Better Healthcare Newsletter from Patrick Malone

Uncomfortable truths, long ignored, can rise up suddenly and demand action: Black lives matter, not just in encounters with the police. Why is it, exactly, that African Americans' lives are less healthy, poorer, and shorter? Experts may politely call them *disparities.* But for black men, women, and children, entrenched racism hobbles their lives. The remedies have been tardy and elusive.

As we determine where our shaken democracy heads next, we need to focus on hard evidence about persistent health inequities and injustices - why and how they came about, and what we can do to fix it.

Credit: Photo above from Johns Hopkins Medicine video of public protest at the institution in June to support "White Coats for Black Lives" movement

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BY THE NUMBERS

83,000

Estimated excess U.S. deaths preventable each year if black-white mortality gap could be eliminated. That's more than the population of Silver Spring,, Md.

$1 trillion

Estimated indirect costs associated with illness

For African Americans, a viral and harsh reminder of racism's health harms

The novel coronavirus has proven to be especially disastrous for African Americans and Latinos.

As NPR found recently in its analysis of still limited data on the virus's harms:

"Nationally, African-American deaths from Covid-19 are nearly two times greater than would be expected based on their share of the population. In four states, the rate is three or more times greater."

The Washington Post dug into the data, seeing hard-hit areas around the country, and reporting:

"A Post analysis … shows that counties that are majority-black have three times the rate of infections and almost six times the rate of deaths as counties where white residents are in the majority … In Milwaukee County, home to Wisconsin's largest city, African Americans account for about 70% of the dead but just 26% of the population … in Louisiana … 70% of the people who have died were black, although African Americans make up just 32% of the state's population. In Michigan, where the state's 845 reported deaths outrank all but New York's and New Jersey's, African Americans account for 33% of cases and roughly 40% of deaths, despite comprising only 14% of the population ... And in Illinois, a disparity nearly identical to Michigan's exists at the state level, but the picture becomes far starker when looking at data just from Chicago, where black residents have died at a rate six times that of white residents."

Although medical scientists have much to learn about Covid-19, clinicians have observed from early on that the coronavirus takes a far greater toll on already vulnerable patients — for example, those who are older and sicker, with underlying conditions. Those with heart disease and diabetes were hospitalized six times as often as otherwise healthy individuals infected with the virus in the first four months of the pandemic, and they died 12 times as often, the federal Centers for

and premature deaths for African Americans, Asian Americans, and Latinos 2003–06. Eliminating minority health disparities would have reduced direct medical care expenditures by an estimated $230 billion.

25%

Percentage decline in African American death rate,1999-2015. Deaths from heart disease, cancer, and stroke declined sharply in black men and women 65+. But African Americans in every age group <65 still have much higher death rates than whites.

10

Percentage point decline 2018 (24.4%) vs. '13 (14.4%) in African Americans' uninsured rate due to Affordable Care Act. The black-white disparity gap in coverage fell in this time by ~4 percentage points. These gains have eroded under the Trump Administration.

QUICK LINKS

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Nine Steps
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and Avoiding the Worst

Disease Control and Prevention reports.

Too many underlying conditions

These are problematic findings for African Americans, as researchers know. An expert rattled off these troubling facts about black patients' health challenges in a recent piece in Stat, a science and medical news site:

"Black Americans continue to experience some of the worst health outcomes of any racial group. Black men have the shortest life expectancies. Black women have the highest maternal mortality rates. Black babies have the highest infant mortality rates."

Georgetown University researchers put together tough data on health disparities in the District of Columbia just before Covid-19 swept the globe, finding that a "legacy of inequality" harms African Americans. As Christopher J. King, chair of the university's health systems administration department, observed as lead author of the work:

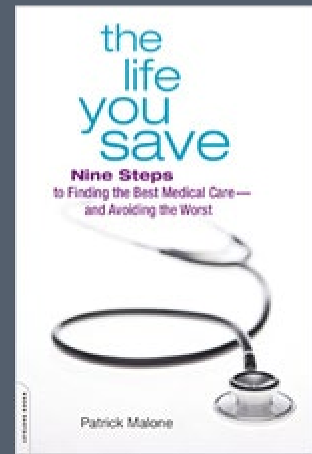
"Black residents in our city face a disproportionate burden of disease, such as cancer, diabetes, heart and respiratory diseases, and obesity. These health disparities result from long-standing injustices and make the African American community much more vulnerable to a highly infectious virus like Covid-19."

The Rodham Institute at George Washington University has reported on the major health problems of black D.C. residents, noting:

"The poorest District residents are three times more likely than the average District resident (9.1% versus 2.8%) to report ever having a heart attack or being told they have a heart disease. The overall incidence of cancer mortality is 54% higher among black residents compared to white residents. The District's HIV prevalence is 2.7%, a rate comparable to many developing countries. More than 4% of black District residents have HIV, more than double the prevalence among Hispanic residents and more than triple the prevalence among white residents. Residents living in Ward 8, which has one of the city's highest rates of poverty, are nearly twice as likely as those District-wide to be obese."

Courtland Milloy, a Washington Post columnist, captured the outrage that such data generates, quoting the National Medical Association (NMA), which represents roughly 50,000 African American physicians. The group diagnosed the damages that Covid-19 inflicts on black communities, with Milloy reporting:

"After looking at six social determinants of health — economic stability, physical environment, education, food community, social content and health-care systems — the NMA issued its findings in a statement [saying] 'These statistics are just an amplification of the "Slave Health Deficit," which has been an aftermath of years of discrimination, unequal treatment and injustices in health care, criminal justice and employment."



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PAST ISSUES

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Protecting hearts, minds and souls in a time of pandemic
Special edition: Practical tips from a virus expert on how to protect yourself from Covid-19
What are viruses, anyway, and why should we care?

Leading killers ravage African Americans

When it comes to national trends in two of the leading killers of Americans — cancer and heart disease — African Americans suffer disproportionately, researchers know.

Here is some of what the National Cancer Institute has reported:

"African Americans have higher death rates than all other groups for many, although not all, cancer types. African American women are much more likely than white women to die of breast cancer. The mortality gap is widening as the incidence rate in African American women, which in the past had been lower than that in white women, has caught up to that in white women. African Americans are more than twice as likely as whites to die of prostate cancer and nearly twice as likely to die of stomach cancer. Colorectal cancer incidence is higher in African Americans than in whites … Both the incidence of lung cancer and death rates from the disease are higher in African American men than in men of other racial/ethnic groups … African American women are nearly twice as likely as white women to be diagnosed with triple-negative breast cancer, which is more aggressive and harder to treat than other subtypes of breast cancer. African Americans are more than twice as likely as whites to be diagnosed with and die from multiple myeloma."

As for cardiovascular disease, the American Heart Association has reported:

"The prevalence of high blood pressure in African Americans is the highest in the world. Also known as hypertension, high blood pressure increases [the] risk of heart disease and stroke, and it can cause permanent damage to the heart before [patients] even notice any symptoms, that's why it is often referred to as the 'silent killer.' Not only is HBP more severe in blacks than whites, but it also develops earlier in life … African Americans are disproportionately affected by obesity [a key risk factor in heart disease]. Among non-Hispanic blacks age 20 and older, 63% of men and 77% of women are overweight or obese. African Americans are more likely to have diabetes than non-Hispanic whites [another high-risk factor in heart disease]. Diabetes is treatable and preventable, but many people don't recognize early warning signs. Or, they avoid seeking treatment out of fear of complications."

An epidemic of amputations

Diabetes poses big risks for African Americans, as the American Diabetes Association has reported:

"Diabetes is an epidemic in African American communities … 4.9 million non-Hispanic African Americans aged 20 years or older have diagnosed diabetes ... African Americans are 77% more likely to have diagnosed diabetes compared to non-Hispanic Caucasians. African

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American women who develop gestational diabetes during pregnancy face a 52% increased risk of developing type 2 diabetes in the future compared to non-Hispanic Caucasian women diagnosed with gestational diabetes. Diabetes complications hit African American communities harder. Diabetic retinopathy [a complication that can lead to sight loss] is 46% more prevalent in African Americans than non-Hispanic whites. African Americans are at least 2.6 times more likely to have end stage renal disease due to diabetes than Caucasians."

ProPublica, the Pulitzer Prize-winning investigative web site, recently chronicled how diabetes ravages African Americans, making them susceptible to an ugly harm: "an epidemic of amputations." These procedures leave patients debilitated but are preventable:

"Despite the great scientific strides in diabetes care, the rate of amputations across the country grew by 50% between 2009 and 2015. Diabetics undergo 130,000 amputations each year, often in low-income and underinsured neighborhoods. Black patients lose limbs at a rate triple that of others. It is the cardinal sin of the American health system in a single surgery: save on preventive care, pay big on the back end, and let the chronically sick and underprivileged feel the extreme consequences."

A disturbing graphic that is part of this article's online presentation allows viewers to see, side by side, areas of the country where slavery was strong in the 1860s and where amputation rates now soar in southern black communities. They almost match if stacked atop each other.

Black lives slammed by many inequities

In health care experts' distanced vernacular, African Americans not only confront major *disparities*, they also wrangle with *social determinants* of their well-being. These crucial factors include the "conditions in which people are born, grow, live, work and age … [their] socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as

access to health care." Academics and policy makers can get themselves tangled up, too, in talking about racism — and whether it is, in their terms, *inherent, systemic*, *structural*, and *institutional*?

In real black lives, the struggles can never cease. Poverty, hunger, and lack of opportunities and resources — a dearth of good education and jobs — grinds people down. Here is what a D.C. nonprofit has reported:

In Washington, D.C., a 'tale of two cities'

"Beverley Wheeler, director of D.C. Hunger Solutions, described Washington D.C. as "a tale of two cities" … divided in many ways, including race ..." Her group reported that the majority of the population in Wards 1 through 3 are white, and the areas have the highest median household incomes — $108,000 in Ward 1 to $149,000 in Ward 3. In stark contrast, Wards 7 (97%) and 8 (96%) have the highest concentration of minority populations, the vast majority African American. Those areas also have the District's lowest grossing median household incomes — $36,000 in Ward 8 and $40,000 in Ward 7.

"Median household income highly correlates with access to food by ward. D.C. Hunger Solutions … in 2016 [examined groceries by area finding a] vast disparity in access to healthy food for residents in lower income wards. In Wards 1, 2, and 3, there was an average of eight full-service grocery stores. In comparison, there were only two full-service grocery stores in Ward 7 and just one in Ward 8. This means that residents of Wards 7 and 8 must travel farther to the grocery store, which increases transportation costs and takes a longer time. Consequently, many of these residents rely on corner and convenience stores, which often lack nutritious foods and can be harmful to upward socioeconomic mobility. The report also shows that 1 in 7 households in Washington D.C. experience food insecurity. Lack of access to healthy foods can lead to poor health outcomes."

With the coronavirus forcing the shutdown of the economy and joblessness hitting highs not seen since the Great Depression, African Americans' finances and economic aspirations have been slammed, as the Washington Post reported:

"[In the District,] the percentage of out-of-work black residents outpaces white residents at a rate of about 6 to 1. African American households have struggled more economically than the median household nationwide, even when unemployment was at single-digit historic lows. Now, months into the novel coronavirus pandemic that has rendered 40 million people jobless, African Americans have lost jobs at higher rates in many communities. A recent Washington Post-Ipsos poll found that blacks reported being furloughed and laid off at higher rates than whites …"

These are just the telling headlines from a Wall Street Journal article on Covid-19's economic toll on black workers nationwide. The article also reported that their unemployment rate, "which at 5.8% in February was near the lowest since records began in 1972, tripled to 16.8% in May" — *Coronavirus Obliterated Best African American Job Market on*

Record. The economic situation for black workers was fragile even before the downturn, which means recovery might be slower.

Inescapable health harms

Before the pandemic, disturbing information started to emerge about discrimination and African Americans' health — even when they fight through challenges in education and at work and reach higher levels of attainment. The evidence of relentless inequity rises out of research on a major scandal of the U.S. health care system: black maternal and infant mortality rates, as the New York Times reported:

"Black infants in America are now more than twice as likely to die as white infants — 11.3 per 1,000 black babies, compared with 4.9 per 1,000 white babies, according to the most recent government data — a racial disparity that is actually wider than in 1850, 15 years before the end of slavery, when most black women were considered chattel. In one year, that racial gap adds up to more than 4,000 lost black babies …

"This tragedy of black infant mortality is intimately intertwined with another tragedy: a crisis of death and near death in black mothers themselves. The United States is one of only 13 countries in the world where the rate of maternal mortality — the death of a woman related to pregnancy or childbirth up to a year after the end of pregnancy — is now worse than it was 25 years ago. Each year, an estimated 700 to 900 maternal deaths occur in the United States. In addition, the CDC reports more than 50,000 potentially preventable near-deaths … per year — a number that rose nearly 200% from 1993 to 2014, the last year for which statistics are available. Black women are three to four times as likely to die from pregnancy-related causes as their white counterparts, according to the CDC — a disproportionate rate that is higher than that of Mexico, where nearly half the population lives in poverty …"

This awful situation has given experts a glimpse into how much damage entrenched racism may cause in U.S. health care for those who might be thought to escape the worst:

"A report last year from Duke University examining the issue of infant mortality showed that babies born to black women with doctorates or professional degrees are about three times more likely to die than babies born to white women with only high school diplomas or GEDs. 'Not only does the black-white disparity for infant mortality exist at all educational levels, it is greatest for those with a master's degree or higher,' the report concluded. 'Further, the (infant mortality rate) is highest for black women with a doctorate or professional degree.'

"Those disparities are part of a broader disturbing health anomaly: Studies show that even as African-Americans gain more advanced degrees or move up the income ladder, their health outcomes — across a variety of diseases and ailments — are typically worse than their white counterparts. A report published last year in the journal *Healthcare* said although 'Whites and African Americans both

gain physical health as their income increases, this protective effect of income against (chronic medical conditions) is larger for whites than African Americans.' Another study published last April was even more sobering. A look at employment and health trends over a 25-year period, from 1986 to 2011, showed white adults had longer life expectancy gains through employment than their black peers."

Lest anyone dismiss findings that perils exist in health care for black mothers, consider recent reporting on the problems encountered by tennis superstar Serena Williams, pop entertainment icon Beyoncé Knolls, or an epidemiologist at the CDC. Here's how one expert helps to break down the research on how racism wrecks black lives:

"'A lot of us think that chronic worry about being exposed to racism, either that you will be or a loved one will be exposed … is a very likely contributor to high-education, high-income blacks having worse health status than their white counterparts,' said Dr. Paula Braveman, professor of family and community medicine at the University of California, San Francisco.

She noted that her own study investigating the role of stress and racial discrimination in preterm birth rates revealed some surprising information. 'What we found in this recent study is … that black women who said they worried often or very often (about being treated unfairly because of race), they were twice as likely to have a premature baby,' Braveman said. The research included more than 10,000 women and was published in 2017."

Is this the great nation that we all envisioned, where the fear of racism itself is sickening and lethal?

Credit: Shown above is Dr. Stanley Frencher, assistant professor at UCLA and medical director of surgical outcomes and quality at the Martin Luther King Jr. Community Hospital, readying for a procedure. From UCLA video on a 'dose of inspiration.'

Overcoming a grim history far too slowly

Racial discrimination runs deep in American medicine. Rooting it out has not been — and will not be — easy.

Measurable progress has occurred, though its barbaric baseline is not a bragging point. The black experience in America starts in the profound evil of slavery. Slaves were chattel, and their dehumanized lives were filled with abuse. What care they received — especially medical treatment — was functional at best. Masters wanted work from their "property," so they might let slaves assist each other with injuries, sickness, and childbearing

Mainstream medicine had little more than mistreatment for African Americans, as Christopher D. E. Willoughby, a scholar-in-residence in the Lapidus Center for the Historical Analysis of Transatlantic Slavery at the Schomburg Center for Research in Black Culture in New York, wrote in the Washington Post: "Morbid racism has a long history in American medical schools, as well as the broader medical culture. Medical practitioners today are still battling the legacy of working in a field largely shaped by white men."

He also reported this:

"Before the Civil War, medical schools taught a brand of white supremacy that trained students to see black patients, enslaved or free, as less than human. As part of their study, medical students stole and mangled black cadavers, subjecting them to experimentation … racism as a social activity — a way for the white upper-class men who would become doctors, dignitaries, and politicians to bond — has a long pedigree in medical schools … Through clandestine but nonetheless communal activities like body-snatching and dissecting, students formed mutual bonds. As a rarefied club of professionals, they violated laws against grave robbing, preying particularly on African American communities ...

"Cadavers," Willoughby added, "weren't the only subjects of abuse. Gruesome stories of physicians abusing African American patients as a part of their practice circulated regularly through 19th-century American medical schools … As a part of their training, medical schools taught students how to 'detect' whether an enslaved person was faking an illness … In 1843, a medical student at Penn chronicled in his lecture notes an account of medical torture offered as a way of managing enslaved patients."

Shunned but eking out progress

After the Civil War, black doctors and nurses battled for decades to advance themselves in a profession that shunned them, leaving them and their patients — as with so many other institutions of the time — in a medical system separate and desperately unequal. Few medical schools trained black doctors, with Howard University College of Medicine and Meharry Medical College notable exceptions, followed later by Charles Drew University of Medicine and Science in Los Angeles and Morehouse School of Medicine in Atlanta, the Atlantic

magazine has reported. White doctors and hospitals, by and large, refused to treat black patients, so, over time, the few African American doctors turned their homes into “small hospitals … often rudimentary … with just a couple of beds … One of the most well-known ones, Provident Hospital in Chicago, earned a reputation with its nurse training school. Its founder, Daniel Hale Williams, was an African American surgeon credited with performing one of the first successful open-heart surgeries.”

In the long era of segregated care, a horror of the past continued, a Boston College Law journal has found, reporting this of the pre- and post-war periods:

“[D]uring the pre-Civil War period, African Americans were used in various non-consensual medical experiments ... During the 1800s, European American physicians used African Americans to develop gynecological surgical techniques, and to determine whether ether was an effective general anesthesia. Thomas Jefferson inoculated 200 of his slaves with the smallpox virus in order to determine the viability of his experimental vaccine. Other known medical experiments conducted on slaves included pouring boiling water on their spinal columns to discover whether this was an effective treatment for typhoid pneumonia, and placing African Americans in an open pit oven to determine if certain medications enabled them to withstand excessive temperatures.”

Later, this occurred:

“During the Jim Crow era, African Americans continued to be unknowingly used in medical experiments as well.
The most [in]famous illustration … is the Tuskegee Syphilis Study. Beginning in July 1932, the United States Public Health Services enrolled approximately 400 African American men with syphilis and 200 African American men without syphilis in an experiment designed to determine the impact of untreated syphilis on the male body. These African Americans, most of whom were poor and uneducated, were not made aware that they had contracted syphilis. Rather [they] were told that they had ‘bad blood’ … to ensure that these men would remain part of the study, they were given burial insurance, hot meals, and transportation to and from the hospital.

“Even after the medical establishment became aware that penicillin was an effective treatment for syphilis, antibiotics were still withheld from the subjects … It was not until 1972, 40 years after this experiment commenced, that the survivors of the Tuskegee Syphilis Study were informed that they had syphilis and had been the subjects of [one of] the longest [known] medical experiment[s] in withholding treatment from humans ...”

Shameful legacy persists

The prejudice and abuse that black patients long have suffered at the hands of the medical establishment has left damages today. As Willoughby reported:

“The consequences of … medical racism are profound. First, in a 2016 study of medical students at the University of Virginia, many students said they believed that African Americans feel less pain than other patients, which could explain why black patients’ pain often goes under-treated. Second, belief in race-based medicine prevents doctors from searching for social causes of racial health disparities.”

The Boston journal (once known as the school's Third World Law Journal, then renamed the Journal of Law and Social Justice and now part of the institution's Law Review) reported this two decades ago, with much of it remaining true still:

“Despite a tremendous need for medical treatment, many African Americans cannot effectively access medical care. This inaccessibility is due to a variety of factors, including a lack of health insurance, an inadequate number of health care facilities, ‘patient dumping,’ difficulty in obtaining prescription drugs and an insufficient number of African American doctors.”

Health insurance, typically obtained via better paying jobs, is too often out of reach for African Americans, meaning they also don’t get important preventive care, the author wrote. They also don’t get to see a doctor regularly, or take advantage of care at big, expensive hospitals.

“Private hospitals and physicians,” the journal continued, “frequently exclude or severely limit the number of low-income patients treated.Since a large percentage of African Americans are poor, their access to medical care at private facilities is limited.This problem is seriously exacerbated by the fact that public hospitals located in African-American communities are increasingly closing …”

New hospitals, finally, in the District

Does this sound familiar? In the District of Columbia, officials have recently announced efforts to deal with the collapse of medical services, especially maternal care, in the city’s poor and black areas. Taxpayers will put up almost $700 million to build two new hospitals in Wards 1 and 8, replacing the Howard University Hospital and the beleaguered United Medical Center (UMC) in Southeast D.C.

It’s all part of a plan to try to improve medical services for some of the District’s poorest residents by working with Howard, its medical school — one of the main training institutions for black doctors — George Washington University Hospital and two big health systems, Adventist and Universal Health Systems.

To replace UMC, the city plans to contribute to a $375-million agreement with GWU Hospital to build and open by 2024 a 136-bed hospital, which also could be expanded by 60 more beds. The facility would be at St. Elizabeth's East and would include “new urgent-care clinics east of the Anacostia River, an area home to some of the

District's poorest and sickest residents," the Washington Post reported.

The combined facilities would provide medical services, including for general surgery, neonatal and obstetrics, infectious diseases, wound care, and rehabilitation, as well as acute care, med psych, and outpatient behavioral health, the city plan says.

Over at the Howard campus, the District would provide $300 million in tax breaks and other support so the university and Adventist can build and open by 2026 a $450 million, 225-bed academic-teaching hospital, while also boosting research and care for big challenges for D.C.'s black communities, including sickle cell disease, women's health, substance abuse, and trauma and violence prevention.

These are good steps locally. But the prescription would be long and complex to deal fully with the disparities and social determinants harming African Americans in health and health care. Before listing a few of the many ideas to help, it is worth emphasizing important realities — made even more emphatic by the Covid-19 pandemic and by the protests against authorities' excessive use of force:

Benefits for all in eliminating inequity

In the wealthiest nation in the world, health care must be a right, not a privilege. It should be safe, affordable, accessible, excellent, and free of racial discrimination. It also is a shared responsibility — and benefit. By improving the well-being of African Americans, we all benefit with healthier, able people contributing to society in many ways. The pandemic has shown just how interconnected the world has become, and how the sickness and injury of others affects us all and how collective measures can protect individuals and boost the well-being of many.

To benefit us all, and especially African Americans, we could put an end to the beclowning of health policy by accepting the decade-old Affordable Care Act. Enough with the battling over Obamacare! It needs fixes — including an expansion, particularly of the Medicaid benefit for the poor, working poor, chronically ill, and disabled. But political partisans have failed for too long to offer an alternative to the increasingly popular ACA. They have increased uncertainty, and thereby, costs for too many Americans with their Obamacare opposition. Health insurance is not the alpha and omega of health care. But it is a big step in increasing access to and the affordability of medical services, while offering some sense of shared risk with unpredictable circumstances and skyrocketing health care costs. For tens of millions of now-jobless Americans, the coronavirus has undercut the argument that the nation's health care system can rely on employer-provided health coverage.

Our entire health system would benefit if doctors and medical scientists stepped up even more efforts to reduce the toll that disease takes on the black community, notably in reducing deaths and debilitation due to cancer, heart disease, and diabetes. That will mean our society also will need to tackle housing, educational, and economic inequity and

how it harms black Americans and their health, for example, through diet and nutrition, exercise, sleep, stress reduction — especially eliminating worries about racism and discrimination — and substance abuse. We need to ensure in poorer communities of color that there are more sources of good, fresh eats and fewer pushers of drugs, booze, cigarettes, and junk food.

And, just as it is important for us to eliminate “food deserts,” it is crucial to ensure — as the District has learned anew — that “care giving deserts” don’t arise, either. Hospitals, clinics, and other medical facilities must be affordable and accessible to communities of color, and there must be more outreach to surrounding neighborhoods than now occurs. Federal lawmakers may wish to foster greater support for black and Latino patients by reexamining big tax breaks given under the rubric of “community benefits” to big, nonprofit, or not-for-profit hospitals and academic medical centers. Are they really doing enough for poor, African American, and Latino areas?

Doctors, nurses, medical societies, and licensing authorities also need simpler, faster, clearer, and easier ways for patients to complain about biased or racist treatment and to know that this conduct will be not be tolerated. Holding caregiving staff to high standards on discrimination could be beneficial to all patients, sending a message about the importance of respectful and safe care.

It is crucial, too, for the nation to reduce the violence disproportionately experienced by African Americans — whether due to crime, mental disorder, guns, and, most unacceptably, by excessive use of force by authorities, notably in lethal shootings. The added risk of African Americans’ perceiving that the justice and law enforcement systems are not only stacked against them, but also that racism is a condoned part of American life is unacceptable. It is corrosive to all. ProPublica said its interviews of protesters surfaced big concerns not only about racist policing but also a health care system that fails communities of color.

White Americans, curiously, have provided stark information on why racial animus is damaging. That’s because it can lead to destructive despair, especially if one group of people (whites) believe they hold a better place in society and sense that privilege is disappearing, as noted Princeton economists Anne Case and Angus Deaton have found. The couple have made the case — a Nobel Prize-winning one for Deaton — on how unchecked capitalism has harmed Americans, finding soaring deaths among those ages 25 to 64. As the Washington Post reported: “Americans … have been committing suicide, overdosing on opioids or dying from alcohol-related problems like liver disease at skyrocketing rates since 2000. These ‘deaths of despair’ have been especially large among white Americans without college degrees as job options have rapidly declined for them.”

In contrast, life expectancy in key groups of African Americans has risen, especially because black Americans have not succumbed in the same way whites have to drug overdoses, suicide, and alcoholism, the Washington Post has noted. Three years of reported declines in

Americans' life expectancy rates have increased the concerns raised by Case and Deaton, though experts fear that recent events may cause already worrisome black mortality rates to take a turn for the worse, too. Not good. We have much work to do. It's yet another reason why I wish for all who read this newsletter to stay safe and healthy through 2020 and beyond!

Credit: Shown above is segregated care, as offered by black MD's office in Mississippi in 1939. Captured by Marion Post Wolcott in Library of Congress photo.

A key part of medicine's Rx: More black MDs and RNs

There is an important way to improve the health care of African Americans: The nation, already facing shortages in doctors and nurses, must push the medical establishment to increase the number of black MDs and RNs.

Academia also must boost black participation in STEM areas (science, technology, engineering, and math). It is especially key that the nation produces far more African American Ph.Ds., notably those diving deep into medical sciences.

The dearth of black doctors long has been a problem for medicine. Blacks make up 13.4% of the nation's population but medical schools report that just 7.3% of students in 2019 identified as African American. That's higher than the 1980 figures, when the percentage of black medical students was 5.6%.

"We're still on a steady hill toward progress," but "there's still a lot more work to do," Gabriel Felix, president of the Student National Medical Association, which represents medical students of color, told USA Today.

Leading professional groups report that 6.2% of RNs identify as black. More African American nurses (52.5%) than their white counterparts (48.4%) go on to earn nursing degrees beyond the associate level, the groups also note.

Pioneers not only broke barriers, they also advanced the practice of medicine

Black doctors and nurses have overcome huge obstacles to tend to the sick and heal the injured. They also have helped advance medicine as an art and science. Their feats should be remembered.

Their accomplishments occurred even though the medical establishment declined to educate or train black students to be doctors and nurses. (The profession's mistreatment of African Americans was so shameful that, after studying its racist history, the American Medical Association issued a formal apology in 2008 to black doctors and promised to do better by them and black patients.)

Here is a sampling of the rich and long list of notable African Americans and how they bettered medicine:

James Durham (shown above) is believed to be the first, largely self-taught black doctor, according to Duke University. He bought himself out of enslavement and from working for white doctors to set up his practice from the 1780s until 1801. That's when New Orleans officials shut down his burgeoning business because he lacked formal training. His work with diphtheria patients impressed Dr. Benjamin Rush, the legendary clinician, and the black doctor became well-known for his care of Yellow Fever patients.

Still, with doctor and nurse shortages looming and with the numbers of clinicians of color still constrained, a blue-chip commission has reported this:

"The fact that the nation's health professions have not kept pace with changing demographics may be an even greater cause of disparities in health access and outcomes than the persistent lack of health insurance for tens of millions of Americans. Today's physicians, nurses, and dentists have too little resemblance to the diverse populations they serve, leaving many Americans feeling excluded by a system that seems distant and uncaring."

Black health care students, nurses, and doctors say they experience persistent, disheartening slights and other forms of racism in their professional work and lives. As one study published in a medical journal reported:

"[P]hysicians of color were routinely exposed to instances of racism and discrimination while at work. Twenty-three percent of participants reported that a patient had directly refused their care specifically due to their race. Microaggressions experienced at work and symptoms of secondary traumatic stress were significantly correlated. The qualitative data revealed that a majority of participants experienced significant racism from their patients, colleagues, and institutions."

Greater diversity in the health care work force could be significant for patients of color, especially African Americans, experts have found, including in this reporting in the Harvard Business Review saying:

"Research has found that physicians of color are more likely to treat minority patients and practice in underserved communities. And it has been argued that sharing a racial or cultural background with one's doctor helps promote communication and trust. A … [National Bureau of Economic Research] study looks at how changing this ratio might improve health outcomes — and save lives. Researchers set up an experiment that randomly assigned black male patients to black or nonblack male doctors, to see whether having a doctor of their race affected patients' decisions about preventive care. They found that black men seen by black doctors agreed to more, and more invasive, preventive services than those

The first black man to earn a medical degree? That was Dr. James McCune Smith in 1837, according to Duke University. But he had to get his credential from the University of Glasgow. A decade later, Dr. David Jones Peck became the first African American awarded a degree from a U.S. medical school (Rush in Chicago). In 1864, Rebecca Lee Crumpler became the first African American woman to earn a medical degree, graduating from New England Female Medical College, Boston.

Charles Drew is credited as the first clinician to use plasma to store blood for transfusion, part of his pioneering work in blood banking. He also organized the first large-scale blood bank in the United States during World War II, according to a leading medical-industry publication. Thereafter, he "began developing a blood storage program at the American Red Cross but resigned soon after officials decided to segregate the blood of African Americans."

The same article credits William Hinton with being the first black physician to teach at Harvard Medical School after graduating from the institution in 1909 and working at Harvard's Wassermann Laboratory. He was "appointed professor of preventive medicine and hygiene at Harvard Medical School in 1918 — the first black instructor in the school's history." He later became "a world-renowned expert in the diagnosis and treatment of syphilis. In 1927, he developed a diagnostic test for syphilis, known as the Hinton test, which was eventually endorsed by the U.S. Public Health Service."

Daniel Williams, the publication says, was "one of the first physicians to perform a successful open-heart surgery and founded [in 1893] the first interracial and black-owned hospital, Provident Hospital in Chicago." He was "one of the first physicians to complete a successful pericardial surgery, also known as open-heart surgery." He was the first black member of the American College of Surgeons and co-founded the National Medical Association with Robert Boyd, MD.

HBO has dramatized the contributions of Vivien Thomas, a black lab assistant to Alfred Blalock, a renowned surgeon at Johns Hopkins Hospital. As the institution describes the duo and their work in the segregated 1940s: "Coming of age in different

seen by nonblack doctors. And this effect seemed to be driven by better communication and more trust. Increasing demand for preventive care could go a long way toward improving health.

“A substantial part of the difference in life expectancy between white and black men is due to chronic diseases that are amenable to prevention. By encouraging more preventative screenings, the researchers calculate, a workforce with more black doctors could help reduce cardiovascular mortality by 16 deaths per 100,000 per year — resulting in a 19% reduction in the black-white male gap in cardiovascular mortality and an 8% decline in the black-white male life expectancy gap.”

It can be a complicated and challenging choice for black patients to seek doctors of their own race. It also should not be a reflexive, backward decision that only black doctors or nurses should treat African American patients. It may be that the needed trust and respect that black patients want in their care may come from others on the health team, notably nurses, nurse practitioners, midwives, and doulas.

The search for black health care professionals, of course, is complicated, and one reason they are few is because medical educations are costly and long. Students can face years of graduate and professional study and loans averaging $160,000 for aspiring doctors. Black students, poorer on average and attending disadvantaged public schools, may find themselves lagging in the demands of advanced education, especially the needed grounding in science, technology, and math.

The Obama Administration recognized the problems that educational shortfalls could pose to not only to medicine but also to the progress of the nation, committing to a major initiative to boost students’ STEM participation, particularly in communities of color. President Trump issued a plan similar to his predecessor’s, though the nation’s first black president made science and education a higher priority, particularly for communities of color, including with funding.

Still, as the Atlantic magazine reported:
“From 2002 to 2017, of the roughly 50,000 people who earned Ph.Ds. each year, the percentage

worlds, they nevertheless forged a poignant and sometimes stormy relationship to develop the so-called Blue Baby operation and usher in a golden age of heart surgery. The Blue Baby operation, which surgically corrected a congenital defect of the heart known as the Tetralogy of Fallot, broke the last barrier to operating directly on the heart, long considered taboo and an impossibility.”

Johns Hopkins, of course, was the place where Ben Carson earned acclaim as a gifted surgeon — only to go on to be the only African American member of President Trump's cabinet and a housing secretary with a penchant for victim-blaming in a time of rampant homelessness.

Solomon Carter cannot be neglected in both psychiatry and the study of the brain. He was the nation’s first black psychiatrist, and from his graduate research days, he carried on the crucial studies of the neurological disease named after his mentor Alois Alzheimer, according to Duke University. In 1912, he published “the first comprehensive clinical review of all Alzheimer's cases that [were] reported up to this time. He was the first to translate into English much of Alois Alzheimer's work.”

Black women’s contributions to medicine — especially in nursing — also should be recognized.

A pair of pioneers — Sojourner Truth and Harriet Tubman (shown above) — may be better known for their other historic roles in fighting slavery and racism. They also tended to the sick and advocated for the profession of nursing. Tubman and Susie King Taylor became known for their work caring for Union troops during the Civil War, defying discrimination and infectious diseases to do so.

Mary Eliza Mahoney, according to Duke, became the first African American professional nurse in 1879, graduating from the New England Hospital for Women and Children (Now Dimock Community Health Center), Boston. Two years later, the first school of record for black student nurses was established at Spelman College.

Estelle Massey Osborne, a professional site records, “holds the distinction of being the first black woman to earn an M.A. in nursing. From that point on, her mission was to make sure that other

who were black increased only modestly, from 5.1% to 5.4%, according to data from the National Science Foundation. In 2017, there were more than a dozen fields — largely subfields within science, technology, engineering, and math **—** in which not a single doctoral degree was awarded to a black person anywhere in the United States."

The absence of black doctoral-level researchers can be crucial to health care, as these often can be the experts who not only conduct important studies but also help determine public policy. They must be provided the opportunities, support and tools, including much more data (yes, broken down by race), so they can, for example, ensure that many more blacks participate in clinical trials and in research about conditions that may, indeed, have differentiations by race, gender, and age.

black nurses had better access to higher education and were able to receive an education that was on par with whites. During the 1940s, her work significantly expanded the number of nursing schools accepting black students and led to the U.S. Navy and Army lifting their color ban. In 1945, she joined the faculty at New York University, becoming the first black member."

In 1994, Jocelyn Elders, the daughter of a sharecropper, "became the first African American and the second woman to be named U.S. Surgeon General. Elders kept pushing boundaries while in office, advocating for robust sex education and studies on drug legalization— and drawing critics."

In 1956, an African American patient at Johns Hopkins made a major but unauthorized contribution to medicine, when a doctor took cells from her without her permission. They were cultured and used in experiments ranging from determining the long-term effects of radiation to testing the live polio vaccine," NPR reported. "Her cells were commercialized and have generated millions of dollars in profit for the medical researchers who patented her tissue."

Medical writer Rebecca Skloot chronicled the legacy of this invasive scientific advance — and the effect that it has had on her family — in her book, *The Immortal Life of Henrietta Lacks*. It was made into an HBO movie starring Ophrah Winfrey.

Recent Health Care Blog Posts

Here are some recent posts on our patient safety blog that might interest you:

- Hundreds of thousands of institutionalized Americans have been infected with the novel coronavirus. Tens of thousands of them are dead. Yet a lethal bungling persists in the response to Covid-19's savaging of residents of nursing homes and other long-term care facilities. Why? Their owners and operators agree with medical scientists that significantly more testing is required, urgently, so the sick can be diagnosed, treated, and isolated.
  But insurers and owners are bickering over who should pay for Covid-19 tests, notably for institutions' staffers — many of whom are themselves getting sick and dying.
- In the middle of a pandemic with a novel virus that has infected at least 2.5 million Americans and

killed roughly 127,000, and with 20 million people jobless, what is a prime Republican response? They are advancing yet again a court case to strip tens of millions of poor, working poor, and middle-class Americans of health insurance. By the way, when doing so — by seeking a total repeal of the Affordable Care Act — the Trump Administration and a collection of states led by Republican attorneys general also would put at huge risk key health insurance safeguards that Americans embrace, including: They no longer would be guaranteed the protection of insurers denying them coverage based on pre-existing conditions. It would be unclear whether they could keep their children on their policies, at lower cost, until they turned age 26. Insurers would see a bar lifted, so they could impose lifetime limits on coverage, notably for costly and chronic conditions like cancer and heart disease.

- Just as law enforcement authorities find themselves under fire for instances of racist, excessive uses of force, police agencies across the country seem hell-bent on giving critics more and more evidence for their argument that major policing reforms are needed. The independent, nonpartisan Kaiser Health News Service and USA Today deserve credit for scrutinizing dozens of incidents involving officials' actions nationwide against people protesting the Minneapolis police killing of George Floyd.

- Doctors, clinics, urgent care facilities, and hospitals are laboring to get out an important message tied to the Covid-19 pandemic: Patients should not delay seeking their needed medical services, especially urgent or emergency treatment, due to fears of getting infected with the novel coronavirus. It made sense to postpone many types of medical services as states sought to reduce the virus' wildfire spread and to prevent the U.S. medical system from potentially getting overwhelmed with Covid-19 cases, experts say. But public health restrictions are easing, and medical practices and facilities have set up ways to minimize the possibility of coronavirus infection, such that patients may want to reconsider their highest anxiety.

- As visitors and workers in the Washington, D.C., area slowly return from the Covid-19 home-stay restrictions, they may be hit with a worry about a different kind of distancing: Keeping themselves safe on byways more heavily trafficked by bicycles and scooters, notably rental models whose mechanical soundness is under increasing question. It is difficult to predict precisely how a new normal will settle over what had become for many a difficult and sometimes distressing trip to and from the office, or for throngs of tourists, visits to sites scattered across the metropolitan area. But transportation experts know that health precautions may force a lightening of the load on public transit, whether trains, buses, or the subway. More people may crush into the District of Columbia in cars, worsening the commuting nightmares. That also may push workers and travelers into heavier reliance on bikes and scooters — a practice that District officials had sought to foster before the coronavirus struck.

HERE’S TO A HEALTHY 2020!

Sincerely,

Patrick Malone

Patrick Malone & Associates

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