



SSN Member Spotlight: Jamila Michener on Addressing Racial Inequities

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“Access to high quality, affordable health care offered to all, in ways that convey dignity and respect, has great potential to amplify the voices of those who are most economically and racially marginalized in American society, to build their power, and to create a more robust democracy.” -
Jamila Michener, Cornell University

For this member spotlight, SSN is excited to highlight professor and SSN Steering Committee member [Jamila Michener](#) and her work to advocate for research-informed policy improvements that address racial inequities.

Last month, Professor Michener [testified before the Congressional Committee on Oversight and Reforms](#) about the need for universal health coverage. In the “Examining Pathways to Universal Health Coverage” hearing, organized by committee chair Representative Carolyn B. Maloney (D-NY), Michener laid out how this policy change would not only address health inequities in communities of color, but also strengthen democracy.

Michener shared that people of color have never experienced health equity in the United States. Among a list of pertinent statistics, she showed that Black and Indigenous Americans in particular have shorter average lifespans and suffer higher death rates, including from preventable and treatable conditions. Due to systemic racism, communities of color have long faced a lack of health coverage, health care access, and other opportunities that are crucial to establishing health equity – where everyone has a fair chance to be as healthy as possible.

“Unequal, unstable, unaffordable, and constrained access to health insurance contributes to people of color experiencing their health care system as profoundly discriminatory and difficult to navigate,” said Michener.

Beyond addressing these inequities, Michener also focused her testimony on the ways in which universal health care would strengthen democracy and better position people of color to engage in the political processes. Drawing on political science research, including her own work on Medicaid, she explained how health and health policy play a crucial role in establishing full democratic participation. Medicaid expansion, for example, is correlated with higher voter turnout, while Medicaid disenrollment is associated with lower voting rates.

Closing her remarks, Michener shared a quote from a Medicaid beneficiary she interviewed for her research:

“I think a lot of people on Medicaid and without insurance are scared that their voice is not going to be heard at the end of the day. That no matter how much you protest or how much you call on those in higher upper seats, it’s as if our voices don’t matter. And people think ‘why should I even say anything, it’s not going to change.’ But in actuality, it might just be that one vote that pushes us to change everything. But to us sitting down here, looking at those up there, it’s like our voice,

what is my little voice going to do.”

In addition to her congressional testimony, Michener also contributed to a new report by the Congressional Caucus on Black Women and Girls entitled [An Economy for All: Building a 'Black Women Best' Legislative Agenda](#). The 133-page report, “provides a compelling and connective legislative agenda that centers Black women across a variety of issues and topics including economics, democracy, health, and environment.” Following the report’s publication, Congresswomen Bonnie Watson Coleman (NJ-12), Robin Kelly (IL-2), and Yvette Clarke (NY-9) introduced House Resolution 1050 to consider the policy frameworks and legislative proposals laid out in the report.

JAMILA MICHENER

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Jamila Michener is an Associate Professor of government and public policy at Cornell University and co-director of Cornell’s Center for Health Equity. Michener specializes in the field of American politics with a particular focus on the political precursors to and consequences of poverty and racial inequality. She is the author of *Fragmented Democracy: Medicaid, Federalism and Unequal Politics*.