Racial Inequities in U.S. Healthcare:

Our Current System,
The History of How we Got here,
and How to move forward

Brought to you by:

The Illinois Single-Payer Coalition (ISPC)

With contributions from:

Susan Rogers &

Physicians for a National Health Program (PNHP)

This presentation is meant for educational purposes.

ISPC is a 501(c)3 organization and, as such, does not endorse or oppose any candidates for public office.

Our current healthcare system

Our Current Healthcare "System"

Image courtesy of Danny Neghassi, PNHP.

The Hospital Hierarchy

- Different insurers reimburse at different levels

  → Medicaid pays the lowest

  → Medicare pays more

  → Private insurance pays the most

- Hospitals try to optimize their 'payer mix'
  - Look for ways to attract wealthier, private insurance patients
- Community and public hospitals have far more uninsured and Medicaid patients.

NorthShore Evanston Hospital

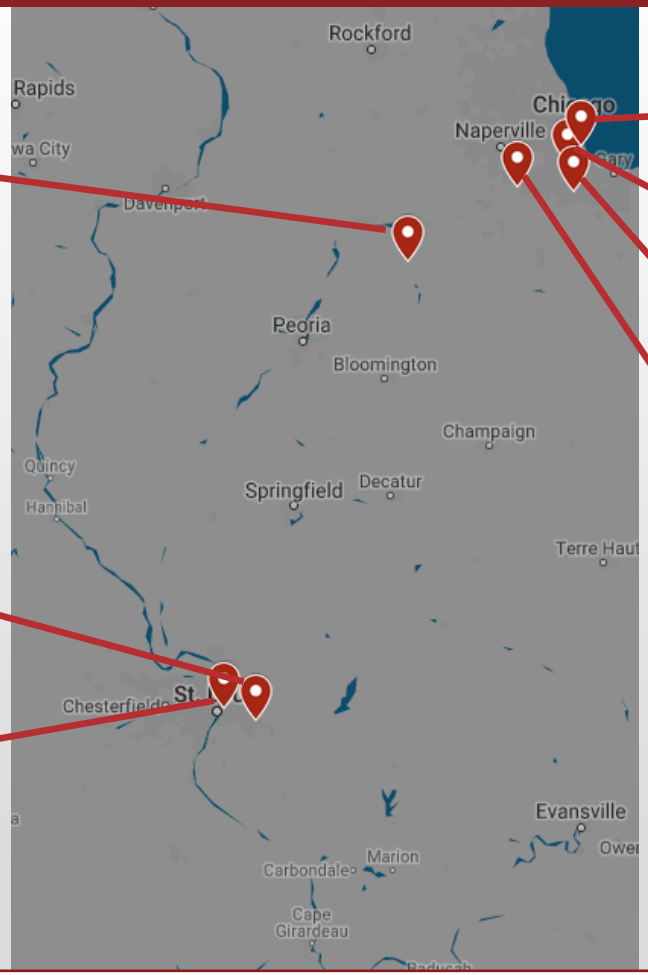
Mount Sinai, New York. M, K, Yee.

Community and rural hospitals are closing…

St Mary's Hospital, Streator, 2015

St Elizabeth's, Belleville, 2015
moved 7 miles NE to wealthier city O'Fallon

Kenneth Hall, East St Louis, 2011
served the uninsured
(4x more than the ntnl avg)



Jackson Park Hospital, Chicago, 2019
closed its labor & delivery unit

MetroSouth, Blue Island, 2019
40% of patients on Medicaid

Franciscan, Chicago Heights, 2018
moved 5 miles west to wealthier Olympia Fields

Silver Cross, Joliet, 2012
moved 3 miles N to wealthier city New Lenox

Note: This is not a complete list of hospital closures in Illinois.

ISPC

Sweich, 2015.
Galewitz, 2015. & Ingram, 2007.
Bell, 2011.
Map produced using My Maps by Google.

Posner, 2019.
Nolan, 2019. & IL Hospital Report Card.
Moran, 2018. & DataUSA.
Jaspen, 2008.

Medical Bankruptcy

- 67% of those filing bankruptcies attributed healthcare costs as a major factor.
- 70-80% of those had private insurance when they became ill.
- 57% of people who lost their homes to foreclosure identified medical debt as a major cause.

Himmelstein et al, 2019.
Himmelstein, Thorne, Warren, & Woolhandler, 2009.
Image retrieved from https://cdn-images-1.medium.com/max/1200/1*DO2h5jKwiUcCJKKT7vILvA.jpeg

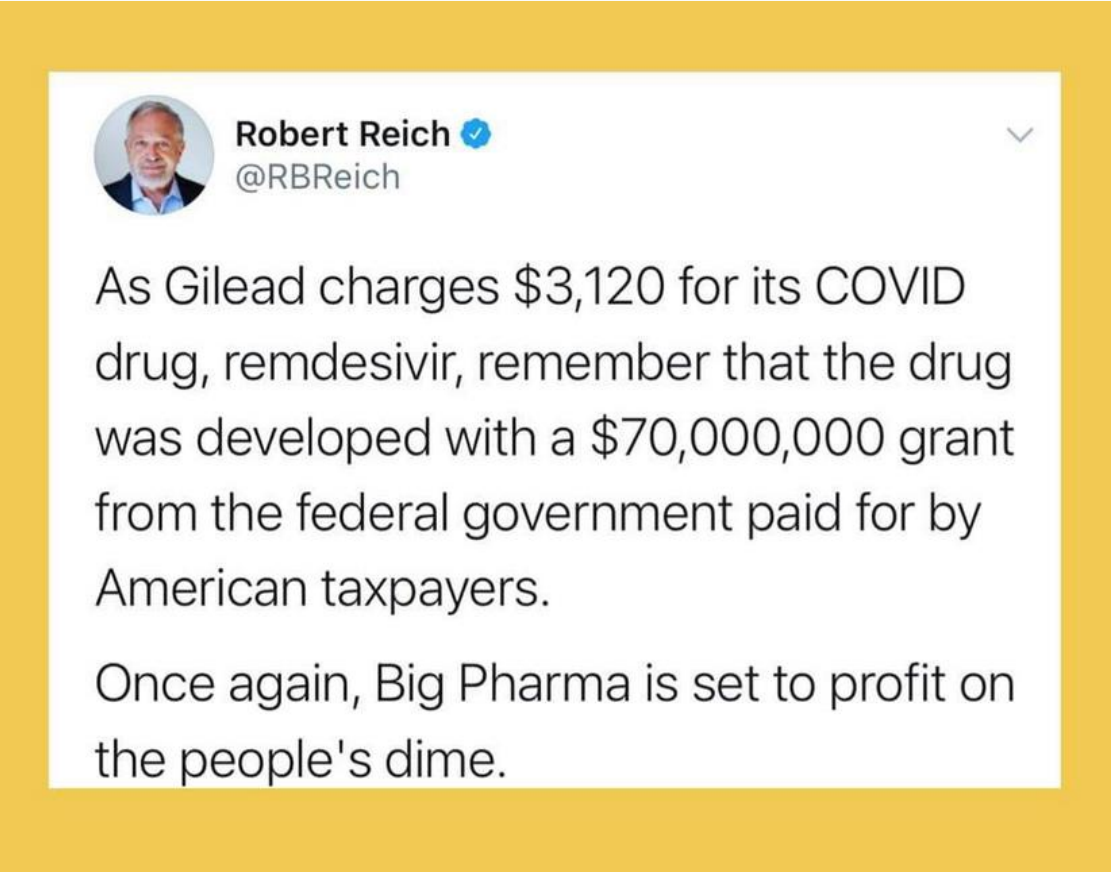
Medical Bills during COVID-19

Without Insurance	**Danni Askini** Unenrolled in Medicaid because her husband got a new job *(and you must do that by law)*. She got COVID-19 at the exact moment she was uninsured. Now she owes $35,000. Video here.
With Insurance	**Anne Bakjian, 40** Survived COVID-19 after a 2-week hospitalization. Weeks later she received a $48,000 bill. Her insurer said her care hadn't been pre-approved.
	Nursing home employee in Washington state After being promised testing would be free, she received a $578 bill. Her insurer had covered $7.

ISPC

Seville & Lehren, 2020.
NBC news, 2020.

For-profit incentive in healthcare



Johnson, 2020.

U.S. Rankings in:

- Preventing deaths due to treatable conditions (out of 19 wealthy countries):

  19^{th}

- Mortality that could be prevented by good medical care:

  35^{th}

- Life expectancy:

  25^{th}

ISPC

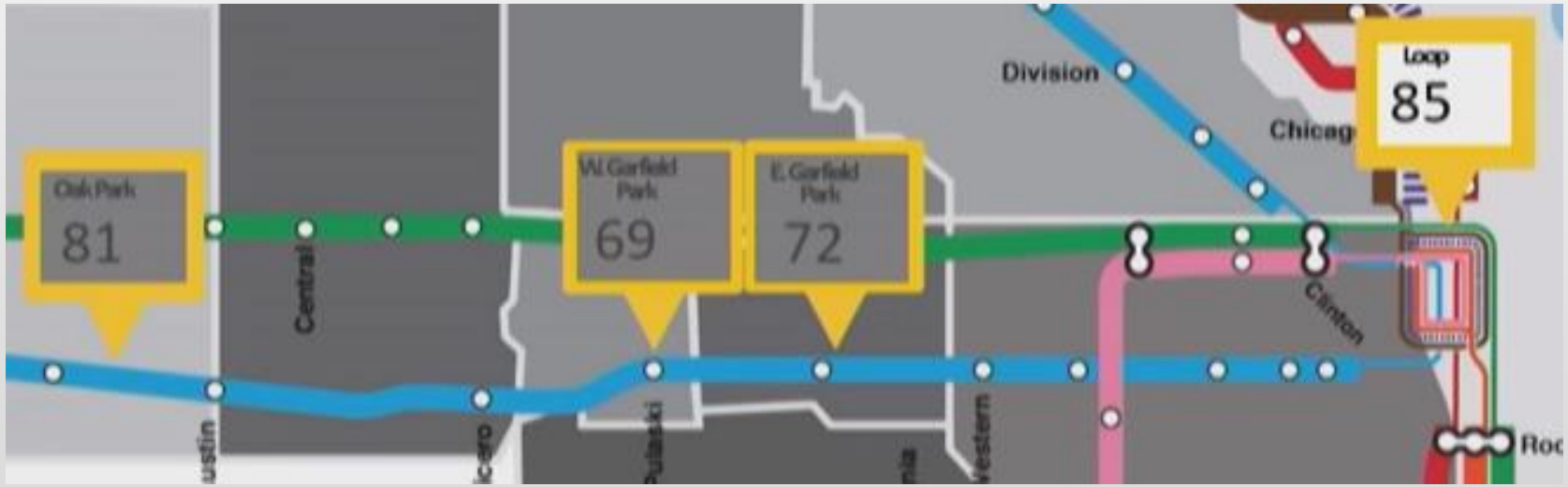
Nolte & McKee, 2008.
GBD 2015 Healthcare Access and Quality Collaborators, 2017.
OECD Data extracted on 15 May 2019 from OECD.Stat.

Inequities in outcomes…

- We have significant inequities in outcomes.
- This isn't solely caused by the healthcare system, but certainly impacts health.
- And the healthcare system exacerbates these inequities.

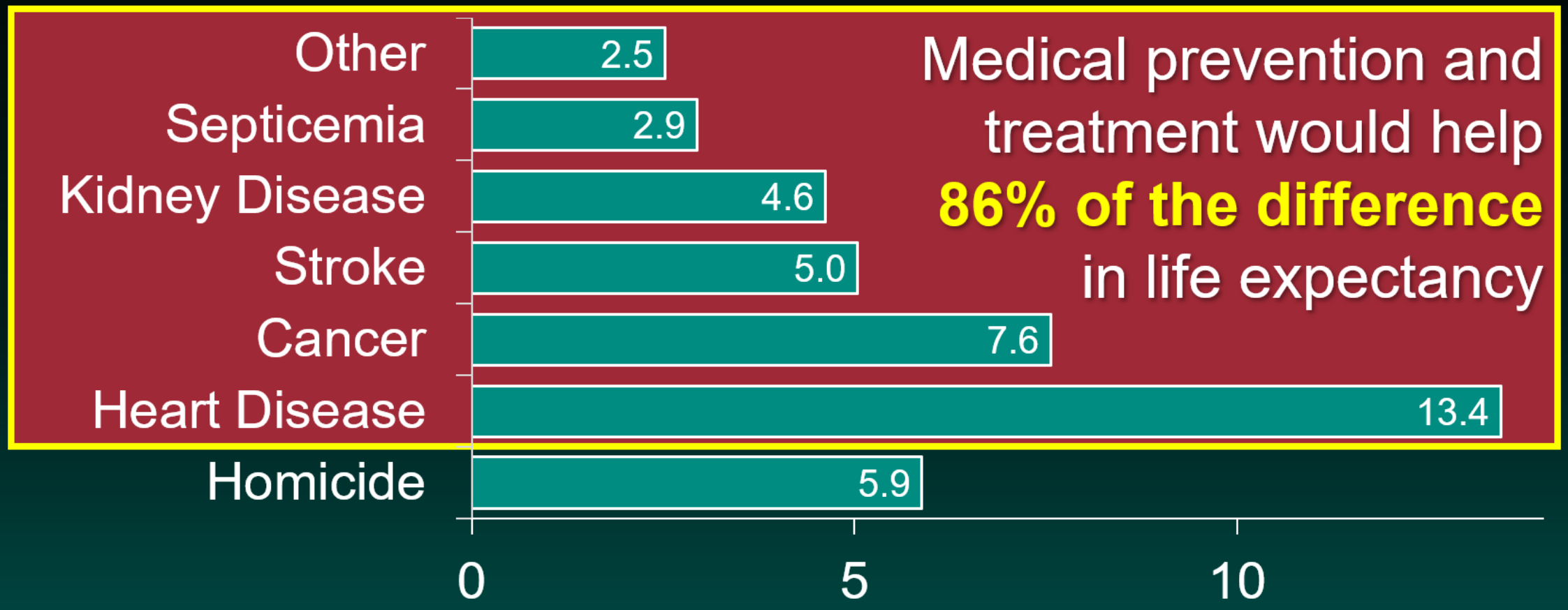
"Four more stops on the blue line and life expectancy plummets"

– David Ansell



Ansell, 2017.

Medical Conditions Shorten Black Lives



Ratios from MMWR May 2, 2017

Years assume a 3.5-year total difference for adults

Note: “Other” includes conditions (e.g., diabetes) for which Black death rates are higher and some (e.g., COPD, cirrhosis) for which Black death rates are lower.

PNHP A NATIONAL HEALTH PROGRAM

Inequities in outcomes in the U.S.

Black people across Illinois are dying from COVID-19 at 3.4 times the rate of the white population

THE CHICAGO REPORTER
Investigating Race & Poverty Since 1972

April 7, 2020

In Illinois, Latinos have highest cases of coronavirus, and officials worry about a spike in deaths

NEWS

May 7, 2020

Mustufa & Eads, 2020.
Acevedo, 2020.

Why is the system the way it is?

(Spoiler: it's got a lot to do with racism & money)

1600s-1800s

Healthcare under slavery

- Healthcare provided, at times, as a matter to protect the slaveowner's labor
- Enslaved families took care of themselves
- Slaveowners tried to cure slaves themselves before sending them to the doctor
- Slave hospitals & slave cabins with awful conditions

Black people were seen as biologically different and inferior by the medical community

Kenny, 2010.

Used for medical research

Black people were used for medical teaching & research without consent

- Dr Marion Sims
  - considered the 'father of modern gynecology'
  - 'practiced' gynecological procedures on young black women, without consent & anesthesia
  - performed 30 procedures on one woman alone

- Tuskegee experiment conducted by the U.S. Public Health Service (PHS)
  - 600 Black men signed up with the promise of free medical care
  - Many were not told they had syphilis, only that they had "bad blood"
  - As a result, many men unknowingly passed the disease to their wives and children
  - Penicillin became the recommended treatment in 1947
  - The study continued for another 2.5 decades after 1947. PHS officials wanted to continue until all participants had died.

ISPC

Chakraborty, 2017.
Hall, 2018.
Nix.

Forced sterilization

- Many states passed sterilization & eugenics laws in the early 1900s, which allowed physicians to sterilize people deemed unfit to reproduce
- Sterilization typically occurred without knowledge and consent
  - Women were deemed "promiscuous" or "feeble-minded"
  - Men were deemed "prone to crime"
- Targeted people of color

Mississippi "Appendectomies"
60% of Black women in Sunflower County were sterilized without consent

Native American Women
At least 24% of all Native American women sterilized in the 1970s

California & Puerto Rico
Targeted Latino men and women…. "immigrants of an undesirable type"

ISPC

Powell, 2019.
Le & Warren, 2020.
Novak & Lira, 2018.

1600s-1800s

- Early 1800s: treaties codified relationship between Native American tribes & federal government
  - In exchange for land, the U.S. government agreed to pay for health services of Native American tribes

- Interned to reservations → higher risk of disease
- Smallpox destroyed Native American villages
- Gov more concerned in counting those who died & estimating how many were left & where

U.S. National Library of Medicine, 1998.
National Archives and Records Administration.

Hospitals: 1800s-1930s

Hospitals were mostly private, non-profit

- Different ethnic groups cared for their own “deserving poor”
  - Irish Catholics had hospitals for Irish Catholics
  - Russian Jews had hospitals for Russian Jews
- Since hospitals were private, they had no restrictions
- Doctors could see – or not see – whoever they wanted
- The “non-deserving poor” (usually black people) were left to county facilities whose conditions were much worse

Smith, 2016.

After the Civil War…

An ambivalence from white leaders on providing care

- Wanted formerly enslaved healthy enough to do labor
- But were fearful of a free and healthy black race
- Also worried about diseases spreading to their communities

First federal healthcare program: Freedmen's Bureau

- This program epitomized this ambivalence
- Deployed 120 doctors to the South & opened 40 hospitals
- The program didn't listen to pleas for more personnel & equipment
- Most hospitals were quickly closed

Interlandi, 2019.

The 1930s….

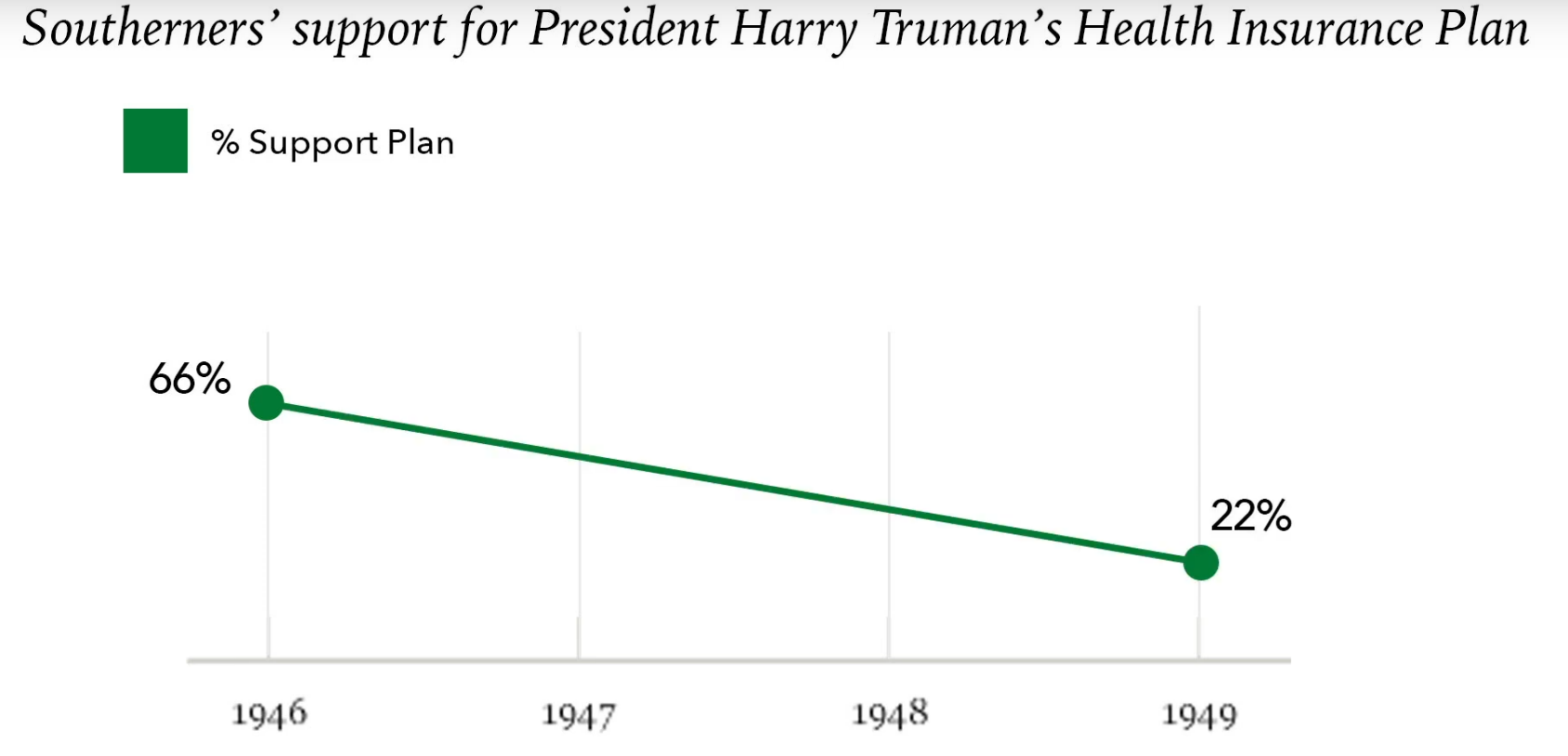
1930s: Blue Cross started selling hospital & medical insurance

- Started as non-profit
- Mostly sold through employers
- Boosted during WWII as salaries were frozen. Gov said employer money used for healthcare wouldn't be taxed.
- By 1950, 50% of the population had employer-sponsored coverage
- Black people were denied most jobs that offered employer coverage

The boss says over three hundred thousand companies have Blue Cross. We get the best!

Carroll, 2017.
Varney, 2010.
Blue Cross, 1958.

The 1940s....



National health insurance was very popular in the South in 1946.

Then it became associated with Civil Rights. The support for a national plan then plummeted.

Healthcare-NOW, 2019.

Passage of Medicare – The Good

- While employer-sponsored coverage flourished, the poor, elderly, and disabled were left out
- Medicare passed in 1965 to take care of the poor, elderly, and disabled

- Civil Rights Act passed 1964
- In order to receive federal funding, hospitals had to desegregate
- The federal purse proved powerful….
- *Thousands* of hospitals desegregated in 1965

ISPC

Smith, 2016.
Bettmann, Getty Images.

Passage of Medicare – And The Bad

Medicare Part A

- Hospital coverage
- No premiums → considered mandatory insurance

Medicare Part B

- Coverage for providers
- Requires premiums → considered voluntary insurance

Why is this significant?

- Allowed doctors in the South to discriminate & refuse to care for black people
- This provision was lobbied into the bill by the Democratic South

Healthcare-NOW, 2019.

Passage of Medicare – And The Bad

Medicare

Federally administered

Medicaid

State administered

Why is this significant?

- Allowed states to establish discriminatory eligibility requirements & determine where benefits offices were located
- Again, this provision was lobbied into the bill by the Democratic South

Healthcare-NOW, 2019.

Which leads to our current system…

- Many countries passed universal healthcare in the early 1900s.
- We weren't able to.

- In the meantime…..
  - Insurance companies realized they could make good money off people wanting health security
  - 1994: Blue Cross allowed franchises to become for-profit

Kaiser, 2019.
Varney, 2010.

Which leads to our current system…

- Mix of private and public insurers.
- For-profit incentive in providing insurance and care.
- Significant healthcare inequities along income and racial lines.
  - 60% of those uninsured are people of color
  - Native Americans live 5.5 years less
  - Black maternal mortality 3x greater than white maternal mortality

- Why hasn't the system changed? Because of MONEY!!!
  - The players have become very rich and powerful and they don't want that to change!

Kaiser, 2018.
Indian Health Service, 2019.

Petersen et al., 2019.
Rosenthal, 2016.

5 of the top 15 industries that do the most lobbying are health related!

$714 million spent in healthcare lobbying in 2018

ISPC

Center for Responsive Politics, opensecrtes.org. Retrieved 29 May 2019.

Insurance CEO's compensation, 2016

Michael Neidorff **Centene**  Annual Comp: $32.2 M Pay/Day: $123,225	**David Cordani** **Cigna**  Annual Comp: $21.9 M Pay/Day: $84,017	**Mark Bertolini** **Aetna**  Annual Comp: $ 41.7M Pay/Day: $159,647
Steve Helmsley **United**  Annual Comp: $31.3 M Pay/Day: $119,918	**Joseph Swedish** **Wellpoint**  Annual Comp: $17.1 M Pay/Day: $65,356	**Bruce Broussard** **Humana**  Annual Comp: $17.0M Pay/Day: $65,208

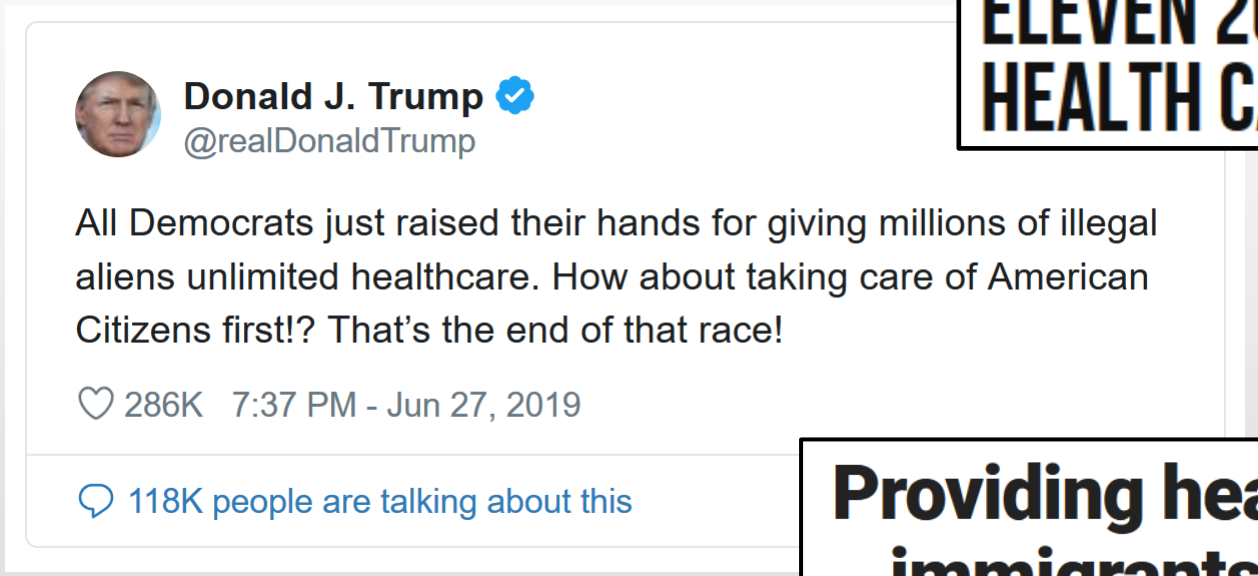
Median earnings of full-time wage and salary workers in 2016: $43,264

Head of CMS made $165,000 in 2018

ISPC

Chart adapted from PNHP presentation. Sources: DEF 14A Schedules, SEC; Bureau of Labor Statistics; Current Population Survey.
Annual CEO compensation includes salary, non-equity incentive pay, other compensation, and value of stock options exercised and stock awards that vested.
In addition, these CEOs were given stock and option awards totaling $78.6 million (in aggregate) this year, which will provide value in future years.
Federalpay.org

Do we see racism in the universal healthcare debate today?



ELEVEN 2020 DEMOCRATS BACK FREE HEALTH CARE FOR ILLEGAL IMMIGRANTS

BREITBART

Providing health insurance to illegal immigrants could cost up to $23 billion a year, study finds

FOX NEWS

ISPC

Shaw, 2019.
Moran, 2019.

This is fear-mongering. And it is unfounded.

- Immigrants currently pay far more for healthcare than they receive in both private AND public insurance.
- Whenever you create eligibility requirements, you create unnecessary administrative burden to determine eligibility.
- It costs more to exclude people, than to include them!
- Healthcare providers don't want to determine who has documentation and who doesn't. They just want to provide care.

- Will we be scared again into thinking some people don't deserve care?

Shaw, 2019.
Moran, 2019.

Single Payer Healthcare

AKA - IMPROVED MEDICARE FOR ALL

What is Single Payer?

- Covers everyone, from birth to death
- Comprehensive coverage, including payments to medical, preventive, dental, vision, hearing, long-term care, prescriptions, mental health, reproductive care
- No cost-sharing (i.e. no co-payments, no premiums, no deductibles)
- Paid for by one national payer, but care still provided by private institutions

Single Payer: How it Works

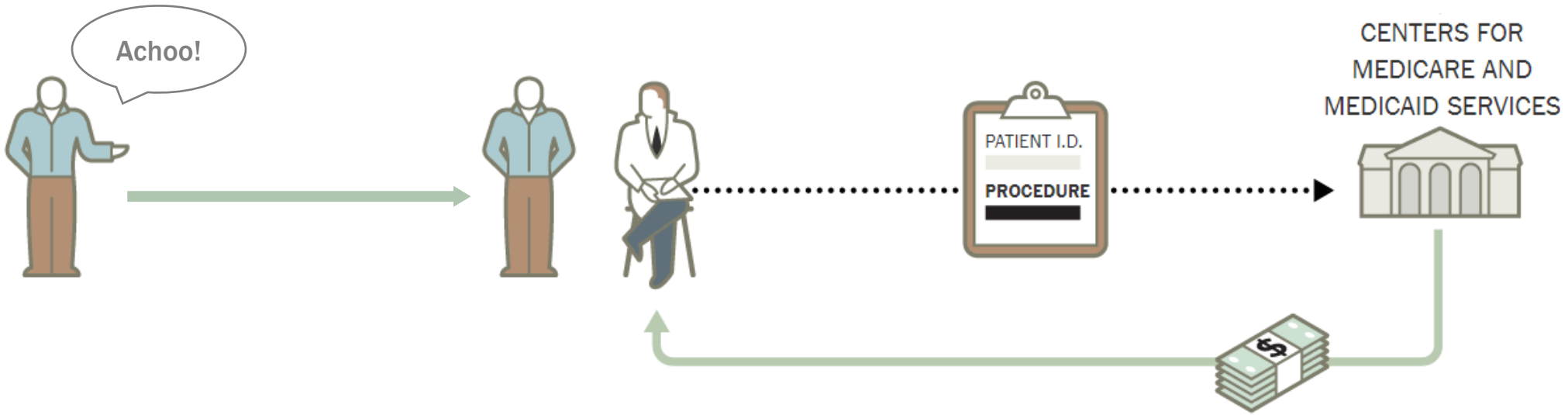


Image adapted and revised from The New York Times, from article written by M.W. Walsh.

Benefits of Single Payer (SP)

- No medical bankruptcies
- Healthcare not tied to employment
- Lifts the burden of healthcare from employers & local municipalities
- Freedom to get care
- Care will be more equitable

Single payer: what can and can't it do?

- It can't....
  - Improve all social determinants of health (housing, food access, safety)
  - Eliminate racial bias in medicine

- It can....
  - Give everyone the ability to access care no matter job, income, age, or marital status
  - Eliminate the incentive of providers to cater to the wealthy

Universal Healthcare Means
Racial Disparities Nearly Disappear

Dialysis	Blacks live longer than whites
VA System	Blacks live longer than whites
Age 65+	Mortality rates quickly match across races

Dialysis: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2601720/ Accessed Sept 30 2017
VA: http://www.latimes.com/science/sciencenow/la-sci-sn-health-racial-disparities-va-20150922-story.html
DOI: 10.1161/CIRCULATIONAHA.114.015124; Kovesdy, Norris, Boulware, et. al, Circulation, Sept 18, 2015
Medicare:Thielke, Stephen, et al. J Pers Med 2015;5(4):440-451 doi: 10.3390/jpm5040440 Accessed Oct. 4, 2017

PNHP PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

Key health problem:

People of Color Are More Likely To Be Uninsured or Under-insured

Public Option	Medicare for All
✗ Public option plans are *not* universal and may still leave millions without coverage. They do nothing to help people with expensive, low-quality private insurance that discourages the use of care.	✔ Medicare for All provides comprehensive, lifelong coverage for *everyone*, regardless of income, age, or employment. Patients get the care they need without premiums, copays, or deductibles.

PNHP PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

Key health problem:

People of Color Are More Likely to Die From Preventable and Treatable Illnesses

Public Option	Medicare for All
✗ Many public option proposals require expensive copays and deductibles, which prevent patients from seeking timely care for health problems. A public option would do nothing to help those on high-cost, low-quality private or employer health plans that discourage care.	✔ Medicare for All allows everyone to get the care they need *when they need it*, by providing lifelong coverage for *all medically necessary care*, including preventive and primary care, prenatal and maternal care, dental, mental health, prescriptions, and long-term care.

PNHP PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

Key health problem for minority and low-income communities:

Fewer Healthcare Facilities; Existing Facilities Are Under-resourced and in Danger of Closing

Public Option	Medicare for All
✗ Public option plans do nothing to equalize funding or direct resources to underfunded facilities. Many patients in low-income communities would still be uninsured, leaving hospitals and clinics to provide uncompensated care.	✔ Since Medicare for All covers everyone, providers and hospitals are compensated equally for patient care. Medicare for All funds hospitals through global budgets based on *community needs* — not profits.

PNHP PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

Key health problem:

Racism Is Embedded In Our Healthcare Delivery System

Public Option	Medicare for All
✗ A public option leaves our fragmented health system in place. It provides no resources to research or combat racial bias in the funding and delivery of care.	✔ A publicly funded health system can invest in better research and data collection on racial inequity and provide training and education for health professionals to combat racial bias.

PNHP PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

Why Single Payer Medicare for All?

The establishment of Medicare and Medicaid in 1965, in conjunction with the Civil Rights Act of 1964, was transformative in desegregating the nation's health care system for patients and providers, and in improving access to care.

What could Medicare for All do to improve the racial health inequities of today?

PNHP PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

Sources

Bettmann. Getty images. “Doctors picketing.” Retrieved Nov 6, 2019 from https://www.gettyimages.com/detail/news-photo/the-national-association-for-the-advancement-of-colored-news-photo/515284586?adppopup=true

Blue Cross. (1958). Retrieved Nov 6, 2019 from **https://www.vintage-adventures.com/vintage-banking-finance-insurance-ads/3830-1958-blue-cross-ad-we-get-the-best.html**

Boudette, N. (Sept 26 2019). G.M. restores workers’ health coverage as strike continues. *The New York Times.* Retrieved from https://www.nytimes.com/2019/09/26/business/gm-strike-health.html

Brock. The seven conservative values of a single payer healthcare system. Health Over Profit. Retrieved from http://healthoverprofit.org/wp-content/uploads/2017/02/Seven-conservative-values-of-sps.pdf

Businesses for Medicare for All. Retrieved 8/3/2019 from http://www.businessformedicareforall.org/for-your-business.html

Carroll, A. (2017). The real reason the U.S. has employer-sponsored health insurance. *The New York Times.* Retrieved Nov 7, 2019 from https://www.nytimes.com/2017/09/05/upshot/the-real-reason-the-us-has-employer-sponsored-health-insurance.html

Center for Responsive Politics. Opensecrets.org. Top industries. Retrieved 29 May 2019 from https://www.opensecrets.org/lobby/top.php?showYear=2018&indexType=i

Chakraborty, R. (Dec 7 2017). The US medical system is still haunted by slavery. Vox. Retrieved from https://www.vox.com/health-care/2017/12/7/16746790/health-care-black-history-inequality

Cheadle, B. (2012). Poll finds Canadians lagging in support for monarchy, proud of medicare. The Star. Retrieved from **https://www.nationalreview.com/2017/04/canada-single-payer-health-care-system-failures-cautionary-tale/**

Sources

Cohn, J. (2009). Johnathon Cohn interviews Taiwan's Dr Michael Chen. Retrieved from https://pnhp.org/2009/04/20/jonathan-cohn-interviews-taiwans-dr-michael-chen/

Cohn, J. (2007). Does universal health care suppress innovation? *The New Republic.* Retrieved from PNHP website at http://www.pnhp.org/news/2007/november/does_universal_healt.php

Congress.gov, Medicare for All Act of 2019, HR. 1384, 116 Cong. (2019).

Congress.gov, Medicare for All Act of 2019, S. 1129, 116 Cong. (2019).

Douglass, M. (May 2017). Warren Buffett: Health care is a 'tape worm' for the U.S. CBS news. Retrieved 8/3/2019 from https://www.cbsnews.com/news/berkshire-hathaway-annual-meeting-warren-buffet/

Elejalde-Ruiz, A. (Sep 7 2018). Workers at 25 Chicago hotels go on strike. *Chicago Tribune.* Retrieved from https://www.chicagotribune.com/business/ct-biz-chicago-hotel-workers-strike-0908-story.html?link_id=13&can_id=d3133685be3fc963243ffbf004ec45ba&source=email-todays-headlines-jobs-with-justice-91018-union-of-working-people-fights-to-use-their-voices-to-oppos=

Employee Benefit Research Institute. (2012). Self-insured health plans: State variation and recent trends by firm size. Retrieved from https://www.shrm.org/ResourcesAndTools/hr-topics/benefits/Documents/EBRI_Notes_11_Nov-12.Slf-Insrd1.pdf

Federalpay.org. Centers for Medicare and Medicaid Services Salaries of 2018. Retrieved June 21, 2020 from https://www.federalpay.org/employees/centers-for-medicare-and-medicaid-services

Fehr, R. Cox, C., & Levitt, L. (2018). Kaiser Family Foundation. Insurer participation on ACA Marketplaces, 2014-2019. Retrieved from https://www.kff.org/health-reform/issue-brief/insurer-participation-on-aca-marketplaces-2014-2019/

Finn, P. (Feb 7 2018). Speaking out against rising health care costs. International Brotherhood of Teamsters, Teamsters 856. Retrieved from https://teamsters856.org/secretary-treasurer-update/speaking-out-against-rising-health-care-costs/

Sources

Flowers, M. (2018). Which path to national improved Medicare for all? Retrieved from http://healthoverprofit.org/2018/02/01/which-path-to-national-improved-medicare-for-all/

Hall, Yvonka Marie. Northeast Ohio Black Health Coalition. 2018 SPAN Conference – Racism in Healthcare. Retrieved from https://www.youtube.com/watch?v=qGjYssfr5aQ&t=15s

Healthcare-NOW. (Jul 30 2019). YouTube video. The politics of race and Medicare for All. Retrieved from https://www.youtube.com/watch?v=_eN0KhJ3BoI

Indian Health Service. (Oct 2019). Disparities. Retrieved Nov 7, 2019 from https://www.ihs.gov/newsroom/factsheets/disparities/

Interlandi, J. (Aug 14 2019). Why doesn't the United States have universal health care? The answer has everything to do with race. *The New York Times Magazine.* Retrieved from https://www.nytimes.com/interactive/2019/08/14/magazine/universal-health-care-racism.html

ISPC. Illinois unions. Retrieved 8/3/2019 from http://ilsinglepayer.org/illinois-unions

ISPC. Labor disputes over health benefits. Retrieved 8/3/2019 from http://ilsinglepayer.org/article/labor-disputes-over-health-benefits-illinois-2014-may-2017, http://ilsinglepayer.org/article/labor-disputes-over-health-benefits-illinois-2018, and http://ilsinglepayer.org/article/labor-disputes-over-health-benefits-illinois-2019

Johnson, J. (June 29th, 2020). 'Absolute robbery': Gilead announces $3,120 price tag for COVID-19 drug developed with $70 million in taxpayer support. Common Dreams. Retrieved July 14th, 2020 from https://www.commondreams.org/news/2020/06/29/absolute-robbery-gilead-announces-3120-price-tag-covid-19-drug-developed-70-million?utm_campaign=shareaholic&utm_medium=referral&utm_source=facebook&fbclid=IwAR0qB3JYJP-gr07Bh23sLSmLoHe__xtY1XXQqJw7SfVvdvcQMf2Sy8_R5T4

Kaiser. (2019). Status of state Medicaid expansion decisions: Interactive map. Retrieved Nov 6, 2019 from https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/

Kaiser. (2018). Figure 5: Characteristics of nonelderly insured, Key facts about the uninsured population. Retrieved Nov 7, 2019 from https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/

Sources

Kaufman, B., Thomas, S.R., Randoph, R.K., Perry, JR., Thompson, K.W., Holmes, G.M., & Pink, G.H. (July 2015). The rising rate of rural hospital closures. *The Journal of Public Health, 32(1),* 35-43. doi:10.1111/jrh.12128

Kenny, S. (2010). A dictate of both interest and mercy? Slave hospitals in the Antebellum South. *Journal of the History of Medicine and Allied Sciences, 65(1),* 1-47. doi:10.1093/jhmas/jrp019

Le, P. & Warren, B. (Feb 19 2020). The legacy of forced sterilizations. The Health Care Blog. Retrieved June 19 2020 from https://thehealthcareblog.com/blog/2020/02/19/the-legacy-of-forced-sterilizations/

Lu, Jui-Fen & Hsiao, W. (2003). Does universal health insurance make health care unaffordable? Lessons from Taiwan. *Health Affairs.* Retrieved from http://www.pnhp.org/news/2003/may/taiwans_single_paye.php

Madar, C. (2017). The conservative case for universal healthcare. *The American Conservative.* Retrieved from https://www.theamericanconservative.com/articles/the-conservative-case-for-universal-healthcare/

Miller, P. (2017). Survey: 42% of physicians strongly support a single payer healthcare system, 35% are strongly opposed. Merritt Hawkins. Retrieved from https://www.merritthawkins.com/uploadedFiles/mha_singlepayer_press_release_2017(1).pdf

Moran, S. (Jun 23 2019). Eleven 2020 Democrats back free health care for illegal immigrants. Breitbart. Retrieved from https://www.breitbart.com/politics/2019/06/23/eleven-2020-democrats-back-health-care-illegal-immigrants/

National Archives and Records Administration. Burning of a Navajo Hogan that had been occupied by a victim of smallpox, near Indian Wells, Leupp Indian Reservation, Arizona, c 1890-1910. Retrieved Nov 7, 2019 from https://www.nlm.nih.gov/exhibition/if_you_knew/ifyouknew_06.html

Sources

National Institutes of Health. (2018). Nobel Laureates. Retrieved from https://www.nih.gov/about-nih/what-we-do/nih-almanac/nobel-laureates

Nix. (Jul 29 2019). Tuskegee experiment: The infamous syphilis study. History. Retrieved June 19 2020 from https://www.history.com/news/the-infamous-40-year-tuskegee-study

NORC at University of Chicago. (2017). New UVM study: Health insurance costs threaten farm viability. Retrieved from https://www.norc.org/NewsEventsPublications/PressReleases/Pages/new-uvm-study-health-insurance-costs-threaten-farm-viability-aspx.aspx

Novak, N.L. & Lira, N. (Mar 22 2018). California once targeted Latinas for forced sterilization. Smithsonian Magazine. Retrieved June 19 2020 from https://www.smithsonianmag.com/history/california-targeted-latinas-forced-sterilization-180968567/

O'Toole, P. (Jan 2019). Theodore Roosevelt cared deeply about the sick: Who knew? The New York Times. Retrieved from https://www.nytimes.com/2019/01/06/opinion/theodore-roosevelt-health-care-progressive.html

Petersen, et al. (Sept 2019). Centers for Disease Control and Prevention. Racial/ethnic disparities in pregnancy-related deaths – United States – 2007-2016. Retrieved Nov 7, 2019 from https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm?s_cid=mm6835a3_w

Powell, A. (Feb 25 2019). Mississippi appendectomy: The decades long practice of sterilizing poor black women. The Black Detour. Retrieved June 19 2020 from https://theblackdetour.com/mississippi-appendectomy-the-decades-long-practice-of-sterilizing-poor-black-women/

Public Private Strategies. (Sept 10 2019). Opinion poll: Small business owners' views on health care costs. Retrieved from https://irp-cdn.multiscreensite.com/45d2c930/files/uploaded/PPS-Small-Business-Health-Care-Poll-2019%20%281%29.pdf

Sources

Rosenthal, E. (2016). Insurance policy: How an industry shifted from protecting patients to seeking profit. *Stanford Medicine, Spring 2017.* Retrieved from https://stanmed.stanford.edu/2017spring/how-health-insurance-changed-from-protecting-patients-to-seeking-profit.html

Rowland, C. (2019). An HIV treatment cost taxpayers millions. The government patented it. But a pharma giant is making billions. Retrieved from https://www.washingtonpost.com/business/economy/pharma-giant-profits-from-hiv-treatment-funded-by-taxpayers-and-patented-by-the-government/2019/03/26/cee5afb4-40fc-11e9-9361-301ffb5bd5e6_story.html?noredirect=on&utm_term=.7f61c8a15ea8

Smith, D.B. (2016). The Power to Heal: Civil Rights, Medicare, and the Struggle to Transform America's Health Care System. Vanderbilt University Press: Nashville, TN.

Steil, D. (April 2018). Small businesses' big health care problem. Retrieved 8/3/2019 from http://www.businessformedicareforall.org/blog/july-23rd-20198660009

Thomas, K. & Abelson, R. (Aug 2019). The $6 million Drug Claim. *The New York Times.* Retrieved from https://www.nytimes.com/2019/08/25/health/drug-prices-rare-diseases.html

United States Government Accountability Office. (2017). Drug industry: Profits, research and development spending, and merger and acquisition deals. Retrieved from https://www.gao.gov/assets/690/688472.pdf

U.S. National Library of Medicine. (1998). 'If you knew the conditions…' Health care to Native Americans. Retrieved Nov 6, 2019 from https://www.nlm.nih.gov/exhibition/if_you_knew/ifyouknew_02.html

Varney, S. (2010). Did Blue Cross' mission stray when plans became for-profit? NPR, Morning Edition. Retrieved from https://www.npr.org/templates/story/story.php?storyId=124807720

Zallman, L., Woolhandler, S., Touw, S., Himmelstein, D., & Finnegan, K. (2018). Immigrants pay more in private insurance premiums than they receive in benefits. Health Affairs, 37(10).