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# On The National White Coat “Die-In”: Colorblind Segregation, Mass Incarceration and Increasing Disparities

*Cameron Moore*

Last year, over 60 medical students at our school participated in a nationwide White Coat “Die-In” event, joining students and faculty from more than 70 medical schools in a call to change policies that allow systemic injustices against communities of color. The movements coming out of Ferguson and Staten Island that inspired the “Die-In” were organized around the lines: “Black Lives Matter” and “Hands Up, Don’t Shoot”. These have been met with mixed reactions among those less intimately aware of systemic prejudice and the current state of race relations in this country. “Is it fair to assert such widespread prejudice in a nation that has elected an African-American president?” is a commonly asked question. Once clear disparities between races in health outcomes, economic status, and treatment in the criminal justice, housing and educational systems are made evident, another common question is, “But what about the culture? What is the role of personal responsibility in this?” I would like to address these issues here, so that perhaps more of what has spawned these movements may become apparent.

First, we must examine the scope of the problem and its current trajectory. If we look to healthcare, research by former Surgeon General David Satcher shows that 83,000 additional deaths a year can be attributed to the black-white mortality gap (1), the black infant mortality rate is 2.5 times that of their white counterparts (2), and African-Americans face higher disease rates across the board (3). In terms of economics, the Pew Research Center reports that the average African-American family has 12.9 times less wealth than the average white family (4). If one removes car ownership from the calculation of wealth – as many wealth analysts do owing to the large depreciation such a “durable” good undergoes – the level of African-American wealth falls to a stunning 69 times less than that of white families (5). Studies of hiring practices have found that an African-American male with an associate degree is less likely to get a job than a white male with a high school diploma (6), and, similarly, an African-American male with no criminal record is less likely to receive a job interview than a white male with a criminal record (7).

When criminal justice statistics are considered, African Americans face 21 times the likelihood of being shot by police (8), and six times the rate of incarceration (9). While some of this is the result of the higher crime rates associated with hyper-segregated (10) and impoverished black communities, the difference in incarceration rates can’t be explained by residential and economic trends alone. This reality is particularly evident in the enforcement of drug laws, with African-Americans representing 12% of the total population of drug users, but 38% of those arrested for drug offenses, and 59% of those in state prison for a drug offense<sup>9</sup>. In sentencing practices, Af-

frican-Americans’ average prison time for a drug offense (58.7 months) is almost the same length as the average sentence given to white perpetrators of violent crime (61.7 months) (9).

In what is perhaps the most pertinent aspect of this discussion, these disparities across health and economics are increasing. An analysis from the Institute on Assets and Social Policy found that the wealth gap between African-Americans and whites tripled from 1984 to 2009 (11). At the same time, medical investigations have shown that the morbidity and mortality rate between African-Americans and whites is also increasing<sup>3</sup>.

In attempts to explain the widening gaps between white and black, many have blamed a legacy of discrimination that has created a “culture of poverty”. However, sociology has found little basis for these claims. African-Americans consider achievement in school (12) and obedience to authority (13) more important than their white counterparts and show more resilience in the job search (14). Much touted claims that a break down in the African-American family unit is responsible for the divergence are also unfounded, with research finding that, when economic conditions are controlled for, African-Americans place a higher value on marriage (15).

To what, then, can we attribute these unprecedented levels of inequity? Princeton sociologist Douglas Massey and Nancy Denton argue in their book *American Apartheid: Segregation and the Making of the Underclass*, that the largest contributor to the economic disenfranchisement of African-Americans has been the increasing and pervasive pattern of residential segregation that started in the 1900s and continued well into the 1990s. Compared to the 1990s, the decade of the publishing of *American Apartheid*, levels of segregation have slightly decreased (16); however, they remain at higher levels than any European immigrant group ever experienced (10). More recently in the housing market, African-Americans, who were two to eight times more likely to have owned sub-prime mortgages (17), suffered disproportionately from the 2008 financial downfall and have seen the least recovery (18).

Michelle Alexander, a Stanford educated lawyer and civil rights activist, has written a treatise on the impact of the drug war on African-American communities. Her book, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*, makes a compelling case that the drug laws today serve similar functions to the Jim Crow laws instituted in the postbellum South (19).

The black political and economic advancement during the Reconstruction era was met with the imposition of the vagrant

work laws, the later Jim Crow laws, and the de facto segregation of Northern cities. Ms. Alexander argues that the clear purpose and effect of these legal and extralegal frameworks was to create a “racial caste”. As the civil rights period ended, Ms. Alexander argues, the “War on Drugs”, started by the Nixon administration in the 1970s, assumed many of the same functions in creating a racial caste. Felony labeling, which disproportionately affects communities of color, allows legal discrimination in hiring, education, and housing. State penitentiaries, commonly built in predominately white rural districts, contain large numbers of inmates of color who have been stripped of their voting rights yet are counted when voting districts are determined, a practice eerily similar to the 3/5ths clause of the antebellum Constitution. The rate of incarceration has grown enormously, with a 500 percent increase since the mid-1980s (20), an expansion that has taken place along racial lines. Ms. Alexander notes that there are more African-Americans in prison today than there were enslaved in the 1850s (19), creating an environment where one in three black males spends time in jail during their lifetime (20).

As medical professionals, it is essential that we consider these issues and the impacts they have on our perceptions, on our patients, and on societal health outcomes. It is inspiring to see so many people from the world of healthcare take such a strong stance for social justice. I hope that we can keep this conversation going in all of our professional and personal lives so that we may become allies in the fight towards finding solutions to these stark disparities that challenge the soul of our nation.

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