



SYSTEMIC RACISM IN EDUCATION AND HEALTHCARE

At best, healthcare and education in the United States are suboptimal. At worst, they are a national disgrace. Any disagreements over how best to improve each institution concern more narrowly focused issues, such as racial disparities in outcomes, and the reasons for these disparities. This month, we've invited several scholars to discuss this issue.

INTRODUCTION: OVERVIEW: SYSTEMIC RACISM IN EDUCATION AND HEALTHCARE

by Ramon P. DeGennaro

At best, [healthcare](#) and [education](#) in the United States are suboptimal. At worst, they are a national disgrace. Any disagreements over how best to improve each institution concern more narrowly focused issues, such as racial disparities in outcomes, and the reasons for these disparities.

One potential explanation for racial disparities is systemic racism. A web search for “systemic racism in education in the United States” returned 39.5 *million* hits. A similar search for “racial disparities in healthcare in the United States” returned 39.6 million hits. Clearly, the possibility of systemic racism in healthcare and education is attracting attention.

Does systemic racism exist in education and healthcare? Disparate outcomes certainly do, but this might not be attributable to systemic racism. Even if systemic racism does exist, it might not be the reason for the disparate outcomes we observe. Other factors are at play. For example, in the case of education, poorer neighborhoods tend to have weaker schools, and they also tend to have

disproportionately more members of minority groups. Cultural as well as demographic factors matter.

“WEB SEARCH FOR “SYSTEMIC RACISM IN EDUCATION IN THE UNITED STATES” RETURNED 39.5 MILLION HITS. A SIMILAR SEARCH FOR “RACIAL DISPARITIES IN HEALTHCARE IN THE UNITED STATES” RETURNED 39.6 MILLION HITS.”

Governments are heavily involved in both education and healthcare. In fact, the term “public schools” is a misnomer. “Government schools” is more accurate. Government intervention in healthcare restricts competition and distorts incentives, which likely worsens outcomes and contributes to the existence of disparities. These poor outcomes may wrongly be attributed to systemic racism. [The Center for Disease Control \(CDC\)](#) [states](#) that:

Across the country, racial and ethnic minority populations experience higher rates of poor health and disease in a range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease, when compared to their White counterparts. The [life expectancy](#) among

Black/African Americans is four years lower than that of White Americans.

The essay concludes that:

These health disparities underscore the urgent need to address systemic racism as a root cause of racial and ethnic health inequities and a core element of our public health efforts.

If systemic racism is indeed a root cause of health care disparities, given that government is so heavily involved in healthcare, one might ask why government agencies such as the CDC do not first heal themselves.

What lessons can we learn?

We are fortunate to have four nationally known scholars and medical practitioners weigh in on this topic. [Harold A. Black](#) is the James F. Smith, Jr. Professor at the University of Tennessee (emeritus). [John Sibley Butler](#) holds the J. Marion West Chair for Constructive Capitalism in the Graduate School of Business at The University of Texas. Professors Black's and Butler's essays are on education. Darcy N. Bryan, MD., is an obstetrician and gynecologist with an active practice at Women's Care Florida in Tampa who has authored several articles and books on how public policy and technology affect healthcare. [Robert F. Graboyes](#), Ph.D., recently retired from his position as Senior Research Fellow and Healthcare Scholar at the Mercatus Center at George Mason University. Drs. Bryan's and Graboyes' essays are on healthcare.

We hope you enjoy these essays and are inspired to think carefully about the ideas and insights in them.

TEMPERING SYSTEMIC RACISM IN HEALTHCARE

by Robert F. Graboyes

Systemic racism (a.k.a., “institutional racism” or “structural racism”) is the notion that overt racial discrimination in the past (e.g., slavery and Jim Crow laws), has left a residue on the structure of American institutions that yields ongoing inertial patterns of [discrimination](#). The Center for Health Care Strategies says, “Racism is embedded in society and we don’t need racists to perpetuate it.”^[1] This is a reasonable and legitimate concern—and certainly true in some respects. Unfortunately, many of the policy prescriptions aimed at rectifying these patterns fail to consider the magnitude of their present-day impact, the efficacy of proposed solutions, or the tradeoffs with other societal concerns.



A Personal Perspective on Systemic Racism

Let me reveal my personal biases at the outset. I grew up in small-town, Jim Crow-era Virginia. For my first 15 years, Virginia’s government was monomaniacally focused on “massive resistance” to racial integration and on denying full rights of citizenship to African Americans.^[2] Conditions in my hometown today suggest to me that the damage done in those years has far from vanished.

Nationally, overt racism was open and endemic up through the 1960s, at which time it did not entirely disappear but was to a considerable degree driven underground. But governmental and social institutions

erected pre-1970 in the service of racism lingered on, even if their malevolent intentions had largely dissipated. Today's housing patterns, dietary habits, access to doctors, and so forth are still influenced by this unfortunate epoch. Some of those patterns continue to have negative impacts on health in minority communities. Healthcare policies and other social policies can and ought to address lingering disparities that still persist from those long-ago abuses.

For example, old-boy networks and family connections still matter in employment and in college admissions. Redlining left terrible wreckage in minority neighborhoods—setting in motion a variety of social pathologies. At the same time, one should not dismiss the reality that well-intentioned policies aimed at ameliorating these wrongs have had perverse effects. [Welfare](#) programs' discouragement of work and marriage is an obvious example.[\[3\]](#)

According to a paper published in its own journal,[\[4\]](#) The Association of American Medical Colleges (AAMC) waited 15 years after the Supreme Court's 1954 [Brown v. Board of Education](#) ruling to “[commit] itself fully to ensuring African Americans, and all minority students, have equal and meaningful access to medical schools.” The result was that “the proportion of African American physicians to African Americans in the U.S. population” was lower in 2010 than it was in 1910.

Viewed dispassionately, structural racism can be seen as an analytical analog to William Faulkner's maxim that, “The past is never dead. It's not even past.”[\[5\]](#) And, yes, Faulkner himself was an ambiguous figure on racial matters.[\[6\]](#)

Structural racism has analogs in classical liberal thinking. Economist [Dierdre McCloskey](#)[\[7\]](#) postulates that prior to Western Europe's “Great Enrichment,” wealth and income had been perpetually depressed by a gauzy anti-entrepreneurial attitude that hung over society, sustained by the rhetoric of various societal institutions. Economist [Donald Boudreaux](#) refers to this unwritten phenomenon as a “dishonor tax.”[\[8\]](#) Structural racism could be said to constitute a parallel “nonwhiteness

tax”—a plausible economic concept worthy of investigation, measurement, and public policy.

“VIEWED DISPASSIONATELY,
STRUCTURAL RACISM CAN BE SEEN AS
AN ANALYTICAL ANALOG...”

Thomas Sowell[\[9\]](#) and [Roland Fryer](#)[\[10\]](#) have investigated and measured the effects of systemic racism. Their analyses stress that (1) The impact of systemic racism on health and other variables is greatly overstated by some in the policy sphere, and (2) The mere existence of disparities does not constitute prima facie evidence of bias. Their work is strikingly exhaustive and persuasive. But purveyors of systemic racism theory are often disinclined to consider such evidence or to debate it dispassionately and honestly. (To be honest, some classical liberals may be too willing to dismiss the idea of systemic racism out-of-hand.)

Excesses of Policy Proposals

So, systemic racism is a plausible concept, worth investigating in detail and worthy of public policy interventions at times. But, as stated previously, the mere existence of such effects does not inform us of the magnitude of the problem, the efficacy of ameliorative policies, or the tradeoffs with other social concerns. Ignoring these aspects can and does engender excesses in pursuit of policies. These include:

- An assumption that any health disparities between racial groups are primarily, or even exclusively, the result of racism—to the exclusion of genetics, measurement errors, etc.
- The encouragement of victimization and discouragement of personal responsibility. A 2021 publication of the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC)[\[11\]](#) said, “People are not vulnerable; they are made vulnerable.” That publication repeatedly suggests that disparities are the result of intentional acts of malevolent parties. At times,

the tract descends into quasi-Marxian gibberish. Doctors, it says, should not say, “Low-income people have the highest level of coronary artery disease in the United States.” Rather, the doctor should say: “People underpaid and forced into poverty as a result of banking policies, real estate developers gentrifying neighborhoods, and corporations weakening the power of labor movements, among others, have the highest level of coronary artery disease in the United States.”

- An absolutism and intolerance for debate and investigation. As journalist Bari Weiss notes, “In this revolution, skeptics of any part of this radical ideology are recast as heretics. Those who do not abide by every single aspect of its creed are tarnished as bigots, subjected to boycotts and their work to political litmus tests.”^[12]
- An inclination toward speech control. The AMA/AAMC document consists largely of 54 pages of mandated speech patterns. One must not say, for example “minority” Rather, one should speak of those “historically marginalized” or “minoritized” or “BIPOC.” “The obese” and “the homeless” must become “people with obesity” or “persons experiencing homelessness.” As with those re-dubbed “Latinx” and “womxn,” one might question whether those previously known as minorities, obese, or homeless consider the ponderous neologisms to be desirable.
- For some advocates, the philosophy underlying systemic racism is not subject to refutation by logic or evidence. Its tautological, Orwellian nature is beautifully crystallized in a statement by psychology professor Angela Bell: “If you have to ask if you are a racist, you are ... And if you are not asking if you are a racist, you are.”^[13] This makes sense when one considers the Frankfurt School origins of a good deal of thought in the sphere of systemic racism. For example, the editors of *Critical Race Theory: The*

Key Writings That Formed the Movement,^[14] wrote: “[S]cholarship about race in America can never be written from a distance of detachment or with an attitude of objectivity. ... Scholarship ... is inevitably political.”

- A tendency toward a permanent regime of authoritarianism. Antiracism guru Ibram X. Kendi famously wrote: “The only remedy to racist discrimination is antiracist discrimination. The only remedy to past discrimination is present discrimination. The only remedy to present discrimination is future discrimination.”^[15] Kendi has proposed a profoundly illiberal “antiracist constitutional amendment”^[16]:

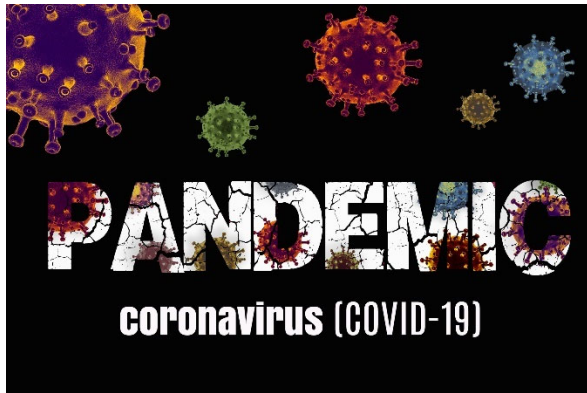
The amendment would make unconstitutional racial inequity over a certain threshold, as well as racist ideas by public officials (with “racist ideas” and “public official” clearly defined). It would establish and permanently fund the Department of Anti-racism (DOA) comprised of formally trained experts on racism and no political appointees. The DOA would be responsible for preclearing all local, state and federal public policies to ensure they won’t yield racial inequity, monitor those policies, investigate private racist policies when racial inequity surfaces, and monitor public officials for expressions of racist ideas. The DOA would be empowered with disciplinary tools to wield over and against policymakers and public officials who do not voluntarily change their racist policy and ideas.

Public policy prescriptions

The result of this unbridled faith in systemic racism is a proliferation of dubious and sometimes dangerous public policy prescriptions.

In 2021, Doctors Bram Wispelway and Michelle Morse outlined an “antiracist agenda for medicine” that included race-based hospital admissions.^[17] Brookings scholars Rashawn Ray and Alexandra Gibbons reject “colorblind ideology,” arguing that healthcare is “laced with racism

embedded in laws, regulations, rules and procedures that lead to differential outcomes by race.”^[18]



Brookings scholar, Shadi Hamid, questions such notions.^[19] Discussing the fact that hospitals in various states had instituted racial preferences in distributing monoclonal antibodies for COVID-19, he wrote “The possibility that someone’s race could, quite literally, affect whether they qualify for lifesaving COVID treatment isn’t just another inconvenience. In theory as well as practice, it is a matter of life and death.” Specifically, he noted that one hospital network SSM Health rationed Regeneron according to a point system where “Being ‘non-White or Hispanic’ counted for seven points, while obesity got you only one point,” so “a 40-year-old Hispanic male in perfect health would receive priority over an obese, diabetic 40-year-old white woman with asthma and hypertension.”

In 2022, The American Medical Association (AMA) debated “racial reparations” and “reparative justice.”^[20] Writing in a Massachusetts General Hospital magazine, author Sarah Digiulio raises the possibility of “cash reparations—paying money to the descendants of enslaved people.”^[21] (Among other criticisms, I would suggest that the negative health effects on African Americans today is far more strongly affected by Jim Crow laws in recent times than by slavery over a century-and-a-half ago.) Interestingly, Digiulio says, “There is ... little existing evidence linking monetary reparations and better health,” but expresses hope that data simulations could “fill the evidence gap.”

In June, a task force of the California state government proposed a breathtaking package of policies to address

systemic racism. The task force document suggests that the state establish a cabinet-level California African American Freedmen Affairs Agency to provide reparations to the descendants of American slaves and the descendants of free African Americans of that era. Structures would include, among other things, a “genealogy branch,” a “reparations tribunal,” a “cultural affairs branch,” a “legal affairs office,” and a “division of medical services for public and environmental health.”^[22]

Conclusion

To sum it up, systemic racism is a plausible concept with some degree of veracity. However, policy advocates have a tendency to overstate the actual impacts of this phenomenon, and some have offered startlingly illiberal policy prescriptions as a remedy. The challenge for policymakers is to weigh the evidence, measure the effects, and seek policy prescriptions that are effective and that take into consideration the tradeoffs with other social goals.

Endnotes

- [1] “Advancing Innovations in Health Care Delivery for Low-Income Americans Part of CHCS’ Strengthening Primary Care through Medicaid Managed Care Learning Series.” n.d. Accessed September 22, 2022. https://www.chcs.org/media/PCI-Series-Webinar_Health-Equity-7.20.21.pdf.
- [2] “Massive Resistance.” n.d. Virginia Museum of History & Culture. <https://virginiahistory.org/learn/historical-book/chapter/massive-resistance>.
- [3] “Marriage, Penalized: Does Social-Welfare Policy Affect Family Formation?” n.d. American Enterprise Institute - AEI. <https://www.aei.org/research-products/report/marriage-penalized-does-social-welfare-policy-affect-family-formation/>.
- [4] Steinecke, Ann, and Charles Terrell. 2010. “Progress for Whose Future? The Impact of the Flexner Report on Medical Education for Racial and Ethnic Minority Physicians in the United States.” *Academic Medicine* 85 (2):

236–45.

<https://doi.org/10.1097/acm.0b013e3181c885be>.

[5] Faulkner, William. 2015. *Requiem for a Nun*. London: Vintage.

[6] *Washington Post*. n.d. “Review | Faulkner Couldn’t Overcome Racism, but He Never Ignored It.” Accessed September 22, 2022. https://www.washingtonpost.com/outlook/faulkner-couldnt-overcome-racism-but-he-never-ignored-it/2020/10/01/353db184-e706-11ea-bc79-834454439a44_story.html.

[7] McCloskey, Deirdre N. 2011. *Bourgeois Dignity : Why Economics Can't Explain the Modern World*. Chicago, Ill.: University Of Chicago Press.

[8] “Boudreaux on McCloskey.” 2014. *Econlib*. July 8, 2014. https://www.econlib.org/archives/2014/07/boudreaux_on_mc.html.

[9] Sowell, Thomas. 2019. *Discrimination and Disparities*. New York Basic Books.

[10] “Commentary: It’s Time for Data-First Diversity, Equity, and Inclusion.” n.d. *Fortune*. Accessed September 22, 2022. <https://fortune.com/2022/06/20/data-first-diversity-equity-inclusion-careers-black-workers-gender-race-bias-dei-roland-fryer/>.

[11] “Advancing Health Equity: A Guide to Language, Narrative and Concepts.” n.d. American Medical Association. <https://www.ama-assn.org/about/ama-center-health-equity/advancing-health-equity-guide-language-narrative-and-concepts-0>.

[12] “We Got Here because of Cowardice. We Get out with Courage.” 2021. *Commentary Magazine*. October 14, 2021. <https://www.commentary.org/articles/bari-weiss/resist-woke-revolution/>.

[13] CNN, John Blake. n.d. “‘Am I Racist?’ You May Not like the Answer.” CNN. <https://www.cnn.com/2020/06/20/us/racist-google-question-blake/index.html>.

[14] “Critical Race Theory: The Key Writings That Formed the Movement: Kimberle Crenshaw, Neil Gotanda, Gary Peller, Kendall Thomas: 9781565842717: Amazon.com: Books.” 2022. Amazon.com. 2022. <https://www.amazon.com/Critical-Race-Theory-Writings-Movement/dp/1565842715>.

[15] Kendi, Ibram X. 2019. *How to Be an Antiracist*. New York One World.

[16] “Idea: Pass an Anti-Racist Constitutional Amendment.” n.d. Politico.com. <https://www.politico.com/interactives/2019/how-to-fix-politics-in-america/inequality/pass-an-anti-racist-constitutional-amendment/>.

[17] “An Antiracist Agenda for Medicine.” n.d. *Boston Review*

[18] Ray, Rashawn, and Alexandra Gibbons. 2021. “Why Are States Banning Critical Race Theory?” *Brookings*. November 2021.

[19] Hamid, Shadi. 2022. “Race-Based Rationing Is Real—and Dangerous.” *The Atlantic*. January 30, 2022. <https://www.theatlantic.com/ideas/archive/2022/01/race-based-covid-rationing-ideology/621405/>.

[20] AMA Debates Racial Reparations as a Health Initiative.” n.d. *Medscape*. Accessed September 22, 2022. <https://www.medscape.com/viewarticle/975744>.

[21] Digiulio, Sarah. 2022. “Are Reparations an Answer to Black Health Disparities?” *Proto Magazine*. June 17, 2022. <https://protomag.com/racism-bias/are-reparations-an-answer-to-black-health-disparities/>.

[22] “Reparations Reports.” 2022. State of California - Department of Justice - Office of the Attorney General. June 1, 2022. <https://oag.ca.gov/ab3121/reports>.

ANTISLAVERY AND PROSLAVERY AT THE CONSTITUTIONAL

by Darcy N. Bryan

Structural inequities and biases impact U.S. social determinants of health according to the healthcare models used by the National Academies of Sciences, Engineering, and Medicine, the Centers for Disease Control and Prevention (CDC), and a wide array of other elite academic medical centers. Social determinants of health include wealth distribution, housing, employment, education, transportation, health services, social and physical environment, and public safety. Most, if not all aspects of civic and personal life are captured in this list. Defining health as a state of complete physical, social, and psychological well-being (not just the absence of disease) empowers healthcare researchers to analyze all components of human existence and develop policy recommendations. The theoretical lens of viewing social determinants of health through the posited presence of structural inequities and racism in America ultimately leads to regulatory changes and funding mechanisms for political reform. The CDC defines health equity as “the state in which everyone has a fair and just opportunity to attain their highest level of health” to be achieved by “address[ing] historical and contemporary injustices, overcoming economic, social, and other obstacles to health and health care; and eliminat[ing] preventable health disparities.”^[1]



As currently defined, the health equity model initiates comprehensive technocratic oversight by our government and academic leaders. The National Academies of Sciences considers developing a large workforce of scientists and healthcare professionals to oversee and evaluate American health to be a key step for improving health equity and overcoming structural racism in our healthcare system.^[2] In this model, funding from the taxpayer will be critical for ensuring research, policy, and legal reform from cradle to grave. Most Americans would have serious reservations about such extensive bureaucratic oversight over all aspects of our lives. I am not sanguine that structural biases are modifiable by expertise and government intervention. Respect for personal autonomy requires that a complex array of cultural, economic, and individual values inevitably form the health of a nation. Moral agency towards oneself and others is inherently unpredictable - but defines what it is to be human. The government cannot ensure healthy behavior in a free society.

As an obstetrician, I recognize that the U.S. has genuine disparities in healthcare. Women who are poor, minorities, foreign-born, or rural all suffer from inadequate access to obstetrical care. Black women and their infants are 2-3 times more likely to die during childbirth compared to white women and infants in the U.S.^[3] Rural hospitals and obstetrical units are closing at an alarming rate^[4] with 25.4% of rural women having to give birth in a nonlocal hospital.^[5] Implementation of obstetric telehealth holds promise for improving access to prenatal care for women isolated by distance or socioeconomic circumstances. Multiple studies have compared in-person visits and telemedicine care models with no significant difference in obstetrical outcomes.^[6] However, women who are challenged in accessing quality care are more likely to have Medicaid. Many jobs in the U.S. do not supply [health insurance](#) as a benefit,^[7] and Medicaid is not a supportive insurance environment for technologic innovation. Disparities in a patient’s access to healthcare are well recognized. The disabled, those experiencing poverty, and those who are non-white or linguistically isolated will have a higher probability of falling into the digital divide with limited

computer ownership, broadband access, and low digital literacy.^[8] An individual patient's geographic location, type of employment, income, race, primary language, along with other socioeconomic factors all impact her ability to access the help of a healthcare provider.

Are there social determinants to health? The answer obviously is yes. Are there structural inequities to healthcare in America? Yes again. People of goodwill disagree on how to solve these problems. What seems clear is that funding for reforming healthcare inequities has exploded to an incredible degree. President Biden's White House Press release announced billions of dollars budgeted for combatting equity problems in America, with all major aspects of social determinants of health addressed in some fashion.^[9] One piece of the equity initiative is entitled "Maternal Health and Health Equity" which includes \$470 million in proposed spending. Some of the \$470 million will go to rural communities and other aspects of maternal care, but the funds also target implicit bias training for healthcare providers and the collection and evaluation of health equity data. What will these programs look like and who will benefit? Money can pile into bureaucratic hands with minimal effect. For example, states have not disbursed for any public benefit the hundreds of millions of Federal dollars awarded for tackling COVID health disparities.^[10] The National Academies of Sciences' recommendation for "training and implementation of a large workforce of scientists and healthcare professionals" to "research and analyze" health inequities will transfer large amounts of money from the taxpayer to scientists and healthcare professionals. The predicted outcome of better health for Americans is far from evident.

Furthermore, the goals and actions of elite academic medical centers require sober reflection. Four hundred thousand dollars have been distributed by various healthcare foundations to several medical schools for creating health equity, diversity, and inclusion training programs for their students.^[11] The goal is to increase medical students' and residents' knowledge of health equity and social determinants of health. Cultural competency will be a core training component to raise

the students' awareness of their own ipso facto racial bias. Across the academic landscape, monies are set aside for JEDI (Justice, Equity, Diversity, and Inclusion) directorships and programs. But while medical schools are raising awareness of health inequities and racism, they routinely charge their students exorbitant tuition. Over four years, a medical student will likely pay between \$160,000 to \$330,000 dollars.^[12] The very students that academic medical centers are convincing of the need to serve our most threatened and impoverished Americans are saddled with crushing debt that practically mandates working in a highly lucrative specialty in a wealthy geographic region.

There is a better way to keep Americans healthy than by [transferring wealth to experts](#). A fundamental ethic of our country is that free individuals have the right to make personal decisions for themselves and their families without the government dictating the content of their lives or thoughts. Each individual and community should be supported in their efforts to secure economic prosperity, a clean environment, and safe neighborhoods without bearing the cost of legions of scientists and professionals telling them what that should look like.

Endnotes

- [1] [What is Health Equity? | Health Equity | CDC](#)
- [2] National Academies of Sciences, Division, H. and M., Practice, B. on P. H. and P. H., States, C. on C.-B. S. to P. H. E. in the U., Baciu, A., Negussie, Y., Geller, A., & Weinstein, J. N. (2017). *Communities in Action: Pathways to Health Equity*. National Academies Press. <https://doi.org/10.17226/24624>
- [3] Grobman, W., Bailit, J.L., Rice, M.M., et al. (2015). Racial and ethnic disparities in maternal morbidity and obstetric care. *Obstetrics & Gynecology*, 125(6), 1460-1467.
- [4] Jolles, D., Stapleton, S. Wright, J., Alliman, J., Bauer, K., Townsend, C., & Hoehn-Velasco, L. (2020). Rural resilience: the role of birth centers in the United States. *Birth* 47, 430-437. <https://doi.org/10.1111/birt.12516>

[5] Kozhimannil, K., Casey, M.M., Hung, P., Prasad, S., & Moscovice, I.S. (2016). Location of childbirth for rural women: implications for maternal levels of care. *American Journal of Obstetrics & Gynecology*, 214, 661e1-10.

[6] Wu, K., Lopez, C., & Nichols, M. (2022). Virtual visits in prenatal care: an integrative review. *Journal of Midwifery & Women's Health*, 67(1), 39–52. <https://doi.org/10.1111/jmwh.13284>

[7] Noursi, S., Saluja, B., & Richey, L. (2020). Using the ecological systems theory to understand black/white disparities in maternal morbidity and mortality in the United States. *Journal of Racial and Ethnic Health Disparities*, 8(3), 661–669. <https://doi.org/10.1007/s40615-020-00825-4>

[8] Mack, D., Zhang, S., Douglas, M., Sow, C., Strothers, H., & Rust, G. (2016). Disparities in primary care EHR adoption rates. *Journal of Health Care for the Poor and Underserved*, 27(1), 327–338. <https://doi.org/10.1353/hpu.2016.0016>

[9] White House Briefing Room (March 30, 2022) President Biden's FY 2023 Budget Advances Equity. <https://www.whitehouse.gov/omb/briefing-room/2022/03/30/president-bidens-fy-2023-budget-advances-equity/>

[10] Galewitz, P., Weber, L., & Whitehead, S. (May 16, 2022) States have yet to spend hundreds of millions of Federal dollars to tackle COVID health disparities. *KHN* <https://khn.org/news/article/covid-health-disparities-federal-funding-state-spending/>

[11] Rodriguez, S. (July 15, 2022). Medical schools instill diversity, health equity into training programs. *Patient Care Access News* <https://patientengagementhit.com/news/medical-schools-instill-diversity-health-equity-into-training-programs>

[12] Moody, J (May 25, 2021). 10 most expensive private medical schools. *U.S. News and World Report* [https://www.usnews.com/education/best-graduate-schools/the-short-list-grad-school/articles/most-expensive-private-medical-](https://www.usnews.com/education/best-graduate-schools/the-short-list-grad-school/articles/most-expensive-private-medical-schools#:~:text=The%20median%20cost%20of%20for,Association%20of%20American%20Medical%20Colleges.)

[schools#:~:text=The%20median%20cost%20of%20for,Association%20of%20American%20Medical%20Colleges.](https://www.usnews.com/education/best-graduate-schools/the-short-list-grad-school/articles/most-expensive-private-medical-schools#:~:text=The%20median%20cost%20of%20for,Association%20of%20American%20Medical%20Colleges.)

DOES SYSTEMIC RACISM EXIST IN K-12?

by Harold A. Black

Systemic racism is alleged to be deeply embedded in the fabric of America. The effects of systemic racism are said to include economic inequality, education inequality, justice inequality, and healthcare inequality. The task of the reformer is to identify the legal structure and institutions in which racism is embedded. Jim Crow laws are one such example, where segregation was enforced in all facets of life – housing, education, policing, and justice. Those laws no longer exist, and in much of the urban south today Blacks dominate housing administrations, the education establishment, the police, and the justice system. The question is whether systemic racism lessens with Black people in positions of authority? At the Federal level, Franklin Delano Roosevelt's Federal Housing Administration refused to guarantee loans in minority areas, resulting in a lower incidence of home ownership and property values among Blacks. These trends persist, even though the FHA is no longer pursuing racist policies. Housing segregation exists, but the reasons are now more social and economic than legal. Some may argue that lending institutions still engage in racism, however the research in that area is far from conclusive.^[1]



Is systemic racism in public schools the reason for the poor academic performance of Black children?^[2] That racism once existed in public [education](#) is undeniable. Black schools in the segregated south were woefully underfunded. Local school boards were generally all white as were virtually all of the school system administrators. It could be inferred that any difference between Black and white student achievement could be the result of systemic racism stemming from the inequality of facilities and equipment. However, the overt racism of the past is gone. Is the racism of the past so deeply embedded in our schools that the differentials in achievement persist even though many urban school systems have significant numbers of Black teachers and Black administrators?

Professor John Stone finds that aggregating across race is misleading and that, “Economically disadvantaged children, both white and minority, enter school less well prepared for learning than their peers.” Stone shows that racial differences in educational achievement that are posited to result from systemic racism are instead driven by differences in [economic well-being](#). For instance, in his charts for economic well-being versus third grade proficiency showing ethnic makeup, in the chart for New York City, charter schools are among the top performers regardless of ethnic makeup.^[3]

Poor children who come from homes of parents who themselves may be poorly educated are at a disadvantage when they first go to school. Sometimes the teacher speaks a language not spoken in their homes. These children must learn English as a foreign language while they are trying to learn what is being taught in class. These children start at a disadvantage, and with current teaching methods they never catch up. It should come as no surprise that the reading scores of these children are dismal regardless of race.

But the reading scores for American students in general are abysmal. Nationally, less than 34% of fourth graders read at grade level. Less than half of Tennessee’s third graders read proficiently. The state of Massachusetts has threatened to take over the Boston city schools where only 25% of Black elementary students read at grade

level. The poor reading results cannot be explained by claiming systemic racism. But apparently, many educators think so and are changing the curricula in public schools.^[4] One area in which these changes are made is mathematics. Is math culture-bound? Some say that math reflects “whiteness,” motivating some school systems to teach “woke” math. This is described as using a social justice framework to give students a conceptual understanding of the subject. The Minneapolis school system is spending more than \$2 million to incorporate “ethnic, racial and cultural” diversity into its K-5 math curriculum.^[5] Oregon’s Department of Education has a teachers’ training program aimed at “dismantling racism in mathematics” through “ethnomathematics.”^[6] Requiring students to “show their work” is alleged to be racist. Proponents say it is white supremacy to expect a student to write out the mathematical process and show the steps taken to arrive at the answer. However, if traditional math is white supremacy, then why do Asians excel in it? And what do we make of [Shirley Mathis McBay](#), the first Black person to earn a Phd from the University of Georgia?

In Seattle, grade school teachers are to eliminate “preconceived biases” regarding right answers. Teachers are encouraged to not mark incorrect answers as incorrect but rather have students defend their answers. This does not seem to be a productive way to learn math. Saying that minority kids can’t learn math ignores one fact: American white kids’ math proficiency is among the lowest in the world. One of my closest friends teaches math and physics in a big city high school. His reaction to woke math is “what do I tell my white students who are struggling?” Do Black and white levels of math proficiency narrow given a “woke” curriculum? On the contrary, It is likely that woke instruction could widen disparities. Woke math is not intended to aid in students’ learning. I would not want any scientist to use a math system where an approximate answer was good enough. I’m sure the NASA astronauts were glad that the women of “Hidden Figures” were not versed in woke math.



Katherine Johnson, one of NASA's Hidden Figures

Woke math also eliminates the showing of work and insisting on the correct way of solving a problem. This may have merit. *Limitless Mind* by Jo Boaler explains how traditional math teaching inhibits learning, and letting students solve problems their own way increases their neutral passageways. However, contrary to the proponents of woke math, Boaler contends that virtually all children can be proficient in mathematics if taught properly. She cites an example of how changing study habits can result in Black students outperforming white and Asian students in college calculus.^[7]

Another addition to public schools' curricula is Critical Race Theory. Like systemic racism, Critical Race Theory (CRT) argues that all facets of American life are founded upon racism. Policymakers and educators are incorporating CRT into all levels of public education. Does teaching CRT reduce the disparities between Black and white student achievement? There are no studies, to my knowledge, that test the effectiveness in CRT or woke math in changing racial disparities.

However, Professor John Stone and his Education Consumers Foundation show, much like Boaler, that the focus on systemic racism and CRT is intended to deflect from the ineffectiveness in the teaching method employed in the majority of public schools. The teachers' unions, the textbook authors, the colleges of education, and accreditation boards have proven inflexible. Although a teaching method – Direct Instruction – has

been shown to narrow and eliminate disparities, its implementation has been resisted by most educators and school systems.^[8]

Stone finds that, “Overwhelming statistical evidence shows that the educational inequalities experienced by both white and minority children are linked to ineffective schooling and social promotion, not racism.”^[9] Unlike the proponents of CRT and anti-racism measures, Dr. Stone has the research and data to confirm his statements. Thus, I conclude that systemic racism is not a useful concept to explain racial disparities in student proficiency. In our public school systems, those disparities have more to do with economics than with race. However, what persists is the use of systemic racism by our public school educators as an excuse to mask their failure to teach our children.

Endnotes

[1] See my paper, “Does discrimination in lending still persist?” Written for the Harold A. Black Academic Conference, Chattanooga, TN September 8-10, 2022. Available from the author hblack@utk.edu.

[2] Joe R. Feagin and Bernice M. Barnett, Success and Failure: How systemic racism Trumped the Brown v. Board of Education decision,” *University of Illinois Law Review*, v. 2004, no. 5, February 21, 2005.

[3] Available from the author upon request.

[4] See Kerry-Ann Escayg, “The Missing Links: Enhancing Anti-Bias Education with Anti-Racist Education”, *Journal of Curriculum, Teaching, Learning and Leadership in Education*, v. 3, no. 1., December 2018.

[5] Elizabeth Troutman, “Minnesota School District Pours Millions Into ‘Woke’ Math as Student Scores Plummet”, *Nation and State*, August 3, 2022. <https://www.nationandstate.com/2022/08/03/minnesota-school-district-pours-millions-into-woke-math-as-student-scores-plummet/>

[6] Natalie Argyle, Woke Progressives Target Math Class as Racist for Expecting "Right Answer" Or "Showing Your Work", February 15,

2021. <https://hellboundanddown.com/2021/02/16/woke-progressives-target-math-class-as-racist-for-expecting-right-answer-or-showing-your-work/>

[7] Jo Boaler, *Limitless Mind: Learn, Lead, and Live Without Barriers*. Harper One, 2019.

[8] Jean Stockard; Timothy W. Wood, Cristy Coughlin and Caitlin Rasplica Khoury. “The Effectiveness of Direct Instruction Curricula: A Meta-Analysis of a Half Century of Research,” *Review of Educational Research*, August 2018.

[9] J. E. Stone, “Is Your School Board Using Critical Race Theory as an Excuse for Failure?” *Education Consumers Foundation*, January 2022. <https://education-consumers.org/look-at-your-board>.

SYSTEMIC RACE THEORY AND LIBERTY: TOWARD AN UNDERSTANDING

by John Sibley Butler

Systemic race theory has entered the public square and positioned itself as the way to understand the dynamics of racial inequality. To understand this public square debate, one has to understand the theoretical and methodological basis of systemic race theory and systematic racism. When this is done, it becomes clear that systemic race theory is very conservative and cannot explain successful groups who are considered outside of the majority. This theory is part of the theoretical traditions of closed systems, which means that the system will determine everything. In social science, we must consider individual *and* group effects, remembering that unlike variables in physics, people can change their minds and behaviors. In physics for example, [Isaac Newton](#) saw the universe as a closed system which determined all movements. But when that system was seen as open, all kinds of possibilities were seen. Systemic racism is in the same reasoning tradition, with a closed system of economic opportunities preserved by Caucasians, or those with the characteristics

to become “white.” Picture with me just one tree, from which humans can pick wealth, and that tree represents the whole system. Systemic racism does not recognize that in America, other trees can be planted which enhance excluded populations; thus, the system is opened. It is the dynamic nature of an open systems approach which accounts for the fact that some of the most excluded groups in America, such as Blacks, who saw lots of discrimination, have achieved the most. Come and reason with me with a deep dive into this issue.



Roots of Systemic Race Theory in Social Science

During the explosive 1960s, the idea of a closed system where all inequality is built in, or systemic, emerged when Stokely Carmichael and Charles Hamilton suggested in *Black Power, The Politics of Liberation*, that racism had become institutionalized. Institutional racism was defined as those things that have an effect independent of individual instances of racism and have a detrimental effect on the black community, such as higher rates of poverty. Like all closed system ideas, it alleged that racism had become systemic and could run on its own like a machine. Individual racism was defined as a terrorist bombing a black church or an individual killing, something that most Americans would never condone. There was a problem when posing institutional or systemic racism as the singular variable to blame because in America, only individual rights are guaranteed under the [US Constitution](#). Legal scholars faced the biggest problem because they wanted to take the system to court; they pounced on the idea of systematic racism. Systemic racism blamed “whites” for all forms of discrimination. But because the system was

closed, it could not account for the massive amount of progress made by the black community in all areas since the end of slavery.

The One Sided Presentation of Race and The American Experience

Systemic race theory was posited by legal scholars (with no true theoretical grounding in the history of ideas) in the face of the fact that the American Constitution guarantees *individual* rights, not *group* rights, as they were looking to blame the entire “white structure” of America for racial inequalities. Most everyone agrees that all history should be taught in America, and it is the job of historians to document events- from Custer’s Battle of the Little Big Horn, to the Trail of Tears, and to the experience of immigration from Europe.

But systemic race theory only tells one side of the story. What is left out is that Black Americans achieved their greatest success when America was at its segregated “best.” As noted in my book [*Entrepreneurship and Self-Help Among Black Americans: A Reconstruction of Race and Economics*](#), no other group in America created successful future generations as well as the black generations coming out of slavery. Underneath the racial exclusion of segregation developed a system of private colleges and universities which has served, and continues to serve, black southerners (and now non-blacks) in that tradition. Books and articles on outstanding black communities, such as those in Birmingham, Alabama; Atlanta, Georgia; Houston, Texas; and Jackson, Mississippi testifies to this tradition, and they all had their own universities. Indeed, the story of Black America is not about those who ran from the south to establish communities with no colleges and universities, but those blacks who *stayed* in the south and created these colleges and universities that still exist today. While Booker T. Washington and his Negro Business League left an endowed university, Tuskegee, there is no match in the states where blacks migrated *to*.

[Discrimination](#) was intense everywhere, but there is and was a great opportunity structure to look forward to in the south. I can say that without a doubt, and as a part of that tradition, I was looking down on most white southerners who were not part of this tradition of strong

education. Everyone in my legally segregated community were college graduates. But America norms Blacks based on those who are trapped by the “system,” not those who operated and organized themselves at a group level. Although this process can be seen by other immigrant groups, no one created educational and business enterprises like black southerners. This is why the Atlanta Black community has a different history than Detroit and Chicago, and why the state of Mississippi produces Black college graduates at a very high rate.

Systemic race theory, grounded in a closed system, would never tell the story of success among black Americans which has been so well documented. Indeed, it took a German PBS series to point out that [one out of every 50,000 black Americans are millionaires](#). Although the series does not tie present wealth to historical wealth, it does what systemic race theory could never do- show the story of Black America’s success and show that the signature of America is that it is not a closed system with just one tree to pick from. There are many trees that are created as people take their troubles to the market place in the form of [entrepreneurship](#) and community building. Indeed, if Blacks who are not southerners had developed the same kind of value system as their southern counterparts under legal segregation, there would also be generations of college graduates outside of the south. I was at a recent meeting of my Alma Mater when the recruiters were using first generation college graduates as a proxy for Blacks. I informed them that when I graduated from LSU in the 1960s, the great majority of Black students were second, third and fourth generation college graduates. The biggest problem with critical race theory is that there is no place for black success in America because it operates on a closed system that does not take into consideration open system effects.

Liberty and Systematic Race Theory

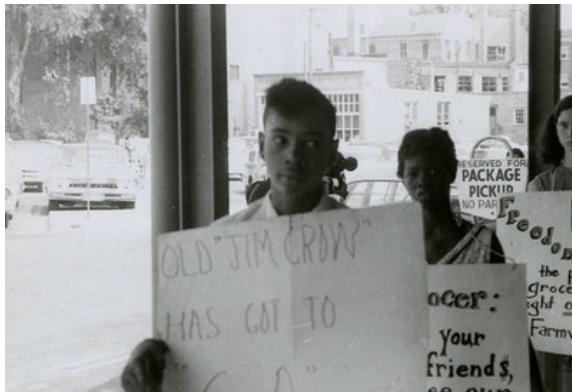
As a closed system of thought, systemic racism does not give attention to the mobility of people within America. America certainly had slavery, but it also stands out as one of the few countries in the world that ever fought *against* slavery. It certainly has and had racial

discrimination and legalized segregation. It also has seen the development of Black success because liberty means that one can also create other routes to success, as was done by black southerners. America is not a closed system society but one that is open to new and creative ideas of success. Liberty, at its base, is the state of being free from oppressive restrictions imposed on one way of life. What most people miss is that from entrepreneurship to structures of opportunity, liberty is always “in the becoming” in America. The idea that we do not all have to eat from the same closed system is what makes the country one of liberty. It also means that people from different groups will learn to live with each other. Legal scholars are trying to persecute America, not explain its vast ability to create new opportunities.

SYSTEMIC RACISM: FOUR INTERSECTING PERSPECTIVES

by Robert F. Graboyes

At its best, systemic race theory is the idea that (1) Slavery and Jim Crow imbedded overtly racist structures throughout American institutions; (2) Remnants of these structures still incentivize discrimination; and (3) Public policy should strive to reduce such malign incentives. At its worst, systemic race theory is an all-purpose pretext for gutting core principles of American constitutional governance and civil society.



A central question in contemporary America is: How much residual damage remains from overt racism, and what should we do about it? In introducing the four essays of this collection, business professor Ramon DeGennaro notes that web searches for “systemic racism in education in the United States” and “racial disparities in healthcare in the United States” return nearly 40 million hits apiece. In our essays, Darcy Nikol Bryan and I examine this central question in the context of healthcare; Harold Black and John Sibley Butler do so with respect to education.

I’m a health economist, and my essay says systemic race theory is a legitimate construct, but one abused by its proponents. In my home state, Virginia, the constitution extant from 1902 to 1971 was specifically designed to disenfranchise and marginalize African Americans, and the state government relentlessly pursued those goals. It would be surprising if those discriminatory incentives had evaporated entirely, even half a century after purposeful racism dissipated. It is productive to identify continuing sources of discrimination, measure the extent of their damage, and seek effective mitigation strategies. Unfortunately, many proponents leap over those steps, assuming on faith that any measured disparities (in health, wealth, employment, etc.) prove systemic racism. They thus dismiss alternative etiologies, such as genetics, personal choices, and measurement errors. They demand policies lacking evidence of efficacy, vilify those who question their conjectures, and advocate breathtakingly authoritarian prescriptions.

Darcy Nikol Bryan is an obstetrician/gynecologist with a long history of serving Medicaid populations. Bryan gently warns against the simplistic poultices that activists would apply to the body politic. She lists sectors where structural inequities remain, adding: “Most, if not all aspects of civic and personal life are captured in this list.” She continues, “I am not sanguine that structural biases are modifiable by expertise and government intervention. ... The government cannot ensure healthy behavior in a free society.” “Money,” she notes, “can pile into bureaucratic hands with minimal effect.”

Finance professor Harold Black asks whether systemic racism exists in K-12 education and poses a biting question: How is it that discrimination continues in places where “blacks dominate housing administrators, the education establishment, the police and the justice system?” He asks, “Is the racism of the past so deeply embedded in our schools that the differentials in achievement persist even though many urban school systems have significant numbers of black teachers and black administrators?” He also notes that simple disparity measures between whites and blacks may mask more relevant causal factors (e.g., poverty). Educators, he says, are loading their curricula down with impotent and destructive racial rituals, such as assuming “it is white supremacy to expect a student to write out the mathematical process and show the steps taken to arrive at the answer.”

Sociologist John Sibley Butler offers the most strident, multifaceted criticism of systemic race theory. Systemic racism, he suggests, conflicts with the successes of Jews, Mormons, Japanese Americans, Nigerian Americans, and other sometimes-marginalized groups. Systemic race theory, he says, overlooks social mobility and is especially poor at understanding the African American experience in America. African Americans, he argued, fared better in states with powerful Jim Crow laws than in states with less overt racism. He notes that, to a greater degree, those who remained in Jim Crow states began businesses, built universities, and achieved higher degrees of education. He is unflinching in describing past racism, but also says, “Legal scholars are trying to persecute America, not explain its vast ability to create new opportunities.”

A BETTER DEFINITION OF JUSTICE

by Darcy N. Bryan

In considering our varying views of systemic racism and Critical Race Theory in America and its impact on health and education, I uncovered this quote from [Abraham Lincoln's Address at a Sanitary Fair](#), Baltimore, Apr. 18, 1864.



Abraham Lincoln

The world has never had a good definition of the word liberty, and the American people, just now, are much in want of one. We declare for liberty; but in using the same word we do not all mean the same thing. With some the word liberty may mean for each man to do as he pleases with himself, and the product of his labor; while with others the same word may mean for some men to do as they please with other men, and the product of other men's labor. Here are two, not only different, but incompatible things, called by the same name—liberty. And it follows that each of the things is, by the respective parties, called by two different and incompatible names—liberty and tyranny.

Theories of systemic racism and Critical Race Theory are inherently political, with the goal of shifting political power and economic benefits from one group to another in the name of justice and equity. John Sibley Butler does an excellent job tracing the intellectual history of these theories from their scholarly legal origins to their use in academia today. A “closed-system” worldview is easily

manipulated into justifying government intervention to take from the “haves” and give to the “have nots.” Butler rightly asserts that America still has the liberty of planting new trees or systems. Being shut out from one system can lead to strength and autonomy generated in the excluded group wise enough to believe in themselves.

Graboyes elegantly illustrates the complexity of racism and disparities in America, showing how painful issues of historical injustice can be cynically used to tyrannically suppress freedom of speech and thought within the healthcare professions while seeking to balkanize medical care itself. His example of racially based algorithms in providing treatment for COVID infections is terrifying. What could be more dangerous to our domestic peace and cohesion as a nation than to further inflame racial divisions and animosity between Americans? Lincoln’s words resonate still.

Furthering the dystopian view of the American future is Black’s presentation of “woke Math” and the deepening erosion of American educational standards. Children condemned to failed school systems, corrupt administrators, and disengaged teachers regardless of race are to be rescued, not manipulated for political gain.

America is still in need of a good definition of the word liberty – and justice. What we see of public policies born from systemic racism and Critical Race Theory smack more of tyranny.

SYSTEMIC RACISM: FACT OR FICTION: COMMENTS ON BRYAN, BUTLER AND GRABOYES

by Harold A. Black

We assume that there is structural racism in the health care system, but what is the evidence? Is there any evidence that the structure of the healthcare system is responsible for disparity in outcomes? Is there a difference between the application of healthcare for

similarly situated populations? Is there a difference in access between poor whites and poor minorities in the same MSA? Certainly that once was the case in the Jim Crow south where, for example, my mother had to travel to an adjoining county to give birth because her home county hospital did not admit blacks. Do such practices still exist de facto? As Dr. Bryan notes, funding for healthcare often does not reach consumers but funds bureaucracies instead. Dr. Bryan notes “There is a better way to keep Americans healthy than by transferring wealth to experts.” Perhaps that way is to fund programs that encourage individual responsibility. Given that medical schools and the medical profession are among the institutions funding trendy programs on diversity and inclusion, there is scant evidence that all the monies spent on such programs result in any change in the behavior of participants and redound to changes in the provision of healthcare. Moreover, as Dr. Bryan points out, the incentive of newly minted doctors is to practice medicine where they can maximize their incomes rather than to assuage their social consciousness.



Dr. Graboyes’s essay commits the basic sin of questioning the illogical tenets of progressive zealots. For some it is heresy to criticize the creation of new words such as Latinx womxn. It is heresy to question the assertion that gender is non-binary. It is heresy to question Critical Race Theory, climate change, and anti-racism. Indeed, even though The New York Times’s 1619 project has been thoroughly discredited for presenting a false narrative, many professional historians are reluctant to criticize it for fear of being labeled as racists. The black zealots within the progressive ranks deny their own racism by claiming that blacks cannot be

racist. Yet the prescriptions for change are clearly racist in prioritizing medical care by race. In the world of racial preferences it is ironic that whites must show their antiracism by discriminating against themselves and fellow whites. As to the interesting question of whether reparations can reduce or eliminate racial disparities in healthcare, one wonders if the advocates favor reparations as an incentive to alter personal behavior. If that were the case, then reparations by another name should be given to poor whites as well.

Dr Butler's essay dispenses with the caricature of black people prevalent today. Blacks as characterized in the media are alien to those blacks who are college educated and professionals. Butler notes that all of the privately funded black colleges and universities are in the old Confederate south. Why are there not any in the north? The answer lies in the fact that the establishment of HBCUs was a direct consequence of the overt systemic racism that existed in the south. The segregated south had two silos, one white and one black. Within the black silos, institutions arose to produce a professional class to primarily serve other blacks. Such was not the case in the legally integrated north, resulting in fewer college educated professional blacks. Butler's insight is that systemic racism in southern higher education led southern blacks and northern whites to establish parallel institutions. The remarkable renaissance among southern blacks is evident in that once freed, slaves had no last name and were mostly illiterate with few marketable skills. Yet the business entrepreneurship, education, and wealth of southern black communities exceeded those of northern blacks. Moreover, Butler notes that capitalism, free markets, and private ownership were keys to black southern successes. These were not quashed by Jim Crow but flourished so long as blacks stayed "in their place" – e.g. their own silo. As we used to say when I was growing up in Atlanta (with respect to the Civil Rights anthem), "white folks didn't mind us overcoming so long as we did not come over."

MODELS MISBEHAVING AND THE SMOTHERING OF LIBERTY EFFECTS

by John Sibley Butler

Professor Harold Black's, Darcy Nikol Bryan, M.D.'s, and Robert F. Graboyes's essays on education and health care, as related to "systematic racism," are excellent in their use of data presentations and conclusions. Modeling racial inequality has always been inadequate because the effects of liberty are, for the most part, included in the models. How liberty variables affect these outdated models is important. One must develop models which take into account what people do, rather than who they are, to understand the dynamic of inequality. Systemic racism, like all system dynamic models, is difficult in any field, especially in the field of racial inequality.



Models allow prediction, whether of earthquakes, stock markets, or renderings of future automobiles. Physical sciences have fewer difficulties with mathematical models because inanimate variables are what they are because of their physical properties. There are no identity politics involving rocks or materials, and thus models can be more predictable and behave as theory expects them to behave. In the social sciences models behave badly because the equations do not allow for "liberty effects" of different groups. Unmeasurable concepts, such as minority, people of color, and diverse or poor are recoded into the equation rather than teasing out important effects.^[1] More importantly, achievement by members of what models call "underserved" is masked by these recodes, and thus the mathematical models misbehave.

If liberty is defined as allowing one to achieve, then models do not show that 70 percent of all people in poverty are white, although models present whites as “privileged.” As noted by Wray and Newitz, “It has been the invisibility (for whites) of whiteness that has enabled white Americans to stand as...the standard by which all other are judged (and found wanting).”^[2] But works such as Jonathan M. Metzler’s *Dying of Whiteness*, which looks at the relationship between being poor whites, pride, and deteriorating health among whites, tell us that we need new mathematical models which decompose race in a different way. In the same way, these models could never understand Daniel C. Thompson’s^[3] work, *A Black Elite*, which shows that for black students from black colleges “...overall success is indeed comparable to that of their white peers from much more affluent socio-economic backgrounds.”^[4] Models such as Systematic Racism, which use a systems approach for modeling which is very difficult, do not allow liberty and freedom to breathe because there is no room for excellence. This is the problem, for example, with the 1619 Project.

Because of misbehaving models, Doris Wilkerson argues, from a scientific point of view the term minority should be deleted from the academic literature, especially for blacks, because it has no history and has become a “catch all” for government defined white minorities.^[5] There is no objection to the government creating a minority every year, but these minority groups, such as whites who are females or LGBT, should stand on their own unique history because blacks have no history with them, although there are blacks who are gay and blacks who are women. But the mathematics drop the white and say Women, LGBT, Transgender etc. and blacks. Blacks are just black, with no opportunity to be women or gay in these models. Certainly there is research that looks at interaction effects, for example LGBTxBlack. The research on white gay wealth is extensive and shows lots of liberty effects, at least for those who chose to “come out,” which means that the models are really behaving badly since the sampled universe is unknown. The model does pick up the relationship between whiteness and opportunity, and that is the important thing.^[6]

Segregation laws were enforced by race, not by sexual orientation, rural location, diversity, people of color, region, or the urban/rural divide. A black gay person had to go to the colored only facilities or was arrested, and that of course was also true for black women. And research has shown the possibility of sexual activity between black men and white women was the major reason for racial segregation.^[7] Because this is done, models behave badly because everyone is considered who are poor, rural etc. Thus the idea of any kind of racism becomes moot because there are no main effects or interactional effects to help us to untangle race, poverty, rural etc.

We need models that behave well because there is a lumping effect. There is no place for black excellence or liberty effects. Means and standard deviations are interesting when models are applied that are destined to misbehave. I live in Hill County in Austin, and Michael Dell is right down Loop 360. His income is over 3 billion a year, which means that the average income in the community is...well, you know the point about the average being sensitive to extremes. There’s a model that would really misbehave.

Endnotes

[1] For a review of models that are not specified correctly see Emanuel Derman (2001). *Models Behaving Badly: Why Confusing Illusion and Reality Can Lead to Disaster on Wall Street and Life*. John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, United Kingdom

[2] Matt Wray and Annalee Newitz (1997). *White Trash: Race and Class in America* (New York: Routledge), p. 3.

[3] Daniel C. Thompson (1986). *A Black Elite: A Profile of Graduates of UNCF Colleges* (London: Greenwood Press), p. 30. See also Erika Blackshere and Sean A. Valles (2021) “Poverty: Reckoning with Class and Race in America.” <https://doi.org/10.1002/hast.1230>

[4] Daniel C. Thompson (1986). *A Black Elite: A Profile of Graduates of UNCF Colleges* (London: Greenwood Press), p. 30. See also Erika Blackshere and Sean A.

Valles (2021) "Poverty: Reckoning with Class and Race in America." <https://doi.org/10.1002/hast.1230>

[5] Doris Wilkerson (2002), "The Clinical Irrelevance and Scientific Invalidity of the "Minority" Notion: Deleting it for the Social Science Vocabulary." *Journal of Sociology and Social Welfare* June Volume XXIX, Number 2. <https://scholarworks.wmich.edu/jssw/vol29/iss2/3/>

[6] See, for example, <https://www.therichest.com/world/15-of-the-richest-lgbt-millionaires-and-billionaires/>),

[7] John Sibley Butler, J.M. Schmidtke, Bryan Stephens and Letisha Engracia Cardoso Brown (2022). "Old Southern Codes in New Legal Bottles?" *Sexual Harassment, Race, and Masculinity*. *Race and Social Problems* <https://doi.org/10.1007/s12552-022-09355-6>

ABOUT THE AUTHORS

[Ramon P. DeGennaro](#) is the Haslam College of Business Professor of Banking and Finance (emeritus) at the University of Tennessee. He holds a Ph.D. in Finance from the Ohio State University. He has served as a Visiting Scholar at the Federal Reserve Banks of Atlanta and Cleveland, and at the American Institute of Economic Research. Professor DeGennaro has published more than 50 refereed articles in academic journals, including the *Journal of Financial and Quantitative Analysis*; *Journal of Money, Credit and Banking*; *Journal of Banking and Finance*; *Journal of Empirical Finance*; and *Financial Management*. He speaks frequently at conferences, civic groups, and business meetings. He is the author of *The Great Courses'* lecture series *How the Stock Market Works* and *International Economic Institutions: Globalism Vs. Nationalism*, with combined sales of over \$2,000,000.

[Robert Graboyes](#) is a economist/journalist/musician in Alexandria, Virginia. Author of [Fortress and Frontier in American Health Care](#), Bob received the Reason Foundation's [2014 Bastiat Prize for Journalism](#). He worked for Chase Manhattan Bank (Sub-Saharan Africa economist), the Federal Reserve Bank of Richmond

(regional economist and education director), the University of Richmond (economics professor), NFIB (healthcare director), and the Mercatus Center (healthcare scholar). He was also adjunct professor of health economics at VCU, UVa, GMU, and GWU. His work has taken him to Europe, Africa, and Central Asia. He holds a PhD in economics from Columbia University, plus degrees from VCU, W&M, and UVa. He is currently a [FAIR in Medicine Fellow](#).

[Darcy Nikol Bryan](#) is an obstetrician gynecologist with an active practice at Women's Care Florida in Tampa. She earned an MD from Yale University's School of Medicine and a Master's in Public Administration from the University of Texas at Arlington. She is a Senior Affiliated Scholar with the Mercatus Center. Her research encompasses public policy, women's health, and the impact of technology on healthcare provision. She co-authored the book *Women Warriors: A History of Courage in the Battle Against Cancer*.

[Harold A. Black](#) is is Emeritus Professor of Finance at the University of Tennessee. His undergraduate degree is from the University of Georgia where its Terry College of Business endowed a named professorship in his honor and the University named its new freshman dormitory for him and two others who in 1962 were the university's first black freshmen. His Phd is from the Ohio State University. His faculty appointments include the University of Florida, Howard University and the University of North Carolina – Chapel Hill. He was appointed by President Carter to serve on the first National Credit Union Administration Board. He has published extensively in the leading journals in business and economics. He served on the boards of two of the nation's largest financial institutions and his consulting clients are among the leading law firms and financial institutions in the country. Recently, the University of Tennessee, University of Tennessee Chattanooga and Middle Tennessee State University held an academic conference to honor his academic research.

[John Sibley Butler](#) is the Emeritus J. Marion West Chair in Constructive Capitalism and Professor of Management and Sociology at the University of Texas at Austin. His

books include *All That We Can Be* (with Charles Moskos and winner of the Washington Monthly's Political Book Award), *Global Issues in Technology Transfer* (with Dave Gipson) and *Entrepreneurship and Self-Help Among Black Americans: A Reconsideration of Race and Economics*. The latter work concentrates on economically secure black Americans since the inception of the country and how they created private schools, enterprises to create one of the most interesting economical secure groups in America and by embracing entrepreneurship and liberty, their offspring are in their third and fourth generation of college matriculation.

COPYRIGHT & FAIR USE STATEMENT

"Liberty Matters" is the copyright of [Liberty Fund, Inc.](#) This material is put online to further the educational goals of Liberty Fund, Inc. These essays and responses may be quoted and otherwise used under "fair use" provisions for educational and academic purposes. To reprint these essays in course booklets requires the prior permission of Liberty Fund, Inc. Please contact submissions@libertyfund.org if you have any questions.