

Public Health

Below you will find four modules related to the intersections of race and health care. The essays and resources selected are included in *The 1619 Project* from *The New York Times Magazine* or identified as companions to the project by the module authors. These materials were created by law students at Howard University and the University of Miami.

1. “A Broken Health Care System” by Jeneen Interlandi (pages 44–45)

Module Authors: Ariana Aboulafia, Kelsey Johnson, Maria Nasir, David Petrantoni, Emely Sanchez

Excerpt	“Professional societies like the American Medical Association barred black doctors; medical schools excluded black students, and most hospitals and health clinics segregated black patients. Federal health care policy was designed, both implicitly and explicitly, to exclude black Americans. As a result, they faced an array of inequities — including statistically shorter, sicker lives than their white counterparts. What’s more, access to good medical care was predicated on a system of employer-based insurance that was inherently difficult for black Americans to get.”
Key Names, Dates, and Terms	Health care, Freedmen’s Bureau, Black extinction theory, reconstruction, racial stratification, medical apartheid, “state’s rights” as a cover for racial discrimination, federal segregation of hospitals, structural racism, Medicare, Medicaid, Medicaid expansion, insurance, Affordable Care Act
Guiding Questions	<ol style="list-style-type: none"> 1. What are the structural causes of the wide disparity in health care coverage and quality between white and Black Americans? 2. What are some of the ways in which the history of racism continues to impact Black access to health care? Do you think this has played a role in the disparate impact of COVID-19 on Black communities? Why? 3. What is the impact of existing programs like the Affordable Care Act (ACA) on health care for Black communities? Does a mix of government-subsidized health care and private insurance actually work in the United States?

	<ol style="list-style-type: none"> 4. Would passing universal health care as opposed to maintaining the Affordable Care Act (ACA) solve the issue of racism in health care? Or, would the disparities continue even in a fully socialized health care system? 5. If disparities would continue in a socialized medicine system, how else can we solve the issue of racism in health care? 6. Should we focus on outcomes or processes in addressing the disparities in access to and quality of health care for white and Black Americans? 7. Would removing barriers for Black students in medical education help end the inequalities in health care? 8. Should health care be considered a basic human right? If so, why is it not guaranteed to every citizen?
<p>Additional Resources</p>	<p>Articles</p> <p>"COVID-19 and African Americans" by Clyde W. Yancy</p> <p>"COVID-19 and Racial/Ethnic disparities" by Monica Webb Hooper, Anna María Nápoles, and Eliseo J. Pérez-Stable</p> <p>"Health-Related Outcomes among the Poor: Medicaid Expansion vs. Non-Expansion States" by Xuesing Han, Binh T. Nguyen, Jeffrey Drope, and Ahmedin Jemal</p> <p>"Hospital Flight from Minority Communities: How Our Existing Civil Rights Framework Fosters Racial Inequality in Healthcare" by Brietta R. Clark</p> <p>"Inequality in Quality: Addressing Socioeconomic, Racial, and Ethnic Disparities in Health Care" by Kevin Fiscella, Peter Franks, Marthe R. Gold, and Carolyn M. Clancy</p> <p>"Measuring Trends in Mental Health Care Disparities, 2000–2004" by Benjamin L. Cook, Thomas McGuire, and Jeanna Miranda</p> <p>"Rights without Access': The Political Context of Inequality in Health Care Coverage in the US States" by Ling Zhu and Jennifer H. Clark</p> <p>"Socioeconomic Disparities in Health in the United States: What the Patterns Tell Us" by Paula A. Braveman, Catherine Cubbin, Susan</p>

Egerter, David R. Williams, and Elsie Pamuk

["Systemic Racism and U.S. Health Care"](#) by Joe Feagin and Zinobia Bennefield

Wilks, Sabrina. "Healthcare for All: Why Minorities Continue to Fall." *Thurgood Marshall Law Review Online*, vol. 43, no. 2, 2019.

Books:

Matthew, Dayna Bowen. *Just Medicine: A Cure for Racial Inequality in American Health Care*. NYU Press, 2015.

Online Resources:

["Do Health Care Costs Fuel Economic Inequality in the United States?"](#) by David Blumenthal and David Squires, published by The Commonwealth Fund

["Health Inequality Actually Is a 'Black and White Issue', Research Says"](#) by Jordyn Imhoff, published by University of Michigan Health.

["Racial Disparities in the Time of COVID-19"](#) by Adrienne Haggins and Arline Geronimus, published by Michigan Institute for Healthcare Policy & Innovation

["Racism and Discrimination in Health Care: Providers and Patients"](#) by Monique Tello, published by Harvard Health

["Racism, Inequality, and Health Care for African Americans"](#) by Jamila Taylor, published by The Century Foundation

["Who Gained Health Insurance Coverage Under the ACA, and Where Do They Live?"](#) by Bowen Garret and Anju Gangopadhyaya, published by Urban Institute and Robert Wood Johnson Foundation (2016)

2. “Medical Inequality” by Linda Villarosa (pages 56–57)

Module Authors: Melissa Kanoff, Maria Nasir, Anastasia Pierik, Emely Sanchez, Mike Walker

Excerpts	<p>“Over the centuries, the two most persistent physiological myths – that black people were impervious to pain and had weak lungs that could be strengthened through hard work – wormed their way into scientific consensus, and they remain rooted in modern-day medical education and practice.”</p> <p>“Rather than conceptualize race as a risk factor that predicts disease or disability because of a fixed susceptibility conceived on shaky grounds centuries ago, we would do better to understand race as a proxy for bias, disadvantage and ill treatment. The poor health outcomes of black people, the targets of discrimination over hundreds of years and numerous generations, may be a harbinger for the future health of an increasingly diverse and unequal America.”</p>
Key Names, Dates, and Terms	Slavery, Jim Crow, legislation, policies, systemic oppression, health care equality
Guiding Questions	<ol style="list-style-type: none"> 1. What inaccurate and unfounded assumptions have doctors made throughout history about the bodies of enslaved Black people, and how did they attempt to prove those assumptions? 2. How have racist medical practices and attitudes influenced the medical treatment that Black Americans have received throughout history, and continue to receive today? 3. Describe how medical inequality in care today is based on physiological myths perpetuated by slavery. 4. Analyze how racially unequal labor or economic systems have led to biases in the health care field today. 5. Articulate how economic or health care disparities may lead to poorer health outcomes for Black people today.
Additional Resources	<p>Articles:</p> <p>“Bad Medicine: The Harm That Comes From Racism” by Austin Frakt</p> <p>“Fact check: Father of Modern Gynecology Performed Experiments on Enslaved Black Women” by Sarah Lynch</p>

[“Lessons from History: Why Race and Ethnicity Have Played a Major Role in Biomedical Research”](#) by Troy Duster

[“Power to the Patients: Teaching the History of Race and Medicine during COVID-19”](#) by Christopher D.E. Willoughby

[“Running Away from Drapetomania: Samuel A. Cartwright, Medicine, and Race in the Antebellum South.”](#) by Christopher D.E. Willoughby

[“Structural Racism and Health Inequities in the USA – Evidence and Interventions”](#) by Zinzi D. Bailey, Nancy Krieger, Madina Agénor, Jasmine Graves, Natalia Linos, and Mary T. Bassett

[“The Sane Slave: Social Control and Legal Psychiatry”](#) by Thomas S. Szasz

[“Under the Shadow of Tuskegee: African Americans and Health Care”](#) by V. N. Gamble

Films & Videos:

[Is there a Racial ‘Care Gap’ in Medical Treatment?](#) published by *PBS NewsHour*

[Racial Disparities in Healthcare are Pervasive](#) published by Healthcare Triage

ADDITIONAL RECOMMENDED READING AND MODULE

1. “Police Violence, Use of Force Policies, and Public Health” by Osagie K. Obasogie and Zachary Newman

Module Author: Ariana Aboulafia

Excerpt	“In sum, the existing public health discussion regarding police violence has yet to specifically engage with use of force policies. By examining use of force policies as a point of intervention and reform that can disrupt normalized police violence and improve health outcomes, our research contributes to the existing literature through developing a discussion that emphasizes use of force policies as an important factor in understanding police violence and public health. Hence, while the legal literature links use of force policies to police violence and public health literature links police violence to detrimental health impacts, we seek to extend and connect these arguments by embracing an empirically informed public health law approach that highlights use of force policies as a particular site where legal mandates to minimize force use and severity can improve public health outcomes.”
Key Names, Dates, and Terms	Police force, use of force policies, police violence, public health, health law
Guiding Questions	<ol style="list-style-type: none"> 1. Discuss the advantages and disadvantages of considering police violence a public health issue. 2. The authors in this piece call for the reform of use of force policies “to favor life over death.” What would this look like in a policy?

The 1619 Project Law School Initiative is a partnership of the Pulitzer Center, Howard University School of Law, and University of Miami School of Law. The Initiative is also part of the Racial Justice initiative by the Squire Patton Boggs Foundation and its Deans’ Circle. You can find more educational resources at www.pulitzercenter.org/1619