The (Un)conscious Bias in Delivering Care
Moderators & participating panelists

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President & CEO  
National Alliance of Healthcare Purchaser Coalitions

Jessica Brooks  
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Panelists

- Arnie Joseph  
  ChromaHealth

- Jamila Pleas  
  Her Birth Right

- George Robinson, II  
  UPMC

- Beth Ross  
  Highmark Health

- Jill Wener, MD  
  TransforMD Mastery Retreat for Women Physicians
Healthcare History - From Overt Racism to Structural Racism
Medical Misconceptions

1850’s
- Black people experienced less pain than white people
- Black people possessed thicker skin
- Less sensitive nervous system
- Lower lung capacity (forced labor was remedy to vitalize and correct the problem)

1920’s
- African-Americans are less likely to seek care for STDs even if treatment was available

Today
2016 Medical Student Survey
- 25% agree blacks have thicker skin than whites*
- 50% endorsed false beliefs about biological differences between black and white patients*
- 12% agree nerve endings were less sensitive*
- Same 50% showed a racial bias in the accuracy of their treatment recommendations*

*Hoffman, K.H, Trawalter, S., Axt, J.R., Oliver, M.N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites, Epub 2016 Apr 4
Healthcare History - From Overt Racism to Structural Racism – Gynecology

**Gynecological examination** of black women influenced slavery, medicine, and medical publishing, forming synergistic partnership – incentivizing inhumane practices.

- **Dr. J. Marion Sims begins to conduct repeatedly invasive experiments** on women’s genitalia without anesthesia (although anesthesia had been introduced) or consent.
- **Sims experiments** on 14 slaves with vesicovaginal fistula VVF including 30 experiments on a single woman named Anarcha.
- **Journal of the American Medical Association** announced J. Marion Sims public statue for his “brilliant achievements carried the fame of American surgery throughout the civilized world”.
- **American Medical Association** dubbed Sims the “father of modern gynecology”.
- **City of New York removes sculpture** of J Marion Sims stating to hail Sims as a hero was inappropriate and out of bounds.

**U.S. Congress issued a Federal ban** on importing slaves America became dependent on domestic slave births.

**2018**

Sims biography suggest slave women endured VVF experiments with amazing patience and fortitude.
Scientific and Public health officials claimed larger genitals and high sex drive caused African-Americans to be prone to contracting sexually transmitted diseases, like syphilis.

U.S. Public Health and scientist were presenting a series of pseudoscientific theories regarding the African-American population and their sexual health.

Scientists also believed that African-American men would not seek out or accept treatment for STIs even if they were available.

U.S. Public Health Service, launched an experiment to study the course of untreated syphilis on Black men.

Recruitment was under the guise of offering “free medical treatment” or for treating “bad blood”

Congress holds hearings and a class-action lawsuit is filed on behalf of the study participants resulting in a $10M out of court settlement in 1974

Trials Ends after 40 years. Almost 40% of the black Tuskegee population had syphilis.

1920 - 1930

• U.S. Public Health Service, launched an experiment to study the course of untreated syphilis on Black men.

1932

• Recruitment was under the guise of offering “free medical treatment” or for treating “bad blood”

1947

Penicillin treatment for syphilis became available but study subjects were continued to be denied treatment

1972

1973-1974

Trials Ends after 40 years. Almost 40% of the black Tuskegee population had syphilis
Present Day – 2020s

Be honest, 'crisis care standards' are code for COVID-19 death panels
Opinion: It didn't have to come to this. The health care professionals who asked for the standards recognize Arizona reopened too early.

E.J Montini Arizona Republic
Published: July 16, 2020 at 11:39 a.m. ET

What you need to know about COVID-19 health care rationing
A policy called Crisis Standards of Care can be used when a health care system is overwhelmed, how this can affect you and your loved ones, and what you can do.

Summary Table 1: Multi-principle Strategy for Determining Triage Priority Score for an Individual Patient; Based on Pittsburgh, California and Maryland Frameworks

<table>
<thead>
<tr>
<th>0 POINTS</th>
<th>1 POINT</th>
<th>2 POINTS</th>
<th>3 POINTS</th>
<th>4 POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOFA score (Table 1-A)</td>
<td>ADULT SOFA score &lt;6 OR PEDIATRIC SOFA score &lt;12</td>
<td>ADULT SOFA score 6-8 OR PEDIATRIC SOFA score 12-13</td>
<td>ADULT SOFA score 9-11 OR PEDIATRIC SOFA score 14-16</td>
<td>ADULT SOFA score 12 OR PEDIATRIC SOFA score 17</td>
</tr>
</tbody>
</table>

PLUS

<table>
<thead>
<tr>
<th>ADD 0 POINTS</th>
<th>ADD 2 POINTS</th>
<th>ADD 4 POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected to live more than 5 years if patient survives the acute illness</td>
<td>Death expected within 5 years despite successful treatment of acute illness</td>
<td>Death expected within 1 year despite successful treatment of acute illness</td>
</tr>
</tbody>
</table>

Example: SOFA score 14 (4 points) + Expected to live more than 5 yrs if they survive the acute illness (0 points) = Triage Priority Score 4
Example: SOFA score 6 (2 points) + Death expected within 5 yrs despite successful treatment of acute illness (4 points) = Triage Priority Score 6
Example: SOFA score 14 (4 points) + Death expected within 1 yr despite successful treatment of acute illness (4 points) = Triage Priority Score 8

Summary Table 2: Determining Triage Color Group for an Individual Patient

<table>
<thead>
<tr>
<th>Triage Color Group</th>
<th>Triage Priority Score from Summary Table 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>RED</td>
<td>1-3</td>
</tr>
<tr>
<td>YELLOW</td>
<td>4-5</td>
</tr>
<tr>
<td>BLUE</td>
<td>6-8</td>
</tr>
</tbody>
</table>

| HIGHEST PRIORITY FOR CRITICAL CARE RESOURCES |
| INTERMEDIATE PRIORITY FOR CRITICAL CARE RESOURCES |
| LOWEST PRIORITY FOR CRITICAL CARE RESOURCES |
Example of Biased Care

“For example, one physician noted, “I’ve had ... a black patient who I think had not been offered a procedure because of either where he was economically or where he was assumed to be economically because of his race. He clearly needed to be catheterized for his presentation and it was suggested that we do medical management. I spoke with the cardiologist and as soon as we started talking, he said, ‘Oh well, of course, we’ll cath’ him.’ And so, like that, it changed...[I] certainly have enough anecdotal experience to think that people are probably [being] treated differently based on race.” (Paul, White Male Physician)
Example of Fear and Discomfort while Seeking Care

“I definitely feel as though for the most part, you don’t want to rock the boat. You don’t want to draw attention to yourself especially if you are a minority and you feel like, you don’t want to come across as being the angry Black woman. You don’t want [to come] across as being the scary Black man.” (Lisa, Black Female Medical Student)
Open Panel Discussion

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Upcoming Events

- **Future Race, Health & Equity Town Halls | 5:00 PM ET**
  - August 6
  - August 27
  - Potential topics - Ties to Social Determinants, Employee Wellbeing Strategy, etc.

- **Mental Health Index – U.S. Worker Edition Webinar Series | 12:00 PM ET**
  - July 17
  - August 21
  - September 18
  - October 26

- **Employee Perspectives on their Mental Health During COVID-19 Results of June 2020 Nationwide Survey**
  - July 24 @ 1:30 PM ET

Prior Race, Health & Equity Employer Town Hall recordings and related resources can be found here:

[https://www.nationalalliancehealth.org/resources-new/resources-new-race-health-equity](https://www.nationalalliancehealth.org/resources-new/resources-new-race-health-equity)
Appendix