

BOOK AND MEDIA REVIEWS

The Racial Divide in American Medicine: Black Physicians and the Struggle for Justice in Health Care

Richard D. deShazo, Editor

Jackson, MS, University Press of Mississippi, 2018, 215 pp., \$28 hardcover, \$17.50 paperback



The Racial Divide
in
American Medicine
Black Physicians and the Struggle for Justice in Health Care
Edited by Richard D. deShazo, MD, MACP

I write this review after having read the *MedPage Today* article “COVID-19 Killing African Americans at Shocking Rates: Wildly disproportionate mortality highlights need to address longstanding inequities.”¹

The Racial Divide in American Medicine: Black Physicians and the Struggle for Justice in Health Care shines a bright light on precisely this civil rights history of longstanding inequities. The collection of chapters, beautifully developed by Richard deShazo, MD, is written by individuals often with first-hand experience of the painful legacy of racism in medicine throughout the United States, with a focus on the American South and Mississippi in particular. These are stories that must be told. They are stories that must be heeded. Dr deShazo’s book spurs frank conversations on dismantling racism in health care for our times.

This book is written for anyone with an interest in medicine, medical history, or civil rights in general and the struggle for justice in health care in particular. It tells the story of the ongoing struggle of African Americans for access to good health and health care in the South, and particularly in Mississippi, where that struggle changed the course of American history. It also reveals how much of our ongoing disparities in health result from a social determinant that few in medicine want to discuss: racism in the United States.” (p vii)

The visual historical chronology by de Shazo and Rosemary Moak included in the introduction is already worth the purchase price. Chapter 1, written by deShazo, is entitled “A Roadmap to the Discovery of a Hushed Truth,” and signals the author’s drive to find and retell this extraordinary history, recognizing that

holding silence is an act of collusion. Chock full of historical photographs and images, the book relays the stories of the history of the Black Hospital and Community Health Center Movements (chapter 2), chronicles the struggle for civil rights in Mississippi led by exemplary black physicians (chapters 5 and 6), and chronicles the stories of white allies (chapters 8 and 9). I expect that chapter 6 will bring many to tears with the compelling profiles in courage and heroism of pioneer African American physicians such as Helen Barnes, who became the first black faculty clinician at the University of Mississippi Medical Center.

Regarding the tensions of the time, deShazo, Smith, and Skipworth write with extraordinary clarity in chapter 5:

It seems logical to divide the forces supporting social justice in health during the civil rights era in Mississippi as “pro” and “con”. The pro side would include the NAACP, the affiliates of the National Medical Association, the black church and the US Supreme Court. The cons side would include the state government, the Mississippi Sovereignty Commission, the Citizens’ Councils, the plantation owners, the KKK, and, unfortunately the AMA and its affiliate Mississippi State Medical Association. (p 92)

Writing like this invites contemplation on the forces behind the devastating racism in health care today.

Aside from the sheer power and inspiration of this book, there is much in here for those looking to develop and enhance their curricula in social determinants of health, in health advocacy and justice, and in culturally responsive health care. More than anything else, the book highlights heroic health care civil rights sacrifices and advocacy throughout our nation’s history in the face of threat and danger. It is a book written with passion, conviction, strength, and precision. It is impossible to read without experiencing a wide range of strong emotional responses to the way things were, the way things are, and the way things must become in a democratic nation of justice for all. doi: 10.22454/FamMed.2020.707309

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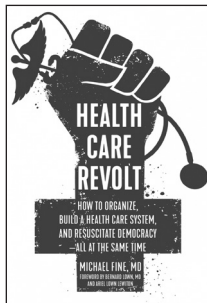
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Health Care Revolt: How to Organize, Build a Health Care System, and Resuscitate Democracy—All at the Same Time

Michael Fine

Oakland, CA, PM Press, 2018, 172 pp., \$15.95, paperback



“There was this immense mess,” Russell Baker wrote in 1970.¹ Although he was certainly referring to the civil discord that followed the Cambodian incursion and the Kent State massacre, he might have been describing the present state of US health care. It is a task under-

taken with more attention to factual detail but essentially the same findings by Michael Fine in the first part of his book, *Health Care Revolt*. His articulation of the “cheat to win” tactics of drug and insurance companies and the diseased political and judicial system that allows them is written in clear and accessible language that could be used in conversations with patients and families when they come in with asthma attacks or wildly uncontrolled diabetes because the generic insulins or inhaled long-acting beta agonist/inhaled corticosteroid we prescribed somehow cost too much.

Health Care Revolt is a book about what is wrong with the delivery of health care in the United States, and what we ought to do about it. It is not the first such work, and regrettably, will not be the last. It is somewhat unusual in linking the problems and proposed solutions to the impending demise of our democracy, but that shouldn’t stop anyone from reading it.

Michael Fine, MD is a family physician who served as director of the Rhode Island Department of Health. His career includes participating in the development of several community-level organized health systems in collaboration with community organizations and elected officials. He participated in policy discussions at the time the Affordable Care Act was coming together, and like many of us, was greatly disappointed that the “public option” did not become part of the law.

As such, he is well able to describe, in terms accessible to lay people as well as clinicians,

both the frustrating mess that is the US health care system, and the reasons why it fails to deliver outcomes that could justify even a fraction of its outsized cost. The first half of the book expertly delivers and explains the diagnosis, and gives the prognosis of inevitable collapse.

The second half discusses the treatment options. Fine gives a strong argument why the Affordable Care Act, while including some positive steps, is far from adequate. His prescription includes two main elements: community organizing and a physician-led revolt (or many small revolts). This is the weaker portion of the book. He gives some good examples of how community organizing created some excellent local health care systems, and how physicians collaborated with community organizers, but the limited history of physician-led union organizing or strikes (in which he suggests we should participate early and often) is not discussed in any detail. Some in the family medicine advocacy community may find the references to Saul Alinsky and revolt disquieting. I have to admit that I myself have become a rank incrementalist.

Those heavily involved in advocacy already likely know most of the facts discussed in the first part of the book—and many of them would scoff at the second—so I can’t strongly recommend this book to those who have a lot of familiarity with literature in health policy. But, for those who work with our young doctors, it should have a special place on your shelf, where you can reach for it when they come into your office fuming about a third visit with a patient who has twice been prescribed, but never received, an inhaled corticosteroid or a generic insulin. I don’t have a lot of confidence that our young doctors are going to find time between repaying their loans and updating their Facebook statuses to do much organizing. But, perhaps, with a little context, which Fine provides, and a little encouragement, they could carry out one of his small revolts. It could happen, and maybe it would help.

doi: 10.22454/FamMed.2020.310393

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