

As a social construction, race has largely been debunked as a biological category that holds inherent “truths” and is now widely understood to be of no value beyond that which gives it social meaning. However, in the US, race continues to play a significant role in determining access to health care, diagnosis, and medical treatment for African-Americans. *Inequalities and African-American Health* distinctly outlines the barriers that African-Americans face in each of these areas, and draws attention to the ways in which present-day social and financial inequalities negatively affect health. Drawing on a range of historical examples, Hill succinctly details the disproportionate effects of policies and interventions that have traditionally barred African-Americans from good quality health care, and how systemic racism has contributed to overall poor health. Drawing on 37 interviews that she conducted with a “class-diverse group of African-American women and men” (p.5), Hill provides a comprehensive overview of the many factors that contribute to the continuation of black-white disparities in health and longevity. This book further considers the ways in which social policies that disproportionately affect African-Americans (such as those leading to the current problem of mass incarceration) negatively affect health outcomes.

In part one, Hill examines the historical legacy of US racism in order to provide a foundation for subsequent chapters that deal with the ramifications of racist attitudes and policies. Beginning with slavery, she discusses how race was once considered a biological entity that justified the subordination of slaves who were thought to be physiologically “inferior” to their white owners. She then follows the development of this thinking through to the mid-twentieth century, when large-scale demands were made by civil rights groups for racial equality. Whilst, she claims, many African-Americans experienced upward socioeconomic mobility at this time, the racialised social system that continued to disadvantage African-Americans meant that many did not achieve it. Returning to a discussion of the slave era, Hill goes on to describe the cataclysmic living and working conditions that enslaved Africans faced on a day-to-day basis, and the ways in which these experiences were enmeshed within the broader context of health in colonial America. She then outlines how the severe and, often, debilitating punishment that slaves typically suffered at the hands of their owners negatively affected their health and morbidity rates.

Having provided this foundation, Hill moves on to discuss the health crisis that came post-emancipation for former slaves who experienced a reduction in the already deficient health care that they previously received. Because slave owners were invested in the health of their slaves in order to ensure continued production and economic growth, there were often provisions for those who were ill and in need of recuperation (although they were typically scant and of poor quality). After they were emancipated, these provisions were removed and former-slaves were left to fend for themselves with little resources and restricted access to medical care (p. 39). Arguing that African-Americans are physiologically inferior to white people, scientific logic at this time gave credence to the notion that black people could ethically be subjected to medical experimentation on the grounds that they did not feel

“pain” in the same way as white people (p. 36). As a result, Hill argues, many African-Americans were “afraid of white physicians for years to come,” which acted as a barrier to medical treatment.

Part two discusses the role of health behaviours, health settings and interactions with the medical system in the day-to-day lives of African Americans by focusing on how all three influence health outcomes. Centring on the prevalence of chronic conditions that are “often more preventable than curable,” Hill discusses the role of racial inequality in increasing the likelihood of African-Americans developing certain conditions. Drawing on her interview data, Hill discusses how African-Americans tend to conceptualise health and engage in specific health behaviours in order to prevent ill health from occurring. Whilst prevention might seem sensible, Hill argues, these measures often promote “the ideal of individual responsibility for one’s health” and therefore “run the risk of blaming people for their sickness” (p. 7). Using two health lifestyle models to illustrate how people reach decisions that allow them to take care of their health, Hill examines the ways in which those decisions are configured by broader social influences. She then focuses her analysis on illness behaviours and addresses the question of how people respond to symptoms of illness and the health care policies that are designed to address them. Drawing from her research on sickle-cell disease, Hill reveals how symptoms of illness are embedded within processes of racialisation and demonstrates this through her analysis of the numerous factors that prevent or enable access to good quality health care for African-Americans.

In part three, Hill considers the ways in which racial disparities in health can be attributed to inequalities in a range of institutions, including the family. She analyses how race and various racialised policies “affect black families, intimate relationships and children” (p. 7). Contending that families are essential to the health of their members, Hill discusses how slavery and the subsequent introduction of racial segregation in the form of Jim Crow has historically compromised the strength and utility of African-American family units. These units, she argues, have been weakened by “joblessness and idleness among young black men,” which has led to “an explosion of drug trafficking and crime in urban areas” (p. 8) that are primarily inhabited by African-Americans. Hill concludes *Inequalities and African American Health* by outlining the need for a greater understanding of how systemic racism and institutional biases impair the health of African-Americans on a daily basis, and by advocating a need for social change. This social change, she infers, would help to alleviate the current burden of chronic conditions that disproportionately affect African-Americans, and, eventually, decrease the current level of racial inequality in medical settings, health outcomes, and morbidity rates.

Because it covers a large amount of material in a limited number of pages this book is, at times, somewhat brief in its descriptions of the historical events that it covers, and does not always make clear the relevance that these events have to contemporary inequalities in health. However, despite its brevity this book offers a sound and informative overview of the ways in which current inequities that we see in the US health care system continue to be informed by racist attitudes and policies that negatively affect the health of African-Americans. This book will be of particular interest to medical

sociologists, anthropologists and historians with an interest in how health is shaped by social attitudes and policies that benefit some and hinder others.

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