Welcome to another episode of the Author Interview series from the American Medical Association Journal of Ethics. I'm your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr José Pérez-Ramos, an Assistant Professor of Public Health Science, Pediatrics, and Obstetrics Gynecology in the School of Medicine and Dentistry at the University of Rochester in New York. He's here to discuss his article, coauthored with Drs Adriana Garriga-López and Carlos Rodríguez Díaz, How Is Colonialism a Sociostructural Determinant of Health in Puerto Rico?, in the April 2022 issue of The Journal, Health Equity in Latinx Communities. Dr Pérez-Ramos, thank you so much for being here today.

DR JOSÉ PÉREZ-RAMOS: Oh, thank you, Tim. Thank you for the invitation, and thank you for the Journal for this invitation as well.

HOFF: Absolutely. We're glad to have you. To begin with, what is the main ethics point that you and your coauthors are making in this article?

PÉREZ-RAMOS: Yeah. So, the main ethic point is it's about colonialism, right? And how does colonialism—it's a sociostructural determinant of health—and how does Puerto Rico's status, as currently it is, is affecting health equity, right? It's a human rights violation, and it's a lack of equity that is preventing Puerto Ricans, not only from a societal standpoint, to fulfill the society, but also in the health and how this is affecting the health and the health quality and even health care among Puerto Ricans living in the archipelago of Puerto Rico.

HOFF: And what do you see as the most important thing for health professions students and trainees to take from this article?

PÉREZ-RAMOS: So, we have to think about equity, right? I think equity, it's been a hot topic among colleges in the United States. And at the least in my university, the University of Rochester, there's a big push about interdiscriminatory, inequitable of health, right? And using the example of Puerto Rico and the current model as it's happening in Puerto Rico, I think, will help students, medical students and even professionals, to better understand how does imperialism or even how does the effect of imperialism, which is colonization, is and actually can be kind of affecting the health of the community members and particularly the most marginalized communities. And in this case, I think it's a great example of it's not necessarily one community. We're talking about a macro issue, which is it's a nation, right? It's a archipelago of people and embedded into multiple other marginalized communities. So, I think the most important thing is for students to understand the impact of inequitable decisions, including, in this case, colonization, and how does that trigger to the health and health care of the habitants? And sometimes it's not easy to understand.
But I think in Puerto Rico, and just to be related to the United States, right, the Affordable Care Act that it’s been talked about for the past years when it’s enacted by the Obama administration, Puerto Rico is excluded from that provisions, right? And same with the SSI. Puerto Rico does not have SSI. So, this is telling you in a way, how does colonization is affecting the life of millions of people, right?

HOFF: Mmhmm. Yeah, those are helpful examples. Thank you. And finally, if you could add a point to your article that you didn’t have the time or space to fully explore, what would that be?

PÉREZ-RAMOS: So, huh, this is quite interesting because when my friends and coauthors, we were discussing or even writing this paper, we have to go back and forth a lot because it’s limited to space, right? And there’s so much that we can talk about Puerto Rico and colonization and also as part of determinants of health or sociostructural determinants of health. And so, we have to kind of like hold our horses, right? So, one of the things, [chuckles] one of the things I think it’s important to talk, it’s about the process of decolonization, right, which I think we kind of barely touched on in the paper. And this needs to be serious talks from internationally, right? Removing political parties, right? Puerto Rico is a highly politicized country, and we have to remove those highly politicized hemispheres, if you want to say, about Puerto Rico and bring to the table the realities of what’s happening. Does the United States really want us as becoming a state? I think it’s a critical question for even the U.S. government. Or does the status quo, it’s benefiting both governments, the United State government and the Puerto Rican government. But triggering the challenges is not really benefiting the people, and that’s why we’re, that’s our call. We have to do things to benefit the people, the community.

And the reality is that what is currently happening in Puerto Rico is not helping the people. Thousands of health providers left the island, are leaving the island. In top of that, the laws that are in Puerto Rico establish, particularly Law 22, which is a hot topic right now in the media, it’s bringing investors, foreign investors, to Puerto Rico, excluding Puerto Ricans, to then be in a tax haven place. So, no taxes being paid. How does that actually really help the Puerto Ricans?

And not only the Puerto Ricans, this is true then to health, health care wise. If you don’t have doctors, if you don’t have health care providers in place, how are you going to be able to provide a great health care to the residents? This is also triggering to the current pandemic. Same thing happens. There is a shortage.

And I understand there’s also a shortage in the United States. However, since we’re talking about Puerto Rico, I think it’s critical to understand that we are facing, I mean, we have been facing one of the worst humanitarian crises worldwide, right? I mean, Puerto Rico has been going back to back from 2015, which some of my colleagues might argue it’s actually, this started earlier. But let’s talk about recent, right? 2015 Zika outbreak is a health care situation. Then Hurricane Maria 2017. Again, it’s a humanitarian and health situation, right? Then we go through the earthquakes in 2020, and on top of that, now we have the pandemic.

We don’t have the infrastructure right now. We’re impeded to get the infrastructure we have because of the colonization that we are experiencing in Puerto Rico. And that should end. It’s a basic human rights call. And I’m sorry, I went a little bit over, but I think it was important to mention it.
HOFF: No. Yeah, yeah. I think you highlight how quickly colonialism and its effects on health sort of dovetail into many other areas of inequity that deserve focus beyond what we can offer in a single article or even in this one issue of the Journal. So, I appreciate the breadth of that response. For now, though, thank you so much for coming onto the podcast and for you and your coauthors’ contribution to the Journal. [theme music returns]

PÉREZ-RAMOS: Thank you very much, Tim. Next time we should do an hour because there’s lot to talk.

BOTH: [laugh]

HOFF: Yeah, at least. At least.

PÉREZ-RAMOS: But thank you very much for the invitation. And I hope you have a great day.

HOFF: To read the full article, as well as the rest of the April 2022 issue for free, visit our site, JournalofEthics.org. We’ll be back soon with more Ethics Talk from the American Medical Association Journal of Ethics.