



From Slavery to COVID 19

Understanding the origins and impact of health disparities

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School of Medicine



*Not everything that is faced
can be changed, but
nothing can be changed
until it is faced.*

James Baldwin taken Hyde Park, London by Allan Warren

Disparities in Healthcare Access and Health Outcomes



Photo: Tim Brauhn. <https://www.flickr.com/photos/inthehandofdante/3917658156>



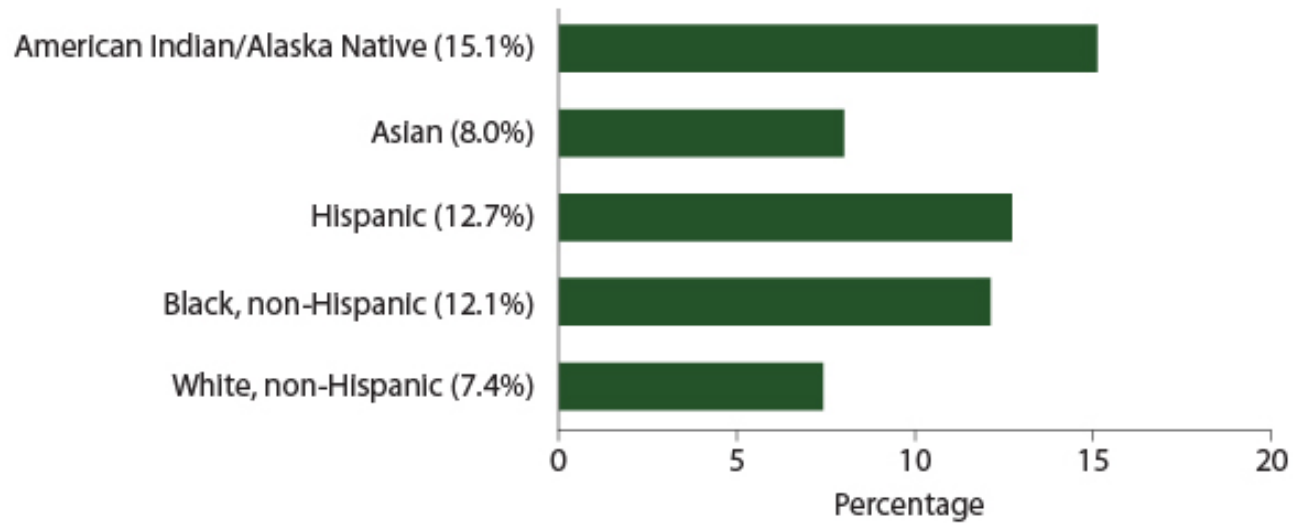
Photo: Beбето Matthews / Associated Press

Not by chance, but by design

Type 2 Diabetes

Percentage of US Adults Aged 18 or Older with Diagnosed Diabetes, by Racial and Ethnic Group, 2013-2015

2017 Diabetes Report Card

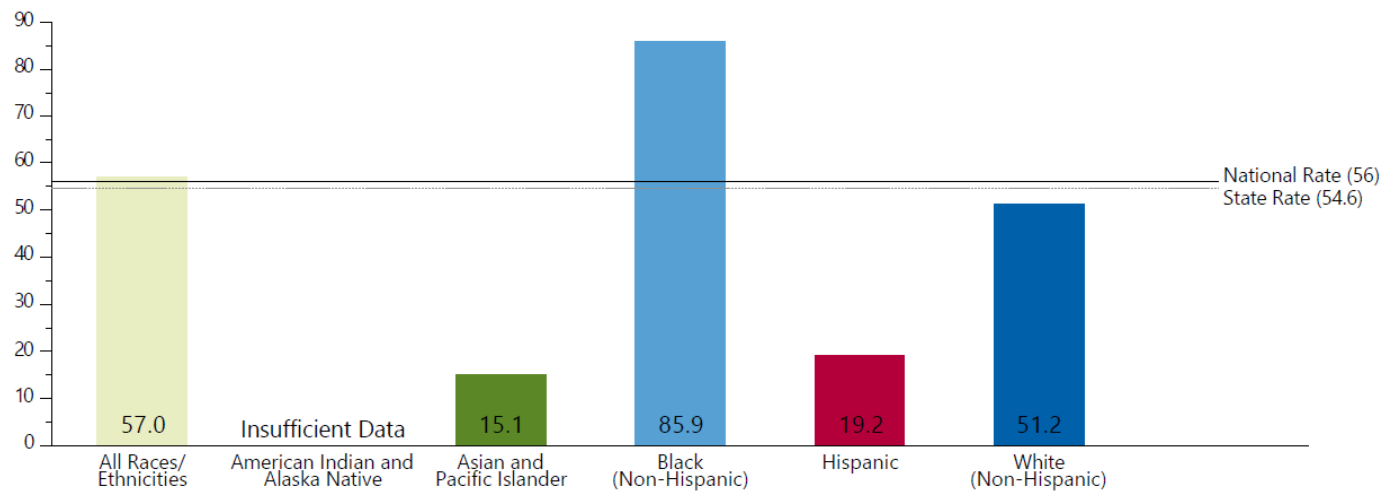


Preventable Death from CVD and Stroke

County Profile for Forsyth, NC

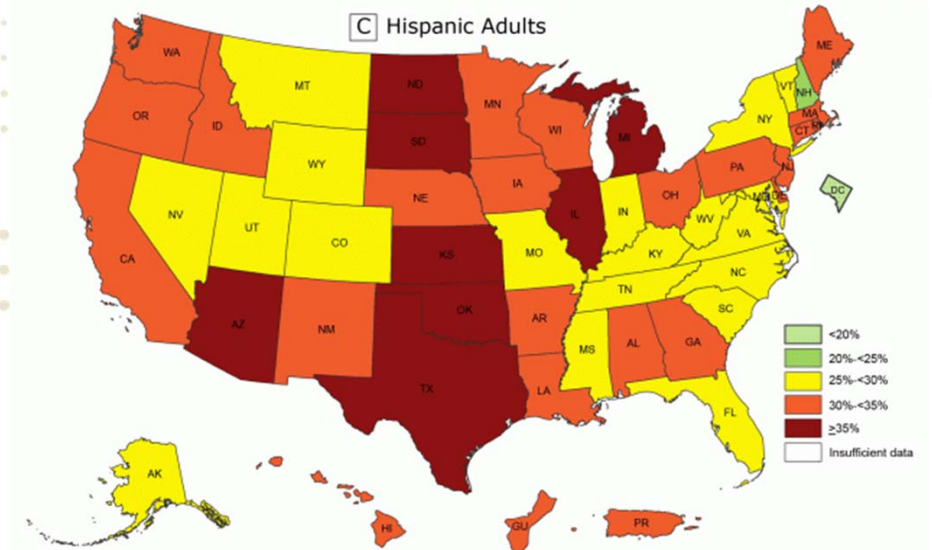
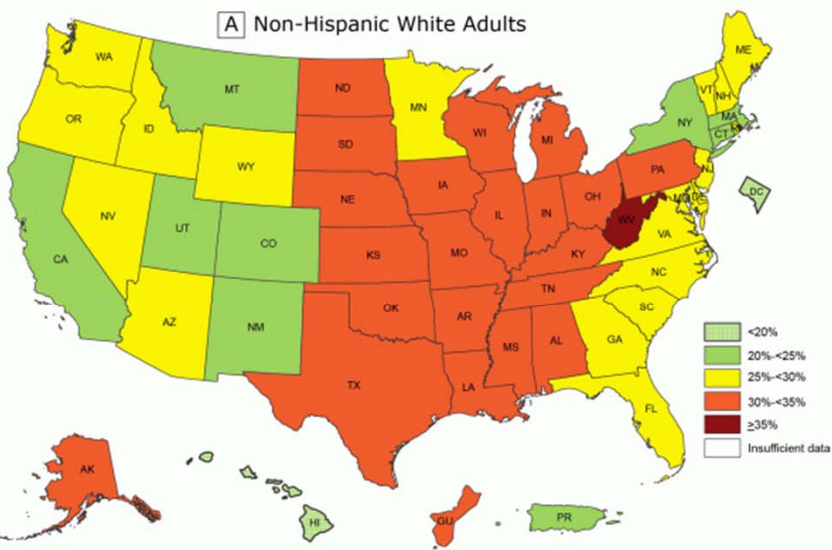
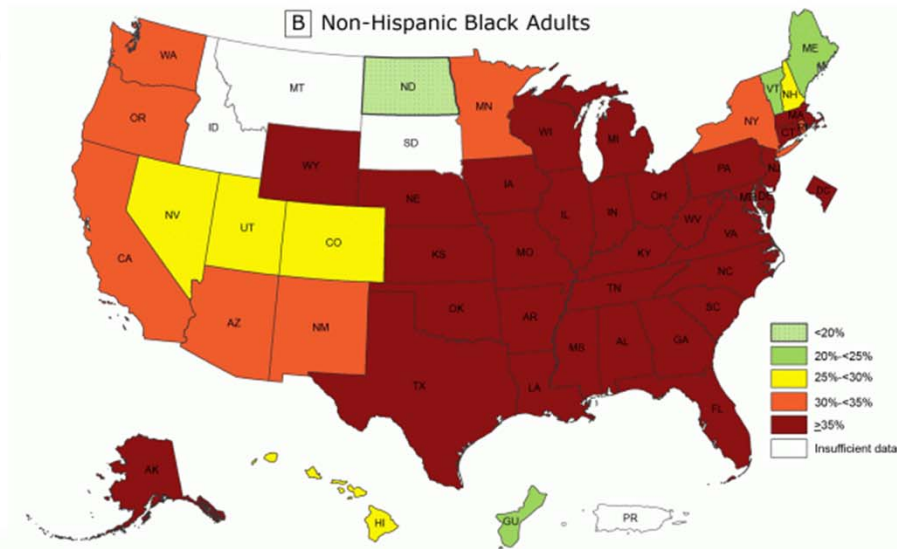
CDC Interactive Atlas of Heart Disease and Stroke

Avoidable Heart Disease and Stroke Death Rate per 100,000, White (Non-Hispanic), Both Genders, 2016-2018



Source: Interactive Atlas of Heart Disease and Stroke
www.cdc.gov/dhdsp/maps/atlas

Obesity



Slavery Informs the Approach to Health Care for Blacks

Illustration of Dr. J. Marion Sims with Anarcha by Robert Thom. Anarcha was subjected to 30 experimental surgeries.

—IMAGE / PEARSON MUSEUM, SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE



Conditions Foster Disease

Slave Rations:

- 10 quarts Rice or peas
- One-Bushel Sweet Potatoes
- 2-3 Mullet or Mackerel- Salt Fish (in the winter)
- 1 pint Molasses
- 2 pounds Pork
- Bacon and Beef (in the summer)
- 1 peck of Meal
- 1 peck Grits



...But Disease is Ascribed to Innate Traits

Physicians created terms to describe diseases that were “peculiar” to blacks

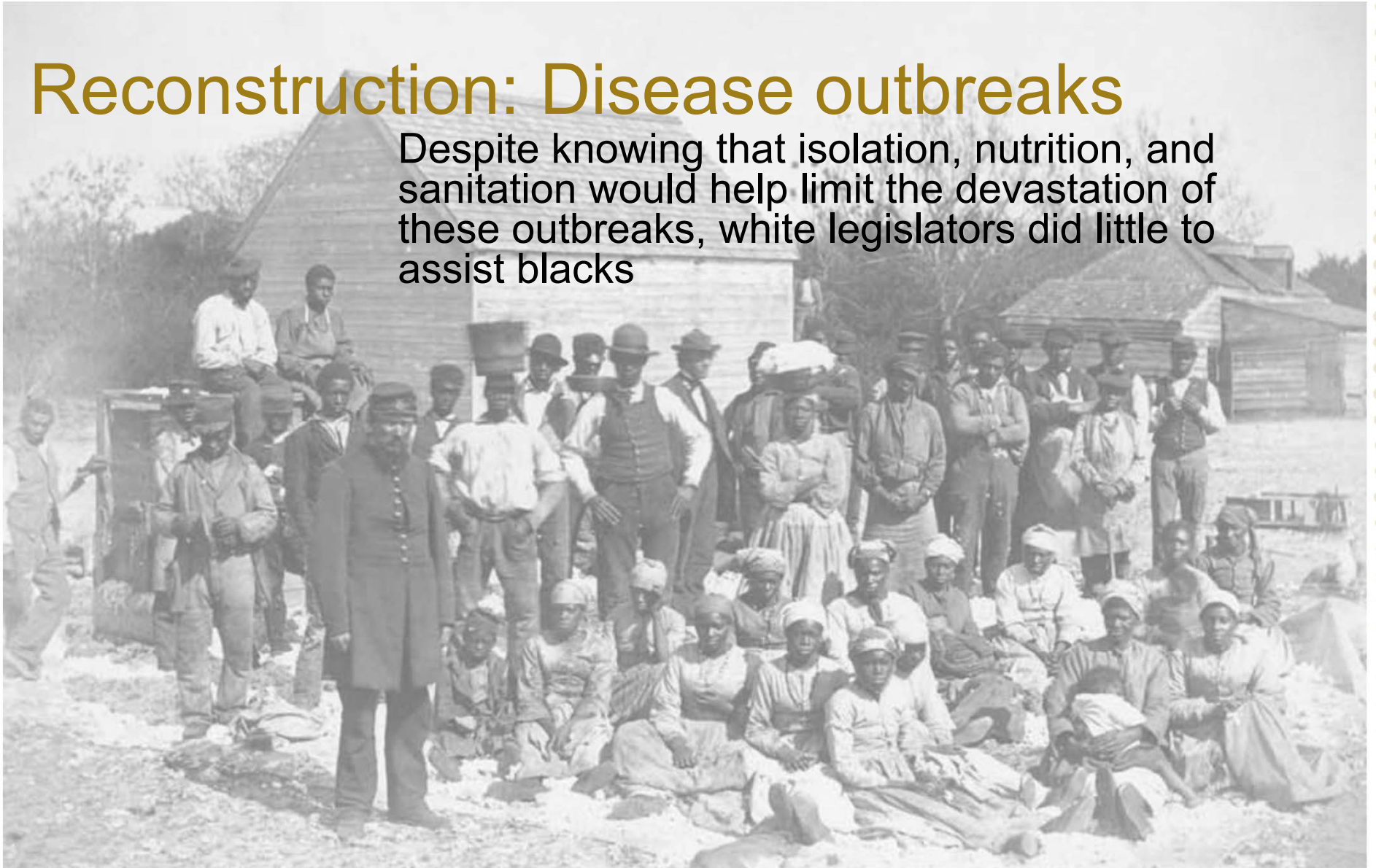
- *Cachexia Africana*- dirt eating
- *Struma Africana*- negro consumption
- *Drapetomania*- disease that causes a slave to run away



Heads circa 1836 Richard Bridgens

Reconstruction: Disease outbreaks

Despite knowing that isolation, nutrition, and sanitation would help limit the devastation of these outbreaks, white legislators did little to assist blacks



Two Small Worries & One Major Concern

1. Smallpox and other diseases might spread to their own communities
2. If they provided assistance, it would only breed dependence—hard work was the best way to achieve health and vitality

There was a primary concern that a healthy, freed black population would upend the social order

Once Freed, No Value as Humans

“No charitable black scheme can wash out the color of the Negro, change his inferior nature or save him from his inevitable fate,” an Ohio congressman said.

This made blacks uninsurable, as actuaries predicted that blacks would inevitably result in large losses for insurers, and the race would eventually become extinct

<https://www.nytimes.com/interactive/2019/08/14/magazine/universal-health-care-racism.html>

Wolff, M. The Myth Of The Actuary : Life Insurance And Frederick L. Hoffman's *Race Traits And Tendencies Of The American Negro*. Public Health Rep. 2006 Jan-Feb; 121(1): 84–91.

“It could be said that the life insurance industry came full circle for African Americans, who were the first to be insured for the wrong reasons and the last to be insured for the right ones.”

M. Wolff- *The Myth Of The Actuary : Life Insurance And* Frederick L. Hoffman's *Race Traits And Tendencies Of The American Negro*.

Post-reconstruction



Southern states re-emerge politically, promoting segregationists policies via “states’ rights” doctrines



Sign at a Greyhound Bus Station in Rome, GA. Credit: Library of Congress

Separate But Equal in Health Care



Moses H. Cone Memorial Hospital in
Greensboro, N.C.

Cone Health Medical Library

Hill-Burton Act (1946)

- Codifies “separate but equal” in health care

This was a concession granted to Southern Democrat segregationists to gain their votes for passage of the act

Denied blacks access to higher quality medical services and technology

Largent EA. Public Health, Racism, and the Lasting Impact of Hospital Segregation. *Public Health Rep.* 2018;133(6):715-720

Simkins v. Moses H. Cone Memorial Hospital outlawed racially segregated health care in 1963.

Published on September 15, 2016

Cone Health Apologizes for Discriminatory Past

Cone Health apologizes to remaining plaintiff of lawsuit that opened doors of U.S. hospitals to African-Americans

Cone Health has apologized to the last living plaintiff and others involved in a lawsuit that desegregated hospitals nationwide. The establishment of a scholarship fund came during a Sept. 15 ceremony before the start of the annual medical and dental staff meeting.

Cone Health honored Dr. Alvin Blount. Blount was one of nine African-American physicians and dentists who, along with two patients, sued The Moses H. Cone Memorial Hospital and Wesley Long Hospital in Greensboro. The plaintiffs, led by Dr. George Simkins Jr., wanted black medical professionals to be able to care for black patients in the facilities. In the landmark 1962 [Simkins vs. Moses H. Cone Memorial Hospital case](#), the 4th Circuit Court of Appeals held that "separate but equal" racial segregation in publicly funded



Cone Health CEO Terry Akin shakes the hand of Dr. Alvin Blount

Emergence of Employer-based Insurance



Becomes commonplace during WWII– major recruitment tool

Made tax exempt by IRS thereafter– “locks in” the practice

Employer-based Insurance and Disparities

Insurance through employment becomes norm, BUT

Companies discriminated, decreasing the opportunities for blacks to be employed, AND

Blacks often worked in positions without health insurance as a benefit, THEREFORE



Blacks were largely kept out of the health insurance market through no fault of their own, AND

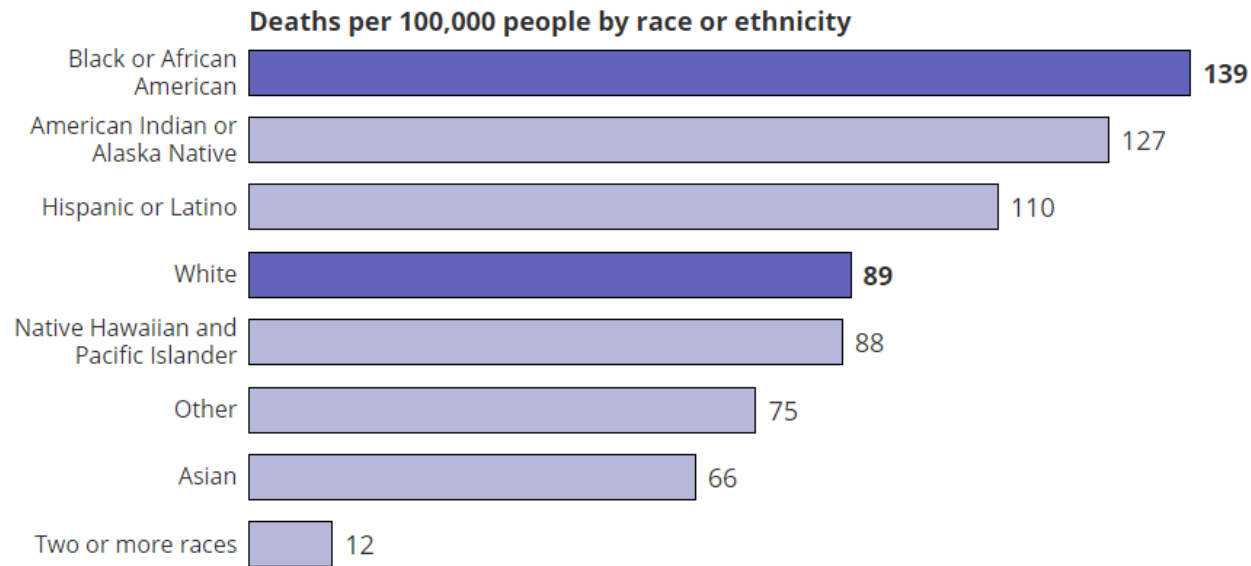
Without insurance coverage, health care was a remedy of last resort, leading to poor health outcomes, driven by increased prevalence of preventable disease.

Disparities in COVID-19 Pandemic

As we now understand that race is a social construct and not a biological factor, we use the term Social Determinants of Health to describe the non-biological factors that explain health outcomes and risk

- Our environment
- Income and education
- Nutrition
- Spaces for exercise
- Access to health care
- Social status

Nationwide, Black people have died at 1.6 times the rate of white people.



[Notes ↓](#)

We've lost at least 57,266 Black lives to COVID-19 to date. Black people account for 16% of COVID-19 deaths where race is known.

Deaths from COVID by Race in NC

Race	Percentage of Population	Percentage of Cases	Percentage of Deaths
Black/African American	21%	20%	26%
White	69%	62%	65%
Asian	3%	2%	1%

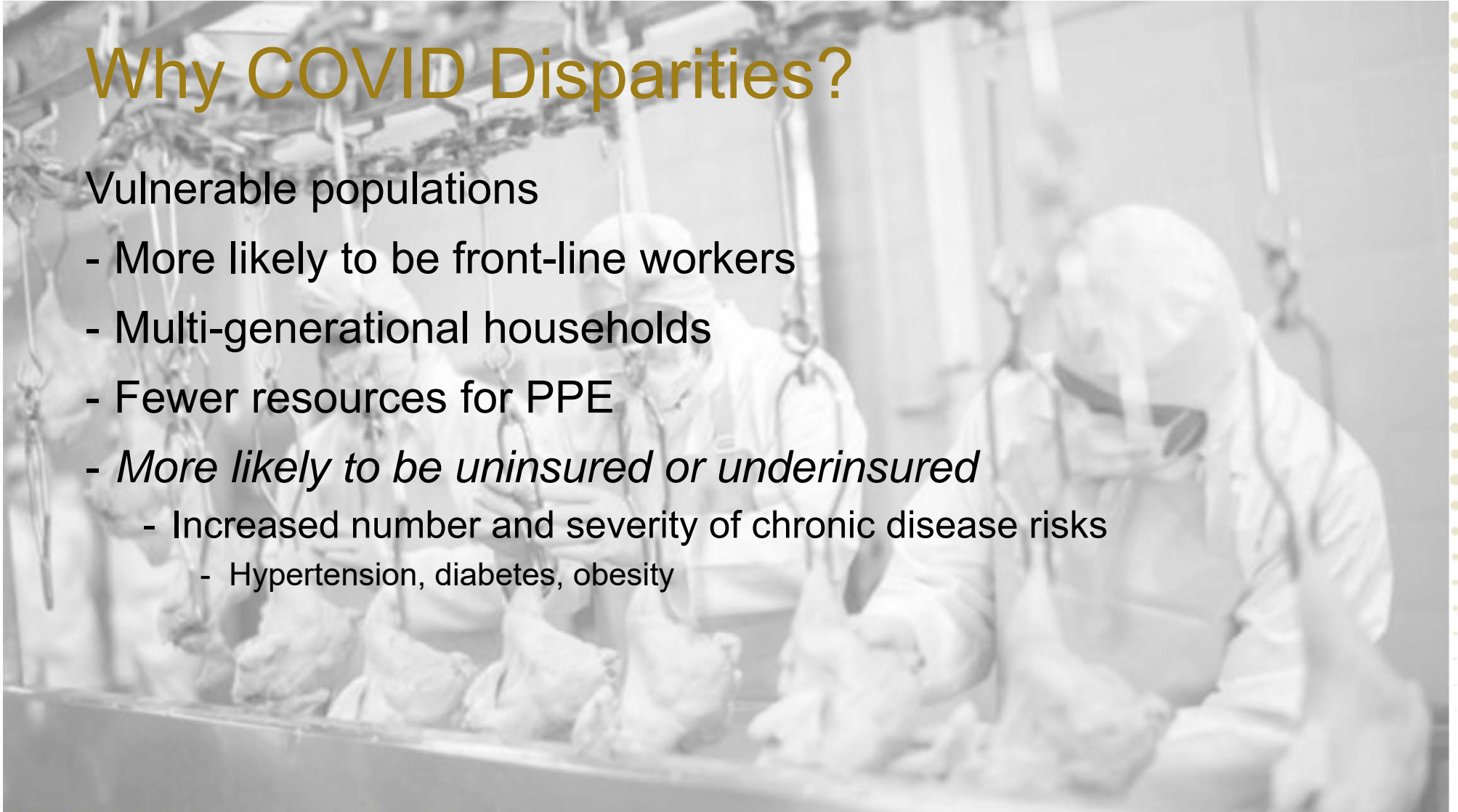
Race data reported for 79% of cases and 95% of deaths

<https://covidtracking.com/race/dashboard#state-nc>

Why COVID Disparities?

Vulnerable populations

- More likely to be front-line workers
- Multi-generational households
- Fewer resources for PPE
- *More likely to be uninsured or underinsured*
 - Increased number and severity of chronic disease risks
 - Hypertension, diabetes, obesity





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While times have changed and there are no overt efforts to create separate healthcare facilities or exclude non-whites, many of our decisions about who should have access to health care resemble actions of the past.

It should come as no surprise that the least advantaged among us suffer the most from poor health and are most vulnerable during crises like COVID-19.

Our Reflection

Throughout our history, we've had multiple opportunities to do the right thing, and we have consistently chosen to deny healthcare to the most vulnerable.

It's time to give a voice to this injustice and call it what it is.

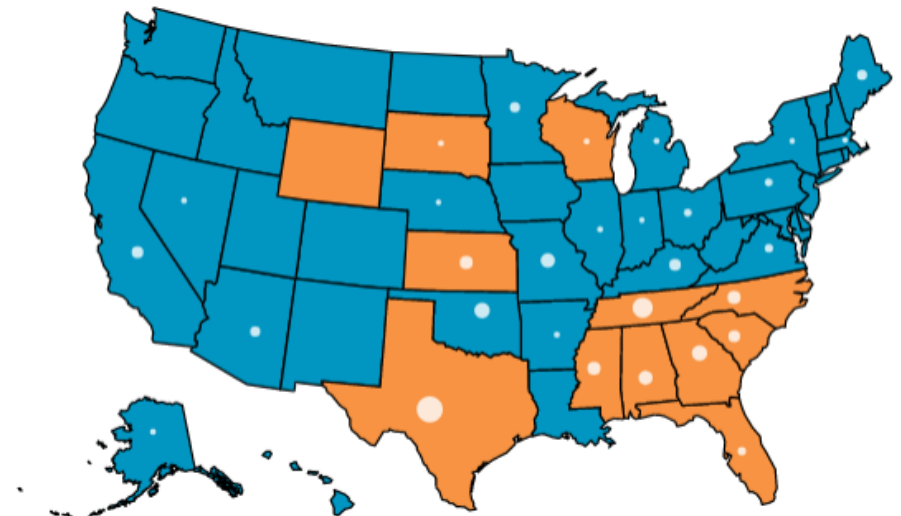
Medicaid Expansion Status by State



Medicaid Expansion Status by State

Percent uninsured, rural hospitals closed and other related outcomes

Not Adopted Adopted



Source: [Kaiser Family Foundation](#), [The Chartis Center for Rural Health](#)



A Flourish map

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Martin Luther King, Jr
March, 1966



Calls To Action

To be complacent is to be complicit

How Can We Meaningfully Address Disparities?

Acknowledgement

- Educate yourself
- Share counter-narratives

Advocacy

- Has your state expanded Medicaid?
- What can you do to ensure the adequacy of the safety net?

Activism

- Actively engage in addressing structural racism
- Have the courage to be an active bystander