JUST MEDICINE  
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Abstract

Over 84,000 black and brown lives are needlessly lost each year due to health disparities, the unfair, unjust, and avoidable differences between the quality and quantity of health care provided to Americans who are members of racial and ethnic minorities and care provided to whites. Health disparities have remained stubbornly entrenched in the American health care system. This paper posits that a key reason for this persistent inequity is the fact that racial and ethnic discrimination is the single most underappreciated determinant of health and health care disparities. This paper seeks to begin a frank conversation about the extent to which unconscious racism produces the disproportionate burden of sickness and death borne by minority populations in America, and what to do about it.

This paper hypothesizes that implicit racial and ethnic bias – the quantifiable expression of unconscious racism – may be the single most important determinant of health and health care disparities in the United States. To demonstrate this claim, this project first outlines a model that identifies six mechanisms that operate to link implicit racial and ethnic bias to inferior health outcomes for minority patients. Next, this paper examines the empirical evidence of the association between measurable levels of bias and disparate outcomes experienced by white and non-white patients within each mechanism. Finally, this paper proposes a research design to quantify these disparate outcomes, in order to measure the impact that unconscious racism has on minority health based on existing evidence gathered from medical, neuroscience, psychology, and sociology literature.

This project is premised on the view that our continued failure to fashion an effective response that purges the effects of implicit bias from American health care, is unjust and morally untenable. To date, the billions spent on training culturally competent providers, expanding access to health insurance to millions, instituting wellness education programs and proliferating community health centers by the thousands, has had only a modest effect on reducing racial and ethnic health disparities. This paper asserts that to eradicate or even meaningfully reduce health disparities will require not merely changes in health care delivery and health policy, but also evidence-based civil rights remedies. However, effective civil rights prosecution of unconscious racism depends on demonstrating the disproportionate harms that discrimination due to unconscious racism actually visits on minority patient populations. This paper offers an empirical approach providing the evidence of injury required to prosecute persistent health disparities as a civil rights violation.