

In February 2021, *JAMA Clinical Reviews* published a podcast titled, "Structural Racism for Doctors—What Is It?" The podcast was later withdrawn, such that the audio is no longer publicly available. This erasure is problematic because it distorts the historical record, evades accountability, and makes it more difficult for scholars, students, and the broader public to analyze, critique, and learn from the podcast.

To support use in teaching, I am making available the transcript of the audio I created while developing my essay for *Somatosphere*, "[How Whiteness Works: JAMA and the Refusals of White Supremacy](#)." The margins are nice and wide, so you can take notes.

I hope *JAMA* will restore the audio. In the meantime, I hope you find both the transcript and essay useful in your teaching and learning.

—[Clarence C. Gravlee](#), March 27, 2021

Ed Livingston 0:01 This is the third and final installment of my recent interview with Dr. Mitch Katz, the President and CEO of New York City Health and Hospitals. In the first two parts that are linked to in the show notes, we talked about COVID-19 and New York and LA, and racial and ethnic disparities in COVID-19. In this final installment, we discussed structural racism. Going into this interview, I didn't understand the concept. Racism is defined as the use of race to make decisions about what people can or can't do, or somehow influence their possibilities. The use of race for any sort of transactional activity was made patently illegal by the civil rights legislation passed in the 1960s. Given that racism is illegal, how can it be so embedded in society that it's considered structural. As a child of the 60s, I didn't get it. I asked Dr. Katz about this concept, what it means and what needs to be done about it. In today's *JAMA Clinical Reviews* podcast, we discuss structural racism for skeptics.

Narrator 1:03 From the JAMA Network, this is JAMA Clinical Reviews, interviews and ideas about innovations in medicine, science and clinical practice. Here's your host, Ed Livingston.

Ed Livingston 1:16 Dr. Katz, can you start by defining what structural racism is for us?

Mitch Katz 1:21 Yeah, I think it's a great question, Ed. I think actually acknowledging structural racism can be helpful to us, because structural racism is not about whether someone is a racist, or whether some individual person loves other people of a different ethnicity or doesn't like it. It's not about people's personal opinions. Structural racism refers to a system in which policies or practices or how we look at people perpetuates racial inequality. So it gets people off the question of, well, what are people talking about, I'm not racist, my neighbor is African American, he and I go golfing every weekend, we love each other. You know, I'm not racist. This is not about racism—meaning someone's individual views. This is about how, as a society, we perpetuate inequality. And, you know, you raised the issue of your own background, and you were insightful enough to mention to me that your family changed its name. We are of a similar age. I remember, you know, my own father making reservations in the name of Mr. K, instead of Mr. Katz, because of his fear that if he made a reservation, in the name of Mr. Katz, his name would never come up on the list. I remember him explaining that he didn't go to law school, because the feeling was that at that time, they wouldn't hire a Jewish lawyer. So I mean, the, the idea of bias, prejudice is not a new one. It has existed in our society, I worked for many years in San Francisco, and was horrified to learn that the history of the creation of Chinese Hospital was that the public sector in San

Francisco, which is, you know, now an incredibly progressive place, in the 1880s, wouldn't see Chinese Americans and viewed them as a source of disease. So this is not a new phenomenon. But what we're talking about are, how does policy prevent people from rising. So a common example outside of the health but I think that people can understand, in almost every big city, when you're building a truck route, it isn't through the middle class neighborhoods, the truck route always goes through the lower income neighborhoods, and that truck route, those trucks spew their diesel fumes, and the surrounding population is more likely to be exposed to that pollution, more likely to develop asthma, more likely to then miss school because they developed asthma in that poor section. Because there are, our society, despite the civil rights movement in many cities remains segregated. And so in certain neighborhoods, the schools are not as good. The hospitals have fewer resources. So the children don't get educated in the same way. The hospitals are not able to provide the same level of care—not because they don't want to, not because the doctors aren't every bit if not more committed to that population, since they're choosing to work in safety net hospitals, but because the resources are not there. So, you know, I think what's important is to, that we ask ourselves, we, we know that there are disparities, we recognize that the racial disparities in the US are connected to income. So what are the set of interventions? What are the sets of changes in policy, that we can do income grants, if you want people to be out of poverty, you can provide them economic assistance that enables them to not live at the level of poverty, as you and I were talking, housing can be important not just for people who are homeless, but for people who are living in substandard housing, we

can improve those conditions. To the extent you improve the conditions, then you're participating in a set of practices that decreases racial inequality instead of perpetuating it.

Ed Livingston 6:05

So the way you explain it, which is, by the way, is a wonderful explanation, I think the term racism might be hurting us, because as I articulated my response to it is just what you and your explanation of my responses, I don't feel I'm a racist. I grew up in a family where racism was reviled. And my parents taught me never to hate based on what people's colors are, or their religion, because they had suffered the most extreme violence because they were Jews. And they said, That's wrong. that's fundamentally wrong. You can't do that. So I grew up kind of anti-racist that just never ever even think about a person's race or ethnicity when you're when you're evaluating them. Yet, I feel like I'm being told I'm a racist in the modern era, because of this whole thing about structural racism. But what you're talking about isn't so much racism, as much as that there are populations that it's more of a socioeconomic phenomenon that have a hard time getting out of their place because of their environment. And it isn't their race, it isn't their color. It's their socioeconomic status, it's where they are is, is that a fair assessment?

Mitch Katz 7:14

Yes, I mean, I think I mean, the, so you are not a racist. And also, we're not going to end structural racism. By focusing on individual people's attitudes, we're going to end structural racism by changing policies that keep people down. That's how we're going to do it. I think where it goes beyond socioeconomic, but still stays as a as a societal issue is that because of the country's past with slavery, because of views that

people held toward the Chinese coming to San Francisco or Mexicans coming to Los Angeles, there are biased views, and that the goal should be that society should, should not reinforce them. One of my co-authors tells a really funny story, Dr. Louis Hart, he's a pediatrician with us, brown-skinned African American. He grew up in Canada, until he was a young teenager, when he came to the US. The question that people asked him the most was, "What's your ethnicity?" And he answered, "Canadian," because he wasn't aware, you know, that in the US, race was considered such a major part of your identity. And I do believe, and I think there's good data to suggest, that whatever people's belief, they cannot necessarily prevent the idea that they may react differently to a person who looks different than they do, that it happens. And, again, JAMA has, you know, done a good job, I think, of revealing ways that it happens between physicians. Again, I'll point out not just along racial grounds, it can happen every time a woman doctor is assumed to be a nurse, or called honey or told to get a doctor into the room. But there are ways that that people see other people. And if you grow up African American, and the number of people see you as dangerous or in some way less than or less likely to succeed, maybe they wish you the best, but they feel "Oh, you won't succeed" because, you know, they've never met an African American doctor or they've never seen an African American as President until Obama. So they assume you can't be—that all of those things have an impact on that minority person. But the big thing that we can all do is move away from trying to interrogate each other's opinions and move to a place where we are looking at the policies of our institutions, and making sure that they promote equality.

Ed Livingston 10:18 So you're an editor at JAMA Internal Medicine. I'm a full time editor at JAMA. And so we spend a lot of time thinking about words and what those words mean. I think using the term racism invokes feelings amongst people, as I just said, my own feelings earlier on, that make it—that are negative, and that people do have this response that we've said repeatedly, I'm not a racist. So why are you calling me a racist? And that's because they respond that way. They're turned off by the whole structural racism phenomenon? Are there better terms we can use? Is there a better word than racism?

Mitch Katz 10:55 There may well be, I don't know it, again, I, when I describe it, I always try to get people to focus on the structural part of it. And to help people see that the issue is not trying to tell people how to think which I think will always fail. And I think that one of the mistakes that good people make is thinking that we need to tell people how to think. That is not going to succeed, you cannot tell people how to think. But you can create a society that promotes equality.

Ed Livingston 11:31 So asking you a hard question: What do we do to end structural racism or try to address it the best we can?

Mitch Katz 11:39 We acknowledge that it exists. So and again, that's why I make the distinction. Acknowledging structural racism does not mean saying that I'm a racist. It means saying that our country's policies need to be changed. And then I think your, your next part would be to say, Okay, well, what would the US look like, if we didn't have structural racism? What it would look like is that we might still have people living in poverty, but they wouldn't be disproportionately minority. We would still have people in jail, but they wouldn't be disproportionately

minority. We would still have people who lived in substandard housing, but they wouldn't be disproportionately from the minority. We would at every level, you would see all of the country in an equitable way, so that the proportion of doctors and lawyers and senators and Supreme Court Justices would reflect the percentages in the population because we don't believe that it's genetic differences, right. We don't believe that the disproportionate harm that's come to African Americans and Latinos for their health is because of genetic differences. We're physicians. And we know there are a few diseases, you know, whether that's sickle cell or Tay Sachs, that have a genetic basis. But that is not why we believe that Black and Brown people have higher mortality in this country due to COVID and a number of other illnesses. So the world that doesn't have structural racism is a world where everyone doesn't grow up to be President, but anyone could grow up to be President.

Ed Livingston 13:36 Structural racism is an unfortunate term to describe a very real problem. There are structural problems in our society. As Dr. Katz pointed out, there are neighborhoods that are impoverished. The quality of life is poor in those areas, because we may put factories in them or have major thoroughfares that travel through them. But we strive to have a society that's more equal, where everybody has the same opportunities, so that hard-working people can improve those neighborhoods and make them better for the people who live there. The racism part means that in those poor areas, there tends to be a disproportionate share of certain kinds of races, such as blacks or Hispanics. They aren't there because they're not allowed to buy houses in better neighborhoods, or they can't get a job because they're black or Hispanic. That would be

illegal. But disproportionality does exist. And we as a society need to figure out why that occurs, and how to make conditions better for the people who live in structurally undesirable circumstances. Personally, I think taking racism out of the conversation would help. Many people like myself are offended by the implication that we are somehow racist. When many of us grew up in an era where there had been racism and much progress had been made in ameliorating racism via dramatic legislation that was passed in the 1960s. I think the population at large would be more accepting of this general concept if we concentrated on the structural part of it and ensured that all people who lived in these disadvantaged circumstances have equal opportunities to become successful and have better qualities of life. The focus must be on equal opportunity and making sure that that exists. Others at the JAMA Network have discussed this and related topics, and we've linked to those podcasts in the show notes. I'd like to thank Dr. Mitch Katz for talking with us today in JAMA Clinical Reviews about structural racism. This episode was produced by Daniel Morrow. This episode was produced by Daniel Morrow. Our audio team here at the JAMA Network includes Jesse McQuarters, Shelly Stephens, Maylyn Martinez from the University of Chicago, Lisa Hardin, and Mike Berkwits, the deputy editor for electronic media here at the JAMA Network. I am Ed Livingston, deputy editor for clinical reviews and education at JAMA. Thanks for listening.