

A Brief History of Racism in Medicine: Where We Were, Where We Are, and Where We Hope To Go

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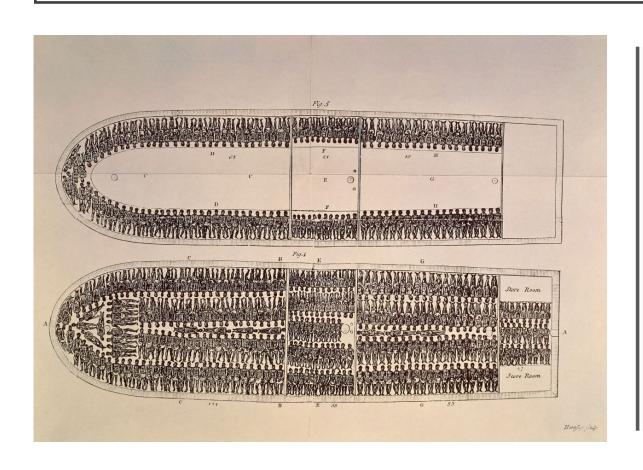
Holding Space



Where we come from



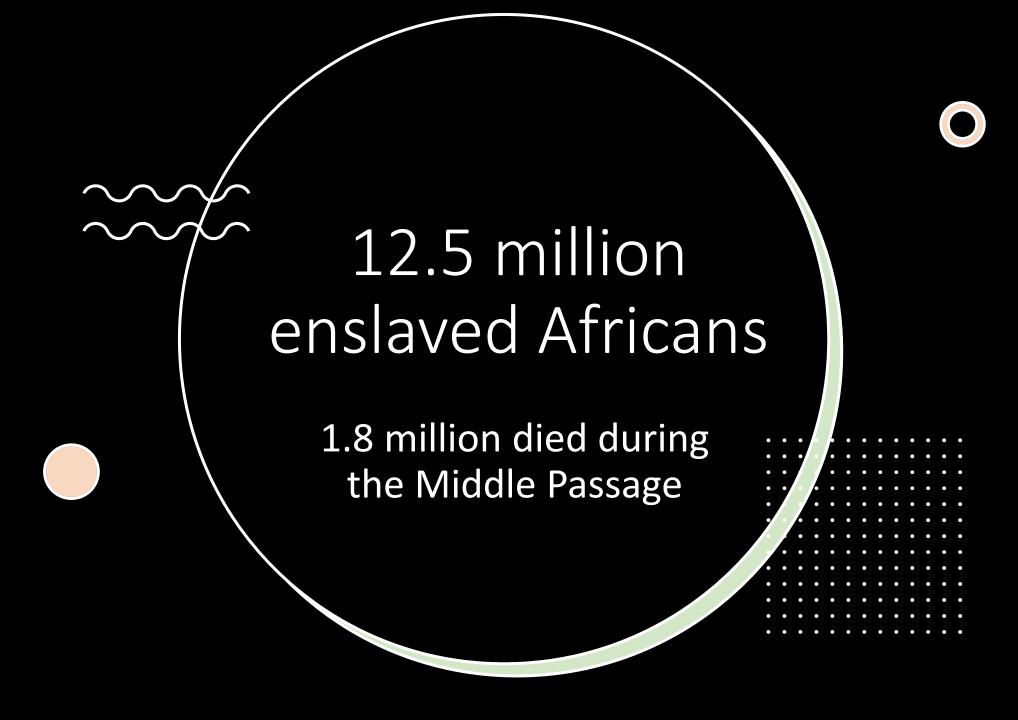
Enslavement





The White Lion





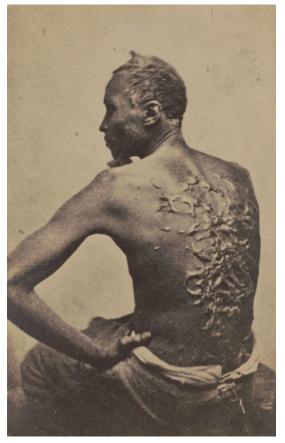
North America and Slavery

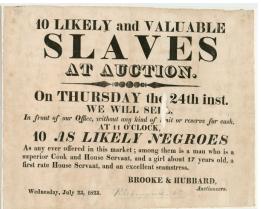
Approximately 5% of the total captured Africans made it to North America – the future United States of America – during the slave trade.

Most of the Black people who lived as slaves in the United States were born into slavery.

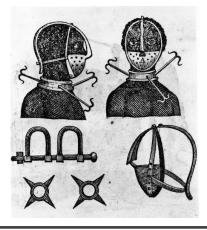


Made black by people who decided they were White and Black meant slave.











The power of dehumanizing

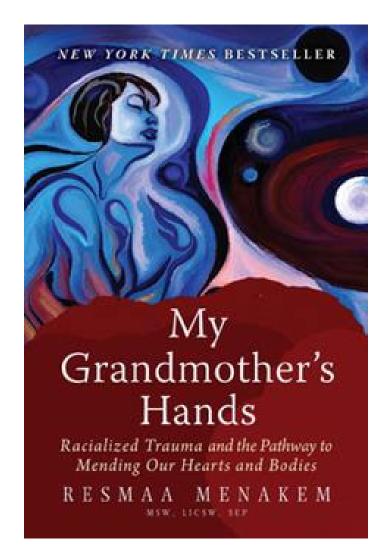
It is impossible to quantify the full impact of the violence of slavery on Black people Shorter life expectancy due to violence, unsafe living conditions, etc

Estimated more than half of Black babies born to slaves died

Lack of medical support

Living under White Body Supremacy

Black Body Trauma



White Body Trauma

FACT: Childhood trauma affects DNA

Dr. Stacy Drury on childhood trauma impact onDNA | Violence Prevention Institute (tulane.edu)

Facts

FACT: Violence causes biological effects on the body, specifically impacting the brain, neuroendocrine system, and the immune response resulting in increase depression, anxiety, PTS, suicide, cardiovascular disease, and premature mortality

<u>The Effects Of Violence On Health - PubMed</u> (nih.gov)



- Black people are the children of those who were and are continuously exposed to racial violence and racial trauma.
- White people are the children of those who were the oppressors and bystanders during the racial violence and racial traumas of the last 400 years.

This is where our work lives.

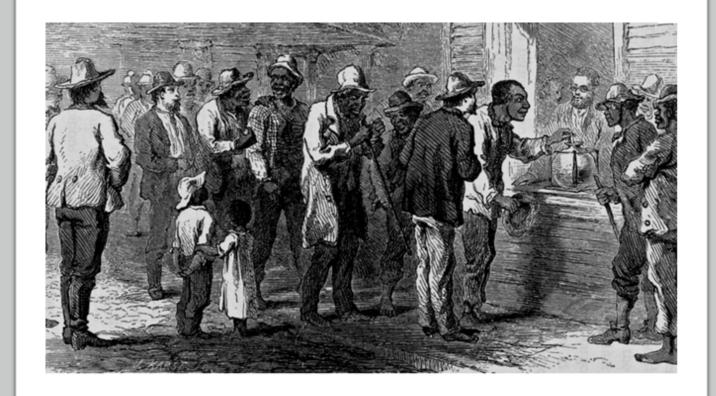
Relationship to Medicine

Trust:

Firm belief in the reliability, truth, ability, or strength of someone or something

Freedman's bureau medical division

- Hospitals for newly emancipated free persons were
- Severely under resourced
 - Not enough beds, sheets, linens, medicine, quarantine opportunities
- Poor conditions
 - Small pox outbreaks
 - Increase mortality
- Lack of enough Physicians
 - 100 doctors deployed to cover the thousands of freed persons



Biological justification for slavery

Instead of addressing the lack of resources to help improve the conditions and outcomes of these Black people, a new theory emerged claiming high mortality rates were due to a **biological difference** between Blacks and Whites and the belief that **freedom was a terminal condition.**

- Investing in improving hospital conditions for Blacks was seen as "wasteful and foolish"
- Government officials used this theory of extinction to defund the Freedman's hospitals.
- President Andrew Johnson was vehemently opposed and vetoed the bill to support the bureau twice.



Blacks were told they have to care for themselves.

Segregation within hospitals

- Blacks denied admission to white hospitals
- Blacks allowed in white hospitals were placed in the basement
- White nurses were not allowed to care for Black patients
 - Especially white women nurses were not allowed to be near Black men.
- Blacks only allowed to be treated at Black facilities
- White physicians engaged very rarely in addressing the needs of Black patients.

Trust requires a firm belief in the:

- ✓ Reliability
- ✓ Truth
- ✓ Ability
- √ Strength
- X The hospitals that were for Black people were under-resourced and neglected
- X Government officials, including the President of the United States, were making arguments that enslavement was a better condition than freedom.
- X There were not enough physicians and resources to properly care for the newly freed Black people.
- X There were people strong enough to fight for the rights but they were few

A BOOK

our.

MEDICAL DISCOURSES

IN TWO PARTS.

PART FIRST!

DOWEL COMPLAINTS, FROM BUTTH TO THE CLOSE OF THE TESTHING PERSON, OR THE AFTER THE FIFTH YEAR.

PART SECOND:

CONTAINING MESCHLANEOUS INFORMATION CONCRENING THE LIFE AND GROWTH OF BEINGS; THE BEGINNING OF WOMAN-HOOD; ALSO, THE CAUSE, PREVENTION, AND CUBE OF MANY OF THE MOST DISTRESSING COMPLAINTS OF WOMEN, AND CONTAIN OF BOTH SEXES.

REBECCA CRUMPLER, M. D.



BOSTON.

CASHMAN, KEATING & CO., PRINTERS.

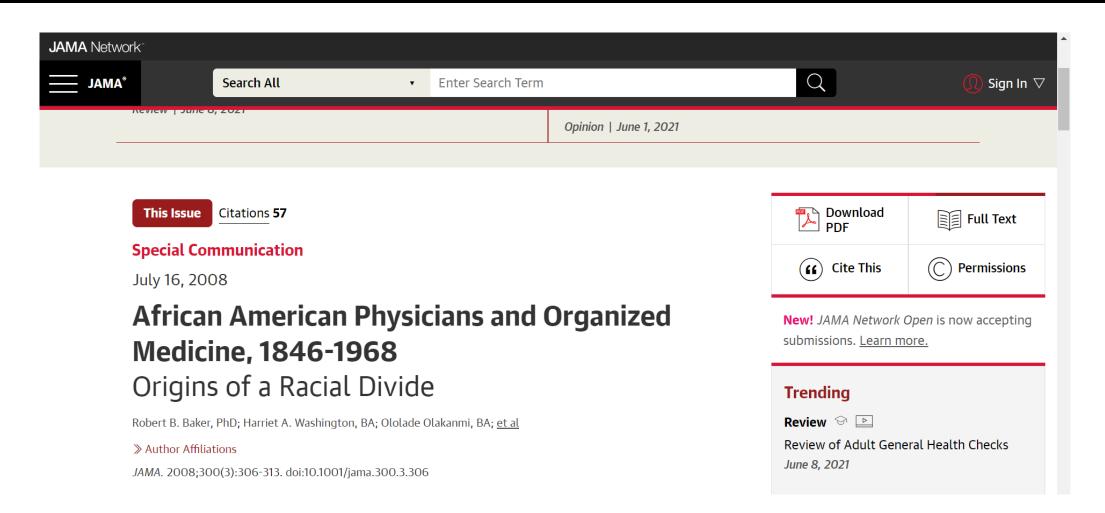
PARKETS COURT, 601 WASHINGTON ST.

1351

The Beginning

Rebecca Lee Crumpler, MD

Lobbying to maintain inequity



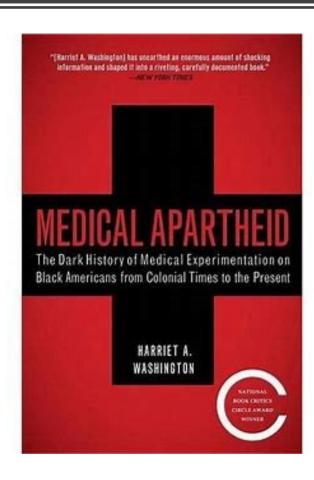
Medicare - 1965

- Greatly supported by Black physicians as the only way to help improve the hospital system for Black patients
- Created a financial "carrot and stick" for hospitals to comply with the new desegregation laws of the Civil Rights Act of 1964
- Billed as finally providing the opportunity for all to have the right to healthcare

3000 hospitals desegregated within 4 months.

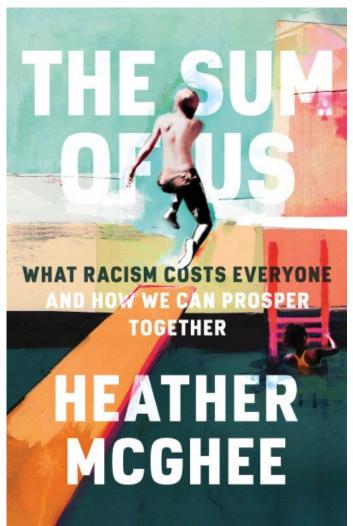


Medical Apartheid





The Sum of Us





Where we are now

While the country has made some notable health improvements in recent years, deep and widespread health disparities persist — and, in some instances, have grown.



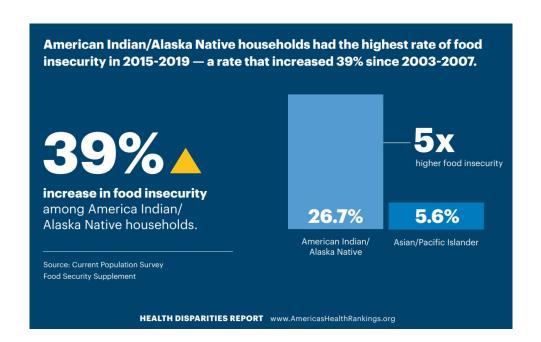
Health Disparities Report

2021

Data in the Health Disparities Report are based on the most recent publicly available data, which were collected prior to the pandemic.



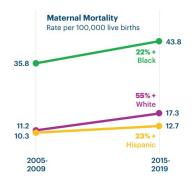
Health Disparities





Source: National Vital Statistics System

Though Black infant mortality rates declined in 22 states between

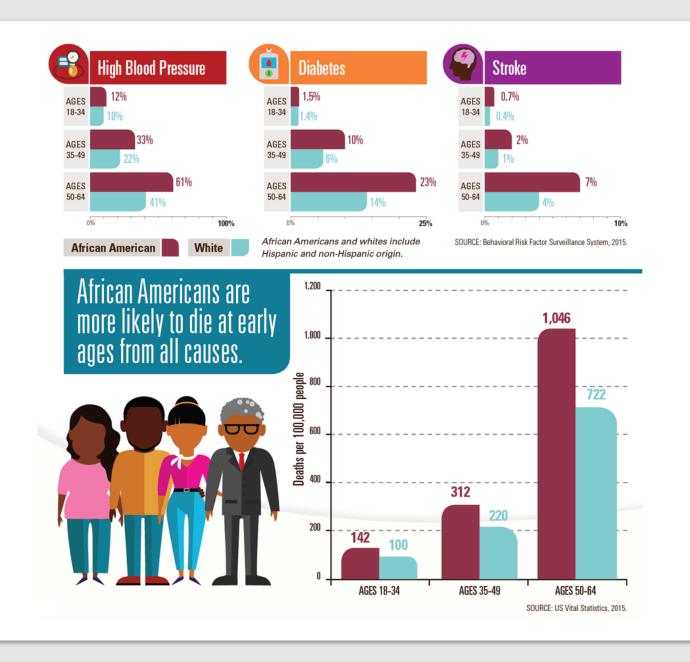


Maternal mortality rates increased between 2005-2009 and 2015-2019.

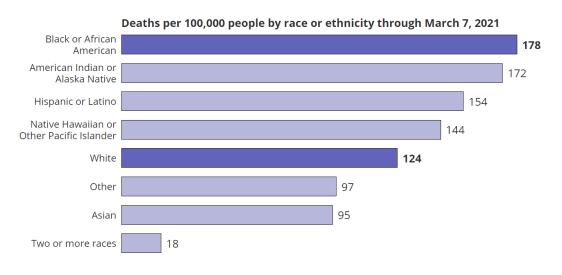
Gaps between subpopulation groups persist. While Black mothers experienced the highest rate of maternal mortality, white mothers faced the largest rate of increase (55%).

Health disparities persist by gender, geography, race and ethnicity and other factors, driven by systemic inequities in social, economic and environmental conditions people face.





Nationwide, Black people have died at 1.4 times the rate of white people.



• https://covidtracking.com/race

Burden of Blackness

Dr. Susan Moore's Story



A Culture of Inequity

Medicine has not truly reconciled with it's racist past and present.

Training of clinicians still focuses on the normalization of white bodies.

Data highlight the expansive gaps in outcomes for the majority of diseases.

There is an emergent need to increase racially diverse medical practitioners.

Bias in care delivery must be highlighted, exposed, and not tolerated.

Where we hope to go

Empathy

"the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past, or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner."

~Miriam Webster Dictionary

Research Shows

Empathy results in:

- Increased patient reporting of symptoms and concerns
- Improved patient participation in care
- Enhanced patient compliance and satisfaction

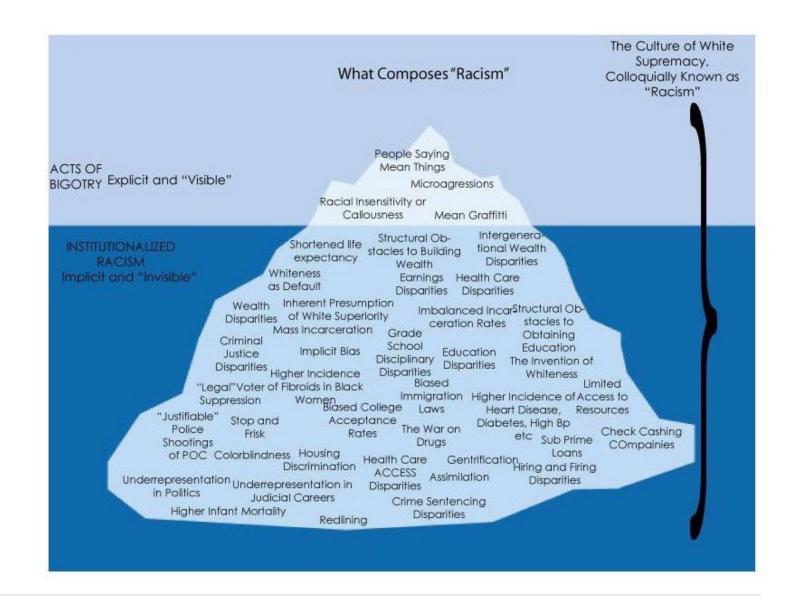




How do we practice with empathy?

It starts with owning who we are

Understanding Racism





DECOLONIZE MEDICINE

DISMANTLE STRUCTURAL RACISM

DENOUNCE WHITE SUPREMACY



Things to remember

We bring ourselves and our biases into the room with us

It is ok to have the biased/racist thought, it just can't be the last thought

It is your duty to understand the additional factors that affect the patient and their outcome

We have power in our spheres of influence

Know your own blinders, own them, and improve them

Do the best you can until you know better. do better. Maya Angelou

References

- U.S. Slavery: Timeline, Figures & Abolition HISTORY
- Project1619
- Rebecca Lee Crumpler Wikipedia
- Sick from Freedom: African-American Illness and Suffering during the Civil War and Reconstruction Oxford Scholarship (universitypressscholarship.com)
- African American Physicians and Organized Medicine, 1846-1968: Origins of a Racial Divide | Medical Education and Training | JAMA | JAMA Network
- The AMA's strategic plan to embed racial justice and advance health equity | American Medical Association (ama-assn.org)
- 50 Years Ago, Medicare Helped To Desegregate Hospitals: NPR
- The COVID Racial Data Tracker | The COVID Tracking Project
- Let's increase the number of black men in medicine Black Men in White Coats
- DNPs of Color | Connecting through Diversity
- Executive Order On Advancing Racial Equity and Support for Underserved Communities
 Through the Federal Government | The White House
- The AMA's strategic plan to embed racial justice and advance health equity | American Medical Association (ama-assn.org)





Thank you

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