

## Rise Together: A Response to Racism and Its Role in the Medical Debt Crisis

Presented by Matt Franke-Singer, August 27, 2023

Hello! Judy and I are so happy to see each of you here today with us. From your mere presence, we are inferring that you are all relatively healthy. And, I'm truly thankful for that.

What we are going to talk about today involves how it often works for people who are considerably less fortunate than most of us here in this room today. As we will learn, for many Americans, getting sick becomes an entrance into a life of debt where so much else in their lives simply doesn't work. Of course, this isn't fair and we hope you will join us in an exciting opportunity to make a difference in our own regional community. Yet, I think it probably makes sense to begin with some background first—and so that's my job in this process.

It turns out that healthcare is a way to spot racism by the numbers....

Lower infant mortality. Lower birth weight. Higher maternal mortality. To be clear, what I mean is that Black infants die at twice the rate of white infants in the US.

In general, poorer health outcomes over all procedures and health related issues were reported for BIPOC people as compared to whites wherever I could find data. Blacks are 25% more likely to die of cancer than whites for instance. And of course, the COVID data reflect the same trends.

Note, if this is a new idea to you, it turns out that lower life expectancy is a predicted outcome for all BIPOC Americans, Black Indigenous and other People of Color. The short answer is that all of these negative health outcomes, when studied, are the results of racism.

In general, whites live an average of 3.5 years longer than Blacks. More generally, all BIPOC people are said to suffer from 'racial weathering', or the chronic impact **of STRESS** on health and all aspects of life due to living in a racially unjust culture: a racist culture.

Should there be further questions about whether or not racism exists, consider that the American Psychiatric Association has agreed that racism exists in structural, societal, interpersonal and other forms which are expressed differentially via poorer outcomes for Blacks and other racialized groups. 'The APA issued a formal apology to Black, Indigenous and People of Color (BIPOC people) for its support in structural racism.' in July 2021

Often, from a place of privilege, it's hard to see how racism 'works'. Of course, none of us would intentionally wish for these data to be true: We wouldn't knowingly encourage these lesser outcomes for any specific person or group in any way.

Yet, one way racism works is by its subtlety. Like biases, prejudice and other stereotype oriented thinking in general, it's hard to justify (or explain exactly) HOW situations, ideas and practices become 'normal'. It's true.

Would you **consciously** associate 'Black man' and the word 'thug'? 'Black man' and the word 'dangerous'?

Yet, most of us do this **unconsciously**. We do so because it's fairly omnipresent in our cultural imagery—from the books read to children, to images on TV, throughout advertising as well as the evening news, and of course on social media feeds....

If you have not already heard about the Harvard Implicit Bias test, I invite you to please go to the website and try a few of the exercises. If you do it, I invite you to come talk to me or others on ARMT about your results. I'd bet that you, like me, will be surprised.

And so, racism is enacted through a whole series of interpersonal biases, prejudices and imbalanced interactions that can be difficult to see and track. And yet, we have clear evidence, ie data, which point to overt patterns of biased and prejudicial treatment of BIPOC people in all aspects of health care in particular. This is exactly what's meant by structural racism.

Of course, being black and female, being Black and trans, being Black and gay, being Black and Muslim all lead to lesser health outcomes too. In short, when one or more 'diversity factors' are at play then the discrimination forces will add to one another. So, persons who identify as further and further from white, hetero, cis gender, heterosexual norms experience statistically worse and worse health outcomes. This is our 'American culture'. Whether we agree with it all or not, **we are part of it**.

So how DO we respond? We, meaning all of us here right now, but also friends, family and other Ithacans, have an opportunity to take action and do some good right now with regard to the unjust, racist and the often simply corrupt and inept current health care system. That response is called, Rise Together.

Longtime healthcare advocate and crusader Judy Jones will be giving you all a fuller idea of this project in a few moments.