KNOW BEFORE YOU GO

- Dorothy Roberts is a renowned sociologist and legal scholar.
- She is the author of influential books including *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* and *Fatal Invention: How Science, Politics, and Big Business Re-create Race in the Twenty-First Century*.

“Race is not a biological category that naturally produces these health disparities because of genetic difference. Race is a social category that has staggering biological consequences, but because of the impact of social inequality on people’s health.”—Dorothy Roberts in the 2015 TED talk “The Problem with Race-Based Medicine”

DOROTHY ROBERTS

Dorothy Roberts is a sociologist and legal scholar. She is the 14th Penn Integrates Knowledge Professor, the George A. Weiss University Professor of Law and Sociology, and the Raymond Pace and Sadie Tanner Mossell Alexander Professor of Civil Rights at the University of Pennsylvania. She has written and lectured extensively on the interplay of gender, race, and class in legal issues concerning reproduction, bioethics, and child welfare. She is the author of the books *Fatal Invention: How Science, Politics, and Big Business Re-create Race in the Twenty-First Century; Killing the Black Body: Race, Reproduction, and the Meaning of Liberty; and Shattered Bonds: The Color of Child Welfare*.

She serves as the chair of the board of directors of the Black Women’s Health Imperative and a member of the board of the National Coalition for Child Protection Reform.
GAPS IN MEDICAL KNOWLEDGE AND MEDICAL EDUCATION

“A search for articles published in the [New England] Journal [of Medicine] over the past decade, for example, reveals that although more than 300 focused on health disparities, only 14 contained the word ‘racism’ (and half of those were book reviews). I believe that the dearth of critical thinking and writing on racism and health in mainstream medical journals represents a disservice to the medical students who approached me—and to all of us.”—Mary T. Bassett, M.D., M.P.H., “BlackLivesMatter—A Challenge to the Medical and Public Health Communities,” March 19, 2015

“A 2016 study of more than two hundred white medical students and residents found that half of them believed that there are biological differences between Black and white people.”—Keeanga-Yamahtta Taylor, “Black America Has Reason to Question Authorities,” The New Yorker, January 10, 2021

According to the American Association of Medical Colleges’ 2019 report on diversity in the physician workforce,

- Medical school faculty are predominantly white (63.9%) and male (58.6%)
- Of accepted applicants to medical schools in 2018-2019, nearly half (49.8%) were white, 22.0% were Asian, 7.1% were Black or African American, and 6.2% were Hispanic, Latino, or of Spanish Origin
- Most active physicians are white (56.2%) and male (64.1%). 17.1% identified as Asian, 5.8% identified as Hispanic, and 5.0% identified as Black or African American. (13.7% = Unknown)

VOCABULARY CORNER

“Race was invented as an instrument to promote racism.”—Dorothy Roberts in a 2014 Q&A with Penn Today

Health disparities: Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.
(Source: CDC)

Race: Race is a social and political construct. Its categories change over time, as they are not rooted in any essential biological or genetic difference.

Racism: Racism is racial prejudice + power, or a system of advantage and oppression based on race.

“An emerging educational movement challenges the basic premise that having a culturally competent or sensitive clinician reduces patients’ overall experience of stigma or improves health outcomes. This movement, called ‘structural competency,’ contends that many health-related factors previously attributed to culture or ethnicity also represent the downstream consequences of decisions about larger structural contexts, including health care and food delivery systems, zoning laws, local politics, urban and rural infrastructures, structural racisms, or even the very definitions of illness and health. Locating medical approaches to racial diversity solely in the bodies, backgrounds, or attitudes of patients and doctors, therefore, leaves practitioners unprepared to address the biological, socioeconomic, and racial impacts of upstream decisions on structural factors such as expanding health and wealth disparities.”—Jonathan M. Metzel, MD, PhD, and Dorothy E. Roberts, JD, in “Structural Competency Meets Structural Racism: Race, Politics, and the Structure of Medical Knowledge,” AMA Journal of Ethics, September 2014

FOR FURTHER REFLECTION

- Dorothy Roberts has said, “Race-based medicine is bad medicine.” Why?
- How has history shaped the practice of medicine today?
- How could medical schools challenge structural racism?

IF YOU LIKED THIS EVENT, YOU MIGHT WANT TO CHECK OUT:

- Dorothy Roberts online: dorothyeroberts.com
- Dorothy Roberts’s TED Talk
  [ted.com/talks/dorothy_roberts_the_problem_with_race_based_medicine#t-8349](https://ted.com/talks/dorothy_roberts_the_problem_with_race_based_medicine#t-8349)
- 2/16/22 @ Visions and Voices: Inequalities Unmasked: What Pandemics Reveal about American Society from the Spanish Flu to COVID-19
  A Lecture by Keith Wailoo
- 4/13/22 @ Visions and Voices: Dying While Black: Race, Maternity, and the Reproductive Health Care System
  A Lecture by Michele Bratcher Goodwin
Amy Chatfield of the USC Libraries selected the following resources to help you learn more about this event. Electronic resources are accessible through the search bar on the USC Libraries homepage at libraries.usc.edu but may require the user to log in using their USC credentials.

**BOOKS**

**ARTICLES**

**JOURNALS**
- *Journal of Racial and Ethnic Health Disparities*
- *Ethnicity and Health*

**DATABASES**
- PubMed@USC
- Scopus