

‘Health equity tourists’: How white scholars are colonizing research on health disparities

By [Usha Lee McFarling](#) Sept. 23, 2021

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Fueled by the massive health disparities exposed by the coronavirus pandemic and the racial reckoning that followed the murder of George Floyd, health equity research is now in vogue. Journals are clamoring for it, the media is covering it, and the National Institutes of Health, after [publicly apologizing](#) for giving the field short shrift, recently announced it would unleash nearly \$100 million for research on the topic.

This would seem to be great news. But a STAT investigation shows a disturbing trend: a gold rush mentality where researchers with little or no background or training in health equity research, often white and already well-funded, are rushing in to scoop up grants and publish papers. STAT has documented dozens of cases where white researchers are building on the work of, or picking the brains of, Black and brown researchers without citing them or offering to include them on grants or as co-authors.

A glaring example occurred in August when the Journal of the American Medical Association — a leading medical journal already [under fire](#) for how it handles issues of race — published a [special themed issue](#) on racial and ethnic health disparities in medicine. Meant to highlight JAMA’s new commitment to health equity, it served up an illustration of the structural racism embedded in academic publishing: Not one of the five research papers published in the issue included a Black lead or corresponding author, and just one lead author was Hispanic.

A JAMA spokesperson said its editors do not consider the demographics of authors in selecting research papers, but critics say that neutral stance perpetuates long-standing inequities rather than addressing them.

Health equity researchers say they welcome new interest — and white allies — in their area, which focuses on finding solutions for poorer health outcomes in people from different races, ethnicities, genders, sexual identities, or income levels. But many are troubled by “health equity tourists” — some seen as well-meaning and motivated by their new awareness of racism, others as opportunistic scientific carpetbaggers — parachuting in to “discover” a field that dates back more than a century. Many of these newcomers, they say, are publishing naive and uninformed, and sometimes racist, research and “erasing” scholars of color who created much of the discipline’s foundational work.

“Medicine does that, they Columbus everything,” said [Monica McLemore](#), an associate professor of family health care nursing at the University of California, San Francisco, who studies reproductive health and rights in marginalized communities. She said she is increasingly seeing “neutered and watered-down” work as people without proper training, background, or skills publish in her area. “People want to look like they’re doing the work without doing the work,” she said.

Some also see the influx of new researchers as an existential threat: By taking a cut of the still relatively small amount of funding flowing into health equity research, newcomers may be squeezing out scientists of color from one of the few fields within academic medicine where they have long worked and led. “It all comes down to the tenure system. If we’re not getting funded, we’re not going to get promoted,” said [Whitney Sewell](#), a lecturer in population medicine at Harvard Medical School who studies HIV prevention in Black women.

The issue is compounded by academic journals not having enough editors and peer-reviewers — an overwhelmingly white group — who have the knowledge to judge the quality and originality of health equity research.

One of the five studies in the recent JAMA themed issue, documenting the lack of Black medical school faculty and led by a white author, reported results similar to findings published three years earlier, in a lower-profile journal, by Black researchers.

“There’s nothing new under the sun in his paper,” said [Elle Lett](#), a Black and trans statistical epidemiologist, postdoctoral scholar, and M.D. candidate at the Perelman School of Medicine at the University of Pennsylvania who published the earlier [study](#). In fact, her 2018 paper in PLOS One was more comprehensive, including Hispanic faculty in its analysis. “It is troubling that a white man, who has had every privilege conferred on him, is writing a paper about the plight of Black academics,” said Lett. “He is extracting from our pain for his career advancement.”

Christopher Bennett — an emergency room physician and assistant professor at Stanford — was the senior author of the JAMA paper that was similar to Lett’s. He did cite her earlier research but did not contact her to collaborate or find a Black co-author whose career could have benefited from being on such a publication. “For this to be ethical and just, it requires you to redistribute some of your privilege and benefit,” Lett said.

Only when the study was about to be published did Bennett reach out to ask Lett whether she would comment on his paper to reporters — something that would further Bennett’s career and profile even more. That was a hard no.

Because it’s published in a higher-profile journal, Bennett’s paper is likely to eclipse her work and get more citations, she added: “The reality is my highest-cited publication will be silenced by his.”

And the paper Lett published in PLOS One? “I had sent it to JAMA first,” she said. “They had no interest.”

“I’m not here for health equity tourists,” said Lett. “Eventually this interest will wane and we’ll go back to a place where resources are scarce. If the science has been polluted, not only will we have to do new work, we’ll have to go back and fix all the mistakes.”

A [review](#) of more than 200,000 articles published in the past 30 years by the leading medical journals — the New England Journal of Medicine, The Lancet, JAMA, and The BMJ — found fewer than 1% of articles included the word racism. Of those that did, more than 90% were opinion pieces and not research articles. (Scholars in the field say they have long been relegated to writing only opinion pieces, which carry less academic weight and impact than research articles.)

Weil said there is no question academic publishing is steeped in structural racism. “If you’re published, you’re asked to review. If you’re cited, you get tenure. If you get tenure, you get more resources to publish,” he said. “The problem is the people who are outside of the circle, who don’t have a track record of publication, who don’t get funded or mentored, or have a heavy teaching load. Opportunities are not equally distributed.”

He said journals must be actively antiracist and not simply send out papers for review to the handful of scholars of color on their boards and in their networks who are already overwhelmed. “The purpose of diversifying is not to give more work to the small number of people you’ve let into the club, it’s to let more people in,” he said. “It’s always easy to say, ‘I can’t find people.’ The question is, are you really looking?”

Black and brown health equity researchers say work they have done that has gone unappreciated in the past is now increasingly being used by others, often without being cited. The issue has erupted in many academic fields. #CiteBlackWomen has become a hashtag, and [a social movement](#).

For some, like Ray Givens, these are not just simple omissions, but active acts of erasure. Givens, a Black cardiologist at Emory University, [examined the extreme lack of racial diversity among medical journal editors](#) last year. He was stunned to see [JAMA Internal Medicine](#) publish a similar analysis in June that did not mention his own, especially because he had made his data public, and communicated them by email to JAMA editors, including the paper's senior author, Rita Redberg of the University of California, San Francisco. He had also discussed the findings with the lead author, James Salazar, also of UCSF, when Salazar had interviewed with Givens for a position at Columbia.

In statements, the authors said their study was initiated prior to communications with Givens and they did not cite his unpublished work because it did not contribute to their analysis.

Givens is unpersuaded. “The issue isn’t just blind spots,” he said. “It’s refusal to see.” He said for the authors to not refer to his work in an acknowledgement, footnote, or as personal communication was intellectually dishonest and echoes a history of white people in power refusing to credit Black scholars and activists for their work.

“What does it mean when you tell people that their refusal to be fully truthful or allow different voices in the room is harmful to vulnerable ethnic groups like yours and they still refuse to budge?” asked Givens. “It’s hard for me to think of a better word than racism — though white supremacy and deliberate indifference are probably equally good.”

Caballero said that he, like many fellow BIPOC researchers, has been increasingly asked to share his research — in his case, a rich dataset on racial disparities in Covid testing — with other researchers for their publications. When he asked one researcher

from a major university if he would be included as a co-author if she used his data, Caballero said he never heard back. “Crickets,” he said.

In what many describe as “a minority tax,” Caballero said many researchers of color are asked to share their perspective on papers or grant applications — a kind of pre-peer review — without being compensated, offered authorships, or welcomed onto research teams. “Grants and publications are the coin of the realm,” he said. “We are essentially advancing our competitors’ careers, using time we could be advancing our own careers, especially now when people are flooding into this field because they see opportunities.”

This [failure to credit scholars of color](#) means they are less likely to advance in their careers, achieve tenure, or even stay in academia. Less than 4% of full-time faculty at medical schools are Black, and there has recently been an [exodus of minority doctors](#) from academic positions.

Fears that well-funded, white researchers will nab the bulk of the new money are being expressed widely on social media.

“I literally know folks who have been fired (and/or stressed about taking bold stances...by uttering the word racism...let alone *structural* racism) their entire careers. Now, folks prance in like a savior,” epidemiologist Chandra Jackson of the National Institute of Environmental Health Sciences [tweeted](#) in June.

“Bothered that most of the awardees will be folks who benefit directly from structural racism and some of which who perceive this work as a ‘hot-topic’ and an opportunity to boost their tenure packet,” Sewell, the Harvard lecturer, [tweeted](#) in a widely shared post shortly after NIH issued its call for health equity funding applications in March.

“There are scholars out there who have been applying for NIH funding for decades and just hit a wall because of the nature of their grants,” Sewell told STAT. “They had to talk about health disparities without using the word because they knew they wouldn’t get funded.”

Meanwhile, a number of health equity researchers say they are getting besieged by offers from white teams who have never worked in health equity to either pick their brains or collaborate on grants.

“I am seeing it all the time,” said [Rachel Hardeman](#), a reproductive health equity researcher who directs the Center for Antiracism Research for Health Equity at the University of Minnesota School of Public Health. She has been so overloaded with requests she’s put a bounce-back message on her email saying she cannot provide assistance or consultation for outside projects.

“In the past few weeks alone, I’ve had six inquiries from research teams that don’t typically do this work asking me about collaborating,” she said. “They know they need an expert to hitch their wagons to.”

Some health equity researchers worry about tokenism — that a single minority researcher may be added to a large team without being truly involved in decision-making. Others, such as Lisa Richardson, a health equity scholar of mixed indigenous and European descent, say they feel patronized by white researchers who ask to partner for grants, saying they can “lend credibility.” Or they are infuriated by suggestions they need help writing grants when it is the funding and review process that is the problem.

But Gravlee, who recently wrote [a widely praised essay](#) on how problems at JAMA illustrate white supremacy, said good intentions are not enough. People need to enter

the field with humility, do their homework, and make sure they cite, partner with, and support scholars of color, he said.

These difficult and direct discussions, said McLemore, need to happen more often. “It’s our responsibility to model the kinds of behavior we would like to see. That means really engaging, reaching out with respect and dignity, and using things like this as teachable moments.”