The United States Healthcare System: Systemic Racism and Discrimination Towards American Minorities

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INTRODUCTION

Today, United States citizens live in a society guided by a false consciousness.[1] The presiding culture of the United States (US) has painted a picture – a distorted and surreal mythology – that continues to be admired. This picture is characterized by conservative dogma and intolerance within the political, economic, and ideological spheres of society, leaving individuals unable to ascertain truth. US citizens are provided the inability to see reality for what it is, and instead encouraged to live by a means of pseudo-reality as described by Debord.[2] As a result, many US institutions, including the prison system and the healthcare system, have become platforms of masked discriminatory and racist practices within today's world of "colorblindness." The right to universal health care represents yet another opportunity for US institutions to deploy covert and underlying racist and discriminatory tactics, and continues to remain largely unacknowledged by non-minority citizens of the US, contributing to significantly higher rates of untreated health concerns and concomitant higher death rates in US minority populations.

ANALYSIS

To understand this assertion, it is important to start by examining the ways in which the US prison system acts as a discriminatory and racist institution. Today, African Americans, Hispanics, and other minorities account for roughly 40% of the US population, yet they comprise around 60% of the US' total incarcerated population.[3] That is, they are disproportionately represented amongst the incarcerated. To put this in perspective, according to the American Civil Liberties Union, nearly "one in every 15 African American men [become] incarcerated, as opposed to only one in every 106 white men."[4] Looking back to the early 1970s when Black Americans were making progress in obtaining civil rights, there was a substantial increase in the number of incarcerated Black individuals, acting as a "stealth counterweight to political and economic progress."[5] Thus, prisons were used as a means to suppress the growing success of Black individuals, furthering the disproportionate number of incarcerated minorities.

The prison system is not the only institution within the US that deploys underlying discriminatory, exploitative, and racist tactics towards American minorities. For example, there have been mortgage lending procedures that have "disproportionately exposed minority borrowers to the risky subprime loans

that triggered the financial collapse of 2008 and widespread foreclosures in minority communities."[6] Also discovered have been numerous obscure tax and insurance policies that have targeted neighborhoods with substantial minority populations.[7] There are *many* more examples of US institutions exploiting and discriminating based upon race, yet minority groups cannot simply avoid these tactics; that is, taking out loans and paying taxes can be essential life tasks for most individuals. Thus, as society continues to be governed by a false consciousness, true reality will indefinitely remain uncertain. This becomes clear, as even today there have been minimal studies regarding the exploration of this institutionalized racism.[8]

As it is clear numerous institutions have and continue to behave in discriminatory ways, it must be considered that the US' lack of a nationwide right to health insurance represents another means of discrimination based upon race. While at this point in the essay a discussion of the history of slavery within the US may seem extraneous, the lasting effects of slavery continue to play a key role in discrimination towards minorities, contributing to diminished resources for health insurance for minorities in the US. To understand the role of slavery in decreased access to nationwide health insurance, one must come to see the foremost factor as to why individuals do not carry it. That is, "in 2022, 64.2% of uninsured nonelderly adults said they were uninsured because coverage is not affordable, making it the most common reason cited for being uninsured."[9] As for the role of long-term effects of slavery, minorities, especially Black Americans, face far greater poverty than their counterparts, predominantly in places where there is a stronger connection to slavery in the past.[10] Thus, as it is commonly understood the southern half of the US to have experienced the largest impact from slavery, this would indicate the largest impact on poverty struggles as a result of slavery would be in the south. Coincidentally, as one might say, "reflecting geographic variation in income and the availability of public coverage, most uninsured people live in the South."[11]

As Black Americans have faced substantial struggles with poverty due to the lasting effects of slavery and previously exploitative southern economies, bearing in mind the primary reason for not carrying health insurance is a lack of funds, it is plain that past discrimination and racism of yesterday has set the stage for wealth and health disparities and discrimination *today*. That is, the "average wealth of white households in the United States [has become] 13 times as high as that of Black households."[12] To further put this problem into context, minorities "made up 45.7% of the nonelderly US population but accounted for 62.3% of the total nonelderly uninsured population."[13] Looking at minorities other than Black Americans, the uninsured rate for "nonelderly Hispanic (18.0%) and American Indian and Alaska Native people (19.1%) are more than 2.5 times the uninsured rates for white people (6.6%)"[14] Moreover, of the uninsured population, most of the 25.6 million nonelderly uninsured adults were from minority groups.[15]

As posited, Black Americans and other minority groups' inability to afford health insurance has been created by US citizens themselves, through past legality and support of slavery, leaving lasting effects that have made health insurance unaffordable. In return, some US citizens and their government have failed to remedy the situation, choosing instead to endorse the idea that minorities lack funds to carry health insurance by arguing they are 'lazy,' 'unmotivated,' or 'irresponsible.' In doing so, US citizens have further engaged in the stereotyping of minority groups as inferior through their inability to obtain health insurance. Consequently, through an unfair health insurance access system, US society has maintained a discriminatory attitude towards minority groups. Once there is a determination of a belief of inferiority, a blind eye will indefinitely turn away from discrimination within society's governance of the false consciousness, leaving its citizens unable to ascertain reality, chiefly developing and supporting their own self interests. Thus, through the contribution and failure to remedy the poverty struggles inflicted on minority groups, including those inflicted on Black Americans largely through the past slavery in the

southern US, minority groups, making up 62.3% of all uninsured nonelderly adults, have been made into the problem by society. These individuals have been labeled, ideologically transformed into 'inferior beings' per conservative dogma, and thus become further discriminated against with respect to their inability to obtain health insurance in the US.

Considering the ethicality of the lack of a nationwide right to health insurance, one must take the stance of Mill's Utilitarianism, which revolves around providing the greatest amount of good for the greatest number of people through consequence of action.[16] First, it is clear by failing to provide a national right to health insurance, the U.S. is leaving indigent, uninsured groups, largely consisting of minorities, to find the means to fund their own insurance. This may contribute to higher and disproportionate crime rates of minority groups out of need for survival and fulfillment of basic human needs; to institutionalized racism; to false ideologies; to stereotypes wrongly placed upon minority groups; and to untreated illness. The resulting human tragedy is seen in myriad situations: minority woman facing high maternal death rates in childbirth, uninsured minority individuals being turned away from hospitals who only take those with insurance, silent suffering and untreated illnesses including high rates of diabetes and heart disease, and more recently, higher death rates and worse outcomes for minorities as a result of the COVID-19 pandemic.[17]

CONCLUSION

Thus, as the result of a non-existent nationwide right to health insurance, the US is plainly failing to provide the greatest amount of good for the greatest number of people and therefore, per Mill, the failure to provide a national right to health insurance is clearly unethical. The lack of national access for all individuals to health insurance is not only an underlying form of racism and discrimination towards American minorities, but it is *unethical* as well. To address this, American society must alter its picture of the distorted and surreal reality that has been painted, and shatter its lens of the pseudo-reality that shapes many individuals' view of the world. That is, there becomes the need for a higher form, or a deeper level, of collective experiential consciousness in order for a symbiotic relationship to occur – a relationship advantageous to all simultaneously – in the biological and sociological realms. Only then can the trend of institutionalized racism and discrimination be broken, and as a part of this, only then can all individuals receive access to health insurance and related healthcare that would improve their quality of life.

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[1] Little, Daniel. "False Consciousness." *False Consciousness*, www-personal.umd.umich.edu/~delittle/iess%20false%20consciousness%20V2.htm.

[2] Debord, Guy. *The Society of the Spectacle*. Translated by Donald Nicholson-Smith, Zone Books, 1995.

[3] Harris, Fredrick C., and Robert C. Lieberman. "Racial Inequality After Racism: How Institutions Hold Back African Americans." *Foreign Affairs*, vol. 94, no. 2, 2015, pp. 9–20. *JSTOR*, http://www.jstor.org/stable/24483477.

[4] Harris, Fredrick C., and Robert C. Lieberman. "Racial Inequality After Racism: How Institutions Hold Back African Americans."

[5] Ibid.

[6] Ibid.

[7] Ibid.

[8] Ibid.

[9] Drake, Patrick, and Jennifer Tolbert. "Key Facts about the Uninsured Population." *KFF*, www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/.

[10] O'Connell, Heather A. "The Impact of Slavery on Racial Inequality in Poverty in the Contemporary U.S. South." *Social Forces*, vol. 90, no. 3, 2012, pp. 713–34. *JSTOR*, http://www.jstor.org/stable/41682675.

[11] Drake, Patrick, and Jennifer Tolbert. "Key Facts about the Uninsured Population."

[12] Harris, Fredrick C., and Robert C. Lieberman. "Racial Inequality After Racism: How Institutions Hold Back African Americans.

[13] Drake, Patrick, and Jennifer Tolbert. "Key Facts about the Uninsured Population."

[14] Ibid.

[15] Ibid.

[16] Mill, John Stuart. Utilitarianism. London, Parker, Son, and Bourn, 1863. Pdf. Retrieved from the Library of Congress, <www.loc.gov/item/11015966/>.

[17] Tai, Don Bambino Geno, et al. "Disproportionate Impact of Covid-19 on Racial and Ethnic Minority Groups in the United States: A 2021 Update." *Journal of Racial and Ethnic Health Disparities*, U.S. National Library of Medicine, Dec. 2022, www.ncbi.nlm.nih.gov/pmc/articles/PMC8513546/#:~:text=Black%2C%20Latinx%2C%20and%20American%20Indian,children%20in%20a%20worrying%20trend.