

Viewpoint: Racism rather than 'race' better explains racial disparities in addiction and other diseases

[T]he assumption that health disparities are caused by race rather than racism permeates more subtly in the practices of many organizations, including the National Institutes of Health (NIH).

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On the subjects of disease and disparity, the NIH focuses on the genetic code inside individual bodies and ignores the wider contexts within which these bodies live, work, play and get sick. The NIH overlooks societal inequalities and gives genes too much credit.

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As a black child, [six-year-old] Khiara's risk of death from asthma hangs [10](#) times higher than a white girl her age. A child like her living in the South Bronx is 14.2 times as likely to be hospitalized for asthma-related complications as a child in a wealthier neighborhood less than two miles away.

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An overwhelming majority of the 2013 NIH Biennial Report's section on asthma discusses biomarkers, immunotherapies and the development of the "African power chip," a genome-sequencing endeavor meant to "discover genes associated with asthma in African ancestry populations." The report ignores the fact that, as a result of unjust housing policies and highway projects, black Americans have a significantly higher exposure rate to 13 out of 14 major pollutants.

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Khiara is not uniquely susceptible to asthma because of her genetics. She is at risk because of a different kind of inheritance, one bestowed by the legacy of unrelenting racism embedded in American history.

Read full, original post: [Racial Differences in Addiction and Other Disorders Aren't Mostly Genetic](#)