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Issue Brief

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African Americans and Public Health

Key Words:

African Americans, Health, Tuskegee Syphilis Trials, AIDS, Hepatitis C, Sickle Cell Anemia

Description:

Certain health problems, especially AIDS, sickle cell anemia, and diabetes, pose a greater risk to blacks than they do to other racial groups. Distrust of the health care system among African Americans compounds these problems.

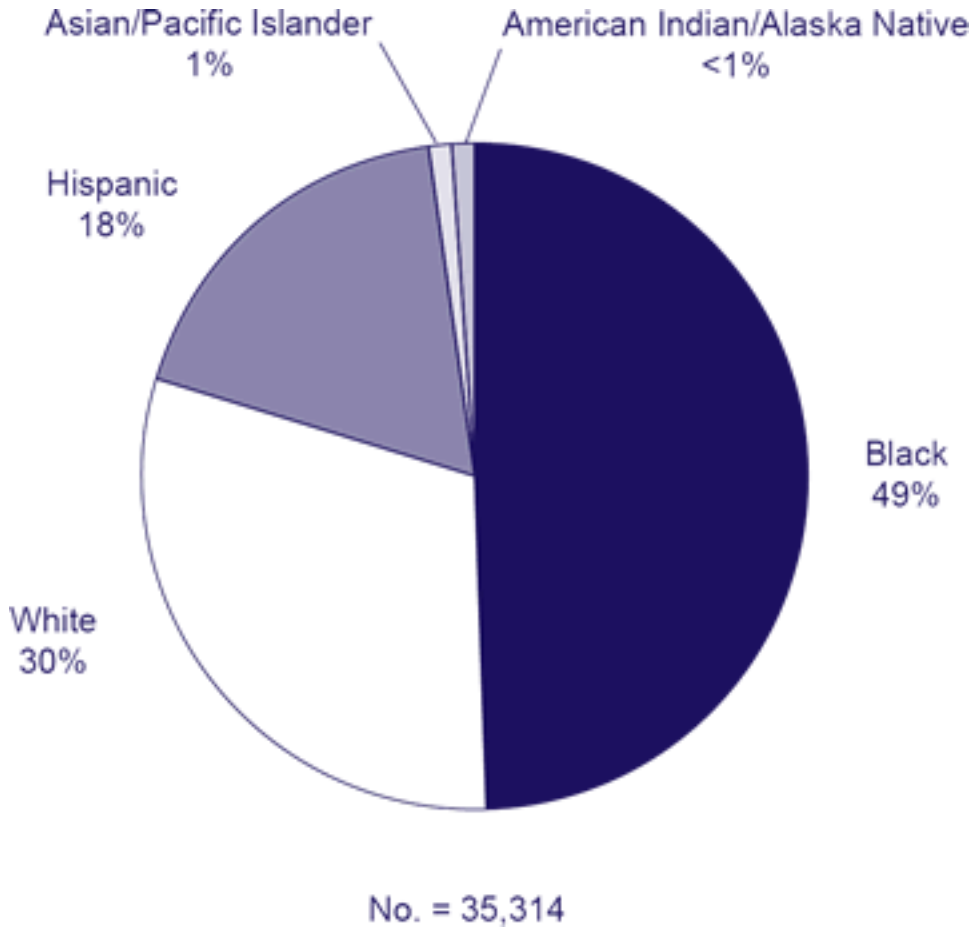
Key Points:

- 1) The Tuskegee syphilis trials helped to cause a general mistrust among African Americans of medical professionals. This mistrust may have played a role in perpetuating the belief among some blacks that the government created AIDS as a way of exterminating them.
- 2) HIV and AIDS pose a major threat because African Americans have exorbitantly high rates of infection compared to all other racial groups (see pie chart below).

- 3) Reasons for higher rates of HIV include unequal access to health care, higher rates of incarceration, and social networks.
- 4) Sickle cell anemia is unique in that its prevalence in African Americans results from the fact that the gene that causes it can be highly advantageous in Africa.
- 5) The portion of the African American population that has diabetes is 70% greater than the portion of the white community that has it. Additionally, blacks are more likely than whites to suffer from complications and disabilities related to the disease.

Images:

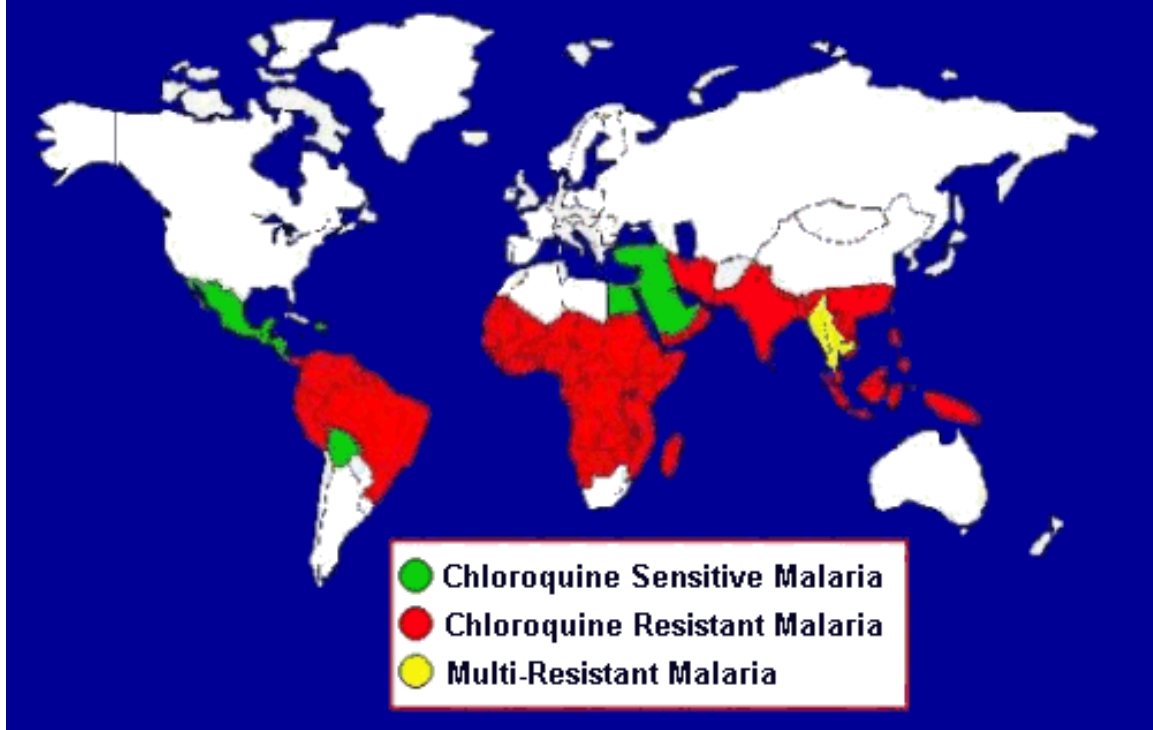
Race/Ethnicity of Persons Diagnosed with HIV/AIDS in 2006



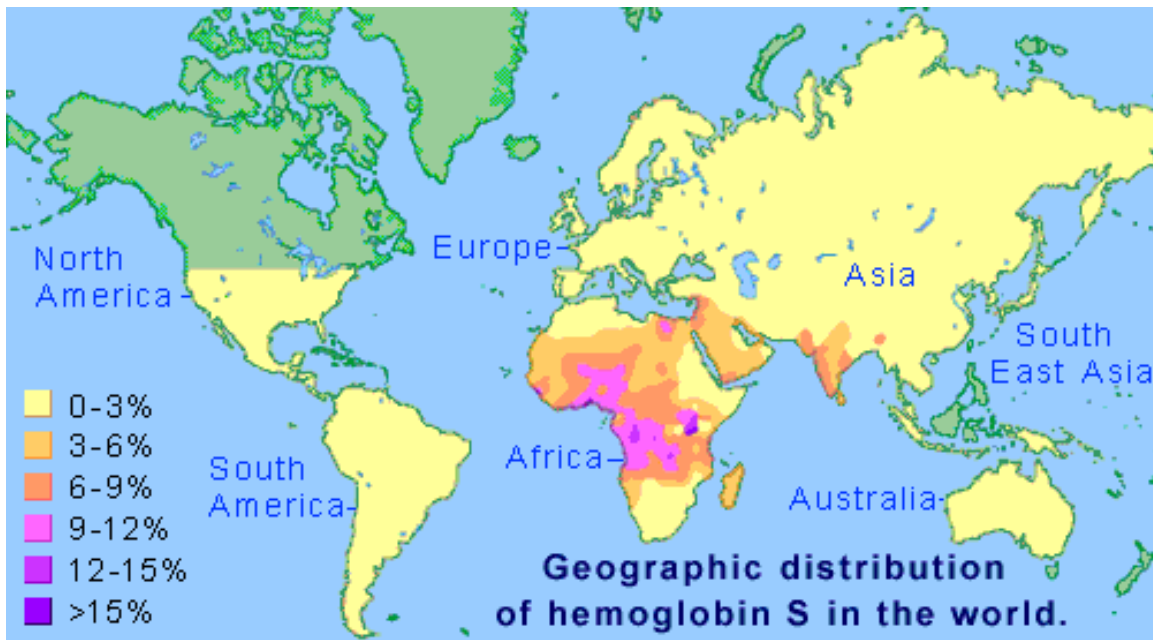
Source: Centers for Disease Control and Prevention. 8 August 2009.

<http://www.cdc.gov/hiv/hispanics/resources/factsheets/hispanic.htm>

Malaria Endemic Areas



Source: National Human Rights Committee. 10 August 2009. <http://www.nhrc-qa.org/en/news.php?320>



Source: The Mystery of the Crooked Cell. Boston University School of Medicine. 10 August 2009.

<http://www.unc.edu/cell/files/extensions/mystery/mystery.html>

Issue Brief:

The relationship between African Americans and the health care system is a precarious one, tainted by a general mistrust by this minority of medical professionals that stems from a long history of medical abuse. Unfortunately, because they do not trust the health care system many blacks are hesitant to go to the doctor's office, get tested, seek treatment, or believe information about disease prevention that comes from the medical community. Not trusting doctors and nurses causes difficulties in dealing with the top seven chronic health problems that blacks suffer from disproportionately: AIDS, asthma, coronary heart disease, diabetes, sickle cell anemia, hypertension, and stroke (African American Health Care and Medical Information). In this brief, I will explain the roots of blacks' mistrust of health care and address the reasons for higher rates of AIDS, sickle cell anemia, and diabetes.

The severe medical abuses experienced by African American patients during the Tuskegee syphilis trials from 1932 to 1972 continue to affect the way blacks view the public health system and in turn how likely they are to pursue medical treatment. During these trials, poor black men who had syphilis were recruited for what they were told would be treatment for their "bad blood" (The Tuskegee Syphilis Study para 3). In fact, they became part of a study on the progression of syphilis in blacks in which all

information was to be obtained from autopsies of the men once they were dead.

Although penicillin was not available when the experiment began, it became available after it started. The researchers not only did not provide it to participants, but also actively prevented them from seeking outside treatment. In the view of the researchers, these men were useless until they died (Coughlin, Snider).

The Tuskegee trials play a role in black's current mistrust of the public health system. Some researchers feel that this mistrust has made it difficult to fully attack AIDS in African American communities (Coughlin, Snider para 7). In fact, in 1990 a survey found that 10% of blacks believed the government created AIDS to exterminate them and 20% could not "rule out the possibility" (Tuskegee Syphilis Experiments). The legacy of Tuskegee lives on today in black communities, indirectly excluding blacks from proper medical treatment because of their distrust of the health care community.

AIDS is perhaps the most pressing health concern for African Americans because of the extreme disparities in racial infection rates. Between 1995 and 2001, blacks had higher rates of infection than any other group and accounted for almost half of all new AIDS patients (Karon et al. 1062). Reasons for higher rates of HIV/AIDS include "discriminatory rates of arrest," unequal access to health care, and social networks (Friedman et al. 1004).

In terms of incarceration, blacks are five times more likely to be in jail than are whites, and in 2007 they made up 35.5% of the nation's inmates (Hatcher et al. 6). Incarcerated people are six times more likely to have HIV than the rest of the population. Some of the reasons for these high rates of infection among inmates include the practice of tattooing with infected needles, injection drug use, and

having sex without condoms within a population that already has high numbers of infected individuals (Hatcher et al. 11).

Social networks can lead to higher rates of HIV because there exists a tendency among members of any racial or ethnic group to both have sex with and use drugs with members within their own racial group. In the case of African Americans, having sex or sharing dirty needles within their group, which already has notoriously high rates of infection, puts members at a greater risk of contracting HIV (Friedman et al. 1002).

Sickle cell anemia poses a greater threat to African Americans for distinctively different reasons. People with the gene for sickle cell are specially equipped to fight off malaria, which is a huge problem in Africa as well as the Middle East, southern Europe and South Asia. Thus, survival of the fittest has caused the gene for sickle cell anemia to be a highly advantageous adaptation for people from these regions and therefore causes the gene to be more common in those with African heritage (RACE- Health Connections- Sickle Cell Disease).

Additionally, the proportion of African Americans with diabetes is 70% higher than that of whites (African American Health Care and Medical Information). Research has shown that for every black that has been diagnosed with diabetes there is at least one undiagnosed black. Also, African Americans are more likely to experience complications and disability due to their disease than are whites. They have especially higher frequencies of blindness, amputations and kidney failure.

Diabetes is even more common among older African Americans, with 25% of blacks between 65 and 74 having it (Diabetes and African Americans para 1).

One of the major risk factors for diabetes is obesity, and between 1976 and 1980 the National Health and Nutrition Survey found that obesity is more common in blacks than in whites. Another risk factor specific to African Americans is the presence of a particular gene that was beneficial years ago in Africa to prevent starvation during periods of scarce food. However, for blacks living in America today the gene makes it hard to keep their weight at a healthy level. Additionally, not getting enough exercise puts an individual at risk for diabetes. African-American women have very high rates of diabetes, and researchers suspect this is due to their lack of physical activity (Diabetes and African Americans).

One of the unfortunate consequences of the Tuskegee experiments is that African Americans do not always believe what medical professionals tell them. This impedes their ability to get correct information about disease prevention and treatment and decreases the likelihood that they will go to get tested. The issues surrounding HIV, sickle cell anemia, and diabetes provide a window into the problems that confront public health among African Americans.

General References:

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- 2) "The Tuskegee Syphilis Study." UCSB Department of History. Web. 10 Aug. 2009.
<http://www.history.ucsb.edu/faculty/marcuse/classes/33d/projects/medicine/The%20Tuskegee%20Syphilis%20Study.htm>
- 3) African American Health Care and Medical Information. Web. 9 Aug. 2009.
<http://www.blackhealthcare.com>.
- 4) "Health Disparities Experienced by Black or African Americans United States." Centers for Disease Control and Prevention. Web. 11 Aug. 2009.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5401a1.htm>
- 5) African American Health Care and Medical Information. Web. 9 Aug. 2009.
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Relevant Websites:

<http://www.avert.org/usa-race-age.htm>: provides AIDS and HIV Statistics for the United States by race and age)

<http://www.netwellness.org/healthtopics/aahealth/>: provides health information catered to the specific concerns of African Americans

<http://www.stanford.edu/group/ethnoger/african.html>: provides a quick class on the health issues currently and historically affecting older African Americans

<http://www.blackhealthcare.com/BHC/Diabetes/Description.asp>: provides a wealth of information about characteristics of diabetes that are specific to black patients

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<<http://www.infoplease.com/spot/bhmtuskegee1.html>>.
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<<http://www.history.ucsb.edu/faculty/marcuse/classes/33d/projects/medicine/The%20Tuskegee%20Syphilis%20Study.htm>>.