

What followed was a shift in how opioid addiction is approached, with a focus on treatment and not punishment. By contrast, Black people living with heroin and crack cocaine addiction are portrayed as conning and criminal. The dual narratives—one for Whites that sees poor health driven by difficult life circumstances and one for Blacks that sees personal deficiency—reflect the enduring power of racist ideas.

ANTIRACIST PUBLIC HEALTH PRACTICE

Rejecting these two central explanatory models of racial differences in disease and mortality patterns—the genetic and the behavioral—is important because ideas influence action. Instead, public health practitioners should acknowledge the centrality of racism—the entrenched discriminatory practices of institutions, not only people. This

frame shift, from people to institutional policies and practices, reconceives both the problem and its response. Residential segregation is not the result of personal preference or private prejudice, but the result of policies enabled by governments.⁸

In all matters of Black disadvantage, the first question is often, “What is wrong with Black people?” If instead you ask, “What is wrong with the policies and institutions?” you no longer focus on education about healthy food and imploring individuals to take responsibility for food choice but point to food deserts where few stores offer healthy food, the high cost of fruits and vegetables, and the rapacious marketing of unhealthy products in communities of color. This is the litmus test: any framework that identifies the problem as people should be challenged.⁹ Communities are vulnerable because of bad policies and disinvestment, not because of the people who live in them.

Kirkham Responds



See also Morabia, p. 426; Sundwall, p. 449; Woolhandler and Himmelstein, p. 451; Gottfried, p. 452; Moffit, p. 453; Olden, p. 454; Zimmer, p. 456; and Bassett and Graves, p. 457.

The struggle against bias in the United States is a long and enduring one. As a people, we have come a great distance in trying to recognize and conquer it. We have eliminated many instances of de jure and overt cultural discrimination against and exclusion of individuals or groups. This has come across a broad spectrum, including race, gender, religion, mental and physical illness and disability, and sexual orientation. It took large numbers of women and men of great courage who made tremendous

sacrifices, often well out of the public eye, to bring us this far. And yet we have a great distance still to travel. There is no denying that outcomes and opportunities are not the same for many Americans. Nor can we say that our culture openly and warmly embraces everyone. To be sure, there are still individuals and groups who continue to espouse hatred, division, and violence. They are worthy of our collective rebuke and contempt. Such attitudes have no place in our society and pull at the threads

The overall decline in mortality is good news, but we can do better. We can be a country where the color of our skin does not determine our chance for a long and healthy life. The first step is acknowledging the impact of racism on health. The next step is antiracist public health practice. **AJPH**

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M. T. Bassett conceptualized, drafted, and revised the content of this editorial. J. D. Graves contributed to the conceptualization and revision.

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that make up the fabric of our civilization.

OVERSTATING THE CASE

Bassett and Graves, from the Department of Health and Mental Hygiene, argue that a disparity in health outcomes in White and non-White

populations “reflects institutionalized racism, present not in just one of our institutions, but in them all.” If this can be read as a sweeping condemnation of every public institution and by extension government program in the country as racist, it significantly overstates the case. A more nuanced approach acknowledges that bias (a broader term that can encompass racism and other forms of discrimination) certainly plays an important part in every aspect of the

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interaction of all people and manifests itself in institutions, programs, and outcomes. But one surely can go further to say that bias is one of many variables in play.

NOT THE ENTIRE STORY

Conscious and unconscious bias both play a part in our continuing life as a nation and in our everyday individual lives. But does bias fully account for every disparity in outcome and opportunity? Do these differences stem from hatred and discrimination by individuals and institutions passively and actively seeking to preserve some advantage by denying it to others? Much more is involved, particularly when examining public policy. Other factors of importance include funding adequacy, statutory and regulatory flexibility to account for variations of the target population in different parts of the country, program design, delivery mechanisms, the availability of enough qualified personnel, recipient behavior, exogenous economic circumstances, and a failure by policymakers to simply understand the people they are trying to help and the problem they are trying to address. The comparable public health situations in some urban areas and the Appalachian region are cases in point. Bias is at best a partial explanation. It is not the entire story.

POISONING THE WELL

Great caution should be used when suggesting bias in a discussion of public policy. We should tread even more carefully when accusing others of exhibiting bias.

These are dangerous ways of engaging in public discourse. To be blunt, they can poison the well. Call people racists or bigots and you have challenged the very core of their being and made among the most strident ad hominem attacks possible. And to do so when discussing differences of approach in public policy among people of good will—a universe that encompasses the vast majority of the American public—is to stifle debate, to discredit legitimate ideas, and to demonize people who might have a different point of view. An inadequate or failing Medicaid or public health program is not the same thing as Jim Crow.

BRING PEOPLE TOGETHER

Readers might think about how they want others to behave in the future. How can they get others to see their point of view? It's one thing to make an argument. It's quite another to bring people together and enact durable and effective solutions to thorny problems. We have been blessed as a nation to have brave souls in our history daring to say no to injustice, dedicating their lives to helping others, and finding ways to advance the common good. May it always be so. **AJPH**

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