

PA News: Is it Race or Racism That is Killing Black People?



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Data has consistently shown that Black Americans die at higher rates than white Americans related to specific health problems. For example, [data shows](#) that Black mothers die over twice as frequently as white mothers related to childbirth. [Data](#) has also demonstrated the Black Americans die at approximately three times the rate as their white counterparts related to COVID-19.

Throughout the history of medicine, there has been much effort trying to identify something unique and genetic about being Black that would cause poorer health. When I was in PA school, one of my Black colleagues would often groan when we were given data from lecturers noting higher rates of morbidity and mortality from specific illnesses for Black patients. "Not again," he would mumble.

But research and study looking at racism, and not race, as the cause of these discrepancies has gained increasing acceptance in recent years. Researchers Arlene Geronimus and David Williams have been focusing on this issue for decades, and their work continues to receive increased attention and acceptance in the medical community.

Geronimus was one of the first to describe the concept of "weathering." Weathering describes the greater prevalence of maternal morbidity among Black women. In 2006, she proposed the "weathering" hypothesis, asserting that Black communities and individuals experience premature health deterioration due to the cumulative effects of racism including social, economic, and political oppression. She noted that accumulation of stress from ongoing racial trauma leads to changes in the body that "weather" and erode the physical well-being of non-white communities, [predisposing them to accelerated aging](#) and DNA mutation, leading to premature mortality.

David Williams has also explored the impact of racism, vs race, on health. One of his most significant observations has been that the health impact of racism is distinct from looking for genetic make-up of specific races, noting; "In recent decades, there has been remarkable growth in scientific

research examining the multiple ways in which racism can adversely affect health. This interest has been driven in part by the striking persistence of racial/ethnic inequities in health and the empirical evidence that indicates that socioeconomic factors alone do not account for racial/ethnic inequities in health. Racism is considered a fundamental cause of adverse health outcomes for racial/ethnic minorities and racial/ethnic inequities in health."

Finally, another intriguing insight into understanding the role of racism and health is a proposal that the medical community began to view and treat racism as a chronic disease. The Baylor University African American Center for Medical Ethics and Health Policy discussed this in a [blog post](#) about this framework of racism; "Racism is not new. It's unceasing with no treatment or vaccine in sight. A more appropriate diagnosis would be racism as a [chronic disease](#), like cancer or diabetes. But this particular chronic disease does not destruct the body of the individual who is infected. Instead, in America, its effects are felt throughout the entire Black community and are not only physical, but also emotional and social".

The work of Geronimus, Williams and others offers a fresh and exciting area of examination. Their observations have done much to decrease and dismiss what can only be called racist assertions about the cause of poorer health of Blacks when compared to whites. It is ironic that it now appears to be true that it's not race, but racism itself, that has played a key role in health inequality.

