

Exploring the Impact of Race and Racism on Health

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This special issue of the *WMJ* focusing on how the health of the people in Wisconsin is affected by race and racism was born as a response to the high-profile police killings and the resultant civilian protests from the spring and summer of 2020. The editorial staff of the *WMJ*, with the support of the state's two medical schools—the Medical College of Wisconsin and the University of Wisconsin School of Medicine and Public Health—chose to highlight stark racial health disparities among populations in Wisconsin and provide a forum for scholars in Wisconsin to share their work.

This is not the first time the *WMJ* has addressed this topic. In fact, the *WMJ* has published many articles looking at racial disparities and health. (See the special topic collection available at wmjonline.org.) But, the focus of an entire issue, we felt, was essential to devote the needed resources and attention to this topic. Nelson Mandela stated, “Education is the most powerful weapon which you can use to change the world.”

The editorial staff was fortunate to assemble a special advisory group of distinguished and knowledgeable experts for this issue. This group, comprised of physicians, epidemiologists, social workers, psychologists, and a medical student from the state's medical schools and the University of Wisconsin-Milwaukee, represent a broad range of disciplines with a scholarly resume focused on health disparities and racism. The group graciously helped recruit authors, review papers, and advise the editorial staff about topics to highlight in the issue.

We received more than 20 submissions from scholars and community members around

Box. Resources

- **New AMA policies recognize race as a social, not biological construct**
<https://www.ama-assn.org/press-center/press-releases/new-ama-policies-recognize-race-social-not-biological-construct>
- **What we mean when we say race is a social construct**
<https://www.theatlantic.com/national/archive/2013/05/what-we-mean-when-we-say-race-is-a-social-construct/275872/>
- **A history: the construction of race and racism**
<https://drive.google.com/file/d/1IHfUSeXnJO5ea-5jQ7QXfOnucGyhnDKk/view>
- **Race is a social construct, scientists argue**
<https://www.scientificamerican.com/article/race-is-a-social-construct-scientists-argue>
- **What is whiteness?**
<https://www.nytimes.com/2015/06/21/opinion/sunday/what-is-whiteness.html>
- **What is whiteness?**
<https://www.psychologytoday.com/us/blog/culturally-speaking/202006/what-is-whiteness>

the state. This overwhelming response to our call for papers (normally, we would publish 12 to 14 papers in an issue) demonstrates interest in the topic among researchers. In addition, we received 14 submissions from artists who answered the call for their interpretations of the theme. Some of these works are included in this issue, and all are featured on our website.

Anti-racism is a movement to establish conscious actions and beliefs that are counter to racism and prejudice. The idea of being anti-racist is to deliberately develop equitable opportunities for people of all races. The papers in this special issue will help Wisconsin health care providers work toward creating anti-racist communities and an anti-racist health care system. Many medical schools and health systems

have worked to develop concrete steps to move toward an anti-racist environment. Work has included providing education about racist practices in the history of medicine, calling out both explicit and implicit bias in hiring, patient care, and education, and engaging the medical community in a conversation about anti-racism. The Northwestern Feinberg School of Medicine (<https://www.feinberg.northwestern.edu/sites/fame/educator-training/Anti-racism-in-Medicine-Collection.html>) and Emory School of Medicine (<https://med.emory.edu/about/diversity/anti-racism-guide.html>) have curated two helpful collections. These websites include curricula, workshops, case studies, and research articles that provide examples for ways to incorporate anti-racism efforts into the health care system.

There is very little biologic variation between races. The literature provides ample evidence documenting that all humans, regardless of race, ethnicity, or country of origin, have over 99.9% of their genetic material in common. Race itself is not a logical explanation for health disparities or different responses to disease. However, racism—defined as a social response to people of different races—is an underlying cause of many inequities and health disparities. The American Medical Association, joining many other medical organizations, formulated a statement on race as a social construct in November 2020 to begin identifying racism in medical care and medical education (see Box). One example of work toward an anti-racist medical culture is the move to take out race adjustments in clinical algorithms.¹ For instance, glomerular filtration rate (GFR)

is adjusted for Black patients. This adjusted calculation serves to overestimate their renal function and make them eligible for dialysis later than non-Black patients.

In the creation of this special issue of the *WMJ*, the advisory group recognized that none of the papers submitted included a discussion of the social construction of race or the issue of “whiteness.” Whiteness is defined as “the property or quality of being white in color” and “the fact or state of belonging in a human group having light-colored skin.” Defining “white” as the default skin color is a core factor in the evolution of race as a social construct. James Baldwin said, “No one was white before he/she came to America.” Race is socially defined and purposefully employed to maintain and expand power amongst people identified as white. Race and racism create a framework where the

focus is upon “the other” (those who are not white) where whiteness is considered the norm or the reference point. We have provided some resources for those who want more information to expand on the concepts of whiteness and the social construction of race.

We wish to thank the members of our advisory group, the authors, and artists who have contributed to this special issue. By highlighting the issues of race and racism, we hope to raise awareness and give health care professionals some guidance as to how to improve care for people of all races.

REFERENCE

1. Vyas DA, Eisenstein LG, Jones DS. Hidden in plain sight—reconsidering the use of race correction in clinical algorithms. *N Engl J Med*. 2020; 383:874-882. doi:10.1056/NEJMms2004740

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