

dear residents

Virchow and Sociomedical Causation

September 29, 2024

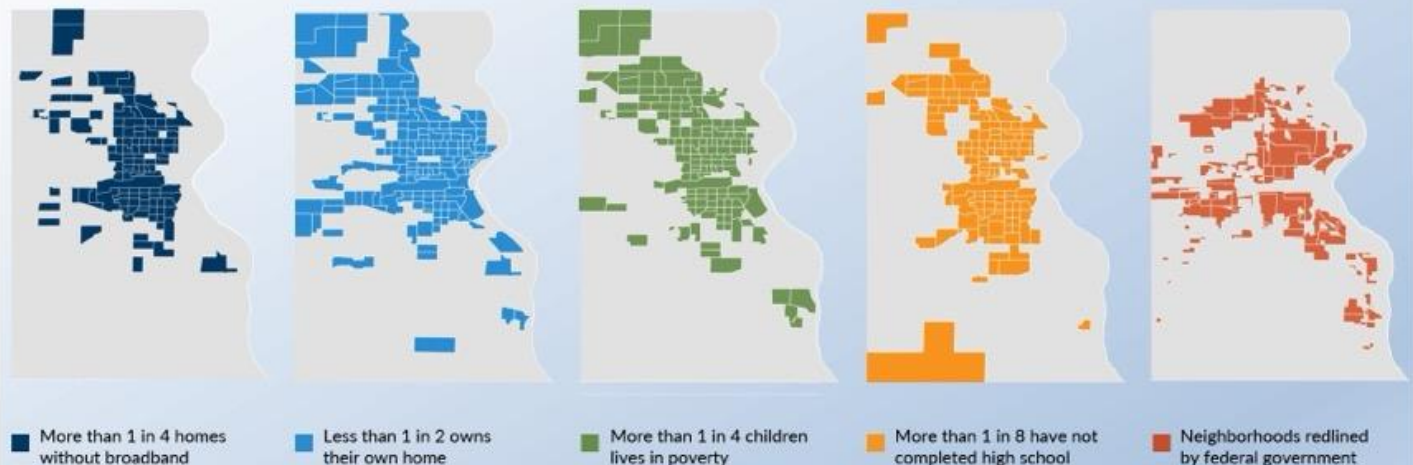
Dear Residents,

ERAS opened on September 25. The applications poured in at 8 AM. Our team is already reviewing applications. Interviews will begin in late October. Your help will be essential for our recruiting efforts. Thank you in advance for signing up for various recruiting events and activities.

Earlier this week, I virtually attended a [National Academy of Science, Engineering and Medicine meeting on diagnostic excellence](#). The theme of this meeting was diagnostic equity. There were a few takeaways for me. One was the concept of digital equity. With increasing reliance on telehealth and digital health communication, there remains insufficient broadband access in urban deserts and rural communities. This has been referred to as [digital redlining](#). It refers to the “intentional lack of investment in broadband infrastructure and affordable service offerings in low-income communities.”

Digital redlining traces back to federal government's redlining of the 1930s

MILWAUKEE COUNTY



Sources: American Community Survey (2015-2019); University of Richmond's Digital Scholarship Lab, Home Owners' Loan Corporation (HOLC) Neighborhood Redlining Grade.

Digital redlining has been referred to as the [The Invisible Structural Determinant of Health](#). There have been several recent [initiatives](#), some governmental and some at the local community level to improve access, speeds and digital literacy for these communities to expand the access to and reliability of digital communication. You will recall how much telehealth was employed during the COVID pandemic and how many children continued their education from home. That this digital access was unequal amplified the social disadvantage for these communities.

My other takeaway was a new appreciation for Rudolf Virchow, the German pathologist we all know from eponymous terms like Virchow's node and Virchow's triad. Virchow proposed the concept of [sociomedical causation](#). In studying epidemic typhus in 19th century Germany, he made the connection between the epidemic and poverty and living conditions. Many have referred to him as the founder of social medicine. He established some of the earliest links between disease, disability and premature death to nutrition, clothing, and housing. This seems obvious to us now, but it had not been formally studied prior to Virchow's time. He became an advocate for public health.

We have the distinct privilege of providing care to those who have been economically and socially marginalized. I know that many solutions are outside your immediate agency. What I did learn is that we can raise awareness by systematically studying the effects of these inequalities to bolster the case for policy change. The principal of "health in all policies" can be dated back to the [Alma-Ata Declaration of 1978](#).

Each patient you see has both their illness and their path to recovery closely intertwined with their socioeconomic status. Our academic medical centers have a tripartite mission – patient care, research, and education. Some have suggested that academic medical centers become socially accountable and expand their mission to a [quadripartite mission](#). UT Southwestern's investment in the School of Public Health and the creation of health system and health equity tracks by our program are steps in the right direction.

Wishing you a wonderful week,

Dino Kazi