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Abstract

Keywords
healthcare, medical care, mortality, race

Erratum
The citation for this review is 8 RISK 91 (1997) in most commercial databases.

Not until well into in his book does Clovis Semmes provide statistics that justify close attention by a wide audience. Throughout Chapter 8, for example, he recites higher proportional incidence of heart disease, stroke, cancer, diabetes, obesity, infant mortality, alcohol consumption, cigarette smoking and AIDS in African-Americans. While, as late as 1960, 78% of all African-American families with children were headed by married couples, by 1990, that had declined to 39%.1 Such matters have much to do with health as Semmes broadly defines it and may contribute to increased use of illegal drugs, spread of AIDS, continuing nutritional deficiencies and increasing violence. Homicide is the third leading cause of death for African-American males, six times greater than for white males.2 Although such problems exist throughout American society, Semmes claims that they are exacerbated by structured inequality toward African Americans.

Semmes shows how the combination of industrialization and racism have negatively affected African-American health over a long period of time. In doing so, he refers to his own publications and to noted African-American historians such as E. Franklin Frazier, John Hope Franklin, Molefi Kete Asante, St. Clair Drake and W.E.B. DuBois. Moreover, throughout his book, he furthers his own theory regarding cultural hegemony,3 a problem challenging the development of African-Americans earlier set forth in Cultural Hegemony and African American Development.4

Semmes begins by contrasting the philosophies of Booker T. Washington and W.E.B. DuBois, both renown at the turn of the 20th century. He distinguishes approaches these two men took toward improvement in African-Americans' lifestyles at the birth of the

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1 At 60.
2 At 134.
3 A systemic negation of one culture by another.
industrial revolution and uses the comparison to begin a discussion of the political and social climate at that time. Then he explains his views of the social basis of health, pointing out five matters that relate to it: psychosocial factors, environmental toxicity, lifestyle, family and religion. He explains each and relates it to his holistic view, citing evidence that others recognize the psychosocial dimensions of health.

Semmes relates current African-American health problems to conditions during the African slave trade. Even though both slaves and whites suffered from a low standard of health and health care during this period, slaves had additional burdens imposed by their enslavement and evolving White supremacy. Dehumanizing conditions seriously affected both their physical and psychological health. Diseases and work-related injuries, commonly untreated or prevented, provided the most threatening attacks.

Poor diet also played a big role. Meals basically consisted of fatty pork and corn meal. Slaves never consumed fresh meat, milk, eggs, or fruit and rarely any vegetables. Their diet lacked nutritional balance, quality food and generally sufficient quantity. The combination of poor nutrition, and physical, emotional, psychological and environmental stress affects the body, depletes it of vital vitamins, and basically overloads the body's adaptive resources. This made slaves more susceptible to antebellum epidemics such as cholera, yellow fever, smallpox, influenza, pneumonia and malaria. Diet also affected their ability to resist infectious diseases, recover from injuries and to survive the physical and psychological stresses of slavery itself.

Having set this foundation, Semmes describes the state of African-American health from post slavery times to present, pointing out how racism had a negative effect throughout the course of American development. He also notes that some adaptive responses which were circumstantial became dysfunctional cultural habits. The Reconstruction era was especially a time where African Americans still predominately lived in the rural South and were dependant upon an agriculturally-based economy. Many diets continued to be high in fat and low in vitamin content with few fresh garden foods.

As African-Americans migrated to Northern urban centers at the turn of the century, and more after World War I, racism confined most
to low paying, unskilled jobs, sub-standard health care and poor housing. These conditions caused high mortality rates and a greater susceptibility to infectious diseases — notwithstanding a slight influx of African-American doctors and dentists and efforts of those who opened free clinics and began to educate newly urbanized citizens on proper health care.

After reciting circumstances as they have evolved to now, Semmes sums up, stating that the structured inequality and other post-industrial stresses have disproportionately affected African-American health, "Inequality tends to produce disproportionate institutional destabilization, cultural maladaptation and consumer manipulation."\(^5\)

Although his book contains a wealth of fact, Semmes does not stop with a mere catalog of African-American health problems and a description of how racism has exacerbated them. He proposes a health infrastructure comprising a strengthening of families; developing a community based health ethic; reducing and managing stress; promoting better nutritional habits; increasing in health education; emphasizing self help; and increasing accessibility to quality health care.

Semmes concludes by discussing models that could be combined in developing a health infrastructure. He proposes a revival of the National Negro Health Movement, originally initiated by Booker T. Washington in 1915 and integration of the alternative health approaches associated with Black Consciousness Movement in the 1960's and 70's.

Racism, Health, and Post-Industrialism is useful for anyone interested in African-American health. Those interested in African-American history will also find its thorough bibliography especially valuable. To the extent that the book suggests that African-Americans are a monolithic group, that is the only basis for criticism.

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\(^5\) At 145.
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8 Risk: Health, Safety & Environment 91 [Winter 1997]