

On the path of progress in eliminating health care disparities in the U.S.

*The following report was written by Pax Christi USA Peace Pair Cindy Emenalo and Olga Sarabia. The **Peace Pairs program**'s objective is to build mutual co-learning and accompaniment between young peacemakers and Ambassadors of Peace/founding members of our movement. Cindy, a member of the **Pax Christi USA Young Adult Caucus**, and Olga, a **Pax Christi USA Ambassador of Peace**, have bonded over their passion for alleviating and addressing health care disparities in their communities and wanted to share that in this article. They are grateful for this opportunity and anyone who took the time to read their words.*

Current health disparities in the Black community and how we move forward

Written by Cindy Emenalo

A picture of health inequity

Pam is a 36-year-old African American mother living in Georgia expecting her second child with her husband, John, in a rural county. There are only two doctors in the county and she has to travel to the next county to see her gynecologist. Being 36, she is at a higher risk for complications in her pregnancy, but getting scheduled with the gynecologist can be difficult because the doctor is very busy. She has insurance through her spouse's job, but she still seems to be paying a lot for medical care. John's job is also stressful which does not help his hypertension. Their house is close to the highway and a water treatment plant. Their first child has asthma which gets worse during the hotter months. The nearest affordable grocery store is 40 minutes away and public transit in the area is not reliable.

Truthfully, Pam and John do not exist, but many Black and African American people living in under-resourced areas of the U.S. face a version of this reality each day. This snapshot can be used as a representation of why public health issues facing historically neglected groups, such as Black Americans, are so important to address. Some of these major issues include: environmental health, access to preventative, prenatal, and maternal care, and racial bias in medical technology.

Health in the Black community – Some historical perspective

The connection between physical well-being and the environment has been well established for some time. In fact, this has been quantified and observed in the African Americans community. Historically, a significant proportion of African Americans in the U.S have lived in areas that are hotter, less sanitary, and closer to highways and landfills. During the 19th and 20th centuries, many policies pushed for housing to be segregated by race. The Home Owners Loan Corporation during this time period created a map that characterized certain areas as undesirable to live in based on the prevalence of certain races in that area (Jacobs, 2011). This supported segregation in housing and a disparity in the quality of housing options for African Americans. The housing options left available to African Americans were those that were in areas lacking in “green spaces, stores selling healthy foods, highly resourced schools, and high-quality health care facilities” (Steil & Arcaya, 2023). In

addition, these areas mainly populated with African Americans were situated closer to “waste management facilities, power plants, and chemical manufacturing” (Steil & Arcaya, 2023). Due to this history of housing segregation for African Americans, this has led to areas that have remained under-resourced and increased prevalence of preventable diseases such as diabetes and lung disease.

Another important disparity that has affected African Americans, specifically Black women, is lack of access to maternal and prenatal care. In addition, historical bias propagated in the U.S. regarding presumed differences in the Black body had led to a crisis of maternal mortality in the Black community up to current day. An article from the Centers for Disease Control and Prevention (CDC) stated, “In 2021, the maternal mortality rate for non-Hispanic Black (subsequently, Black) women was 69.9 deaths per 100,000 live births, 2.6 times the rate for non-Hispanic White (subsequently, White) women (26.6)” (Hoyert, 2021). This data explains that pregnant Black women are three times more likely to die in labor than their White counterparts. Specifically Louisiana and Georgia have some of the highest rates of maternal mortality for Black women. This correlates with a lack of primary and prenatal care for many areas in these states. This in combination with the harmful “scientific” teachings about the Black body have led Louisiana and Georgia to a high Black maternal mortality rate. This is not just exclusive to Black women of a lower socioeconomic status. Serena Williams is one of the most talented and respected tennis players in the world. She talked about her experience after birthing her daughter, Olympia, and not being believed by medical professionals when she stated that she felt something was truly wrong. If she did not know how to advocate for herself and have strong support from her family, Serena Williams unfortunately would have been one of the many Black women that make up the alarming Black maternal mortality statistic in the U.S.

One aspect of health that is not commonly discussed has to do with technology in medicine. Unfortunately, there is bias in medical technology which has negative effects on the health of African Americans. An article from the National Institute of Health (NIH) stated, “[M]any devices rely upon racially biased algorithms that prioritize care for White patients over Black patients...” (Plaisime, 2023). This disparity had a real impact during the COVID-19 pandemic with pulse oximeters. Oximeter readings were very important for hospital admissions during this time. The NIH article continues, “[O]ximeters overestimated oxygen saturation measurements for Black patients, influencing care, and adding to the literature documenting admission and treatment delays, inequitable health-care delivery, and disparate hospital readmission rates...” (Plaisime, 2023). For populations such as African Americans that have historically been under-resourced and neglected in terms of healthcare, not having technology suitable to determine that basic and life-saving care was needed has been detrimental. This leads to unnecessary death and delayed care. Without intervention, the Black community will only continue to receive less.

All of these issues are at the forefront of healthcare disparity for African American people. Truly, this can be expanded to the Black population in general in the U.S. because of the vulnerable position that immigrants often find themselves in the United States. The exacerbation of these

issues in one way or another during the pandemic were the push needed to finally declare racism a public health crisis.

The question is, where do we go from here?

From here to equity and justice

One of the most important places we can start is with what people can do at the individual level to combat these issues. This starts with voting. Voting in local elections is so important to making those changes that affect us more closely. Unfortunately, local elections in the U.S. historically have lower participation despite how important it is to be active in making decisions at the community level. Local elected officials have a large part in making decisions about the healthcare of its local citizens. This can range from funds put forward for public health crises like the COVID-19 pandemic to environmental health decisions to public transit to expanding Medicaid. For example, Georgia, under the leadership of Gov. Brian Kemp since 2019, is one of the few states that will not expand Medicaid eligibility to those making up to 138 percent of the federal poverty line (Amy, 2023). This expansion would have been very helpful to many individuals and families especially those like our hypothetical family. Having easier access to healthcare would be one less barrier to face for the Black family. For this reason, voting cannot be looked at as just a right, but a requirement for just change.

Another necessary change needs to take place in the classroom for medical students. As expected, most medical students are taught by senior medical professionals. Those senior medical professionals pass down their knowledge which inevitably has been influenced by their teachers. It is important to combat the potentially biased medical teachings of senior medical professionals by firstly hiring a diverse group of medical educators; this means medical professionals from diverse backgrounds and experiences so that students are not learning from one school of thought. In addition, implementing important topics into medical curricula such as: Diversity, Equity, and Inclusion (DEI), community/social medicine, and medical history is a pivotal step. For example, at Emory University School of Medicine, which I currently attend, DEI and community/social medicine are parts of my curriculum that will follow me throughout my pre-clinical years. This has been one of my favorite parts of my education. I have been able to become more present in my local community by working with local Atlanta high school students. This is not directly medical facing, but it helps medical students get a better picture of how a patient's struggle in their community may impact their medical experience. For example, many of the students and their parents are immigrants to the U.S. so English is not their primary language and it has made navigating the educational system more difficult. It is very likely this will also make navigating the medical system more difficult for them. For these reasons, it is important to ensure that future doctors receive a proper and balanced medical education. This will help with increasing the practice of community and rural medicine and eliminating racial bias in medical decision making.

Only forward

How can we ensure that anti-racism is the foundation of all the changes being implemented and that our progress does not revert to where we began? This question is the most difficult of all to answer. To make progress and maintain it requires diligence, patience, cooperation, and a clear plan. We also cannot forget the importance of remembering our past so we do not repeat it. If we do not do this, all of our efforts will not amount to anything. As humans, we are flawed because we do forget, but only as individuals. Collective stories and movements can never be forgotten. So, to ensure that the changes made are anti-racist and remain that way, we need to teach our children what has happened and how far we've come. We need to teach them how far we still need to go. We need to teach them how to get there. We need to push to be in rooms with people that make important decisions. We need to be willing to have difficult conversations with those that do not understand. We need to be willing to stand firm in what change needs to happen because sometimes deceit is disguised as compromise. We need to remember that this world is not forever, but while we are here, it needs to be safe and healthy for everyone. Especially for groups that have really only had the opportunity to live freely in the recent century, yet have given so much for centuries, it is owed to them.

My thanks

My biggest take away from this peace pairs project has been growing in my faith and hope in changing my community. Before joining the peace pairs program, I was not really sure how I could really have a positive impact. I did not have much experience in peace building nor did I in life in general. Being a student has been my full time job so far. I realized through my conversations with my Peace Pair, Olga Sarabia, that I do have things to offer. I can offer my perspective as a child of immigrants and as a first year medical student. I can give my time to making the movement of organizations like Pax Christi USA more known. I can continue to learn about the social justice issues of my community and other communities, such as the Indigenous population in the U.S., to prepare myself for my career in medicine. It has also been so freeing to realize that I still have time to learn even more and do more.

I would like to thank Pax Christi USA for sponsoring the Peace Pairs¹ program and welcoming me into their beautiful family. I would also like Pax Christi for giving Olga and me a platform to voice our concerns and passion for addressing health disparities in the communities particularly dear to us. Finally, I would like to thank Olga Sarabia for showing me patience, kindness, and encouragement throughout our time together. There were times that I felt that maybe I had taken on too much and would not be able to finish out this project, but Olga was always gracious and it only made me more inspired to culminate our pairing with this article. Thank you all again and I look forward to the future with you all.

Current health disparities in the U.S. farmworkers' program and the importance of taking action

Written by Olga Sarabia

History of the farmworkers' program

A U.S. executive order called the Mexican Farm Labor Program, also known as the “bracero program” from the Spanish meaning “one who works using his arms,” allowed Mexican citizens to enter the U.S. temporarily to work on farms, railroads and factories. Intended to help U.S. American farms and factories remain productive during World War II (Longley, 2021), it was in operation from 1942 until 1964.

The program and problems

Under the bracero program, the U.S government offered Mexican citizens short-term contracts to work in the U.S. The government guaranteed that the braceros would be protected from discrimination and substandard wages. The pay would be the same as for U.S. citizens working the same job in the same area (although in most cases the pay was still not enough to make a decent living). In addition, Mexican workers would receive free housing, health care, and transportation back to Mexico once their contract expired. These enticements prompted thousands of unemployed Mexican workers to join the program.

The Mexican government had two main reasons for entering the agreement. First, it wanted the braceros to learn new agricultural skills that they could take back to Mexico to enhance the country's crop production. Secondly, it expected the braceros to bring the money they earned back to Mexico, thus helping to stimulate the Mexican economy.

Despite promises from the U.S. government, the braceros suffered discrimination/racism in the U.S. For instance, many restaurants and theaters either refused to serve them or segregated them from white customers. Additionally, even though the U.S. government guaranteed fair wages, many employers ignored the guidelines and paid the workers less. Some employers further exploited them by not providing such basic needs as stable housing and access to health care (Longley, 2021).

The growing influx of undocumented workers led to widespread public outcry. Many U.S. Americans argued that the use of undocumented immigrants in the labor force kept wages low for U.S. agricultural workers. Unable to solve the problems, the U.S. government ended the bracero program in 1964. However, both migrant and undocumented workers continue to find work in the U.S. agricultural industry into the 21st century (Longley, 2021).

Health care concerns today

The extreme unprecedented heat that was experienced this past summer of 2023 (Fadoul, J. M., 2023) has brought to light how heat stress affects farm workers whose work is demanding and in direct sunlight. Additionally, they wear layers of clothing to guard against insects, farm chemicals, and sunburn.

These invaluable farm workers, often unrecognized contributors to food production and to the trillion-dollar agricultural economy, are at exceptionally high risk for heat-related health consequences per the Environmental Defense Fund (Jaeger, 2023). The report found that the U.S. agricultural worker is currently exposed to an estimated 21 unsafe working days due to heat from May to September.

According to an August 2021 PBS NewsHour report, farmworkers are at exceptionally high risk for heat-related health consequences. Farmworkers are dying in the extreme heat. Additionally, heat deaths have been historically hard to track, and are likely undercounted, experts say even as OSHA, the Federal Occupational Safety and Health Administration regulation makes an attempt and reports that according to their stats: *over the past 10 years, an average of 36 farmworkers have died each year due to heat-related illnesses* (Jones & Rodriguez-Delgado, 2021).

Given that the year 2023 has been documented as being the hottest in recorded history per NASA's Goddard Institute of Space Science (GISS), the incidence of death among the farmworkers this year must be in multiples of past years.

It is important to note that although farmworkers are covered by OSHA regulations, when it comes to dealing with heat, *OSHA leaves the decision up to employers. This has led to calls for stronger federal regulations to protect workers from extreme heat.*

California is one of five states nationwide with a heat-illness prevention standard. That standard is considered “best practice” by union leaders and safety experts (Jones & Rodriguez Delgado, 2021).

“I’m glad that the state of California is actually a leader in this space,” U.S. Senator Alex Padilla of California said, according to *Bakersfield.com*. “But we need them on the federal level because workers across the country deserve the same protections” (Donegan, 2023).

“Heat-related deaths are historically undercounted in California, despite the state’s heat illness safety standard, since many heat-related deaths are recorded as heart failure, strokes, or respiratory failure,” according to *The Fresno Bee* (Moyer, 2023).

Padilla, a Democrat, was one of several lawmakers who re-introduced the HR 4897 (IH)- Asuncion Valdivia Heat Illness, Injury, and Fatality Prevention Act of July 2023, which if passed, would require federal OSHA to create a nationwide heat standard for all workers in high heat environments.

The bill would require employers to provide access to cool water and shade, paid breaks and medical services, and training on heat-related illnesses, just as the Cal/OSHA standard does.

“The law on the books is not the same as the law in the fields”

Enforcement is also included in the bill, *Bakersfield.com* states, through regular inspections, penalties and violations; something that some industry workers believe is currently missing even in California (Donegan, 2023).

Teresa Romero, the United Farm Workers (UFW) president, acknowledged that California’s outdoor heat standard has saved lives. However, she added that employers have to know that there will be legal consequences if they don’t take action when their employees show signs of heat illness. “The law on the books is not the same as the law in the fields,” Romero explained. (Moyer, 2023)

Important action to take

It is critical that those of us aware of the issues related to racial bias in the health care delivery system described in this article, contact our representatives and urge them to pass the July 2023 Asuncion Valdivia Heat, Illness, Injury & Fatality Prevention Act post haste, with adequate assurance of adherence to the bill’s mandates. The passage of this bill is an important step in protecting the health of the farm workers who provide the U.S. an invaluable service in feeding families in the United States.

Gratitude

Many thanks to Pax Christi USA for this opportunity to be a Peace Pair¹ with Cindy Emenalo, a member of Pax Christi’s Young Adult Caucus. It has given us a great opportunity to discuss issues that are dear to us. Additionally, gratitude for the opportunity to write this article that may serve as further information on health-related racial bias, in two of many areas, for others to consider in their peace and justice advocacy work.

To Cindy, for her patience with this aging partner. Also, for expanding my views of the breadth of advocacy experiences in which many youths are involved today. It has been impressive to me that Cindy further excels in that her volunteer services are offered bilingually in English and Spanish. That is going to be a wonderful asset as she treats patients with her MD degree in a few years. Blessings to you Cindy as you bless so many others with your beautiful, calm understanding manner.

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Meet the authors



Cindy Ugochi Emenalo (left) and Olga Sarabia (right) worked as a Peace Pair through Pax Christi USA in 2023. The Peace Pairs program’s objective is to build mutual co-learning and accompaniment between young peacemakers and Ambassadors of Peace/founding members of our movement. Cindy and Olga have bonded over their passion for alleviating and addressing health care disparities in their communities and wanted to share that in this article. They are grateful for this opportunity and anyone who took the time to read their words.