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## Day 12 Packet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Do Now

Match the vocabulary word to its definition!

Compromise	to change or improve, often a legal document
Agriculture	an agreement reached when each side gives up something.
Amend	to formally leave an organization
Abolish	to end or do away with something
Secede	the practice of growing plants and livestock.

Leading up to the Civil War, the North and South were deeply divided over the issue of slavery. The southern \_\_\_\_\_ economy was built on enslaved labor, and all attempts to \_\_\_\_\_ with the North failed. War erupted when the South \_\_\_\_\_ from the Union and attempted to start its own country. After four bloody years of fighting, the South was eventually defeated. Congress \_\_\_\_\_ the Constitution and succeeded in \_\_\_\_\_ slavery. But this is not where the story ends--what would freedom look like for newly-freed African Americans? Could the country and the Freedmen's Bureau furnish the support and protection they deserved?

Based on what you have read so far, was the Freedmen's Bureau successful?

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## **Healthcare Today**

### **Healthcare Definition:**

What do you know about the American healthcare system?

What benefits or problems have you heard about our healthcare system?

### **Insurance Definition:**

### **Health Insurance Definition:**

### **4 Types of Health Insurance**

Private:

Medicare:

Medicaid:

Uninsured:

## “A Broken Healthcare System”

By Jeneen Interlandi, *The New York Times*, August 14, 2019

**Directions:** Follow along while we read this text out loud. Annotate:

✓ = thought (when the line contains something that you like or that gives you an idea)

? = question

! = Aha! Moment (big ideas, realizations--when you just learned something important about yourself, people in general, or the world)

The smallpox virus hopped across the post-Civil War South, invading the makeshift camps where many thousands of newly freed African-Americans had taken refuge but leaving surrounding white communities comparatively unscathed. This pattern of affliction was no mystery: In the late 1860s, doctors had yet to discover viruses, but they knew that poor nutrition made people more susceptible to illness and that poor sanitation contributed to the spread of disease. They also knew that quarantine and vaccination could stop an outbreak in its tracks; they had used those very tools to prevent a smallpox outbreak from ravaging the Union Army.

Smallpox was not the only health disparity facing the newly emancipated, who at the close of the Civil War faced a considerably higher mortality rate than that of whites. Despite their urgent pleas for assistance, white leaders were deeply ambivalent about intervening. They worried about black epidemics spilling into their own communities and wanted the formerly enslaved to be healthy enough to return to plantation work. But they also feared that free and healthy African-Americans would upend the racial hierarchy, the historian Jim Downs writes in his 2012 book, “Sick From Freedom.”

Federal policy, he notes, reflected white ambivalence at every turn. Congress established the medical division of the Freedmen’s Bureau — the nation’s first federal health care program — to address the health crisis, but officials deployed just 120 or so doctors across the war-torn South, then ignored those doctors’ pleas for personnel and equipment. They erected more than 40 hospitals but prematurely shuttered most of them.

White legislators argued that free assistance of any kind would breed dependence and that when it came to black infirmity, hard labor was a better salve than white medicine. As the death toll rose, they developed a new theory: Blacks were so ill suited to freedom that the entire race was going extinct. “No charitable black scheme can wash out the color of the Negro, change his inferior nature or save him from his inevitable fate,” an Ohio congressman said.

One of the most eloquent rejoinders to the theory of black extinction came from Rebecca Lee Crumpler, the nation’s first black female doctor. Crumpler was born free and trained and practiced in Boston. At the close of the war, she joined the Freedmen’s Bureau and worked in the freed people’s communities of Virginia. In 1883, she published one of the first treatises on the burden of disease in black communities. “They seem to forget there is a cause for every ailment,” she wrote. “And that it may be in their power to remove it.”

Professional societies like the American Medical Association barred black doctors; medical schools excluded black students, and most hospitals and health clinics segregated black patients. Federal health care policy was designed, both implicitly and explicitly, to exclude black Americans. As a result, they faced an array of inequities — including statistically shorter, sicker lives than their white counterparts. What’s more, access to

good medical care was predicated on a system of employer-based insurance that was inherently difficult for black Americans to get. “They were denied most of the jobs that offered coverage,” says David Barton Smith, an emeritus historian of health care policy at Temple University. “And even when some of them got health insurance, as the Pullman porters did, they couldn’t make use of white facilities.”

In the shadows of this exclusion, black communities created their own health systems. Lay black women began a national community health care movement that included fund-raising for black health facilities; campaigns to educate black communities about nutrition, sanitation and disease prevention; and programs like National Negro Health Week that drew national attention to racial health disparities. Black doctors and nurses — most of them trained at one of two black medical colleges, Meharry and Howard — established their own professional organizations and began a concerted war against medical apartheid.

Medicare and Medicaid were part of a broader plan that finally brought the legal segregation of hospitals to an end: The 1964 Civil Rights Act outlawed segregation for any entity receiving federal funds, and the new health care programs soon placed every hospital in the country in that category. But they still excluded millions of Americans. Those who did not fit into specific age, employment or income groups had little to no access to health care.

One hundred and fifty years after the freed people of the South first petitioned the government for basic medical care, the United States remains the only high-income country in the world where such care is not guaranteed to every citizen. In the United States, racial health disparities have proved as foundational as democracy itself. “There has never been any period in American history where the health of blacks was equal to that of whites,” Evelyn Hammonds, a historian of science at Harvard University, says. “Disparity is built into the system.” Medicare, Medicaid and the Affordable Care Act have helped shrink those disparities. But no federal health policy yet has eradicated them.

**Write two of each!**

✓ = thought	? = question	! = Aha! Moment
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