Nygaard Notes

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Oppose Racism? Support Single Payer Health Care.

The current pandemic has brought many commentators to say that "We're all in this together" but, as always, when we factor in race and class we see that the use of the word "we" in this moment reflects a limited view of reality. If we look closely at how the pandemic is affecting "all" of "us" we'll see structural racism at work. Let's look.

National Public Radio reported on April 18th that "The Centers for Disease Control and Prevention (CDC) found that 33% of people who've been hospitalized with COVID-19 are African American, yet only 13% of the U.S. population is African American." And it's not only infections: in most states that have reported the statistics, black people also make up a disproportionately large share of coronavirus fatalities. That is, black people are more likely than white people to catch the virus and, once infected, are more likely to die.

Why would this be? There are many factors that contribute to this disparity, but a big one is unequal access to good health care.

NPR quotes Marc Morial, president and CEO of the National Urban League, who "points to longstanding inequities in access to quality care."

And here's a CNN report from April 7th: "Compared to white people, blacks have lower levels of health insurance coverage and are less likely to have insurance coverage through an employer. A 2015 report from the Kaiser Commission on Medicaid and the Uninsured explained why having access to health care is so important for receiving proper care, pandemic or not. 'The access barriers facing uninsured people mean they are less likely to receive preventive care, are more likely to be hospitalized for conditions that could have been prevented, and are more likely to die in the hospital than those with insurance,' the report said. That lack of access exacerbates the impact of the outbreak, said Michigan State Representative Tyrone Carter, who himself tested positive for coronavirus. 'When we talk about health care, it's easy to say that it's accessible, but to people that don't have a job, a service job that has health care, sometimes they use urgent care or the emergency room as their primary care physician,' he said. 'So what this has done is magnified those issues to show that there is still a huge gap between races when it comes to health care.'"

One result of this gap is that blacks are more likely than whites to have chronic diseases such as diabetes, high blood pressure, obesity and asthma. This is partly due to "straightforward social choices such as where toxic dumps get sited, where new highways get built, and where Black people have historically been permitted to live," as former CDC epidemiologist Camara Jones recently told Mother Jones magazine. Lack of access to care, piled on top of such social choices, results in more black people with pre-existing conditions who, in turn, are more likely to get very sick if they catch the virus.

Mother Jones reporter Edwin Rios writes that "a thought woke Camara Jones up in the middle of the night recently." Rios continues: "The coronavirus had revealed something essential about the workings of race in America. 'The thought that woke me up,' [Jones] told me over the weekend, 'is that the most profound aspects of racism operate without bias and without stigma.' What she means is that racism in its most pernicious form slides by on deniability, without any of the telltale oafishness with which more ordinary forms of prejudice announce themselves. Left in its wake are lopsided outcomes that are made to look like the natural order of things."

Part of the "natural order of things" is a fragmented health insurance "system" in the United States in which "Blacks remained 1.5 times more likely to be uninsured than Whites from 2010 to 2018, and the Hispanic

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Greetings,

Pursuing the "What can I DO?" theme that I addressed in the previous Nygaard Notes, this issue is intended to suggest that it's always a good idea to work against white supremacy. Even in a time of a global health crisis—*especially* in a time of a global health crisis—working to change the conditions that maintain racism must remain a priority.

This issue of Nygaard Notes emphasizes the importance of engaging with social problems—from the global pandemic of the coronavirus to the global pandemic of racism—by going beyond the treatment of symptoms to addressing the conditions that give rise to the contagions. This is the essence of Public Health, which I introduce in this issue and explore in more depth in the next.

Good health to all!

Nygaard

Single Payer *from page 1*

uninsured rate remained over 2.5 times higher than the rate for Whites."

Back in August in these pages I was arguing in favor of a policy of Universal Family Care (UFC) in which everyone contributes to a program that would provide affordable early child care and education, long-term care, and paid family and medical leave for everyone in the United States. One of the reasons to support such a policy, I argued, was that it would strike a powerful blow against a key pillar of white supremacy. I said, "Since modern-day racism is based on the idea that only so-called white people are fully human, support for an all-inclusive program such as Universal Family Care becomes an anti-racist position. Universal programs such as UFC make a strong statement that every human being is included in the program *by virtue of their humanity*. And when advocates state that we all are equally deserving of—and responsible for—such a public policy, a strong message of inclusivity is sent out to the culture at large."

Any way we can reinforce this strong message strikes a blow against racism. To those who are asking in these pandemic times, "What can I DO?" I offer the option of adding your energy and your dollars to support the movement toward a single-payer health care system. It won't change policy in time to help with our pandemic response, but it will help to change consciousness and prepare us to change "the natural order of things" from a competitive, market-based approach to health to an inclusive, antiracist system where we really ARE all in this together. ◆

Antiracism and Health: Learn and Do

For those who wish to deepen their understanding of how health care and race intertwine—and who wish to do something about it—here are a few ideas for further self-education and action.

The best single source for any kind of information about single-payer health care remains the amazing Physicians for a National Health Program (PNHP). During each of the first six months of 2020, PNHP is focusing on a specific, concrete "kitchen table" issue that requires fundamental reform. In February the focus was on racial health inequities. Much to read here! ***https://pnhp.org/racial-health-inequity/***

If you are interested, but really have almost no time, then read this one-pager: "Medicare for All: Healing Racial Health Inequities" ***https://pnhp.org/system/assets/uploads/2020/03/RacialInequities_OnePager.pdf***

While you're on the PNHP website, you may wish to read their "Eight Needed Steps in the Fight Against COVID-19"
https://bostonreview.net/science-nature/adam-gaffney-eight-needed-steps-fight-against-covid-19

➔➔ In the summer of 2015 the leaders of Physicians for a National Health Program published an article in the Harvard Public Health Review called "Single-Payer Health Reform: A Step Toward Reducing Structural Racism in Health Care." It advocates for single-payer (obviously), but in the process it says a lot about the core issue of health and race. For example: "Unequal medical care is often viewed as a consequence of broader social inequalities, but the current health financing system also reinforces and institutionalizes inequality; unequal care may be viewed as a form of structural racism."
http://harvardpublichealthreview.org/single-payer-health-reform-a-step-toward-reducing-structural-racism-in-health-care/

Long-time Notes readers know that I almost never recommend videos. But here's an exception: Aim your search engine at "The Politics of Race and Medicare for All" and watch the 5-minute video that comes up on YouTube. Have you ever wondered why Medicare is split into "Part A" and "Part B"? It's all about race, as you'll learn when you watch this video, put out by Healthcare NOW. ***https://www.youtube.com/watch?v=_eN0KhJ3BoI&feature=youtu.be***

A group of organizations that represent people of color last July published an open letter to members of the United States Congress explaining why "Medicare for All is a Racial Justice Issue." Find it on the website of the Center for Popular Democracy. ***https://populardemocracy.org/news-and-publications/medicare-all-racial-justice-issue***

An August 2019 article by Jeneen Interlandi in the New York Times offers some history—going back to the Civil War—that further illuminates the role of racism in shaping our healthcare non-system. Google the title—"Why doesn't the United States have universal health care? The answer has everything to do with race"—or go here:
https://www.nytimes.com/interactive/2019/08/14/magazine/universal-health-care-racism.html

Taking Action

If you accept the argument that working for a national system of universal health care is an anti-racist project, then allow me to point you toward a few organizations that you might want to support with your energy and/or your money.

WhiteCoats4BlackLives is a medical student-run organization working "To dismantle racism in medicine and promote the health, well-being, and self-determination of people of color." One of their goals is to "Ensure equal access to medical care by advocating for the establishment of a single-payer national health insurance program."
https://whitecoats4blacklives.org/ Read their origin story for inspiration. Then send them a donation.

PNHP is not only a source of good information; they are about activism. Visit their "Take Action" page where you'll find (among other things) their "Activist Starter Kit" and "10 things you can do TODAY to fight for health justice during COVID-19." ***https://pnhp.org/take-action/***

The group Social Security Works has taken an activist stance in regard to race and single-payer health care. It seems to be in its early stages, but the campaign does have a good name: "All Means All: Understanding Medicare For All and Racial Justice". Sign up for All Means All here: ***https://socialsecurityworks.org/allmeansall/***

As important as the adoption of a single-payer, universal system of health care would be in reducing health-related racial disparities, there's a bigger picture that anti-racists need to keep in mind. Health care at the clinical level is individualized. That is, it is focused on preventing and treating ill ness patient-by-patient. As crucially important as that is, the current pandemic is making it quite clear that there are structures and systems in place that play a large role in determining who gets sick in the first place. Addressing those structures and systems is the job of a poorly-understood segment of our health care system known as Public Health. But what IS "public health," anyway? Let's have a look. ◆

What Is Public Health?

The National Conference of State Legislators offers a good basic definition of "public health":

"Public health is the science and systems designed to create community, statewide and nationwide conditions that promote health, prevent disease and encourage healthy behaviors *across the entire population*. Good health results not only from proper medical care but also from efforts to craft and implement public policies and programs to protect and improve *the health of all people*. Examples of public health efforts include educating the public about healthier choices, promoting physical activity and fitness, preventing disease outbreaks and the spread of infectious diseases, ensuring safe food and water in communities, preparing for emergency, preventing injury, treating water with fluoride for oral and dental health, and creating smoke-free environments and discouraging tobacco use. Legislators have policy options at their disposal that can promote healthy behaviors and change conditions—social, economic, and environmental—to improve *the health of the entire population."* [Emphasis by Nygaard]

At the clinical level, health care is individualized. The clinician asks: What is the nature of your illness and how can it be treated? Public health, as we see above, is social. The public health worker asks: How and why do people contract this illness? What conditions make it more likely to occur? Why here? Why now?

With its emphasis on systems and its focus on the social determinants of health, a vibrant public health system builds solidarity because it benefits every single member of a society. Seen from a public health perspective, we really *are* all in this together!

In the next Nygaard Notes I'll take a look at public health infrastructure, public health activism, and the role of Public Health in moving us away from a future based on Individualism and Competition—as epitomized by the ethnonationalist populism known as Trumpism—and toward a future society based on the Social and Cooperative values that bring out the best in us all.

If video is your thing, there's a 5-minute video on YouTube from June 15, 2017 called "What is public health?" I recommend it. ◆

"Quote" of the Week: "*Comprehensive Coverage for Everybody"*

From a one-page issue brief from Physicians for a National Health Program called "Medicare for All: Healing Racial Health Inequities":

"We have a long way to go to eliminate the racial inequities in health care. But a necessary first step is comprehensive coverage for everybody in the U.S., regardless of income, employment, or age. The only way to achieve that is with single-payer Medicare for All, which provides lifelong coverage for all medically necessary care, free choice of doctor and hospital, and funding of hospitals based on community needs, not profit."

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