The Journal of Sociology & Social Welfare

Volume 46
Issue 4 *Structural Competency*

Article 9

2019

Review of *Just Medicine: A Cure for Racial Inequality in American Health Care* by Dayna Bowen Matthew,

Karen Flint Stipp
Illinois State University, ksstipp@ilstu.edu

Trista Smith
Illinois State University

Book Reviews

Dayna Bowen Matthew, *Just Medicine: A Cure for Racial Inequality in American Health Care.* New York University Press (2018), 288 pages, $18.00 (paperback).

Dayna Bowen Matthew focuses on remedies to U.S. health disparities with an attorney's eye for justice deferred. She shows her impatience with a status quo that remains deadly for U.S. racial/ethnic minority groups and draws a line from laws in the Colonial and Industrial Eras to current health disparities. Matthew uses law as her platform to argue for quality of care in a way few writers outside the medical field can. The studies she cites measure quality of care in terms of time with providers, referrals for tests and specialists, and use of best practice interventions. She does not satisfy herself with describing the problem but suggests remedies for the implicit bias and structural exclusions that support differing quality of care for different U.S. racial/ethnic groups. This book takes on the enormous task of addressing both access to and quality of health care, and of providing remedies to the medical and social determinants of health disparities.

Matthew begins by describing Colonial Era laws that restricted access to the social determinants of health, including home, food, employment and education. These laws included Land Grants and Slave Codes that supported commerce through the separation of people from their homes, and that viewed enslaved people as individually expendable and replaceable. In the following era of Industrialization, case law and legislation segregated the spaces where groups of people could live, eat, work and learn. As health care improved in the early 1900s, courts and legislatures also segregated the spaces where people could access care. The Civil Rights Era was ushered in by case law that reinterpreted the constitution's "equal protection." The legislature enacted Title VI of the 1964 Civil Rights Act to

explicitly prohibit federal exclusions for "race, color or national origin." Exclusions persisted as change in national attitude was only incrementally ahead of change to the law, and access was hard-won in conflict with local authorities.

In the current era, decades of Civil Rights enforcement have nearly eradicated explicit exclusions. Matthew suggests the dance between attitude and law has likewise eradicated vestiges of malice among professionals. Yet she cites persistent evidence that the U.S. groups experiencing poorer health care today are the same groups restricted from social determinants of health in earlier centuries. The Affordable Care Act expanded access to care, but care remains inequitable. Current courts narrowly interpret Title VI as applicable only to intentional exclusions. Matthew cites laws outside health care that hold individuals and corporations responsible for creating unintentional harm, suggesting health care systems should bear similar responsibility. Although explicit bias is nearly eradicated, disparate rates of morbidity and mortality persist when controlling for health care insurance and other socioeconomic factors. Narrow interpretations of Title VI continue breeding centuries-old disparities, and difficult-to-detect implicit bias remains a health risk for U.S. racial/ethnic minority groups.

Matthew then provides evidence of implicit bias that is nearly invisible to the casual observer, collected from the Implicit Association Test and other measures. If it seems incredible that nearly-invisible mechanisms could have such a negative health effect, recall that the Industrial Era found it incredible that a nearly-invisible mechanism named bacteria could create personal and community disease. When a critical mass of people understood the nearly-invisible problem, medical, social and legal interventions reduced population rates of morbidity and mortality in a generation. Matthew further helps us understand the nearly-invisible with a Biased Care Model of six interacting mechanisms through which implicit bias leads to disparity. Health care providers may be particularly susceptible to implicit bias, because recommendations in any patient encounter are informed by a complex cognitive load. They sort through their knowledge of signs and symptoms, knowledge of etiology and epidemiology, and knowledge of the availability and cost of tests and treatment. This hard-earned knowledge can be unwittingly sullied by the negative images of minority groups that

are commonly broadcast by popular culture. Matthew's model illuminates complex, overlapping pathways from implicit bias to inequitable care.

Matthew follows her presentation of disparity's causes with medical, social and legal interventions designed to reduce disparate rates of morbidity and mortality, and improve overall population health, in the next generation. She uses Thomas Frieden's Health Impact Pyramid as a guide to interventions, addressing the Pyramid's top three tiers: Counseling and education, clinical interventions, and long-lasting protective interventions. The cultural competence in-services many organizations employ have shown little effect, but there are three evidence-based types of intervention that effect change. *Stereotype Negation Training*, the most effective of the three types, helps intentional professionals replace unconscious negative associations, through prolonged exposure to positive images. *Promoting Counter-Stereotypes* helps professionals develop heterogeneous impressions of groups through repeated exposures to admired minority individuals and disreputable white individuals. *Social and Self-Motivation* interventions tap into professionals' desire for a positive social and self-image, to promote equitable decisions and conduct. All of these, however, presume intentionality and altruism from health care systems. None of them address the lack of structural support for equitable practices.

Matthew recalls theologian Reinhold Niebuhr's "serenity prayer," a prayer for wisdom and courage to act when things can be changed. With that wisdom and courage, she moves to the Health Impact Pyramid's fourth tier: The social context of health decisions. She suggests it is again time to summon the courage for broader structural solutions. While Matthew endorses interventions for implicit bias, she calls on health corporations to provide incentives for providers to supply equitable services and care. She calls on courts to apply Title VI regardless of intent when clear evidence exists of disparate services. She calls on legislatures to draft laws that hold health care systems to account for disparate provision of care.

Matthew cautions that her suggestions make well-intended professionals nervous and suspicious, but history shows that change to the status quo always has detractors. Medical, social and legal interventions were imposed amid doubt in the early 1900s, but the effect was so great that "the doctor" became a

trusted advisor to many families, particularly white families. Medical, social and legal interventions were imposed amid conflict and violence during the Civil Rights Era, and the Affordable Care Act was enacted amid conflict in 2010, but substantive justice is not yet served. It is the current era's task to insist health care earn the trust of racial/ethnic minority families, as it did for white family in the last century. Matthew relies on legal history to call courts and legislatures toward a substantive justice in health care. She relies on courage in a critical mass of people to eradicate status quo health penalties for black and brown patients in the United States.

Karen Flint Stipp and Trista Smith
Illinois State University

Paul Collier, *The Future of Capitalism: Facing the New Anxieties*. HarperCollins (2018), 256 pages, $29.99 (hardcover).

What has gone wrong with global politics? Massive inequalities, globalization, social media manipulation, and other factors have delivered us the likes of Donald Trump, Brexit, Victor Orban in Hungary, and Jair Bolsonaro in Brazil. Although we cannot know whether the rise of authoritarian populism across the world will continue, the most important question to ask is why is this happening, and what should we do to restore a democratic future? In his new book, renowned economist Paul Collier suggests that the center-left social democratic parties that created the postwar global order have lost their way. They failed to respond to the new economic, social, and cultural challenges posed by the most recent wave of globalization, and the upshot has been a political backlash against party elites, experts, free trade, migrants, and racial and ethnic minorities.

Collier contends that prevailing ideologies today on the left and right are fundamentally flawed. The conservative belief in minimal state intervention, premised upon the autonomous individual, ignores both the social and moral bonds of human life and the practical benefits of government intervention for the economy and social welfare. It also mischaracterizes what motivates people—not greed as such, but self-respect and being