Structural Racism and Health Equity

About the Course
Welcome to the thread of Structural Racism and Health Equity! The goal of the course is for students to develop a structurally competent, anti-racist lens for viewing and treating health and illness. Teaching sessions will consist of didactics, case-based learning, small group discussions, and community discussion panels. You will also see this thread weave itself throughout the entire first year curriculum.

The first section of the year will focus on foundational material and delve into the historical context of race within medicine and society, medicine’s reinforcement of health injustices, and how structural determinants of health such as race shape our present healthcare framework.

The latter portion of the year will be a detailed exploration of the social determinants of health and the power structures which shape these determinants and health of marginalized communities. These sessions will be more place-based, speaking to issues directly affecting communities in Los Angeles, and will highlight and uplift community movements and advocacy efforts striving for justice in LA. Skill and leadership development will be heavily emphasized in this thread, with the goal of empowering students to be well-informed, structurally competent physician-advocates within and outside of the clinical setting.

Course Objectives
1. Understand the concepts of race/racism, power, colonialism, patriarchy, and capitalism and their manifestations in the history of medical thought, education, practice, and research and shaping the healthcare system overall.
2. Understand the impact both structural and social determinants have on the health of marginalized communities.
3. Learn about the concept of structural competency and demonstrate proficiency in applying a structural analysis lens to patient care.

**Meeting Times and Class Information**

We will meet as a class on designated Wednesdays, from 1:00-3:00pm. Your attendance is required at these sessions. A sign-in sheet will be present at the start of each session. The college gives a 10-minute grace period during which you can sign in, of which is used to track your attendance. *If you arrive after the 10-minute mark, you will be unable to sign into the session.*

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<tr>
<th>Date</th>
<th>Session Information</th>
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<tbody>
<tr>
<td>9/6/2023</td>
<td><strong>Introduction to the SRHE Thread</strong></td>
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<tr>
<td>10/4/2023</td>
<td><strong>Histories of Resistance: Models of Care in Revolutionary Praxis</strong></td>
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<td>Objectives:</td>
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<td>- Discuss the legacies of racism &amp; colonialism in medicine.</td>
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<td>- Understand the role of racial capitalism and its impact on healthcare in marginalized communities.</td>
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<td>- Identify and understand the role of healthcare workers within community organizing and protest.</td>
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<td>Guest speaker: Cleo Silvers</td>
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<td>Pre-lecture material:</td>
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<td>1. Read through the Race, Medicine, and Colonialism Slide Deck</td>
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<td>2. Watch The Takeover (38 mins)</td>
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<td>3. Read this interview with Cleo Silvers (5 pages)</td>
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<td>4. Read through the BPP 10 Point Health Program (1 page)</td>
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<td>Objectives:</td>
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<td>- Understand the emergence of the Medical-Industrial Complex (MIC) and its implications on medical practice and healthcare delivery</td>
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<td>- Apply the framework of the MIC (along with the linked concepts of racial capitalism &amp; neoliberalism) to the healthcare geography of LA County</td>
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<td>- Practice (re)imagining and thinking beyond the structural and ideological parameters of the MIC</td>
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| 11/8/2023 | Visions & Struggles for Community Health in LA: The Watts Rebellion and the Creation of King-Drew Medical Center |                                                                            | 1. Read “The Transformation of the Medical-Industrial Complex: Financialization, the Corporate Sector, and Monopoly Capital” in Healthcare under the Knife: Moving beyond Capitalism for our Health (2018) by physician-sociologist Howard Waitzkin (14 pages)  
2. Watch this 5 minute video clip by Amy Kapczynski (start at 10:51 and watch until 16 min)  
3. (Optional) Read the 2021 report “Los Angeles: Vast and Varied Health Care Market Inches Toward Consolidation” by the California Health Care Foundation for a more quantitative overview of the health insurance demographics in Los Angeles County |
| HW #1-due 11/17/23 |                                                                            |                                                                            | 1. Situate & explore the importance of the 1965 Watts Rebellion and its ramifications for racial justice and health services in LA and more broadly  
2. Recognize how the aftermath of the Watts Rebellion contributed to a key shift in thinking from public health to public safety  
3. Understand the historical trajectory of public hospitals in CA and its relationship to racial capitalism  
4. Critically analyze the opportunities and limits of different visions for community health |
| 12/20/2023 | An Introduction to Structural Competency: Analyzing & Addressing the Structural Determinants of Health |                                                                            | 1. Read the article from the Washington Post, "Solving our urban crisis involves addressing hospitals in addition to policing" by Dr. Ramos  
2. Read the article by Dr. Donna Murch, "The Many Meanings of Watts: Black Power, Wattstax, and the Carceral State." |
|           |                                                                            |                                                                            | 1. Learn to identify and respond to structural vulnerability in clinical care  
2. Denaturalize the systems and practices within clinical settings that leads to tiered, inequitable systems of care  
3. Recognize the opportunities and limits of medical positionality in addressing structural violence |
**1/24/2024**

**The Sickness of Policing & Incarceration: Carcerality in Los Angeles and its Entanglements with Health & Medicine**

**Objectives:**
- Explore the health effects of incarceration and criminalization, and how the prison industrial complex operates as a structural determinant of health
- Understand the history and politics surrounding policing and incarceration in Los Angeles (as well as of organized resistance to them)
- Critically engage with how and where carceral logics resides within medicine, and the implications for healthcare providers in reducing harm and reimagining patient care and safety

**Pre-lecture material:**
1. Read the Introduction to *City of Inmates: Conquest, Rebellion, and the Rise of Human Caging in Los Angeles* (2017) by Dr. Kelly Lytle Hernandez (Pages 1-15)
2. Read the chapter, “The Other California,” by Dr. Ruth Wilson Gilmore and Craig Gilmore from the book *Globalize Liberation: How to Uproot the System and Build a Better World* (9 pages)
3. Read “Let’s Take the Punishment out of Healthcare” by Temple and Case Western medical students affiliated with White Coats For Black Lives
4. *(Optional)* Watch this YouTube clip of Dr. Kelly Lytle Hernandez describing the Million Dollar Hoods Project (27 minutes)
5. *(Optional)* Read the chapter, “The Color of War: Race, Neoliberalism, and Punishment in late twentieth-century Los Angeles” by Donna Murch from the book Neoliberal Cities (20 pages)
6. *(Optional)* Review the “13 Principles for Health Care Providers to Interrupting Criminalization” developed by the Beyond Do No Harm Network
7. *(Optional)* Listen to this episode of the Justice In America podcast featuring organizer Mariame Kaba (1 hour 10 minutes)

**2/7/2024**

**Towards an Abolitionist Reimagining of Health: Tensions and Opportunities**

**Objectives:**
- Explore the logics of carcerality, surveillance, and punishment that influence thought and practice in care spaces, including education and health
- Engage with community organizers working to build alternatives to carceral systems in LA, and explore opportunities to become meaningfully involved as a healthcare provider
- Brainstorm alternative non-carceral practices in healthcare spaces and practice reimagining systems of care using abolitionist frameworks.

**Pre-lecture material:**
1. Read the article "Abolitionist Reimaginings of Health." *(6 pages)*
2. Read the Executive Summary *(pages 10-15)* and skim the ATI Road map *(pages 44-66)* of the Los Angeles County Alternatives to Incarceration Work
Group’s Final Report (2020) - we encourage you to approach this document and the strategies therein critically as a way to understand how these topics are being discussed right now at the county level; SRHE does not necessarily endorse all of the proposals put forth and we hope that you all will thoughtfully analyze how and where “reformist-reforms” may be at play.

3. Listen to at least one episode (“60 minutes) of the One Million Experiments podcast

4. (Optional) Read this summary from Critical Resistance about the pitfalls and false promises of “reformist-reforms” compared to abolitionist approaches

5. (Optional) Listen to this episode of the Intercept podcast, “Ruth Wilson Gilmore Makes the Case for Abolition,” by Dr. Gilmore

(Optional) Read this article, “Sending Health Care Workers instead of Cops Can Reduce Crime,” from the Scientific American

### 3/13/2024 Housing Injustice

**Objectives:**

- Use the theoretical lens of unhousing to explore the deliberate ways in which housing precarity is produced in Los Angeles
- Identify key historical and structural factors that have created the current situation around housing and homelessness in Los Angeles
- Develop a more grounded understanding of how individuals experience houselessness as well as the process of “receiving homeless services” like shelters, interim housing, and case management

**Pre-lecture material:**

1. Read the following article, “Inside Los Angeles’ Homeless Industrial Complex,” written by Tracy Rosenthal, co-founder of the LA Tenants’ Union. (39 min audio version available)

2. Review the following report, *We Do Not Forget: Stolen Lives of LA’s Unhoused During the COVID-19 Pandemic*, written by members of the After Echo Park Lake Research Collaborative (pay particular attention to pages 4-12 and 21-25)

3. Pages 146-148 from “(Dis)Placement: The Fight for Housing and Community After Echo Park Lake” (2022) by Roy et al: Review the four solutions that “Need to be Made to be True” to achieve housing justice, as envisioned by those directly affected.

### Labor Organizing

**Objectives:**
- Explore the opportunities and challenges to healthcare worker organizing as a means for resisting and building counterpower to the Medical Industrial Complex
- Understand the history and present of organized labor, its intersections with class solidarity, and relationship to racial capitalism and neoliberalism
- Identify ways that we can encourage and practice interprofessional solidarity in the clinic/hospital and beyond to improve conditions for our patients and ourselves

**Pre-lecture material:**
1. Read the epilogue (pages 259-265) to Gabriel Winant’s terrific book *The Next Shift: The Fall of Industry & the Rise of Health Care in Rust Belt America* (2021)
2. Watch this brief video from More Perfect Union summarizing the recent wave of medical resident organizing across the country (5 minutes)
3. Read the attached article, “A New Doctors’ Union in the South Is a Model for Health Care Organizing.”

### Environmental Racism & Justice

**HW #2-due 4/19/24**

**Objectives:**
- Define the concepts of environmental racism and environmental justice and the role each plays in shaping community health

**Pre-lecture material:**
1. Read these brief news articles, “History of Racism Leaves Black Californians Most at Risk from Oil and Gas Drilling” and “In the Shadow of Big Oil: Neighborhood Drilling in California
2. Watch this short documentary, “Across the Street,” put together by the #PeopleNotPozos campaign
4. Skim this academic piece, “Joining Forces: Prisons and Environmental Justice in Recent California Organizing,” by Rose Braz and Craig Gilmore

### Histories and Legacies of Immigration/Imperialism

**Objectives:**
- Define and critically analyze the health and social effects of concepts like borders, imperialism, and neo-imperialism
- Critically analyze and understand the impact of immigration policies on community and individual health
• Understand immigration policy as a driver of health inequities both within and across countries

Pre-lecture material:
2. A system of global apartheid’: author Harsha Walia on why the border crisis is a myth
3. Scene on Radio - American Empire - This is part of Season 4 of Scene on Radio that aimed to challenge the notion of American Democracy by correcting the histories U.S. has told about its origins and purpose. This particular episode focuses on the U.S. as an imperialist entity spreading its influence both within and beyond its borders.
4. Unearthing the Root Causes of Immigration - This was part of a recent conference by the Latin America and Caribbean Forum held in Washington D.C.

Optional:
5. What is Border Imperialism? by Harsha Waila (Specifically pages 1 - 11)

5/8/2024

Anti-Settler Colonialism/Indigenous Health

Objectives:
• Define and critically analyze the health and social effects of settler colonialism
• Explore how settler colonialism functions as a continuously violent process and structure, rather than a singular event or era, as well as how it articulates with anti-Blackness and structural racism
• Learn about specific policies designed to eliminate Indigenous populations, control their land, and undermine their sovereignty, as well as the resistance to this violence
• Begin exploring what Indigenous-rooted futures can look like in healthcare, following the lead of Indigenous leaders and communities

Pre-lecture material:
1. Read and engage with the interactive story map, Mapping Indigenous LA: Placemaking Through Digital Storytelling. (5-10 minutes).
2. Read the following article, “Land-grab universities: Expropriated Indigenous land is the foundation of the land-grant university system” by Robert Lee and Tristan Ahtone in High Country News. (5-10 minutes).
3. Read Chapter 7: Liberation (pages 212-220) from Our History is the Future by Nick Este s(9 pages).
4. Read the section “From Settler Ally to Settler Aloha ‘aina” in Mapping Abundance for a Planetary Future (pages 12-16) by Candace Fujikane.
**Optional:**

1. Read Tuck, E., & Yang, K. W. (2021). *Decolonization is not a metaphor*. *Tabula Rasa*, (38), 61-111, particularly pages 1-9,
2. The Red Nation podcast (also on Spotify, Apple Podcasts, etc.) features discussions on Indigenous history, politics and culture.
3. Indigenae is a community-guided podcast (also on Spotify, Apple Podcasts, etc.) that celebrates Indigenous womxn’s health and wellbeing and highlights conversations with traditional practitioners, Indigenous healthcare workers, activists, researchers, artists and survivors.

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**6/12/2024**

“Global Health”/Decolonial Theory

**Objectives:**

- Understand the binary between global and local health that medicine has constructed
- Recognize the limitations of dominant (*mainstream*) approaches to global health, as well as both past and present efforts to address global health’s ongoing challenges and contradictions
- Think critically about (de)colonization in global health and understand how global health enables racial colonial capitalism

**Pre-lecture material:**

1. Review the People’s Charter for Health: a statement of the shared vision, goals, principles and calls for action that unite all the members of the People’s Health Movement coalition *As you read, take note of which calls to action surprise or resonate with you.*
2. Read Chapter 16 - “Doctors for Global Health: Applying Liberation Medicine and Accompanying Communities in Their Struggles for Health and Social Justice” from the larger (and excellent) volume *Comrades In Health: US health Internationalists, Abroad and at Home* (Rutgers University Press, 2013)
3. Read this brief article, Büyüm, Ali Murad, et al. "Decolonising global health: if not now, when?." *BMJ Global Health* 5.8 (2020): e003394, that highlights the urgency for a reparative paradigm shift in how global health is practiced, organized, and institutionalized.

**Optional:**

1. Read Chapter 3 - “Colonial Medicine & its Legacies” from *Reimagining Global Health: an Introduction* (University of California Press, 2013) for a comprehensive overview of the long trajectory of “health interventions into the lives of other people” that starts with “colonial medicine” and takes us
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<tr>
<th>7/10/2024</th>
<th>Queerness/Gender</th>
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<td><strong>Objectives:</strong></td>
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<tr>
<td>- Understand the connections between gender, sex, and sexuality in support of self-determination</td>
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<td>- Discuss strategies on how the medical institution can support gender self-determination and depathologize sexual orientation and gender identity/incongruence</td>
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<td>- Discuss past and present harms that medicine inflicts on the Queer community (particularly BIPOC trans and intersex people) and consider practical ways of rectifying those harms</td>
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<td>- Understand how race and class contributes to a patient’s ability to access and receive gender-affirming care</td>
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<td>- Learn from Angeleno Queer activists building community and fighting for Queer health justice</td>
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**Pre-lecture material:**
1. Watch Intersex 101, 12:30-27:08, from "Intersex and Health Justice" Session at Mount Sinai Medical School:
   [https://www.youtube.com/watch?v=CYSGIhMsw1g](https://www.youtube.com/watch?v=CYSGIhMsw1g)
2. Read "Doctors Who?" by Jules Gill Peterson, a short piece on histories of trans mutual aid and gender-affirming care, connecting to contemporary attacks on clinical gender-affirming care.
3. Read Intro to "Captive Genders" (pages 1-9) by Eric Stanley, which theoretically grounds the framework of gender self-determination and connects Queer liberation to liberation from the carceral state.

**Optional:**
1. Watch all of the "Intersex and Health Justice" Session from Mount Sinai Medical School: [https://www.youtube.com/watch?v=CYSGIhMsw1g](https://www.youtube.com/watch?v=CYSGIhMsw1g), as the session dives deeper into a biomedical analysis of existing "evidence" and clearly presents biomedical justification for halting surgeries "correcting" intersex children's bodies, a common practice in the U.S. but one that has been condemned as torture by the United Nations Human Rights Council.
3. Place-based history of LA Pride and gay struggle:

| 7/24/2024 | Disability Justice |
Objectives:

- Recognize medicine’s historic and ongoing complicity in sanctioning and producing ableism and how this is connected to the medical industrial complex
- Build on previous discussions of disability and disability justice and understand their intersections with carcerality and racial capitalism
- Delve deeply into medical fatphobia as an example where disability injustice and medicalization/pathologization converges to produce patient harm

Pre-lecture material:

1. Read Disability Justice - a working draft by Patty Berne, a short article describing the history of disability justice and its 10 principles generated by Sins Invalid cofounders Patty Berne, Leroy Moore, and many others. Pay particular attention to the distinctions they make between disability justice and disability rights, and intersections between the principles and other frameworks we have studied this year (gender self-determination, reproductive justice, etc)

2. Watch this brief (4 minute) video, “Ableism is the Bane of my Motherf***in Existence” featuring Sins Invalid’s Patty Berne and Stacy Milbern.

3. Listen to Rustbelt Abolition Radio: Carceral Ableism and Disability Justice, a 24 minute podcast featuring interviews with renowned disability scholar Liat Ben-Moshe and Leroy Moore (founding member of National Black Disability Coalition, Krip-Hop Nation, and Sins Invalid) about the urgent linkages between racial capitalism, the production and regulation of disability, “psychiatric illness”, police violence, and social control. Transcript also available at the link above.

4. Read this article by Marquisele Mercedes about how “fatphobia is medicine’s status quo.” Weaving together the medical and scientific literature with her personal experiences and positionality as a Black fat scholar-activist, she describes how weight came to be pathologized and medicalized in racialized terms and offers direct recommendations to healthcare providers and researchers for resisting entrenched fat oppression. Take note as you read of what resonates with your own experiences learning about weight and fatness within medicine, and what pieces of her concluding “fat ode to care” most resonate with you. (trigger warning: the piece begins with a description of sexual assault by a healthcare provider toward the author, and other narrative moments occur throughout the piece describing medical violence)

Optional:

1. Read the Introduction of Decarcerating Disability by Liat Ben Moshe
2. Read this article by disabled scholars Jean Stewart and Marta Russell on the relationship between prisons, disability, and disablement.

3. Explore these further reading lists by Project LETS on disability justice and by narrative medicine scholar Rachel Fox on critical fat studies.

4. Explore the Healing Histories Project’s Timeline on the Medical Industrial Complex, specifically its “Story of Disability Justice” and curated DJ timeline.

8/7/2024  

Solidarity Movements, and Reimagining/Alternative Futures

HW #3 due 8/16/24

Objectives:
- Review the concept of Structural Competency and applying a structural analysis within patient medical care
- Discuss three clinical cases and apply a structural analysis
- Discuss course concluding thoughts and visions of transformative healthcare

Pre-lecture material:
1. Watch this excerpt (9:39-21:48) from the Structural Competency Working Group’s training. Pay particular attention to the last half which discusses models to approach mapping the ways that structures shape patients’ lives and that shares opportunities for constructing a structural differential, assessment, and plan.

2. Read the section “How Can We Heal: Toward the Freedom of an Anti-Humanist Medicine” (pgs. 221-228) from the conclusion of Dr. Sam Dubal’s book “Against Humanity” (2018).

Optional:
1. Review this toolkit prepared by Georgetown University Health Justice Alliance with resources about how medical providers can protect patient privacy and navigate law enforcement in the emergency department.

2. Review Interrupting Criminalization’s 13 Beyond Do No Harm Principles (as well as the context about how criminalization and healthcare intersect) for specific recommendations on how to avoid enabling the criminalization of patients seeking care through routine clinical practice.

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<td><strong>Week of</strong></td>
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<td>4/15/2024</td>
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<td>8/12/2024</td>
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Details and expectations of the assignments are to come at a later date and will be provided to the class.
at least one month prior to the due date.

**Make-up Assignments**
Due to your required attendance at every session, students who miss a session are required to either write a summary (two page minimum) on the session topic or meet with a SRHE tutor/faculty via in-person or zoom to discuss the session material. Make-up assignments are due no later than 7 days after the missed session.