This is Baltimore.

The Impact of Historical Structural Racism on Health

Chuck Callahan, DO, FAAP
UMMC Population Health
Doctors for Medicare For All
BY ABIGAIL ABRAMS

IRIANN CALLAHAN REMEMBERS THE PATIENT
who clarified her decision to become a po-
itical activist. He was homeless, suffered
from severe arthritis in his hip and was self-
medicating with fistfuls of Advil. That gave
him a bleeding gastric ulcer that landed him in
the emergency room at a public hospital. Callahan, who is a medical student at
Columbia University, and her colleagues patched him up and
sent him back to the shelter, where he began self-medicating
once again. Arthritis isn’t a disease
he was stuck in a horrific cycle. "It’s immoral," she says, "the
way that we treat people in this country."

In the months since seeing that patient, Callahan has
channeled her frustration into political organizing—and she’s hardly
alone among her fellow medical professionals. With roughly
27.5 million Americans uninsured and nearly 80 million struggle-
ing with medical bills, doctors, nurses, medical students and
other patient-facing professionals are finding themselves on the
front lines of a broken system. Like Callahan, many are look-
ing for ways to fix it. The result is that the medical field, which
was once one of the most conservative professions, is becom-
ing an unlikely hotbed of progressive political activity. One of
these advocates’ top goals? Single-payer health care, now known
most often by its politically charged name: Medicare for All.

"I don’t think I can just be a patient advocate at the bedside,"
says Dr. Mark Quinto, a 35-year-old nurse in California who has can-
vased in support of Medicare for All. "It’s our job to protect our
community and to protect any threat to their health."

Single-payer health care was once considered a fringe idea in
the U.S. But so were the ideas that led to Medicare and Medi-

1. Dr. Adam Gaffney, an instructor at Harvard Medical School and president of Physicians for a National Health Program, which supports single-payer health care. He notes that as a growing number of doctors advocate for Medicare for All, the "political will to do anything at all [to address health care] has stagnated." Whenever asked what he hopes will happen, Gaffney says, "we need a mass movement, make it work."

FOR MOST of the 20th century, cost was
a daunting Republican worry. It was reluc-
antly white and male into the 1960s, ran
their own practices and operated as
business owners. Their leading trade
group, the American Medical Association, ref-
qued its members’ politics: It helped sink attem-
tives by Presidents Franklin Roosevelt and
Truman to pass universal health care, but
the 1960s it waged a pitched, if losing,
against Medicare on the grounds that the
net for older Americans amounted to cr
socialism.

But over the past generation, both care and the job of being a doctor have
mentally changed. As the insurance
expanded, physicians have moved from
their own private practices to being
Race- and Rank-Specific Infant Mortality in a US Military Population

James S. Rawlings, MD, Michael R. Weir, MD

- Mortality among black infants in the United States is approximately twice that among white infants. The disparity has been attributed in large part to the higher incidence of poverty and limited access to health care among black Americans. We investigated race- and rank-specific infant mortality rates among dependents of military officers and soldiers at Madigan Army Medical Center, Tacoma, Wash, between 1985 and 1990. The overall infant mortality rate was 9.3 deaths per 1000 live births compared with 10.1 deaths per 1000 live births in the United States in 1987. Mortality rates for infants born to families of junior enlisted soldiers were similar to those for infants born to families of noncommissioned and commissioned officers. The mortality rate among black infants was 11.1 deaths per 1000 live births compared with 17.9 deaths per 1000 live births among all black Americans in 1987. These lower rates of mortality among black infants may be due to guaranteed access to health care and higher levels of family education and income in the multicultural subpopulation served by our medical center compared with the nation as a whole.

Methods

Data were compiled for all live births and infant deaths among dependents of active-duty military personnel at Madigan Army Medical Center (MAMC), Tacoma, Wash, between 1985 and 1990. These data were collected through a comprehensive review of MAMC medical records. Locally recorded data were cross-checked for accuracy and completeness with data printouts provided by the Services and Biostatistics Activity, Patient Administration Division, Office of the Surgeon General, Department of the Army. Infants born at MAMC whose deaths were recorded at any other medical facility of the worldwide US Army Health Care Delivery System were identified by matching birth dates and parents’ Social Security numbers.

Information available about each birth included birth weight, gestational age, length of neonatal hospital stay, race, gender, age at death (if applicable), dependency status, rank of active-duty parent, and all medical diagnoses. Racial designations were assigned according to parental preferences as annotated on birth certificates. Each infant was assigned the race of his or her mother. Tabulations of infant deaths were based on year of occurrence.

Table 2.—Prevalence of Factors Relating to Outcome of Pregnancy

<table>
<thead>
<tr>
<th>Race</th>
<th>No. of Weeks' Gestation</th>
<th>Low Birth Weight, kg</th>
<th>Length of Hospital Stay, d</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;37</td>
<td>&lt;30</td>
<td>&lt;26</td>
</tr>
<tr>
<td>White</td>
<td>90.6</td>
<td>7.8</td>
<td>2.9</td>
</tr>
<tr>
<td>Black</td>
<td>121.7</td>
<td>17.6</td>
<td>6.5</td>
</tr>
<tr>
<td>Other</td>
<td>95.4</td>
<td>8.8</td>
<td>2.6</td>
</tr>
<tr>
<td>All</td>
<td>96.2</td>
<td>9.5</td>
<td>3.5</td>
</tr>
</tbody>
</table>

*All values are number of cases per 1000 live births. All differences between white and black infants were highly significant (P<.01); all differences between white and black infants and infants of other races were not significant.

Table 1.—Race-Specific Neonatal, Postneonatal, and Infant Mortality

<table>
<thead>
<tr>
<th>Race</th>
<th>No. of Live Births</th>
<th>Neonatal</th>
<th>Postneonatal</th>
<th>Infant</th>
<th>IMR*</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>11:740</td>
<td>81</td>
<td>25</td>
<td>106</td>
<td>9.03</td>
</tr>
<tr>
<td>Black</td>
<td>2613</td>
<td>21</td>
<td>8</td>
<td>29</td>
<td>11.10</td>
</tr>
<tr>
<td>Other</td>
<td>1142</td>
<td>6</td>
<td>3</td>
<td>9</td>
<td>7.88</td>
</tr>
<tr>
<td>Total</td>
<td>15,495</td>
<td>108</td>
<td>36</td>
<td>144</td>
<td>9.29</td>
</tr>
</tbody>
</table>

*IMR indicates infant mortality rate. Values are number of deaths per 1000 live births.
Baltimore Uprising April 2015
The Death of Freddie Gray
Dot Map: One dot by race for every person on 2010 census
Dot Map: One dot by race for every person on 2010 census
White “L” & the Black Butterfly

Lawrence Brown, PhD
Associate Professor
School of Community Health & Policy
Morgan State University
Structural Racism:

Normalization and legitimization of an array of dynamics - historical, cultural, institutional and interpersonal - that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color.
Poverty and the Butterfly

No Progress Black America
Rental Housing Affordability Index by Community Statistical Area and Hospital Locations, Baltimore City, 2016

Percent of households that pay more than 30% of their total household income on rent and related expenses out of all households in an area

American Community Survey, 2016, 5-year estimate
Healthy Food Priority Areas by Community Statistical Area and Hospital Locations, Baltimore City, 2018

Healthy Food Priority Areas 2018 shapefile downloaded from https://hub.arcgis.com/

Bernard C. "Jack" Young
Mayor, Baltimore City

Dr. Letitia Dzirasa, M.D.
Commissioner of Health, Baltimore City
Violent Crime and the Butterfly

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>223</td>
<td>34.8</td>
</tr>
<tr>
<td>2011</td>
<td>196</td>
<td>31.1</td>
</tr>
<tr>
<td>2012</td>
<td>218</td>
<td>34.9</td>
</tr>
<tr>
<td>2013</td>
<td>233</td>
<td>37.5</td>
</tr>
<tr>
<td>2014</td>
<td>211</td>
<td>33.8</td>
</tr>
<tr>
<td>2015</td>
<td>344</td>
<td>55.4</td>
</tr>
<tr>
<td>2016</td>
<td>318</td>
<td>51.4</td>
</tr>
<tr>
<td>2017</td>
<td>343</td>
<td>57.8</td>
</tr>
<tr>
<td>2018</td>
<td>309</td>
<td>50.5</td>
</tr>
<tr>
<td>2019</td>
<td>348</td>
<td>57</td>
</tr>
</tbody>
</table>

2018: 51/100,000

309 Homicides in 2018

2019: 57/100,000

348 Homicides in 2019
Overlap: Poverty, Violence and the Butterfly

Vacant Buildings vs. Homicides, 2013
2013: Asthma Hospitalization Rate follows the “Butterfly”

Figure ES-5. 2013 Asthma Hospitalization Rates (left) and 2013 Median Household Income (right)
Four Months of COVID Data: Following the Butterfly?
Health Outcomes and the Butterfly

Life Expectancy at Birth
84 years

Under One Mortality
<1.0 / 1,000

Life Expectancy at Birth
67 years

Under One Mortality
15.4 / 1,000

Baltimore, Maryland, Percentage Black Population, 2010

Poppleton vs.
Gr Roland Plk/Poplar Hill
2017 Data
http://bniajfi.org/
Infant Mortality and the Butterfly

Baltimore City Infant Mortality Rates By Neighborhood, 2009-2013

Legend
<1yr Infant Mortality Rate per 1000 Live Births
- < 4.86
- 4.87 - 9.66
- 9.67 - 11.36
- 11.37 - 14.61
- 14.62 - 20.32
- Rate Not Calculated

Categorized by quintile

Source: DHMH Vital Statistics Records 2009-2013
Prepared by the Baltimore City Health Department Bureau of Maternal & Child Health
Life Expectancy by Community Statistical Area and Hospital Locations, Baltimore City, 2012-2016

BCHD analysis of data provided by the Maryland Department of Health Vital Statistics Administration

Bernard C. “Jack” Young
Mayor, Baltimore City

Dr. Letitia Dzirasa, M.D.
Commissioner of Health, Baltimore City
Life Expectancy at Birth
67 years
82% African-American
Median Household Income $20,000

Eddie’s Supermarket

Life Expectancy at Birth
84 years
78% European-American
Median Household Income $113,000

Poppleton vs. Gr Roland Pk/Poplar Hill
2017 Data
http://bniajfi.org/
Reconstruction
• Germans & Irish
  -Mid-19th century
• Polish
  -Fells Point
• Russian Jews & Italians
  -East Bank Jones Falls
• African-Americans
  -Hughes St. west of Fed Hill
  -Pigtown west of Camden Stn
  -Biddle Alley south of Druid St

Biddle Alley

Baltimore 1876

Midtown

Slums of Baltimore
Racially Designated Blocks  1910 to 1917

Betsy Nix, PhD
Restrictive Covenants 1918 to 1948

- Roland Park
- Guilford
- Homeland
- Northwood
“Red-Lining” 1937 and after
“Red-Lining” 1937 and After
Roads 1957 “East/West” Highway

East West Highway Plan 1957

Betsy Nix, PhD

The Baltimore East/West Highway

Thesis: Highway to Nowhere
Significance of Martin Luther King Boulevard

Racial Difference:
- Green African American
- Pink Euro-American
  (Darker the shade the greater the > %)

MLK Blvd as a “border vacuum”

Household Income
- Darker the blue > household income

Yellow Line = MLK BLVD
“Border Vacuum:”
Progress?

Baltimore’s Segregation: 1970
By census tract; each dot represents 10 people
- Black • White

Baltimore’s Segregation: 2010
By census tract; each dot represents 10 people
- Black • White

Yelp R. Baltimore’s Demographic Divide WSJ. May 1, 2015
Implicit bias.
Arise from unconscious beliefs.

- Skin-tone ('Light Skin - Dark Skin' IAT)
- Native American IAT
- Presidents IAT
- Race IAT
- Weapons IAT
- Age IAT
- Religion IAT
- Arab-Muslim IAT
- Gender-Science IAT
- Gender-Career IAT
- Asian IAT
- Sexuality IAT
- Weight IAT
- Disability IAT
“People fail to get along because they fear each other; they fear each other because they don’t know each other; they don’t know each other because they have not communicated with each other.”

— Martin Luther King, Jr
Listen & Learn.
Stand.
Speak.
Invest & Enlist.
“Each of us bears a personal responsibility to leave the state of pediatric care better than we found it.”

Goldbloom R. *Pediatr* 1984:73;693-698
“Each of us bears a personal responsibility to leave Baltimore and the people of Baltimore better than we found them.”
To Learn More...

**NOT IN MY NEIGHBORHOOD**
Antero Pietila

How racism drove economics and real estate development in Baltimore.

**THE CORNER**
David Simon & Edward Burns

The book that inspired “The Wire.” A year in the life of the drug culture and those it affected.

**Narrative of the Life of Frederick Douglass**

Autobiography of one of America’s most famous former-slaves, who grew up and labored in Baltimore.

**THE MASTER PLAN**
Chris Wilson

True story of a man who reinvented his life while serving a life sentence. Now a Baltimore community leader.

This is Baltimore.

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