Reviewer comment-2

The first and second sentence of the abstract needs to be combined to read smoother. Also, the introduction has a lot of information with no citations.

While the authors briefly discuss medical racism, further analysis of this issue merits attention. Historians Deirdre Cooper Owens, Rana Hogarth, Suman Seth, and Christopher D.E. Willoughby have all contributed to understanding the historical roots of medical racism by examining how race was constructed within medical science. Deirdre Cooper Owens, in *Medical Bondage*, explores how enslaved Black women were central to the development of American gynecology, exposing the exploitation behind medical advancements. Rana Hogarth, in *Medicalizing Blackness*, traces how 18th- and 19th-century physicians in the Atlantic world pathologized Black bodies, reinforcing racial hierarchies through pseudoscientific medical beliefs. Suman Seth examines how race and medicine intertwined in the British Empire, revealing how medical theories reinforced colonial rule. Christopher D.E. Willoughby, in *Masters of Health*, investigates how medical schools in the antebellum U.S. helped institutionalize racialized medical theories, legitimizing the belief that Black people were biologically inferior. Together, these scholars argue that medical racism was not incidental but foundational to Western medicine, shaping both historical and contemporary health disparities.

In the research question section, I wanted a more detailed discussion about the interplay between racism and capitalism, or racial capitalism. Since 2020, impactful research has highlighted the deep connections between medical racism and racial capitalism, showing how systemic economic and racial structures shape healthcare inequalities. Studies such as “Racial Capitalism within Public Health” (2020) [McClure, Elizabeth S., Pavithra Vasudevan, Zinzi Bailey, Snehal Patel, and Whitney R. Robinson. "Racial capitalism within public health—how occupational settings drive COVID-19 disparities." *American journal of epidemiology* 189, no. 11 (2020): 1244-1253.] have demonstrated how Black and Brown workers were disproportionately exposed to COVID-19 due to exploitative labor conditions, while “Racial Capitalism and Black–White Health Inequities” (2024) [DeAngelis, Reed T. "Racial Capitalism and Black–White Health Inequities in the United States: The Case of the 2008 Financial Crisis." *Journal of Health and Social Behavior* (2024): 00221465241260103.] examined how financial crises exacerbate racial health disparities. Additionally, “Structural Racism in Historical and Modern US Health Care Policy” (2022) [Yearby, Ruqaiijah, Brietta Clark, and

José F. Figueroa. "Structural Racism In Historical And Modern US Health Care Policy: Study examines structural racism in historical and modern US health care policy." *Health Affairs* 41, no. 2 (2022): 187-194.] has traced how discriminatory policies have perpetuated unequal access to medical care. These works build on the concept of racial capitalism, which argues that racism is not incidental to capitalism but central to its functioning, ensuring that racialized groups bear the costs of economic growth while being denied full access to its benefits. Applying this theory to healthcare reveals how Black and Brown communities face systemic neglect—not just in individual acts of discrimination but through deeply embedded policies, labor exploitation, and structural disinvestment that shape who gets access to quality care. Understanding healthcare inequalities through racial capitalism highlights the need for systemic reforms that address not just bias in medicine but the economic structures that reinforce racial health disparities.

I vote to accept the article with minor above corrections.