

"Race" and the persistence of health disparities: How far have we come?

Written by Irma McClaurin, PhD, Culture and Education Editor
Thursday, 21 March 2013 00:00



This is an excerpt of a speech delivered at the first annual "Springing Towards Health Gala" of the Minnesota Black Nurses Association on March 9, 2013 at the Crowne Plaza Minneapolis North, Brooklyn Center.

In 2000, I was part of an historic panel organized by the Congressional Black Caucus on Black Health. At the time, I was a Diplomacy Fellow at USAID just returning from a trip to South Africa. During that trip, one particular agency predicted the number of deaths that would be attributed to HIV-AIDS, and the thousands of Black South African children who would be left orphaned as a result.

The numbers were staggering, and I felt tremendous empathy for South Africans, especially Black South Africans, who were the most affected. Little did I know that we would be facing our own HIV-AIDS epidemic in the United States; one that would disproportionately impact African Americans and Latinos, especially African American and Latino heterosexual women who have the fastest growing rate of contracting HIV-AIDs today. We were also celebrating the establishment of the National Center on Minority Health and Health Disparities. Although the NIH National Center was established in 1986, it became an integral component of our national landscape through the "passage of the Minority Health and Health Disparities Research and Education Act of 2000, Public Law 106-525, signed by the President of the United States on November 22, 2000" (http://www.nimhd.nih.gov/about_ncmhd/history.asp ; accessed 3/7/13) .



"Race" and the persistence of health disparities: How far have we come?

Written by Irma McClaurin, PhD, Culture and Education Editor
Thursday, 21 March 2013 00:00

Thirteen years ago we thought this new National Center on Minority Health and Health Disparities, recently renamed the National Center on Minority Health and Health Equity, was to be the silver bullet that would reduce the health gap between minority populations and majority white populations. So in addition to an Achievement Gap, we face a Health and Health Care Gap. Two strikes against us. Thirteen years later, there are too few answers, if any, to the question of how far we have come in eradicating health disparities that are the result of class status and racial identity. **How far have we come? It pains me to say it, but not far.**

This is an American tragedy of the highest magnitude. We are a country that has identified the gene sequence for DNA—the double helix, but we cannot end health disparities. **How far? Not far enough.**

We have scientists who can extract DNA from ancient bones and fossilized insects, but in 13 years we have not made a huge dent in the prevalence of health disparities among our most underserved citizens. **How far? Not far enough.**

We are able to manufacture designer drone missiles that can seek and destroy our enemies, whether they are asleep in secure bunkers or driving their cars surrounded by armed personnel. We can design machines that KNOW who they are supposed to kill. Yet, we are the same country that cannot fix our health system so that regardless of one's socioeconomic and/or racial or immigrant status, people are treated with the same care regardless of race, class, ethnicity immigrant status, language, gender, sexual preference, or religion.

DEFINING HEALTH DISPARITIES



Health and health care disparities refer to the significant differences between groups in incidence of diseases and illnesses, significant differences in the quality of treatment received, and increased risk of mortality from preventable diseases. The evidence is overwhelming in documenting this. So here are some data to wrap your minds around:

Among the following groups, known in the past as "historically underrepresented minorities": American Indian/Alaska Native (AI/AN); Asian American, Black or African American, Hispanic or

"Race" and the persistence of health disparities: How far have we come?

Written by Irma McClaurin, PhD, Culture and Education Editor
Thursday, 21 March 2013 00:00

Latino (H/L), Native Hawaiian or Other Pacific Islander, a Kaiser Report states that there is "compelling evidence that race & ethnicity correlate with persistent and often increasing, health disparities among US populations..."

The report points out other startling statistics: Using a 2008 Age Adjusted Study, it finds that the death rate from diabetes is 40.5 per 100,000 persons for Blacks as compared to 19.9% per 100,000 for whites. And, if you are American Indian or Alaskan Natives or Hispanic/Latino, the rates continue to climb. **How far have we come in eradicating health disparities? Not far.**

Kofi Annan, former Secretary General of the United Nations has defined a developed country as "... one that allows ALL its citizens to enjoy a free and healthy life in a safe environment." We, as one of the most technologically advanced countries, are not there yet.

RACE AND HEALTH DISPARITIES IN YOUR OWN BACKYARD--MINNEAPOLIS

A perusal of Health Powers, a website devoted to providing information about health improvement, reveals several factors that contribute to health disparities among minority groups in Minneapolis; they include the fact that preventive care is a low priority among minorities for several reasons: either lack of health insurance or being under insured; inadequate number of multicultural health professionals; lack of awareness of how life styles and health practices increase risk of health disparities, and many others. They also mention the reality that many minorities distrust the medical profession because of experiments like the Tuskegee and forced sterilization. Lack of access is also a critical factor that increases risk. For example, Sherri Pugh a community organizer and advocate used to comment that North Minneapolis had the highest incidence of diabetes, which often results in kidney failure, but there was not one single dialysis facility in close proximity. This is counterintuitive. African Americans are dying in increasing numbers and at younger ages, and it is costing our society and our communities.

The impact of health disparities on the American economy is staggering, costing the U.S. economy \$82.2 billion in direct health care spending and lost productivity in 2009. The price tag for Blacks was a whopping \$54.9 million followed by \$22 billion for Latinos. And over 90 percent of these same costs felt were in urban areas.

What to Do? Black Nurses, You are our Hope

In preparation for this talk, when I searched the internet using the phrase "Race and Health Disparities," I had 2,720,000 hits in less than 2 seconds, available at the touch of my finger, on my smartphone, computer, and television set. There is certainly NOT a dearth of information. Anyone who is not knowledgeable about their health, the risks factors, or the symptoms of those illnesses that strike our communities more, are living in a fantasy world or in complete denial. I propose that we need to return to our roots. In the past, we respected the knowledge of elders and people in the community about traditional ways of healing and herbs that we should review again. Penicillin cannot be a cure for everything, and the more you use it, the more resistant your body becomes to it. We need to return to the non-western concepts of health, which are not just concerned with physiology and ailments, but with the whole body. In other words, when a doctor or a nurse asks you how you feel, they don't want to know that your children are driving

"Race" and the persistence of health disparities: How far have we come?

Written by Irma McClaurin, PhD, Culture and Education Editor
Thursday, 21 March 2013 00:00

you crazy, your boyfriend /husband/ or partner is getting on your last nerve, that you have had enough microaggressions rooted in racism and white privilege at work to last two lifetimes—but these factors impact our health.

In non-western cultures, the emphasis is in healing the whole body; healers, and I worked with a healer when I did my research in Belize, Central America, focus on the entire person, not just the parts. And so, when a healer asks you how you feel, they want to know not just about what hurts you physically, the pain that precipitated your visit, they also want to know about the things hurting you emotionally and spiritually.

Healers are interested in knowing how is your being, your inner self beyond the hurt back, the headaches, the stomach, the aches and pains—they understand that our bodies, our minds, our spirits, are all interrelated. We forget that sometimes. I had a friend who was continuously having accidents—a fall, bumps, etc. I would always ask her, what's going on in your life? Whenever your life is stressed, you seem to have accidents. She finally stopped and realized there was a connection.

We now know that art and meditation can contribute to people's cancer treatments, and so now bio-western medicine is returning to the things the old folks, our mothers, grandmothers, and great grandmothers knew. And we need to return to listening to them and passing on the traditions of healing knowledges.

As Nurses, you are part of the solution to the eradication of these health disparities. But as Black Nurses, you are part of a healing tradition in the Black community locally and globally, and you have a greater responsibility to your community and to how you treat the people who have been most underserved by the health system. Your attitude matters—don't have one unless it is compassionate and caring. Your appearance matters—you can't educate patients about their need to take care of their health, if your own is health is suspect—obesity, diabetes, hypertension, inactivity, etc. It's like going to a hairdresser who is always having a bad hair day! Would you trust him or her with your hair? I don't think so!

You Black nurses, and those from other underserved communities, must be our champions in what I would describe as an "apartheid health system"—and I do not use the word "apartheid" lightly, given the South African Struggle. You must be willing to call out inequalities when you witness them. This means being willing to take risks and becoming soldiers in the fight against racial inequality in the health field.

My sister shared with me yesterday some music by an American Indian group called "Brule"; they are the only American Indian group that I have heard. One member spoke about the words his grandfather had shared with him growing up; he told him once: "There are lots of people in the world, but only a handful of human beings." As Nurses, you have a higher responsibility as one engaged in the gift of healing to be one of those "...handfuls of human beings."

Only with your help can we begin to dismantle this system of "health apartheid;" only with your support and health activism will we be able to close the health and health access gap, and erode the foundation of inequality upon which health disparities, along with education

"Race" and the persistence of health disparities: How far have we come?

Written by Irma McClaurin, PhD, Culture and Education Editor
Thursday, 21 March 2013 00:00

disparities, and employment and wealth disparities, are built and perpetuated.

Let me close with some excerpts from one of my favorite poems (For MY People) by one of our great African American Women poets, Margaret Walker—fitting as we enter Women's History month on the heels of Black History month:

For My People
by Margaret Walker

...For my people everywhere singing their slave songs
repeatedly: their dirges and their ditties and their blues
and jubilees, praying their prayers nightly to an
unknown god, bending their knees humbly to an
unseen power;

...For my people lending their strength to the years, to the
gone years and the now years and the maybe years,
washing ironing cooking scrubbing sewing mending
hoeing plowing digging planting pruning patching
dragging along never gaining never reaping never
knowing and never understanding;

...For the cramped bewildered years we went to school to learn
to know the reasons why and the answers to and the
people who and the places where and the days when, in
memory of the bitter hours when we discovered we
were black and poor and small and different and nobody
cared and nobody wondered and nobody understood;

...For the boys and girls who grew in spite of these things to
be man and woman, to laugh and dance and sing and
play and drink their wine and religion and success, to
marry their playmates and bear children and then die
of consumption and anemia and lynching;

...Let a new earth rise. Let another world be born. Let a
bloody peace be written in the sky. Let a second
generation full of courage issue forth; let a people
loving freedom come to growth. Let a beauty full of
healing and a strength of final clenching be the pulsing
in our spirits and our blood. Let the martial songs
be written, let the dirges disappear. Let a race of men [and I will add women] now
rise and take control.

Margaret Walker, "For My People" from *This is My Century: New and Collected Poems*.
Copyright © 1989 by Margaret Walker. Reprinted by permission of University of Georgia Press.

"Race" and the persistence of health disparities: How far have we come?

Written by Irma McClaurin, PhD, Culture and Education Editor
Thursday, 21 March 2013 00:00

Source: Poetry (November 1937). (<http://www.poetryfoundation.org/poetrymagazine/poem/11053>)

So let me close with my own take on Walker's poem:
For my people of Minneapolis and the world,
for the Black Nursing students, and others
who represent our underserved communities in the health field,
for those who will be the recipients of the scholarship funds raised tonight,
Let us take control of our personal and community health,
let us take control of our lives, our prosperity, and of our future
in this United States of America.
Those who choose to do nothing, risk peril.

**Let a new generation of healers, of Black Nurses, of Champions of the Black Community
ARISE. ARISE.**

To read More:

<http://www.cbciinc.org/community-breakfast-and-health-fair.html> ; accessed 3/7/13

<http://www.kff.org/minorityhealth/index.cfm> ; accessed 3/7/13

<http://healthpowerforminorities.com/cities/Minneapolis-MN.html> ; accessed 3/7/13

http://www.finalcall.com/artman/publish/Health_amp_Fitness_11/article_9437.shtml ; accessed 3/7/13

<http://www.tpt.org/?a=programs&id=18871> ; accessed 3/7/13

© 2013 McClaurin Solutions

Irma McClaurin, PhD is the Culture and Education Editor for Insight News of Minneapolis. A bio-cultural anthropologist and writer, she lives in Raleigh, NC (www.irmamcclaurin.com) (@mcclaurintweets). Most recently, she provided technical assistance to the Friends of Oberlin Cemetery to acquire Landmark status for an historic African American Cemetery in Raleigh, NC.