Racial Biases in Healthcare in the United States

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On my honor as a University student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments.

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Systemic racism pervades the US healthcare system. Today's inequities are the legacies of a history in which purported scientists propagated false notions of biological differences distinguishing black and white people. These legacies endure wherever colonialism and postcolonial exploitation were rife. Slavery and the Reconstruction era have had lasting effects on America. Violence against an entire race was excused or covered up by racist propaganda that brainwashed the rest of the country. The Atlantic slave trade dehumanized black people in every sense, influencing how the world, including black people themselves, thought about the African diaspora. Among whites, racism was pervasive; racists regarded black people as inferior to white people in both intellect and worth. The US healthcare system evolved in a racist environment, inheriting racist ideas and values that are still embedded in it. Health professionals must make frequent decisions that vitally affect people's lives, but they often make them without their full story. About 56.2% of health professionals are white, and about 5.0% of health professionals are black (AAMC, 2019). The dangerous disconnect between the Black community and mainstream healthcare providers causes inequitable healthcare and has prevented necessary diversification of the healthcare sector

Review of Research

History of Racism in Medicine

Blacks were subject to violent racism starting in 1619 when they were first forcibly brought to Virginia to work in the Jamestown colonies. On paper, slavery ended in 1865, but exploitation, violence, and racism continued. One manifestation of the racism took the form of specious research called scientific racism: pseudoscience that legitimized racist ideas by dressing them up in the language of science. It lasted into the middle of the twentieth century, and its legacies persist. In its many forms, scientific racism aimed to justify white supremacy with science. Scientific racism included specious research on pain sensitivity. In racist research, pseudoscientists such as John McCormick claimed slaves' sensitivity to pain

was lower than in whites. Conversely, some pseudoscientists claimed that black so-called “savages” were stronger physically because they were weaker intellectually (Roughley, 1811). One slave owner said that because “slaves possessed less exquisite bodies and minds,” they could “better endure, with few expressions of pain, the accidents of nature” (Burke, 2014). Such lies excused brutal conditions. Such ideas remained common long after slavery.

Explicit racism in medical research continued into the second half of the twentieth century. In 1932, the United States Public Health Service started a study of syphilis, using black men as they study subjects. The men could not have given informed consent because they were misled into believing that they would receive free treatment in return for their participation in the study. Shockingly, treatments were withheld, and the men were advised not to seek treatment from physicians outside the study. When penicillin became widely available in the 1940s, the researchers withheld it from the men. In 1972, 40 years after the study began, the abuse was exposed. The Tuskegee syphilis study demonstrates blatant disregard for the safety and wellbeing of black people in medical research, even in an official US government study, and even a century after the ratification of the Thirteenth Amendment.

These legacies contribute to a historical trauma endured by the Black community. This trauma can manifest itself in distrust of the government, and by extension healthcare. A recent study suggests that Black patients were more likely to be unsatisfied and non participatory in exchanges with physicians (Cooper L, 2003). There was an increase in participation and length of exchange when black patients were in race concordant relationships with their physician (Cooper L, 2003).

Current Inequities in Healthcare

A study performed between 1997 and 1999 investigated how analgesic, a common pain reliever used in the ER, was prescribed to different races. From 1997 to 1999, a study compared prescription of analgesics to patients in emergency rooms by race. They found that “African Americans and Latinos were significantly less likely to receive analgesia ... for isolated long bone fractures than were Whites” (Tamayo-Sarver, 2003). It was concluded that African Americans were least likely to be prescribed the

analgesics, notably for conditions with fewer “objective findings" such as migraines (Tamayo-Sarver, 2003). The highest disparity in sentencing arises when treated conditions that require the provider trusts the patient. In a table provided by the Receipt of Analgesic in the Emergency Department for Patients in the National Hospital Ambulatory Medical Care, white people were prescribed opioids/all analgesics at 54% (1997-1999). This was double the rate that blacks were prescribed opioids/all analgesics at 27%. Bone fractures are concretely evident in patients. In this category prescription rates were much similar, but whites still were prescribed the analgesics at a higher rate: 54% compared to 42%. This evidence suggests that in issues that can be easily discerned prescription disparities fall. The multivariate analysis of prescribing rates relative to payment methods -medicaid/self-pay/private insurance- showed similar prescription disparities. This highlighted that sociodemographic differences do not overcome to racial disparities. It was cited by comprehensive studies showing that patients’ sociodemographics has a considerable effect on physician behavior, and on the treatment the patient was most likely to receive (Van Ryn 2000). A physician should view all patients the same way, and treat them accordingly. A major flaw of the human brain is to categorize the world and to organize the massive flow of information with generalizations (Hamilton, 1986). This results in stereotyping and implicit biases affecting work that physicians do. Black patients were seen to show higher risk factors in being noncompliant with instructions, and substance abuse (Van Ryn 2000). These assumptions are drawn at a first glance, not dissimilar from stereotyping.

Systemic Racism in Healthcare

Healthcare by extension of the government is plagued with racism. It has become normalized that black people lead most mortality categories and are frequently given poor healthcare. The CDC investigated the mortality rates of all age groups of blacks and whites in varying categories. Examining all ages under 65 black people showed significantly higher mortality rates in almost every section (Cunningham, 2017). The only categories in which black mortality wasn’t significantly higher are suicide

and unintentional injury. Healthcare is far more involved in battles of infectious diseases, which black people die from at higher rates across the board. In cardiovascular disease, cancer, HIV, diabetes and brain disease black people faced significantly higher mortality rates. The disparity of death rates in that order for people aged 18-34, the most robust ages of adult life, are 110.3%, 13.2%, 838.9%, 144.5%, 93.9% (Cunningham 2017). Contextualizing this data in terms by taking behavioral and diagnosis data into account is key. In an unweighted sample it was seen that 6.5% of white people and 5.1% of black people have cancer, yet blacks still die at 13.2% higher the rate as white people (Cunningham 2017). Binge drinking is an activity that commonly leads to cardiovascular issues. White people binge drink about 5% more than black people, however 4.1% of black people suffer strokes and 2.1% of white people suffer strokes (Cunningham 2017). It seems impossible that engaging in risk behavior could cause a disparity of 110.3% in the death rate (Cunningham 2017). These statistics suggest that the same actions become more lethal for different races.

There are many areas in which economics are not directly impacting the healthcare that patients are receiving. An article published about racial disparities in maternal and infant health shows that black women have significantly higher pregnancy related mortality rates across the board compared to white women (Hill, 2022). College educated black women have a pregnancy related mortality rate that is "5.2x higher than the rate of white women with the same educational attainment and 1.6x higher than the rate for white women with less than a high school diploma"(Hill, 2022). Even black women that have been able to escape the wealth disparity still struggle with the same health issues at higher rates than even the poorest of white women. Another major issue regarding the high pregnancy mortality rate is that an estimated 80% of these deaths are preventable (CDC 2017-2019). This goes back to a combined effect of inequity in healthcare and lack of trust/communication between patients and physicians. In fact, a reproductive health article noted that black and hispanic women were more likely to be mistreated (shouted at or ignored) during childbirth and pregnancy (Vedam 2019). Additionally, The CDC estimated 30% of pregnancy related deaths occurring between 43-365 days after postpartum; it is completely inadequate that federal mandated medicaid only requires 60 days of coverage to be offered to women.

Social groups have made progress in advocating for healthcare to cover longer periods to protect women and especially black women. In certain states such as Virginia the Permanent 12 Month Postpartum Coverage Option has been passed allowing extended coverage to women in need. This is only available in some states so it cannot reach all women in need. This encapsulates a harsh reality that the federal government does not care about high mortality rates in the colored community, and exemplifies the systemic racism continues to influence the healthcare system in the United States

Why We need Black Health Professionals

Social, demographic, and economic barriers have created an insurmountable barrier that is best breached by black health professionals. In a KFF article published it was shown that black babies had the highest mortality rate with 10.6 babies dying out of 1000 delivered, more than double their white counterparts (Hill/Artiga, 2022). A Florida study performed between 1992 and 2015 showed that concordant race relationships between babies in physicians resulted in a lower mortality rate among black babies (Greenwood, 2020). How can a baby that can't even communicate benefit so much from being delivered by the same race physician? This goes back to the discrimination that black women go through during the maternal process. Both the maternal and infant health of black people continue to be compromised by the inequitable health care offered to them. It is dangerous that this lack of trust exists in the maternal process when there is concrete evidence that black women are in need of equitable treatment.

While it is clear how a patient's race can affect patient physician interaction, it is also important to look at how a physician's race can impact a patient. In an NIH article it was shown that the race of a physician can affect a black patient's communication, trust, and interpersonal style (Soha, 2020). This experiment utilized video clips of physicians recommending a specific heart surgery to a patient. These video clips were then shown to patients. This study had two separate trials, one that controlled physicians behavior to be either high vs low patient-centeredness. This is a communication style used to best appreciate a patient's background and socioeconomic differences. This study showed that regardless of a physician's inclusive communications style/behavior black patients rated the black physician higher in all the categories listed above further demonstrating the need for black physicians. Secondly, black patients

were more likely to take the advice to have a surgery instead of seeking a second opinion. Black people are more likely to go over a year without seeing a doctor due to cost, so it is crucial that they are able to trust the judgment of the first physician (Cunningham 2017). Soha's article further emphasized that a black patient's communication style changed when interacting with a white physician. A certain discomfort and distrust affects the black community's ability to express themselves to white physicians. It is a byproduct of a history of racism in medicine that continues to haunt the black community. This disconnect on the patient's side can compound the already inequitable healthcare treatment that black patients receive.

The most impressive feat of Black Health professionals has been the development of many national black health groups aiming to bridge the gap in black people's access to quality healthcare. They have been able to have a clear impact in legislation passed, raising funds, and by communicating to a group of people disconnected from federal healthcare. These groups fight systemic racism in healthcare through self-advocacy, research, education, and also providing healthcare services that should be covered by the federal government. They are more effective in understanding issues rampant through the black community, and foster positive race concordant interactions. These groups ran frequent vaccine campaigns to combat the distrust of the black community and medicine. The Kaiser foundation ran a study that showed only 59% of black people were vaccinated; lower than the vaccination rates of whites, asian, and hispanic people (Ndugga, 2022). Dr. Facui even visited Anacostia, a predominantly black neighborhood, and went door to door begging people to get vaccinated. There was a clear struggle to convince a lot of the black residents even with someone as qualified as Dr. Facui in front of them. Apart from vaccines there are other areas in which Covid-19 affected the black community. Rural areas saw heightened levels of hospital closures, disproportionately affecting black women (Ndugga, 2022). When coupling higher cardiovascular issues with Covid-19 the demand for hospital treatment increased for black women, yet they were met with closed doors. Black organizations also work to solve the underrepresentation of black people in the health profession. Groups like these picked up the slack that closed hospitals left. The Association of Black Women Physicians is a group that champions the success

of black women in medicine. They foster mentorship opportunities and financial aid to a group that struggles to accumulate the wealth needed to go to medical school. In the face of a piling lists of disadvantages the black community continues to display resilience in its efforts to combat inequity in healthcare.

Analysis of the Lack of Black Doctors

The legacy of a disrupted family unit is the largest factor in preventing Black people from becoming doctors. With a surplus of evidence illuminating the importance of diversity in healthcare, black people have still not been able to make significant strides in improving this disparity. Time, a stable financial situation, and experience are crucial factors that deter black people from being able to attend medical school. A study shows that 64% of black children grow up in single family households (KCDC, 2021). This is a major issue since kids growing up in single parent households are far more likely to be impoverished (AECF, 2022). The high incarceration rates of the black community can manifest itself into a problem of single parents households. Again socioeconomic data suggests that these incarceration rates stem from black people living in poor rural conditions, but this is another fallacy. A recent study explicitly shows that at every single income level black kids are arrested at higher rates than white kids, and that there is hardly a difference between arrest rates of the wealthiest of black kids and poorest of white kids (EJI, 2016). This tie between the black community and prison results in more single family households. Additionally, the black community suffers from much higher disease mortality rates and homicide mortality rates. This system of inequitable healthcare perpetuates itself by allowing so many unnecessary deaths and constantly creating single family homes that struggle to give their kids a fair chance. Another study was conducted in a public school in Milwaukee to determine how students viewed careers in medicine. Many of the kids spoke about financial challenges, limited exposure to medicine, fears of racism in the industry, and lack of peer/family support (Rao/Flores, 2007). Additionally, these kids viewed physicians as a predominantly white career and couldn't envision themselves being involved in that career path. In reference to a career in medicine a kid was quoted saying "Well I don't discuss them

topics when I'm chilling with kinfolk and everybody. I don't sit there talking about what I want to be when I grow up". Another was quoted saying "You don't wanna snatch that doctor occupation, you wanna be out getting money like everyone else, being rappers and stuff like that." This ideology is so dangerous for young kids to have. It is so sad that currently black youths can't even imagine themselves being doctors which stems from the complete lack of representation of black doctors. While systemic racism affects even the youngest minds this disparity in black doctors will continue to exist.

Healthcare in The United States is extremely inequitable. This contributes to a positive feedback loop that allows for the black community to struggle from many health standpoints, and deters them from even aspiring to be involved in the medical profession. This healthcare system treats the black community as second class citizens, and continues to allow unnecessary deaths to plague the community. While this system has so many negatives it has shown that the advocacy and participation of black people themselves can make tangible progress. Black social groups have shown the power of advocacy and continue to impact the black community for the better. If the stigmas around the medical profession can be changed, it will be through the black community supporting itself in breaking the cycle of racism in healthcare that claims so many black lives.

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