

# Researcher finds COVID-19 pandemic shapes opportunities for radical change to the U.S. health care system

5 June 2020, by Marissa Shapiro



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As the U.S. mourns the tragic number of lives lost due to the mindless COVID-19 virus it has also dramatically revealed how greatly institutionalized inequality and structural racism—social, economic and systemic—shapes the inability of low wealth and minoritized populations to get through this pandemic alive as well as others, according to Jonathan Metzl, Frederick B. Rentschler II Professor of Sociology and Medicine, Health, and Society and Director of the Center for Medicine, Health, and Society.

In a Viewpoint piece published in the *Journal of the American Medical Association (JAMA)* on June 4, Metzl and coauthors Aletha Maybank, chief health equity officer, American Medical Association and Fernando De Maio, co-director of the Center for Health Equity, American Medical Association and professor of sociology at DePaul University, use the disproportionate death rate of African American, Latinx and Native American populations due to COVID-19 to express how illness stems

from "discriminatory housing, education, employment, earnings, health care and [criminal justice](#)" and provide recommendations for radical change to the U.S. health care delivery and [education systems](#) in response.

These changes to health care, according to Metzl and his colleagues, must be rooted in health equity and racial justice.

The article, "Responding to the COVID-19 Pandemic -The Need for a Structurally Competent Health Care System," calls for all [health care professionals](#) to first understand how our structural competency—the amalgamation of social, economic, public policy, [health care](#) delivery and invisible networks like supply chains and transit systems—shape symptoms and diseases.

The past six years have seen an expansion in structural competency training in a number of U.S. medical schools and residency programs. Structural competency also undergirds a number of courses in the MHS undergraduate curriculum at Vanderbilt. The JAMA article calls for this analysis to turn into action with four specific recommendations to get there including promoting truth and reconciliation, reimagining infrastructure, democratizing information, and education.

"The COVID-19 pandemic represents a medical emergency—but it represents a social justice emergency as well," Metzl said. "It is urgent that medicine engage beyond the clinic walls, and address the root causes that produce racialized and socioeconomic health and outcome disparities. Structural competency attempts to train clinicians to address these disparities and their devastating outcomes."

**More information:** Jonathan M. Metzl et al.

Responding to the COVID-19 Pandemic, *JAMA*  
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