History of Racism in Health UCSF REPAIR Project on REPara and Anti-Institutional Ra





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Themes

YEAR ONE

Medical Reparations

YEAR TWO

Medical Abolition

YEAR THREE Sciences

Decolonizing the Health



Home > Home



Objectives

Race has been understood through a prism of fitness/health

Protecting public health has been used to justify discriminatory practices and policies

Healthcare in America has never been devoid of racism

Medical professionalism in the US was founded on anti-Black racism and sexism

Health research has exploited and contributed to institutional racism in the US



Race and Racism

Race is a tool, and it was intrinsic, not anterior, to constructions of capital, as well as to ideas about biology and culture – Shaka McGlotten

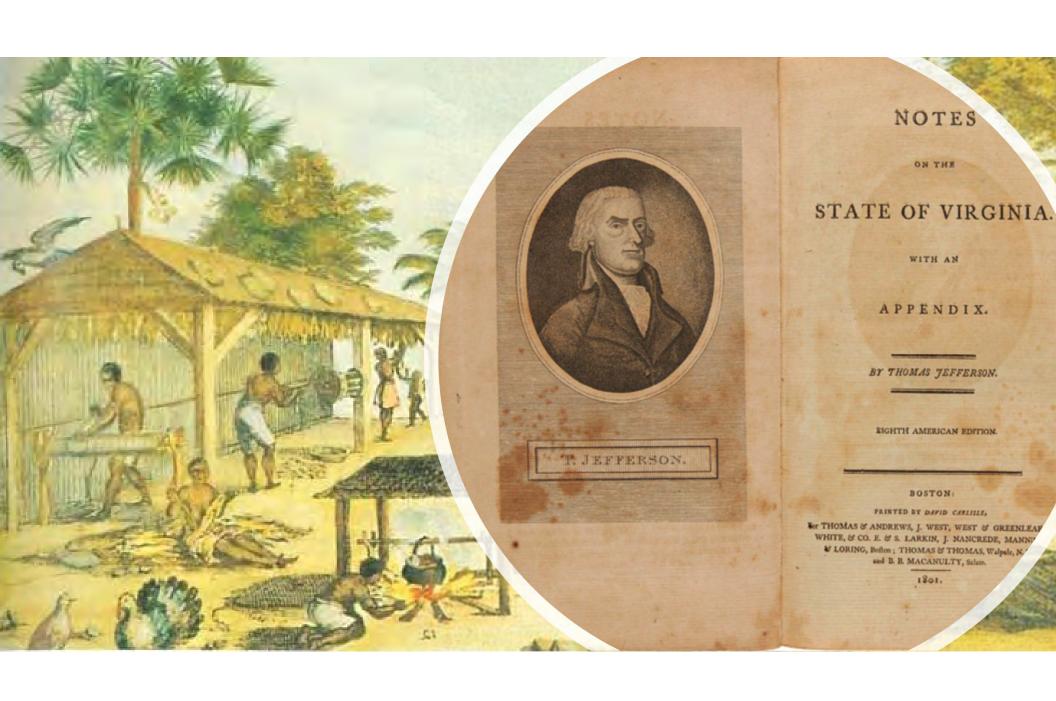
"Race is the child of racism, not the father." Ta-Nehisi Coates

"The world got along without race for the overwhelming majority of its history. The US has never been without it." – David R Roediger Racism is "the state-sanctioned and/or extralegal production and exploitation of group-differentiated vulnerability to premature death."

Ruth Wilson Gilmore

Racial
Categorization
and the
Enlightenment
Period





Ann

NEW ORLEANS

MEDICAL AND SURGICAL JOURNAL.

MAY, 1851.



ORIGINAL COMMUNICATIONS.

I.—REPORT ON THE DISEASES AND PHYSICAL PECULIARITIES OF THE NEGRO RACE.

By SAMUEL A. CARTWRIGHT, M. D., Chairman of the Committee appointed by the Medical Association of Leoniciana to report on the above subject. (But at the humal Bords of the knowledy, Most the, 186.)

Gentlemen:—On the part of the Committee, consisting of Doctors Copes, Williamson, Browning and myself, to investigate the diseases and physical peculiarities of our negro population, we beg leave TO REPORT—

That, although the African race constitutes nearly a moiety of our southern population, it has not been made the subject of much scientific investigation, and is almost entirely unnoticed in medical books and schools. It is only very lately, that it has, in large masses, dwelt in juxta position with science and mental progress. On the Niger and in the wilds of Africa, it has existed for thousands of years, excluded from the observation of the scientific world. It is only since the revival of learning, that the people of that race have been introduced on this continent. They are located in those parts of it, not prolific in books and medical authors. No medical school was ever established near them until a few years ago; hence, their discusses and physical peculiarities are almost unknown to the learned. The little knowledge that Southern physicians have acquired con-



Slavery and Medicine



CODE OF

MEDICAL ETHICS

OF THE

American Medical Association.

Depiction of Black Healthcare Practitioners

CHAPTER XIV

THE MEDICAL EDUCATION OF THE NEGRO

The medical care of the negro race will never be wholly left to negro physicians. Nevertheless, if the negro can be brought to feel a sharp responsibility for the physical integrity of his people, the outlook for their mental and moral improvement will be distinctly brightened. The practice of the negro doctor will be limited to his own race, which in its turn will be cared for better by good negro physicians than by poor white ones. But the physical well-being of the negro is not only of moment to the negro himself. Ten million of them live in close contact with sixty million whites. Not only does the negro himself suffer from hookworm and tuberculosis; he communicates them to his white neighbors, precisely as the ignorant and unfortunate white contaminates him. Self-protection not less than humanity offers weighty counsel in this matter; self-interest seconds philanthropy. The negro must be educated not only for his sake, but for ours. He is, as far as human eye can see, a permanent factor in the nation. He has his rights and due and value as an individual; but he has, besides, the tremendous importance that belongs to a potential source of infection and contagion.

The pioneer work in educating the race to know and to practise fundamental hygienic principles must be done largely by the negro doctor and the negro nurse. It is important that they both be sensibly and effectively trained at the level at which their services are now important. The negro is perhaps more easily "taken in" than the white; and as his means of extricating himself from a blunder are limited, it is all the more cruel to abuse his ignorance through any sort of pretense. A well-taught negro sanitarian will be immensely useful; an essentially untrained negro wearing an M.D. degree is dangerous.

Make-believe in the matter of negro medical schools is therefore intolerable. Even good intention helps but little to change their aspect. The negro needs good schools rather than many schools,—schools to which the more promising of the race can be sent to receive a substantial education in which hygiene rather than surgery, for example, is strongly accentuated. If at the same time these men can be imbued with the missionary spirit so that they will look upon the diploma as a commission to serve their people humbly and devotedly, they may play an important part in the sanitation and civilization of the whole nation. Their duty calls them away from large cities to the village and the plantation, upon which light has hardly as yet begun to break.

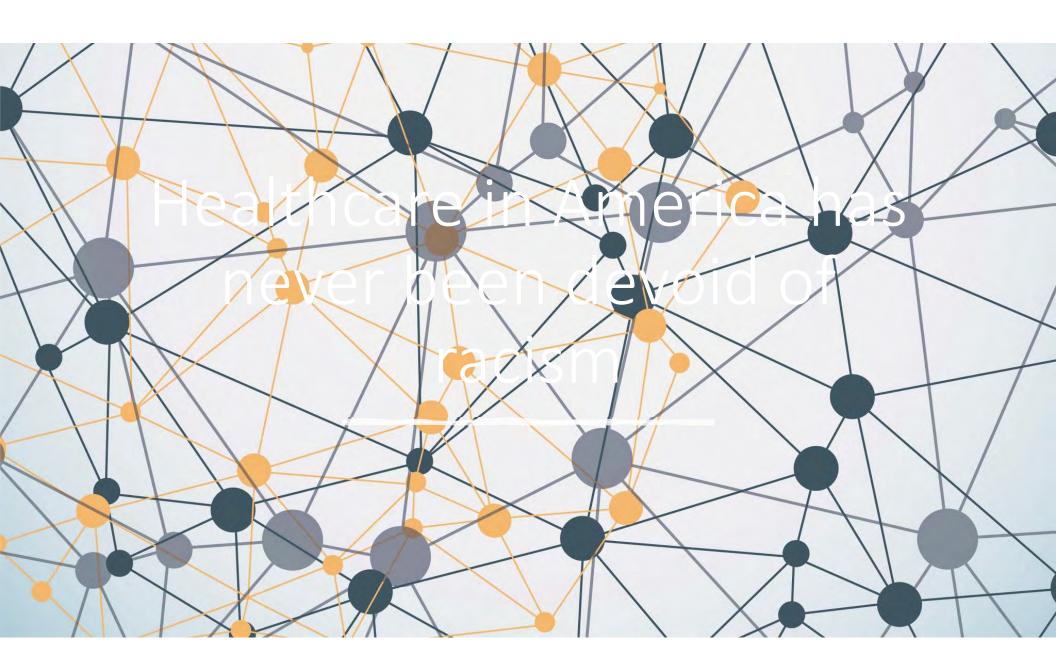
Of the seven medical schools for negroes in the United States, 1 five are at this moment in no position to make any contribution of value to the solution of the problem

¹Washington, D.C.: Howard University; New Orleans: Flint Medical College; Raleigh (N.C.): Leonard Medical School: Knoxville: Knoxville Medical College; Memphis: Medical Department of the University of West Tennessee; Nashville: Meharry Medical College; Louisville: National Medical College.

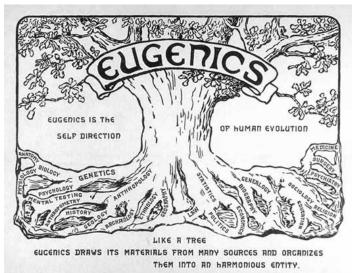
Dermatology textbooks and journals lack representation needed to treat patients of color

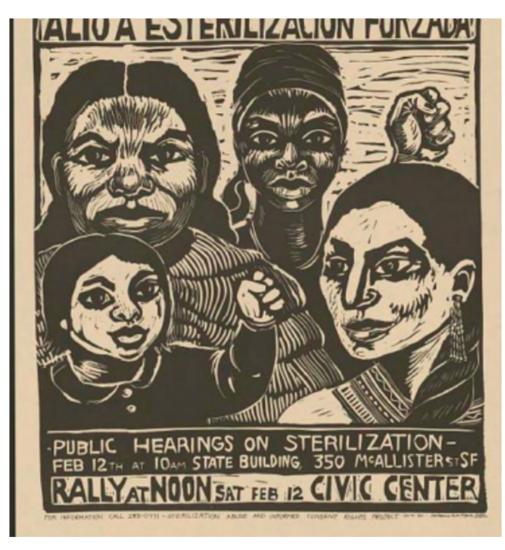


atologist Jenna Lester treats Geoffry Blair Hutto at the UCSF skin of color clinic. ESY BARBARA RIES, UCSF









Race as a Ghost Variable

- Ghost Variables are variables in program languages that do not correspond to physical entities.
- "The presumptive whiteness of subjects when race is unremarked is a potent mechanism that maintains race as an absent presence."
- "The neutrality of whiteness as the standard from which other racial identifications emerge"



RACE

How a Popular Medical Device Encodes Racial Bias

Pulse oximeters give biased results for people with darker skin. The conse could be serious.

AMY MORAN-THOMAS

Article Type: Brief Communication

Reconsidering donor race in predicting allograft and patient survival among kidney transplant recipients

DOI: 10.34067/KID.0002932021

Kelly Chong, Igor Litvinovich, Shan Shan Chen, Yiliang Zhu, Christos Argyropoulos, and Yue-Harn Ng

Key Points

*Donor race should not be used in models to predict allograft and patient survival

*Removing donor race from the KDRI may reduce kidney discard by reclassifying ~50% of high KDPI kidneys

*Future prediction models should focus on using relevant biological factors rather than social constructs when trying to predict outcomes

HEALTH

Changing the equation: Researchers remove race from a calculator for childbirth



Depreinte

Removing Race from Estimates of Kidney Function

March 9, 2021 - A joint statement from the presidents of the American Society of Nephrology and the National Kidney Foundation

June 18, 2020

Race 'Correction' in Clinical Algorithms Needs Re-examination

Natasha Persaud







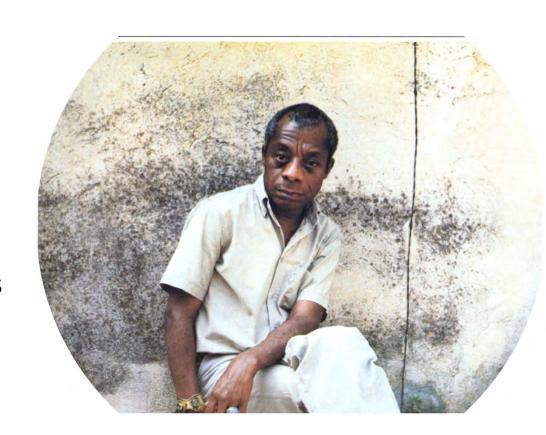


JAMA Podcast



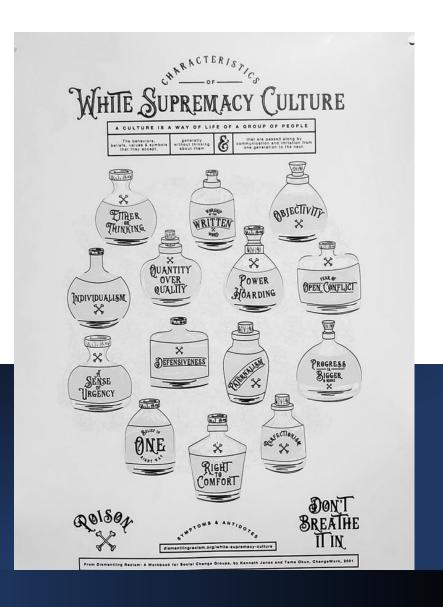
James Baldwin

The reality, the depth, and the persistence of the delusion of white supremacy in this country causes any real concept of education to be as remote, and as such to be feared, as change or freedom itself.



Culture of Medicine

&



Life-Affirming Ethos of Healthcare

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Medical Reparations
Medical Abolition
Decolonizing the Health Sciences

Thank you!