AN AMERICAN HEALTH DILEMMA: A HISTORY OF BLACKS IN THE HEALTH SYSTEM

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The present black health crisis is a continuum. After 346 years of neglect, flawed efforts were made to admit black Americans to the "mainstream" health system. Gains were significant from 1965 to 1975; however, since then black health status has eroded.

Since colonial times, the racial dilemma that affected America's liberal democratic system also distorted medical relationships and institutions. There are clear connections between campaigns to defeat bills that would improve the health of blacks and other disadvantaged groups and acquiescence with the present reassignment of them to the underfunded, overcrowded, inferior, public health-care sector. Physician leadership helped to establish the slaveocracy, create the racial inferiority myths, and build the segregated health subsystem for blacks and the poor.

Clearly, if the history-based health disparities are to be resolved, black physician leadership will be necessary. Without justice and equity in health care, the dream of Martin Luther King will never become a reality for African Americans. (*J Natl Med Assoc.* 1992;84:189-200.)

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Of all the forms of inequality, injustice in health is the most shocking and the most inhuman.
—Martin Luther King, Jr

Black Americans have experienced poor health in comparison to white Americans since the days of slavery. Many factors have contributed to these health discrepancies over the years. Before the slaves arrived in the Americas, the era of the Atlantic slave trade established a pattern of disparate health access, delivery, and outcome that has stubbornly persisted for 370 years. This experience has been punctuated by two short periods of progressive health reform aimed at reducing these discrepancies. The first of these periods was the Reconstruction that occurred during the decade following the Civil War.[1] The second reform period occurred in the decade of the 1960s as a part of the Civil Rights movement. We were reminded of this in the 1980s when historian-philosopher Lerone Bennett warned black Americans they had witnessed the end of a "Second Reconstruction." Understanding this analogy lends perspective to the present black health crisis.

During the first Reconstruction after the Civil War, the victorious Union, led by Senator Charles Sumner and Congressman Thaddeus Stevens, militarily occupied the South to defend the newly freed slaves' civil and suffrage rights.[2,3] Simultaneously, the first government aid program (incorporated in the Freedmen's Bureau legislation) opening soup kitchens, clinics, schools, and hospitals was launched.[4-6] Medical programs for the Freedmen were the government's first venture into providing health services for any group of citizens. Despite the salutary results achieved by the health programs the Freedmen's Bureau sponsored, the

TABLE 1. RACIAL COMPARISON OF HEALTH DATA*

Health Parameters	Black/White Comparison	Comments/Significance
Low birthweight infants (<2500 g)	Black rate 110% higher than white rate	Racial discrepancy widening; low birthweight associated with large numbers of deaths, and physical and mental handicaps; blacks currently experiencing rates seen in 1950s by whites
Very low birthweight infants (<1500 g)	Black rate 2.5 times the white rate	Physical and mental handicaps often impair survivors; racial discrepancy may be widening
Neonatal mortality (death in first 28 days of life)	Black rate 97% higher than white rate	Reflects prepregnancy health and prenatal, intrapartum, and neonatal care; gap may be increasing
Postneonatal mortality (death from day 29 to 364)	Black rate more than twice the white rate	Reflects quality of health care for children, including prevention and treatment of controlled, treatable diseases; rate is worsening for urban blacks
Infant mortality (death in first year of life per 1000 live births)	Black rate twice the white rate (21.4 per 1000)	A major indicator of health status and a measure of overall standard of living; black rate worse than that in Jamaica or Cuba
Maternal deaths	Black rate 3.3 times the white rate; amounts to 43% of US total	Reflects lack of access to obstetrical care; current figures are probably an undercount; 75% of these deaths are preventable
Immunization rates (black children)	48.4% immunized against diphtheria, pertussis, tetanus; 39.1% immunized against polio	Black children still die, lose vision and hearing, and suffer brain damage from these easily preventable diseases
Childhood tuberculosis	Black rate 4 to 5 times white rate	Funds for children's health programs are being reduced despite high rates in black community
Dental care	40% of black children under 17 years of age have never seen a dentist	Overall, two thirds of black children have not seen dentist in past year
Childhood anemia	20% to 33% of black children are anemic	Easily diagnosed and treated with basic child care; reflects poor nutrition; adversely affects school performance
Toxic lead levels	15% to 20% of black urban children may have high blood lead levels	First loss is intellectual function; many children are either undiagnosed and untreated or mislabeled as retarded or "slow learners"
Childhood deaths (per 100 000 children)	Much higher among blacks: ages 1 to 4, 97.6 black, 57.9 white; ages 5 to 9, 41.7 black, 28.4 white; ages 10 to 14, 36.6 black, 29.8 white	Many deaths preventable with immunizations, early diagnosis, and treatment; more of these children are being locked out of the health delivery system
Tuberculosis among individuals under the age of 45	Black males: 17.4 times the white death rate; black females: 15.6 times the white death rate	Reflects lack of access to minimal health care
Hypertension among individuals under the age of 45	Black males: 10.2 times the white death rate; black females: 13.4 times the white death rate	Reflects lack of access to minimal health care

TABLE 1. RACIAL COMPARISON OF HEALTH DATA* (continued)

Health Parameters	Black/White Comparison	Comments/Significance
Anemia among individuals under the age of 45	Black males: 6 times the white death rate; black females: 5.2 times the white death rate	Reflects lack of access to minimal health care
Cancer incidence among individuals under the age of 45	Blacks: 27% increase Whites: 12% increase	Reflects increased exposure to toxic environmental substances, poor diet, and high-risk lifestyle; gap is widening
Cancer deaths among individuals under the age of 45	Blacks: 40% increase Whites: 10% increase	Rates were even in 1950 when there was little treatment; black access to early diagnosis and treatment being curtailed annually
Death rate for individuals under the age of 45	Black rate twice the white rate	Huge numbers of person-years lost; responsible for a large portion of poverty and matriarchal families
Diabetes	33% more prevalent in blacks	Programs providing care for chronic disease are regularly cut
	Black death rate more than twice the white death rate	Largely preventable with good outpatient medical care; funding for such care is being cut
Heart disease	Twice as common in blacks	Programs providing care for chronic disease are being cut
	Black death rate 1.25 times higher than white rate	Largely preventable with good outpatient medical care; funding for such care is being cut
Stroke	Black death rate 80% higher than white rate	Largely preventable with good outpatient medical care; funding for such care is being cut
Deaths from pneumonia and influenza	Black rate 1.5 times higher than white rate	Preventable with access to good medical care, treatment, and timely hospitalization; access for blacks and the poor is being curtailed
Deaths from nephritis, nephrosis, and nephrotic syndrome	Black rate 3 times the white rate	Largely preventable with good outpatient medical care and timely hospitalization; access for blacks and the poor is being curtailed
Excess deaths (number of deaths beyond those expected with equal mortality rates across racial lines)	Blacks suffer 59 000 annually; 42% of black deaths are "excess"	If death rates for races were equal, four of ten black deaths would not occur
Leading causes of death	Blacks lead in 13 of 15 categories	Many of these deaths are preventable with known, basic, cost-effective medical treatments
Longevity	Blacks live 5 to 7 fewer years than whites	The "gold standard" of health system performance; recent gains for blacks have slowed if not stopped
	Black life expectancy 69.6 years	Black life expectancy has decreased since 1984

*Adapted from references 19-21, 23, 26, and American Cancer Society. *Cancer Facts and Figures for Minority Americans: 1986.* New York, NY: American Cancer Society; 1986.

nation tired of this effort in less than a decade.[7,8]

A figurative health care "Second Reconstruction" occurred in the 1960s when the government launched programs to provide health care for blacks and other disadvantaged groups. Improvement, though not ideal, was immediate; however, it continued for only a decade.[9] A period of deemphasis and neglect, often compared to a "broken promise," followed. This has evolved into the black health crisis of the 1990s.[9-18] Increasing awareness of this crisis is evidenced by the racial discrepancy of blacks living 5 to 7 years less than whites; experiencing excess cancer incidence, morbidity, and mortality rates; suffering almost half the nation's maternal deaths; experiencing infant mortality rates as high as underdeveloped countries; and suffering more than 60 000 "excess deaths" annually (Table 1).[18-27]

The inevitable ethical and social issues raised by these developments are heightened as this health system continues to provide care based on financing, race, and class instead of need.[10,28-38] The resulting automatic assignment of most black and poor patients, the least healthy groups in the nation, to the underfunded, overcrowded, inferior tax-supported and charity-supported tier of the health system predicts serious problems ahead.[39,40] This is exacerbated by the fact that in a surprising number of areas in America where there are no tax-supported health facilities available, these groups are often left to provide essential, life-sustaining health services for themselves.[41-44]

These unfortunate developments have been made even worse by the massive health system restructuring encouraged by the recent presidential administration's competitive approach to health delivery. The commercialization, moneterization, and entrepreneurialism inherent in such a market approach provides little place for the poor or the majority of black Americans who are one way or another medically indigent.[31,38,42,45-48] Recent developments such as these combined with the worsening of some of the American health system's historical weaknesses are a few of the components creating the contemporary black health crisis.

To illustrate this point farther, some of the factors that help explain the nation's failure to address the plight of blacks and the poor in the health system need to be examined. Some of these factors include the conservative political climate, America's atomistic and particularistic approach to health care, and a public unawareness about and tolerance of disparate health delivery. Moreover, the complexity and subtlety of health delivery issues obscures them from civil rights leaders, the lay public, newsmen, and politicians. Nevertheless, the inappropriate response of most of the medical profession, which is aware of the black health crisis and its ethical implications, is not so easily explained.[30,49,50]

The mainstream medical profession's response is largely explained by a history-based conflict existing between the ethics of a highly respected profession and its negative sociocultural orientation toward a racial group.[29,47,50-55] Author-scholar James H. Jones and others have documented a "moral astigmatism" afflicting the white physician class regarding black patients and black physicians.[29,39,53-62] By this they meant that white physicians looked on blacks with negative prejudicial attitudes and as an inferior category of human beings.[29] As a result, black patients, at worst, have often been relegated to the status of human "subjects" or "experimental material" in the health system and, at best, rarely worthy of its maximum resources or efforts.[29] References including Jones's scholarly book, *Bad Blood,* further document that this legacy of the Tuskegee experiment lingers over the health system today.[34,50,56-58] These findings corroborate many of those exposed earlier by the highly respected Association of Negro Life and History, making it clear that any rational understanding of the present black health crisis requires a racial historical analysis of health in America.[8,29,53-55,63]

This article reviews black health from slavery to the present. By examining each significant period of American history, it is evident that poor health outcomes for blacks have been a continuum. Hopefully, this article will raise both consciousness and issues and convince doctors that their unfamiliarity with this aspect of medical history has become a handicap, thus limiting the profession's horizons and black Americans' hopes for improved health.

METHODS

The data presented here reflect a summary of 20 years of research that has been devoted to identifying, collecting, and analyzing books, journals, articles, and other literature that address health-related issues about Africans and Afro-American blacks. Books from the disciplines of medicine, history, sociology, anthropology, epidemiology, biostatistics, biographical literature, psychiatry, political science, economics, and medical ethics have been included in this literature search as well as journals, periodicals, public documents, articles, and monographs from many fields. The sources cited in this literature review are key references that were

carefully culled from the lead author's personal library, the Falk-Cameron Collection, and the Medical History Archives at Meharry Medical College.

The bibliography is extensive; however, all of the listed references were deemed necessary because these data were often extracted from nontraditional medical references and from untapped sources in other disciplines. Moreover, many of the references are short excerpts from larger nonmedical works. Their inclusion not only adds to a previously neglected database, but lends perspective to black health history. Extensive references are also necessary to document many points that may otherwise appear ambiguous, open-ended, debatable, or even controversial.

Because there has been very little formal study and documentation of black health in America, our inquiry has explored many disciplines in order to rescue, resurrect, and reassemble the disparate threads of black health reality. To convey the truth in a short document of this nature, a broad scope is necessary despite the inherent limitations of this approach. Although this review is only a minuscule part of ongoing work in this field, it is an attempt to stimulate scholarship and change the approach to both black health history and contemporary health delivery. It should also help to fill gaps in American medical history created by the omissions, neglect, and oversights of the past.

BLACK HEALTH IN THE PRECOLONIAL PERIOD

A history of black health starts with Imhotep, the first physician of note in history.[8,64] Not appreciated is the fact that this black physician, who lived in Egypt in 2980 BC and dominated medicine for nearly 2000 years, strongly influenced Greek medicine, including the Hippocratic school.[8,30,63] Ironically, the American medical system in which blacks (who may be Imhotep's direct descendants) suffer sharply disparate outcomes is strongly influenced and rooted in these same Hippocratic traditions.

From antiquity to the 16th century, when the slave trade began in earnest, there had been little scientific medical progress. By then, racial prejudice exacerbated by the Christian wars of reconquest against the Moors on the Iberian peninsula had flowered into the Atlantic slave trade.[65-67] Black Africa supplied 40 to 100 million souls to the "trade"—15 to 25 million survived to enrich this land.[67,68] Death rates as high as 50% were typical of the "slave wars," the round-ups, and the marches from the interior to the coast.[66-69] The "Middle Passage" (the journey from the West African coast to the Caribbean or the Americas) plus exposure to new diseases such as tuberculosis, syphilis, and measles decimated another 15% to 50% of the black slaves.[53,67,70-74]

BLACK HEALTH IN THE AMERICAN COLONIES: 1619 TO 1730

Slave health data from the Colonial period are sketchy, but a definite pattern of poor health outcome for blacks survives.[53,71-78] Slaves were introduced to massive overwork, poor food, poor clothing, poor housing, inadequate sanitation, and overexposure to the elements. These factors contributed to poor slave health in both relative and absolute terms.[53,69-72,76-78]

Physicians in the colonies only saw blacks as patients if forced to.[71,79] At that time, the profession was participating in the development of the racial inferiority mythology that still haunts us today.[57,70-72,80,81] As permanent black slavery became legally and culturally entrenched in the English colonies, Lucas Santomee, the first trained black physician in the colonies who lived in New Amsterdam in the 1660s, faced the beginnings of an intrinsically flawed white doctor-black patient relationship.[8,63,82]

BLACK HEALTH IN THE REPUBLICAN ERA: 1731 TO 1812

During this period, the legendary "well-cared for slave" became part of the standard American mythology. The ideals of freedom and individualism reigned—except for blacks and Indians.[3,65,66,75,83,84] By the time the Declaration of Independence was signed in 1776, permanent black slavery had been an American institution for more than seven decades.

Commercial agriculture, yielding cash crops for export, dictated a plantation system.[66,70-72,85] The "contented, well-cared for slave" myth was promulgated despite the "slave health deficit" documented during our country's Republican era.[6,53,70-72,76,86] Major social and cultural forces evolved during this period creating some of the institutions and character of the health delivery system recognized today. A common discernible thread throughout the origins and evolution of institutions such as the medical education system, the hospital system, and the medical profession itself was the pattern of less-than-optimal care to blacks as patients.

The paradox of the new democracy's American creed stating that "all men are created equal" alongside the realities of slavery and Indian extermination profoundly affected the medical profession.[75,80,83] Medical forefa-

thers like Marcello Malpighi,[66,81] Anton van Leeuwenhock,[66] and Benjamin Rush (signer of the Declaration of Independence and the colony's most famous physician)[75,81,83,87] laid racial inferiority foundations based on their writings, research, and accounts of their personal biases.[2,8,57,88] Doctors categorized blacks as subhuman "things"—separate from white, Western evolution based on medical scientific "fact."[29,57,66,81,83,87,88] This was used to justify slavery.[71,81]

During the 18th century, America followed Europe's lead, forming a loose network of almshouses, poorhouses, and pesthouses—asylums for the republic's "unworthy poor."[39,48,75,88,89] These ancestors of present, tax-supported hospitals were heavily populated by blacks, both slaves and free blacks.[5,53,71,72] Noteworthy ones were *L' Hospital des Pauvres de la Charite* in New Orleans, founded in 1735 and named the St John (it would later be better known as Charity Hospital); the Philadelphia Almshouse, founded in 1731 (its direct descendent, the Philadelphia General Hospital, only recently closed its doors); Bellevue, founded in 1736 in New York City, is still operating; Washington Asylum, founded in 1806, became Gallinger Municipal Hospital and is now known as DC General Hospital; and Bay View Asylum, founded in 1776, later became Baltimore City Hospitals.[5,39,71,90,91]

For the first time, eighteenth century changes in medical training required patient "material" for medical education.[39,48,71,87] The use of blacks as training and experimental subjects added another dimension to the already flawed white physician-black patient relationship by coincidence of educational, financial, and institutional circumstance.[39,54,71] It matured into a defective relationship steeped in racial inferiority—an upside-down convenience based on doctor needs (training and experimental "material") instead of the usual patient needs (healing, comforting, and reassurance).[29,50,54,55,92-94] As the almshouses, poorhouses, asylums, and orphanages evolved into hospitals, a highly ethical profession was seduced into acts of exploitation, avarice, immorality, and indifference.[29,71,72] The profession's creation of this subservient health subsystem almost preordained poor health outcome for blacks and the poor.[29,39] Clearly, the medical profession had adapted the health system to the paradoxes of the new republic's "peculiar institution" and racial caste system.

BLACK HEALTH IN THE JACKSONIAN ERA: 1813 TO 1860

The Jacksonian period was one of explosive expansion. The new nation tripled in size, and the economy outgrew that.[6,75] Yet black health remained terrible.[6,71-73,76-78] The new dimensions of forced sexual promiscuity for slave breeding[95] and a reign of terror necessary to suppress slave rebellions changed the profile of slaves' illnesses as more traumatic injuries, obstetrical complications, and gynecologic diseases occurred.[71,76-78] Fear of another Haitian slave revolt triggered cruel public punishments, intolerance, and nightly slave patrols all over the South.[3,5,66,70-72,77,78] Slave breeding became profitable and necessary for the westward expansion of the slave system into territories recently vacated by the Native Americans. After England outlawed the Atlantic slave trade in 1807, slaves had to be "produced" domestically.[3,66,95] Infant mortality and fertility problems affecting blacks, therefore, became medical concerns. Nevertheless, brutal work such as clearing land in rustic areas under murderous conditions kept slave morbidity and mortality high.[66,72,78] Despite the nation's prosperity, the "slave health deficit" continued and deepened during the Jacksonian and antebellum periods.[76]

Most doctors did not follow the ethical codes of the profession as they related to blacks, Indians, and the poor.[75,79,96] America's worship of the culture of the new science increased medical authority.[2,48] In exchange, the medical profession seemed to intensify its efforts to justify slavery "scientifically."[29,66,67,94,96] Well-known, highly respected physicians such as Josiah Clark Nott, Samuel George Morton, and Samuel Cartwright led the charge toward scientific racism.[29,53,71,72,75,96,97] *Crania Americana,* the "American School" of anthropology's primary reference pseudoscientifically "documenting" black and Indian inferiority, emanated from the University of Pennsylvania School of Medicine, America's top medical school of the period.[64,70,87,97,98]

Racial inferiority was being systematically taught in the nation's medical schools.[29,71,75,79,81,87,96,97] The profession's journals were laced with articles based on unnecessary surgery, untried empiricism, the vulgar display of black female nudity and genitals, slave starvation and burning experiments, and withheld treatments performed on helpless slaves.[29,71,79,81,87,96,99] Physicians created a lexicon of "Negro Diseases"—Cachexia Africana (dirt eating), Struma Africana (the "Negro Consumption"), and drapetomania (the disease causing slaves to run away)—all of which had little scientific basis.[29,71,72,77,81,94,96]

Between 1813 and 1860, a small black physician class emerged.[8,53,63] Because of their small number, they had more societal than medical impact. A few

TABLE 2. BLACK MEDICAL COLLEGES, 1865-1920*

Name	City	Year Organized	Year Discontinued
Howard University	Washington, DC	1869	
Lincoln University	Oxford, Pennsylvania	1870	1872
Meharry Medical College	Nashville, Tennessee	1876	
Leonard Medical School	Raleigh, North Carolina	1882	1918
Louisville National Medical College	Louisville, Kentucky	1888	1912
Flint Medical College	New Orleans, Louisiana	1889	1911
Knoxville College Medical Dept	Knoxville, Tennessee	1895	1900
Chattanooga National Medical College	Chattanooga, Tennessee	1899	1908
State University Medical Dept	Louisville, Kentucky	1899	1903
Knoxville Medical College	Knoxville, Tennessee	1900	1910
University of West Tennessee School of Medicine and Surgery	Jackson, Tennessee Memphis, Tennessee	1900 1907	1907 1923

*Adapted from Savitt T. The education of physicians at Shaw University, 1882-1918: Problems of quality and quantity. In: Crow J, Hatley FJ, eds. *Black Americans in North Carolina and the South.* Chapel Hill, NC: University of North Carolina Press; 1984.

famous ones were: James McCune Smith, University of Glasgow Medical School graduate, abolitionist, businessman, and scholar; John Sweat Rock, physician, dentist, abolitionist, and the first black attorney to argue cases before the United States Supreme Court; and Martin Robison Delany who attended Harvard Medical School and was a journalist, abolitionist, explorer, and the true father of black nationalism.[8,53,59,63,79] These men served as strong role models for future generations of black physicians and were excellent representatives of the medical profession.

CIVIL WAR, RECONSTRUCTION, AND BLACK HEALTH: 1861 TO 1900

Healthwise, blacks fared worse than whites in the Union Army.[53] The War Department never assigned enough doctors to the black units. Therefore, black soldiers died of war wounds that white soldiers recovered from.[52-53,63]

Refugee status, poverty, poor sanitation and housing, lack of health facilities, and epidemics combined to make the Reconstruction the nadir of black health status.[5,6,53,79] Congress, because of alarming black death rates, was frightened into passing Freedmen's legislation, which opened schools (such as Howard, Meharry, Fisk, and Atlanta University), hospitals, soup kitchens, and clinics all over the South.[3-6,53] More than ten black medical schools (Table 2) and over 50 black hospitals were in existence by 1910.[5,8,41,53] Nevertheless, death rates in the 1870, 1880, and 1890 censuses were so staggering, the New York Life's and Equitable's actuaries confidently predicted black extinction by 2000 AD.[29,96] Poverty, the lack of health care, and poor sanitation and housing carried the "slave health deficit" into the 20th century.[6]

Meanwhile, the medical profession used its growing power to segregate the health system.[7,8,39,48,53,55,63,75,79] Born in 1847, the American Medical Association (AMA) gained control of hospitals, the medical education system, and professional societies.[48,59,91,94] Despite black physician's protests and demonstrations, segregation marred the medical profession as its official national policy until 1968.[9,48,53-55,59]

Amazingly, this small black physician class (growing to 2% of the nation's doctors by 1900) survived tremendous professional odds, expanded its professional horizons, built a physical plant, and organized.[8,53] Firsts included founding of the Medical Chirurgical Society of the District of Columbia (the first black medical society) in 1884, the Lone Star State Medical Association in 1886, and the National Medical Association (NMA) in 1895.[8,53,54,99] Despite black medicine's remarkable progress and its valiant efforts to start a black hospital movement, African Americans entered the new century losing their suffrage and public accommodations rights.[79,100]

BLACK HEALTH IN THE EARLY 20TH CENTURY: 1901 TO 1929

W.E.B. Du Bois documented black life expectancy in 1900 at 30 to 32 years compared with 49.6 years for whites.[50,52,55,101] Segregation, poverty, and the absence of health facilities or personnel locked most blacks out of any health delivery system.[8,53]

By now, the AMA grew to control state medical licensing, postgraduate professional training, and the drug industry.[48,50-53,79,89] Organized medicine would defeat more than 20 pieces of progressive health-care

legislation by 1930[6,48,89,91]; blacks would have been big beneficiaries of this legislation.

Science had disproven racial inferiority by the 1920s and 1930s. Nevertheless, physicians assisted reactionaries in legitimizing, passing, enacting, and enforcing the shameful Restrictive Immigration Act of 1924, and 30 compulsory sterilization laws in as many states. Hysterectomies performed on black women for eugenic purposes would come to be jokingly referred to as "Mississippi appendectomies" in medical locker rooms.[57,97,102-104] Unethical experimentation on blacks, Tuskegee being only one example, was in full gear. Similar studies were emanating from Johns Hopkins, Chicago Medical College, and the Medical College of Virginia. Residual effects of these practices would persist to mar the system.[29,33,55,92,93]

In contrast, black medicine reached undreamed of heights. Black doctors such as Daniel Hale Williams, George Cleveland Hall, and Nathan Frances Mossell captured the imaginations of an oppressed people and the respect of their white peers, and became medical heroes in the process. Men like these desegregated Cook County Hospital's medical staff near the turn of the century, Harlem Hospital's medical staff in 1924, and the Tuskegee VA Hospital's attending staff in the mid-1920s. Overcoming great odds, black doctors struggled to make first-class health care available to all Americans—despite color or class.[52,53,99]

BLACK HEALTH: THE GREAT DEPRESSION AND BEYOND

The Great Depression displayed the weaknesses in America's health delivery system as health status plummeted in both races.[6,48,104] Despite the AMA,[48,91,104] President Franklin Roosevelt enacted some crisis health legislation for the poor.[6,48] The health system wouldn't fully recover until after World War II.

World War II changed the world and raised black expectations.[53] Congress was afraid that maternal deaths, pellagra deaths, and epidemic disease deaths that decimated blacks during the Depression wouldn't be tolerated by returning black veterans.[6,57] Moreover, the health insurance revolution permitted nearly 90% of whites access to decent, mainstream, health care.[39,55,91] Poverty, segregated health facilities, and discrimination against black patients by white doctors increasingly locked only blacks out of mainstream medical systems.[6,53,55] The AMA, the Joint Commission on Accreditation of Hospitals, the American Association of Medical Colleges, the American Hospital Association, the Catholic Hospital Association, and the Protestant Hospital Association were only a few of the health organizations that ignored the legal and societal pressure outlawing segregated facilities.[6,8,48,53,55,59,63,103-105] Battle lines between the major health-care institutions and infrastructures and Civil Rights groups were drawn.

In 1964 and 1965, for the first time in over 300 years, efforts to allow America's black population access to decent, mainstream, health care were made.[9,15,55,63,104] Passage of the Civil Rights Acts, the hospital desegregation rulings in the courts, the Voting Rights Bills, and the Medicare/Medicaid legislation combined to create a "Civil Rights Era" in health care for black Americans.[9,15,53,55,59,63,104] The NMA, adopting activist tactics at medical conventions and at their Imhotep Hospital Integration Conferences, won the "Title XVIII and Title XIX wars" during President Lyndon Johnson's administration. Passage of the Medicare and Medicaid legislation was intended to open the health system to blacks, the indigent, the handicapped, and the elderly poor.[8,53,55,63] The NMA was the only professional body that led this struggle.[8,53,55,63]

This figurative "Second Reconstruction" in the health system led to improvements in black health status for 10 years. Progress plateaued by 1975 and has been downhill since 1980.[19] The "slave health deficit" had never been made up.[9,18-20,32,53,55]

BLACK HEALTH: THE FUTURE

Will the journey through black health history guide us in the future? After the 1960s attempt to incorporate black Americans into mainstream health delivery systems, evidence now shows most blacks have been reassigned to the inferior tier of a dual health system.[9,32,47] This assignation represents not only this country's failure to come to grips with or remedy some of the unfortunate racial aspects of its health history but its inappropriate responses to multiple destabilizing health system trends as well.[9-14,44-49] Race, health maldistribution, overutilization of technology, and a professional medical ethical crisis all threaten to place this health system beside the Union of South Africa's in a qualitative sense.[35,106-111]

Black medical leaders have voiced discontent about the deteriorating state of black health. They have sounded alarms about this development at conferences such as those held in Dallas, Washington, and Nashville.[16,62,108] Objective evidence shows "Third World" health-care outcomes are becoming more evident despite medical establishment indifference, media mendacity, and pious victim blaming.[107,110] If change is to

occur, then the health-care realities of today must be acknowledged and effectively dealt with, and programs for improvement must be designed and implemented.

Organized medicine, which has either fought against black health interests or based health policy on its own needs at every opportunity since its beginnings, may opt to formulate policies affording access to high-quality health care for all citizens.[8,53-55,104,105] Otherwise, black patients will, as they've done in the past, have to depend solely on black doctors to lead them in their struggle for health equity and justice. Without skilled, sensitive, medical leadership, being black will continue to translate into health disadvantage in this health system.[19,112-114]

Unappreciated is the fact that the racial dilemma that affected America's liberal democratic system distorted medical relationships and institutions as well.[29,53,115] The medical profession is no exception. Scars remain as we see a profession that, despite human experimentation reform, still refuses to apologize for the horrors exposed by the Tuskegee experiment[29,92]; acquiesces to the specter of a racially divided health system[24,33,36,37]; doesn't respond appropriately to the racial health disparities[9,26,27,39]; fails to confront the "new wave" Jensen, Shockley, and Herrnstein scientific racism with real science[41,57]; openly discriminates against black peers[59-63,113,115]; and perpetuates a tradition of sterilization and excessive genital surgery on black and poor women.[57,102,116-118]

Despite the recent projections that "competitive strategies" incorporating Wall Street mentality, methods, and morality will force economy, efficiency, and improvements in health delivery, the health status of blacks and other disadvantaged groups continues to deteriorate.[11-13,28,44,45,47,49,111]

CONCLUSION

It is now recognized that the racial health disparities are largely correctable.[18,23-27,104] Health system restructuring resulting in access to basic health services would go far in correcting the problem. The medical profession, heavily involved in the evolution of this problem, holds major keys to its solution.

Black health status, now in crisis, may evolve in one of two directions. Continued discrepancies and deterioration may result in a health underclass trapped in a world of more severe disease, more suffering, increased disability, more risk of deformity, and an earlier death.[18,24,55,57,80] Alternatively, a reformed health system living up to the American Creed, as defined in sociologist Gunnar Myrdal's classic *An American Dilemma* (the national ethos stressing the ideals of the essential dignity of the individual human being, of the fundamental equality of all men, and of certain inalienable rights to freedom, justice, and a fair opportunity to make a living), may offer all its citizens the 20th century reality of opportunity and justice by creating a "level playing field" of health for all Americans.[49,50,55] Clearly, Myrdal's "American Dilemma" is alive and well as far as the health system is concerned. America must grapple with the fact that it can no longer pretend to be a first-class nation as long as it has large groups of second-class health citizens.[119]

This health crisis may remind black physicians that their destinies are tied to their black patients. They, alone, are endowed with special tools and the training to continue the struggle led by a number of giants including, but not limited to, James McCune Smith, Martin Robison Delany, Robert F. Boyd, Daniel Hale Williams, John Kenny, Louis Wright, Peter Murray, Montague Cobb, Charles Drew, Matthew Walker, John Holloman, M. Alfred Haynes, LaSalle Leffall, Edith Jones, and Charles Johnson.[8,32,41,47,53,63,99] Their fearless struggle against all odds to open this health system to all the nation's citizens is the call for black physicians to close ranks and lead black Americans into a "Third Reconstruction." Ideally, the entire medical profession will join them to ensure this effort doesn't fail, as others have, with the passage of time.

Healthwise, blacks once more stand in the lobby of the bank of justice. Again, they're being handed a check marked "insufficient funds." Nobody knows better than physicians that today's health care is devastatingly effective, corrective, life supportive, and selective compared to 50 years ago. Health care is evolving into the next civil right. Denial of basic health services is not only unethical, it's impractical. How can society realistically continue to demand blacks be as productive, resourceful, and as responsible as groups not suffering their health disadvantages? This poses a dilemma to blacks, the health system, and the nation—a peculiarly American health dilemma.

When millions of people have been cheated for centuries, restitution is a costly process. Inferior education, poor housing, unemployment, inadequate health care—each is a bitter component of the oppression that has been our heritage. Each will require billions of dollars to correct. Justice so long deferred has accumulated interest and its costs for this society will be substantial in financial as well as human terms. This fact has not been fully appreciated. . .

—Martin Luther King, Jr

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