

# Lethality of racism for Black children in the USA: a primer

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## INTRODUCTION

In 1969, Deborah Johnson, a Black, pregnant woman in Chicago, witnessed the murder of 21-year-old Fred Hampton, her sleeping fiancé, by law enforcement. Hampton, a rising leader in the Black Panther Party, had been the target of Federal Bureau of Investigation surveillance. Two years prior, the Panthers introduced the Ten-Point Program which broadly demanded economic justice, decarceration, social liberation for Black people, and specifically called for the 'immediate end to police brutality and murder of Black people'. Over 50 years later, the police killing of George Floyd in Minneapolis, Minnesota, in May 2020, demonstrated that racism continues to kill. The demands that preceded Hampton's assassination mirror those of the present-day Black Lives Matter movement against police brutality, structural racism and anti-Blackness.

For children, the violence of racism in the USA can take the form of police killings as it did for 12-year-old Tamir Rice (shot by police while holding a toy gun in 2014 in Cleveland, Ohio) or from a slow, chronic, wear-and-tear process<sup>1</sup> that begins in utero, as might have been the case for Johnson and Hampton's unborn son. Fred Hampton Jr would grow to face structural barriers including incarceration, and is now an activist for prisoners' rights. Structural racism can be defined as differential access to resources and opportunities by race as well as policies, laws and practices that reinforce racial inequity. Stressors such as poverty, discrimination, lack of access to high-quality healthcare and education, as well as environmental toxicants such as air pollution and lead, are

not evenly distributed throughout populations; Black people are disproportionately exposed. Racism is a fundamental cause of racial health disparities from infancy to adolescence in the USA, leading to poor health trajectories as adults and shortened lives.

## INFANT HEALTH

After birth, Black infants are more than twice as likely to die in the first year of life compared with White infants. The largest contributor to infant mortality disparities is the high rate of preterm birth among Black women. Lived experiences while growing up Black in the USA lead to increased preterm birth risk. Foreign-born Black women who give birth in the USA have birth outcomes similar to White women. However, within one generation, US-born Black children of immigrants have birth outcomes similar to their Black counterparts from non-immigrant families. This is likely due to both direct experiences of discrimination and environmental exposures in segregated neighbourhoods in the USA.

Preterm birth rates among Black women are associated with residential segregation, a result of state-sanctioned policies such as red-lining. Red-lining refers to the 1930's New Deal programme in which the Home Owners' Loan Corporation designated neighbourhoods as favourable for lending or not; Black neighbourhoods were deemed too risky for lending and 98% of federally backed mortgages went to White households.<sup>2</sup> With government-subsidised creation of the suburbs and practices such as racial covenants that prevented Black people from purchasing homes in some White areas, neighbourhoods became more segregated. Black neighbourhoods were cut-off from investment, and experienced physical decay over the ensuing decades. Today, neighbourhoods with more Black residents are disproportionately exposed to environmental pollutants (air, water, noise) and fewer buffers to stressors such as greenness (tree canopy, neighbourhood parks), all of which are associated with adverse birth outcomes. Healthcare provision is also segregated.

Three-quarters of Black infants in the USA are born in just one-quarter of US hospitals.<sup>3</sup> These hospitals have higher risk-adjusted neonatal morbidity and mortality rates. Within hospitals, Black infants may receive worse care, likely attributable to factors such as provider bias.

## CHILD AND ADOLESCENT HEALTH

Black children 1–19 years of age have the highest death rate of all children in the USA (38/100 000 compared with the overall rate of 25/100 000 in 2018)<sup>4</sup> which is in part due to residential segregation. A recent study showed that children residing in formerly red-lined neighbourhoods were at greater risk of asthma exacerbations, likely due in part to differences in air pollution.<sup>5</sup> Another example of environmental injustice is the case of the majority Black, formerly industrial city of Flint, Michigan, where state negligence of the drinking water distribution infrastructure led to high levels of lead contamination. Likewise, in Chicago, Illinois, toxic neighbourhood environments (exposure to lead, violence and incarceration) predicted future incarceration for Black boys, lower income, and teenage motherhood.<sup>6</sup>

In the USA, low levels of education which are more common among Black Americans, are associated with shortened life expectancies. The confluence of toxic environmental exposures and greater rates of chronic illnesses among Black children leads to disruptions in learning and school absenteeism. For example, asthma-related absenteeism is more common among Black than White children. Furthermore, in the USA, since public schools are run by municipalities, they remain largely segregated. Districts with higher proportions of Black children receive fewer resources than schools with more White students. Additionally, within-school segregation occurs, a system known as 'tracking', where Black students are underenrolled in advanced courses compared with White peers of similar ability.<sup>7</sup> Black children also face suspension more often than White children for similar behaviours, starting as early as preschool, compounding learning interruptions, and contributing to the school-to-prison pipeline. These manifestations of racism shape students' access to opportunity and future income, a major social determinant of health.

Black people enter reproductive years with cumulative exposure to racism, including physical and social stressors, since their own conception. The impact of these exposures often persists despite

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**Table 1** Examples of proposed or existing policies to tackle structural racism in the USA for improving health of American Black children

| Domain               | Recommendation   | Examples of local policies  | Examples of federal policies   |
|----------------------|--|---|--|
| Physical environment | Regulate and enforce clean air and water policies.<br>Green urban landscapes.  | Health in all policies approach (Richmond, California).<br>Environmental taxes for greening initiatives (Denver, Colorado). | Green New Deal for Public Housing Act.<br>Clean Water Act.<br>Clean Air Act.                                     |
| Economic             | Incentivise environmentally clean jobs.<br>Support distributive policies and reparations for slavery, Jim Crow and the War on Drugs.<br>Increase minimum wage.<br>Expand Earned Income Tax Credit and Child Tax. | Universal basic income (Pilot in Stockton, California).<br>Baby bonds (proposed in New Jersey).                             | HR 40—Commission to Study and Develop Reparation Proposals for African-Americans Act.<br>EITC Modernization Act. |
| Educational          | Address and eliminate informal school segregation.<br>Track, monitor and reduce learning interruptions.  | Holistic approach to school integration (Louisville, Jefferson County, Kentucky).   | HR 2639/S 1418—Strength in Diversity Act.  |
| Healthcare           | Universal healthcare coverage.   | Massachusetts, 2006.  | Medicare for All Act of 2019.  |
| Criminal justice     | Decarceration.<br>Moving beyond the War on Drugs.  | California's Proposition 47.<br>Cannabis legalisation/decriminalisation (Oregon, Washington, and so on).                    | Marijuana Freedom and Opportunity Act.   |

EITC, Earned Income Tax Credit.

one's upward mobility. Black women who complete college have worse birth outcomes than White women who do not complete high school. This phenomenon is likely due to the chronicity of exposures throughout the lifespan that have physiological impacts through inflammation, immunomodulation, epigenetics and hormonal changes (as explained by the theory of weathering<sup>1</sup>) that result in worse pregnancy outcomes.

## CONCLUSIONS AND RECOMMENDATIONS

Structural racism, interwoven into nearly every aspect of life—from gestation to adulthood and inescapable by most—must be addressed with structural solutions. Healthcare professionals can play key roles in addressing structural racism beyond clinical encounters, first, at an organisational level, and then through broader advocacy efforts. Health systems can build trusting partnerships with community-based organisations and local activists. Professional societies, with immense governmental lobbying power, such as the American Medical Association and the American Hospital Association, should partner with Black activists to address racial health inequities.

Data suggest that the following policies and actions are likely to help achieve better birth outcomes and health trajectories among Black people: (1) improving neighbourhood physical environments through regulation of industrial and

traffic pollution, regulation and removal of toxicants such as lead, greening of urban communities, and incentivising the creation of environmentally clean jobs; (2) supporting redistributive policies such as reparations and raising the minimum wage; and (3) addressing public school segregation and unequal funding (table 1). These recommendations closely align with the Black Panthers' Ten-Point Program proposed 50 years ago. While these interventions are not medical, advocating for policies that would improve health and the human condition is part of healthcare's contract with society. Healthcare providers must help address the upstream factors that contribute to worse health outcomes and shortened lives for Black people, be it the death of young people like Fred Hampton and Tamir Rice at the hands of the police, or the racism-related physical and social environmental stressors endured by families and communities.

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