

MLK knew that health equity and civil rights complement each other



Your Turn
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Guest columnist

Dr. Martin Luther King Jr.'s vision for economic equity found expression in the 1968 Poor People's Campaign, a movement to create a "Beloved Community" where justice and opportunity were accessible to all. King understood that poverty, inadequate healthcare, and systemic inequalities were barriers to individual well-being and national progress.

Today, as new leadership, policies, and technologies emerge, King's vision is more relevant than ever. Advances in medicine and technology offer unprecedented opportunities to tackle health challenges and chronic diseases that impede livelihoods and economic growth.

However, these same innovations could exacerbate inequities if left unchecked or healthcare becomes increasingly commercialized.

Despite law changes, decades of discrimination have had a lasting effect

From slavery through Jim Crow, systemic racism excluded African Americans and other marginalized groups

from quality healthcare. Segregated hospitals, unethical medical practices, and structural barriers such as redlining restricted access to essential care.

Even after the Civil Rights Act of 1964, which outlawed segregation, systemic inequities endured. Medicare's 1966 implementation desegregated hospitals, yet racial disparities in access and treatment persisted, fueled by implicit bias and uneven distribution of resources. Communities of color, particularly African Americans, continue to face disproportionately high rates of chronic diseases, maternal mortality, and preventable illnesses. Similarly, poor rural communities, often predominantly Caucasian, struggle with a lack of healthcare facilities and hospital closures. These disparities reflect a shared struggle among marginalized groups, highlighting the broader need for equitable healthcare access.

Poverty magnifies health inequities. Low-income communities, regardless of race, often lack access to preventive care, leading to worse health outcomes and higher healthcare costs.

The Affordable Care Act (ACA) attempted to bridge this gap through Medicaid expansion, but millions remain uninsured in states that refused expansion. This gap disproportionately affects marginalized populations, from rural Appalachia to urban neighborhoods.

Social determinants of health – such

as inadequate housing, limited educational opportunities, and food insecurity – further exacerbate disparities. These systemic barriers perpetuate cycles of poverty and poor health, hindering economic mobility and individual well-being.

Five goals to meet in order to reach health equity

Marginalized groups share common obstacles and goals.

Addressing these barriers through unity and collaboration can advance health equity:

- **Universal health coverage:** Expanding Medicaid or adopting universal healthcare ensures that all individuals, regardless of income or location, have access to affordable care.

- **Community health investments:** Federally Qualified Health Centers (FQHCs) and similar initiatives can provide affordable, culturally competent care to underserved populations.

- **Addressing social determinants:** Policies improving housing, education, and food security benefit all marginalized groups, reducing health disparities across communities.

- **Health literacy:** Public health campaigns tailored to diverse cultural contexts can empower individuals to make informed healthcare decisions.

- **Combatting systemic bias:** Reducing implicit bias and increasing di-

versity in healthcare professions can improve trust and outcomes for all groups.

Achieving health equity requires coalition. Grassroots movements, unions, and advocacy organizations can unite diverse groups around shared goals, amplifying their voices to help achieve systemic reforms.

Campaigns to expand Medicaid benefit both rural white populations and urban communities of color.

Similarly, efforts to address addictions, maternal mortality, and chronic disease prevention can create broad-based support for equitable healthcare policies.

Dr. King recognized that health equity is central to justice and equality. As he said in 1966: "Of all the forms of inequality, injustice in health is the most shocking and inhumane." In a rapidly changing world, achieving the Beloved Community demands vigilance.

Innovations in technology and medicine hold great promise, but only if access is democratized and disparities are eliminated. By fostering unity across racial and economic divides and advocating for shared goals, the National Civil Rights Museum is a safe space for conversations and collaboration that honor King's legacy for a more inclusive future where healthcare is a universal right, not a privileged resource, for all.

Dr. Russ Wigginton is president of the National Civil Rights Museum.