



The lasting impact of racism in medicine

“Both as patients and as caregivers, we need to be really aware of what's going on and we need to do something every time we see or experience discrimination.” – Dr. Barbara Berney

911. What's your emergency?

America's healthcare system is broken and people are dying.

Welcome to **Code WACK!**, where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host, **Brenda Gazzar**.

(music)

This time on Code WACK! What impact did desegregation have on Black patients in America? And how does racism in medicine manifest today? To break it down, we spoke to **Dr. Barbara Berney**, project creator and producer of the documentary “Power to Heal: Medicare and the Civil Rights Revolution.” She’s also an emeritus professor at City University of New York School of Public Health and a distinguished scholar in public health, environmental justice, and the U.S. healthcare system. *This is the second of two episodes with Dr. Berney.*

Welcome back to Code WACK! **Dr. Berney.** Last time we spoke about how Medicare helped desegregate hospitals and medical institutions. How did desegregation in the 1960s, which happened over a few months, change things for Blacks in America?

Berney: So desegregation under Medicare was a really important change for Black patients in America and one of the studies that was done was the number of Black babies in the South were born in hospitals rather than at home. And the number of Black babies born in hospitals and the percentage of Black babies born in hospitals went up dramatically after hospitals were desegregated. It meant an enormous amount for people who were in accidents – they could go to the closest hospital as opposed to going to the closest Black hospital. It meant that when people were sick, they could go to the hospital, which they hadn't been able to go before. Black people knew that they could not go to hospitals or they would be placed in a Black ward regardless of what was wrong with them, so many of them simply didn't go to hospitals.

Q: What was inferior about the Black ward? Why didn't people want to go there?

Berney: So first of all, Black wards had every kind of patient. If you were Black and you were hospitalized, you would go to the Black ward, whether you had TB or were going to have a baby. And obviously if you were going to have a baby, you didn't wanna be next to people who had TB because your baby, and you could end up with TB.

There was one story, I think of W.E.B. Du Bois, and he looked, “white” and they discovered that he was Black and he was taken in the rain basically across to the Black ward and put in the Black ward. Dr. Alvin Poussaint talks about Black wards in hospitals, and he said everything was inferior, that the number of nurses assigned per patient was much less, the physical conditions were not as good. The blankets, the equipment, everything was not as good in the Black wards as it was in the White wards.

Q: And were the wards usually separate facilities or were they attached in some cases to the same hospital?

Berney: In some cases they were literally in different buildings, but in many hospitals, I think they were probably just different rooms or for one reason or another, different facilities. And they were just not as well staffed or well equipped as the white boards were.

Q: *Got it. Would they do surgery on Black patients in the black wards, do you know?*

Berney: So that's interesting. In the hospital in Atlanta, they said that everything was segregated except the operating room. And they had separate hours when they would operate on Black patients and White patients. But the actual facility, the operating room was the same. They couldn't afford to have two operating rooms, the Black one and a white one. Some hospitals were whites only, and they didn't have any Black wards and they simply didn't admit any Black patients and some hospitals had Black wards and they admitted Blacks to the Black wards. Yes.

Yes. But during the time of segregation, Blacks and whites would not be treated in the same part of the hospital.

Berney: Absolutely not. In fact, Toni Daniels tells this story, Blacks were not supposed to go in the same entrance. And some hospitals actually had signs at their entrances. They had signs for "whites only" and for "coloreds." And in fact, that was one of the things that hospitals had to change in order to be considered desegregated, they had to change those signs.

Desegregation was an important milestone to combating racism in medicine. Yet studies show that today, for example, the maternal mortality rate for Black women is more than three times higher than for White women. And we know there are many other disparities when it comes to health issues as well. How would you describe where we are some 60 years later?

Berney: So it's really important to remember that of course, once they get to a medical facility that Blacks and Whites are not treated the same ... that there's still discrimination, that when they do studies of medical students now, and doctors have the same attitudes that medical students do, but they find that medical

students think that Blacks feel pain differently, that they have thicker skin or all kinds of of things – things that they believe that are simply not true. But I think that we also have to remember that racism is a fundamental problem, not just in health care, but in all aspects of American society – that segregation and racism affect housing, affect neighborhoods and the environment in those neighborhoods, how close they are to highways or other kinds of toxic facilities that racism and segregation affect education and they affect jobs. And that all those things affect your condition when you enter the hospital, certainly, and what it's like for you when you're pregnant. So I think that it is, and we know from Serena Williams that people are treated differently when they get to the hospital or before they get to the hospital when they say that they're experiencing pain or experiencing other symptoms that people are treated differently on the basis of race.

Tennis champion Serena Williams experienced a blood clot while giving birth to her baby and could have died, but, but luckily didn't. Initially, her pain wasn't treated seriously.

Berney: Exactly. And I think that the point of that story is that if this could happen to Serena Williams, that of course it happens to women of color all the time. Their symptoms are not taken seriously. Their pain is not taken seriously, that they're not treated for the things that they should be treated for, and that results in complications and death.

Q: So what do you think the solution is? We're still experiencing racism in medicine in 2025. Doctors may not even be aware it's happening, or that they're contributing to this, or that it's part of the system itself. What can be done about it?

Berney: I think that both as patients and as caregivers, we need to be really aware of what's going on and we need to do something every time we see or experience discrimination. And I think that's really important. We should keep in mind that's what allowed desegregation during Medicare to take place. Of course, it helped that money was involved, it helped that the government was trying to desegregate. But there were a great many people, both caregivers and other people who worked in hospitals, janitors, phlebotomists, all kinds of people who

worked in hospitals, who gave inspectors information about discrimination. That there were Black wards, that there were rooms in which people were treated because of the color of their skin, that people who worked in the hospitals went to different cafeterias, went to different bathrooms, all kinds of things like that. And the inspectors were given all kinds of information so that they knew what to look for and they knew where to go.

And this was very important and it's still very important. So I think that part of what we need to do now is if we're patients or if we're caregivers and we see things going on, yeah, that shouldn't be going on. We figure out who to tell it [to], where it will make a difference. And it's really important that we organize. I think, we're experiencing a really terrible time in terms of what's happening nationally and we have to act. We have to organize and we have to act. And this means in terms of the kind of care that people are given, it means webpages are being torn down. And as we hear it in the news stories every day, these are not web pages that are just there for the glory of the departments – they are web pages that doctors and nurses and other caregivers consult on a daily basis and they're not there anymore. So I think it's really important that we make it known that what's happening is known and that we organize, we organize where we live, that we organize where we work, any place else that we can think of that we can organize is really important.

Q: Okay. So what are your thoughts on Donald Trump's healthcare agenda? What are you most concerned about?

Berney: I think that Donald Trump's agenda is very frightening. Not just in health care, but everywhere. He's promoting racism. He is anti-science. He's very frightening and he's promoting other people who are in league with him. Robert Kennedy Jr. as the Head of Health and Human Services is one example. He's anti-vaccine. He's anti-science. And I think that it's very scary to think about our children going to school and not being required to be vaccinated against communicable diseases. We shouldn't think of this as just an individual decision. Like, 'I am not going to get my child vaccinated.' That's fine. You can have your child not vaccinated, but your child can't expose my child to measles because your child isn't vaccinated. And I think that while Robert Kennedy claims that he is not

anti-vaccine, that he could very easily change the rules so that children can come to school if they're not vaccinated, that any kind of anti-science position will be validated, or even these positions will be allowed to take precedence. And I think that's really frightening. And I think it's very frightening to think about the Centers for Medicare and Medicaid and also the Centers for Disease Control to be led by people who are not based in science.

Is there anything else you want our audience to know, our listeners to know about where we are today with racism in medicine?

Berney: Well, I just think that it's really important to keep fighting, and one of the messages of the film is that we have to keep fighting even when we lose. And I think it's going to be a very long four years, and we have to do whatever we can do to fight against the current administration and to limit the racism that is going to come back into our healthcare system.

Q: Dr. Berney, where can people see your film "Power to Heal Medicare and the Civil Rights Revolution?"

Berney: You can just do a Google search on the name of the film, "Power to Heal Medicare and the Civil Rights Revolution." And you will get to my website. The website is BLBproductions, or you can email me at Hospdeseg@gmail.com and tell me you're interested in seeing the movie.

Thank you Dr. Barbara Berney, project creator of the documentary Power to Heal. [Power to Heal: Medicare and the Civil Rights Revolution.](#)

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