
1619 DBQ Packet - HealthCare

Directions

Unpack the question below and check out the grid options for this question.

Prompt: What barriers have prevented black Americans from receiving quality healthcare in the United States?

- 1) Independently, read your document set using 4 Corners to actively read your documents
- 2) Place your documents in chronological order in the timeline below. **Don't just put document numbers in the timeline!** List main ideas or quotes. You'll use this in English when you begin to write your thesis statement.

Timeline

The Legacy of Slavery in Chicago and Beyond

Unit by KIPP Chicago, part of the 2021 cohort of *The 1619 Project* Education Network

1619

Education Network

Medicine Document 1

POV (Who wrote the document? What do you know about the author?)

Historical Context (Look at the date. What was happening in that time period?)

Source: Excerpt from “Negro Complacency Blamed for Health Care Shortcomings: But ‘Medical Power Structure’ Also Rapped” by Betty Washington. *Chicago Daily Defender (Big Weekend Edition)*. January 20, 1968.

The *Chicago Defender* was a newspaper that focused on issues in the Black community.

“It has always amazed me that Negroes are so complacent about health care. Don’t they know that their babies are dying every year because of the lack of adequate health services? How in the hell can they put up a fuss about open housing and segregated schools and ignore the most important matter of life and death or deformity? Look at the infant mortality rates, at the neo-natal and post-neonatal mortality rates. See whose children are dying. How do you get the message across?”

This was the problem posted by a nurse of several years of experience. . .

Other than the need for a better system of community health education, which she and certainly many others feels to be of prime importance, the nurse also talked about the necessity of dynamiting “the whole dual health care structure which allows people to remain in poor health because they are black, or poor, or both.”

The nurse, who asked that her name not be used, indicated that, “the whole medical power structure is to blame for conditions being as they are.” She said that Negro doctors are “well aware of the disadvantages suffered by black people in need of medical care,” and are, themselves, at a disadvantage because they “are kept out of the mainstream of medicine.”

Main Idea:

Audience (Who is the author talking to?)

Purpose (Why did the author/speaker create the document?)

Significant Statement (How does this document answer the prompt?)

Medicine Document 2

Source “Black moms in Illinois 6 times more likely to die from pregnancy-related conditions”, By Alison Bowen, *Chicago Tribune* October 19, 2018

During her pregnancy, “Jasmine,” a black woman in her 20s, went to the emergency room eight times, according to an Illinois Department of Public Health report released Thursday. She complained of pain in her foot and calf. After delivering a healthy, full-term baby, she still experienced leg pain and was told to use ice packs.

At each emergency room visit, she was screened for drug use with negative results, but the blood clot that eventually traveled to her lungs and killed her was never detected.

Her death was highlighted in the Health Department report, which analyzed cases of women who died within a year of pregnancy in 2015. The report revealed that non-Hispanic black women in Illinois were six times as likely to die of a pregnancy-related condition as non-Hispanic white women.

“It’s completely striking,” said Shannon Lightner, deputy director of the Health Department’s Office of Women’s Health and Family Services. “Going into this, we knew there was a disparity, but seeing the numbers is alarming.”

The research was compiled by a committee of officials, health care providers and advocates who analyzed the cases of 93 women who died in 2015 while pregnant or within one year of pregnancy. Among the deaths found to be pregnancy-related, there were 72 deaths of non-Hispanic black women per 100,000 live births, and 11 deaths of non-Hispanic white women per 100,000 live births. Hispanic women were twice as likely as white women to experience a pregnancy-related death; among Hispanic women, there were 24 pregnancy-related deaths per 100,000 live births.

The committee found that the majority of the pregnancy-related deaths (72 percent) were preventable. Among the potentially preventable and pregnancy-related deaths were women who died of blood clots, heart failure, hemorrhages, sepsis and mental health conditions.

Many of the mothers who died of pregnancy-related causes could have possibly been saved, according to the report. Those mothers include the woman referred to in the report as “Jasmine.” Doctors did not thoroughly screen her for blood clotting issues, according to the report, and her condition was misdiagnosed as back pain. The report also notes that providers appear to have misinterpreted her pain as drug-seeking behavior, illustrating how implicit bias or prejudice can have an impact on the care black women receive.

Lightner hopes the data draw attention to the need to improve care, especially for black women.

“We want to save lives,” Lightner said. “Whatever we’re doing to address maternal mortality in a clinical sense, white women seem to be benefiting from that. But black women are not.”

Medicine Document 3

Source: “How racism in US health system hinders care and costs lives of African Americans” by Tamika C.B. Zapolski and Ukamaka M. Oruche, *The Chicago Reporter*, July 2, 2020

As the COVID-19 pandemic swept across the U.S., the virus hit African Americans disproportionately hard. African Americans are still contracting the illness – and dying from it – at rates twice as high as would be expected based on their share of the population.

In Michigan, African Americans are only 14% of the population, but account for one-third of the state’s COVID-19 cases and 40% of its deaths.

In some states the disparities are even more stark. Wisconsin and Missouri have infection and mortality rates three or more times greater than expected based on their share of the population.

Speculation has suggested these disproportions are due to several factors: African Americans are more likely to live in poor neighborhoods, work at riskier occupations, and have more underlying health conditions and limited access to health care. But similar inequities exist in African American communities with above-average wealth and health care access. Staggering rates of COVID-19 occurred in Prince George’s County, Maryland – the nation’s wealthiest African American enclave. Comparable white communities were relatively unaffected.

As experts in clinical psychology and psychiatric nursing, we know this elevated risk for African Americans is not uncommon. It is true regardless of income, education level, or health care access. And it is true for other things besides COVID-19. African American women are more than twice as likely to die from childbirth than white women. Even if the African American women were educated and wealthy, they were more likely to die from childbirth than uneducated and poor white women.

Racism: the root cause

An analysis by the National Academy of Sciences found African Americans receive poorer quality care than white patients across all medical interventions and routine health services – even when insurance status, income, age, co-morbid conditions, and symptom expression were equal. Experts point to racism as a root cause for these disparities. Indeed, the American Academy of Pediatrics has outlined how racism impacts health outcomes for African American children. We suggest the same is true for COVID-19 outcomes among African American adults.

Location, location, location

The location of hospitals, clinics, and other health care facilities are often a barrier to care. Transportation – or the lack of it – impacts the patient’s ability to receive services. African American patients have noted the frustration when health care facilities are not close to their homes. To get there, many of them rely on public transportation. The result: missed or canceled appointments, sometimes due to policies regarding late arrival times by patients.

Differences also exist between African American and white patients in the length of wait time for appointments and the ability to schedule follow-up appointments. This can result in delayed health care – which leads to poorer health outcomes for illnesses, including COVID-19.