

## Historical Foundations of Racism in Medicine: An Introduction

### Additional Resources

#### Origin of Race

- [The Origin of Race in the USA](#) (PBS)  
Do you believe that your race correlates to your skin tone? Because that wasn't always the case. So how did Americans come to believe that race equals certain visible physical characteristics such as skin color and hair? And why is it that certain ethnic groups that were once considered "non-white" became reclassified as "white"? Watch the episode to find out.
- [What is Ethnicity?](#) (PBS)  
What's the difference between race and ethnicity? Can a person have more than one ethnic identity? Today Danielle explores the history and evolution of different ethnicities that make up America.
- [Caste: The Origins of Our Discontents](#) (Isabel Wilkerson)  
The Pulitzer Prize–winning, bestselling author of *The Warmth of Other Suns* examines the unspoken caste system that has shaped America and shows how our lives today are still defined by a hierarchy of human divisions.

#### Medical Racism and Health Inequities

- [Can a formula be racist? She says one put her health at risk](#) (CNN)  
Patients may not know when race correction is used in their treatment, but a new generation of medical students is calling on doctors to re-think the common practice.
- [How racism makes us sick](#) (TEDTalk, D. R. Williams)  
Why does race matter so profoundly for health? David R. Williams developed a scale to measure the impact of discrimination on well-being, going beyond traditional measures like income and education to reveal how factors like implicit bias, residential segregation and negative stereotypes create and sustain inequality. In this eye-opening talk, Williams presents evidence for how racism is producing a rigged system -- and offers hopeful examples of programs across the US that are working to dismantle discrimination.
- [Allegories on race and racism](#) (TEDxEmory, Dr. Camara Jones)  
This talk was given at a local TEDx event, produced independently of the TED Conferences. Dr. Camara Jones shares four allegories on "race" and racism. She hopes that these "telling stories" empower you to do something different, and that you will remember them and pass them on.

Dr. Jones is a family physician and epidemiologist whose work focuses on the impacts of racism on the health and well-being of the nation. She seeks to broaden the national health debate to include not only universal access to high quality health care, but also attention to the social determinants of health (including poverty) and the social determinants of equity (including racism).

- [The problem with Race-Based medicine](#) (TEDMED, Roberts, Dorothy)  
Social justice advocate and law scholar Dorothy Roberts has a precise and powerful message: Race-based medicine is bad medicine. Even today, many doctors still use race as a medical shortcut; they make important decisions about things like pain tolerance based on a patient's skin color instead of medical observation and measurement. In this searing talk, Roberts lays out the lingering traces of race-based medicine -- and invites us to be a part of ending it. "It is more urgent than ever to finally abandon this backward legacy," she says, "and to affirm our common humanity by ending the social inequalities that truly divide us."

- [The Cliff of Good Health](#) (Urban Institute, Dr. Camara Jones)  
Everyone should have the opportunity to achieve good health. But, as Dr. Camara Phyllis Jones explains through her cliff analogy, that's often not the case.  
We can reduce health disparities and better connect people to high-quality medical care, but to really make a difference, we need to address the social determinants of health and equity that protect some people and push others off the cliff.

The Urban Institute collaborated with Jones to illustrate her analogy of the cliff of good health.

- [Racism Denies Equal Health Care Access](#) (The Emory Wheel)  
Health disparities are the main obstacles to achieving equal health rights, in which everybody has a good standard of health quality. In other words, wiping out health disparities should be prioritized in order to attain health rights.
- [Health Disparities Among Black Persons in the US and Addressing Racism in the Health Care System.](#) (JAMA Networks, Aaron E Carroll)  
While the United States is awakening to the systemic racism in the criminal justice system, it is equally important to acknowledge its existence in the US health care system.
- [Next time someone says racism isn't real, show them this 3-minute video](#) (Vox, German Lopez)  
If systemic racism isn't real, why are black people nearly four times more likely to be arrested for marijuana than their white counterparts despite using and selling drugs at similar rates, about twice as likely to be pulled over while driving, or half as likely to get a call back after they mail their resume to an employer?

This video by Brave New Films breaks down these stats and more in a takedown of the idea that systemic racism isn't a real problem in America.

- [Structural Racism — A 60-Year-Old Black Woman with Breast Cancer](#) (New England Journal of Medicine, Kristen Pallok et al)

This paper, part of the NEJM's *Case Studies in Social Medicine* series, explores the concept of structural racism through the experience of one patient, exploring three strategies for addressing structural racism in health care.

- [Hidden in Plain Sight — Reconsidering the Use of Race Correction in Clinical Algorithms](#) (New England Journal of Medicine, Darshali A. Vyas et al)  
Physicians still lack consensus on the meaning of race. When the New England Journal of Medicine took up the topic in 2003 with a debate about the role of race in medicine, one side argued that racial and ethnic categories reflected underlying population genetics and could be clinically useful. Others held that any small benefit was outweighed by potential harms that arose from the long, rotten history of racism in medicine. Weighing the two sides, the accompanying Perspective article concluded that though the concept of race was “fraught with sensitivities and fueled by past abuses and the potential for future abuses,” race-based medicine still had potential: “it seems unwise to abandon the practice of recording race when we have barely begun to understand the architecture of the human genome.”