
Excerpt of ‘A Broken Healthcare System’

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...*(without suffering any injury, damage, or harm)*** Despite their urgent pleas for assistance, white leaders were deeply **ambivalent *(having mixed feelings or contradictory ideas about something or someone)*** 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, *(a system in which people or groups are ranked one above the other)*** 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 *(built)*** more than 40 hospitals but prematurely shuttered most of them...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 *(lower in rank, status, or quality)*** nature or save him from his **inevitable *(certain to happen; unavoidable)*** fate,” an Ohio congressman said. One of the most eloquent ***(clearly expressing or indicating something)*** **rejoinders *(a reply, especially a sharp or witty one)*** 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.”...As the Columbia University historian Ira Katznelson and others have documented, **it was largely at the *behest *(a person’s orders or command)**** of Southern Democrats that farm and domestic workers — more than half the nation’s black work force at the time — were **excluded *(deny *(someone) access to)**** from New Deal policies, including the Social Security and Wagner Acts of 1935 (the Wagner Act

ensured the right of workers to collective bargaining), and the Fair Labor Standards Act of 1938, which set a minimum wage and established the eight-hour workday. The same voting bloc ensured states controlled **crucial (of great importance)** programs like Aid to Dependent Children and the 1944 Servicemen’s Readjustment Act, better known as the **G.I. Bill**, allowing state leaders to effectively exclude black people.

1. How have healthcare policies, city planning, and other government systems in the U.S. limited who has access to healthcare services?

Many policies, including healthcare and other government rules have denied certain groups access to quality healthcare. For example, the Wagner Act, Social Security, and the G.I. Bill. In healthcare, Black communities didn’t get as many resources as white communities.

In 1945, when President Truman called on Congress to expand the nation’s hospital system as part of a larger health care plan, **Southern Democrats** obtained key **concessions (a thing that is granted, especially in response to demands)** that shaped the American medical landscape for decades to come. The Hill-Burton Act provided federal grants for hospital construction to communities in need, giving funding priority to rural areas (many of them in the South). **But it also ensured (make certain that (something) shall occur or be the case) that states controlled the disbursement (the payment of money from a fund) of funds and could segregate resulting facilities.** 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 (in a way that is not directly expressed) and explicitly, (in a clear and detailed manner) to exclude black Americans.** As a result, they faced an array of inequities — **including statistically shorter, sicker lives than their white counterparts. (Uncle Eddie)**

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 (planned, or carried out; coordinated)** war against medical **apartheid (a policy or system of segregation or discrimination on grounds of race)**. **By the 1950s, they were pus (a person who obtains advantage from something)** of this boon were people of color, many of whom obtained coverage through the law’s Medicaid expansion... States that expanded Medicaid saw a drop in disease-related deaths, according to the National Bureau of Economic Research. But in Arkansas, the first state to **implement (put a plan into effect)** work requirements, nearly 20,000 people were forced off the insurance plan.

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 (a great difference)** have proved as **foundational (an underlying basis or principle)** 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 (put an end to)** them.

2. According to the author, which healthcare policies have actually helped people of color?

Policies that have actually helped people of color are the Affordable Care Act, the Civil Rights Act (desegregating hospitals), the Hillburton Act, and Medicare and Medicaid.