CHAPTER 12 Mental and Physical Harm and Neglect

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I. Introduction

Scholars have stated that Europeans developed a racial hierarchy in which Black people were relegated to the bottom of humanity, and often placed outside of it altogether, in order to justify the enslavement of African people.[1] The United States is no exception to this global reality. This chapter will describe how federal, state, and local governments subjected enslaved people and their descendants to brutal and dehumanizing conditions, policies, and practices. The United States has treated African Americans as subhuman and engaged in practices harmful to the health of African Americans through forced labor, racial terror, oppression, torture, sexual violence, abusive medical experimentation, discrimination, harmful neglect, and more, as will be explained throughout this chapter. Scholars have stated that racism and enslavement are, at least in part, responsible for the fact that African Americans have had the worst healthcare, health status, and health outcomes of any racial or ethnic group in the United States.[2]

During enslavement, enslaved people were treated like animals, and physicians provided healthcare only to the extent necessary to profit from enslaved peoples' bodies.[3] After the end of slavery in 1865 and a short-lived period of reconstruction, federal, state, and local government officials worked with private citizens to segregate African American communities—damaging African American health, creating unequal healthcare services for African American people; depriving African American communities of safe sanitation and adequate sewage systems; and sacrificing African American health for medical experiments.[4] During the 20th century, federal and state sponsored corporatization of healthcare resulted in rising healthcare costs, the separation of African American doctors from African American patients, and further inequality between white and African Americans.[5]

Centuries of exposure to racism has contributed to a serious decline in African American physical and mental health.[6] African Americans die at disproportionately higher rates from preventable health problems.[7] Doctors are more likely to misdiagnose African Americans, leading to disparate outcomes in mental health.[8] African American women face high rates of maternal death and adverse birth outcomes—even Black women with the highest education attainment have the worst birth outcomes

Black men receiving intravenous treatment in Georgia. (1937)

across *all* women in America.[9] African American children face poverty, malnutrition, and worse health than that of white American children.[10] The mismanagement of public health crises by county, state, and federal governments has resulted in an undue burden of disease and death in African American communities—particularly during the COVID-19 pandemic.[11] Despite this, in the face of overwhelming oppression, African American healthcare providers, patients, and community members, nonetheless, have worked to build healthy communities and fight for a more equitable healthcare system.[12]

Section III of this chapter discusses the racist theories developed and perpetuated by doctors and scientists about African Americans. Section IV describes the health conditions of African Americans during enslavement. Sections V, VI, and VII discuss how systemic discrimination and segregation was established and how it continues in the American health care system. Sections VIII and IX describe the history of medical experimentation on African American bodies throughout American history, and how medical research and technologies harm African Americans. Section X describes the history of racism in mental health and the effects of 400 years of racial oppression on the mental health of African Americans. Sections XI and XII discuss reproductive, gender identity-responsive healthcare, and child health. Section XIII discusses public health crises. Section XIV describes the effects of racial oppression on the physical health of African Americans.

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II. Pseudoscientific Racism as Foundation of Healthcare

During the enslavement era, scientific racism defined race as an innate biological and genetic trait.[13] Pseudoscientific definitions of Blackness were based on differences in skin color, facial features, hair texture, lip size, and false beliefs about "brain size" and immunity to diseases.[14] Pseudoscientists invented "phrenology"—the baseless "science" of measuring the size of the skull as evidence of intelligence in different races.[15] This pseudoscience was influential across the United States throughout the 1800s.[16] During the slavery era, medical researchers tried to prove that African American people were biologically suited to slavery.[17]

In the 1880s and 1890s, the decades following Reconstruction, false medical theories explained the poverty that African Americans experienced as justified by their "inherent inferiority," instead of as the result of almost three centuries of enslavement.[18] Doctors published influential studies stating that African Americans' "immorality" was responsible for the syphilis and tuberculosis they suffered.[19] In 1880, the New Orleans public health agency claimed that African Americans' naturally weaker immune system and "irregular habits," were the reason that so many African Americans died, rather than inadequate access to sanitation, drinking water, food, and overcrowded uninhabitable housing due to racial segregation.[20] During Congressional debates over the establishment of the Freedmen's Bureau, a program which included government-funded healthcare for newly freed Americans, white legislators argued that healthcare assistance to free African American people would result in dependence.[21] Consequently, federal and state governments relied on racist theories to justify slavery and racist neglect in public policy.[22]

In the 20th century, the federal and state governments supported the eugenics movement, which sought to eliminate nonwhite populations, considered to have undesirable traits.[23] Eugenics is based upon the white supremacist ideology that white Anglo-Saxon people are an inherently superior race.[24] Eugenicists enacted laws resulting in the forced sterilization of undesirable "races," including African American people, to create and maintain a white supremacist nation.[25] By 1931, 30 states had eugenics laws that targeted vulnerable groups across the nation for involuntary sterilization in federally-funded programs.[26] It was not until 1979 that federal sterilization regulations required voluntary consent of the person being sterilized.[27]

Today, studies have found that a significant number of white medical students and residents hold false beliefs about biological differences between African Americans and white Americans, such as the belief that African

Americans have a higher pain threshold than white Americans.[28] Black patients are especially vulnerable to harmful biases and stereotypes, including the undertreatment of their pain.[29] Physicians widely hold racist beliefs that African Americans feel less pain or exaggerate their pain.[30] These beliefs result in racial bias in pain perception and treatment.[31] Consequently, anti-Black pseudo-scientific racism that justified enslavement continues to adversely affect African American health today, as a vestige of enslavement. Despite centuries of pseudoscientific racism and anti-Blackness in the healthcare system, African American doctors, nurses, and healthcare workers have worked tirelessly to provide anti-racist culturally responsive healthcare to African American communities.[32]

California

California civic leaders were some of the most influential proponents of eugenics in the nation and around the world—including in Nazi Germany.[33] They played a key role in popularizing the eugenics movement.[34] The Human Betterment Foundation was a private think tank based in Pasadena, California that promoted sterilization from 1926 to 1943.[35] The Human Betterment Foundation shaped public policy in California by working with state officials, representing the eugenics movement to the public, and collecting data on sterilizations nationwide.[36] The foundation hoped that public support would result in state legislation that would increase the number of sterilizations performed each year.[37] The foundation's members included many prominent leaders of Californian institutions such as David Starr Jordan, Stanford University's first president; *Los Angeles Times* publisher Harry Chandler; Nobel Prize-winning physicist and head of the California Institute of Technology, Robert A. Millikan; and University of Southern California President Rufus B. von KleinSmid.[38]

Thousands of mental health patients were forcibly sterilized across California due to the eugenicist efforts of the Human Betterment Foundation. In 1937, one of Nazi Germany's leading eugenicists wrote to Ezra S. Gosney, the financier who started the Human Betterment Foundation, saying, "You were so kind to send...new information about the sterilization particulars in California. These practical experiences are also very valuable for us in Germany. For this I thank you."

Thousands of mental health patients were forcibly sterilized across California due to the eugenicist efforts of the Human Betterment Foundation.[39] African American patients were more likely to be sterilized than white patients.[40] Paul Popenoe, a self-trained biologist hired by the Human Betterment Foundation, stated that this was not surprising because "studies show that the rate of mental disease among Negroes is high."[41] Hundreds of thousands of studies, pamphlets, and books written by the Human Betterment Foundation were distributed to policymakers, schools, and libraries.[42] In 1937, one of Nazi Germany's leading eugenicists wrote to Ezra S. Gosney, the financier who started the Human Betterment Foundation, saying, "You were so kind to send... new information about the sterilization particulars in California. These practical experiences are also very valuable for us in Germany. For this I thank you."[43]

III. Health and Healthcare during Slavery

Scholars have stated that the institution of slavery has had a lasting legacy in the discriminatory healthcare system that would later emerge in the United States.[44] During the enslavement era, enslavers kept enslaved people in overcrowded, dilapidated living areas, which contributed to the spread of infectious and parasitic diseases.[45] Enslaved people were denied treatment in hospitals and access to mental healthcare.[46] Enslavers freely and openly tortured enslaved people, raped and abused women, and trafficked children with no legal consequence.[47] Physicians used enslaved people for dangerous experimental surgeries and procedures without repercussion.[48] Federal, state, and local governments used the law to further damage the health of enslaved people and dehumanize them, while neglecting to provide public health and healthcare services.[49] Dr. Carolyn Roberts stated during a hearing before the California Task Force to Study and Develop Reparation Proposals for African Americans that, "[t]his was a form of healthcare where medical violence against African and African descended people became an acceptable, normative, and institutionalized practice."[50]

Physical Health

Slavery had disastrous health consequences for enslaved people due to lack of public health regulations and harsh working conditions that led to widespread infectious and nutritional diseases.[51] Infectious and parasitic diseases thrive in poor living conditions and overcrowding.[52] So, they were among the major causes of illness and death for enslaved people.[53] Worm infections were common among enslaved people due to contact with polluted food and soil.[54] Hookworm infestation resulted in low birth weights and high infant mortality.[55] Contagious respiratory diseases were prevalent in the winter months due to the overcrowded quarters and uninhabitable living conditions.[56] Malaria led to low birth weights and high infant mortality.[57]

The lack of federal or state public health regulations resulted in contaminated food and water, nonexistent sanitary facilities or sewage disposal, wastewater leakage, and poor garbage disposal, which contributed to diseases and infections that were more likely to affect enslaved people.[58] There was no government-funded healthcare, or regulations regarding water treatment, sewage disposal, or vaccination and the prevention of disease.[59] Sexually transmitted infections were major public health problems affecting the lives of enslaved people disproportionately due to forced breeding, overcrowded quarters, and lack of access to treatment.[60] Diseases, like pellagra, caused by a lack of nutrition in the diet, weakened the immune systems of enslaved people.[61]

The health of enslaved people was worse than that of white people, because there were hardly any hospitals where they could be treated for disease.[62] With few exceptions, enslaved people and free Black people were not allowed to access hospitals, almshouses, and facilities for the deaf and blind.[63] The welfare of enslaved people was left to enslavers, while free African American people were forced to fend for themselves.[64] In 1798, Congress established a loose network of marine hospitals to care for sick and disabled seamen, however, the U.S. Treasury Department did not allow African American sailors to be treated at these hospitals.[65]

White enslavers tortured enslaved people openly, inflicting cruel punishment upon them without any legal consequences and often permanently damaged their health.[66] Enslavers deprived enslaved people of food and water, whipped them to inflict serious pain, and abused them.[67] The brutal violence of enslavers and the harsh labor conditions they imposed resulted in branding, dog bites, assaults with fists and rods, burns, lacerations, mutilated body parts, and bone fractures for enslaved people.[68]

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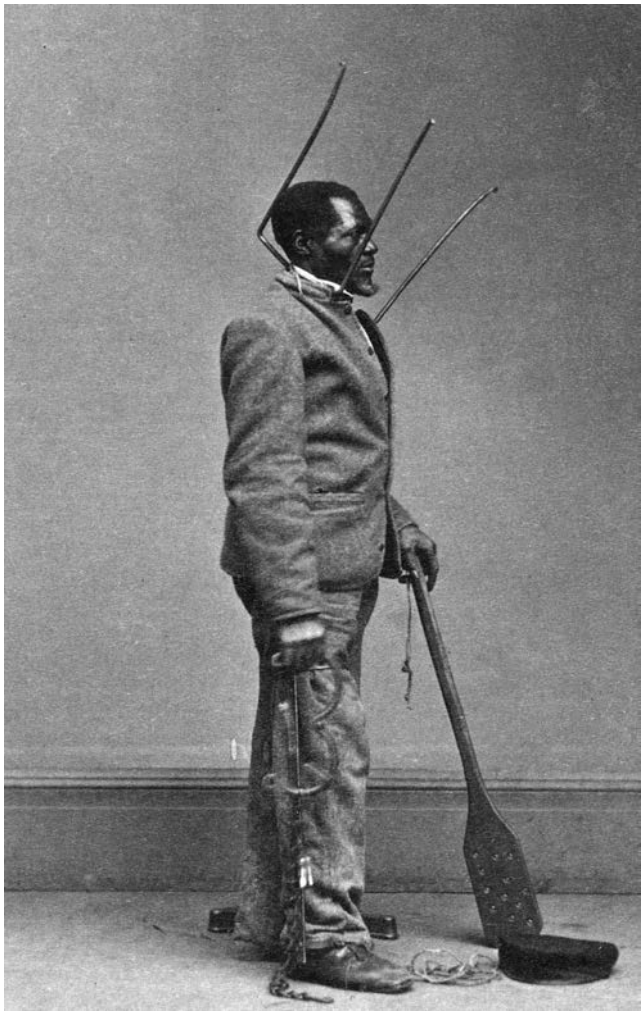

The forehead of Wilson Chinn, a formerly enslaved person from Louisiana, was branded with the initials of his enslaver. Chinn is wearing a punishment collar and posing with other equipment used to punish slaves. (1863)

Gashes from chains and iron restraints resulted in injuries, infections, and permanent disability for enslaved people.[69] Enslaved people were routinely murdered by white enslavers and white people who stabbed, shot, and whipped them to death with impunity.[70] The lack of protections from extreme climates, in addition to harsh laboring conditions, resulted in illness, injury, and disease.[71]

Mental Health

The first public mental hospital in the United States was founded in 1773, in Williamsburg, Virginia.[72] Eventually, a few public mental asylums opened in Maryland, Kentucky, and South Carolina during the antebellum period.[73] Initially, African American patients were only admitted to the asylum in Williamsburg, Virginia—the other public mental health institutions did not allow African American patients to be admitted.[74] There, free

African American patients were funded by the state at much lower rates than whites, so patients received less care and services.[75] Some enslaved people were diagnosed with fictitious mental illnesses, as will be further discussed in Section X of this chapter.[76] Numerous "diseases" that allegedly affected enslaved people were invented by southern doctors, including "drapetomania," the "irrational" desire to run away, and "dysesthesia," a supposed laziness that caused enslaved people to mishandle enslaver property.[77] Doctors recommended torturing enslaved people as "treatment" for these false diseases.[78]

Generally, antebellum mental asylums were segregated or closed to African American patients.[79] If admitted, African American patients were housed in poorer accommodations and forced to work at the asylums under harsher conditions than white patients.[80] They were assigned the dirtiest and most difficult jobs, including meal preparation, and handling the personal hygiene of ill patients.[81] In "Central Lunatic Asylum" in Virginia, enslaved people were forced to labor, frequently on a plantation while being mechanically restrained.[82] In the North, state and local governments typically denied African Americans access to mental healthcare in asylums.[83] For mentally ill free African Americans in the North, the poorhouse and the jail were the only social "welfare" institutions open to them in the antebellum era.[84] Free African Americans did work as janitors in northern mental hospitals and medical schools, but were not allowed to work as direct caregivers.[85] Consequently, enslaved people and free African Americans were deprived of adequate mental healthcare by federal and state governments during the slavery era.

Enslaved Women and Children

Enslavers held unrestrained reproductive control over enslaved women using rape and livestock breeding techniques sanctioned by law.[86] The enslaver, President Thomas Jefferson, wrote in his journal of plantation management, "I consider a woman who brings a child every two years as more profitable than the best man of the farm. [W]hat she produces is an addition to the capital."[87] Jefferson was commenting on the enslaver's practice of using enslaved women to reproduce, like livestock. Enslavers used a variety of tactics to induce enslaved women to bear children—such as punishing and selling women who did not bear children, committing sexual assault, manipulating the marital choices of enslaved people, and forced breeding.[88] State laws stated that children born to enslaved mothers and white men were legally considered to be enslaved, leading enslaved women to be vulnerable to sexual violence inflicted by white men.[89] Furthermore, state laws did not recognize the rape of enslaved women as a crime.[90]

White enslavers were legally allowed to economically profit from raping enslaved women because rape generated a larger workforce of enslaved people—and enslavers could rape freely, without consequence.[91] White women married to enslavers often whipped and tortured enslaved women after they were sexually assaulted by white men.[92] Enslavers inflicted psychological and physical punishment on enslaved women if they did not bear children.[93] Enslavers forced enslaved women to submit to being raped by men and castrated enslaved men who were not fit for "breeding."[94]

The health of enslaved mothers and their babies was greatly damaged due to the treatment of enslaved women as objects to be raped, bred, or abused.[95] On average, enslaved women became mothers earlier than white women due to pressure to reproduce.[96] Enslavers treated enslaved women who did not bear children as "damaged goods"—pawning them off on other enslavers.[97] Southern courts even established rules for sellers of enslaved women who misrepresented their fertility, which were akin to rules governing the sale of commodities—i.e., imposing some sort of fine or consequence for misrepresenting their "merchandise."[98] Mother-child bonding was shattered as white enslavers trafficked children for labor to other plantations or sold them.[99] Records show that expectant mothers only received work relief after the fifth month of pregnancy and often returned to heavy labor within the first month of the infant's life.[100] Enslaved mothers were forced to labor in fields and to breastfeed white children, while neglecting their own.[101]

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Pregnant enslaved women were whipped routinely by white enslavers.[102] Enslavers dug holes in the ground, forced women to lie face down so that their stomachs would fit inside the holes, and whipped their backs.[103]

This was done to punish enslaved women without damaging the fetus, which was legally considered to be the enslaver's future property.[104] Women became pregnant during winter months when labor was reduced, consequently giving birth during the summer—the time of highest labor demand and greatest sickness—leading to high infant mortality rates.[105] Enslaved women had rich cultural knowledge of natural birth control from their indigenous cultures, which they were forced to conceal from enslavers.[106] African American midwives assisted pregnant enslaved women with inducing and hiding abortions.[107]

Children born into slavery suffered from mortality rates that were double the free population, consumed contaminated and less nutritious food, and experienced stunted growth and health problems throughout childhood.[108] Two-thirds of infants died within their first month of life—due in part to the hard labor enslaved mothers were forced to do.[109] Children were forced to work by the time they turned seven or eight years old.[110]

Medical Experimentation

Courts neglected to protect the health and safety rights of enslaved people, who were rendered legally invisible under the institution of slavery.[111] In many hiring contracts concerning enslaved people, references to medical care of enslaved people were omitted.[112] In legal disputes concerning enslaved people hired out to others, state courts ruled that the hirers need not provide medical care to the enslaved people.[113] Because enslavers wished to avoid paying medical expenses, enslavers often only called physicians as a last resort, when the enslaved person was nearly dead.[114] Physicians actively exploited enslaved people—practicing dangerous experimental procedures on them and using their cadavers for dissection without consent.[115]

White southern doctors were hired by enslavers and insurance companies to accurately determine the market value of Black bodies.[116] Physicians used slavery for economic security and experimented on African American people using dangerous procedures that harmed them, but furthered the physician's professional advancement.[117] African American bodies filled dissecting tables, operating theaters, and experimental facilities.[118] An enslaved person named Sam was experimented on by multiple doctors; he had his lower jaw bone removed without anesthesia for medical research.[119]

James Marion Sims, the "founder of modern gynecology," and an enslaver, experimented upon enslaved women and performed vaginal surgeries upon them against their will.[120] Sims used enslaved women's bodies to perfect surgical instruments and advance his professional status.[121] Sims' enslaved patients worked as his enslaved nurses and surgical assistants, though they did not receive recognition for doing so.[122] After being experimented upon by Sims, the enslaved patients were returned to their enslavers.[123] After it was perfected through medical experimentation upon enslaved women, Sims received numerous invitations to perform the vaginal procedure for European royalty.[124]

Enslaved people were used to test experimental caesarean sections and vaccines.[125] Surgeons often used enslaved people for surgical experiments and experimentation in medication and dosages.[126] Enslaved people's bodies were dissected after death to advance medical knowledge and their remains were found at Virginia Commonwealth University in 1994—findings such as these have occurred in numerous medical schools across the country.[127]

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California

During the period of enslavement, white southerners flocked to California with hundreds of enslaved African American people when the Gold Rush began in 1848, forcing them to toil in gold mines and hiring them to cook, serve, and perform manual labor.[128] Some enslaved people were forced to work in the gold fields to make money for their enslavers, despite illness—and if they could not do so, would lose their chance at freedom.[129] African American newspapers described brawls between enslaved people and white enslavers across California.[130]

In 1851, the U.S. Congress created a U.S. Marine Hospital in San Francisco, which was completed in 1853.[131] Marine hospitals were set up to care for sick and disabled seamen by the U.S. Treasury Department.[132] The U.S. Treasury Department distributed strict guidelines specifying that the "Negro slaves" could not receive treatment at these

hospitals.[133] African Americans were relegated to the segregated sections of state hospitals in San Francisco and Sacramento.[134]

In the 1850s, Biddy Mason, moved to California with her enslaver.[135] She lived for five years in California as an enslaved woman, until she challenged her enslaver for her freedom in court.[136] She later became a midwife and nurse, running her own midwifery business and saving enough money to purchase land and establish a church.[137] She donated to many charities, helped feed and shelter the poor, and founded an elementary school for African American children.[138]

IV. Reconstruction Era

The Civil War resulted in large-scale death, destruction, and casualties for formerly enslaved people—30,000 formerly enslaved people died from infectious diseases.[139] Sick African American soldiers died five times more often than their white counterparts.[140] After the war, African Americans lived in large, segregated refugee camps called "contraband camps" because there was nowhere else for them to go.[141] Hospitals, dispensaries, and military camps were unable to serve the masses of enslaved people, African American soldiers, and other refugees who entered the North due to the Civil War.[142] Escaped and abandoned formerly enslaved people settled near or within the Union Army's military camps and battle lines.[143] The camps did not have adequate sanitation, nutrition, or medical care.[144] One out of every four African Americans who lived in the camps died.[145]

Following the Civil War, due to segregation, African Americans were forced to live in overcrowded, unventilated tenements and unsanitary shacks.[146] Excessive mortality rates in African American communities were caused by poor living conditions, lack of access to nutritious food, and lack of access to healthcare.[147] Epidemics such as cholera and smallpox broke out often where African Americans lived.[148]

From 1865 to 1868, Congress created the Bureau of Refugees, Freedmen, and Abandoned Lands, commonly known as the "Freedmen's Bureau," to provide for the welfare of formerly enslaved African Americans, including through "issues of provisions, clothing, and fuel, as [necessary] for the immediate and temporary shelter and supply of destitute and suffering refugees and freedmen and their wives and children," according to the statute.[149] The Freedmen's Bureau included a short-lived attempt to provide medical aid to formerly enslaved people in need.[150] The Bureau was hampered by cities and counties that focused on the health of white people and refused to provide healthcare for formerly enslaved people.[151] The Freedmen's Bureau was poorly equipped to provide mental health services to formerly enslaved people.[152]

The Freedmen's Bureau dispensaries did provide thousands with annual treatment and prescriptions.[153] However, many of the white physicians affiliated with the bureau were racist to their African American patients, and sometimes refused to treat them.[154] After two years of operation, with southern legislators claiming the costs were too high, Congress ended the Freedmen's Bureau medical services—just as demand for services was increasing.[155] When the Bureau's medical services ended, formerly enslaved people continued to suffer from illness, destitution, and racial discrimination from physicians and were left with little to no access to medical care.[156] The Freedmen's Bureau failed to provide for the health and welfare of newly-freed African Americans, despite the promises made by the federal government.[157]

V. Racial Segregation Era

Following the Freedmen's Bureau's failed attempts to provide healthcare to African Americans, the Jim Crow era of racial segregation and discrimination greatly degraded the health of African American communities. White hospitals discriminated against African American doctors and nurses and treated African American patients only in "colored wings."[158] African American hospitals suffered from underfunding and resource constraints, such as struggles with licensing accreditation, and developing links with municipal hospitals.[159] In 1946, Congress passed the Hill-Burton Act, which provided federal funding to segregated healthcare facilities—further entrenching discrimination and segregation in the healthcare system.[160] The racial segregation of the Jim Crow era was a vestige of enslavement during which African Americans suffered dire health consequences.[161]

African American Patients and Medical Professionals

During the Jim Crow era, African American hospitals and segregated units within predominantly white hospitals were the only viable sources for medical services for African Americans, due to pervasive racial discrimination, poverty, and lack of geographic accessibility.[162] Some white hospitals operated small wards for African American patients, but they were in the worst areas of hospitals—in basements or crowded "colored wings."[163] These white hospitals did not hire African American doctors, and white doctors often treated African American patients with disdain.[164]

During World War I and after, millions of African Americans living in southern states migrated to the urban Northeast and Midwest in the Great Migration.[165] During this time, underfunded and under-resourced African American hospitals were not able to provide care for local African Americans and newly arriving migrants.[166] In northern cities, African American patients who sought treatment in large city hospitals were forced to compete for healthcare resources with poor European immigrants.[167] Private doctors were unaffordable for most African Americans.[168]

From the 1880s to 1964, southern states segregated African American people from white Americans in every aspect of life, including healthcare.[169] The Hill-Burton Act allocated separate funds for African American and white hospitals, resulting in a disparity in hospital beds available for African American patients.[170] African American women often could not afford to have physicians deliver babies in hospitals, and were instead treated by African American midwives in the rural regions of the South.[171] White patients refused to be treated next to African American patients and by African American doctors or nurses.[172] Most poor African Americans could not afford hospital care.[173]

White hospitals received public and private funds to establish models of care based on the newest scientific developments, while Black hospitals had to rely on their own small community of patients for funding. Black hospitals were forced to open in older, outdated hospital structures that were abandoned by prior white founders.

Some African American doctors could have their African American patients admitted to white hospitals—however, the African American doctors themselves were barred from working as physicians at those white hospitals.[174]

White doctors refused to treat Black patients—like the son of scholar W.E.B. Du Bois, Burghardt, who suffered from diphtheria.[175] Du Bois tried in vain to find a Black physician, but his son died when he was about one and a half years old.[176] Baby Burghardt's death mirrored the many deaths of enslaved children from the same disease.[177] While white public health leaders and professionals ignored the needs of the African American community, African American physicians and health leaders traveled to churches, schools, and community meetings to give healthcare education presentations.[178]

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A waiting room in a Black hospital in Chicago in 1941. Black hospitals were the only viable sources for healthcare for Black Americans because many white hospitals did not admit Black patients or provided discriminatory care.

Because African Americans were denied medical education, they founded their own medical schools. The first African American medical school, Howard University Medical Department, was founded in 1867.[179] It was the first of 14 African American medical schools founded between 1868 and 1900.[180] In 1910, the Carnegie Foundation commissioned a report to evaluate every medical school in the U.S. and Canada.[181] In the wake of the report, most Black medical schools closed.[182] By 1915, five of the eight African American medical schools established in the 1880s and 1990s had closed.[183] By 1923, only two training sites were left for African American doctors and other medical professionals—Howard University in Washington, D.C. and Meharry Medical College in Tennessee.[184]

At the time, there was intense pressure in the medical field to modernize and redesign medical facilities with higher clinical and operational standards.[185] African American hospitals thus faced greater problems—adhering to these new modernized standards without the funds or institutional support of major industrialists, premier academic institutions, and political leaders, while also caring for growing healthcare needs of African Americans in the Jim Crow era.[186] Due

partly to racism, African American medical schools were not able to link with modernized hospitals to train their students.[187] Without a means of training students, and a lack of teaching and funding resources, African American medical schools were no longer viable institutions for a medical education.[188] From 1900 to 1980, only about two percent of medical professionals were African American.[189] As of 2018, just five percent of physicians were African American.[190] Consequently, African American medical schools shut down, in part, due to systemic racial discrimination and lack of government support—resulting in the underrepresentation of African Americans in the medical field.

African American professionals experienced constant racial discrimination and exclusion from medical institutions and professional associations during legal segregation.[191] African American doctors were not allowed to treat African American patients in some white southern hospitals.[192] African American interns, residents, and registered nursing personnel were excluded from white hospitals in the South.[193] African American pharmacists were limited to employment in "colored drugstores."[194] Many African American women who entered the nursing profession were discriminated against and not allowed to enter the nation's major government and charitable health agencies.[195]

African American hospitals were the only viable sources for healthcare for African Americans because many white hospitals did not admit African American patients or provided discriminatory care.[196] As late as 1945, Chicago only had one hospital operated by African American healthcare providers that served roughly 270,000 African American residents.[197] Philadelphia had two African American hospitals.[198] Southern African American women relied on private physicians and hospitals for maternity care.[199] Even in 1949, when an increasing number of white women were assisted by physicians during birth, most African American women had no physician present for birth.[200]

Until 1954, when the Veterans Administration announced the end of segregation in agency hospitals, African American veterans received worse treatment than white veterans due to separate and unequal facilities.[201] White hospitals received public and private funds to establish models of care based on the newest scientific developments, while African American hospitals had to rely on their own small community of patients for funding.[202] African American hospitals were forced to open in older, outdated hospital structures that were abandoned by prior white founders.[203]

The American Medical Association (AMA) is the most powerful umbrella organization for physician advocacy and lobbying in the United States.[204] The AMA actively discriminated against African American medical professionals and supported state-sanctioned discrimination.[205] From about 1846 to 1888, the AMA did not allow African American doctors to join.[206] This policy of tolerating racial exclusion was pivotal in creating a two-tier system of medicine in the United States.[207] In response to the AMA's racial discrimination, in 1895, African American physicians formed their own professional association, the National Medical Association.[208]

From the 1870s through the late 1960s, the AMA excluded and discriminated against African American physicians, hindering their professional advancement, and creating discriminatory barriers to adequate healthcare for African American patients.[209] During this period, the AMA was made up of local physician societies.[210] Societies that were in segregationist states freely denied African American physicians entry, yet remained part of the national AMA.[211]

In 1946, Congress passed the Hill-Burton Act, which provided federal construction grants and loans to states that needed health care facilities. Ultimately, Congress included the "separate but equal" provision in the Hill-Burton Act to appease the Southern states.

Consequently, African American physicians were denied membership in state, county, and municipal medical societies throughout the South and in many border states.[212] Exclusion from these medical societies restricted access to training and limited professional contacts.[213] Since membership in a state medical society was required by most southern hospitals, this policy resulted in the denial of admitting privileges, which meant that African American physicians could not admit African American patients to southern hospitals.[214] This, in turn, created barriers to healthcare for African Americans and barriers to professional advancement for African American physicians.[215] Furthermore, the AMA was silent in debates over the Civil Rights Act of 1964 and did not support efforts to amend the "separate but equal" provision of the Hill-Burton Act.[216]

The Hill-Burton Act (1946)

In 1946, Congress passed the Hill-Burton Act, which provided federal construction grants and loans to states that needed health care facilities.[217] However, the Hill-Burton Act allowed "separate but equal" healthcare facilities.[218] In congressional debates, northern Senators William

Langer and Harold Burton called for nondiscrimination in the use of federal funds.[219] Southern Senators, such as Lister Hill from Alabama, claimed that state legislatures and local hospital authorities had the right to set policy without federal interference.[220] Ultimately, Congress included the "separate but equal" provision in the Hill-Burton Act to appease the southern states.[221]

Southern states received a significant portion of the federal funds allotted through the Hill-Burton Act.[222] Because Hill-Burton Act funds were disbursed through regional, state, and local offices, states that were highly segregated continued to engage in racial exclusion.[223] By 1962, 98 hospitals in the South banned African American patients outright, while others only allowed African American patients in segregated areas.[224] The Hill-Burton Act allowed patients to be denied admittance into hospitals on account of race.[225] The Hill-Burton Act thus permitted racial segregation and discrimination in healthcare, a legacy of the racism that existed during slavery and continued through the legal segregation era.

Healthcare During Legal Segregation Era

Due to discrimination and segregation instituted and allowed by federal and state governments during the legal segregation era, African Americans suffered from inadequate care.[226] Studies conducted on the African American community in the mid-20th century, revealed high rates of syphilis, tuberculosis, maternal and infant mortality, and disparities in life expectancy—healthcare concerns that continue.[227] Communicable childhood diseases such as whooping cough, measles, meningitis, diphtheria, and scarlet fever were twice as frequent among African American children than white children—reflecting inadequate access to modern medical treatment.[228] The infant death rate for African American children was twice that of white children in the late 1950s.[229] The African American maternal mortality rate was four times greater than the white maternal mortality rate.[230] Compared to white Americans, African Americans died at earlier ages of heart disease and respiratory cancer.[231]

A contributing factor to premature death for African Americans was that the federal government prohibited African Americans from accessing antipoverty programs.[232] As a result, they could not afford or access quality healthcare.[233] Government-sanctioned racial segregation and discrimination extended the legacy of slavery, impacting the healthcare system far into the 20th century and until today.

California

In the late 1940s, Fresno lost its only Black doctor, Dr. Henry C. Wallace.[234] At the time, young Earl Meyers, a Black teenager in Fresno, was impressed by Dr. Wallace.[235] "Dr. Wallace inspired him ... He was Earl's mother's doctor and he healed her," Mattie Meyers, Earl Meyers' former wife, said. "At that time, there weren't any black doctors here. Dr. Wallace was Earl's mentor," she said. Earl Meyers then left Fresno to receive his medical degree at Tennessee's Meharry Medical College—one of the only Black medical schools left in the United States.[236]

Communicable childhood diseases such as whooping cough, measles, meningitis, diphtheria, and scarlet fever were twice as frequent among Black children than white children—reflecting inadequate access to modern medical treatment. The infant death rate for Black children was twice that of white children in the late 1950s. The Black maternal mortality rate was four times greater than the white maternal mortality rate.

Many of the Black residents of Fresno described the difficulty they had in getting medical care from white doctors and asked Dr. Meyers to return to his hometown.[237] Dr. Meyers did return home to Fresno, where he established a medical clinic.[238] He also established a dispensary and made prescriptions available at wholesale cost—often refusing to charge impoverished patients for his services.[239]

In 1950 **65%** of hospitals in Los Angeles **racially segregated** African American patients

Hospitals in California that received Hill-Burton Act funds[240] discriminated against African American patients and physicians. From 1947 to 1971, Hill-Burton Act funds contributed to 427 projects at 284 facilities in 165 communities in California.[241] A 1950 survey of Los Angeles hospitals found that 11 of the 17 hospitals racially segregated patients.[242] A separate, 1956 study found that only 24.8 percent of African American physicians in Los Angeles served at predominately white hospitals.[243] The

legacy of this discrimination carries through today. In 2021, a nonpartisan health organization found that Los Angeles tied Atlanta for the highest number of "least inclusive hospitals."[244] Consequently, California has a history of healthcare discrimination against African American Californians, due to the segregation of hospitals in California and the inadequacy of access to healthcare for African American Californians, which is a legacy of slavery that carries through to today.

VI. Post-Civil Rights Act Era

The Civil Rights Act brought marked improvements in addressing healthcare discrimination.[245] However, the United States healthcare system was built upon a foundation of enslavement and segregation, which has never been dismantled. Scholars have stated that the legacy of enslavement and segregation persists in the legal barriers to medical education for African Americans, the anti-Black discrimination in the healthcare profession, and the transformation of hospitals and healthcare into a high profit industry that has neglected to provide care for African Americans.[246] This legacy of enslavement continues to harm African Americans today, as some scholars have stated, resulting in continued inequities in medical treatment and health outcomes.[247]

Medical Education

The U.S. Supreme Court's ban on race-based quotas in affirmative-action programs for medical schools led to a dearth of African American doctors.[248] In the 1960s, white medical and dental schools began efforts to increase African American enrollment through affirmative action programs to recruit and graduate higher numbers of African American medical students.[249] Affirmative action programs increased the number of African American medical school students from 783—or 2.2 percent of all medical students in 1969—to 3,456—or 7.5 percent of all medical students by 1975.[250] Of all those who treated African American communities and patient populations, African American physicians provided the most care.[251]

Racism by white doctors has led to unconscious bias that has resulted in African Americans receiving inferior medical care as compared to white Americans. Across virtually every type of diagnostic and treatment intervention, African Americans receive fewer procedures and poorer-quality medical care than white Americans.

The University of California, Davis opened a medical school with an affirmative action program in 1966.[252] However, in 1978, the U.S. Supreme Court ruled that the racial quotas used in this program were unconstitutional in *Regents of the University of California v. Bakke*.[253] This ruling reduced the number of African American students admitted in the nation's medical schools—particularly middle- and lower-ranked schools, where the percentage of African American students admitted dropped to miniscule levels.[254] There were fewer Black men in U.S. medical schools in 2014 than in 1978.[255] Medical education began to use a "color-blind" model of selecting and training African American professionals based upon the *Bakke* ruling, which has contributed to racial health disparities that exist today.[256]

Major growth of the medical sector eventually led the bulk of the nation's hospitals to be operated by the government, large corporations, and not-for-profit healthcare businesses.[257] Due to the transformation of healthcare from a largely government provided service to a for-profit industry, African American physicians were separated from African American patient populations.[258] African American hospitals were closed and taken over by large corporate entities.[259] African American hospitals were not funded by government, corporate, and non-profit economic circles and consequently could not afford to remain open.[260] They closed, merged into larger hospital systems, or were renovated into nursing homes by the mid-1980s.[261] The mainstream medical establishment was unorganized, and spread out geographically.[262] African American doctors who used to serve African American patients concentrated in African American geographic areas were consequently scattered and unable to continue serving African American patient populations in clinics and hospitals.[263]

Research has shown that diversity among physicians leads to better outcomes for African American patients.[264] Non-African American medical students' explicit racist attitudes are associated with decreased intent to practice with underserved or minority populations.[265] One study found that African American patients assigned to an African American doctor increased their demand for preventive care, brought up more medical issues, and were more likely to seek medical advice.[266]

Racism by white doctors has led to unconscious bias that has resulted in African Americans receiving inferior medical care as compared to white Americans.[267] Higher implicit bias scores among physicians are associated with biased treatment recommendations for the care of African American patients.[268] Providers' implicit bias affects their nonverbal behavior, which is associated with poorer quality of patient-provider communication.[269] Across virtually every type of diagnostic and treatment intervention, African Americans receive fewer procedures and poorer-quality medical care than do white Americans.[270]

Discrimination in Healthcare

Prior to the Civil Rights Act of 1964, federally-funded hospitals refused to provide care to African American patients.[271] Barriers to equality in care for African American patients remained even after the passage of the Civil Rights Act.[272] Due to insufficient government-funded healthcare services, as well as the disempowerment and neglect of African American patients by healthcare institutions, African American communities suffered major gaps in healthcare delivery in the impoverished neighborhoods where they lived.[273] African American residents who lived in urban poverty received medical care from crowded emergency rooms and outpatient services at overburdened public hospitals, or at small practices of private African American physicians.[274]

In 1960, there was only one African American doctor for every 5,000 African American patients, compared to the national average of one doctor for every 670 Americans.[275] Poor African American women could not afford safe abortions through private doctors and could not receive adequate care at the hospitals and clinics in their communities.[276] Hospitals in African American neighborhoods were older than public general hospitals.[277] They were usually administered by nonprofit bodies and funded by voluntary contributions and paying patients.[278] They were insufficiently staffed and were in too poor of a physical condition to provide the medical services needed by the African American communities around them.[279]

In 1960, there was only 1 Black doctor per 5,000 African Americans

compared to 1 white doctor for every 670 Americans

As a result, between 1950 to 1970, life expectancy for African Americans remained almost a decade shorter than that of white Americans.[280] Death rates from pneumonia, influenza, and tuberculosis were two to three times higher for African Americans than white Americans due to lack of access to hospital care.[281] Similarly, maternal mortality rates for African American mothers remained four times higher than that of white mothers.[282] African American mortality from sexually transmitted infections and tuberculosis remained much higher than that of white Americans.[283] African Americans also continued to suffer from chronic illness at higher rates than white people.[284]

In the 1950s and 1960s, the National Association for the Advancement of Colored People brought several lawsuits to force government funded hospitals to hire African American doctors, treat African American patients, and desegregate facilities.[285] The federal government filed a brief in support of African American patients in *Simkins v. Moses H. Cone Memorial Hospital*; however, the government did not always strictly enforce the Civil Rights Act against medical segregation, sometimes leaving African American medical professionals to fight case by case in the courts for desegregation.[286]

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Health` Insurance

Insurance status predicts the quality of care a patient will receive.[287] Health insurance is necessary to pay for healthcare procedures, such as preventive care, screenings, disease management, and prescription drugs.[288] In the United States, health insurance is dependent upon employment.[289] In 1942, during World War II, rising prices and competing wages led the federal government to put a cap on wages.[290] Health insurance was an exception to that wage cap and employer contributions to health insurance premiums were tax-free.[291] Employers began paying for health insurance to lure employees.[292] Eventually, this led employees with higher-paying jobs to receive more benefits from their health coverage than those with lower incomes.[293] Healthcare became a

privilege for those with good jobs, rather than a right for all.[294] As discussed in Chapter 10, African Americans have historically not been able to access jobs that provide medical insurance through employers due to barriers to education, employment, and discrimination.[295] Due to employment discrimination, private, job-based, health care systems excluded African Americans.[296] Consequently, as of 2018, only 46 percent of African Americans are covered by employer-sponsored health insurance. [297]

In the 1960s, President Lyndon B. Johnson's Great Society legislation and the Civil Rights Act and Voting Rights Act contained the seeds for creating a nationwide health care system for all citizens.[298] However, the Medicaid and Medicare programs did not eliminate racial inequality in healthcare.[299] Medicare and Medicaid are health insurance programs paid for by the federal government.[300] Medicare serves people with disabilities and people who are 65 years or older.[301] Medicaid serves people who are low-income.[302]

Before Medicaid and Medicare, southern states were resistant to a nationwide health insurance system for all, due to desegregation brought about by the civil rights legislation.[303] They wanted limited federal involvement while continuing to run their own health programs for low-income residents.[304] Before Medicaid's enactment, states had control over federal health insurance programs for low-income residents, which disproportionately included African Americans.[305] These programs were underfunded, and states with large populations of African Americans—Texas, Arkansas, Louisiana, Tennessee, Mississippi, Alabama, Florida, Georgia, South Carolina, and North Carolina, referred to as the "Black Belt" states—refused to participate in federal health insurance programs.[306] A state-run Medicaid program would limit federal involvement while allowing states to determine eligibility for health insurance programs on their own.[307]

The enactment of Medicaid as a program implemented by state governments allowed states to disproportionately exclude African American, low-income populations who otherwise would have qualified for the program.[308] Medicaid provided insurance to low-income and unemployed people—about one-fifth of the African American population was considered poor enough to qualify for Medicaid.[309] Consequently, in the 1970s, 25 percent of the African American population was uninsured, while only 12 percent of the general population was uninsured.[310]

However, in the 1990s, the Black Belt states changed their income criteria, lowering the threshold income for Medicaid so much that many poor African American families were not considered poor enough to qualify for Medicaid.[311] Reimbursement policies established by government and health insurance regulators limited hospitals and physicians in the type and number of patients they could treat.[312] Consequently, private physicians and hospitals preferred not to treat Medicaid recipients, who lacked the funds to access care in a wide range of hospitals.[313] Due to this, throughout the 1990s, about 20 percent of the nation's African American population lacked health insurance, while 17 percent of all Americans lacked health insurance.[314]

The Affordable Care Act, passed in 2010, greatly reduced the number of uninsured people in the United States.[315] Three million African American people previously uninsured obtained insurance.[316] However, the U.S. Supreme Court made expansion of Medicaid eligibility under the Affordable Care Act optional to states rather than mandatory.[317] The expansion of Medicaid eligibility would have increased access to screening and preventive care, resulted in earlier diagnosis of chronic conditions, and improved mental health.[318] However, the states that chose not to expand Medicaid were primarily the Black Belt states—Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, Tennessee, Texas.[319] African Americans are among the most likely to be uninsured compared to other populations, further inhibiting African Americans from accessing quality healthcare.[320]

Medicare does not cover all healthcare services that an individual may need, and often supplemental coverage is needed.[321] This coverage is sold by private insurance companies, or may be provided by employer-sponsored retiree benefits.[322] However, due to the low levels of employer-sponsored health coverage for African Americans and the expense of private insurance, older African Americans are far more likely than white Americans to rely solely on the Medicare program, or may supplement it with Medicaid.[323] About a quarter of African Americans lack supplemental coverage, while only 10 percent of white Americans lack supplemental coverage.[324] The lack of supplemental insurance exposes African Americans to higher out of pocket costs and delayed medical care.[325] Discrimination in Medicare extends to the quality of medical services. Ten percent

In early 1970, the Black Panther Party published in its newspaper an account of "the disrespectful, unprofessional, and even authoritarian encounters between physicians and their patients at San Francisco General."

of African Americans receiving Medicare report unwanted delays in getting an appointment and problems finding a new specialist, while only six percent of white Americans report similar problems.[326] Consequently, the discriminatory health insurance system has resulted in worse health for older African Americans who rely on Medicare.

African American physicians in California have alleged that the Medical Board of California disciplines African American doctors more than white doctors. Research shows that African American physicians in California were more likely to receive complaints and have their complaints escalated to investigations than white physicians, but these investigations were not more likely to result in disciplinary action.

California

To address the lack of healthcare services and medical discrimination experienced by Black Californians, the Black Panther Party attempted to provide free healthcare clinics to administer basic healthcare services.[327] In early 1970, the Black Panther Party published in its newspaper an account of "the disrespectful, unprofessional, and even authoritarian encounters between physicians and their patients at San Francisco General."[328] Shortly after, the Black Panther Party established a few free, community-based clinics, known as People's Free Medical Clinics. [329] At the clinics, medical professionals trained health workers to administer basic services.[330]

However, local governments retaliated against the Black Panther Party's clinics. The Oakland Police Department, on the order of the Federal Bureau of Investigation, hounded the Black Panther Party for soliciting clinic funds without proper permits.[331] In 1969, police in Los Angeles raided the local Black Panther Party chapter's headquarters, where the party was planning to open the Bunchy Carter People's Free Medical Clinic.[332] The raid severely damaged the clinic building enough that its forthcoming opening was postponed.[333]

Today, discrimination against African American Californians in healthcare is exacerbated by the fact that there are not enough African American physicians in California to meet the needs of California's African American population. In California, African American physicians are less than three percent of the entire medical profession, despite African Americans making up six percent of the state's population.[334] The passage of Proposition 209 in 1996 in California, prohibited the consideration of race, ethnicity, or national origin in public education, employment, and contracting.[335] As a result, in California's private medical schools, the proportion of African American students matriculating fell from six percent in 1990 to five percent in 2019.[336]

African American physicians in California have alleged that the Medical Board of California disciplines African American doctors more than white doctors.[337] Research shows that African American physicians in California were more likely to receive complaints and have their complaints escalated to investigations than white physicians, but these investigations were not more likely to result in disciplinary action.[338] African American physicians have been historically underrepresented in California's medical field and continue to be underrepresented and discriminated against today.

African American Californians continue to face discrimination in healthcare and disparities in health outcomes.[339] In 1965, in the Watts neighborhood of Los Angeles, an area with a large African American population, only 106 doctors were serving over 250,000 residents—a doctor to patient ratio of one to 2,377.[340] The United States today has a doctor to patient ratio of about one doctor per 384 patients.[341] Today, Black Californians experience racism in their interactions with the healthcare system and many have wanted more access to Black physicians.[342] In a study conducted in 2021 where 100 Black Californians were interviewed, some recounted experiences of delayed or missed diagnoses due to inattentive healthcare providers.[343] One Black man from the Central Valley said, "I couldn't hold down any food. I couldn't walk. I couldn't eat, do anything. So, I went to a clinic and I told them what was wrong. And they prescribed naproxen, which is generic for Midol and Advil. [So] I went to the hospital and had dual kidney infections... I just don't think they take me seriously...I don't think they take me as seriously as they would a white man or a white woman."[344]

VII. Medical Experimentation

Federal and state governments have allowed doctors and scientists to experiment on the bodies of African Americans and have at times conducted dangerous medical experiments on African Americans. In 1932, the U.S. Public Health Service began its study of syphilis, known as the Tuskegee Syphilis Study, which promised free medical care to hundreds of poor African American sharecroppers in Alabama.[345] Over the course of 40 years, the government did not treat the subjects, though treatment was available, and sought to ensure that the subjects of the study did not receive treatment from other sources.[346] Forty of the wives of the African American sharecroppers and at least 19 children contracted syphilis during the study.[347] The government did not prosecute anyone for the deaths and injuries that were caused.[348]

COURTESY OF NATIONAL ARCHIVES

Subjects of the Tuskegee Syphilis Study. In 1932, the U.S. Public Health Service began its study of syphilis, known as the Tuskegee Syphilis Study, which promised free medical care to hundreds of poor Black sharecroppers in Alabama. Over the course of 40 years, the government did not treat the subjects, though treatment was available, and sought to ensure that the subjects of the study did not receive treatment from other sources.

African American bodies have been used for major medical advancements and experimentation, without any compensation given to those who were involved, or to their families. For instance, scientists at Johns Hopkins University were treating Henrietta Lacks, an African American woman, for cervical cancer in the 1950s.[349] Without compensation to her family or permission from them, her cells were used extensively in scientific research to develop modern vaccines, cancer treatments, in vitro fertilization techniques, among other medical advancements.[350] Doctors and scientists repeatedly failed to ask her family for consent as they revealed her name publicly and gave her medical records to the media.[351] Like so many enslaved people, Lacks' body was used for medical experimentation without her consent and without compensation.

The U.S. Food and Drug Administration approved contraceptives, such as Norplant, which were disproportionately distributed to poor African American women and young girls in schools.[352] States offered poor women financial incentives for using Norplant—however, due to concerns about complications and effectiveness, Norplant's distributor eventually discontinued it in 2002.[353] Similarly, in 1973, many African American women had filed lawsuits alleging that they were coerced into sterilization, often under the threat that their welfare benefits would be taken away if they did not submit to the procedure.[354] The coercive use of contraception and sterilization by the legal system and welfare system has forced African American women to choose between financial freedom or prison time.[355]

African Americans have also been subjected to harmful experiments conducted, facilitated, or allowed by the government. In the 1950s, the Central Intelligence Agency reportedly attempted to test biological weapons by breeding millions of mosquitos and releasing them in African American housing developments in Florida and Georgia.[356] Residents living in these areas showed symptoms of dengue fever and yellow fever and some died from these illnesses.[357] In Pennsylvania's Holmesburg Prison, Dr. Albert M. Kligman conducted numerous experiments on mostly African American incarcerated Americans throughout the 1960s.[358] Incarcerated individuals filed lawsuits for their injuries due to this abusive experimentation.[359] Dr. Kligman was temporarily banned from experimentation by the Food and Drug Administration in 1966, however, clinical research on incarcerated people was not banned by the government until decades later.[360] In the 1990s, the New York State Psychiatric Institute and Columbia University conducted experiments on African American boys by giving them doses of the now-banned drug fenfluramine to test a theory that violent or criminal behavior may be predicted by levels of certain brain chemicals.[361] Consequently, federal and state governments allowed or participated in abusive experimentation on African American children and incarcerated people throughout the nation.

California

Home to an extensive eugenics movement, California had the highest number of sterilizations in the United States.[362] In the 1920s African American people constituted just over one percent of California's population, but they accounted for four percent of total sterilizations by the State of California.[363] By 1964, the State of California sterilized over 20,000 people—one-third of

all sterilizations in the U.S. and more than any other state.[364] The sterilizations were authorized by law and performed in state institutions, hospitals, and prisons.[365]

By 1964, the State of California sterilized over 20,000 people which accounts for 1/3 of all sterilizations in the U.S.

Dr. Leo Stanley, a eugenicist, performed forced sterilizations at San Quentin State Prison and was responsible for further segregation of the prison medical facilities.[366] He also used the testicular glands of an executed African American man for his experiments, without obtaining the consent of the man's family because his body was not "claimed."[367] In 2018, the California Department of Corrections and Rehabilitation glowingly described Dr. Stanley as a doctor who "push[ed] prison medicine into [the] 20th century."[368]

Between 2006 and 2010, almost 150 people imprisoned in California's women's prisons were sterilized without proper authorization while giving birth.[369] Many of the women subjected to forced sterilization were African American and Latina.[370] Kelli Dillon was forcibly sterilized while incarcerated at the Central California women's facility in Chowchilla when she was told she needed a surgery to treat an ovarian cyst.[371] She was not aware of the sterilization until she requested her medical records with the help of a lawyer.[372] Dillon said, "It was like my life wasn't worth anything," she said. "Somebody felt I had nothing to contribute to the point where they had to find this sneaky and diabolical way to take my ability to have children."[373] After her release from prison, Dillon founded Back to Basics, an organization fighting for justice for survivors of forced sterilizations in California.[374] In 2021, California became the third state to offer reparations payments, setting aside $7.5 million for victims of forced sterilization.[375]

In the State of California, Elmer Allen was illegally injected with plutonium at the University of California, San Francisco medical hospital in San Francisco—he was likely never informed of the consequences of this.[376] The university later acknowledged that the injection was not of therapeutic benefit to him, which was a requirement for medical experiments on people.[377] The federal government created a committee to investigate the government-sponsored radiation experiments, after which President Clinton issued an apology.[378]

VIII. Medical Therapies, and Technology

The history of experimentation and discrimination has led to the exclusion of African Americans from modern clinical trials, due to the mistrust this has sowed among African Americans—resulting in continuing health disparities that harm African Americans.[379] Prior to modern research, there has been a long history of Black bodies being stolen for dissection and anatomical investigation without informed consent.[380] The Freedman's Cemetery in Dallas, excavated in the 1990s, contained the remains of African Americans, which were illegally used for dissection or stolen.[381] Today, African Americans are less likely to be in clinical trials for the development of medication, vaccines, or other treatment, which can exacerbate health disparities.[382] For example, although sickle cell disease primarily affects African Americans, there is a great disparity in research funding and attention paid to this genetic condition.[383]

Algorithms are widely used in U.S. hospitals to refer people to health programs that improve a patient's care—however, at least one widely-used algorithm was found to systematically discriminate against Black patients.[384] This algorithm led to African American patients receiving

COURTESY OF *DISSECTION: PHOTOGRAPHS OF A RITE OF PASSAGE IN AMERICAN MEDICINE, 1880-1930*, PAGE 101

Students at the University of Maryland School of Medicine, 1898. The English sociologist Harriet Martineau wrote in 1838 that "...the bodies of coloured people exclusively are taken for dissection because the whites do not like it, and the coloured people cannot resist."

less referrals for programs that provided personalized care—despite being just as sick as white patients.[385]

African Americans are less likely to be treated for skin diseases due to the lack of medical research and training for diagnosing skin conditions for those with darker skin.[386] Most medical textbooks and journals that assist dermatologists in diagnosing skin disorders do not include images of skin conditions as they appear on African Americans.[387] Images of darker skin with skin conditions caused by COVID-19, skin cancer, psoriasis, rosacea, and melanoma often do not appear in medical textbooks and journals.[388] Doctors routinely miss these diagnoses for African American patients because they are not trained to identify or treat skin conditions for African American patients.[389] Consequently, discriminatory medical research and technology has resulted in worsening health disparities that harm African Americans.

IX. Mental Health

Steve Biko, the South African anti-apartheid activist observed that "the most potent weapon in the hands of the oppressor is the mind of the oppressed."[390] Historically, the dehumanization of African Americans has grown into structural, institutional, and individual racism today.[391] Poor mental health among Black youth and adults must be understood in the context of historical race-based exclusion from access to resources.[392] The harsh impact of multigenerational racism on African American mental health and inherent racism within the discipline of psychology has contributed to disastrous mental health consequences for African Americans.

In the 1970s, due to systemic racism, psychiatrists were taught that clinical depression was nonexistent among African Americans. Black military personnel under conditions of intense racial discrimination received higher rates of severe mental illness diagnoses, such as paranoid schizophrenia.

History of Racism in Mental Health

The federal government and state governments, including the State of California, have historically discriminated against African Americans in the provision of mental healthcare. Established in 1773, the Public Hospital for Persons of Insane and Disordered Minds in Williamsburg, Virginia, was the first public psychiatric hospital in the United States.[393] However, the asylum prioritized white people over enslaved people for admission.[394] The asylum used enslaved labor to operate and accepted enslaved people as payment for care and treatment of white people.[395]

Psychiatric hospitals in the first half of the 19th century were some of the United States' first officially segregated institutions.[396] One of the American Psychiatric Association's founding members refused to admit African American patients to his mental hospital.[397] He influenced the design of the Government Hospital for the Insane in Washington, D.C., which housed African American patients in a separate building—far away from the better facilities for the white patients.[398] Before 1861, African American patients were rarely admitted into southern asylums because they supposedly did not suffer from severe mental illness.[399] The racist notion that only white people suffered from mental illness was written into the law in Virginia.[400] African American patients experienced outright denial of services, and when they were admitted, they were housed in worse circumstances than white patients.[401]

By the 1960s and 1970s, African Americans were left with a mental health system that proved ineffective at addressing the root causes of mental illness—such as racism and poverty.[402] In 1970, African Americans were 52 percent more of the population in mental health institutions than white Americans.[403] However, there were nine times more African Americans than white Americans in correctional settings.[404]

White mental health staff at federally-funded clinics and hospitals often diagnosed African American patients as schizophrenic, when they should have been diagnosed with depression.[405] In the 1970s, due to systemic racism, psychiatrists were taught that clinical depression was nonexistent among African Americans.[406] African American military personnel under conditions of intense racial discrimination received higher rates of severe mental illness diagnoses, such as paranoid schizophrenia.[407] Studies of the diagnoses of African American patients at Veterans Affairs facilities have also shown that misdiagnosis has remained a problem for African American communities due to clinicians'

prejudice and misinterpretation of African American patients' behaviors.[408]

The American Psychological Association and the Discipline of Psychology

The American Psychological Association (APA), in conjunction with federal and state governments, played a significant role in the ongoing oppression of African Americans.[409] In 2020, the APA issued an apology for its role in promoting, perpetuating, and failing to challenge racism in the U.S.[410] The APA helped establish racist scientific theories, opposition to inter-racial marriage, and support of segregation and forced sterilization.[411] The APA also promoted the idea that racial difference is biologically-based, created discriminatory psychological tests, and failed to take action to end racist testing practices.[412] For centuries, the APA has failed to represent the approaches, practices, voices, and concerns of African Americans within the field of psychology and within society.[413]

Throughout American history, the field of psychology has also influenced federal and state eugenics policies.[414] In 1895, an article published in an APA journal argued that white people had a superior, more evolved intelligence.[415] In 1913, a study reported the inferiority of school performance among African American children in integrated schools in New York.[416] Racial difference was used to argue against improved schooling opportunities for African American children.[417] One psychologist, Raymond Cattell, argued that race-mixing was dangerous and would lead to a society of "lower intelligence" through the early 1990s.[418]

In 1917, the federal government conducted psychological tests on nearly two million soldiers.[419] Due to culturally-biased questions, the study labeled 89 percent of African American recruits as "morons."[420] Throughout the 1930s, African American psychologists conducted studies countering the racist findings of white psychologists.[421] Their studies suggested that environment plays a central role in shaping intelligence scores and outlined the impact white examiners have on the test scores of African American test takers.[422] However, these studies were often dismissed.[423] The APA continued to support the use of testing to validate theories about innate racial hierarchy.[424]

From the 1950s on, psychologists received funding from white supremacist organizations to support segregation and other racist projects.[425] In 1952, former APA president, Henry E. Garrett, testified in support of segregation in *Davis v. County School Board,* one of five federal court cases combined into *Brown v. Board of Education*.[426] He testified that segregation would not harm African American students, and the three-judge panel that ruled in favor of segregation agreed.[427] Garrett also testified before Congress in opposition to the passage of the Civil Rights Act of 1968.[428] He argued that African Americans could not reach the intelligence levels of white Americans.[429] Garrett promoted the idea of an innate racial hierarchy and worked with racial extremist and neo-Nazi groups.[430]

In 1968, 75 African American psychologists left the APA in protest and formed the Association of Black Psychologists.[431] However, published articles in top psychological journals continued to be overtly racist and neglect issues and topics beneficial to African Americans. Between 1970 and 1989, just 3.6 percent of published articles focused on African Americans.[432] Most of the work is focused on standardized testing and none on healthy personality development and the competent intellectual functioning of African Americans.[433] As late as 1985, white psychologists published articles arguing that African Americans evolved to have lower intelligence, have more children, care for them poorly, and commit more crime.[434] The legacy of the discriminatory practices of the APA and the discipline of psychology is evident in the underrepresentation of African Americans in the psychology workforce, as will be discussed in the next subsection.

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Racism in Mental Health Today

Structural racism continues to be embedded in the mental health system. Studies document continued and consistent patterns of misdiagnosis, mistreatment, and disparities in quality of and access to mental healthcare for African Americans.[435] African American patients are more likely to receive higher doses of antipsychotics despite evidence that they have more adverse side effects.[436]

There is a dearth of African American psychologists and culturally appropriate treatment for African Americans.[437] As of 2014, only four percent of the psychology workforce in the United States is African American.[438] White psychology curriculums dominate higher education—and seven percent of psychology doctoral students are African American, though 14 percent of Americans are African American.[439]

African American clients' experiences of microaggressions from white therapists have negatively impacted their satisfaction with both counselors and counseling in general.[440] Many African Americans feel worse after their counseling experiences.[441] Racial bias and stereotypes by clinicians have led to misdiagnoses of African Americans in some cases.[442] This leads to further disparities in quality of mental healthcare for African American patients due to the implicit biases of mental health providers.[443]

Mental health problems among Black youth often result in school punishment or incarceration, rather than mental healthcare.

African Americans face barriers to accessing mental healthcare today.[444] These barriers include stigma from mental health professionals, unavailability of treatment, overdiagnosis and misdiagnosis, being unable to afford the cost of healthcare, lacking insurance, and being unable to access transportation.[445] Due to these barriers, African American men who are depressed underutilize mental health treatment and have depression that is more persistent, disabling, and resistant to treatment than white men.[446] This extends to youth. Mental health problems among African American youth often result in school punishment or incarceration, rather than mental healthcare.[447] Overall, African Americans are less likely to receive care than white Americans for mood and anxiety disorders, which may contribute to chronic mental health issues.[448] Consequently, African Americans face institutional and individual racism in the mental health system, which is the legacy of historical anti-Black discrimination, and is especially harmful to African American mental health today.

Impact of Anti-Black Racism on African American Mental Health

For centuries, nearly every institution of the Western world has—explicitly and implicitly—reinforced the message that African Americans are to be devalued.[449] Within this context, it is inevitable that African American mental health and well-being has suffered.[450] The psychic effects of this anti-Black narrative include cultural trauma, cultural imperialism, and internalized racism.[451] Cultural trauma is "a dramatic loss of identity and meaning, a tear in the social fabric affecting a group of people that has achieved some degree of cohesion[.]"[452] Cultural imperialism is when the culture of one society is forced onto another society or group of people.[453] Internalized racism is "the process of accepting the racial stereotypes of the oppressor."[454]

Anti-Black racism leads to racial stress, which causes adverse psychological effects.[455] This can profoundly affect African American children by undermining their emotional and physical well-being and their academic success.[456] African American women identify racial discrimination as a persistent stressor occurring throughout their lives.[457] These experiences having long-lasting effects on their identities and on how they perceive encounters with others, particularly white Americans.[458] Many African American women describe ruminating on past experiences, developing defense mechanisms in anticipation of future threats, and feeling the need to overcompensate for negative stereotypes.[459] They may work harder to prove themselves, suppress emotions, and code switch.[460] African American women may feel an obligation to present an image of strength, suppress emotions, resist being vulnerable or dependent on others, determined to succeed despite limited resources, and feel an obligation to help others.[461] This may lead to chronic psychological distress, which is associated with physiological processes, such as chronic inflammation, abdominal obesity, and heart disease.[462]

The overwhelming amount of racial stress caused by racism can result in trauma.[463] Racial trauma, a form of race-based stress, is defined by psychologists as persistent psychological injury caused by racism.[464] This trauma may produce mental illnesses or psychological wounds tied to historical traumatic experiences, like slavery.[465] Studies have shown that racial and ethnic discrimination may play an important role in the development of Post-Traumatic Stress Disorder (PTSD) for African American people.[466] Racial trauma can cause symptoms similar to PTSD, including hypervigilance, flashbacks, nightmares, avoidance, suspiciousness, and physical symptoms such as headaches, heart palpitations, and other such symptoms.[467] Studies have also shown that public racial discrimination against African Americans is linked to an increase in depressive symptoms.[468]

Cultural trauma is "a dramatic loss of identity and meaning, a tear in the social fabric affecting a group of people that has achieved some degree of cohesion[.]"

Historical trauma is the legacy of numerous traumatic events inflicted on a group of people and experienced over generations.[469] The health consequences of historical racism and discrimination can be passed down psychologically, socially, and emotionally from one generation to the next resulting in intergenerational harm to African American mental health due to racism.[470] Long-term adverse health impacts linked to legal segregation laws illustrate the long reach of institutional racism.[471] Historical trauma studies show that children of African American parents who have been affected by trauma, also exhibit symptoms of PTSD, or "historical trauma response."[472]

Studies have shown that racial and ethnic discrimination may play an important role in the development of Post-Traumatic Stress Disorder (PTSD) for Black people. Racial trauma can cause symptoms similar to PTSD. Studies have also shown that public racial discrimination against African Americans is linked to an increase in depressive symptoms.

Traumatization can occur at a community level as well. Highly publicized police killings of unarmed African Americans affect the mental health of African Americans in the region where the killing occurs.[473] In one study, the impact was felt for months afterwards, whereas no negative effects were found for white Americans in those same localities.[474] A 2013-2016 study on the mental impacts of killings of African Americans in certain states found that African Americans had more poor mental health days, whereas white people were not affected in the same way.[475]

California

Psychological institutions have contributed to overincarceration, forced sterilization, and denial of educational opportunities for African American Californians. In 1915, psychologists leading the California Bureau of Juvenile Research at Whittier State School oversaw some of the earliest eugenics projects, examining family trees and conducting psychological testing of boys confined at the institution.[476] The results of this project harmed African American youth in California by increasing incarceration rates and promoting sterilization.[477] Psychological tests were used by the state's public education system to block educational and economic opportunities for African American youth in California.[478] In 1979, the Federal District Court of Northern California ruled in favor of five African American students who had been placed in special education classes due to their performance on psychological tests.[479]

The mental health system in California has discriminated against African American Californians through inaccurate diagnoses, use of involuntary force, high cost, and a lack of culturally-competent services.[480] In comparison to other racial and ethnic groups, it takes longer for African American Californians to be removed from inpatient mental health care settings to a less restrictive level of care.[481] Despite higher rates of inpatient treatment, over 50 percent of African American Californians must wait more than eight days to step down from an inpatient setting to a lower level of care.[482] It takes twice as long for African American Californians than it does for most other racial or ethnic groups, despite no evidence of less need.[483] These racial disparities also exist in California's small counties, despite fewer numbers of people from nonwhite communities.[484]

Many African American Californians suffer from high rates of serious psychological distress, depression, suicidal ideation, dual diagnoses, and other mental health issues.[485] Unmet mental health needs are higher among African American Californians, as compared with white Californians.[486] This includes being unable to access mental healthcare and substance abuse services.[487] Across racial groups, the highest percentage of serious psychological distress and attempted suicide was found among African American Californians.[488] African American Californians had the highest percentage of missed days of days of work and daily activities due to mental health concerns.[489] African American people are over-represented in vulnerable groups at risk for mental illness, such as unhoused people; current and formerly incarcerated people; children in foster care; and veterans.[490] These groups have an increased risk for developing Post-Traumatic Stress Disorder.[491]

California budget cuts in funding for indigent care have disproportionately affected African American communities, who are more likely to be indigent and in need of mental health services.[492] The lack of recruitment and retention of African American psychiatrists in Los Angeles has negatively affected African American Californians, who are more likely to seek services from someone with

the same racial background.[493] African American mentally ill incarcerated Californians are overrepresented in Los Angeles County jails.[494] Records indicate that they receive more mental health services while incarcerated than while they are out in the community, which is illustrative of how poor community mental health services are for African American Californians.[495]

Across racial groups, the highest percentage of serious psychological distress and attempted suicide was found among Black Californians. Black Californians had the highest percentage of missed days of work and daily activities due to mental health concerns.

African American Californians represent only 11 percent of Alameda County's population, but make up 47 percent of the county's unhoused population, 48 percent of the jail system's population, and 53 percent of people who cycle in and out of both the criminal and hospital systems.[496] The State of California has repeatedly awarded state and county contracts to agencies that continually fail to meet a minimum level of culturally relevant care for African Americans.[497]

X. Reproductive and Gender Identity Responsive Health

The federal and state governments have historically policed the childbearing practices of African American women and denied reproductive rights and healthcare.[498] African American women have been used as tools of reproduction for capitalist profit—or forcibly sterilized and denied reproductive freedom.[499] Black Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Americans are less likely to access healthcare.[500] As a result, African American women and LGBTQ Americans have suffered, in part, due to the legacy of enslavement.

Expecting and new Black mothers often find that their reports of painful symptoms are overlooked or minimized by medical practitioners. Black women must wait longer for prenatal appointments and are ignored, scolded, demeaned, and bullied into having C-sections.

Maternal Health

African American women were denied autonomy over their reproduction during the slavery era and denied their rights as mothers.[501] State and federal governments forcibly sterilized African American women in 19th and 20th centuries.[502] Later, state policies included plans to distribute experimental birth control, like Norplant, in African American communities.[503] States criminalized and sterilized African American women for giving birth if traces of controlled substances were found in them or their babies.[504] Coercive welfare policies mandated long-term contraceptive insertion, with harmful health consequences, as a condition for receiving welfare benefits.[505]

Historically, state and federal governments have refused to subsidize reproductive care, such as abortion for poor women.[506] This especially harms African American women's access to reproductive care. African American women rely on publicly funded clinics in higher numbers, due to lack of access to private health insurance or income for a private physician.[507] African American women are also less likely to have access to information about informed consent, sterilization, and side effects of contraceptives.[508] Forced sterilization, mentioned earlier, was used in conjunction with these policies, to deny African American women autonomy over their own bodies and their reproductive health.[509]

Studies show that Black women suffer from disproportionate infertility in comparison to other groups.[510] This disparity stems from untreated sexually transmitted infections, nutritional deficiencies, complications from childbirth and abortion, and environmental hazards.[511] African American women are treated as infertile by doctors who underdiagnose endometriosis in African American women.[512] Many reproductive technologies are unaffordable or inaccessible to African American women experiencing fertility issues.[513]

One of the most harmful legacies of slavery is the disproportionate maternal and infant death of Black women

and children today due to lack of access to adequate reproductive healthcare.[514] African American women experience disproportionate racial discrimination in access to and quality of prenatal care.[515] Expecting and new African American mothers often find that their reports of painful symptoms are overlooked or minimized by medical practitioners.[516] Black women must wait longer for prenatal appointments and are ignored, scolded, demeaned, and bullied into having C-sections.[517] Even wealthier African American women suffer the racist disregard of medical providers.[518] Serena Williams, the renowned tennis champion, was ignored by medical providers who dismissed her concern regarding a post-pregnancy blood clot.[519] After insistence by Williams that she undergo a CT scan, doctors found a clot in her lungs.[520]

African American women disproportionately experience adverse birth outcomes and adverse maternal health.[521] Researchers have found evidence that this may be influenced by the uniquely high level of racism-induced stress experienced by African American women, as discussed above.[522] Structural racism is a stressor that harms African American women at both physiological and genetic levels.[523] Structural racism contributes to maternal and infant death disparities. In the United States, pregnancy-related mortality is three to four times higher among African American women than among white women.[524] Adequate prenatal care does not reduce racial disparities for African American women, who are still at elevated risk for preterm birth.[525] Hypertension, which has been linked to the stress of living in a racist society, contributes to racial disparities in pregnancy-related complications, such as eclampsia.[526] Black mothers are less likely to breastfeed their babies than white mothers due to numerous historical factors, including predatory marketing practices.[527] Lower breastfeeding rates are associated with higher risk of medical issues before and after childbirth, and maternal mental health issues.[528]

Health of African American LGBTQ Americans

African American Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Americans experience discrimination in healthcare.[529] They are also more likely to be uninsured.[530] For African American transgender Americans, this results in difficulties in seeing healthcare providers and receiving gender-affirming care due to cost.[531] Studies have indicated that Black LGBTQ Americans experience assumptions, judgment, stigma, and discrimination in the healthcare system.[532] It is difficult for them to establish a personal bond, trust, and familiarity with providers, who do not often meet their needs with respect to their sexual and gender identities.[533]

African American LGBTQ Americans suffer from especially poor health outcomes. African American LGBTQ people who identify as women have higher diagnoses of hypertension, stroke, and diabetes.[534] Many Black LGBTQ Americans are at higher risk for HIV when compared with white cisgender, heterosexual Americans.[535] As of 2015, African American transgender women had HIV at the rate of 19 percent, while 1.4 percent of the transgender population at large had HIV.[536] African American LGBTQ Americans have also been found to have higher rates of asthma, heart attacks, and cancer.[537]

Compared to all transgender Americans, transgender African Americans are

5x MORE LIKELY to be infected with HIV

A large proportion of African American LGBTQ Americans have suffered verbal insults or abuse, threats of violence, physical or sexual assault, and robbery or property destruction.[538] African American LGBTQ Americans are almost twice as likely to report a diagnosis of depression compared to African American non-LGBTQ adults.[539] Researchers posit that such mental and physical health outcomes are linked to a combination of anti-Black racial discrimination, and anti-LGBTQ prejudice.[540] Stigma and discrimination can create a stressful social environment that may lead to mental and physical health problems for African Americans in the LGBTQ community.[541]

California

In California, as well as nationally, Black women are substantially more likely than white women to suffer severe health complications during pregnancy, give premature birth, die in childbirth, and lose their babies.[542] From 2014 to 2016, the pregnancy-related mortality ratio for African American women in California was four to six times greater than the mortality ratio for other ethnic groups.[543] In fact, African American women were overrepresented for pregnancy-related deaths for all causes, but most notably for deaths during pregnancy or during hospitalization post-delivery.[544] Over the past decade, African American babies died at almost five times the rate of white babies in San Francisco.[545] In a comprehensive study of 1.8 million hospital births, it was found that when an African American doctor is the primary charge on these cases, the infant mortality rate is cut in half.[546]

The high rates of preterm birth and maternal mortality for African American women are due, in part, to complications

from underestimated or undiagnosed health conditions.[547] In 2006, in Los Angeles, Bettye Jean Ford gave preterm birth to a baby who did not survive.548 "Giving birth was horrible," she said. "It was just an awful experience emotionally, physically."[549] African American people giving birth experience the highest rates of postpartum depression and mortality during childbirth.[550] California passed the Dignity in Pregnancy and Childbirth Act in 2019, which aims to address implicit bias in healthcare and collect data on maternal health.[551] However, experts state that the bill is difficult to enforce, since physicians contract with hospitals and are not subject to the same oversight as ordinary employees.[552] It is left to healthcare facilities to implement practices to address implicit bias—which is not likely to occur.[553]

A survey in California found that African American women disproportionately reported unfair treatment, harsh language, and rough handling during their hospital stay, as compared to white women.[554] Doulas are trained professionals who provide physical, emotional, and informational support to mothers.[555] Evidence shows that women who had the support of doulas were less likely to have C-sections and have healthier babies.[556] Doulas play an important role as advocates for African American women in the medical system when medical providers do not believe African American women or address their needs.[557] However, during the COVID-19 pandemic, the California state legislature failed to pass an initiative to provide doula care for pregnant and postpartum people in the 14 California counties with the highest birth disparities.[558]

Over the past decade, African American babies died at almost five times the rate of white babies in San Francisco. In a comprehensive study of 1.8 million hospital births, it was found that when an African American doctor is the primary charge on these cases, the infant mortality rate is cut in half.

In California, compared to all women, African American women were

4-6x MORE LIKELY to die during or after pregnancy or birth

In the American West, African American LGBTQ Americans are more likely to be uninsured, diagnosed with depression, and diagnosed with asthma, diabetes, high blood pressure, high cholesterol, heart disease, and cancer.[559] A 2021 study of transgender women in the San Francisco Bay Area revealed that African American transgender women are at a higher risk for suffering from hate crimes because of the intersectional effects of racism and transphobia.[560] African American transgender women had a higher tendency to be the victim of battery with a weapon, a potentially fatal form of violence, compared to white transgender women who participated in the study.[561]

XI. Child and Youth Health

Some scholars have stated that the legacy of slavery, and the segregation and racial terror that occurred in the years after, has resulted in high rates of infant mortality and damaged health.[562] Discriminatory care has continued through the centuries—resulting in lasting health disparities affecting African American children and youth.[563] As will be discussed in this section, the public school, foster care, and carceral systems further damage the health of African American youth due to the discriminatory and violent treatment African American youth receive at the hands of state and local officials.

Pediatric Care

Racial segregation in hospitals has resulted in lower quality care for African American babies, contributing, in part to low birth weight and premature birth for African American infants.[564] The infant death rate for African American babies is the highest in the nation.[565] African American infants are twice as likely to die as white infants—11.3 per 1,000 African American babies die, compared with 4.9 per 1,000 white babies.[566] This racial disparity is wider than that of 1850, when African Americans were enslaved.[567] Studies show that education does not mitigate this problem. African American women with advanced degrees are more likely to lose their babies than white women with less than an eighth-grade education.[568] Federal and state governments have not addressed this problem, since, as of March 2022, only nine states investigate racial disparities when conducting reviews of pregnancy-related deaths.[569] Racial disparities in infant mortality and low birth weight have been associated with racial discrimination and

African American students are 2.9 times more likely to be labeled with a disability than white students, resulting in disproportionate placement of Black students in special education, where they are less likely than white students to return to regular instruction and are prescribed unnecessary psychotropic medications.

maternal stress.[570] Studies show that African American physicians' care of African American newborns significantly reduces the African American infant death rate; however, African American physicians are disproportionately underrepresented in the field of medicine.[571]

The American Academy of Pediatrics has stated that racism is a social determinant of health which has a profound impact on the health of children.[572] African American children experience worse health outcomes than white American children, due to unequal access to care, in part, because of parental unemployment and lower household net worth.[573] (For a more detailed discussion of wealth disparities, please see Chapter 13 on the Wealth Gap.) The impact of racism has been linked to birth disparities and health problems in African American children and adolescents.[574] Chronic stress leads to increased and prolonged levels of exposure to stress hormones, which lead to inflammatory reactions that predispose children to chronic disease.[575] Increased stress related to racial discrimination experienced by African American children has been associated with increased asthma risk and severity.[576] African American children are more likely to die from asthma.[577] Children's exposure to discrimination has also been linked with higher rates of attention deficit hyperactivity disorder, anxiety, depression, and decreased general health.[578]

African American youth disproportionately suffer from obesity and being overweight due to social and environmental circumstances that produce psychological stress—including less access to education and more exposure to racial discrimination.[579] African American children are referred less quickly for kidney transplants than white children.[580] They are also more likely to die following surgery.[581] The underdiagnosing of African American children is linked to the lack of African American pediatricians, which has resulted in inadequate access to pediatric care for African American children.[582]

School, Foster Care, and Carceral Systems

African American youth are overrepresented in the foster care system and suffer disproportionately worse health outcomes in the system.[583] African American youth suffer from greater rates of child abuse and neglect as well as negative impacts on mental health in state-run foster care systems.[584] They may be placed on psychotropic drugs which alter behavior patterns and increase the risk for suicide and illness.[585]

African American students experience disparate health outcomes and discrimination in public school systems.[586] Racial disparities in educational access and attainment, along with racism experienced in schools, affect the trajectory of academic achievement for African American youth and ultimately harm their health.[587] (For a more detailed discussion of discrimination in education, please see Chapter 6 on Separate and Unequal Education.) African American students are 2.9 times more likely to be labeled with a disability than white students, resulting in disproportionate placement of African American students in special education, where they are less likely than white students to return to regular instruction and are prescribed unnecessary psychotropic medications.[588]

In public schools, despite health screenings and low academic scores that indicate mental illness, a learning disability, or developmental delay— African American youth are over-diagnosed for conduct disorder and under-diagnosed for depression.[589] The closure of public schools during the COVID-19 pandemic resulted in missed meals, negatively impacting African American children's health, nutrition, and food security because African American students are more likely to be eligible for free or reduced-price meals.[590]

African American youth are overrepresented at every level of the juvenile justice system, from initial contact with law enforcement to sentencing and incarceration, which has led to worsening health.[591] Among youth who are arrested, African American youth are three times as likely to be incarcerated in the juvenile justice system and less likely to be diverted to non-carceral settings than white youth.[592] African American youth involved in the carceral system have worse mental and physical health, during and after incarceration.[593] This is due to communicable diseases, which spread in juvenile facilities, physical and sexual trauma, as well as erosion of mental health.[594] African American youth are overprescribed psychotropic medication and misdiagnosed by the carceral system, when compared with white youth.[595] Within juvenile justice settings, African American boys are 40 percent more likely to be diagnosed with conduct disorder than white youth, while African American girls are 54 percent more likely—even when controlling for trauma, behavioral indicators, and criminal offense charges.[596]

California

Malnutrition rates are higher for Black children in California, when compared with other racial groups.[597] For instance, 20.2 percent of Black Californian households reported having children who did not have enough to eat, which is higher than the 15.9 percent of all Californian households that reported not having enough food to eat.[598] According to data from 2018, almost three times as many African American Californian children live in poverty when compared with white children.[599] Poverty results in worse cognitive, socio-emotional, and physical health.[600] This is particularly prevalent for African American children in California, due to their overrepresentation among poor children at large.[601]

Black youth are three times as likely to be incarcerated in the juvenile justice system and less likely to be diverted to non-carceral settings than white youth. African American youth involved in the carceral system have worse mental and physical health, during and after incarceration. This is due to communicable diseases, which spread in juvenile facilities, physical and sexual trauma, as well as erosion of mental health.

In California, African American youth are more likely to be incarcerated than their white peers, and have likely had prior exposure to toxic stress.[602] The poor living conditions among incarcerated youth intensify health problems.[603] The carceral system inadequately serves the health needs of African American incarcerated youth.[604] Tanisha Denard, an African American teenager, was in high school when she violated her probation due to unpaid truancy tickets and was sent to juvenile hall.[605] Her time in juvenile hall severely harmed her mental health.[606] "Being locked down make you feel that you are worthless to society," she said. "You start to think about any way to escape, even if it means suicide."[607] While incarcerated she was subjected to solitary confinement, not allowed to use the restroom, and forced to sleep on bedsheets stained with urine, blood, and feces.[608] The juvenile justice system lacks policies, practices, and interventions specific to serving African American youth like Denard.[609]

XII. Public Health Crises

Scholars have theorized that the federal and state governments' racist public health practices, along with centuries of slavery, segregation, and white oppression have resulted in entrenched systemic racism, which has harmed African American health.[610] The public health crises described in this section are not an exhaustive list of the mismanagement of health crises; rather, they are selected illustrative examples. Today, African Americans continue to be at the highest risk for negative health impacts from public health crises.[611]

Infectious Diseases

In 1793, anti-Black racism on the part of state officials in Pennsylvania resulted in the death of hundreds of African Americans during the yellow fever epidemic.[612] At the time, medical historians and prominent white leaders, assuming African American people were immune to the disease, encouraged African Americans to assist with managing the epidemic.[613] Many African American residents remained in the city, instead of fleeing, participating in the epidemic relief effort, caring for the ill and burying the dead.[614] In the end, hundreds of African Americans died from yellow fever.[615]

In the post-Reconstruction era, tuberculosis was a deadly health problem for African Americans.[616] In 1900, there were large disparities in tuberculosis rates between white and African American populations because segregated African American neighborhoods were impoverished, had congested housing, and could not access basic healthcare information.[617] In the early 1900s, state and local public health agencies, hospitals, and physicians portrayed African American people as a hazardous population to the white public.[618]

In 1964, African American tuberculosis rates were two to three times higher than for white Americans.[619] Substandard and segregated housing, in addition to concentrated poverty, contributed to high HIV and tuberculosis rates in the 1980s and 1990s.[620] The disease spread widely in prisons, hospitals, cramped housing, and homeless shelters, leading tuberculosis rates to increase among African Americans.[621] Due to a combination of government neglect and systemic racism, African Americans have been harmed by the spread of infectious diseases.

Drug Addiction

Internationally, public health officials have recognized that drug addiction should be treated as a health disorder and not as a criminal behavior.[622] The federal government has chosen to respond to rising drug addiction as a criminal justice issue, instead of as a public health issue.[623] This has resulted in state action against African American people in need of substance abuse services.[624] According to healthcare providers and experts, the government should treat drug addiction as a public health issue.[625] Drug addiction is a medical condition, not a flaw in character.[626] Punishment for substance abuse disorders does not treat addiction—it leads to higher risk of drug overdose.[627]

By the 1980s, the government embarked upon a rigorous crackdown on the usage of crack, a crystalized type of cocaine which is highly addictive and relatively cheap.[628] During the 1970s, hospital emergency rooms began testing pregnant women for suspected drug use and reporting them to police authorities.[629] In many cases, hospitals imprisoned women, shackled them while they gave birth, or took temporary or permanent custody of their children.[630] Hospitals reported African American pregnant women 10 times more frequently to government health authorities than white women.[631]

From 1991-2016, compared to whites, African American crack users were

7x MORE LIKELY to be sent to federal prison for their offense

State policy leaders did not address the need for increasing preventive mental illness and rehabilitation resources.[632] Nor did they address the psychosocial origins for the demand for crack.[633] Police crackdowns and incarceration for drug possession did not relieve the social conditions that spawned the crack cocaine epidemic, but rather created harmful consequences for African Americans.[634] State actions exacerbated them by treating drug addiction as a crime, as opposed to a public health issue.[635] By the year 2000, over 80 percent of those charged with crack-related crimes were African American, while less than six percent were white.[636] Throughout the course of the crack epidemic, sentencing disparities caused African Americans to receive excessive sentences in prison, and many continue to serve such excessive sentences today.[637]

HIV/AIDS

During the 1980s, AIDS harmed African American communities severely, especially LGBTQ African American populations and African American intravenous drug users, who were overrepresented among AIDS victims.[638] Today, the prevalence of HIV is especially high within the African American LGBTQ community.[639] African American gay and bisexual men are infected by HIV more than any other group in the United States today and have the highest HIV death rate.[640] Between 2010 and 2019, the number of HIV infections among white gay men decreased significantly while the number of infections among African American gay men did not decrease.[641] Longstanding inequities in access to and delivery of healthcare to African Americans has led to this disparity.[642] African American women accounted for the largest share of women living with an HIV diagnosis in 2017.[643]

Black gay and bisexual men are infected by HIV more than any other group in the United States today and have the highest HIV death rate.

Due to the lack of federal or state-funded healthcare resources for the AIDS epidemic, African American healthcare leaders and organizers worked to connect AIDS victims to medical services, benefits, and health education.[644] Churches and community organizations formed to educate African Americans about sexual health and AIDS prevention.[645] They worked with African American LGBTQ populations to educate them about safe sex practices and to provide outreach and health services to people with AIDS.[646] Despite this work by African American communities, the Centers for Disease Control and Prevention planned to cut funding from dozens of groups operating AIDS services.[647]

Nutrition

African Americans are more likely to live in food deserts—areas with limited access to healthy, affordable food.[648] (For a more detailed discussion of discrimination in infrastructure, please see Chapter 7 on Racism in Environment and Infrastructure.) Tobacco products, such as menthol cigarettes, have been historically marketed to African American communities by tobacco companies at higher rates than white communities.[649] Despite regulating and banning other products, the federal government did not consider banning menthol flavored tobacco products until 2021.[650] Additionally, the overconcentration of liquor stores

in African American neighborhoods is correlated to African American health problems.[651]

The makers of sugar sweetened beverages, fast foods, and other products also often target Black communities in marketing schemes.[652] These food products contribute to overconsumption, leading to diabetes, obesity, and other health problems.[653] Between 2005 and 2008, African American adults consumed nearly nine percent of their daily calories from sugar drinks, compared to about five percent for white adults.[654] Black children and teens see more than twice as many ads for certain sugar drinks than their white peers.[655] Lower-income African American neighborhoods have disproportionately more outdoor ads on billboards, bus benches, sidewalk signs, murals, and store window posters for sugar drinks.[656] Sugar has had disproportionately negative consequences for African American people, and is linked to diabetes, obesity, and hypertension.[657] Marketing companies are protected by law under the First Amendment, while African American youth are not protected from the harmful consequences of their actions.[658]

Natural Disasters

The federal government has engaged in the racist mismanagement of natural disasters like hurricanes—a prime example is Hurricane Katrina. Racial health disparities among African American communities in New Orleans existed prior to Hurricane Katrina.[659] This was due to lack of health insurance for low-income residents, high levels of infant mortality, and high levels of chronic disease.[660] Charity Hospital, a state hospital in New Orleans, had been the center of hospital care for poor African Americans prior to Hurricane Katrina.[661] Three quarters of its patients were African American, with incomes below $20,000.[662] The hospital provided care for HIV/AIDS, drug abuse, psychiatric care, and trauma care.[663] After the hurricane, the state did not reopen Charity Hospital—leaving poor African Americans in New Orleans without medical care.[664]

Following Hurricane Katrina, Black communities received diminished medical care that amplified health disparities, while white communities were restored to even better conditions than they had lived in before the hurricane hit.[665] By 2010, 34 percent of the African American population in New Orleans was living in poverty, compared to 14 percent of white people.[666] African American youth in New Orleans were four times more likely to die from any cause than their white counterparts.[667] There were increased death rates for African Americans from kidney disease and HIV.[668] From 2009 to 2011, one-third of African American residents lacked health insurance, double that of white Americans.[669] The federal government directed funding to repair the buildings, bridges, and streets of New Orleans.[670] However, the government did not address the rampant poverty and health disparities among African American people that had been exacerbated by Hurricane Katrina.[671]

COVID-19

Today, African Americans are disproportionately at risk for COVID-19 infection and death due to structural factors such as healthcare access, density of households, employment, and pervasive discrimination.[672] As of March 2022, African Americans are 1.1 times more likely to contract COVID-19, 2.4 times more likely to be hospitalized due to COVID-19, and 1.7 times more likely to die from COVID-19 than white Americans.[673] The federal government suggests that long standing racial inequities contribute to worse COVID-19 outcomes for African American people.[674] Factors that increase COVID-19 risk for African Americans include: unaffordable housing, lack of healthy food, environmental pollution, poor quality healthcare, poor health insurance, essential worker jobs, lower incomes, greater debt, and poorer access to high quality education.[675] All of these factors disproportionately harm African Americans due to systemic racism.

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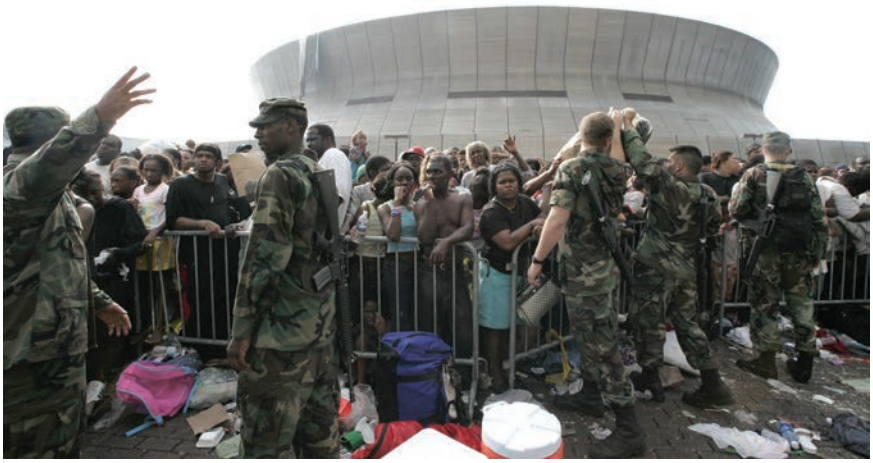

National Guardsmen stand watch at barricades outside the Superdome as emotional refugees driven from their homes by Hurricane Katrina await evacuation from the flooded city of New Orleans, La. Following Hurricane Katrina, African Americans in New Orleans received worse medical care than white Americans, which made pre-existing disparities worse. Living conditions for white Americans in New Orleans were restored or improved upon when compared with conditions before the hurricane hit. (Sept. 1, 2005)

California

The State of California has also engaged in the mismanagement of public crises in ways that have harmed African Americans. In California, the criminal justice system excessively targeted African Americans during the crack cocaine epidemic. In Los Angeles, African American Californians would receive up to a 10-year federal sentence, while white Americans prosecuted in state court faced a maximum of five years and often received no more than a year in jail.[676] From 1987 to 1992, a University of California Los Angeles study found there were no white Americans among the 71 defendants prosecuted federally by the U.S. attorney's office in Los Angeles.[677] This discriminatory prosecution occurred even though studies showed that white Americans accounted for the majority of people who used crack cocaine in Los Angeles.[678]

As of March 2022, African Americans are 1.1 times more likely to contract COVID-19, 2.4 times more likely to be hospitalized due to COVID-19, and 1.7 times more likely to die from COVID-19 than white Americans.

As of 2017, California incarcerated African American men at 10 times the rates of white American men, resulting in devastating health impacts for the African American community.[679] African American women are imprisoned at a rate that is more than five times that of white women in California.[680] Black Californians are also overrepresented among California's unhoused.[681] The overrepresentation of African American Californians among the unhoused and incarcerated populations, both of which are vulnerable to COVID-19, means that African American Californians are consequently at higher risk of contracting COVID-19 and other illnesses.[682]

California is also home to many food deserts that harm African American health. In South Los Angeles, many African American Californians do not have enough grocery stores, access to organic produce, thriving small businesses, affordable housing, or medical services.[683] In View Park area, a majority African American South Los Angeles neighborhood, the nearest grocery store is an Albertsons more than a mile away.[684] African American residents have been forced to engage in urban micro-farming, building community gardens, and mini markets to compensate for the lack of healthy available food.[685]

The trifecta of liquor stores, smoke shops, and marijuana dispensaries in African American neighborhoods in California has resulted in inadequate access to healthy foods.[686] Maria Rutledge, an African American resident of South Los Angeles, said, "We are in desperate need of a real grocery market in the area that is welcoming to families, provides healthy food choices, and that supports a safer environment."[687] In addition to the lack of grocery stores, there is an overabundance of liquor stores.[688] During the early 1990s, there were 728 liquor stores in a 54-square-mile radius encompassing South Los Angeles.[689] While that number has decreased, South Los Angeles communities are still overrun by liquor stores, with approximately 8.5 liquor stores per square mile compared to 1.97 liquor stores per square mile in West Los Angeles, a majority white neighborhood.[690] The trifecta of liquor stores, smoke shops, and marijuana dispensaries in African American neighborhoods have indirectly resulted in sexual harassment, violence, and a climate of fear—leading to poor mental and physical health for African American Californians.[691]

In California, COVID-19 infections disproportionately affect African Americans. As of March 2022, the death rate for African American Californians due to COVID-19 is 18 percent higher than the COVID-19 death rate for all Californians.[692] According to a survey conducted by the Association of Black Psychologists, about 40% of Black Californians wished they had more support during the COVID-19 pandemic.[693]

XIII. Impact of Racism on African American Health

Systemic racism has culminated over centuries in severely damaged physiological health for African Americans.[694] Some scholars have argued that medical discrimination in the United States against African Americans is so severe that it is a form of biological terrorism.[695] Low life expectancy, lack of access to health insurance, and high rates of disease have resulted in great physiological harm to African Americans.[696] State-sanctioned systemic racism has led to environmental racism, urban poverty, and over-incarceration—all of which have harmed the health of African Americans.[697] The cumulative effect of institutional racism by federal

and state governments has led to racial trauma that has had intergenerational impacts on the mental health of African Americans.[698]

Health Outcomes

African Americans have higher rates of morbidity and mortality than white Americans for almost all health outcomes in the United States, an inequality that increases with age.[699] African Americans suffer disproportionately from cardiovascular disease relative to white people.[700] In surveys of hospitals across the country, African American patients with heart disease receive older, cheaper, and more conservative treatments than their white counterparts.[701] They also suffer from higher rates of diabetes, hypertension, hyperlipidemia, and obesity.[702] These are all risk factors for cardiovascular disease.[703]

This is linked to the fact that African Americans suffer from weathering—constant stress from chronic exposure to social and economic disadvantage, which leads to accelerated decline in physical health.[704] Social environments that pose a persistent threat of hostility, denigration, and disrespect lead to chronically high levels of inflammation.[705] Studies have shown that African American youth who are exposed to discrimination and segregation have worse cases of adult inflammation due to race-related stressors.[706] In fact, race-related stress has a greater impact on health among African Americans than their diet, exercise, smoking, or being low income.[707] Cortisol, which is a stress hormone, locates itself in bodies in response to racism—consequently African American adults have higher rates of cortisol than their white counterparts, and this is linked to cardiovascular disease.[708] Therefore, exposure to racism as a child or adolescent lays the foundation for inflammation and subsequent health disparities. Even middle- and upper-class African Americans manifest high rates of chronic illness and disability.[709]

Discriminatory attitudes and behaviors by healthcare professionals may also contribute to misdiagnosis and mismanagement of cardiovascular disease among African American patients. African Americans disproportionately lack access to renal transplants due to racial bias exhibited by physicians, as well as institutionalized racism.[710] African Americans are less likely to be identified as transplant candidates, referred for evaluation, be put on the kidney transplant waitlist, receive a kidney transplant, and receive a higher-quality kidney from a living donor.[711] African American patients with sickle cell disease are discriminated against by medical providers who display racist attitudes and accuse people with sickle cell disease of faking their pain.[712] This results in inadequate treatment.[713] There are many reports of African American children with sickle cell disease who do not receive screening tests and treatment necessary to prevent strokes that can occur due to the disease.[714]

Racial disparities in African American health outcomes occur today as a culmination of historical racial inequality, discriminatory health policy, and persistent racial discrimination in many sectors of life in the United States.[715] Discriminatory health systems and healthcare providers contribute to racial and ethnic disparities in healthcare.[716] The U.S. Office for Civil Rights within the U.S. Department of Health and Human Services is charged with enforcing several relevant federal statutes and regulations that prohibit discrimination in healthcare, such as Title VI of the 1964 Civil Rights Act.[717] However, the agency is under-resourced and has not been proactive in investigating healthcare related complaints from the public, conducting compliance reviews of healthcare facilities, or initiating enforcement proceedings for civil rights violators.[718] For example, the Office for Civil Rights could identify examples of discriminatory practices, require the collection and reporting of demographic data, and conduct investigations.[719]

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Policing and Incarceration

Policing and incarceration have clear adverse consequences for the health of African Americans. Racial inequality and racial bias occur in all aspects of the criminal legal system, with federal and state governments overincarcerating and disproportionately punishing African Americans.[720] (For a more detailed discussion of discrimination in the criminal justice system, please see Chapter 11 on An Unjust Legal System.) Police violence kills hundreds of African Americans and injures thousands each year.[721] Incarcerated people—who are disproportionately African American—face a high risk of death after they are released from prisons and jails due to poor health as a result of incarceration.[722] Prisons and jails have been major sites of disease transmission.[723] The churn in and out of

incarceration can result in community spread of sexually transmitted infections or other infectious diseases.[724]

African Americans are overrepresented in state carceral facilities, are less likely to receive the latest psychiatric medications, and have greater difficulty in achieving successful community integration once they leave carceral facilities—further harming their mental health.[725] State prisons often force incarcerated African Americans into solitary confinement at higher rates.[726] Solitary confinement has serious documented harmful mental health effects.[727]

Anti-Black government action harms the mental health of African American communities. Police violence can harm mental and physical health for African American communities through constant surveillance and threats of violence.[728] Studies have shown that African Americans who view racist materials experience an increase in blood pressure.[729] Scientific evidence shows that police killings of unarmed African Americans have adverse effects on mental health among African American adults in the general population.[730] Mental health screening tools used in state and federal carceral facilities reproduce racial disparities, resulting in fewer African Americans screening positive for mental illness.[731] Thus, African Americans remain under-referred and undetected in the jail population.[732]

Environment

State and federal underfunding of medical resources combined with unhealthy physical environments, unemployment, and poverty in African American communities has led to a public health crisis.[733] Urban neighborhoods have the highest rates of preventable diseases, and lack health insurance and adequate housing.[734] By 1980, urban neighborhoods were where 60 percent of the nation's African American population lived due to redlining and historical housing segregation.[735] African American communities continue to experience disproportionately high rates of chronic diseases linked to environmental racism.[736] (For a more detailed discussion of environmental racism, please see Chapter 7 on Racism in Environment and Infrastructure.) Built-up pollution from abandoned industrial and commercial work sites resides in soil, water, structures, and air.[737] Asthma, cancer, and childhood disorders that affect African American communities are linked to polluted environmental conditions such as toxic waste exposure and lead poisoning.[738]

Segregation adversely affects the availability and affordability of care—creating a lack of access to high-quality primary and specialty care, as well as pharmacy services.[739] A review of nearly 50 empirical studies generally found that government-facilitated segregation was associated with poorer health.[740] The state-perpetrated discriminatory practice of redlining officially ended in 1968, but it created residential segregation, which continues today.[741] Segregation has been found to be positively associated with later-stage diagnosis, elevated mortality, and lower survival rates for both breast and lung cancers for African American people.[742]

Housing segregation excessively exposes African American communities to pollution and isolates African Americans from healthcare resources, including pharmacies, clinics, hospitals, and healthy food stores.[743] Disparities in life expectancies between African American and white people are rooted in policies that oppressed and segregated African Americans.[744] Evidence shows that gaps between white and African American life expectancy are dependent on zip codes and housing segregation.[745]

There may be other cumulative negative effects of institutional and systemic racism which have yet to be studied by scientists. A public health study conducted in 2021, for example, revealed that repeated use of chemical irritants for crowd-control by local and federal law enforcement during racial justice protests in the U.S. likely harmed people's mental and physical health.[746]

California

African American Californians experience the shortest life expectancy than any other race or ethnicity.[747] In the San Francisco Bay Area, life expectancy is more than five years greater in white neighborhoods (84 years) than highly segregated African American neighborhoods (79 years).[748] African American Californians have the highest mortality rate in nine out of the top ten causes of death in San Francisco.[749] A high number of African American Californians live in Southwest Fresno, an area

Housing segregation excessively exposes Black communities to pollution and isolates African Americans from healthcare resources, including pharmacies, clinics, hospitals, and healthy food stores.

with lower life expectancy than the affluent neighborhoods of Fresno.[750] African American Californians suffer from the highest cancer rates among all races in colorectal, prostate, and lung cancer.[751] African American men are dying of prostate cancer at almost five times the rate of white men in California.[752] In 2015, African American Californians had the highest rate of preventable hospitalizations for diabetes, heart disease, asthma, and angina.[753] African American youth suffer from the highest number of asthma cases in California.[754] African American children in California tend to live in areas with higher levels of traffic related pollution, which contributes to higher levels of asthma.[755] Historically redlined census tracts in California have significantly higher rates of emergency department visits due to asthma.[756] This evidence suggests that redlining might be contributing to racial and ethnic asthma health disparities.[757]

Compared to white Californian men, African American Californian men are

5x MORE LIKELY to die from prostate cancer

African American Californians are the most disproportionately affected by the HIV epidemic due to racism, in part.[758] In 2018, African American Californians were approximately six percent of California's population, but they were 18 percent of California's HIV positive population.[759] Among women newly diagnosed with HIV, 31 percent were African American Californians.[760] African American transgender people were for 14 percent of those who were newly diagnosed with HIV.[761] Consequently, African American Californians are overrepresented among the HIV population.

Police violence and incarceration have greatly damaged the health of African American Californians. African American Californians account for 20 percent of serious injuries and fatalities due to police use of force, even though they are only six percent of the population.[762] More than four in 10 Californians shot by police were identified as suffering from a mental health condition, having an alcohol- or drug-related disorder, or both, according to hospital data.[763] In *Brown v. Plata*, the Ninth Circuit Court of Appeals ordered the State of California to reduce overcrowding in its prison population due to inadequate healthcare for incarcerated people.[764] Black Californians in Los Angeles' jails who have mental health conditions report receiving harsher sentences and less alternative treatment programs than their white counterparts.[765] Due to the overrepresentation of African American Californians in the prison and jail systems, inadequate prison healthcare greatly diminishes the overall health of African American Californians.[766]

XIV. Conclusion

The legacy of slavery has destroyed the health of African American communities through segregation, racial terror, abusive experimentation, systemic racist oppression, and harmful racist neglect. Today, African Americans face racial discrimination from healthcare providers across the entire healthcare system, which has contributed to the overall destruction of African American health.[767] African Americans suffer from low life expectancy and high mortality rates across virtually every category of health.[768] Due to historical and contemporary traumatization from racist violence, racist microaggressions, and institutional racism, African Americans often suffer from serious psychological distress.[769] The mismanagement of public health crises by state and federal governments has resulted in additional adverse health consequences and deaths in African American communities—most recently during the COVID-19 pandemic.[770] In some cases, the racial health disparities between African Americans and white Americans are worse today than they were during the period of enslavement.[771]

The racist dehumanization of African Americans in the United States began with the institution of enslavement and its degradation of African American health. Since then, this racist dehumanization has been sustained by a healthcare system that destroys African American health through overt and covert discrimination by medical providers, public policies that neglect African Americans' health needs, hospital systems that continue to be segregated, medical schools that systematically exclude African Americans, and a health insurance system designed to be inaccessible to poor African Americans.[772] The United States' healthcare system was designed during the time of enslavement to keep enslaved people alive for profit, but not to take care of their health.[773] After slavery was abolished in name, this healthcare system continued to operate in the same manner—segregating, excluding, harming, abusing, experimenting upon, and slowly degrading African American health.[774] To atone for the violence of slavery and its destructive impact on Black health, health-based reparations must be awarded to African Americans.[775]

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