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Project Proposal: "Race, Medicine, and Garbage Science"

In 2020, as the NFL was processing thousands of brain trauma claims from former players, some Black players began to suspect that the League was making it harder for them than for White players to collect compensation.^{FN}

It turned out they were right. For years, NFL physicians had worked on the false premise that all Black players naturally had less cognitive ability than all White players—which made it easier to deny Black players' claims of cognitive loss. When the story broke, it caused an uproar in the League, whose lawyers nevertheless defended their racial double-standard as a "widely accepted and long-established" scientific methodology.

It was a cynical legal argument, but it was an accurate statement about science and medicine in the US.

"Race norming," a practice based largely on a mix of disproven theories and racist tropes, pervades not just cognitive science, but many other fields of medical research and practice. It's taught in medical schools. It's practiced in major hospitals. It's written into insurance policies. And, increasingly, it's coded into algorithms that inform tests used by physicians across the country.

"These tests are woven into the fabric of medicine," says Dr. David Jones, a Harvard historian of medical ethics, who warns that, through algorithms, race norming has "become embedded, sometimes insidiously, within medical practice."

Jones is one of a team of researchers who've identified 13 standard algorithms that rely on race norming in a way that could deprive Black patients of crucial medical care, including:

- being approved for coronary bypass surgery,
- having a kidney stone removed,
- getting treatment for osteoporosis,
- getting treatment for asthma,
- being screened for breast cancer,
- being approved for a vaginal birth rather than a caesarian section,
- being approved for a kidney donation.

Recently, leading medical institutions have begun to identify and extract race norming