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Written Statement of

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For Hearing on

Examining Pathways to Universal Health Coverage

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Chairwoman Maloney, members of the Oversight Committee, and everyone participating today: thank you for holding this hearing to examine pathways to universal health coverage.

My name is Jamila Michener. I am an associate professor of government and public policy at Cornell University. I am also co-director of the Cornell Center for Health Equity. My research is focused on poverty, racial inequality, and public policy—with a particular emphasis on health policy. My published work considers the social, economic, civic, and political consequences of health policies like Medicaid. My comments today underscore the role that universal health insurance coverage can play in addressing health inequities among people of color, and in strengthening our democracy.

The Stark Realities of Health Inequity in the United States

Health equity has never been a reality for people of color, especially those that identify as Black, Latina/o/x, and Indigenous.¹ Notwithstanding significant changes over the long durée of U.S. health policy, racial health inequities have

¹ There is a large body of evidence on this point. For just a few examples, see: Byrd, W. Michael, and Linda A. Clayton. 200. *An American Health Dilemma: A Medical History of African Americans and the Problem of Race: Beginnings to 1900*. Routledge; Carter, Robert T., Michael Y. Lau, Veronica Johnson, and Katherine Kirkinis. “Racial Discrimination and Health Outcomes among Racial/ethnic Minorities: A Meta-analytic Review.” 2017. *Journal of Multicultural Counseling and Development* 45(4): 232-259; IOM (Institute of Medicine). 2003. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC. National Academies Press; Roberts, Dorothy E. 1997. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. Vintage Books; Wailoo, Keith. 2001. *Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health*. UNC Press Books; Washington, Harriet A. 2006; *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. Doubleday Books; Williams, David R., and Collins, Chiquita. 2001. “Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health.” *Public Health Reports* 116 (5): 404–16; Zimmerman, Frederick J., and Nathaniel W. Anderson. 2019. “Trends in Health Equity in the United States by Race/Ethnicity, Sex, and Income, 1993-2017.” *JAMA Network Open* 2 (6): e196386-e196386.

persisted as a continual condition.² Consider just a few (among many) examples of striking contemporary patterns in the United States:

- Black and American Indian/Alaska Native (AIAN) people live fewer years, on average, than White people.³
- Black and AIAN people more likely to die from treatable conditions than White people.⁴
- Black people are at higher risk for chronic health conditions like diabetes and hypertension.⁵
- Black people are more likely to die from breast and colon cancer, particularly because of later-stage diagnoses and differential treatment.⁶
- Black and AIAN women are more likely to die during or after pregnancy and to suffer serious pregnancy-related complications; they are also more likely to lose children in infancy.⁷
- As a result of COVID-19, racial/ethnic disparities in life expectancies grew worse. Average life expectancies for Black, Latina/o, and AIAN people fell more sharply compared to white people.⁸

² Byrd, W. Michael, and Linda A. Clayton. 2001. *An American Health Dilemma: Race, Medicine, and Health Care in the United States 1900-2000*. Routledge.

³ Arias, Elizabeth et al. 2021. "Provisional Life Expectancy Estimates for 2020." NCHS Vital Statistics Rapid Release: <https://www.cdc.gov/nchs/data/vsrr/vsrr015-508.pdf>; Radley, David C., Jesse C. Baumgartner, Sara R. Collins, Laurie Zephyrin, and Eric C. Schneider. 2021. "Achieving Racial and Ethnic Equity in U.S. Health Care: A Scorecard of State Performance." *The Commonwealth Fund*: <https://www.commonwealthfund.org/publications/scorecard/2021/nov/achieving-racial-ethnic-equity-us-health-care-state-performance#1>.

⁴ Baumgartner, Jesse C., Gabriella N. Aboulafia, Yaphet Getachew, David C. Radley, Sara R. Collins, and Laurie Zephyrin. 2021. "Inequities in Health and Health Care in Black and Latinx/Hispanic Communities: 23 Charts." *The Commonwealth Fund*: https://www.commonwealthfund.org/sites/default/files/2021-06/Baumgartner_racial_disparities_chartbook_v2.pdf; Indian Health Service. 2019. "Disparities."

Available online: <https://www.ihs.gov/newsroom/factsheets/disparities/>.

⁵ Ibid

⁶ Ibid (source: National Vital Statistics System Mortality Data Files).

⁷ Ibid

⁸ Andrasfay, Theresa, and Noreen Goldman. 2021. "Reductions in 2020 US Life Expectancy due to COVID-19 and the Disproportionate Impact on the Black and Latino Populations." *Proceedings of the National Academy of Sciences* 118, no. 5: <https://doi.org/10.1073/pnas.2014746118>.

The Structural Bases of Racial Health Inequities

These racial disparities are just the tip of a much larger iceberg. Crucially, such inequitable health outcomes are a product of systemic forces, not individual choices.⁹ In the United States, “systems of racial stratification shape whether you live in a neighborhood that will promote your health, have access to resources to sustain your health, have daily experiences that will threaten your health or make you vulnerable to illnesses that will weaken your health, and they influence the political processes that can be activated to protect your health.”¹⁰ These systems are generated through overlapping social, economic, and political processes that together determine racial health disparities. Inequitable health insurance is a key factor that contributes to such disparities. People of color have lower access to health insurance for a wide variety of reasons including more tenuous and disadvantageous positioning in the labor market¹¹ and the racialized geography of public policies like Medicaid.¹² As a result, uninsured rates are generally higher for Black, Latina/o/x, and AIAN adults compared to White adults.¹³

⁹ Bailey, Zinzi D., Feldman, Justin M., and Bassett, Mary T. 2021. “How Structural Racism Works—Racist Policies as a Root Cause of US Racial Health Inequities.” *New England Journal of Medicine* 384 (8): 768–73.

¹⁰ Michener, Jamila and Alana M. W. LeBrón. 2022. “Racism, Health, and Politics: Advancing Interdisciplinary Knowledge.” *Journal of Health Politics, Policy and Law* 47 (2): 111–130 (pg. 112).

¹¹ Mayberry, R. M., Mili, F., & Ofili, E. (2000). “Racial and Ethnic Differences in Access to Medical Care.” *Medical Care Research and Review*, 57(1_suppl), 108–145.

¹² Michener, Jamila D. 2021. “Politics, Pandemic, and Racial Justice through the Lens of Medicaid.” *American Journal of Public Health* 111(4): 643–646; Michener, Jamila. 2018. *Fragmented Democracy: Medicaid, Federalism, and Unequal Politics*. Cambridge University Press.

¹³ Radley, David C., Jesse C. Baumgartner, Sara R. Collins, Laurie Zephyrin, and Eric C. Schneider. 2021. “Achieving Racial and Ethnic Equity in U.S. Health Care: A Scorecard of State Performance.” *The Commonwealth Fund*: <https://www.commonwealthfund.org/publications/scorecard/2021/nov/achieving-racial-ethnic-equity-us-health-care-state-performance#1>.

The Consequences of Unequal Access to High Quality Healthcare

Unequal, unstable, unaffordable, and constrained access to health insurance, along with a host of related factors, contribute to many people of color experiencing the healthcare system as profoundly discriminatory, difficult to navigate, and racist.¹⁴ People of color are more likely to delay care or forgo treatment.¹⁵ They struggle to afford prescribed medication and adhere to treatment regimens.¹⁶ Such disparities have only been amplified by the ongoing COVID-19 pandemic.¹⁷ As a result, Black, Latina/o/x, and Indigenous Americans had significantly higher rates of COVID-19 infection, hospitalization, and death compared to their White counterparts.¹⁸

¹⁴ Hamel, Liz, Lunna Lopes, Cailey Muñana, Samantha Artiga, and Mollyann Brodie. 2020. "KFF/The Undeclared survey on Race and Health." *San Francisco: Kaiser Family Foundation*; Michener, Jamila. 2018. *Fragmented Democracy: Medicaid, Federalism, and Unequal Politics*. Cambridge University Press; Thomas, Stephen B. 2001. "The Color Line: Race Matters in the Elimination of Health Disparities." *American Journal of Public Health* 91(7): 1046-1048.

¹⁵ Ahmed, Ahmed, Yang Song, and Rishi K. Wadhera. 2022. "Racial/Ethnic Disparities in Delaying or Not Receiving Medical Care During the COVID-19 Pandemic." *Journal of General Internal Medicine* DOI: 10.1007/s11606-022-07406-7; Baumgartner, Jesse C., Gabriella N. Aboulafia, Yaphet Getachew, David C. Radley, Sara R. Collins, and Laurie Zephyrin. 2021. "Inequities in Health and Health Care in Black and Latinx/Hispanic Communities: 23 Charts." *The Commonwealth Fund*: https://www.commonwealthfund.org/sites/default/files/2021-06/Baumgartner_racial_disparities_chartbook_v2.pdf; Kim, Giyeon, Katy L. Ford, David A. Chiriboga, and Dara H. Sorkin. 2012. "Racial and Ethnic Disparities in Healthcare Use, Delayed Care, and Management of Diabetes Mellitus in Older Adults in California." *Journal of the American Geriatrics Society* 60 (12): 2319-2325; Miller-Kleinhenz, Jasmine M., Lindsay J. Collin, Rebecca Seidel, Arthi Reddy, Rebecca Nash, Jeffrey M. Switchenko, and Lauren E. McCullough. 2021. "Racial Disparities in Diagnostic Delay among Women with Breast Cancer." *Journal of the American College of Radiology* 18 (10): 1384-1393.

¹⁶ Savage, Tamara Estes, and N. C. Pembroke. 2020. "Structural Racism and the Racial Medication Adherence Inequity within the End-stage Renal Disease Population: A New Theoretical Framework." *Journal of Nephrology Social Work* 44 (2): 9-10; Winters, Karen P., Sharon B. Wyatt, Todd G. Nick, Peggy O. Hewlett, John C. Hyde, and Audwin B. Fletcher. 2010. "Race, Stability of Health Insurance Coverage, and Prescription Medication Use." *ABNF Journal* 21 (1): 21-26.

¹⁷ Gray, D. M., Anyane-Yeboah, A., Balzora, S., Issaka, R. B., & May, F. P. (2020). COVID-19 and the other pandemic: Populations made vulnerable by systemic inequity. *Nature Reviews Gastroenterology & Hepatology*, 17(9), 520–522.

¹⁸ Rubin-Miller, Lily, Christopher Alban, Samantha Artiga, and Sean Sullivan. 2020. "COVID-19 Racial Disparities in Testing, Infection, Hospitalization, and Death: Analysis of Epic Patient Data." *Kaiser*

The ramifications of such patterns go beyond individuals— extending to communities of color that remain at acute risk because of longstanding patterns of racial residential segregation.¹⁹ The disadvantages generated from being uninsured, underinsured, or otherwise precarious in relation to healthcare, are concentrated in the places where people of color. For example, roughly 60 percent of Black people live in southern states, which have poor health outcomes and attenuated access to health relative to other parts of the country.²⁰ More generally, heterogeneity in state policy implementation, as saliently demonstrated with the Affordable Care Act, disproportionately affects people of color.²¹ Looking beyond states, racially unequal access to health insurance persists at the substate level (e.g., in counties and neighborhoods).²²

Universal Health Coverage for a More Racially Equitable Democracy

Access to healthcare is an “ethical and human rights principle” that means “everyone has a fair and just opportunity to be as healthy as possible.”²³ This

Family Foundation: https://madison365.com/wp-content/uploads/2020/09/KFF-Epic-Analysis_COVID19-and-racial-disparities.pdf

¹⁹ Collins, Chiquita A., and David R. Williams. 1999. “Segregation and Mortality: The Deadly effects of Racism?.” In *Sociological Forum* 14 (3): 495-523; Williams, David R., and Collins, Chiquita. 2001. “Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health.” *Public Health Reports* 116 (5): 404–16.

²⁰ Baumgartner, Jesse C., Gabriella N. Aboulaflia, Yaphet Getachew, David C. Radley, Sara R. Collins, and Laurie Zephyrin. 2021. “Inequities in Health and Health Care in Black and Latinx/Hispanic Communities: 23 Charts.” *The Commonwealth Fund*: https://www.commonwealthfund.org/sites/default/files/2021-06/Baumgartner_racial_disparities_chartbook_v2.pdf

²¹ Michener, Jamila. 2020. “Race, Politics, and the Affordable Care Act.” *Journal of Health Politics, Policy and Law* 45 (4): 547-566.

²² For example, see the comprehensive data amassed via The County Health Rankings & Roadmaps, a program of the [University of Wisconsin Population Health Institute](https://www.countyhealthrankings.org):

<https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/2021-measures>

²³ Braveman, Paula, Elaine Arkin, Tracy Orleans, Dwayne Proctor, Julia Acker, and Alonzo Plough. 2018. “What is Health Equity?” *Behavioral Science & Policy* 4, (1): 1-14

principle can only be achieved by reducing health disparities.”²⁴ Access to high quality health insurance is a critical determinant of racial health disparities.²⁵ For this reason, universal health insurance coverage is a necessary (though not at all sufficient) precondition for giving everyone a fair and just opportunity to be healthy, irrespective of racial classification/identification.

Over and above the material and health benefits that such coverage would provide, it would also position people of color as full and equal members of the polity, reinforcing their civic status and strengthening our democracy. Though this connection is too often overlooked, health and health policy have crucial consequences for democratic participation.²⁶ Medicaid is an especially apt example given that a disproportionate share of Medicaid beneficiaries are people of color.²⁷

²⁴ Ibid

²⁵ For example, see: Adamson, Blythe JS, Aaron B. Cohen, Melissa Estevez, Kelly Magee, Erin Williams, Cary Philip Gross, Neal J. Meropol, and Amy J. Davidoff. 2019. “Affordable Care Act (ACA) Medicaid Expansion Impact on Racial Disparities in Time to Cancer Treatment.” *Journal of Clinical Oncology* 37 (18): LBA1-LBA1; Hargraves, J. Lee, and Jack Hadley. 2003. “The Contribution of Insurance Coverage and Community Resources to Reducing Racial/Ethnic Disparities in Access to Care.” *Health Services Research* 38 (3): 809-829; Kirby, James B., Gregg Taliaferro, and Samuel H. Zuvekas. 2006. “Explaining Racial and Ethnic Disparities in Health Care.” *Medical Care* 44 (5): I64-I72; Lillie-Blanton, Marsha, and Catherine Hoffman. 2005. “The Role of Health Insurance Coverage in Reducing Racial/ethnic Disparities in Health Care.” *Health affairs* 24 (2): 398-408; Zuvekas, Samuel H., and Gregg S. Taliaferro. 2003. “Pathways to Access: Health Insurance, the Health Care Delivery System, and Racial/Ethnic Disparities, 1996–1999.” *Health Affairs* 22 (2): 139-153.

²⁶ For just a small slide of the significant evidence on this point, see: Cahill, Katie, and Christopher Ojeda. 2021. “Health and Voting in Rural America.” *Frontiers in Political Science* 3:590324; Gollust, Sarah E., and Jake Haselswerdt. 2019. “Health and Political Participation: Advancing the Field.” *Journal of Health Politics, Policy and Law* 44 (3): 341-348; Landwehr, Claudia, and Christopher Ojeda. 2021. “Democracy and Depression: A Cross-National Study of Depressive Symptoms and Non-Participation.” *American Political Science Review* 115(1): 323-330; Michener, Jamila and Alana M. W. LeBrón. 2022. “Racism, Health, and Politics: Advancing Interdisciplinary Knowledge.” *Journal of Health Politics, Policy and Law* 47 (2): 111–130; Ojeda, Christopher, and Christine Slaughter. 2019. “Intersectionality, Depression, and Voter Turnout.” *Journal of Health Policy, Politics, and Law* 44 (3): 479–504; Pacheco, Julianna, and Christopher Ojeda. 2020. “A Healthy Democracy? Evidence of Unequal Representation across Health Status.” *Political Behavior* 42: 1245–1267.

²⁷ Michener, Jamila D. 2021. “Politics, Pandemic, and Racial Justice through the Lens of Medicaid.” *American Journal of Public Health* 111(4): 643-646.

Medicaid expansion is associated with short-term boosts in voter turnout, whereas Medicaid disenrollment is associated with significant declines in rates of voting.²⁸ More generally, Medicaid beneficiaries' experiences with the program affect whether and how they participate in politics.²⁹ Access to high quality, affordable health care offered to all in ways that convey dignity and respect, has great potential to amplify the voices of those most who are most economically and racially marginalized in American society, to build their power, and to create a more robust democracy.³⁰ Such a goal is not in the name of partisan politics or electioneering. Instead, it is about ensuring that those with the most at stake have meaningful influence over the political processes that determine their ability to survive and thrive.

Conclusion

Given the above emphases on voice and political inclusion, I'll conclude this testimony with the perspectives of Medicaid beneficiaries whom I have engaged with over the course of years of systematic qualitative research interviews. These quotes are broadly reflective Medicaid beneficiaries' expressions of the ways that health insurance is a vital resource for everyone, particularly people of color. They also underscore the imperative of health insurance as a core component of full and equal inclusion in U.S. polity.

²⁸ Haselswerdt, Jake. 2017. "Expanding Medicaid, Expanding the Electorate: The Affordable Care Act's Short-term Impact on Political Participation." *Journal of Health Politics, Policy and Law* 42 (4): 667-695; Haselswerdt, Jake and Jamila Michener. 2019. "Disenrolled: Retrenchment and Voting in Health Policy." *Journal of Health Politics, Policy and Law* 44 (3): 423-454.

²⁹ Michener, Jamila. 2018. *Fragmented Democracy: Medicaid, Federalism, and Unequal Politics*. Cambridge University Press.

³⁰ Michener, Jamila. 2019. "Medicaid and the Policy Feedback Foundations for Universal Healthcare." *The ANNALS of the American Academy of Political and Social Science* 685 (1): 116-134.

- Shana³¹ (Black Woman, Michigan): “I love Medicaid ... it helps low-income families that can’t afford insurance.”
- Terry (Black Woman, Georgia): “If it was about helping people, you would say yes, let my state be more productive and healthy so that we do not have people losing their lives [and] so that they can be productive citizens ... These types of people are here serving you food when you go out ... wouldn’t you like to know that they are healthy? These are the people that you want to give Medicaid, the very people who are serving your food ... you do not want to insure the very people that are serving you food?”
- Lucy (Black Woman, Georgia): “I think a lot of people [on Medicaid]...are scared that their voice is not going to be heard at the end of the day no matter how much you protest no matter how much you call those in the higher upper seats, it’s all as if our voices aren’t heard and that’s what a lot people think like: ‘why should I even say anything it’s not going to change anything?’ But in actuality it might be just that one vote that pushes it over to change everything, but to us, sitting down here looking at those up there, it’s like our voice, what is my little voice going to do?”

For Shana, Terry, Lucy and so many others, health equity means that their voices matter and it necessitates systems that are responsive to their needs. Universal coverage is part and parcel of such responsiveness.

³¹ To protect the confidentiality of research participants, all names are pseudonyms. Quotes are drawn directly from research interviews.