Pathologizing Racism in Medicine & Surgery: Doing the Work To Achieve Health Justice

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DISCLOSURES

- None

Learning Objectives

- Interrogating the history of race and racism in Medicine and Surgery
- Identify how racism influences current practices in medicine and Surgery
- Explore tactics to actively engage in achieving health justice in medicine and Surgery

THE PROBLEM

SYSTEMIC POWER

+

RACIAL PREJUDICE

=

RACISM

CONCEPTS

Anti-Black Racism: This is not a different kind of racism, it's a clear articulation of the type of racism occurring. It is true that the legacy of racism has been refined to its most heinous form through practice and commitment of anti-Blackness.

Justice: There are many philosophical, procedural, and ethical definitions of justice. The definition of justice we seek to uphold is one that brings equity to and uplifts the voices of the most marginalized.

Health Justice: Bringing equitable care and outcomes to the most marginalized communities we care for.

“Diversity is being asked to the party. Inclusion is being asked to dance.”

-Verna Myers

Critical Race Theory

The Critical Race Theory (CRT) movement is a collection of activists and scholars interested in studying and transforming the relationship among race, racism, and power to achieve a more just society.

Race is a sociopolitical construction made for the purpose of maintaining racial hierarchy and power

Racism is Endemic

Critique of Liberalism

Centering The Voices at the Margins/Revision History

Intersectionality

Know Your Why?

AGENCY

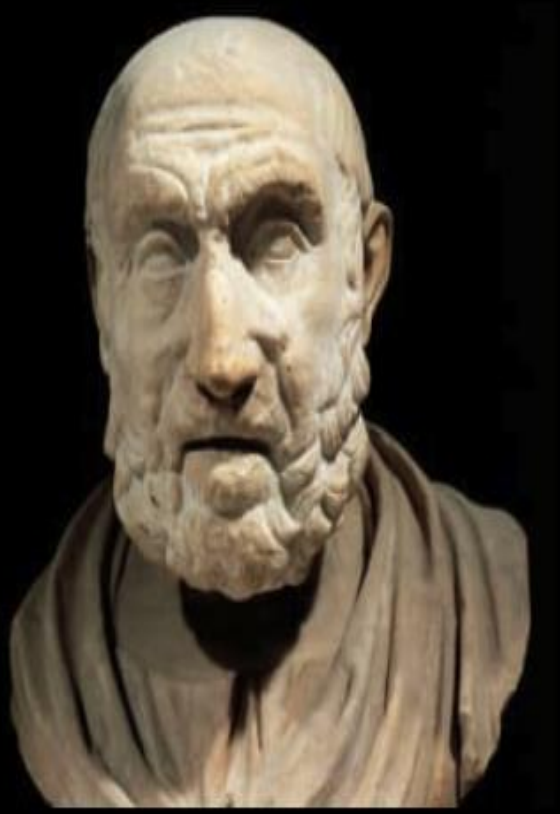
- Working on behalf of the interests of a specific patient
- Agency is about working the system

ACTIVISM

- Directed toward changing social conditions that impact health, and whose effect is seen on populations more than individuals
- Engaging in activism is about changing the system

INTEROGATING HISTORY

Hippocrates



Hippocrates of Kos (460-377 Before Common Era, BCE) is universally recognized as the father of modern medicine, which is based on observation of clinical signs and rational conclusions, and does not rely on religious or magical beliefs.

Yapijakis C1., **Hippocrates of Kos, the father of clinical medicine, and Asclepiades of Bithynia, the father of molecular medicine. Review.**

Imhotep

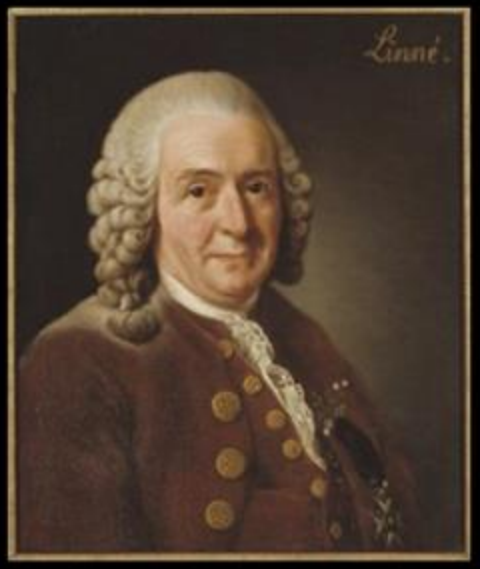
- 2667 - 2600 BCE (was worshipped until 500 BCE). Vizier to King Zoser
- **The creator of Medicine (as we know it)**
  - Was also an architect to build one of the first pyramids in Ancient Egypt.
  - Wrote treatises on health and medicine. Argued that disease occurred naturally and was not a punishment from the gods.
  - Developed the study of pathology, advancements in clinical examinations, diagnosis and therapy.
  - Conducted many successful surgeries

Samuel A. Cartwright, MD (1793 - 1863)
Physician: Psychiatrist/Surgeon
Attended Univ. Of Pennsylvania School of Medicine
Studied and was apprentice to Dr. Benjamin Rush
Publications: *Report On The Diseases And Physical Peculiarities Of the Negro Race* (1851)

***Created the pseudo-Disease, Drapetomania*: "The [psychological] disease causing negroes to run away." "If the white man attempts to oppose the Deity's will, by trying to make the negro anything else than 'the submissive knee-bender,' the negro will run away." Prescription: "Whipping them out of it."** (Source: "Report on The Diseases And Physical Peculiarities of the Negro Race" 1851)

Created a second pseudo-disease, *Dysaesthesia Aethiopica*, aka "Rascality": "From the careless movements of the individuals affected with the complaint, they are apt to do much mischief, which appears as if intentional, but is mostly owing to the stupidness of mind and insensibility of the nerves induced by the disease."
(Source: "Report on The Diseases And Physical Peculiarities of the Negro Race" 1851)

Carl Linnaeus (1707-1778), a Swedish physician, botanist, and zoologist, was a celebrated researcher in biologically defining human race. In *Systema Naturae* (1767), he labeled four "varieties" of human species. Each one was described as possessing the following physiognomies characteristics "varying by culture and place":



The Americanus: red, choleraic, righteous; black, straight, thick hair; stubborn, zealous, free; painting himself with red lines, and regulated by customs.

The Europeans: white, sanguine, browny; with abundant, long hair; blue eyes; gentle, acute, inventive; covered with close vestments; and governed by laws.

The Asiaticus: yellow, melancholic, stiff; black hair, dark eyes; severe, haughty, greedy; covered with loose clothing and ruled by opinions.

The Afer or Africanus: black, phlegmatic, relaxed; black, frizzled hair; silky skin, flat nose, tumid lips; females without shame; mammary glands give milk abundantly; craftily, sly, lazy, cunning, lustful, careless; anoints himself with grease; and governed by caprice.

THE NEGRO AND THE SOUTHERN PHYSICIAN: A STUDY OF

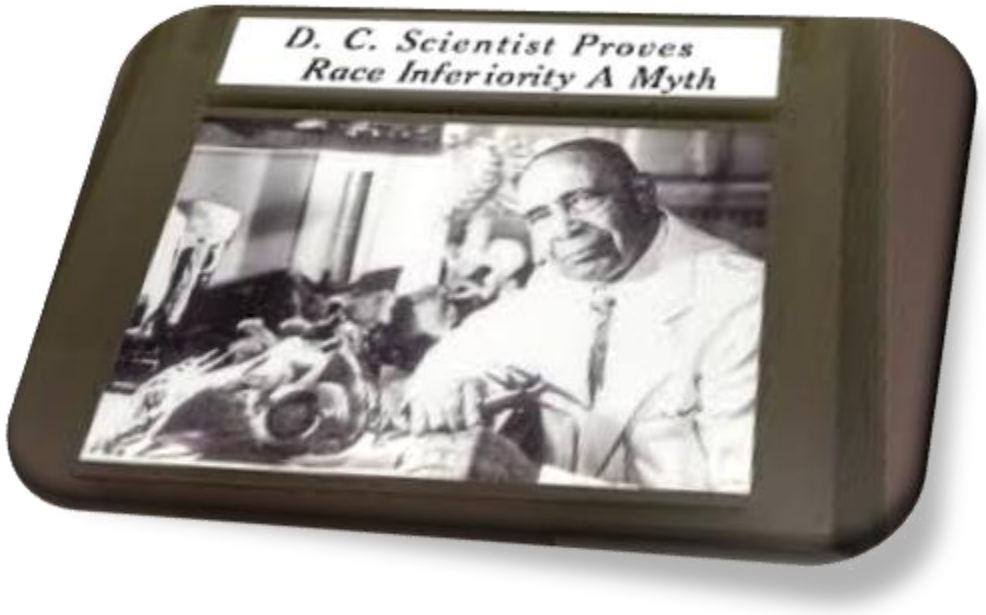
ONE OF the first professional groups to study the Negro in America was the medical doctor. His conclusions, therefore, are a necessary adjunct to any analysis of American concepts of race and attitudes of racial inferiority. Racial attitudes, clothed in the authority of medical science, helped to suggest, justify, and dictate biological as well as social categories; indeed, medical science helped to explain and defend the prevailing social structure of early nineteenth-century America. The physician was in a peculiar position in America, a position which allowed him not only to study the Negro as a biological 'type' but to draw conclusions and elaborate theories on the basis of those findings. His medical studies of the Negro flourished in an atmosphere that had accepted the eighteenth century's hierarchical arrangement of the races of man. Medical conclusions, therefore, were fed as much from the framework of 'scientific' accumulations of the previous century as by the growing national consciousness of the American people. Medical science and early Southern nationalism,

the races of man. Medical conclusions, therefore, were fed as much from the frame-

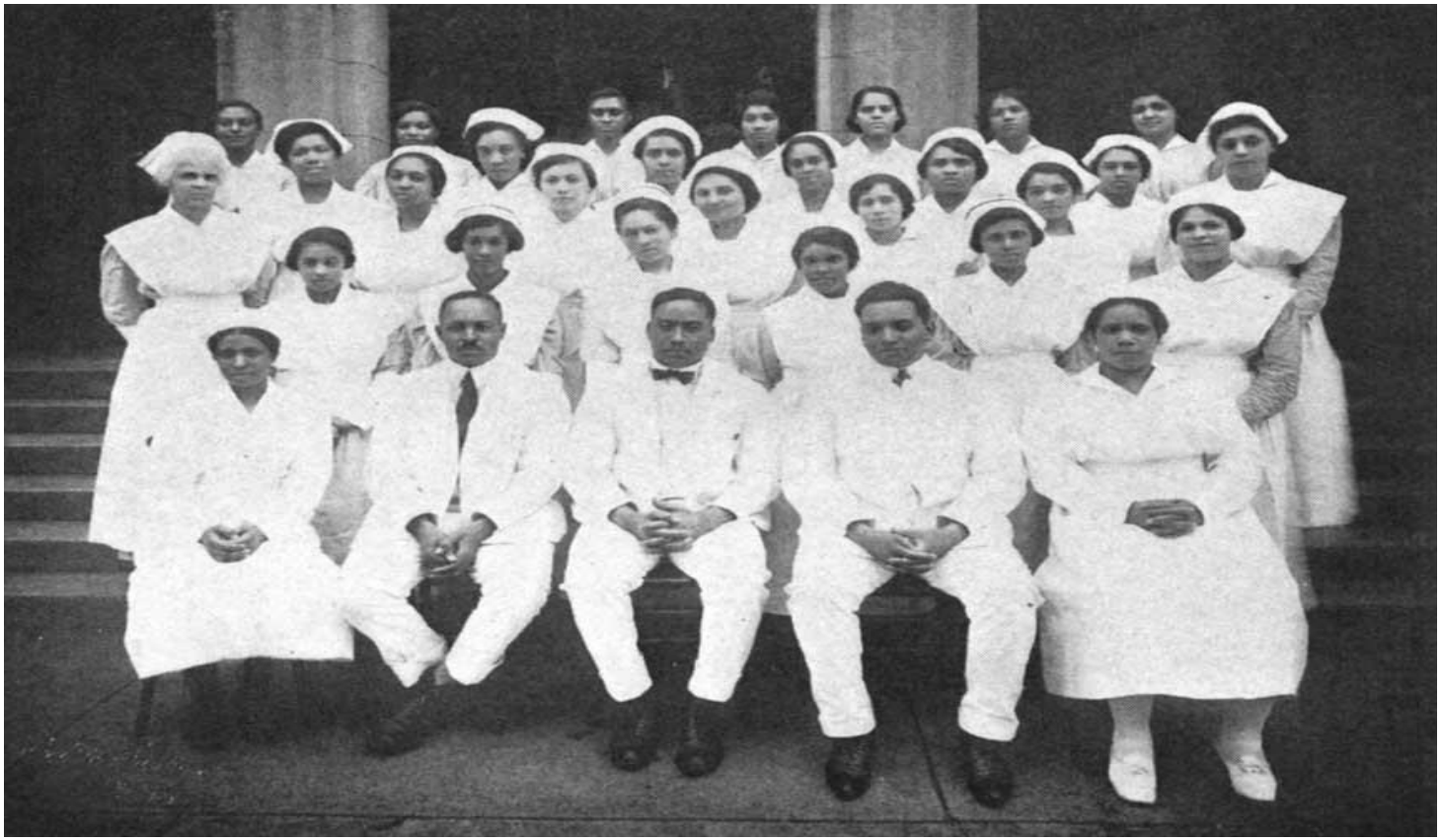
The white Southern physician, reinforcing the South's feeling of nationalism, conceived of his own exclusive physical constitution as part of his national race character. Few physicians, if any, believed that the Negro possessed a physical and intellectual capacity which destined him to the ultimate standard of the 'American' character. From the very beginning, physicians undertook to delineate fixed marks of distinction between the two races. But those racial concepts which grew out of

COMBATING RACISM IN SCIENCE

- Williams Montague Cobb, M.D., PhD (1904-1990)
- Board certified physician and physical anthropologist



The Urban League, a civil rights organization, co-sponsored this well-baby clinic to combat high infant mortality in African American neighborhoods Detroit, MI, 1919
Courtesy University of Michigan-Bentley Historical Library



Interns and nurses at Provident Hospital and Training School, Chicago, 1922
Courtesy National Library of Medicine

The Flexner Report

MICHIGAN

Health and race disparities in America have deep roots: A brief timeline

Tammy Joyner and Jasmin S. Lee Detroit Free Press Special Writers

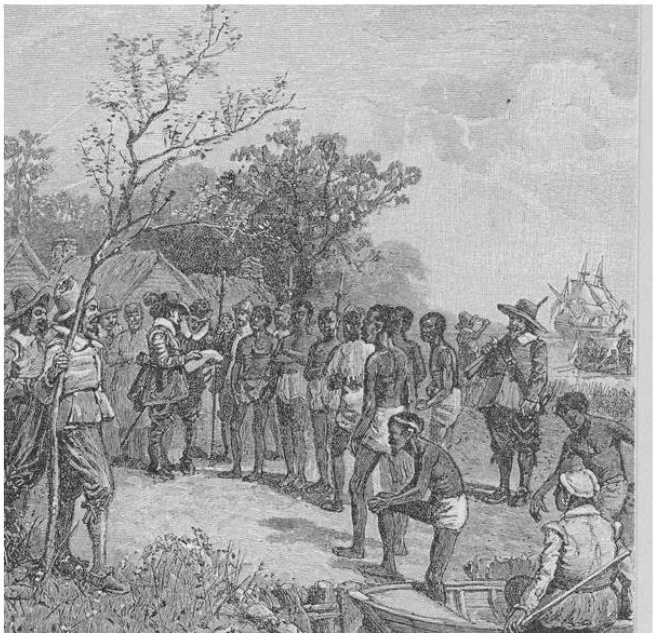
Published 9:00 a.m. ET Apr. 20, 2020 | **Updated 9:01 a.m. ET Apr. 20, 2020**

View Comments

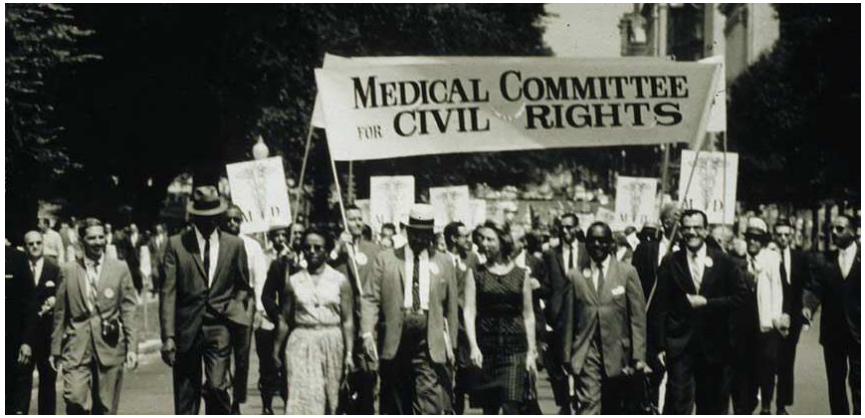
Here are a few historical examples of how race, and racism, has greatly impacted the health outcomes of African Americans.

1619 to 1730: Africans were enslaved and transported to the American colonies to be treated as property, receiving little to no medical treatment.

1742: Onesimus, a Boston enslaved person, told his owner about a procedure where he became immune to smallpox by exposing himself to the bacteria of someone with smallpox through an open wound, an early inoculation. His owner, Cotton Mather, experimented with this treatment and only six people out of 242 died. Although Onesimus contributed to this knowledge, he received terrible treatment as a slave and was punished



LOCAL UNSUNG HEROS



Leonidas H. Berry, MD (1902-1995)

> Gastroenterologist

> Many of Dr. Berry's papers are housed at the National Library of Medicine (NLM), lay bare the contours of this system of segregated and unequal health care in America in the mid-20th century.

"THE FLYING BLACK MEDICS"

Chicago

Task Force Conference

on

Health

With Cooperation of

A. M. E. MINISTERIAL ALLIANCE

of Chicago

CAIRO BLACK COMMUNITY LEADERS

and

WARD CHAPEL A. M. E. CHURCH

Cairo, Illinois

Sunday, February 15, 1970

Reverend M. T. Harrell, *Pastor*

Rt. Reverend H. T.. Primm, *Presiding Bishop*

Committee for Civil Rights at the March on Washington, 1963

Library of Medicine #c05461

INFLUENCE OF RACISM

Social and Economic Factors Drive Health Outcomes

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Racism and Discrimination					
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip code / geography	Literacy Language Early childhood education Vocational training Higher education	Food security Access to healthy options	Social integration Support systems Community engagement Stress Exposure to violence/trauma	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

Health Outcomes: Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

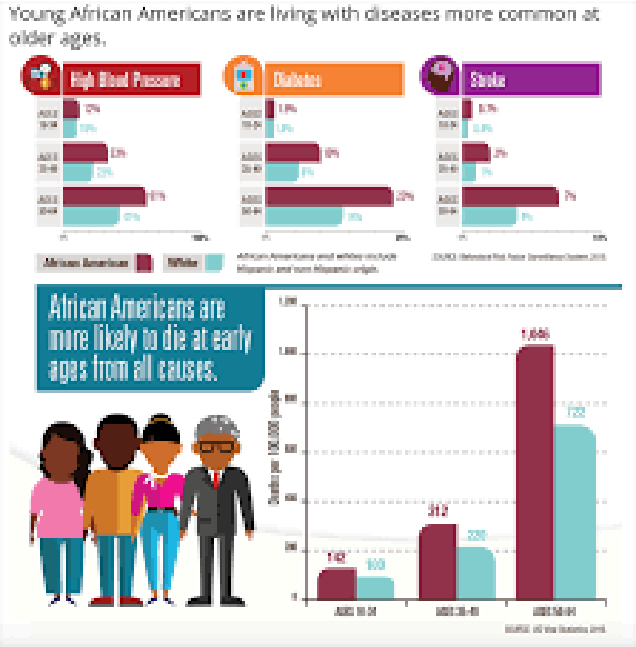
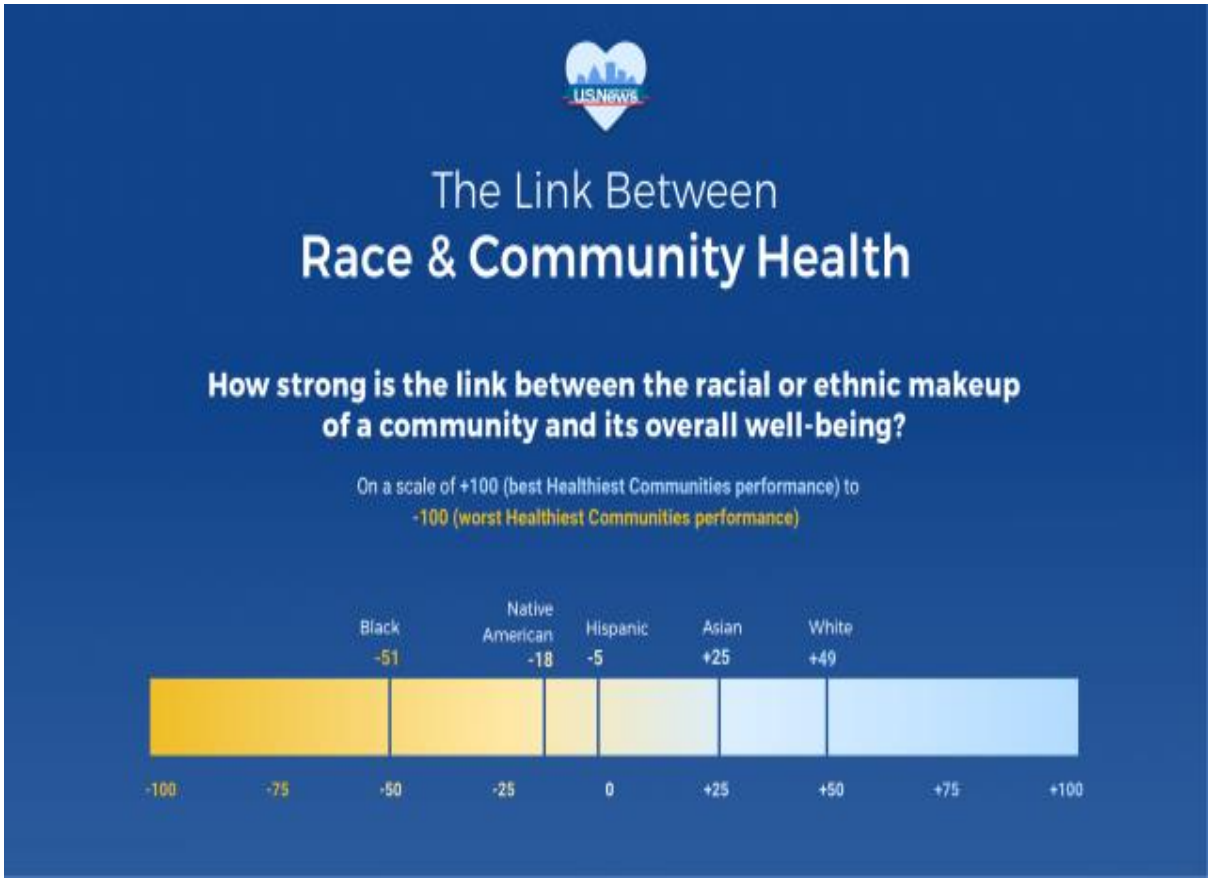


Figure 3. Young African Americans are living with diseases more common at older ages. From Vital Signs: African American Health. Centers for Disease Control and Prevention Web site. https://www.cdc.gov/vitalsigns/aahealth/index.html



Risk Factors for Type 2 Diabetes

You are more likely to develop type 2 diabetes if you

- are overweight or obese
- are age 45 or older
- have a family history of diabetes
- are African American, Alaska Native, American Indian, Asian American, Hispanic/Latino, Native Hawaiian, or Pacific Islander

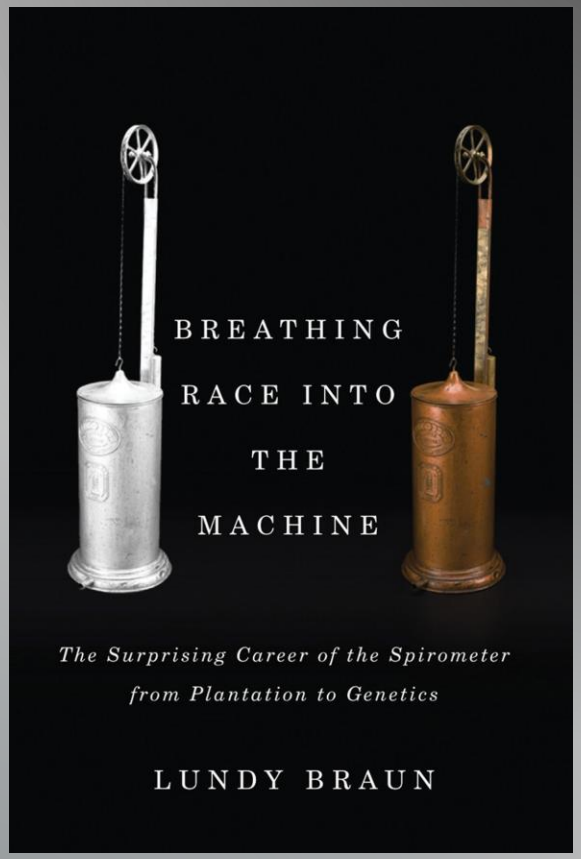
NIH National Institute of Diabetes and Digestive and Kidney Diseases

Prostate Cancer Risk Factors

Race

The Centers for Disease Control and Prevention reports that African-American men have the highest rate of prostate cancer, followed by white, Hispanic, American Indian/Alaska Native and Asian/Pacific Islander men. African-American men are twice as likely to die from prostate cancer as white men, according to the American Cancer Society. Prostate cancer risk may also be elevated in Scandinavian men. Historically, incidence in East Asia (Japan and China) has been low. However, when Chinese and Japanese men immigrate to the U.S., they have an increased risk of developing prostate cancer when compared with their native populations.

JOHNS HOPKINS MEDICINE


BREATHING
RACE INTO
THE
MACHINE
The Surprising Career of the Spirometer
from Plantation to Genetics
LUNDY BRAUN

Pulse Oximeter

Biased Algorithms

Racial bias in pain assessment and treatment recommendations, and false beliefs about biolo s

Kelly M. H

PNAS April 1

Significance

The present work examines beliefs associated with racial bias in pain management, a critical health care domain with well-documented racial disparities. Specifically, this work reveals that a substantial number of white laypeople and medical students and residents hold false beliefs about biological differences between blacks and whites and demonstrates that these beliefs predict racial bias in pain perception and treatment recommendation accuracy. It also provides the first evidence that racial bias in pain perception is associated with racial bias in pain treatment recommendations. Taken together, this work provides evidence that false beliefs about biological differences between blacks and whites continue to shape the way we perceive and treat black people—they are associated with racial disparities in pain assessment and treatment recommendations.

TRAIL OF DISPARITIES

Racial Differences in Clinical Presentation for Possible Acute Coronary Syndrome

- Women's Ischemic Symptoms Evaluation (WISE) study:
- Black women with suspected ischemic heart disease were more likely to report stomach symptoms and less likely to report chest symptoms compared to White women.
- Although Blacks have a higher risk for CHD and have poorer outcomes, initial electrocardiograms, laboratory testing, non-invasive and invasive diagnostic evaluations are completed less often than they are for Whites.
- Additionally, Blacks are less likely to receive any cardiac intervention or percutaneous coronary intervention (PCI) compared to Whites.

DeVon HA, Burke LA, Nelson H, Zerwic JJ, Riley B. Disparities in patients presenting to the emergency department with potential acute coronary syndrome: it matters if you are Black or White. *Heart Lung*. 2014;43(4):270-277. doi:10.1016/j.hrtlng.2014.04.019

Courtesy of Lara Oyetunji, MD, MPH

Racial Differences in Assessment, Diagnosis, and Treatment

- Fewer Black patients received thrombolytic therapy within recommended timelines or primary PCI within 90 minutes of arrival to the hospital.
- Smoking cessation counseling and aspirin were prescribed less to Blacks than Whites on discharge.
- Younger Blacks were prescribed antihypertensive and lipid-lowering medications less often than younger Whites.

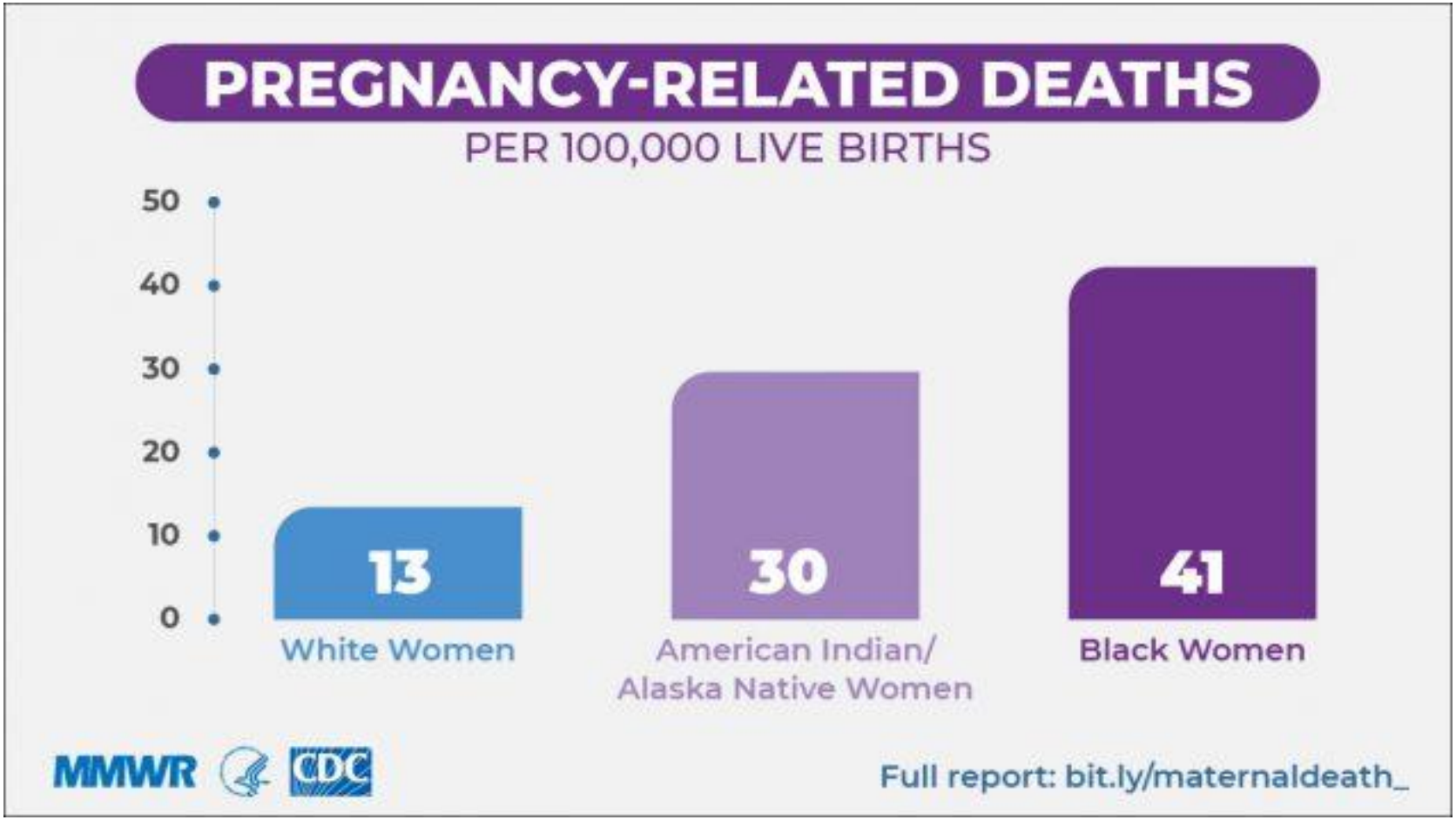
DeVon HA, Burke LA, Nelson H, Zerwic JJ, Riley B. Disparities in patients presenting to the emergency department with potential acute coronary syndrome: it matters if you are Black or White. *Heart Lung*. 2014;43(4):270-277. doi:10.1016/j.hrtlng.2014.04.019

Courtesy of Lara Oyetunji, MD, MPH

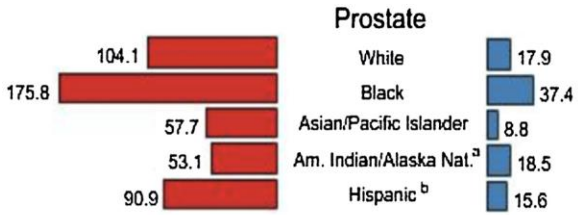
We CAN'T Watch BLACK Women DIE

Dr. Cheniece Wallace

(1990-2020)


PREGNANCY-RELATED DEATHS
PER 100,000 LIVE BIRTHS
50
40
30
20
10
0
13
White Women
30
American Indian/
Alaska Native Women
41
Black Women
MMWR
CDC
Full report: bit.ly/maternaldeath_

UROLOGIC DISPARITIES



- Hispanic men are more likely to present with high-risk ($\geq$ T1G3) Penile squamous cell carcinoma (SCC) and undergo penectomy rather than penile-sparing surgery for equal stage SCC compared to Caucasians.
- African American men are more likely to present with higher stage prostate cancer but are less likely to receive definitive treatment and pelvic lymph node dissection and suffer worse survival.
- Women with bladder cancer present with more advanced disease and have higher mortality compared to men.
- Low-income patients do not receive complete guideline-concordant care for a variety of urologic conditions.

Sanchez DE, Frencher SK, Litwin MS. "Moving urologic disparities research from evidence synthesis to translational research: a dynamic , multidisciplinary approach to tackling inequalities in urology." Urology 2021. 00 (00). https://doi.org/10.1016/j.urology.2021.04.018

Social and Economic Factors Drive Health Outcomes

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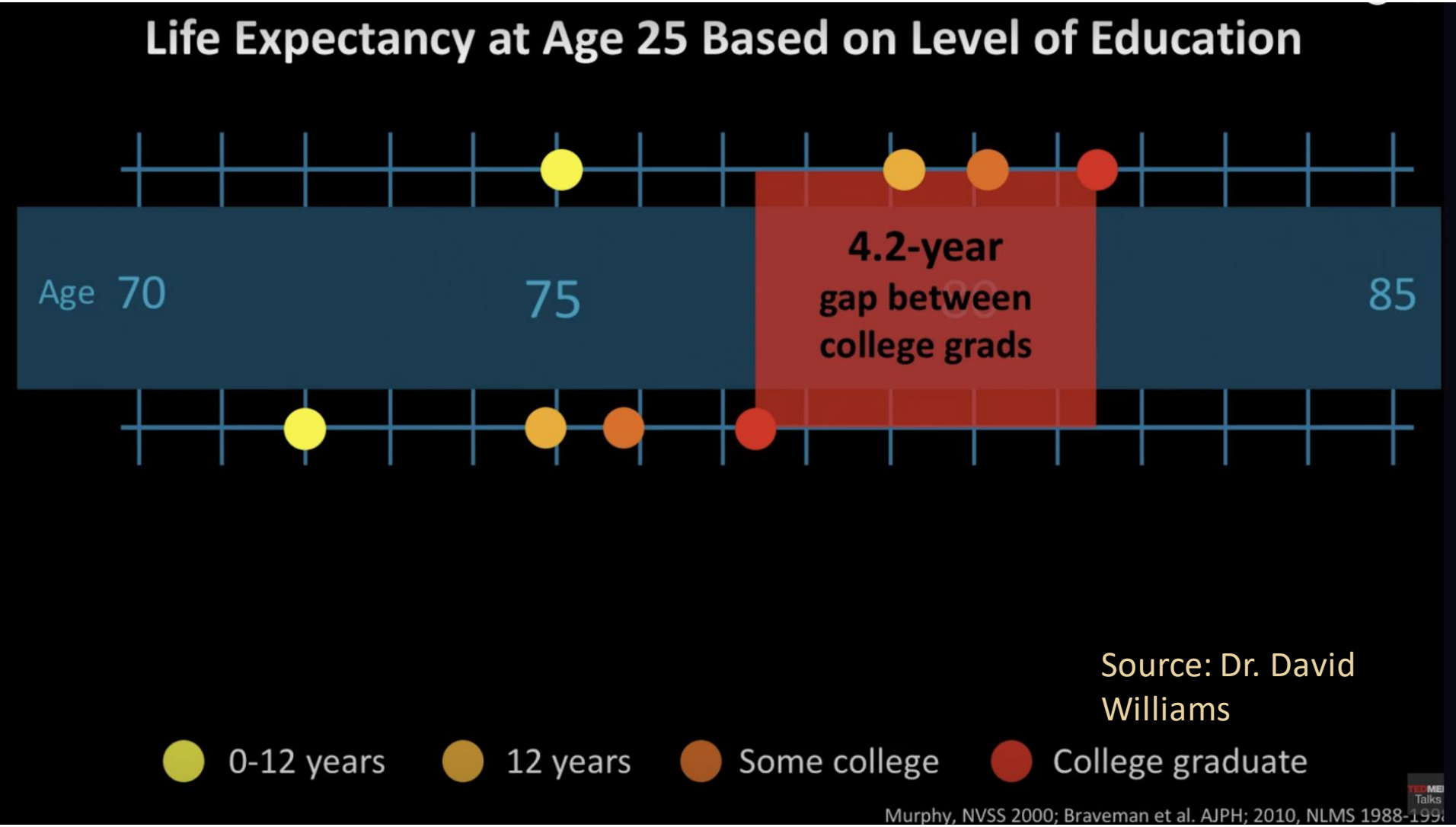
Health Outcomes: Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

"LEAKY PIPELINE" MYTH

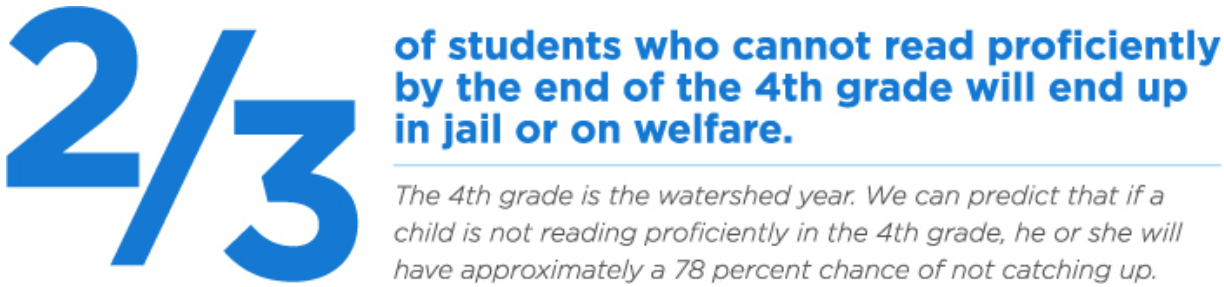

Life Expectancy at Age 25 Based on Level of Education
Age 70
75
4.2-year
gap between
college grads
85
Source: Dr. David
Williams
0-12 years
12 years
Some college
College graduate
Murphy, NVSS 2000; Braveman et al. AJPH; 2010, NLMS 1988-199

“It takes a bachelor’s degree to make a medical student, it takes reading proficiency at age 8 to make a doctor at age 28, and it takes resources to make all that happen.”

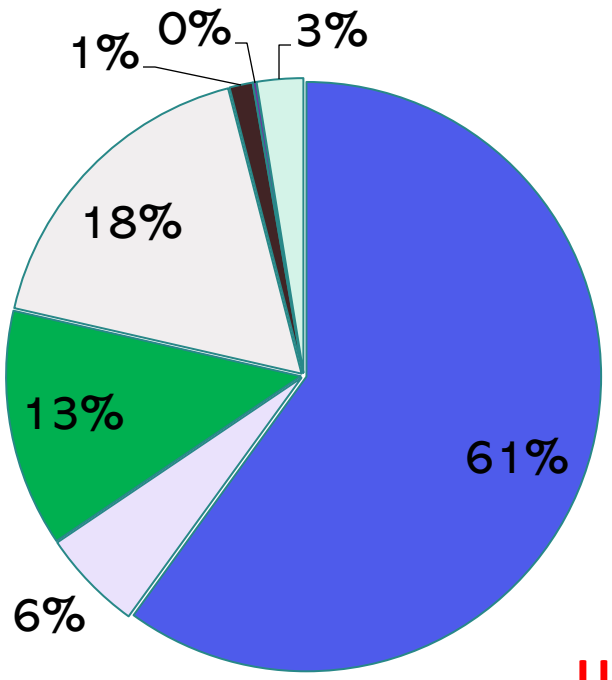
Henri Ford, MD, MHA

Dean and Chief Academic Officer, University of Miami Miller School of Medicine

Literacy Statistics



2016 United States Population

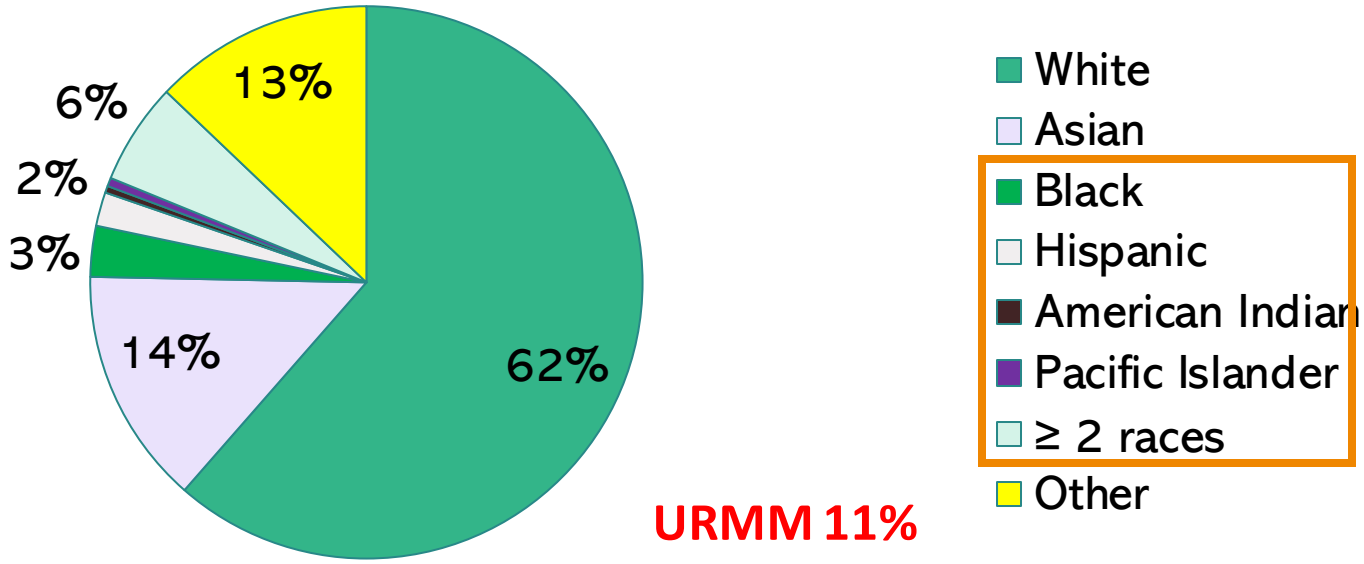


White
Asian
Black
Hispanic
America n Indian

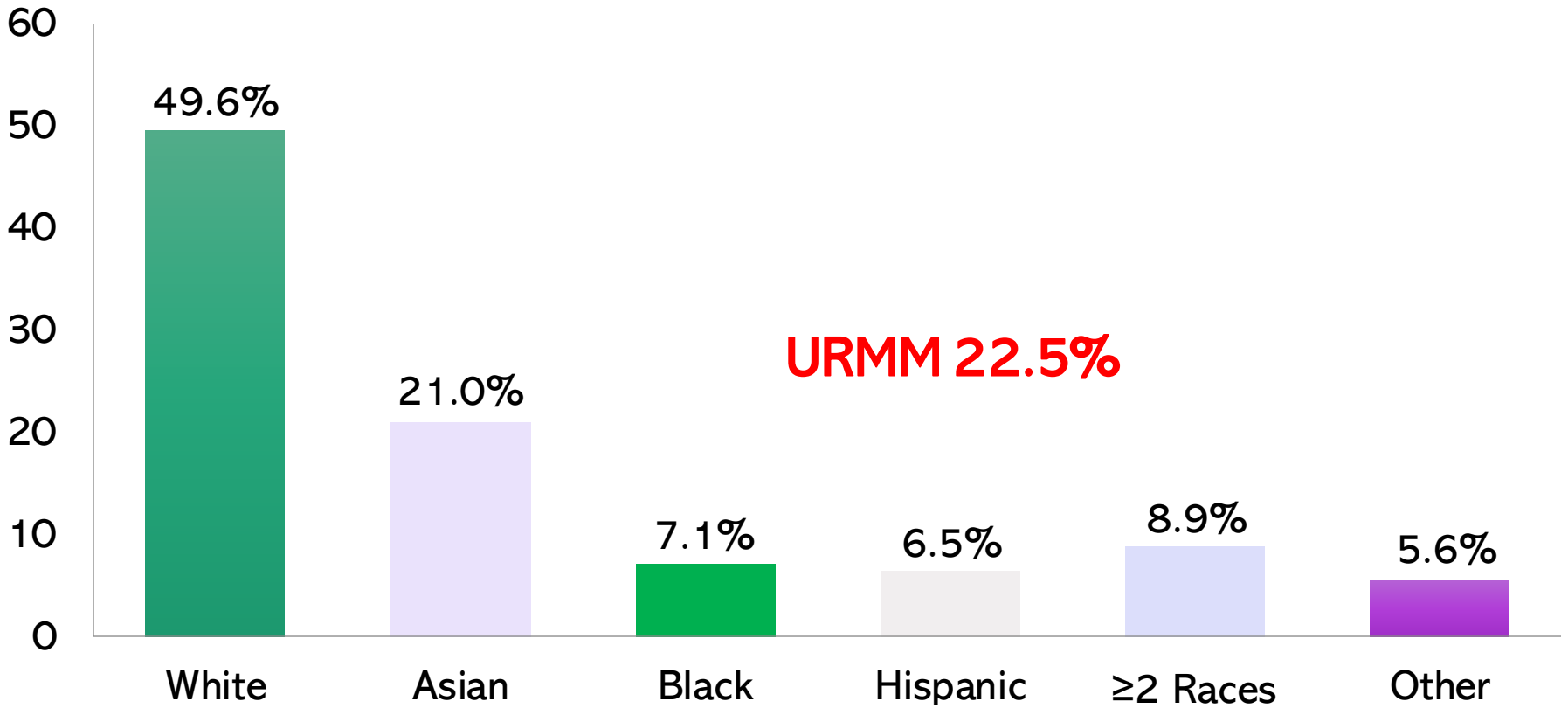
URMM 35.0%

2016 U.S. Census Bureau

Racial Profile of Academic Physicians in the U.S in 2013



U.S Medical School Matriculants in 2017



Black and Hispanic Medical Students

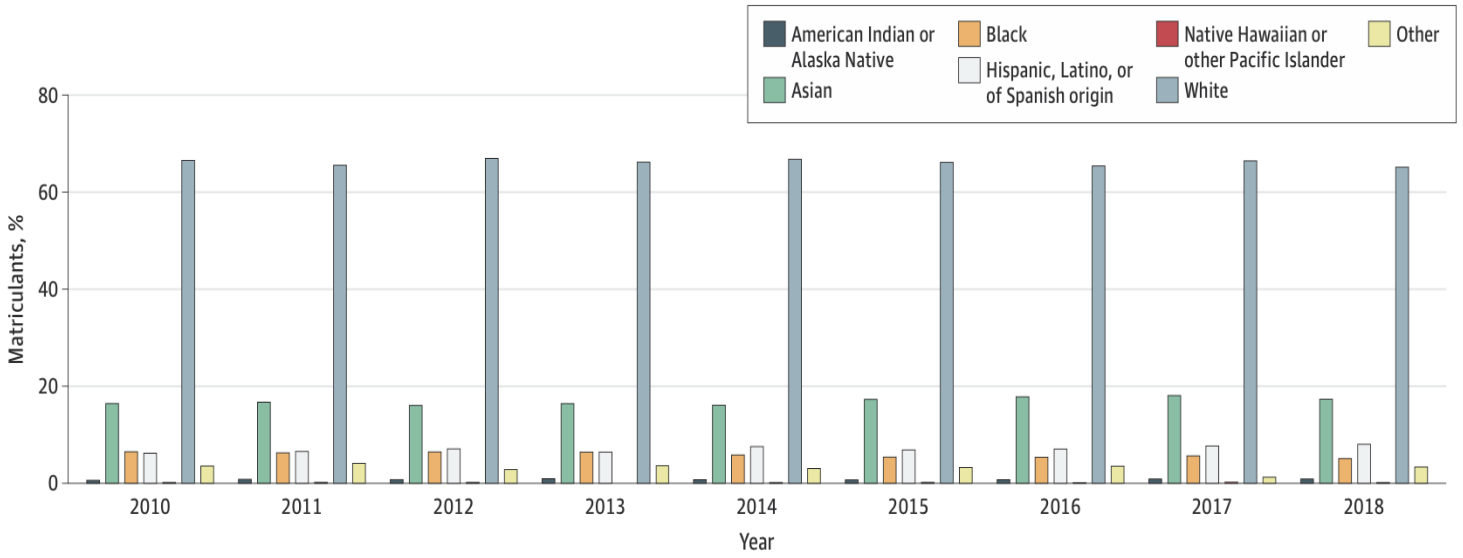
2002	→	2011	→	2015
25.3% of U.S. population		29.5% of U.S. population		31.0% of U.S. Population
	+1889 medical school training spots		+2,233 medical school training spots	
13.2% of U.S. medical school graduates		14.2% of U.S. medical school graduates		**10.7%** of U.S medical school graduates

Black Male Medical Students

1978	→	2014
1,410 Black Male Applicants		1,337 Black Male Applicants
542 Black Male Matriculants		515 Black Male Matriculants

Current State of Affairs

Figure 3. Matriculants to US Surgical Specialties Combined by Race/Ethnicity, 2010-2018



Total percentage may not add to 100% because, starting in 2013 to 2014, individuals were allowed to choose more than 1 racial/ethnic category. Other refers to individuals who chose 1 of the following options: other race/ethnicity, unknown race/ethnicity, non-US citizen, or non-permanent US resident.

Nieblas-Bedolla, Edwin, John R. Williams, Briana Christophers, Christopher Y. Kweon, Estell J. Williams, and Nathalia Jimenez. 2020. "Trends in Race/Ethnicity Among Applicants and Matriculants to US Surgical Specialties, 2010-2018." JAMA Network Open 3 (11): e2023509.

CLIMATE OF RACISM?

Original Investigation | Medical Education

Minority Resident Physicians' Views on the Role of Race/Ethnicity in Their Training Experiences in the Workplace

Aba Osseo-Asare, MD; Lilanthi Balasuriya, MD; Stephen J. Huot, MD, PhD; Danya Keene, PhD; David Berg, PhD; Marcella Nunez-Smith, MD, MHS; Inginia Genao, MD; Darin Latimore, MD; Dowin Boatright, MD, MBA, MHS

Abstract

IMPORTANCE Black, Hispanic, and Native American physicians remain underrepresented in medicine despite national efforts to increase diversity in the health care workforce. Understanding the unique workplace experiences of minority physicians is essential to inform strategies to create a diverse and inclusive workforce. While prior research has explored the influence of race/ethnicity on the experiences of minority faculty and medical students, there is a paucity of literature investigating how race/ethnicity affects the training experiences of resident physicians in graduate medical education.

OBJECTIVE To characterize how black, Hispanic, and Native American resident physicians experience race/ethnicity in the workplace.

DESIGN, SETTING, AND PARTICIPANTS Semistructured, in-depth qualitative interviews of black, Hispanic, and Native American residents were performed in this qualitative study. Interviews took place at the 2017 Annual Medical Education Conference (April 12-17, 2017, in Atlanta, Georgia), sponsored by the Student National Medical Association. Interviews were conducted with 27 residents from 21 residency programs representing a diverse range of medical specialties and geographic locations.

MAIN OUTCOMES AND MEASURES The workplace experiences of black, Hispanic, and Native American resident physicians in graduate medical education.

Key Points

Question How do minority resident physicians view the role of race/ethnicity in their training experiences?

Findings This qualitative study of 27 minority resident physicians found that participants described 3 major themes: a daily barrage of microaggressions and bias, minority residents tasked as race/ethnicity ambassadors, and challenges negotiating professional and personal identity while seen as "other."

Meaning Results of this study suggest that minority residents face extra workplace burdens during a period already characterized by substantial stress, warranting further attention from educators, institutions, and accreditation bodies.

Civil Rights and the Surgeon

- **Levi Watkins, Jr (1944-2015)**
- Pioneer in both cardiac surgery and civil rights
- Implanted the first automatic heart defibrillator in a patient
- Instrumental in recruiting minority students to the Johns Hopkins University School of Medicine

KUOW | npr

NEWS PODCASTS RADIO

Organizer Dr. Estell Williams, center, holds daughter Estella while speaking to a crowd of thousands who gathered in protest of police violence and to demand justice before marching from Harborview Medical Center to Seattle City Hall on Saturday, June 6, 2020, in Seattle.

CREDIT: KUOW PHOTO/MEGAN FARMER

Physician balances pandemic and activism: 'We need to think of racism as a disease'

JUN 08, 2020 at 8:00 AM

UW Medicine
DEPARTMENT OF SURGERY

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Seattle, WA 98195-6410

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Fax 206.314.6382
Email estellw@uw.edu

Dear UW Medicine Faculty, Trainees, and Students,

My family, friends and colleagues have been struggling over the weight of witnessing and addressing the constant racism that impacts us daily, from microaggressions and macroaggressions to overt racists interactions. I'd like to share a few stories with you to shed light on how personal this is to me and so many that share my Blackness.

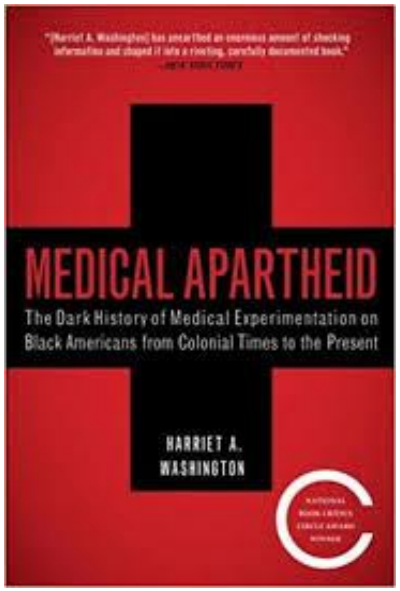
I vividly remember being a young child, sitting in the backseat of my father's car driving home but having to drive through a predominantly white neighborhood. We were pulled over by police, red and blue lights flashing and reflecting off the side-view mirror and onto my face. The officer demanded my father to exit the vehicle, handling him like he was his dog. They undoubtedly profiled us and eventually searched the car, ransacking the entire car, pulling every paper, napkin, and spare coin out of its place just for fun. I cried in fear and terror in the backseat, thinking of what they had done to others who looked like my dad. They handcuffed him, took him to the police station and forced him to stay there, while I had to wait in the street for my mother to pick me up. They released him two days later without a charge or valid reason for arresting him. To be clear my father never committed a crime in his life, and the pain and fear I felt for the days he sat in the jail never leaves my mind. I knew there was a possibility that I would never see him again. This is police terror, but it doesn't end there.

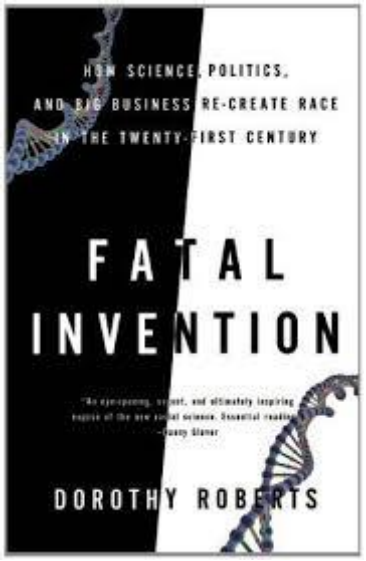
When I left California for college, I remember driving into New Orleans city limits and passing a confederate flag displayed proudly on the roof of a home. Or when my cousin, when acclimating me to my new home in Louisiana, warned me to not drive to St. Jefferson Parish after dark – a predominantly white neighborhood -- for I may not come back.

WHAT IS OUR ACTION?

- The Inequities are urgent. We don't need more research. Set the GOAL and execute.
- Diversity sub-internship
- Ecosystem programs
- Community Based outreach to improve patient access
- Initiatives to address Sexual and Gender Minority Communities access to equitable care
- Community initiatives to reach low SES communities
- Equity M&M's
- Equity Consult Service

RESOURCES


MEDICAL APARTHEID
The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present
HARRIET A. WASHINGTON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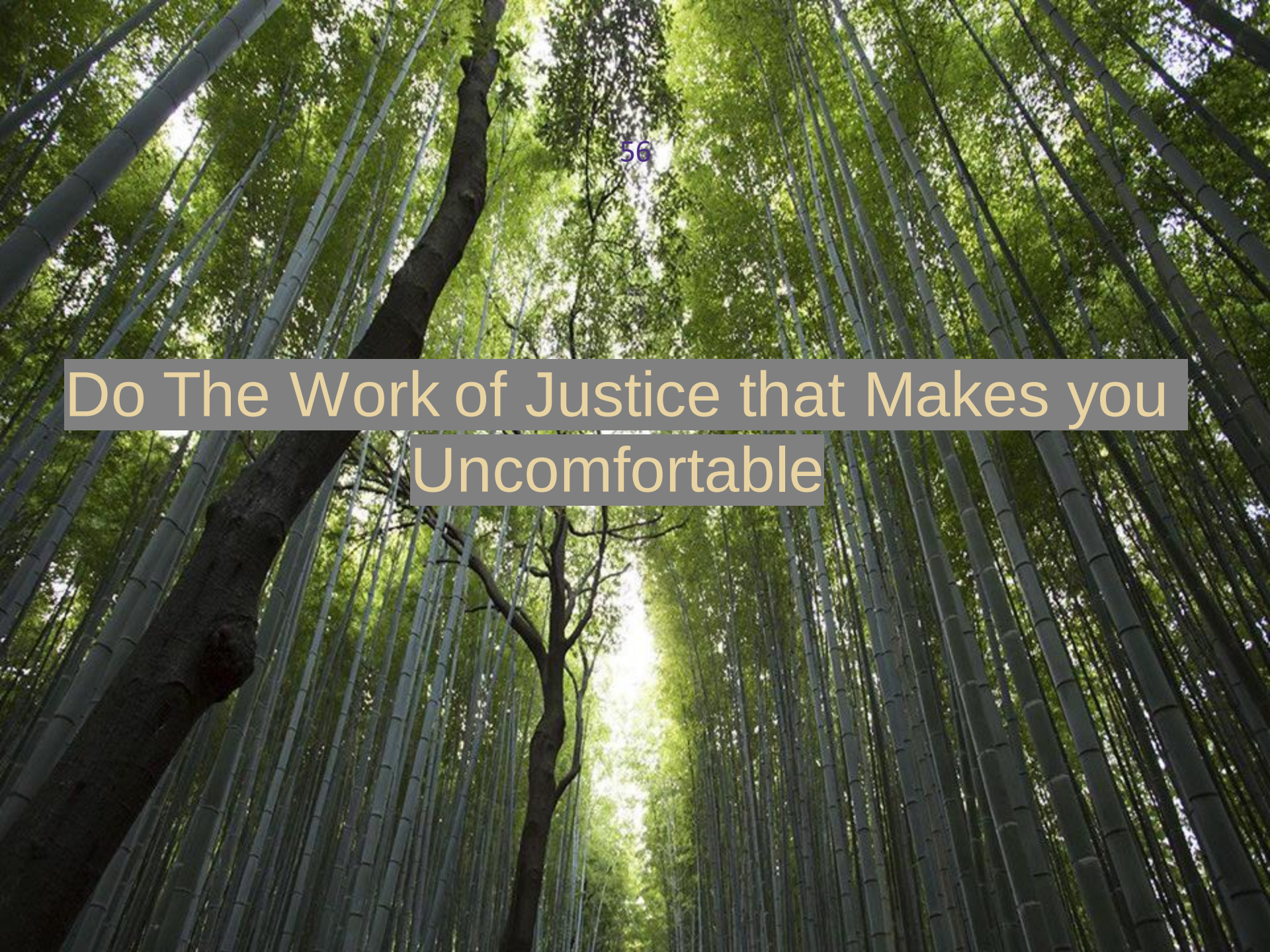

Do The Work of Justice that Makes you Uncomfortable

Thank you!

Questions?