AMWA Carolinas
Book Club
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Emma Arigi, PhD

The views and opinions expressed during this discussion are solely those of the speaker and do not reflect the views and opinions of AMWA Carolinas.
About the author

Linda Villarosa is a journalist, an educator and a contributing writer to the New York Times Magazine. She covers the intersection of health and medicine and social justice. She is a journalist in residence and professor at the Craig Newmark School of Journalism at CUNY and teaches journalism, medicine and Black Studies at the City College of New York. Her book Under the Skin was published in June 2022.

Her full bio can be found in the link below: https://www.lindavillarosa.com/full-bio
About the Book

In Under the Skin, Linda Villarosa lays bare the forces in the American healthcare system and in American society that cause Black people to “live sicker and die quicker” compared to their white counterparts. Today’s medical texts and instruments still carry fallacious slavery-era assumptions that Black bodies are fundamentally different from white bodies. Study after study of medical settings show worse treatment and outcomes for Black patients. Black people live in dirtier, more polluted communities due to environmental racism and neglect from all levels of government. And, most powerfully, Villarosa describes the new understanding that coping with the daily scourge of racism ages Black people prematurely. Anchored by unforgettable human stories and offering incontrovertible proof, Under the Skin is dramatic, tragic, and necessary reading.

https://www.lindavillarosa.com/villarosa-media
Background

• In 2018, Linda Villarosa’s New York Times Magazine article on maternal and infant mortality among black mothers and babies in America caused an awakening.

• Hundreds of studies had previously established a link between racial discrimination and the health of Black Americans, with little progress toward solutions.

• Villarosa’s article exposing that a Black woman with a college education is as likely to die or nearly die in childbirth as a white woman with an eighth-grade education made racial disparities in health care impossible to ignore.

Infant mortality higher for middle-class blacks than lower-class whites


https://www.brookings.edu/articles/6-charts-showing-race-gaps-within-the-american-middle-class/
Contents

• Everything I Thought Was Wrong
• The Dangerous Myth that Black Bodies are Different
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• Strong, Loud and Angry: The Invisibility of Black Emotional Pain
• Discrimination and Ill--Treatment Can Harm Every Body
• Putting the Care Back in Health Care: Solutions
Unveiling the Racial Disparities
The Illusion of Biological Differences
Chapter 2: The Dangerous Myth That Black Bodies Are Different
Myths

• Hypertension: “African Americans who survived the slave trade were those who could hold more salt in their bodies.” The explanation for this is that enslaved people who survived the middle passage had a genetic predisposition to retaining sodium.
  • There is no genetic evidence of difference.
  • There is no evidence that death on slave ships was from dehydration.

• The author also brings up myths about higher pain tolerance among Black people
What other myths have surprised you in this book?
Misconceptions in the Medical System

• As Villarosa argues, these misconceptions not only perpetuate racial stereotypes but also have detrimental health consequences on patients simply because of their race.

• For instance, she illustrates how medicine's incorrect belief that Black women have a higher pain tolerance results in their significant under-treatment for pain compared to their white counterparts.

• Such misguided beliefs have fatal consequences, especially in the maternity sector.
Race Correction In Medicine

• Villarosa critiques the practice of 'race correction' in medicine, which is based on the flawed belief that inherent biological differences, such as pain tolerance, lung function, and kidney efficiency, exist between races.

• She argues that these false assumptions reinforce racial stereotypes and adversely affect patients' health based on their race.
Is race correction in medicine justified?

Can you think of other medical assumptions that exist due to long-held but unproved beliefs?
Chapter 3: Unequal Treatment
IOM “Unequal Treatment” Report

• Documented disparities in healthcare

• Issued framework for definition and analysis of disparities
Despite these groundbreaking findings proving disparity in care for black people and other people of color, has there been movement forward?
Unconscious Bias

• The Effect Race and Sex on Physicians’ Recommendations for Cardiac Catheterization” by Kevin Schulman, MD, MBA

• Blacks in the US aged 18-49 are twice as likely as whites to die from heart disease but less likely to be referred for catheterization

• “Bias may represent overt prejudice on the part of physicians or, more likely, could be the result of subconscious perceptions rather than deliberate actions or thoughts”

• “The real implication of the [Schulman] study was actually quite simple: doctors are human,” (Thomas Perez, contributed to Unequal Treatment)
“Unconscious racism is every bit as damaging as bigotry”

-New York Times Editorial Board-
Chapter 4: Something About Being Black Is Bad for Your Body and Your Baby
A System Designed to Fail
Chapter 5: Where You Live Matters
Environmental Racism

• The author also examines how systemic racism affects communities, noting that neighborhoods with predominantly white populations tend to have less pollution and better schools compared to predominantly black neighborhoods.

• This form of environmental racism results in worse health outcomes for black communities, highlighting the deep-rooted nature of these systemic problems.
Environmental Racism

• Blacks are **75%** more likely than an average American to live in fence-line communities (areas near facilities that emit hazardous waste)

• Black Americans are exposed to **1.54 times** more of the kind of sooty pollution emanating from fossil fuels which predisposes them to
  • Lung disease (eg, asthma)
  • Heart disease
  • Premature death
Weathering

• Villarosa explores how structural and systemic racism contributes to health disparities. She explains that the constant, severe stress from racism leads to a phenomenon called 'weathering.'

• Originated by scientist Arline Geronimus, this theory suggests that the bodies of black women age more rapidly than those of white women due to the physical stress caused by ongoing racial discrimination.
Chapter 6: Strong, Loud, and Angry: The Invisibility of Black Emotional Pain
Mental Health

• A 2018 study by SAMHSA revealed that African Americans experience serious psychological distress 20% more frequently than whites.

• More prone to continuous symptoms such as sadness, hopelessness, and the sensation that life is a constant struggle.

• This situation is exacerbated by poverty.

• Frequent high-profile incidents of police killings of unarmed Black individuals have led to ongoing stress and trauma.
Mental Health

• Perception of the mentally ill as violent compounded by racist stereotypes leads to extreme intolerance, a lack of empathy, and fear

• Suffer in silence – emotional struggles signals weakness

• False assumptions
  • Black people don’t suffer from eating disorders
  • Black people die from homicide, whites from suicide

• Stigma keeps people from getting needed care

• People turn to religion when facing mental health issues
Chapter 7: Discrimination and Ill-Treatment Can Harm Every Body
White Poor

- West Virginia, among the states with the highest white population, is also one of the poorest and holds the lowest life expectancy rate in the nation.
- Issues like poor physical and mental health, along with obesity, are widespread.
- Frequently, impoverished white residents are blamed for their predicaments.
- Weathering may apply to other disadvantaged groups who are the target of sustained discrimination.
The Fight for Equality
Chapter 8: Putting the Care Back in Health Care: Solutions
Community Health Workers (CHWs) and Health Extension Workers (HEWs)

- Trained healthcare care providers who act as a bridge between clinical and community settings, between the patient and the provider
- Trusted members of the community
- Work to improve patient and communication and adherence, care coordination, outreach, prevention, early diagnoses
- Advocate for patients
- Studies show that CHWs can improve outcomes of chronic illnesses, including diabetes and heart disease
- Reduce health care costs
- Can provide meaningful employment and job opportunities in communities that need them most
Causes of Racial Health Disparities

• Equal treatment within the health-care system, Villarosa argues, regardless of class or social status, remains elusive because of three primary obstacles:

  • Long-standing institutional and structural discrimination

  • Implicit biases in the medical profession result not only in misdiagnoses but even blame for being unwell, and

  • “Weathering,” which, Villarosa writes, refers to the “struggle with anger and grief triggered by everyday racist insults and microaggressions … [which] can, over time, deteriorate the systems of the body.”
Conclusion

The author’s final chapter is about hope but is mixed with complex realities.
Knowing is not enough; we must apply. Willing is not enough; we must do.

-Johann Wolfgang von Goethe-
• How did reading this book affect the way you think about equity in healthcare? Why?

• Did it make you want to do anything or change anything?