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Isabel Wilkerson's Caste: Understanding Bias and Racism's Impact on Health

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Isabel Wilkerson's New York Times bestseller and Pulitzer Prize-winning book, [Caste: The Origins of Our Discontents](#) explores the relationship of the United States (US) caste system on inequities in housing, education, employment, and voting for Black Americans. Its impact on health can inform nursing education and practice to improve service delivery for underserved communities.

Caste, "an artificial...fixed and embedded ranking of human value that sets the presumed supremacy of one group against the presumed inferiority of other groups..." (p. 17), consists of 8 pillars that contribute to increased morbidity and mortality among Black Americans and other underserved communities. The following describes each pillar and provides a recent exemplar and discusses its health impact.

1. **Divine Will and the Laws of Nature:** Divine Will refers to myths that Black persons were subhuman and inferior by the US medical establishment to justify the conditions of slavery (i.e., extreme overwork, poor nutrition, etc.). Despite the passage of time, a [2017 systematic review](#) of studies involving nurses, physicians, and other health care workers found that in 35 of 42 studies, health care providers had high levels of implicit bias and that bias was associated with a lower quality of care including: miscommunication, misdiagnosis, and incorrect treatment decisions.
2. **Heritability:** A person born to a particular caste, remains in that caste throughout life. In the US, wealth and fame are often associated with greater privilege, however, tennis great, [Serena Williams' requests for treatment](#) for shortness of breath and pain due to a pulmonary embolism after the birth of her daughter, were initially ignored and could have resulted in her death, consistent with poor Black maternal mortality outcomes nationally.
3. **Endogamy and Control of Marriage:** Control of marriage restricts marriage to people of the same caste. Historically, this applied to racial groups, but more recently, the debate pertained to same-sex marriage. The legalization of same-sex marriage benefitted

couples by [increasing health insurance coverage for partners](#), use of preventive health care services, and [sense of well-being](#).

4. Purity Versus Pollution: Individuals in the dominant caste seek to avoid “contamination” by associating with members of lower castes. This is demonstrated in the [rejection of the Affordable Care Act by low income, non-insured persons](#) who could benefit from health care, but refuse because they associate it with “welfare queens” or immigrants.
5. Occupational Hierarchy: Career opportunities vary according to caste with higher paying and more prestigious roles accessible to the dominant caste. In health care, [84% of psychologists, 67% of physicians, and 74% of Registered Nurses are White, while 32% of certified nursing assistants and 23% of licensed vocational nurses are Black](#). This indicates there is not a lack of interest, but a lack of access.
6. Dehumanization and Stigma: The denial of basic human rights and normalization of exploitation and abuse results in poor health outcomes. With the enactment of legislation restricting transgender persons use of bathrooms, military service, and access to homeless shelters, public sentiment is affected. Legislation changes also coincided with increased death rates for transgender persons increasing from [20-30 violent deaths annually between 2013 and 2019, to 44 in 2020](#).
7. Terror as Enforcement: Terror is used to suppress resistance of non-dominant castes. The US federal government’s adoption of a “zero-tolerance policy” to deter border crossing from Mexico resulted in psychological trauma associated with separating parents from children and infants and complaints of [abusive conditions in detention centers](#) including a lack of testing and treatment for coronavirus, unsanitary conditions, and [forced hysterectomies](#).
8. Inherent Superiority Versus Inherent Inferiority: Internalized racism, when persons of the non-dominant caste accept negative perceptions held by the dominant caste, can result in [health consequences that include higher stress levels that predispose persons to greater disability, pain, and early mortality](#).

While implicit bias training is often a go-to strategy to address racism in health care, the 8 pillars of caste illuminate the need to modify institutional structures that sustain the many inequities that impact health. This framework could be instrumental in educating nursing students and practicing professionals to develop strategies that improve health outcomes through support of expanded health insurance legislation, basic human rights, and access to health professional education for members of underserved communities.