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The gaps in health status and mortality between Whites and ethnic minorities (particularly African Americans and Hispanics) have been well documented, and much hard data about these discrepancies have been collected. There has been limited discussion, however, as to the reasons behind these disparities. Barr has written a captivating and well-researched book that discusses the evidence, provides convincing explanations for the differences in health and mortality, and outlines what can be done to remedy the problem.

Barr presents evidence illustrating differences in health based on race, including statistics showing that when compared with Whites, African Americans have higher rates of diabetes, infant mortality, and many other conditions; they are sicker; and also have a higher mortality rate. In addition, they receive less aggressive and effective treatment than Whites. Much of the discrepancy in health can be accounted for by social factors: lower income and lower rates of health insurance are associated with worse health. However, even after controlling for socioeconomic conditions, Whites enjoy better health and have lower mortality rates.

Barr extensively discusses the difference between race and ethnicity and how the social convention of race came to be established. There are indeed biological differences between races, but the similarities overwhelm the differences. In the United States, differences are essentially nonexistent because of intermarriage between the races. However, some physicians today use race as a basis for certain types of treatment. Though the doctors are well-intentioned, using race in such a way is not scientifically sound. Despite the fact that statistical tests may indicate that the effects of drugs differ by racial group, most studies report the same effects. Rather than basing clinical decisions on race, physicians should base decisions on individual factors such as ability to comply with treatment and lifestyle factors.

Barr reviews a number of well-controlled studies that account for health insurance status, income, education, and
other socioeconomic markers. Still, as he shows, differences linger in health markers, but there is no straightforward answer as to why these differences exist. Barr argues that while there probably is very little overt racism, many physicians (who are usually White) and other health care providers harbor unconscious biases toward racial groups different from their own. He presents arguments both supporting the bias explanation and those discounting it, though nowhere does he or anyone cite studies to support their claims. However, he presents a handful of anecdotes demonstrating unconscious biases among medical professionals. Barr meticulously analyzes the evidence and concludes that racial bias is a plausible explanation for at least some of the variance persisting in health.

Barr outlines some concrete steps to bridge the gap in health outcomes, including increasing trust in the medical field among African Americans. Researchers have suggested that as a result of systematic and historical differential treatment, African Americans have a low level of trust in the medical establishment, causing them to seek medical care and undergo recommended medical procedures less often. This phenomenon may account for some of the differences in treatment and health outcomes between racial groups. The natural reaction of those in the medical field is denial, but Barr asserts that in order to make meaningful strides in closing the health gap, the issue must be honestly addressed and physicians should receive extensive cultural competency training. This suggestion raises interesting questions, and should certainly be explored in more detail.

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Adoption is an intriguing topic. It raises many quandaries, such as whether a child is shaped more by genetics or environment; how similar a family created by adoption is to a family created by marriage and genetics; if and when a birth parent who chooses adoption can resolve the resulting emotions.