New American

Written by **Selwyn Duke** on April 9, 2021

Doctors Call for Hospitals to Discriminate Against Whites as Form of "Medical Restitution"

It's ironic, but the agitators who complain most about "structural racism" are the very people making it a reality. The latest example is two Harvard doctors' call for racial discrimination in the provision of medical services as part of what they label, as the title of an article they penned puts it, "An Antiracist Agenda for Medicine." They also want federal reparations for black Americans.

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As the Post Millennial reports:

> Dr. Bram Wispelwey, and Dr. Michelle Morse, both of whom teach at Harvard Medical School, wrote that their mission was to "comprehensively confront structural racism." To go about this, they plan to enlist the tools of critical race theory (CRT). They slam what they call "colorblind policies," or the concept of equality for individuals of all races and ethnicities under the law, saying that it is not achieving their desired ends with enough speed.
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> Federal reparations, they write, are only the beginning of addressing structural racism, which they define in a medical context as: "Ability to pay," "inequities in uninsurance and insurance type," "employment status," "institutional racism," "persistent housing inequality and racial segregation," "redlining, blockbusting, and contract buying," and "wealth inequality."

> Dr. Bram Wispelwey, and Dr. Michelle Morse, both of whom teach at Harvard Medical School, have called for the allocation of medical resources to be done on the basis of race. https://t.co/g73VMmiHkG

> — Arevalo & Meyers (@MexUSAInmigrant) March 29, 2021

"One of the programs proposed by the writers is something called 'Redress,'" adds the Federalist. "The program is intended to discriminate against whites who require medical attention so other individuals can automatically be given treatment."

As the professors explain, "Redress could take multiple forms, from cash transfers and discounted or free care to taxes on nonprofit hospitals that exclude patients of color and race-explicit protocol changes (such as preferentially admitting patients historically denied access to certain forms of medical care)."

Then, after complaining about health-outcome disparities, the professors write, "We have taken redress in our particular initiative to mean providing precisely what was denied for at least a decade: a preferential admission option for Black and Latinx heart failure patients to our specialty cardiology service."

(By the way, Latinos generally dislike the term "Latinx.")

The doctors recognize their scheme's illegality; in fact, it's prohibited under Title VI of the 1964 Civil Rights Act. But Wispelwey and Morse don't care, as the tweet below relates.

> They're saying it out loud now: pic.twitter.com/Ksqs42uRU4
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> — Amanda (@AmandaLuvsRoses) March 27, 2021

It's interesting to project some lines here. Leftists advocate socialized medicine, and absolutely intend to visit it upon us. Yet such programs involve price caps, which, the immutable economic principle informs, inevitably lead to shortages. Thus would we have healthcare rationing.

And now the leftists have conjured up a pretext for managing such healthcare shortages by excluding whites from treatment.

Wispelwey and Morse, again, complain about healthcare disparities. Yet there are all sorts of disparities in this area. On average, whites live longer than blacks, but Hispanics actually outlive whites. And Asian-descent Americans live considerably longer than everyone else. Is this racism? Asian privilege?

Blacks also have worse health outcomes than whites do. But poor whites in Appalachia have worse health outcomes than do wealthy blacks in posh zip codes. Is this a revelation, that poor people do worse than the rich health-wise?

Wispelwey and Morse claim that black and Hispanic heart-failure patients "seemed more likely than white patients to end up on our [hospital's] general medicine service rather than on our cardiology service, where patients have better outcomes." (Yet even they admit that this appears to be due to differences in "patient self-advocacy.") It is true, too, that blacks are more likely than whites to die from heart disease.

Yet Hispanics are less likely to suffer from — and *far* less likely (30 percent) to die of — heart disease than whites are.

Men are also more likely to die from the disease than women are. Does this reflect sexism?

Part of the tragedy of this race-baiting is that it distracts from the focus on actual remedies. For example, obesity is perhaps the greatest health risk factor, associated with a higher incidence of a host

of serious diseases. And black Americans have the highest obesity rate of any racial group, with as much as 48 percent of black women being overweight. (Note that this correlates to an extent with poverty, too.)

Is "structural racism" causing people to become obese? The race hustlers would probably rationalize that it is and provide some cock-and-bull theory to that effect. Wispelwey and Morse could help the people they claim to care about far more, however, if they emphasized responsibility and tried to encourage good eating and health habits, as opposed to blaming whitey.

But, hey, that doesn't get you published, doesn't get you attention or money, and doesn't allow you to flex your hatred — cloaked in the guise of "social justice."