Pandemics + Policing + Protest
On Racism and Health

November 14, 2020
Rhea W Boyd MD, MPH
Physicians for a National Health Program Annual Meeting
@RheaBoydMD
Neither I nor my immediate family members have a personal financial relationship with a manufacturer of products or services that will be discussed in this presentation.
Inequality is growing.

Share of income captured by the top 1%, 1917–2013

The share of all income held by the top 1% in recent years has approached or surpassed historical highs.

Wage stagnation is profound.

A Longterm View on Wages in the United States
Real hourly earnings for production and nonsupervisory employees in the U.S.*

* adjusted to March 2019 dollars using the Consumer Price Index for Urban Wage Earners and Clerical Workers; seasonally adjusted
Source: Bureau of Labor Statistics

World Economic Forum. 50 Years of US Wages in One Chart. April 2019.
Purchasing power of the US workforce has barely increased over the last 50 years.

Note: Data for wages of production and non-supervisory employees on private non-farm payrolls. “Constant 2018 dollars” describes wages adjusted for inflation. “Current dollars” describes wages reported in the value of the currency when received. “Purchasing power” refers to the amount of goods or services that can be bought per unit of currency. Source: U.S. Bureau of Labor Statistics.

PEW RESEARCH CENTER
We are a part of a generation for whom only half of children will out-earn their parents.

Two Americas: The Geography of Upward Mobility by Race
Average Individual Income for Boys with Parents Earning $25,000 (25th percentile)

Black Men
- San Francisco $19k
- Newark $20k
- Atlanta $18k

White Men
- Boston $31k
- Newark $32k
- Atlanta $26k

In 99% of neighborhoods in the US, **black boys** earn less in adulthood than **white boys** who grow up in families with comparable incomes.
Black and white children fare very differently in America, even if they grow up with two-parents, comparable incomes, education, and wealth, live on the same city block and attend the same school.

Black and white children fare very differently in America, even if they grow up with two-parents, comparable incomes, education, and wealth, live on the same city block and attend the same school.

These gaps are smallest in areas with low racial bias among whites and high father presence in black neighborhoods.

Pre-Existing Inequality

Figure 6
Risk of Hospitalization and Death among Epic Patients who Tested Positive for COVID-19

Probability of experiencing hospitalization or death compared to White patients with similar sociodemographic characteristics and underlying health conditions:

- **White**
- **Black**
- **Hispanic**
- **Asian**

<table>
<thead>
<tr>
<th>Risk of Hospitalization</th>
<th>Risk of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>1.33</td>
<td>1.19</td>
</tr>
<tr>
<td>1.53</td>
<td>1.30</td>
</tr>
<tr>
<td>1.57</td>
<td>1.49</td>
</tr>
</tbody>
</table>

NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. Data for other racial groups not shown due to insufficient data. Values shown are hazard ratios after controlling for age, sex, geographic social vulnerability, and select comorbidities.

SOURCE: Epic and KFF analysis of Epic Health Record System COVID-19 related data as of July 2020.

Figure 6: Risk of Hospitalization and Death among Epic Patients who Tested Positive for COVID-19


<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No./Total no. (%)</th>
<th>All ages</th>
<th>0–2 years</th>
<th>2–4 years</th>
<th>5–17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any underlying condition by race/ethnicity (N = 94)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NH White</td>
<td>14/94 (14.9)</td>
<td>4/14 (28.6)</td>
<td>0/9 (—)</td>
<td>10/71 (14.1)</td>
<td></td>
</tr>
<tr>
<td>NH Black</td>
<td>28/94 (29.8)</td>
<td>3/14 (21.4)</td>
<td>2/9 (22.2)</td>
<td>23/71 (32.4)</td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>43/94 (45.7)</td>
<td>7/14 (50)</td>
<td>6/9 (66.7)</td>
<td>30/71 (42.3)</td>
<td></td>
</tr>
<tr>
<td>NH American Indian/Alaska Native</td>
<td>2/94 (2.1)</td>
<td>0/14 (—)</td>
<td>0/9 (—)</td>
<td>2/71 (2.8)</td>
<td></td>
</tr>
<tr>
<td>NH Asian or Pacific Islander</td>
<td>3/94 (3.2)</td>
<td>0/14 (—)</td>
<td>0/9 (—)</td>
<td>3/71 (4.2)</td>
<td></td>
</tr>
<tr>
<td>Multiracial</td>
<td>1/94 (1.1)</td>
<td>0/14 (—)</td>
<td>1/9 (11.1)</td>
<td>0/71 (—)</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>3/94 (3.2)</td>
<td>0/14 (—)</td>
<td>0/9 (—)</td>
<td>3/71 (4.2)</td>
<td></td>
</tr>
<tr>
<td>Characteristic</td>
<td>No. (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>---------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>54 (44.6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native, non-Hispanic</td>
<td>5 (4.1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian or Pacific Islander, non-Hispanic</td>
<td>5 (4.1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Black, non-Hispanic</strong></td>
<td>35 (28.9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>17 (14.0)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple/Other†</td>
<td>2 (1.7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing/Unknown</td>
<td>3 (2.5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Black & Indigenous Americans experience highest death tolls from COVID-19

Cumulative actual COVID-19 mortality rates per 100,000, by race and ethnicity, April 13-Oct. 13, 2020

Note: All intervals are 14 days apart, except for 5/11-5/26, which is a 15-day period. 9/1 and 9/29 data has been interpolated. Pacific Islander data prior to 10/13 did not include Hawaii, as it was not releasing data; its inclusion resulted in an overall drop in the Pacific Islander rate, which begins a new series at 10/13.

Source: APM Research Lab • Get the data • Created with Datawrapper
Health Disparities
Population-level differences in health.

Health Inequities
Population-level differences in health that are avoidable, unnecessary, unfair, and unjust.

Health Inequities arise when certain populations are made vulnerable to illness or disease, often through the inequitable distribution of protections and supports.

Segregation

Obesity

Heart Disease

Age

Asthma

Diabetes

Hypertension

Poverty


Segregation

Discrimination

Obesity

Heart Disease

Asthma

Diabetes

Hypertension

Age

Poverty


Segregation

Discrimination

Obesity

Heart Disease

Asthma

Environmental Racism

Racial Wealth Gap

Age

Diabetes

Hypertension

Poverty

References:


Segregation

Obesity

Heart Disease

Diabetes

Asthma

Hypertension

Environmental Racism

Toxic Stress

Racial Wealth Gap

Age

Poverty

Discrimination


Segregation

Discrimination

Obesity

Asthma

Heart Disease

Environmental Racism

Diabetes

Hypertension

Racial Wealth Gap

Toxic Stress

Age

Allostatic Load

Poverty


Structural Racism refers to *differential access* to goods, services, opportunities, *by race*.


Structural Racism refers to *differential access* to goods, services, opportunities, by race.


The physical and structural environment in which humans grow, learn, work and play shapes intergenerational population health.


Hand-washing is one of the most important ways to limit exposure to and spread of infectious disease.
Race is the strongest predictor of water and sanitation access.
Race is the strongest predictor of water and sanitation access.

African American and Latinx populations are about twice as likely to lack access to clean water in their homes.

Race is the strongest predictor of water and sanitation access.

African American and Latinx populations are about twice as likely to lack access to clean water in their homes.

Native Americans are 19 times more likely to lack access to clean water in their homes.

Race is the strongest predictor of water and sanitation access.

Structural Racism, in this case, functions through residential segregation and public divestment in Indigenous and Black communities, to exclude populations from access to clean water and a critical public health intervention as simple as hand-washing which shapes the racial distribution of COVID-19 in the US.

Inequitable Risk* of COVID
Infection + Complications

The preconditions that render certain racial and ethnic populations vulnerable to COVID-19 are not simply summarized as "poverty" or "underlying illness".
Inequitable Risk* of COVID
Infection + Complications

The preconditions that render certain racial and ethnic populations vulnerable to COVID19 are not simply summarized as "poverty" or "underlying illness".

They are legacies and current practices of racial exclusion, discrimination, disinvestment and violence that concentrate disadvantage, create adversity, shape population-level opportunities for health and provide conditions for disease.
Age-adjusted **All-Cause Mortality** is Increasing.

![Age-Adjusted Mortality Rates, US Adults Aged 25-64 Years, by Race/Ethnicity, 1999-2017](image)

- Non-Hispanic American Indian and Alaska Native (425.8 [2000]; 571.9 [2017])
- Non-Hispanic black (450.2 [2014]; 512.1 [2017])
- Non-Hispanic white (328.0 [2010]; 359.6 [2017])
- US mortality (328.5 [2010]; 348.2 [2017])
- Hispanic (224.6 [2011]; 234.3 [2017])
- Non-Hispanic Asian and Pacific Islander (139.3 [2015]; 143.0 [2017])

Black curve indicates age-adjusted mortality for all US adults aged 25 to 64 years; bolded data points indicate joinpoint years, when the linear trend (slope) changed significantly based on joinpoint analysis. The lowest mortality rates per 100,000 (and the years they were achieved) are listed first in parentheses; mortality rates for 2017 listed second. Source: CDC WONDER.²⁰

Age-adjusted All-Cause Mortality is Increasing.

Life Expectancy is decreasing in the US.

Despite COVID19, white mortality is likely to be less than what Black Americans have experienced every year.

Despite COVID-19, white mortality is likely to be less than what Black Americans have experienced every year.

In 2020, white life expectancy will remain higher than Black life expectancy has ever been.

What are legacies and current practices of racial exclusion, discrimination, disinvestment and violence that concentrate disadvantage, create adversity, shape population-level opportunities for health and provide conditions for disease?
Wikipedia Commons, Street car terminal Oklahoma City, Oklahoma. 1944.
The physical and structural **environment** in which humans grow, learn, work and play shapes **intergenerational** population health.

The physical and structural environment in which humans grow, learn, work and play shapes intergenerational population health.

More than one thousand people are **killed by police** every year in America.

Source: MappingPoliceViolence.org
1 in 1000

Black men + boys will be killed by police.

Police Violence as Community Violence

Living in lethally-surveilled areas is linked to a greater risk of high blood pressure and obesity for all neighborhood residents and to a greater risk of obesity for women.

Lethal police brutality is an important neighborhood risk factor for illness, especially, for women.
Exposure to ICE Violence

A 2018 study of 545 Mexican-origin women found a significant association between worry about deportation and greater risk of obesity, higher pulse pressure, and higher systolic blood pressure.

Across the **US**, more than 14 million students (nearly 1 of 3) attend a K-12 public school that has a **police officer** but **no psychologist, nurse, social worker, or counselor**.

Exposure to Policing in Clinic

Mandated reporters within child-serving systems can extend the carceral gaze into children's lives through referrals to Child Protective Services.

"This renders marginalized populations hyper-visible to the state in ways that may reinforce inequality and marginality."


Exposure to Policing in Clinic

Mandated reporters within child-serving systems can extend the carceral gaze into children's lives through referrals to Child Protective Services.

1 in 2 Black children will experience a child protective services investigation by age 18 years.


For youth who experience it as caregiver absence, custody transitions, or the criminalization of peers, police exposure can be linked to events associated with loss or stress.

This transforms routine police encounters into events that in quantity or severity affect their health.

The violence of policing separates children from the social networks on which they rely and in which they thrive.
The violence of racism, and the various structural inequalities it engenders at a population-level, impairs and disappears caregivers.

Racism is a critical root of childhood adversity.

Racism is a devastating root of chronic, undertreated disease and preventable premature death.


Racism kills people.
Equality saves lives.

Equality *saves* lives.

**Protest** is a *powerful* and *vital* public health intervention.

BAR LIVES MATTER

TEXAS BARS FIGHT BACK

51%
At protests, mostly white crowds show how pandemic has widened racial and political divisions

1/30 Over 1,500 people attended a rally at the capitol in Sacramento, May 1, 2020, asking for the reopening of the economy, closed due to the coronavirus. (Carolyn Cole/Los Angeles Times)

By HAILEY BRANSON-POTTS, ANITA CHABRIA, ANDREW J. CAMPA, PRISCHELLA VEGA
MAY 8, 2020 | 5 AM
Whiteness becomes both normative and “absently present.”


White is a racial status affixed to a skin tone.
Whiteness describes the structural apparatus in which that status functions, gains meaning, and adapts over time.
Whiteness describes the **structural apparatus** in which that status functions, gains meaning, and adapts over time.

Through laws and norms that **empower**, **normalize**, **favor**, and **reward** white people, as a population.
As of Oct 31, 114,995 white Americans have died of COVID-19.

National Center for Health Statistics. Deaths involving COVID-19 by race and Hispanic origin and age, by state. As of Nov 4 2020.

To adequately respond, *at scale*, to *racism as a public health crisis*, we must *name it*, identify *how it works*, and then *eliminate it*.
Naming Racism

A 2018 systematic review of the public health literature between 2002 and 2015 found only 25 articles named "institutionalized racism" in the title or abstract among all articles published in the public health literature and in the 50 highest-impact journals.

Naming Racism

A 2018 systematic review of the public health literature between 2002 and 2015 found only 25 articles named "institutionalized racism" in the title or abstract among all articles published in the public health literature and in the 50 highest-impact journals.

Institutionalized racism was a core concept in 16 of the 25 articles.

Identify how Racism works

If we don't, our research and our clinical practice tacitly exacerbates the *insidious* harms of "patient blame."
Identify how Racism works

If we don't, our research and our clinical practice tacitly exacerbates the insidious harms of "patient blame."

One common and accepted manifestation of patient blame is the undue focus on patient mistrust, as a potential driver of racial health inequities.
Identify how Racism works

"While patient trust certainly shapes health care use behaviors and is an important part of the patient-physician relationship, incessant racial health inequities across nearly every major health index reveal less about what patients have failed to feel and more about what systems have failed to do."

Identify how Racism works

"While patient trust certainly shapes health care use behaviors and is an important part of the patient-physician relationship, incessant racial health inequities across nearly every major health index reveal less about what patients have failed to feel and more about what systems have failed to do."

To be clear, patient trust will never solve racial health inequities or narrow gaps in outcomes.

"While patient trust certainly shapes health care use behaviors and is an important part of the patient-physician relationship, incessant racial health inequities across nearly every major health index reveal less about what patients have failed to feel and more about what systems have failed to do."

Eliminating racism solves racial health inequities.

To effectively **eliminate racism**, we, as a field, must move towards **abolition**.
Universal Healthcare

LOVE
Universal Healthcare

Mandated Worker Protections

LOVE
Universal Healthcare

Mandated Worker Protections

Universal Testing for COVID-19 in communities plagued by the ills of Segregation
Universal Healthcare

Mandated Worker Protections

Universal Testing for COVID-19 in communities plagued by the ills of Segregation

LOVE

Share PPE
Love must be the metric by which we measure our health systems performance and the impact of the "care" we provide.

Universal Testing for COVID-19 in communities plagued by the ills of Segregation

Mandated Worker Protections

Universal Healthcare

Love

Share PPE
We have to confront the ways inequality is "constructed and perpetuated."
Redistribute Wealth

For every dollar of wealth held by a household with white children, households with Black children have just one penny.


Redistribute Wealth

“A progressive economic agenda that seeks to raise the minimum wage, for example, will benefit Black Americans, but it will not change the fact that a dollar of income in Black hands buys less safety, less health, less wealth, and less education than a dollar in white hands.”


PROPOSED ALTERNATIVES TO SHERIFF PRESENCE AT SFGH AND DPH CLINICS

Presented to: SF Department of Public Health Leadership
Developed by: DPH Must Divest Coalition and Community Partners

Who do we serve? Who do we protect? What is the foundation of the system we choose to invest in? We must carefully contemplate these questions and challenge ourselves to interrogate and dismantle systems that do not reflect our hospital’s mission.

The people we care for come to us from all circumstances, and many bring with them complexities of trauma, economic inequities and the burden of racism and other forms of historic marginalization. Our hospital’s polished vision for our patients is to “advance our community’s wellness in a person centered, healing environment.” Instead of providing a person-centered, healing environment, we ask our patients to enter their care through courtyards, lobbies and hallways flanked by armed sheriffs. We ask them to exist in clinical spaces inherently rendered unsafe for them by the sheer physical presence of the San Francisco Sheriff Department. Entangling sheriff presence with our medical care presumes the concept of safety requires armed law enforcement for all; an assumption which invariably leads to harm for many.
WE CAME TO LEARN
A CALL TO ACTION FOR POLICE FREE SCHOOLS

Advancement Project. We Came to Learn: A Call to Action for Police Free Schools. 2018.

"Black people live without sanctuary in the United States..."

- Professor Leah Wright Rigueur, Harvard University
Build Sanctuary

"Black people live without sanctuary in the United States…"
- Professor Leah Wright Rigueur, Harvard University

…from the intersecting forms of violence that threaten and shorten our lives.
Build Sanctuary

"Black people live without sanctuary in the United States…"
- Professor Leah Wright Rigueur, Harvard University

…from the intersecting forms of violence that threaten and shorten our lives.

"When the costs of policing and courts are combined with the costs of operating prisons, jails, parole, and probation, the annual cost of these systems is estimated to be more than $181 million per year."

Invest in the Care Economy

Care Not Cops. Portland in Solidarity Against COVID19.

Critical Resistance. 8 to Abolition Framework.
INTRODUCTION

The summer of 1967 again brought racial disorders to American cities, and with them shock, fear, and bewilderment to the Nation.

The worst came during a 2-week period in July, first in Newark and then in Detroit. Each set off a chain reaction in neighboring communities.

On July 28, 1967, the President of the United States established this Commission and directed us to answer three basic questions:

What happened?
Why did it happen?
What can be done to prevent it from happening again?

To respond to these questions, we have undertaken a broad range of studies and investigations. We have visited the riot cities; we have heard many witnesses; we have sought the counsel of experts across the country.

This is our basic conclusion: Our Nation is moving toward two societies, one black, one white—separate and unequal.

Reaction to last summer's disorders has quickened the movement and deepened the division. Discrimination and segregation have long permeated much of American life; they now threaten the future of every American.

This deepening racial division is not inevitable. The movement apart can be reversed. Choice is still possible. Our principal task is to define that choice and to press for a national resolution.

To pursue our present course will involve the continuing polarization of the American community and, ultimately, the destruction of basic democratic values.

The alternative is not blind repression or capitulation to lawlessness. It is the realization of common opportunities for all within a single society.

This alternative will require a commitment to national action—compassionate, massive, and sustained, backed by the resources of the most powerful and the richest nation on this earth. From every American it will require new attitudes, new understanding, and, above all, new will.

The vital needs of the Nation must be met; hard choices must be made, and, if necessary, new taxes enacted.

Violence cannot build a better society. Disruption and disorder nourish repression, not justice. They strike at the freedom of every citizen. The community cannot—it will not—tolerate coercion and mob rule.

Violence and destruction must be ended—in the streets of the ghetto and in the lives of people.

Segregation and poverty have created in the racial ghetto a destructive environment totally unknown to most white Americans.

What white Americans have never fully understood—but what the Negro can never forget—is that white society is deeply implicated in the ghetto. White institutions created it, white institutions maintain it, and white society condones it.
Relationship-Centered Healing

Racism works to fracture and scatter families and communities. Healing requires reunification.
We must move to abolish racism, from every institution, every practice, every policy and every social norm in which it operates and too often hides.

The future health and well-being of our children and our children's children will be measured by how well we succeed in this.