual and gender identity. As the global health department consists of mostly white women students and faculty, most Black women participants discussed their racial identity becoming more prominent than their gender. Some Black women participants also mentioned how their racial and gender identity showed up simultaneously in the classroom while other Black women believed their racial identity showed up first before their gender identity in the classroom. Participants also felt as if white students saw their Blackness differently than the communities they know of or work in. One participant discussed how white students do not listen to their lived experiences or try to understand them because:

*“It stems from a lack of understanding and a lack of willingness to truly understand. I think it stems from a universal white ignorance. It's like they see Blackness and they make it seem as if*



*it's this foreign thing. It's this separate thing...I think for some reason they think that because we're in a classroom, because black women or black students are in classrooms, racism somehow impacts us less or not at all, then the communities in which they're going to end up being in. I think that's the way that they also engage in class. They engage in this way that's saying, 'students are just students and your black identity doesn't really impact the way that you sit here, the way that you engage in these classes, the way this content makes you feel.'"*

Participant's interpersonal and institutional experiences influenced their interest in health equity and culturally specific work in and outside the field of global health. Their experiences reinforced their racial identity and created a newfound or stronger sense of responsibility to address issues Black communities are facing. These instances of being racialized by other people and their environment drove them to have a stronger racialized sense of self. One of the participants stated:

*"I think a few classes stood out or a few memories from some classes stood out where I wasn't responsible with my identity and because I guess I just thought of myself as another student, just like everybody else. I didn't realize the impact and the responsibility that I had as a Black student in global health. In my second year, I felt that responsibility that 'okay maybe I should make this a focus in my career.' For me, it was 'I'm just a dude with this interest.' It's like 'no, I'm a black dude with this interest' which I think I learned was very different."*

*Finding 2:* Participants perceived their racial identity and Blackness relatively by the whiteness of their program and classroom. Racial dynamics in the classroom carried over to how white students and faculty would discuss Black-African countries and populations abroad. Participants described the lack of cultural humility and awareness from white students when during class projects on Black populations. Also, there was a heightened focus or interest in racial populations from a predominately all white faculty. Participants discussed how whiteness and white privilege infiltrated the way classrooms spoke about issues impacting African communities and the public health work white students and faculty were interested in. Participants described how unaware white students were about the ethnic and cultural differences between Black people in the classroom and their possible connection to countries being discussed. Many African and Caribbean Black participants mentioned feeling offended when white students would negatively talk about their countries in the larger classroom or group settings. Participants also said that unless they outwardly said their ethnicity, had a culturally specific name or an accent, white students saw them as a "monolithic." One participant from Jamaica was asked about their knowledge on issues in Nigeria from a white student. The participant continued to tell the story by saying:

*"We had this project where we had to develop a program based on a 'third world country' or whatever. And going into the planning process, I was one of two Black people in our entire group. They put a lot of the pressure on us to determine what they wanted to do. Solely on them assuming that 'third world country' just meant poor Black people. Then they were like, 'okay,*

*you're Black so you decide what we should do.' I think that was probably the biggest thing I can remember literally off the bat going into our global health program. I think it shows the misunderstanding of what it means to be Black. They have this one-dimensional understanding of what it is to be a Black person. They assume that if you're Black, you therefore understand and can speak on every experience of any Black person all over the world. There's so much difference even between a Black person from New York and a Black person from Miami, but they didn't want to talk about me as a Black Jamaican American born in the United States being able to talk about these experiences as somebody who lives in poverty in Nigeria, how is that? Those experiences are unimaginably different. I can't speak to them and they can't expect me to. I think it just shows the way that they view Blackness is something different than any other race. They would never ask another [U.S.] white person to speak on the experience of somebody in Australia. It just wouldn't happen because they know if they're not Australian, there's no way they can then speak on those experiences. But why do they expect me to be able to do that? As an American-born Jamaican talking about another country that I know nothing about. And even if I know something about it, I'm not living there. I'm not immersed in that experience. So why would they expect me to be able to speak on it?"*

Additionally, participants expressed how white students lacked reflexivity, understanding the historic realities of countries they were interested in doing work in and were “detached from the experiences of people who face oppression.” Many white students had a white savior complex and discussed issues prominent in the U.S as only applicable to African and Asian countries. Participants also expressed how faculty protected whiteness in the classroom and pacified Black students when they would address a white student’s problematic comment. This resulted in white students projecting or weaponizing their whiteness on to Black students. White students would outwardly react towards Black students after being addressed for their comments. Participants said white students would express feelings of defensiveness, denial, dismissiveness, or being overwhelmed. Many participants also described how white women students cried and weaponized their tears after a Black student addressed them. Also, when white students would cry, professors “coddled” the students and shifted the classroom attention to support the white student. In two discussion-heavy courses, participants mentioned moments where this occurred.

Four participants described the time Black students discussed their feelings about Peace Corps promoting white savior complexes and a white student felt “attacked.” One of the participants described the story as:

*“Our activity was a role-play of a town hall in a village where FGM is widely utilized and there were different roles in the audience. Somebody was a Peace Corps, or someone was an elder woman, young girl, everything. We're just having a conversation about potentially doing away with FGM in this fake town hall. One of the students in the class, she's a white girl, she had the Peace Corps role. The Peace Corps role was just like, 'So-and-so was a part of Peace Corps, she's*

*against FGM/FGC and she speaks out against it during the town hall meeting.' We were going along with the role play, everything was going fine. Some of the other people who had the Peace Corps role were raising their hand and just saying, 'This is bad, this is wrong.' We went to debrief the activity. One of the girls who didn't talk was like, 'I had the Peace Corps role and I didn't talk because I felt attacked. This is a sentiment that as people in the Peace Corps we face at [program] a lot. People think that we know it all and that we go around and we think our opinion is right and we try to impose our opinion on other communities, but that's not what we do. It's really hard for me to be a part of this when I feel like I'm being stereotyped.' She started crying, and there was just a whole intermission in the class. The professor went outside and started chasing after her, and trying to make her feel better. Then when we came back together as a class, it was awkward. They were waiting on me and my partner to apologize. That was not going to happen, because after her breakdown, the whole conversation in the class shifted from FGM/FGC to being better support to your peers and how different discussions can be triggering to certain people. Mind you, there's somebody who is in the class, who has family members and grew up in an environment where FGC was practiced a lot and the entire discussion was triggering for her. She kept having to take breaks, she got emotional at different points. Never did we stop the class for this Black Muslim woman, we never stopped the class for that and the emotions that she felt. Because the white girls started crying about the Peace Corps being attacked at [program, we had to have a whole discussion about being careful about our biases and stereotypes. I just felt like that was a moment that my professor could have used as a teaching moment to say, 'This might be difficult, but don't center yourself when we're talking about something that is actually triggering to other Black and Brown faces in the class' It was the same as a white woman's tears type of event. As soon as a white woman starts crying, everything has to stop and we have to turn our attention to her emotions. But Black women and their feelings and their emotions don't hold that same weight, that same value in the classroom. It was just very clear to see how a whole class can change direction...a Black woman who's clearly triggered and has been triggered the whole time is literally trying to coach herself to be strong just to get through the class and actually participate.'"*

Another participant discussed an encounter in the classroom when white students felt uncomfortable after a privilege walk during a presentation and the professor allowed the students to vote if they wanted to stay and finish the presentations or leave for the day. The participant said:

*"In one of the activities we did a privilege walk...obviously everyone of color, there was this huge distinct gap in the whole class. There's probably five of us and then all the other students in the front. Then we came back in for a discussion that barely happened. They were just like, 'Oh, how do you feel?' There's a white woman in the class who was uncomfortable. Then the people of color in the class, you feel very broken down and clearly very emotional. One of the students confronted the white woman, and was like, 'Can you please elaborate on how you're feeling uncomfortable, being that you were in the very front of this privilege walk? Why are you feeling this way?' It was just very telling for me to watch professors console that particular student the*

*entire day. Then they never made any space for any of the students of color who were hurting from that activity. They never made the space. They even came up to us and asked, 'Oh, what you guys want to do? What would make you feel better about this activity?' I told them, I was like, 'I would really like to sit around with my people honestly, and just talk through this or just have some time.' Instead, they did what we mentioned before. Everyone came into the room, they were talking about what happened, but didn't actually talk about what happened. Then allowed for the class to vote, because a lot of the white students were exhausted from the day of being confronted. They allowed for the class to vote, which if the class is mostly white, obviously they're going to go home. All these white students actually were able to elect out of having a conversation about race and how it makes people of color feel to do a privilege walk at [program], and that was the end of the class. I don't know, it was crazy to me to see something like that and completely changed the way that I feel in a [program] classroom. It made me feel very unsupported and just unheard. It really just laid the foundation for me for what it may look like as a Black woman in global health, if white people just can elect not to have conversations and step out of the room whenever you're hurting and experiencing things. You just have to get used to that and that's just the way it is."*

*Finding 3: Racial dynamics and tension caused Black students to experience forms of racism within the program. Participants described being microaggressed, stereotyped and racially labeled from both white faculty and students. These occurrences happened in both intimate one-on-one settings with faculty (office hours and personal meetings) and group settings (project or groups within a classroom) or larger settings, such as during a classroom lecture or discussion. One participant who is a Black Muslim woman expressed how students and faculty constantly assumed they were interested in immigrant and refugee population health. Although this participant was an immigrant and came from a city with a large refugee resettlement program, that was not their research interests. They felt pressured to be interested in immigrant and refugee health and siloed into speaking about it. In a course outside the global health department, a white global health student "compared African slaves to dogs and it was not corrected by the professor. Instead, a Black student in the class had to correct this person and it just opened a whole can of worms."* Participants expressed having white students, faculty and guest speakers invalidate their experiences and feelings. One participant discussed how a CDC partner came into a classroom and dismissed a room of Black women, mostly international students, after speaking up about their experiences. The CDC partner said, "you don't know what you're talking about." Also, another participant stated how white students dismissed Black students' comments about racism in public health by saying "Oh, well, Tuskegee was so long ago. Things like that don't happen anymore."

## **Theme 2: The Department's Academic, Cultural and Procedural Environment**

*Finding 1: The interactions within a classroom and the department's culture were directly related to racialized identities as they feed off of each other. Whiteness was a key factor moderating classroom dynamics and how the Black students navigated the classroom space. Black students'*

interactions with their peers and professors influenced their motivation to engage in the classroom. Participants described more negative interactions with their white classmates. Negative interpersonal relationships thrived in group settings where usually Black students were outnumbered. Also, participants described how these interactions were included in group peer evaluation forms. These evaluations described Black women students as aggressive and too strong headed. One participant said:

*“I had to be ahead of my game because, from what I have explained before, with my learning disabilities and being the only African American person in the group, I really had to sharpen my intelligence to really fit in the group. Especially with [GH class], some of my group members, to be honest with you, they were threatened by that. They felt that, ‘Why is this person feeling like she is controlling or maybe somebody who's very sensitive or having--’ To be honest, the stereotypical Black woman approach. With the group evaluations, unfortunately, and it's anonymous, but some of them were saying that ‘she is too much. She's overbearing. She doesn't allow other people in the group to voice how they feel’. Then, I was just like, ‘Okay. Let me backup. Let me try to be more open, having them be more independent and verbalize their approach’, but then I got evaluations again during the end of the class and they said ‘I was doing too little.’ It's like there is no fine line, to be honest, trying to be that student to really bring approval for other students. Thank goodness, my TA was really close with me because she was with me when I was having challenges in my classes, getting my accommodations approved, and everything that was going on personally. She was able to see my work ethic. She was able to see my delivery in the class, which is the saving grace because if I had a TA who didn't know me, but she's looking at these evaluations, what is she going to interpret of me? That was a huge eyeopener for me because I was just thinking to myself, ‘Well, there isn't no in-between.’ It's like, ‘how do you make your approach to where you're able to be strong as a Black woman, as a Black student, but also not seeming as intimidating or a threat or anything for other group members?’ That was a huge challenge for me during the end of my first semester.”*

During the first semester, more than half of the participants across all cohorts discussed a case study activity in the classroom that specifically showed the group dynamics between white and Black students. This particular story kept coming up because, for many participants, this was one of their first group encounters in the department. This was also the experience where participants started to see the division between white students and Black students, and how “all of that initial knowledge base was becoming polarized in the classroom.” This class activity had students in a group role play key actors in a case study about Haiti. One of the actors was the Haitian government and many participants discussed how a white student played that role in their group. The white student acting as the Haitian government would say things like “*why can't Haiti get it together?*” “*Do we even need to include the Haitian government? They don't know what they're doing,*” or would role-play as if the Haitian government did not have “any power.”

In many cases, white students would chuckle and move on, and Haitian people in the room heard and felt offended. Professors would not address it when brought up or when they overheard the conversation. In other instances, a Haitian student spoke up and addressed the student. During only one time, a white colleague addressed it. This shows how the responsibility of addressing white students is placed predominantly on Black students.

*Finding 2:* Professor positionality and classroom management reinforced and legitimized whiteness. Many participants discussed how the classroom dynamics were influenced by how professors “set the tone” and their silence towards problematic language in the classroom. Participants said when professors did not correct white students, it made the space “hostile and tense” for Black students. One participant discussed how the lack of correction from professors impacted how safe they felt within that space. Professors did not set the tone to engage in deeper conversations without people feeling challenged. So, when Black students took that initiative, they were deemed as “too much.”

Classroom dynamics and professors' positionality contributed to the department's culture. The culture of the department and the way it functions are influenced by the racialized identities of students and faculty. Participants described how the department lacked diverse professors and that the professors try to remain a level of neutrality that makes Black students look aggressive. Within the department, there is only one visibly available Black professor and the lack of racial and ethnic representation discouraged Black students from engaging and feeling as if they belonged. One participant said, “*if I see someone that looks like me, it allows me to feel like I belong here at least.*” Also, when professors don't correct problematic statements, it looks as if Black students are “complaining” and that it must not be true if the professor doesn't say anything. Participants then described how the department culture is “fake,” “cliquish,” and “hierarchical.” One participant said:

*“I think the best word for it is fake. It's does not mean that I don't love [program, but I think everybody there is fake. We're talking around issues rather than really wanting to talk about it. You talk about all of these problems that we're having on a very surface level. It's annoying. If we're going to go out and do this work, we need to be talking about this stuff that makes everybody in the room uncomfortable. Not saying that it's not going to make Black women, Black people in the department uncomfortable too. Everybody needs to feel uncomfortable because what we're supposed to be doing is breaking the way that we feel and changing it into a way that's most effective for the communities that we're working in. It has nothing to do with us as individuals, but to make sure that what we're doing and what we're learning is going to then help people. Not just learn the shit that we already know or learn it in a way that we already know. That's not the point of our MPH in the first place. You're like ‘why would we come here and get this higher learning if all we're doing is reiterating the way that we already think?’”*

Participants said that the department is “lacking” by how the professors keep conversations in the classroom “shallow” and “superficial.” Some participants stated how there's a professor-to-student hierarchy but a lot more participants found a student hierarchy within the classroom, specifically between white missionary work students vs non-missionary work students. Participants felt as the department honored Peace Corps experiences and voices more than non-Peace Corps. This made participants feel ignored, devalued, and upset because many were born or connected to the countries that Peace Corps members get credited for. One participant said:

*“I think they encourage it. I think part of the encouragement is how much they value their Peace Corps volunteers. I think just the way that they put these Peace Corps volunteers on a pedestal saying this is the epitome of what global health should be. That's problematic. You fly flags for the Peace Corps and all of these places that they go while we're walking down the hallway. Our classrooms, and we have this shrine to the Peace Corps and even when we get in there, they have all of these scholarships and events for the Peace Corps volunteers. Showing them ‘Yes, you are in fact better than the rest of the people here.’ Maybe that's not what they meant to do, but that's what they're showing. Can you imagine the international students who are in the communities in which these Peace Corps volunteers go to truly sit there and recognize how poorly the Peace Corps-- what the peace Corps does is just damaging to the communities that they are in, and then you go to [institution]? They give shrines to these people. That has to already impact the way that you're going to interact with them in the class. It gives them this power when they're going into the classrooms to feel as if the perspective that they have is that much better than yours.”*

Also, participants described how Peace Corps members were the most vocal in the classroom but lacked the most cultural humility. In group settings when doing projects on specific African or Asian countries, Peace Corps members would generalize their experience in a small town or city to the entire country or region, and thought “*they knew everything about that country.*” Many international students would challenge Peace Corps students and felt “annoyed” that Peace Corps members would say problematic or incorrect statements about their country.

Participants that were also Peace Corps members expressed how white Peace Corps members made them ashamed to be included with the organization and purposely did not tell people because they did not want to be affiliated with white Peace Corps members who “*give Peace Corps a bad name.*” Participants also felt uncomfortable around Peace Corps members because of how they would say they were from that country because they did missionary work there. Participants described a time when a professor asked if there was anybody from Zambia and a white student raised their hand and said they did Peace Corps there, so they knew the country. The participants expressed disbelief about the situation and one participant said, “*that was like, ‘What in the global health culture going on here?’ People are claiming countries that they're not from.*” Another

participant described how Peace Corps members would go around in meetings “stating their country” as if they are from there.

*Finding 3:* Curriculum guides the classroom discussion and what the classroom will discuss. Participants mentioned a lack of depth in lectures or dialogue on race, racism, white savior complex, whiteness, colonialism, and cultural humility and awareness. They felt as if the department “treads” around these conversations. Many of the faculty and students from the department do global health work in countries that have histories of colonialism and faced “grave injustices.” Without acknowledging and understanding the depth of colonialism and racism, it continues and reproduces the violence towards these countries. Participants expressed how “*the effects of colonialism are still apparent today. A lot of these countries are what? 50 years old, 60 years old. You're talking about countries where there are people alive who remember when their countries didn't have independence. This is not centuries years old. You guys can't speak like, 'Oh, well, that was so long ago or how come they haven't gotten their stuff together?'*” Another participant said:

*“I think that it needs to be like a constant underlying reality. I think we silo things too much. This happened then this happened, and now this is happening. But instead it's just these things are all still happening right now. It didn't end and it's an underlying root issue across the board and right now, while we're working in public health today. I think it should just be taught as an underlying reality and I think we need to be more solutions driven too. What are some things that we can work on to better the situation over time, but recognize this is still happening right now. Where I feel like oftentimes it's just taught 'Oh, and then we were a paternalistic public health' to something now we're global health' but we're also still doing the things that we were doing 50 years ago. That didn't change. We just named it something different. But I think just making sure that we're stating that this is a consistent problem and bringing it up in every class too. Like just relating, contextualizing the classes in relation to that reality as well would be helpful.”*

There needs to be more authenticity and honesty in discussions about colonialism. Many participants stated how discussions about colonialism were seen as a separate module or included as a “thereafter”, but it was not integrated throughout the curriculum for many classes. They expressed discussing colonialism around once or twice throughout the entire program, which is problematic as global health is a product of colonialism. One participant said:

*“I think it should be taught honestly. I think it should be taught without borders and without-- I think that in public health, part of it is, should be that authenticity, but oftentimes you kind of dance around issues and fear of disrupting the system, the systems that are in place. I think that it definitely should be a conversation that happens a little bit more authentically. Even when we talk about the white savior complex, I think we danced around that in certain classrooms, especially for, I can't say for certain, but I would imagine from what I can remember, some of the*



*students might have not taken to that well. I think that's why those conversations were a little bit halted, but I mean, white savior complex is true."*

Participants also discussed how the inability to discuss these conversations is connected to the lack of comfortability and knowledge professors may have to be able to have the conversation in deeper contexts. Participants would be more comfortable having these conversations with African and Caribbean professors who specify on these topics of colonialism, racism, and racial violence. One participant said:

*"We can't talk about the fact that global health is global in its sense. All the players who play a role in that look different. If all the people are white women, cis-gendered men or whatever, who work in all these countries, but there are also plenty of other people. There are plenty of other African-Americans, Indians, all Asians, East Asians, everybody, there are plenty of other professionals who I feel like would be equally qualified to kind of play a role in these conversations that I don't see at the forefront of our leadership. I don't see that we would be able to have those conversations. I also think part of the discomfort of my classroom peers might be from the discomfort of our teachers as well. If your teacher or your instructor is not comfortable with that conversation by not looking at themselves internally, then in turn it's not going to go too well in the classroom."*

Additionally, the majority of participants expressed how the global health department's culture does not allow for these types of conversations to flourish. There needs to be a structural change in the department that allows these conversations to seem "natural" and something that students need to understand to do global health work. To ignore the ways colonialism is being discussed or the lack thereof in the classroom is *"doing a disservice to every student"* and asks students *"to think through global health problems with no context, with no background."*

### **Theme 3: Otherness, Disappointment and the Emotional Cost within the Black Student Experience**

*Finding 1:* Within their daily encounters with other students and faculty, Black students described experiences of "othering" and having to prove themselves to others that they deserve to be in the global health program. One of the three participants whose previous academic career started at an HBCU mentioned the difficulties of adjusting and navigating a predominantly white space. The participant described it as a "culture shock" while participants coming from predominantly white neighborhoods or schools expressed being used to being the "other." Although participants were familiar with this feeling of "othering," they were shocked, and mostly fed up, with having to continue feeling like the "other" as they expected a global health program to be more culturally aware and diverse. With these expectations in mind, participants came in with their walls slightly down; however, they expressed having to rebuild their walls and protect themselves after

experiencing the same uncondusive spaces. This also resulted in participants feeling isolated within white spaces. One participant described this feeling by stating *“I’ve been in a group where I was the only Black person there but I always felt like-- If you’re the only Black person somewhere, you always feel like you’re the only Black person there. You never enter a room and you’re like, ‘you don’t even know that you’re the only Black person.’ They make you feel like you’re the only Black person there.”*

Participants described experiencing imposter syndrome and feeling as if they are not in the “right spot” or the “right place” due to the lack of diversity in the department and the classroom consisting of mostly white perspectives. A participant said *“Maybe I was wrong to have this expectation, but I thought, ‘Okay, I’m in a nationally recognized program in the global health department with faculty that works around the world. Why don’t they reflect people from around the world?’ The majority of GH faculty, they’re white. The majority of public health students [in the program] are white.”*

Additionally, there were multiple occurrences of racial spotlighting across all four cohorts. Racial spotlighting focuses on the ways Black students are spotlighted because of their race by professors and peers. Participants raised concerns about the ways faculty would ask them to constantly speak up for their race, unexpectedly highlight their cultural background or race to maximize their point or ask for their perspective on a racial issue in the middle of class. One participant stated *“I sometimes feel like in any setting in which global health is a focus of the work, when you find someone who is from, or has any connection to the areas that you’re studying, sometimes there can be a hyper-focus and like, ‘Tell me all about the experiences that you’ve had. Tell me all about that.’”* Another participant described the time they were a TA, the professor was lecturing about a topic in Kenya and immediately put the participant on the spot. The participant said that situation made them *“uncomfortable because [they] didn’t come [to the program] to have the spotlight on [them], randomly.”* A similar situation happened with another student from East Africa when a professor suggested the participant meet with a guest speaker that was from the same region. The participant said, *“that doesn’t mean I know everything about that region, but a guest speaker came from Uganda and immediately [the professor] was like, ‘Oh, you two should talk! I’m like, ‘about what? What are we going to talk about?’ This kind of putting people together. We tried to speak up for our communities or wherever we’re from, but we’re not spearheading everything. We’re not the prime minister.”*

In a global health class, one of the participants was randomly called on by a guest speaker during a conversation about a case study on police brutality. The participant was not able to speak and began crying as they were currently worried about their little brother who recently had an altercation with the police. The participant said:

*“My brother coincidentally was in trouble during that time of doing that case study and stuff, and so it was a heavy burden on me. I was just expressing to the class and to the professor how I felt and just how much of a drain it was for me. I guess, especially just a drain topic like that in such a sensitive time, which I know we need to have those conversations, but I don't think it was right for that speaker to one, call on me on such a sensitive topic and force me to talk. Even after I was bawling crying, she was like, ‘We want to hear it, go ahead. We want to hear what you're saying.’”*

Participants felt annoyed or exposed when this occurred. In this context, participants felt used as professors would call on them in class to validate their statements without exploring it further. One participant experienced this and said it feels like:

*“‘okay, you're almost from this country that we're talking about. I'm looking to you for validation, a little quick check. Yes, speak for your neighbors in that other country.’ It's weird they're looking for validation from somebody that is close to them but then when I'll go in for one-on-one conversations, they'll completely make it about themselves. It is just so self-serving as opposed to ‘I'm here for the student and to foster a conversation.’ It feels fake.”*

*Finding 2:* Black students constantly expressed feeling exhausted, frustrated, triggered, offended or other forms of emotional turmoil navigating spaces in the global health program. Although these feelings were attached to multiple experiences throughout many themes, these were words and expressions affiliated with their student experience as a whole. One participant stated:

*“I think I felt exhausted. This could have been that it was second semester and I was taking like 22 hours’ worth of work, who knows? I think it was exhausting because I understand that as students, we also have things to contribute and things to teach. But when you're constantly in these situations because there's such a lack of representation in the department, you're constantly defending yourself. You're constantly defending your peers. You're constantly defending your education. You're constantly defending your experiences, how you grew up, where you come from, and that's exhausting. You do it in your everyday life. To come to a program and having to do it in a classroom setting where you're paying money to learn. I'm exhausted.”*

Two other participants expressed feeling exhausted, tired and angry with the emotional toll it takes to be in white spaces and in the department.

*“As a Black woman navigating certain spaces, as a Black person in general, it is very tiring. It's almost like you're constantly having to think about how are you existing in these spaces and not really being able to just be and how that can be very exhausting, mentally and spiritually.”* The other participant said *“I'm constantly enraged. I'm constantly frustrated by this department,*

*but five more months and I'm done. That's my goal. May, I'm graduating and I'm out. I'm not looking back."*

Finding 3: Throughout the program, Black students had to put on multiple hats to educate others on issues related to race, racism, and other racial issues while also trying to learn. They have less opportunity of "just being a student" compared to their white peers since they are constantly being activists, historians, teachers, or participating in school or department-level committees. Being a Black student was described as a job unconsciously placed and imposed on them by the global health department to teach their white peers. One participant stated:

*"It made it exhausting. It turned educating my classmates into a job and emotionally exhausting just to-- I have to hear it in the classroom and outside the classroom and then in the news and it just it's everywhere. You want to focus on your learning. That wasn't something I could always do because I always had to think, 'I'm a black woman in this program and I'm not going to let these messed up beliefs persist.'"*

Similarly, a first-year student added to that statement agreeing and saying:

*"Students of color were tired of having to be the ones to speak up and correct other students, because we were like, 'We're here to learn too. It's not my job to educate them. That's your job. I shouldn't have to stop my learning. I shouldn't have to burden myself to then educate a white classmate. That's not my job. I shouldn't have to do that every single time, it's tiring. To go out into the world, we're already going out into the world with all of the burdens that come with looking like us, and all the time we're in situations where we have to educate others. I'm paying \$66,000 for this education, I'm not getting paid to educate you or you. The professor should be the one to do that correction.' That's the space a lot of students were coming from is like, 'We've been doing this all semester. We just started this degree, is this going to be the next year?'"*

Black students continuously educated white peers and challenged their statements took energy away from their studies and the ability to have fruitful conversations. One participant stated that it robbed them of their ability to "nerd out" because there's always a level of explanation when discussing with white peers. Black students expressed having to include their own lived experiences related to race or discuss the "basics" of racial issues to educate white peers in the classroom. White students were "learning at [their] emotional expense." This impacted their learning/student experience as a Black student as they do not have the privilege to show up in academic spaces solely as students and be treated as one too.

Many participants decided to stop putting in the effort to educate white students and being "that person" because it was taking time away from their professional goals to achieve Black liberation. One participant stated:

*“I, unfortunately, have run out of the capacity to try and teach other people and bring other people onto this side of the fence because that's a burden for me and work for me to take on that. I would rather utilize my efforts and focus my efforts on achieving the goals and missions that I've already aligned myself with. I can't be too focused on trying to get other people on the train when we got a destination to go to.”*

*Finding 4:* From what Black students were expecting to gain or feel when deciding to enroll in the global health program, they expressed feeling disappointed in their experience and their expectations. They mentioned expecting the program to expand their thinking and knowledge of the structural and historical contexts around global issues but received surface-level discussions that comforted and protected the feelings of white students. Also, many aspects were missing from their experience that they expected to see from the department: discussions around the “dark history” of global health, acknowledgement of global health’s failures and mistakes, cultural awareness and knowledge from both students and faculty, and thinking beyond what’s been previously said or done within the global health field. Although Black students acknowledged that not all their experiences in the global health department were negative and they do not want to negate their positive experiences, multiple students contemplated whether coming to the global health department was worth it. Additionally, the few Black students who expressed mostly positive experiences in the department indicated that they would have changed departments as their interests better aligned with another department. Therefore, a majority of their classroom experience was outside of the global health department. Overall, the difference from what Black students were expecting versus what they experienced resulted in them having thoughts of dropping out and whether it was worth it, knowledge-wise and financially, to have enrolled and stayed in the department. In a focus group, three out of four participants shared sentiments of wanting to leave the program and one participant said:

*“I wanted to say I appreciate the sentiment of wanting to leave the program because I also felt like that at points in the first year of this program. I know a lot of other Black students did as well. We believed when you talk about how much we wanted to leave [institution] and how we felt scammed that we signed on the dotted line for this.”*

Also, Black students expressed how their experience in the global health program can be representative of how it will look like as a Black person in the field of global health and how their experiences impacted their professional trajectory and outlook. One participant said:

*“I think my experiences at [institution] have made me adverse to a career in academia...I don't want to be adding to the gatekeeping and the othering that occurs in academia because my experience has just not really assisted in anything. I really don't feel like my experience at [program] has made me a better public health practitioner at all. I don't feel like it has done*

*anything but make me more cynical than I was when I graduated two years ago, because I also came straight from undergrad into a master's program, thinking like, 'okay, they might be able to give me more of the language, the resources and stuff that I need,' but I don't feel like I've really learned anything except for how to navigate these white spaces where people don't feel like Black issues are paramount to be solved. I really am very against moving into academia. I don't want a PhD anymore. I don't want to be a professor. I don't want to do any of that. I would just like to go and effect like actual change, whether it be at the policy level or just doing consulting for companies who don't consider their Black constituents. I want to do that. I don't want to be in these narrow-minded spaces anymore."*

#### **Theme 4: Emotional Safety and Security**

*Finding 1:* Many Black students considered the academic space uncondusive and oppressive; therefore, they either physically or mentally made spaces or counter-spaces in and outside of the classroom for their own emotional and mental health. One participant who said the department did not make space for their voice stated:

*"I make the space myself. I think this is what's different about me compared to some of my other Black peers within the GH department. I'm opinionated regardless. I'm going to say what I feel regardless. If there's not a seat at the table, I bring a folding chair. Do I feel like space is there? No. I create the space and I've noticed that once I say something, other people start saying things too."*

Another participant described actively making space throughout their life as they've been ostracized due to their racial and sexual identity. The participant expressed having to create space again in the global health department to keep pushing forward personally and professionally. The statement was *"throughout my own lived experience, I've had to learn how to carve out space for myself in many places that either outwardly rejected me or socially rejected me. That was just a skill I had to acquire. Now I utilize that to benefit Black communities and advance goals of public health."*

Black students carry the burden of making space for themselves while trying to stay present and composed while navigating the department's harmful space. Two participants described it as such:

*"I think you're trying so hard to occupy space that you shouldn't have to work to occupy. It's also like a competition to keep that space as well, while also trying to make sure that you're still representing and not betraying your people. Also just trying so hard to maintain your space and not be kicked out because you are now doing too much. I feel like it's always this constant battle of, 'Okay, what's this on my end now? What do they need? How do they see me? How do I need to show myself?'"*

The second participant expressed a similar feeling stating:

*“I feel like it's very much become real to me, this value of being a Black woman in global health. I didn't know what I was entering into, it feels like, until I was in the space, and sitting in classrooms and hearing a bunch of white people talk about my community and how to help them and save them in their own ways. They use this local language to talk about the work that people want to do in global health for our communities, but it's still just so problematic. Just trying to figure out how to navigate that space and then especially at [institution], where there aren't a lot of people to connect to and speak with about how you're feeling, what's going on, definitely, it's just really difficult. It definitely feels like you're carrying this burden with you.”*

Some participants expressed skipping classes for their emotional and mental health because the classroom space was so oppressive.

Both participants expressed that they don't usually skip classes but taking a break from the space was a conscious step for their well-being. Additionally, Black students created spaces to have their opinions, perspectives and presence not only heard but appreciated and reflected upon. Half of the participants expressed that the classroom did not make space for their opinions and perspectives while other participants said that space was made for their opinion, but it was left as just that: a comment. In the classroom, Black students felt the space was made for them to contribute but not expand on. It was “left in the air” and faculty moved on without true acknowledgment. One participant expressed how the conversations outside of the classroom provided more critical thinking and depth than discussions inside the classroom. The participant said *“more of it came from my out-of-classroom conversations with certain students. We would have our own discussions and debates about certain things. A group of us would get together and talk about certain things. I feel like those were more enriching than some of my classroom conversations.”*

In order to gain these deeper conversations, Black students would form groups inside and outside of the classroom with other Black students or students of color, either in-person or through social media platforms (GroupMe or iPhone groupchats). In these groups, students would discuss the conversations from class on a deeper level than they thought could have been achieved in the classroom due to the lack of professor management and student knowledge. Some participants mentioned using these group chats in the classroom as a support system to express their concerns or feelings about problematic language or conversations that were currently happening in the classroom. One participant said *“We have group chats where we vent and just talk about what's going on. Literally, we have group chats going on while we're in class, and just sending emojis and side-eyeing when we hear stupid comments.”* This concept of community amongst Black peers is discussed further in Theme 5. Also, Black students mentioned constantly checking the classroom to see how many students of color were present. This usually happens on the first day of new classes and in reoccurring classes to make sure those same students of color continue to show up.

Participants did this to assess how safe the space was and expressed feelings of relief when saw they were not the only Black person in the room. When the classroom did not have many Black students, participants described having a moment of “here we go again...” as they prepared themselves to be the only or one of the few Black students in the class.

Some first-year participants described participating in this study as another space they sought out for engagement since they were not getting that space within the department. In addition to the difficulties navigating the department as a Black student, being a student virtually during the COVID-19 pandemic made it even more difficult for first years to create spaces than previous cohorts. One participant stated:

*“It's extremely hard for us to have a comfort zone or a safe space, because we're seeking them from places like this. Where other people are carrying these conversations where we can talk about our emotions because if it wasn't for me journaling or figuring out means for myself, it's extremely difficult to be a Black student at [institution]. At least in global health, I don't know about anywhere else, but it's extremely difficult for me because these aren't conversations I can easily have with other people, because you don't know where every Black person stands. I don't want to vent to a stranger who may or may not have the same sentiments as me. It's just difficult to have organic interactions or be able to look at each other and be able to have the same argument at hand, where it's difficult because we don't necessarily have that. These things we don't talk about in an online class, it's difficult for us to have that.”*

*Finding 2:* Black students demonstrated going through a mental process of “picking and choosing” when and how to speak up in the classroom. For Black students, deciding to speak up is considered a “constant battle” that sometimes seems like a “lose-lose” situation. Multiple participants expressed this concern. A participant said, *“I feel like a lot of times I want to speak up but then I'm always like, ‘Okay, if I say this one thing about Black people in this room of white people, then they're going to see us all as a monolith and that's not the reality.’ Trying to figure out what's the right thing to say, when, where, how, is just a constant battle, I would say.”*

In their decision or thought process to speak up, participant expressed a form of selectivity that influenced the specific moments they decided to include or withhold their perspectives. A few participants expressed that this thought process consisted of mentally talking to oneself, guessing whether or not their perspective would be taken seriously and how it would be perceived among white students. Then by the time they had decided to speak or not, the conversation moved on. The factors that influenced their decision to speak up was the racial makeup of the classroom, the class structure, and the culture of that classroom (discussion-based or lecture-heavy). Recognition from the professor made a huge impact on whether or not Black students decided to speak up. When Black students would address problematic statements in the classroom or provide their opinion, professors would simplify them and respond with *“let's put a pin in it and come back to it,”* or,



*'let's hear what everyone else has to say. Let's try not to target anybody.' Stuff like that, where it's like they want to be polite in the face of your oppression. That doesn't do anything for you except make you upset.'* When this happened, participants decided to stop speaking in the class.

Also, the type of issues discussed in the classroom impacted how and if they decided to speak up or not, which they included if they were advocating for something or including a perspective that “is usually not included in the discussion.” Participants constantly had to provide a perspective that goes beyond the white lens so the conversation isn't one-sided. Participants described this as tiring and unfair. One participant said:

*“To be a Black student, having these conversations, while going through it day-to-day, it's very troubling. Again, you have to be, not only the advocate for your peers, but also for yourself, also for your community. You feel like you have to explain yourself. It's a constant having to-- I don't know what the word is. I mean, really convincing an audience that the struggle is present and active, and people next to you are going through it as well. To have that weight is hard”*

One of the participants expressed feelings of anxiety when deciding to speak up because the participant is constantly questioning themselves on the worthiness of their contribution and “getting [themselves] worked up from all these questions that are going through [their] mind.” Feelings of anxiety or pressure contributed to participants disengaging within the classroom.

*“I constantly question myself like, 'Is this something that's worth saying, can I eloquently deliver this? If I do say it, are people going to think it sounds good? Is it on-topic enough?' Then physically, I go through a bit of anxiety with that. Just getting myself worked up from all these questions that's going through my mind. I hesitate, and if someone else has volunteered to speak, I'll just let them go ahead. If someone else comes after them, again I'll just give them the leeway. It gets where it's like, 'Now we're moving on,' and what I had to say, it's like, 'I guess I don't have to anymore because now we're shifting focus.'”*

The majority of participants expressed feeling pressured to speak up in the classroom on racial topics or when white peers and faculty made assumptions that they had something to say in a race-related discussion. Participants felt like faculty and peers made them the spokesperson for their race. One participant expressed this concern stating:

*“I have to constantly prove myself all the time with data. I have to know both worlds, and that's the problem, I feel like, or at least the pressure, I feel being not only a Black student, but a Black woman in global health. Is that I feel the pressure to always bring up the social aspect or the disparities is on me. I naturally don't speak up in class anyway so whenever I don't hear it, I feel like people are waiting on me to bring it up. Then when I bring it up, people are like, 'Oh, what a good idea.' I'm like, 'I shouldn't have to.' We're in public health because we supposedly*

*understand the social determinants. We supposedly understand these disparities, so why is the responsibility on me to bring it up as the only Black person or Black woman in the room? The pressure and having to prove yourself. It's so exhausting because I'm like, 'Do I have to be the social expert, the economics expert, the equity expert and the data expert at the same time?'"*

Participants' decision to speak up was also contingent on whether or not they were including their own personal experiences. Although many participants thought including their personal experiences as Black/African people would contribute a unique perspective to the discussion or “drive the discussion home,” they hesitated to bring up their personal experiences since they saw it as a vulnerable act the classroom space would not appreciate. Black students are *“not here for the vulnerability if it's going to be exploited or dismissed.”* Also, participants expressed feeling upset and ignored when they did include their personal experiences. Faculty would teach students that they should listen to the communities they work with, but faculty and students would not implement that in the classroom. Participants discussed how faculty and students did not actively and genuinely engage with them as members of the same communities they talk about. If listening to communities is so important, then *“why aren't you listening to us? We're sitting here talking about issues that are affecting [our] community.”*

In contrast to encouraging Black students to speak about racial issues, participants described white faculty and students dismissing their opinions, generalizing their experiences, and turning their comments into a “single story about the country.” Participants also included that when they did speak up, white students did not apply their experiences to real-life issues. This contributed to participants hesitating or deciding not to speak up and thus feeling a lack of connection with their white peers.

Participants decided not to speak if they felt their statement would “fall upon deaf ears.” This would take a lot of their energy and time by *“[wasting] it on another white person who just not going to get it.”* Participants found that “picking and choosing” their battles wisely helped them engage in healthy conflict and address issues they deemed as “harmful,” “violent” or “problematic.” When Black students would address these comments, their approach would be classified as “inflammatory,” arrogant” and “inviting confrontation.” Some Black women participants worried about coming off as “aggressive” and being labeled the “angry Black women.” Therefore, these participants explained deciding when to provide their “full opinion” versus a softer version of their opinion that accommodated white student’s feelings. The participant felt the department did not make space for their “full opinion” and did not allow them to freely express themselves without being penalized for it. The participant said *“My full opinion is where I wouldn't care about the consequences that I'd have to face if I were to make a statement that would put people in an uncomfortable position. My opinion that's not my full opinion is where I have to code-switch or think of my choice of wording, so I don't hurt another party's feelings, even if my feelings were hurt or something of that sort.”*

Participants expressed that the department prioritized the voices of white students with international experiences over international students, which contributed to the ways Black and Asian international student voices were silenced. Also, in student groups, white students would ignore the presence of international students and disregard their contributions. During a group project, two white students ignored an Asian international student because their “English was not clear.” The white students would pretend to hear what the international student would say and move along with the conversation without acknowledging the international student’s comments. The participant, an African student, spoke up for the international student as they experienced similar treatment when they first moved to the United States. Black-African international students expressed feeling uncomfortable around white students because of the ways they negatively talk about their country and continent. This led to international students being less inclined to speak up.

### **Theme 5: Creating Connections & Building Support**

*Finding 1:* Participants expressed finding mutual support with other Black peers and connected, both intentionally and unintentionally, to create safe spaces and social boundaries with each other. A community of Black peers was created within and across cohorts and considered extremely influential for Black students to feel connected within their program. The majority of participants mentioned their closest peer group consisted of all or majority Black or African students and many relationships started from study groups, group projects, or purposefully asking Black students in their classes to meet outside of class. Also, participants mentioned deliberately sitting next to other Black students in classrooms in hoping to be in group projects with them because they felt the most comfortable around Black peers or “where [their] heart desired most to be around.” Two of the major reasons why Black students bonded and congregated together with other Black students and students of color in and outside of the global health department were: navigating “the struggle” together and finding common ground amongst each other.

Participants described initially connecting with other Black students through “the struggle” -- similar experiences of struggling as a Black person within the U.S and as a Black student in the global health department. This connection allowed Black students to build relationships with each other and share perspectives and experiences that they felt they could only safely do with each other. Every participant mentioned bonding with other Black students because they were struggling or failing biostatistics. Black students decided to connect with each other because of this found comfort stemming from their shared identities and perspectives. One participant described their experience as followed:

*“I think that we all just had a shared commonality of having struggled, whether that was in an academic setting, which it definitely was. Once we started learning more about each other,*

*we realized that we had a lot more in common than we thought. When I say all of us I, Myself and my roommate, we were culturally different than that particular group. Everyone in that group, most people were Nigerian and Kenyan. Me being African American, technically, and my roommate also being African American, culturally we were different. When we started talking to them more about life and stuff like that, we realized that we had a lot more in common than we thought. That struggle and overcoming adversity is something that people go through regardless of where they're from, and regardless of what their culture is. When we realized that, it was just, 'Okay. Cool. There's something deeper here than just studying for homework, tests, or quizzes.' It created a level of comfort in that way too, and all of us had similar topic areas we were interested in, in terms of public health topics, there was that."*

Additionally, participants found community within these groups and described them as a "a little home outside of home," especially for African or international students who share similar cultures and languages. Black women specifically focused on the bonds they formed with other Black women and defined it as a "sisterhood." This community of Black women was classified as "powerful" by both Black women and men participants. The connection between Black women in the global health department is heavily noticed in and outside the classroom. Across every cohort, Black women "beelined towards each other" and supported each other in the classroom by ensuring that whenever a Black woman spoke, Black women "backed them up." Participants described this as a sense of togetherness, so they don't feel alone and that "*it's not just [them] that's feeling something or experiencing that.*" One participant stated "*I think in global health, we have a special type of bond and connection because a lot of times we feel like we're struggling, and we have no guidance and no space is really carved out for us. We assemble around that and try to make sure that we are supporting each other in the best ways that we can because we know that the university is not going to do that.*"

This translates outside the classroom where the same groups of women casually met to discuss issues that occur within the classroom and shared experiences in their daily lives. Participants cherished their conversations because there was an unspoken understanding of experiences within the group. Black students shared a common ground that allowed them to freely "nerd out" without the pressure of having to explain themselves or teach others. When contributing to these discussions, Black students knew what they were feeling or "*understanding where [they were] coming from.*" One participant stated "*Not to say that we didn't make connections and engage with people who weren't black or weren't of color. Still engaged with our white counterparts or whatever, but when you're at an institution that is predominantly white and Asian, you're trying to find someone who looks like you, who can potentially relate to the experiences that you've had and all of that.*" These groups allowed Black students to feel seen for who they are without being judged and challenge each other respectively on a deeper level. Alumnus participants said the group conversations kept them together throughout the program and after graduation. One participant discussed their friend group by stating:

*“We all had similar struggles, which is unfortunate. The fact that we all shared some form of-- There's a unity between us because of our experiences as women of color, that I feel like we would not be able to have that same connection with other students that are not of color. I can't sit here and have a conversation of racism or colorism or classism or any ism, negating ism with another student because they simply cannot relate. If I were to have these conversations, it'll be more of a teachable moment than just a regular dialogue or exchanging conversations. That can be tiring to have to teach somebody all the time. I know life is a learning experience but at the end of the day it's not my job to teach people. I'm here to learn and it is better for me to learn from other students of color because if I'm going to learn, I could learn it. I will know that whatever I'm being taught is relatable.”*

However, the COVID-19 pandemic impacted Black first-year students from building this community. First year participants expressed how the virtual school setting left them feeling lonely and disconnect from their peers. In a focus group, first-year students stated feeling “jealous” of second-year students who were able to build a community before the pandemic. Many first-year students found comfort within Black second-year student groups as their “closest thing to finding that safe space.” One participant said that Black second-year students were mentors who validated their experiences and the ones who kept them “sane” throughout the program. The same participant found refuge with Black second-year students and their community became their “own outlet.” They also desperately wished their class had a similar community to the second-year students because *“It's making this experience a lot harder than [they] thought it was going to be.”* The participant continued saying *“I don't think that it's a lack of similarities, but our experiences is what we're missing. It's that platform of that opportunity to actually get together and say, ‘Yes, babe, I feel your pain, too.’”* Another first- year student agreed with the previous participant and expanded on their comment stating:

*“I think we all have that feeling but it's not enough to just assume, ‘She feels the same way.’ I want to hear you say it. I want us to connect on that level, but with everything with the pandemic, we don't have that. Even though I think, ‘Oh, I feel probably [GH student] feels the same way,’ I see her nodding low-key, but I can't say anything to her because what if she's not nodding at that? Whatever you all did, I don't know how possible it would be in the remote setting, but you guys found your group. I want that.”*

*Finding 2:* Outside of finding a community amongst Black peers, Black students had inconsistent experiences building relationships with non-Black global health faculty, staff and students. Participants experienced both negative and positive interactions with non-Black faculty and staff, but there were more negative relationships between Black women students and white male professors. Majority of participants expressed building a close academic relationship with the one known Black faculty member within the department. Participants mentioned this professor being one of the first faculty members they intentionally reached out to because of their racial, ethnic

and gender identity. Also, the professor provided a space for Black students to be “real” and validated. One participant had a close connection with this professor and stated:

*“One of the reasons for me deciding to take that professor was because she’s [Black] and wanting, like I said, that whole idea of representation. I remember having a conversation during her early office hours and being like, [sighs] ‘Can I just be real for a second?’ Really being able to breathe and being listened to and really validated and like, ‘I see you. I hear you. You’re here. You deserve to be here.’ Just having a really transparent but fulfilling conversation. Yes, she fulfilled the role as my faculty who was guiding us through the course of the semester, but really just also serving like a check-in, like, ‘how are you feeling, are you adjusting well’, and being seen, certain conversations that you have where you’re not necessarily explicitly stating like, ‘You’re a Black student, I’m a Black faculty.’”*

In a global health class, a participant highlighted a positive encounter they had with a Black women professor from another department who was a guest speaker. The participant was in a group with the speaker who asked for everyone’s names and the participant responded with *“you can call me this because historically, a lot of people have trouble pronouncing my name”* because the participant is used to constantly correcting people. The professor reassured the participant by replying *“I appreciate you sharing that, but I want to make sure I’m saying your name correctly because there is power in your name. It’s not fair to you for me to not acknowledge that, and just say what I please even though it may be a little bit difficult.”* The participant expressed this as an important and appreciative moment for them because *“not everyone does take the time to acknowledge that and say, ‘Yes, I do think your name’s important, and saying and pronouncing it properly is something that should be done regardless how difficult that may be for me.’”* The professor cultivated a safe space for the participant to say their truths and be more engaged in the conversation afterwards.

Many participants expressed having a hard time building connections with white global health faculty although a majority of their encounters have been positive. There is a disconnect between Black students and white faculty building relationships outside of friendly interactions. There were very few participants who discussed having a memorable connection with more than one white faculty member while majority of the participants who did mention a positive relationship with a faculty member stated the same seven to eight professors in a department of over 50 faculty. Additionally, participants were less likely to personally speak to white faculty one-on-one after seeing them cater to the feelings of white students or dismiss their comments in the classroom. Racial and gender identity also played a significant role in whether Black students reached out to faculty or not. One participant stated:

*“For me, I think I was just used to it. I’ve always been in white spaces. To me it was, ‘here we go again.’ I think this time around it was a little disappointing because it was global health.”*

*These are people who are supposed to be more knowledgeable. Even then you don't really trust it fully. I know I didn't. I can't speak for everyone, but for me it was just 'yeah, you might want me to talk to you, but you're still white.' You're still going to miss some marks. So, I don't really know how much of what I can talk to you about."*

Lastly, participants discussed looking for mentorship outside of the global health department to help them navigate their academic and professional career. Also, many participants looked for mentors outside the department for their thesis because of the lack of racial diversity amongst global health professors and a lack of interests around race and racial issues. One participant mentioned looking through LinkedIn for their thesis advisor and another participant expanded on that concept by stating *"I think a lot of additional reading have had to happen on my part. I think a lot of Black students, especially anyone who did a thesis that was covering a Black population. You almost have to take your education into your own hands. It's not worth trusting the GH department to tell you what to take or how to get your degree."* Other participants, especially those from HBCUs, said faculty from their undergraduate institution were primary mentors during their graduate program because they couldn't find a connection or mentorship in the global health department. This exemplifies the ways Black students navigate the graduate program to succeed and gain mentorship.

### **The culmination of these experience impacted how Black students felt included and excluded within the department**

All of these experiences Black students had influenced the way they felt a part of, valued and integrated into the global health department community. Their experiences contributed to their sense of belonging. Participants expressed a complex, mixed compilation of answers about feeling included and excluded. This makes sense because belongingness consists of contributing factors and needs that differ from person to person. However, participants expressed feelings of inclusion within their racial groups more than the department itself. One participant discussed how grateful they felt for the community the department provided them. Three participants did feel included in the department based on the relationships they built with professors, specifically the only Black professor in the department. Some participants expressed feeling excluded by the lack of representation in the department and did not feel comfortable because *"there were no professors who looked like them."* Also, the student hierarchy made participants feel excluded because *"there's a ranking of background. The program itself, it's almost like a factory to push everyone else out. It's like you came in, you got to get out. For those that are deemed to have more value, the program thrives off of building relationships with them. I didn't feel like I was a part of that group that was deemed valuable. It's, let's plug and show you out."* Other participants expressed the same concern stating that the department uses the labor of Black students and then recycles them out.

The majority of participants had mixed experiences feeling included and excluded simultaneously by saying:

*“I think it was a double-edged sword being Black. We were included and excluded a little bit. I think in the GH department, all the Black girls, we just could lean on each other. I think we were excluded because we were Black, we had to lean on each other a lot. But the exclusion was from the department a little bit because I think it was just hard to relate to professors.”* The participant continued to say, *“I was never comfortable unloading or feeling like I could unload on a professor or feeling like I could talk to a professor about, ‘oh, I’m struggling.’ You could talk about struggling grades, but you can’t say ‘hey, I’m a Black woman and I’m not feeling seen, or I’m not feeling like what I’m learning right now is conducive. I’m not sure how to make it in a white space right now because I’m frustrated.”* You can’t say that. I would say that’s how I felt excluded because if it wasn’t strictly about education, I couldn’t confide in. Of course there are professors who’ve wanted you to confide in them. [GH professor] is that way. [GH professor] can be that way. You want to talk to them, but at the same time you were like ‘I don’t know.’”

Some participants felt neither included nor excluded-- just a being within the department with no real presence. Therefore, many Black students decided to gain the skills needed for them to succeed, wait to get their degree and leave.

This is why it’s extremely important to understand the multiple experiences Black student have to support the ways they feel included and address the reasons why they feel excluded. Sense of belonging is a multidimensional feeling that needs a multidimensional approach. If Black students feel neither included nor excluded or a mixture of both, that doesn’t ensure belonging.

## **Discussion**

There were a multitude of experiences that impacted Black global health graduate students’ sense of belonging. Their racial identity impacted how they navigated and engaged within the department space, which influenced the racial dynamics of the classroom and the department’s culture. This space contributed to Black students feeling othered and emotionally upset with the experiences they faced and throughout the department. Therefore, relying on Black students to make space for themselves emotionally and physically to find areas of comfort and value, while making them feel disconnected with their peers, professors and department as a whole. Sense of belonging is more than feeling included or excluded but a diverse array of experiences where students feel represented, appreciated, and understood. When Black students did not feel that, they internalized these experiences and it impacted them mentally and emotionally. In an academic global health space with multiple legacies of exclusion, racism and oppression, the field of global health needs to engage in a decolonizing approach that acknowledges it’s horrific past and addresses all aspects of structural and interpersonal changes that doesn’t continue the disenfranchisement of Black students. It is not enough for the institution to increase the



percentages of Black students and professors as it does not erase systemic and structural legacies that are felt and perpetuated in curriculum, reaffirmed in student and faculty interactions, and reproduced in the department's culture. By academic global health programs taking accountability for their historical and current accounts of exclusion, there would be less of a burden on Black students to make space for them to feel included. Black students would try to accustom to a space that intentionally and unintentionally impact how they feel and fit within the global health program and in the field overall. By actively engaging in an anti-racist and decolonizing shift, this academic global health program would encourage a grassroots process to enfranchise Black global health students and the communities they belong to.

### **Future Recommendations:**

These are the top five most requested recommendations provided by participants:

1. The department needs to hire more Black, African and Indigenous professors across different ethnicities, faiths, genders, cultural backgrounds and research interests. For a starting point, there should be at least two Black or Indigenous professors in each concentration. Increase the number of Black students, domestic and international, accepted into the department.
2. Curriculum needs to include more discussions on colonialism, racism, white savior complex and cultural humility. In addition, it should be taught by professors honestly throughout all courses and topics to encourage students to critically think and connect it to their global health work. There should be more diversity in authors for teaching materials. The global health department should create a class called "history and global health" by a professor of color whose expertise is on colonialism, post-colonialism, historical violence and oppression.
3. Require professors to take an anti-racist, cultural humility training to address their biases, and understand the context of how their classroom management can silence or dismiss students of color.
4. Stop relying on the free labor of Black and Brown students to tell you what's wrong in your institution and fix it for you.
5. Providing an exit interview or exit counseling with students to figure out what they enjoyed about being a student there, what didn't they enjoy, and then incorporate ways to improve that. This should be done in confidentiality and with an unaffiliated program staff or faculty member to address power dynamics.

## **Conclusion**

Academic global health programs can reproduce unacknowledged and unaddressed historical legacies that manifest within the classrooms for Black students. Heightened centrality and awareness of one's and others racialized identity and the department's culture, compounded with an increased sense of otherness, emotional turmoil and insecurity, and interpersonal disconnection had a drastic impact on Black students' sense of belonging. This resulted in Black students relying on each other for support and community to feel included in the department. It's crucial for educational global health programs to discuss global health's postcolonial manifestation within academic in order to challenge the field to reckon with its history and embark on an anti-colonialist paradigm and decolonizing shift within higher education. As such, structural and interpersonal changes are urgently needed to address systems and cultures of social exclusion and racism that decrease Black student's sense of belonging.

## **Limitations:**

Due to the COVID-19 pandemic, the timeline became constrained and that could have impacted the depth of data analysis. However, the study was guided by qualitative professors who ensured accuracy throughout the process. Also, the pandemic increased stress levels for former and current students that could have affected the ability and availability students had to be a part of the study. The low number of Black men within the global health department contributed to the low number of Black men within the study. Due to the low numbers of Black men in the study, their perspectives were not widely included within the study. Therefore, the experiences between men and women might differ if the study population was larger.

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## **Appendix 1: Interview Questions**

X1. Why did you decide to enroll in the Hubert Department of Global Health?

X2. What does it mean for you, as a Black student, to be in the field of global health?

1. Classroom Dynamics
  - a. 1.1 Describe the most memorable experience you had in the classroom? (good or bad)
  - b. 1.2 Tell me about a time you expressed your opinion about any topic in the classroom.
2. Classroom Culture
  - a. 2.1 Given the classes you've taken, how would you describe classroom culture in the global health department?
  - b. 2.2 How should content related to colonialism and racism be taught in global health classrooms?
3. Identity
  - a. 3.1 What parts of your identity are the most important to you?
  - b. 3.2 Tell me about a time when you felt your identity was a heightened focus in the classroom?
  - c. 3.3 Tell me about experiences in the classroom that shaped you as a Black student in the global health department?
  - d. 3.4 Describe a time in the classroom where being Black impacted the way you engaged with the topic or conversation.
  - e. 3.5 Describe a time in the classroom when you used your Black experience as evidence in the discussion
4. Belonging
  - a. 4.1 How would you demographically describe your closest peer group at Rollins
  - b. 4.2 Tell me about a time when you felt included or excluded in the global health program?
5. Recommendations/Closing
  - b. What would you suggest to the department to increase students' feelings of belonging?