

Journal of

Black Masculinity

Special Issue

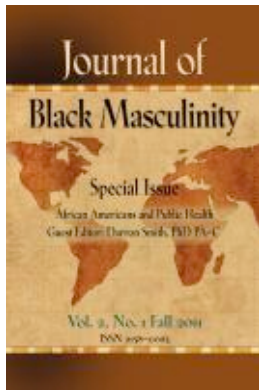
African Americans and Public Health

Guest Editor: Darron Smith, PhD PA-C

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The Journal of Black Masculinity
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African Americans and Public Health

Dr. Darron T. Smith, Guest Editor
Dr. C. P. Gause, Founder and Editor

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Manuscript submissions, books for review, and correspondence concerning all editorial matters should be sent to: C. P. Gause, Editor, *Journal of Black Masculinity*, using the contact information below. Manuscripts submitted for publication will be peer-reviewed.

Manuscripts should be submitted in electronic form and should not exceed 35 pages in length (including endnotes and references). Authors should follow the *APA Publication Manual*, 6th edition (APA Press, 2010). A style guide for preparing manuscripts is located on the *JBM* website at <http://www.blackmasculinity.com>.

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INTRODUCTION

A People in Crisis: The Continuing Saga of Racism, and the Enduring Struggle for Health Care Justice for African Americans

Darron T. Smith, Ph.D., PA-C

Guest Editor, *The Journal of Black Masculinity*

This special journal issue focuses on health care inequalities that remain a significant problem for African Americans. The thoughtful essays contained in this journal cover many of the most pressing issues that continue to stubbornly affect African Americans, which raises the question why? After 400 years in the United States, African Americans continually lag behind other racial and ethnic minority groups on several social indicators of well-being such as educational achievement, unemployment, access to medical care, the wealth and income gap, residential segregation, and self-reports of general happiness to name a few. Clearly, there has been enough time for Black Americans to “pull themselves up by their bootstraps” and work toward the American Dream so often touted in popular cultural. Yet, what is not known or often acknowledged, despite a mountain of evidence, is that African Americans remain largely discriminated against and persecuted daily in subtle and not-so-subtle ways.

This has taken its toll on many in the form of increased mortality and morbidity, mainly from lifestyle related diseases that are remarkably preventable. Consider the recent utterance by presidential hopeful Newt Gingrich where he recently stated:

Really poor children in really poor neighborhoods have no habits of working and have nobody around them who works, so they literally have no habits of showing up on Monday. They have no habit of staying all day. They have no habit of I do this and you give me cash, unless it's illegal.

The notion that poor people and People of Color only have themselves to blame for their circumstances is a recurring theme in U.S. society. These comments by many so-called leaders and public officials serve to merely reinforce this idea.

Therefore, the impetus for this project came about from the need to further examine Western medicine with an eye toward reforming health care, particularly American medicine that remains guilty of some of the worst human rights violations to African Americans to date. Because of centuries-old racism and the persistence of discrimination, African Americans have been largely left out and left behind through no fault of their own. Like most disenfranchised minority groups, African Americans have been expected to make due with whatever White society “dealt” in terms of governmental restrictions and policies that severely limited opportunities causing many Black folk to seek solutions within their communities or, more modernly, through a prescription pad for those who can afford it. For the remaining less-fortunate Black populous that cannot afford it? Oh well. The expectation being, “deal with it” and find whatever legitimate resources available.

This special issue explores health inequalities from a number of philosophical, cultural, social, and historical perspectives. The authors included in this volume bring well-researched insight into the foregrounded topic, and contribute a significant aspect to the discussion.

Congressmen Hank Johnson’s instructive forward provides and excellent introduction to why healthcare reform is so imperative for Americans, especially the most vulnerable citizen: the poor, the aging, and the racial and ethnic minority groups. More importantly, the Congressmen maintains that a public option is still needed particularly if any real change in the quality of life is to occur. His support for the Affordable Health Care Act (ACA), and what President Obama and other members in the House of Representatives and Senate accomplished, may be undermined as it is now headed for the Supreme Court where anything can happen.

Darron T. Smith examines Western medicine as having the potential for positive human endeavors wherein the sick and infirm are treated with universal deference; however, medicine betrayed its

capacity for good, adopting instead a racial ideology of human difference that science was determined to prove. The end result of centuries-old racism on Black Americans is a persistent physical decline in health status potentiated by the body's own stress response.

William A. Smith and colleagues, *Man Hung* and *Jeremy D. Franklin*, investigate the prevailing effects of chronic stress that Black Americans endure in the form of racial battle fatigue (RBF), a theory put forward by Smith and his associates that posits persistent stress has an impact on physical and mental well-being.

Daniel Goldberg's perceptiveness on clarifying health care disparities as something very different from inequities, a term less used in health research, is noteworthy. More importantly, he emphasizes that health care delivery is not the most important determinant of health; rather, deprivation in the form of institutionalized discrimination among stigmatized groups such as African Americans plays a much greater role on health and health outcomes.

Rhonda Lewis and *Jamilia Sly* explore healthy behaviors among emerging African American males in a Midwestern city. The authors maintain and concede that health behaviors are established at a young age, but more work is needed to further understand why some African American males engage in healthier behaviors in comparison to other males. Is this difference a result of class status, location, or other factors?

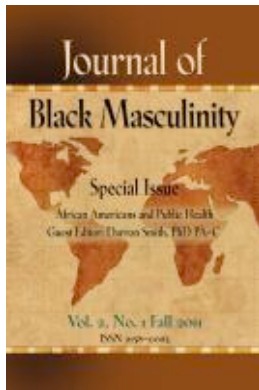
Cardell Jacobson analyses the 2010 national statistical data on healthcare disparities that essentially maintains that healthcare quality is improving in the United States, yet access to healthcare and other more pressing disparities for the poor and minority groups are not improving.

Ziniobia Bennefield examines the historical treatment of African American women in which she maintains that many of the same health struggles endured by black women during antiquity remain stable and enduring realities in modern America. Moreover, she points out that Americans typically view the poor health status among Black women as a result of poor personal lifestyle choices that have little to do with societal racism.

Steven Randolph Cureton explores the phenomena known as night-crawling (patronizing night-clubs) as a potential health risk for young African Americans mainly because clubbing might expose individuals with criminogenic elements that could adversely impact health.

The final essay by *Lisa Hines* examines African American masculinity and help-seeking behavior particularly in older Black males. She emphasizes that social work practice should learn to recognize the conditions whereby certain clients might be underutilizing physical and mental health services because of the ways in which men think about and perform masculinity.

The reasons for health inequities in the United States run deep and are multi-factorial from policy-making to individual behavior, but one central theme throughout this volume is the persistence of health inequalities especially among African Americans. Therefore, the intent of this volume is to both introduce the reader to powerful questions as well as provoke critical thought, and to some extent, outrage at how the apparent disregard for human capital continues unabated in the face of voluminous evidence-based research.



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