

The Black Health Crisis: Problems and Solutions

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This paper discusses the current Black health crisis that is going on in the United States. It begins with a historical analysis of how health disparities have occurred in the Black community over time. Then current literature is reviewed to discuss why the Black community continues to experience health disparities at a disproportionate rate. Finally, the author poses solutions to the problem, offering the concept of healthcare as reparations and what that means to Black people.

History of Medical Injustice

First, we must understand what Blackness means in the context of humanity. Moten (2013) describes Blackness as excommunicated from politics or being unthought of in the larger discussion of politics. Black individuals are factored into equations insofar as policies will have some negative effect on them, but politicians do not care because Black people do not have a say in how politics operate. This happened over time starting with the Trans-Atlantic slave trade. Slaves constantly had decisions made for them. This designation means that simple policies and change will never be political in the way that we think of political. If there is an understanding of this, then it should be understood that health disparities exist outside of bad policies.

During Slavery

The Black health crisis is a continuation of slavery. The gathering of slaves and shipping of them around the world resulted in a mortality rate of fifty percent or higher (Hood 2001). The voyage is not the only event that led to slaves dying and having increased health risk. Slaves were exposed to a strange environment, had to adjust to new diseases, and had to submit to a population they had never seen before.

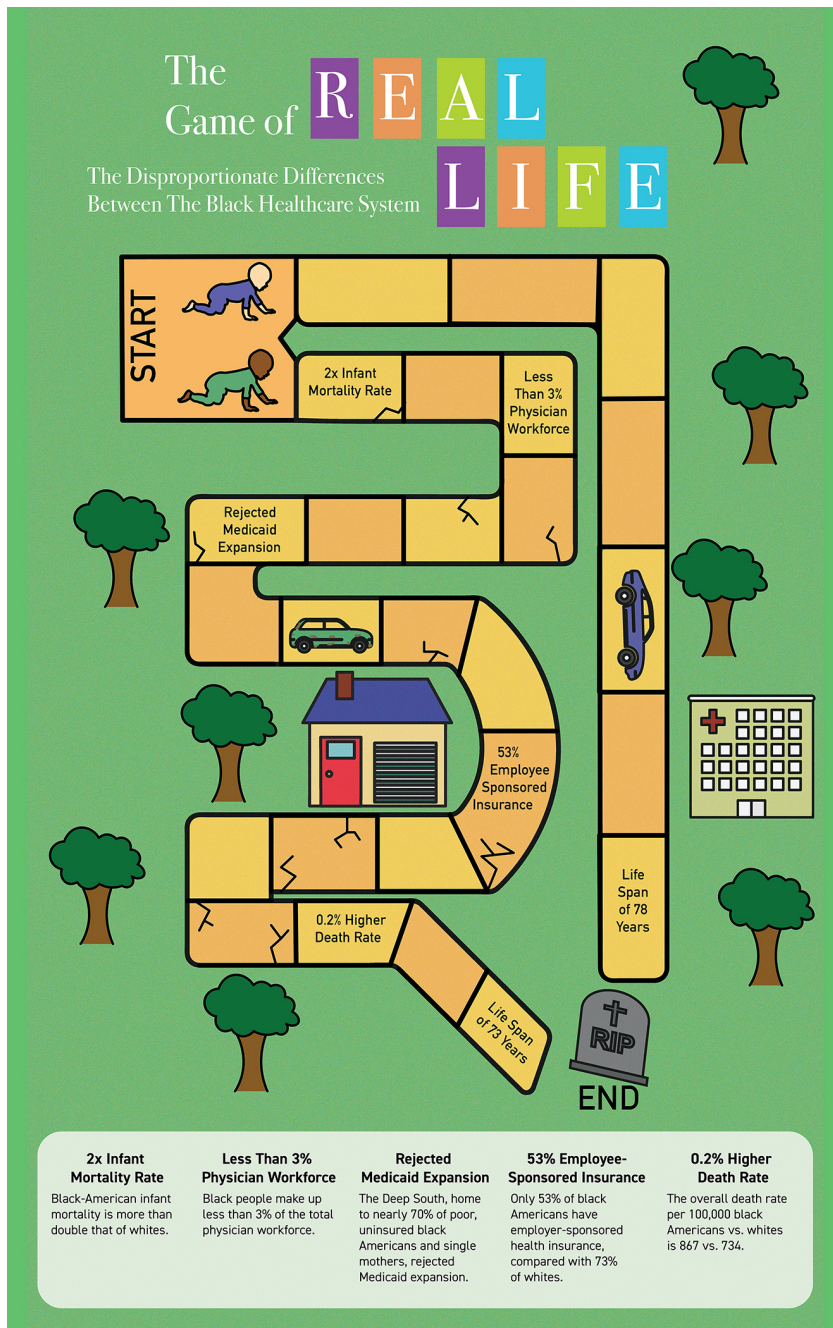
After Slavery

Black communities were forced to endure the worst forms of healthcare where resources were inadequate and distributed on an unequal basis. There were some medical schools and clinics that did not have trained doctors and nurses. This led to the closure of many Black hospitals around 1910 due to the lack of training, and the inability to meet the American Medical Association (AMA) standards. This coupled with the inability to influence health policy led Black people experiencing not only a shortage of doctors of color, but also the distrust of the medical system itself.

Modern Day

Before 2014 people in the United States had access to catastrophic health insurance or the requirement that a doctor must treat you if you are dying regardless of your ability to pay. In many cases this is Black individuals only access to health insurance making care a site of racial division. Bernard (2016) indicates that the lack of health insurance leads to 867 of every 100,000 Black people dying and leads to higher mortality rates in almost every area of disease compared to white individuals. With health insurance being closely tied to employment through employer financed health insurance, Black individuals are left behind and the ones that do have health insurance are under insured, because they are unable to afford the better-quality insurance.

Solutions



Affordable Care Act

When the Affordable Care Act came along there was a glimmer of hope, because the state of health insurance was atrocious. According to Smith (2016) two-thirds of poor Black Americans were being left out of the national conversation about health care, because states in the deep south except Arkansas voted against Medicaid expansion. While the Affordable Care Act was the most important piece of healthcare legislation passed, minorities have an overrepresentation of uninsured people post ACA (Smith 2016).

Why didn't it work?

Hinkson and Ehlers (2017) make the claim that creating policies with stipulation attached to them, like Medicaid and the ACA have, gives healthcare providers the option to view the insurance that Black people bring in as inferior or gives them to power to select what procedures they are willing to do and exclude diseases that are Black people are disproportionately harmed by. An example of this is sickle cell. Gold (2017) found that Black individuals with sickle cell are more likely to die from preventable cases of sickle cell because doctors got to the case too late or doctors did not check for it in the first place.

BiDiI

There have been attempts to remedy illnesses. In June 2005 the FDA approved BiDiI, which was a heart failure medication for African-Americans. This idea was perceived well by the public, but the creation of the drug had broader implications. It assumed that there were biological differences between Black and non-Black individuals that needed to be addressed separately (Krupar and Ehlers (2016)). The creation of the drug implied that Black people experience heart failure because of their genetics and not outside factors such as lack of adequate healthcare options, strained doctor patient relationships, and the literal environment they have been forced to live in throughout history. This means that if some Black individual dies from heart failure it is their biological makeup and other factors do not get considered.

Reparations?

A solution to the Black health crisis is to have the United States Federal Government provide comprehensive health insurance to all Black Americans as reparations for slavery. Coates (2014) thinks this is a good idea because it will force America to confront its “sins” and force people to realize that America is not post-racial and needs to confront its race problem. He says, “Black history does not flatter American democracy; it chastens it.” (Coates 2014:54) this makes the argument that reparations are the full acceptance of Americas collective past, because that is the only way that true progress can happen or else only small technical fixes will happen which will not make meaningful change. Coates (2014) is arguing that understanding and implementing reparations would be reconcile Americas tragic history and lead to a “spiritual renewal” (Coates 2014:55).

Why Health Insurance?

Health insurance as reparation is the best solution, because it starts at the largest disparity there was during slavery. “When I speak about reparations, I am talking about taking up the burden to repair the harm, that is, to eliminate the "Black health deficit"." (Randall 2002:4). Providing health insurance will not be easy and will require that all administrations are making a financial commitment to the program and ensure that something like slavery will never happen again. Olson (2004) makes the argument that reparations are about more than an apology and a paycheck, it is about being able to participate in democracy and establish that Black people have made an enormous contribution to the development to the United States.

Conclusion

America has not grappled with the fact that slavery existed and still disenfranchises Black people today. The Trans-Atlantic slave trade began the massive health disparities that Black Africans experienced because of the inhumane conditions that slaves had to endure. Antiracism thrives off the devaluation of Blackness reinforcing that it is only the value of racialized capital forcing Black people to filter their value through the lens of whiteness. Reparations forces America to come to grips with the legacy of slavery there has never been a full acknowledgment that slavery created the category of non-human. Reparations flips the way institutional power operates through exposing the way anti Blackness operates it also allows for Blackness to affirm itself by having a celebration of life that will allow us to refuse to produce for whiteness.