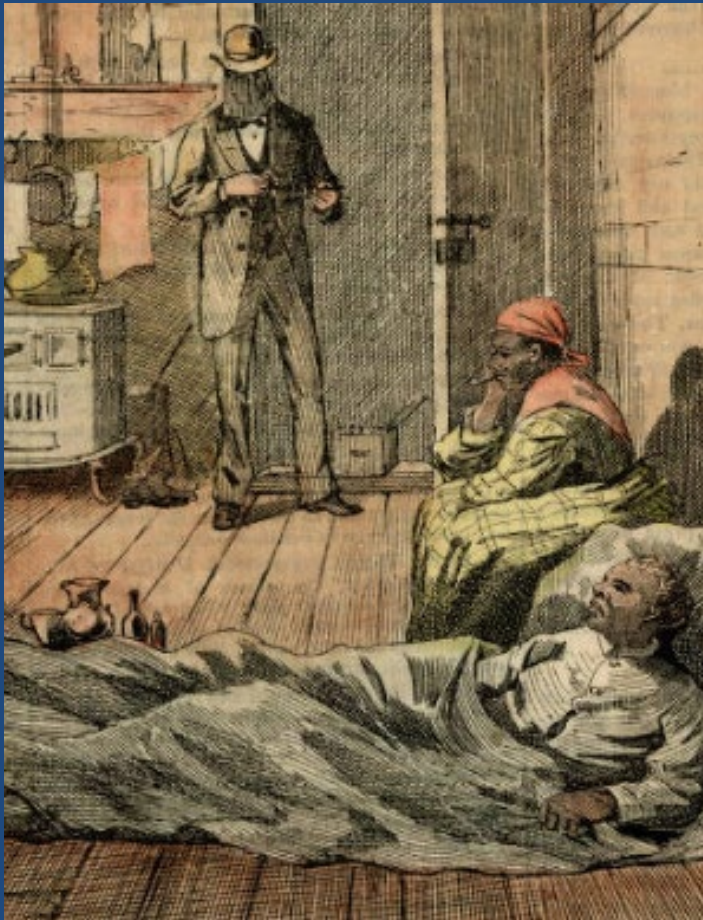


Epidemic Inequities: Pandemics, Policies, and the History of *Structured* Racial Inequalities



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NASEM Summit on Diversity, Equity,
Inclusion, and Anti-Racism in 21st c.
STEMM Organizations

“Establishing the Historical Context for
Racism in the United States”

WHAT WE KNOW ABOUT STRUCTURED INEQUALITY (10 brief observations on the past, present, and future)

The U.S. surpasses 11 million infections; Black and Latino Americans still shoulder an outsize share.



The New York Times Dec. 23, 2020

COVID has shown how STRUCTURAL INEQUALITIES create HEALTH DISPARITIES: Higher positivity rates for Latinx, American Indian, and African-American populations

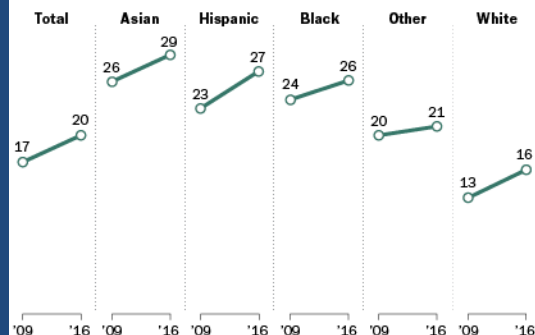
“ESSENTIAL WORK” EXPOSURE in home health care, food service, non-remote work, and work deemed essential as in meatpacking plants

DOMESTIC EXPOSURE: Living in multigenerational households (Hispanic and Black populations)

COMMUNITY EXPOSURE: Living in densely populated communities where social distancing is more difficult

Whites less likely than other racial and ethnic groups to live in multigenerational households

% of population in multigenerational households



Note: Multigenerational households include at least two adult generations or grandparents and grandchildren younger than 25. Hispanics are of any race. Asians include Pacific Islanders. Whites, blacks and Asians are single-race only and include only non-Hispanics. “Other” includes non-Hispanics in remaining single-race groups or multiracial groups.

Source: Pew Research Center analysis of 2009 and 2016 American Community Surveys (IPUMS).

PEW RESEARCH CENTER

1. EPIDEMICS ALWAYS REVEAL SOCIAL INEQUALITIES

A
JOURNAL
OF THE
Plague Year:
BEING
Observations or Memorials,
Of the most Remarkable
OCCURRENCES,
As well
PUBLICK *as* PRIVATE,
Which happened in
L O N D O N
During the last
GREAT VISITATION
In 1665.

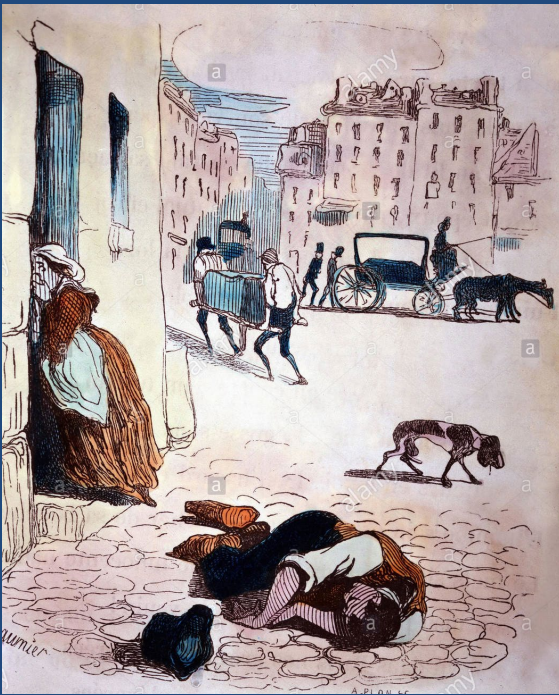
Written by a **CITIZEN** who continued all the
while in *London*. Never made publick before

L O N D O N :

Printed for *E. Nutt* at the *Royal-Exchange*; *J. Roberts*
in *Warwick-Lane*; *A. D: dd* without *Temple-Bar*;
and *J. Graves* in *St. James's-street*. 1722.

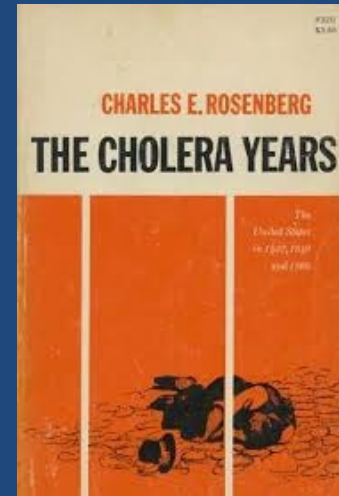


“the infection kept chiefly in the out-parishes, which being very populous, and fuller alas of poor, the distemper found more to prey upon than in the city.” (Defoe, *Journal of the Plague Year*)



Daumier, Cholera in Paris (1832)

Cholera in NYC, 1832, 1849, 1866, afflicts people 'inhabiting the most populous and central portion of the city'



2. EPIDEMICS SHOW POVERTY TO BE STRUCTURAL: "To Americans, the extent of poverty revealed by the epidemic was genuinely disturbing..."

A Cincinnati editor observed that if the disease was caused by poor food, poor lodgings, filth, and intemperance, 'the number of victims gives us a melancholy idea of the present state of society.'" Charles Rosenberg, *The Cholera Years*



3. EPIDEMICS ALSO REVEAL SPECIFIC RACIAL DISPARITIES:

Cholera. Typhus, and Disparities in Infectious Disease Mortality through 19th century



William Faulkner
– *“The past is never dead. It’s not even past.”*

TYPHUS IN PLANTATION SOUTH, 1830s

“contaminated food and water, nonexistent sanitary facilities, parasite thrives... negro quarter fever.”

ECHOES OF THE PAST IN OUR PRESENT: CHOLERA DISPARITIES TIED TO EXPOSURE, HOUSING, WORK, AND ACCESS TO WATER

STRUCTURED DIFFERENCES IN EXPOSURE: Heavy mortality “inflicted on the blacks by cholera must be found in their environment of the period,”

HOUSING: the movement of the disease through major port cities with Blacks “inevitably predominated on the waterfronts of such cities as well as on nearby plantations,” and

WORK: Stevedores and food handlers: “more like than whites to be in cholera’s path”

ACCESS TO CLEAN WATER: “the only water fieldhands had access to was that contained in stagnant pools vulnerable to contamination.”

4. EPIDEMICS ALSO *PRODUCE* RACIAL DISPARITIES: AND SCIENCE PLAYS A ROLE IN BLAME AND GROUP STIGMA



TUBERCULOSIS, Atlanta, 1910

Portrays the Black domestic servant as a threat to the “average white home” – carrier of pathogens from her home flying the flag of “contagious disease”

SANITARY PRECAUTIONS, SCREENS, PURE WATER, MEDICAL SCIENCE shown as protecting the “white home” – and unable to protect *against* the

DOMESTIC WORKER WHO LIVES AMID “FILTH” AND CONTAGION

RACIAL STRUCTURES – CAN BE PHYSICAL OR CARRIED IN OUR IDEAS ...

AN ILLUSTRATION OF HOW MEDICAL SCIENCE SUPPORTS SEGREGATION, STIGMA, AND BLAME

5. SCIENCE ORGANIZATIONS HAVE PLAYED MAJOR PARTS IN PERPETUATING INEQUALITY, FOMENTING HEALTH GAP: THE CASE OF THE AMA

1896 – Plessy v. Ferguson
Supreme Court enshrines
“separate but equal” as
constitutional

Jim Crow Era in Medicine:
Segregated schools, public
facilities, hospitals, and
professional societies

From 1870 to 1960s, the AMA accepted state
medical societies that denied Black physicians
membership...

Policies revisited in the 1960s; Civil Rights Act 1964
undermined medical segregation; AMA apologizes
in 2008



AMA Gives Apology for Racial Bias

By Thomas M. Burton

July 11, 2008 12:01 am ET

THE WALL STREET JOURNAL

“Sorry you have an incurable skin condition,” Herblock cartoon, Washington Post, July 4, 1963

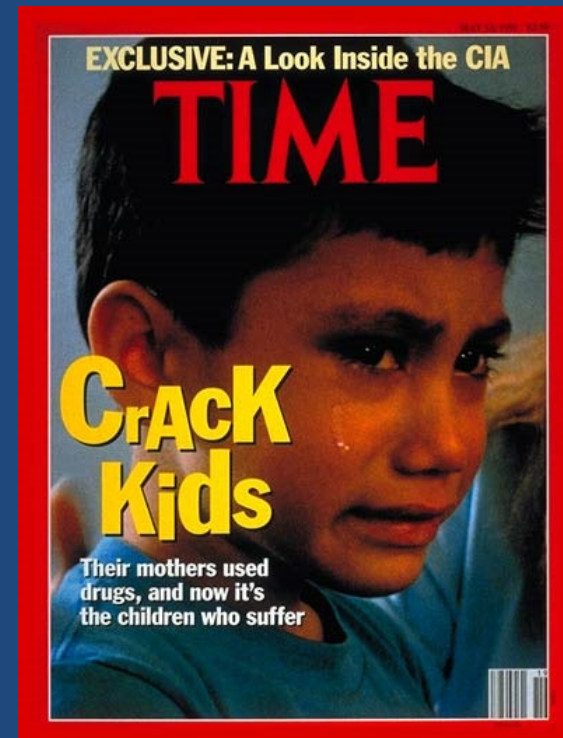
6. IN RECENT DECADES, AS OLD DISPARITIES DECLINE, NEW ONES EMERGE –

CASE OF SUBSTANCE ABUSE: SCIENCE AND LAW PRODUCE NEW DISPARITIES

- SAME DRUG/DIFFERENT IMAGE: Cocaine “jet set drug” and Crack “inner city”
- DISPARATE POLICY: Congressional Legislation, Policing, Sentencing disparities

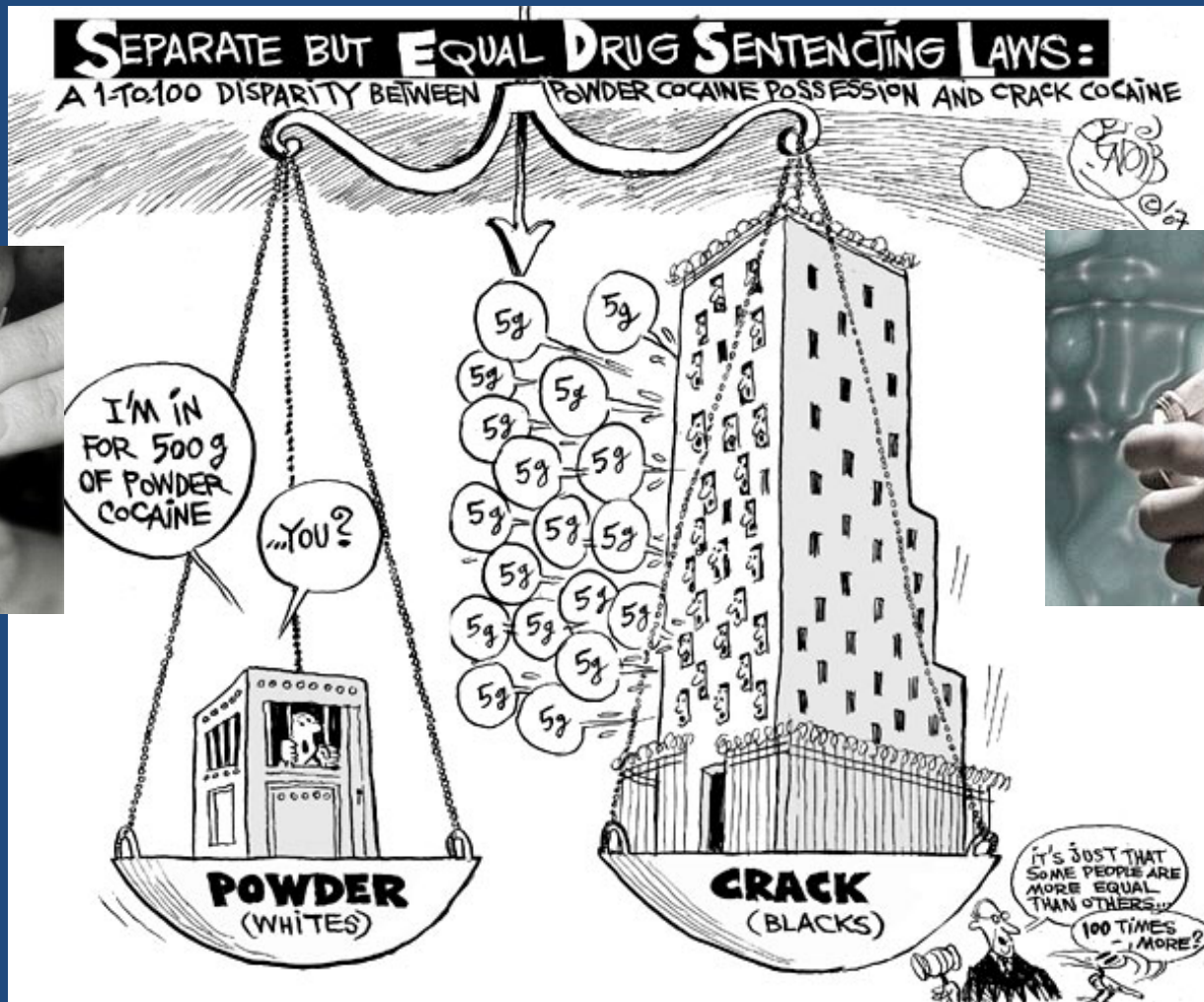


July 1981 Martini Glass frames the Cocaine Jet Setter – “a drug with status and menace”



May 1991 “Crack Kids” – “their mothers used drugs, and now it’s the children who suffer”

7. DISPARITIES BECOME STRUCTURED IN INCARCERATION TRENDS: Powdered cocaine AND “crack” cocaine sentencing disparities



CRACK/COCAINE MANDATORY SENTENCING DISPARITY
5 grams of CRACK = 5 years 500 grams of COCAINE = 5 years

8. WE NEED CRITICAL THINKING OF WHERE/WHEN/HOW THESE DISPARITIES AROSE? Attention to the role of scientific and medical expertise in the story of crack/cocaine

1986: THE CRACK BABY— a particularly gripping fear of innocent victims in the vortex of the new drug epidemic

New York Times (1986) BABIES OF CRACK USERS FILL HOSPITAL NURSERIES

By PETER KERR
Published: August 25, 1986

Nurseries of New York City hospitals are being overwhelmed by growing numbers of babies born to users of the drug crack, city officials and doctors say.

The infants remain for weeks and occasionally months after delivery, instead of days, because their parents are unable to care for them, the doctors say, and because foster families, fearing AIDS, are reluctant to take in the children of drug abusers.

"When you combine the effects of the crack and AIDS phenomena at institutions that already have limited funding, you have a very bad problem," said the director of pediatrics at Harlem Hospital, Dr. Margaret C. Heagarty. "We have had an astonishing increase in the number of babies with cocaine in their urine."

2009: Twenty three years later –the crack baby was a myth... a scientific myth revised

New York Times (2009) The Epidemic That Wasn't



Jose Azei/Aurora

In a 1988 photo, testing a baby addicted to cocaine.
By SUSAN OKIE
Published: January 26, 2009

BALTIMORE — One sister is 14; the other is 9. They are a vibrant pair: the older girl is high-spirited but responsible, a solid student and a devoted helper at home; her sister

THE LONG-TERM EFFECT
Structured racial inequalities

The US 'War on Drugs' has had a profound role in reinforcing racial hierarchies. Although Black Americans are no more likely than Whites to use illicit drugs, they are 6–10 times more likely to be incarcerated for drug offenses. Meanwhile, a very different system for responding to the drug use of Whites has emerged. This article uses the recent history of White opioids – the synthetic opiates such as

BLACK PAIN MATTERS

The Pain Gap: Why Doctors Offer Less Relief to Black Patients

We know the disparity is linked to racial discrimination on some level, but struggle to put our finger on the one cause.



KEITH WAILOO 04.11.16 1:02 AM ET

9. Antiracism in science involves criticizing ideas about race and difference that continue to confound some medical/science institutions....

Black patients with sickle cell disease regarded as drug seekers...

THE DAILY BEAST

POLITICS ENTERTAINMENT WORLD U.S. TECH + HEALTH ARTS + CULTURE DRINK + FOOD STYLE



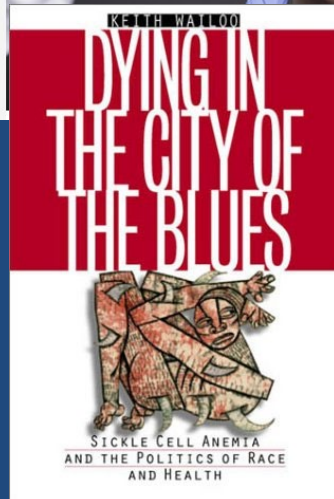
Racial and Ethnic Disparities in Emergency Department Analgesic Prescription

2003, AJ Public Health

Joshua H. Tamayo-Sarver, PhD, Susan W. Hinze, PhD, Rita K. Cydulka, MD, MS, and David W. Baker, MD, MPH

BLACK PATIENTS IN PAIN, UNDERTREATED AND DISMISSED:

PNAS study (2016): Finds that UVA med students and residents harbor mistaken ideas about black bodies – thicker skin, blood coagulates at different rates – and these views, despite lacking foundation in science, could translate into differences in pain care.



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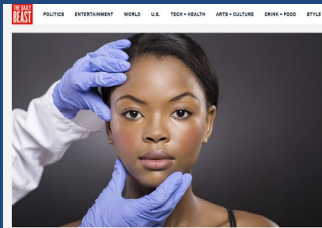
10. DIVERSITY, EQUITY, INCLUSION requires attention to the systemic interaction of

STEMM organizations/institutions

Scientific ideas/theories

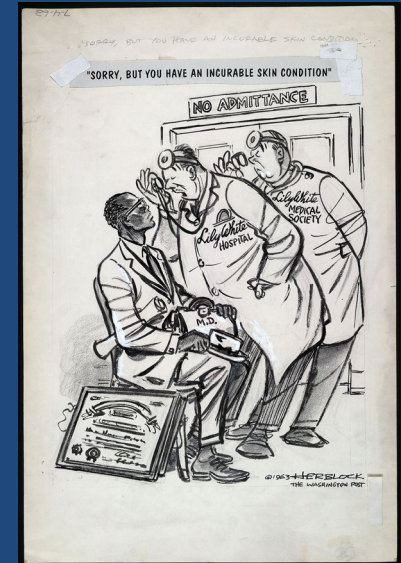
Medical practices

with



THE WALL STREET JOURNAL

AMA Gives Apology for Racial Bias



Policies on drugs, housing, education, justice that produce Structured Inequalities, Exclusion, and Perpetuate Racism

(a sustained effort and at many levels)

LEARNING FROM THE PAST TO REMEDY RECURRING INEQUITIES:
“History doesn’t repeat itself, but it does rhyme” – Mark Twain
“The past isn’t dead. It isn’t even past” -- William Faulkner