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BREATH, EYES, MEMORY

**TRANSFORMING HEALTH SYSTEMS
AND ADVANCING PUBLIC HEALTH
POLICIES FOR RADICAL HEALING**

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Coronavirus-19 (COVID-19) is excavating and exposing bones buried in basements of America's health systems and public health infrastructures. As *Medical Apartheid*,¹ *An American Health Dilemma*,² and *Bones in the Basement*³ documented, Black, Indigenous, and People of Color (BIPOC) tell harrowing stories of collective intergenerational trauma, medical malice, exploitation, postmortem desecration, forced sterilization, and delegitimized pain—open wounds at the root of current healthcare inequities. These uncertain and revolting times present an opportunity for our nation to heal these wounds and dismantle centuries of suffering inflicted by institutional racism. The syndemics of COVID-19 and racism, coupled with long-standing racial inequities, reveal the need to reimagine systems rooted in healing justice.

Radical healing⁴ is the antidote to racial injustice. It is the medicine that promotes wellness in the face of identity-based “wounds.” These wounds include those sustained by racist policies and practices, including exclusion from citizenship and the polity, extreme violence by those paid to serve and protect, and provision of substandard medical care.

In expanding radical healing frameworks, we highlight the fierce urgency of remembering these racial traumas. We draw inspiration from Edwidge Danticat's powerful novel, *Breath, Eyes, and Memory*, accounting a Haitian mother, Martine, and daughter, Sophie, bound by unaddressed trauma. Danticat's novel shows that healing of BIPOC and our nation are linked but stalled by suffering silently, reflexively forgetting, and moving on from structural violence. Yet, catching our stolen breaths⁵ and healing in the aftermath of racial trauma requires reconstituting fissured memories that bind us in systemic inequities.

While health system leaders, public health officials, and policymakers espouse the nonviability of resuming healthcare delivery as usual, history documents our failures implementing racial justice. Current efforts to redress these concerns – publishing racial justice statements and erecting diversity, equity, and inclusion units without sufficient

appropriations—are merely ‘topsoil’ excavation, when what we need is dredging. This will require bold policies explicitly outlining practices to dismantle racism, white supremacy, and anti-Blackness. We offer five principles (See Fig. 1) to guide policy, practice, and transform health systems shrouded in racism to one promoting radical healing for all.

Principles for Establishing Radical Healing Health Systems, Public Health, and Policies Agenda

PRINCIPLE 1. Develop pedagogical training that increase critical consciousness of medical racism and the intergenerational wounds inflicted upon BIPOC by health systems and their agents across history.

Radical healing requires the medical field to demonstrate sustained commitment to BIPOC community well-being by training the next generation of healing professionals who (1) in the vein of Howard Zinn,⁶ demonstrate proficiency in a people's history of medicine and public health; (2) recognize, address, and prevent interpersonal and institutional racism from eroding clinical decision making. To ignite these self-knowledge shifts, health systems must first implement consciousness-raising interventions that legitimize BIPOC experiences. Steps should include redesigning curricula and adopting pedagogical strategies across clinical training that afford authentic immersion into BIPOCs' patient-provider experiences. Including foundational texts as core curriculum elements would further humanize BIPOC, speak to the wounds inflicted in the name of medical advancement, and reframe health system disengagement as a radical attempt to reclaim dominion over their bodies, breaths, eyes, and memories.

PRINCIPLE 2. Demonstrate sustained organizational commitment to advancing anti-racist praxis within health systems by promoting racial justice for BIPOC in routine operations.

Disproportionate COVID-19 response efforts and racialized violence exacerbate longstanding mistrust of healthcare systems among BIPOC. Hence, health systems should forensically examine their policies and practices starting with a question from Camara Phyllis Jones, MD, MPH, Ph.D., “How is racism operating here?” Dr. Jones's question acknowledges that racism operates in care delivery and policymaking processes like carbon monoxide – odorless and difficult to detect but noxious and deadly. Rather than treating mistrust as a barrier, health systems should view it as warranted acts of resistance that allowed BIPOC people to exercise agency amidst centuries of violent, racialized

body commodification. We should also adopt routine management and operations strategies that focus on mending trust breaches created by structural and physician-level racism to build equity-centered health systems that inspire radical hope among BIPOC patients.

PRINCIPLE 3. Implement ‘whole person’, integrated healthcare delivery processes and policies that fully address BIPOC needs, and enhance universal access.

Fragmented healthcare delivery systems are an oft-cited barrier to advancing health equity. These systems are difficult to navigate, often resulting in waste, unequal treatment, and widening racial disparities. Protecting and building on Affordable Care Act advancements, such as Medicaid expansion, coverage of pre-existing conditions, and access to Essential Health Benefits, represent principles of radical healing. Linking health insurance to employment creates discontinuity, and edges low-income, BIPOC, and other vulnerable populations out of care. Moreover, patients often lose or must change their medical care during job transitions or if they become unemployed – a circumstance facing many BIPOC during the pandemic. Radical healing mandates ensuring access to integrated care delivery systems with the technological capacity to connect data in ‘real-time’ and rapidly refer patients to resources addressing basic and social needs. A focus on radical healing will move towards more substantial investments in clinical-community integration programs with promise to address disproportionate resource allocation, concentrated poverty, inequitable food access, and lack of therapeutic landscapes where BIPOC live.

PRINCIPLE 4. Create inclusive health system supply chains that address shifting demographics, BIPOC provider scarcity, and inadequate healthcare payment models.

The dearth of BIPOC health system providers and leaders is well-documented. In the next decade, BIPOC will represent the numerical majority in this country, highlighting the urgency of creating a health system workforce mirroring our population. This will not only require workforce diversity, but will necessitate BIPOC trained to address challenges faced by their patients. Additionally, a commitment to training multilingual individuals is necessary to communicate effectively with an increasingly diverse population. We must be willing to do more than praise Community Health Workers (CHWs) lay-health wisdom and capacity to help BIPOC access and navigate complex systems. We must develop new reimbursement and training

models that certify, pay, and share power with CHWs, community-based organizations, and practitioners who promote radical healing for BIPOC daily.

PRINCIPLE 5. Promote reimagined policy and data narratives that disrupt single stories, zero-sum framing, and shared systems of meaning about BIPOC health disparities, self-determination, and resilience.

Health system policies and incomplete public health data commonly advance narratives about BIPOC rooted in deeply held dehumanizing assumptions (e.g., perceived biological and genetic inevitability of racial health disparities). Advancing a radical healing agenda requires narrative change to counteract myths of individual responsibility, othering ideologies, and purely biomedical mental models. Radical healing emphasizes the need for disaggregated public health data while advocating for complimentary community stories, art, and other culturally authentic meaning-making strategies. BIPOC approach health systems with histories necessitating data storytelling that humanizes their lived experiences systemically, not incrementally.

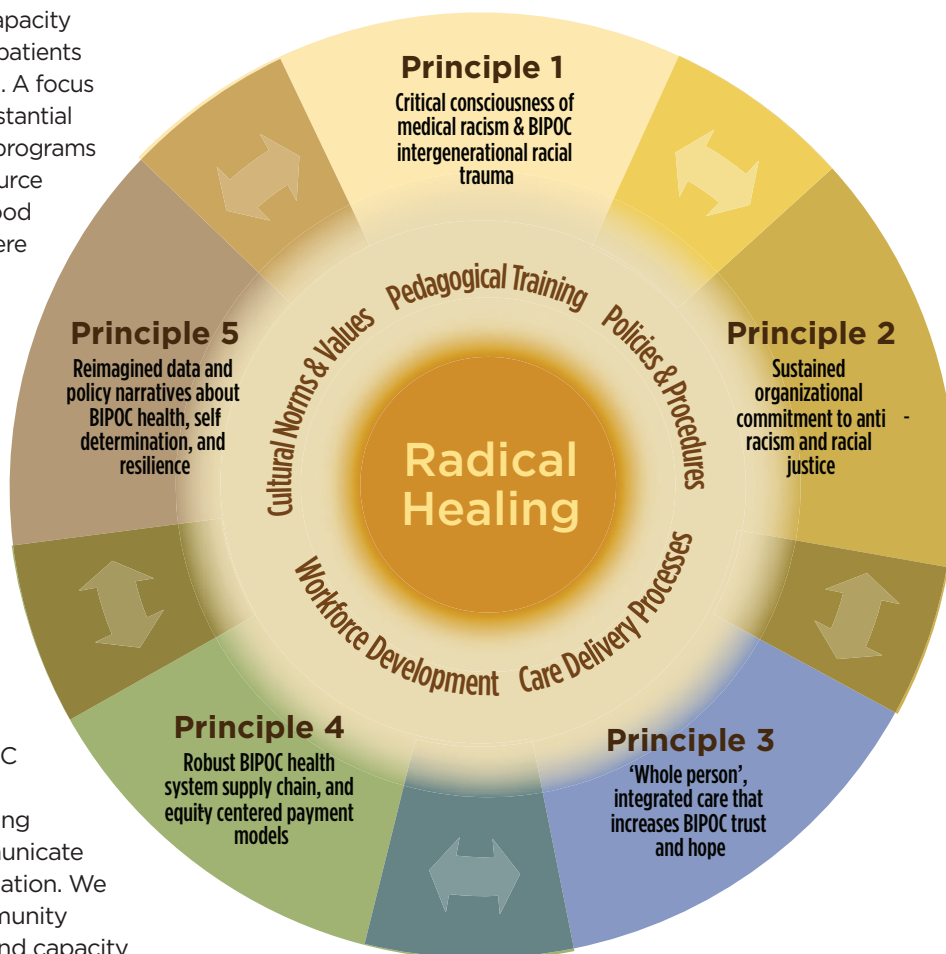


Figure 1. Principles for Transforming Health systems and advancing public health policies for radical healing

CONCLUSION

As the syndemics of COVID-19 and racism illustrate, our health and fates are intertwined. The US healthcare system is built on historical racism. Hence, we must continuously raze this system to reveal its rotting foundation. Only by exposing faults will we envision and rebuild health systems and policies rooted in anti-racism. To truly advance health equity, we must engage our breath, eyes, and memory to bravely face our unaddressed racial trauma, reimagine health systems and policies, as they are intended, by atoning, restoring justice, and moving us towards radical healing.

REFERENCES

1. Washington HA. *Medical apartheid: The dark history of medical experimentation on Black Americans from colonial times to the present*. Doubleday Books; 2006.
2. Byrd WM, Clayton LA. *An American health dilemma: a medical history of African Americans and the problem of race: beginnings to 1900*. Routledge; 2012.
3. Harrington J. *Bones in the basement: Postmortem racism in nineteenth-century medical training*. Smithsonian Institution Press Washington and London; 1997.
4. French BH, Lewis JA, Mosley DV, et al. Toward a psychological framework of radical healing in communities of color. *The Counseling Psychologist*. 2020;48(1):14-46.
5. Hardeman RR, Medina EM, Boyd RW. Stolen Breaths. *New England Journal of Medicine*. 2020.
6. Zinn H. *A people's history of the United States*. Pan Macmillan; 2014.

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