

**How Policies and Practices Have Created Health Disparities  
in Black and Indigenous Communities**

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SOC 357 - April 30, 2023

## **How Policies and Practices Have Created Health Disparities in Black and indigenous Communities**

People of all races, ages, and backgrounds face poverty; however, black and indigenous people are at a higher risk of poverty due to systemic racism and other social and political factors that are beyond their control. According to Poverty USA (N.d), 25.4% of all indigenous people and 20.8% of all black people within the United States live below the poverty line. While the poverty measure itself is inherently flawed, and many argue that there are (undoubtedly) millions of white people living in poverty, it is undeniable that poverty impacts racial groups differently. Additionally, when we think about poverty, we tend to think solely about money, but it is important to consider the implications that living in poverty brings; this includes difficulty accessing healthy food and safe housing, lacking the privilege to live in a clean environment, and not having the resources to access many essential services. This leads to the fact that some racial groups are disproportionately represented below the poverty line, often due to the fact that they experience multiple barriers against lifting themselves out of poverty. This can be related to the fact that there is a long history of racist policies and practices across the United States and many other developed countries, whose lingering effects play into both keeping black and indigenous people in poverty, but also directly impacting their health. The conversation around poverty and these historical policies is so important when it comes to health disparities because it is those who live in impoverished and disadvantaged communities that face the most adverse environmental conditions and, therefore, health outcomes. Overall, health

disparities directly linked to historical infrastructure and racist policies have a significant negative and cyclical impact on black and indigenous communities, which are perpetuated by environmental pollution and a distrust of broader institutions.

## PHYSICAL INFRASTRUCTURE

There have been many policies and general practices in the United States that pushed black and indigenous people into poverty and disadvantaged neighbourhoods. This has led to a lack of physical infrastructure that supports these communities, and as explained by Jacobs (2011:S115), “populations that are ill served by physical infrastructure and inadequate housing have a host of unmet needs and environmental diseases.” The reality is that infrastructure has historically been constructed in a way that benefits some while leaving out many, and this has resulted in many notable health disparities. One infrastructure related policy that has greatly impacted black communities throughout America was the construction of the interstate highway system. As explained by Deborah N. Archer, “transportation policy in the 1950s and 1960s was crafted to reinforce racial and class inequalities and division” (2020:1274). She goes on to argue that officials involved in the passing of the Interstate Highway Act did so intentionally as a way of “utilizing highways to cement racial inequality” as it would “outlast then-current laws that facilitated racial exclusion and skirt future laws that might otherwise facilitate integration” (2020:1275). Critics might argue that this is a stretch; however, it is important to consider the events at the time: this was the height of the civil rights

movement. Laws were being passed to end segregation in the army and schools, and there were countless protests fighting to end discrimination on the basis of race. Therefore, to consider that some officials would be eager to pass laws to ensure continued racial divides is not a stretch by any means. Archer goes on to explain how black neighbourhoods were demolished through the building of the highway system and that “some dislocated residents found housing as close to their old, fractured neighbourhoods as possible” while many were forced into “other racially segregated, economically struggling communities” which can both result in adverse health outcomes. Living near a highway can lead to many negative health effects related to both air and noise pollution, to be further discussed later. Additionally, those who were forced into low income communities face many of the health outcomes, specifically relating to the topic of blood lead levels, among others.

In an article from Hicken et al. (2012:2348), they found that black men and women had measurable higher levels of blood lead, and overwhelming found that “blood lead increases blood pressure mainly among the most disadvantaged populations,” meaning that even though the blood levels are not staggeringly higher, they are creating a litany of other health problems, as high blood pressure can lead to many complications including heart attacks, strokes, aneurysms, heart failure, kidney problems, and eye problems (Mayo Clinic, 2022). Furthermore, multiple studies have found that even when adjusted for risk factors like income, “black children continue to have the highest average [blood lead levels] in the US compared to non-Hispanic White or Hispanic children” (Yeter, Banks, and Aschner,

2020: 2). Yeter et al. (2020:15) propose a variety of possible explanations for this, including segregation and the fact that “black households are twice as likely to rent compared to white households.” Both of these explanations can be linked back to historical policies and practices within the United States. They consider cities like Detroit, Baltimore, and St. Louis, which saw large increases in the black population as work was brought in as a result of the industrial revolution. However, as the economy continued to develop and many industries moved away from manufacturing, these same black residents were left impoverished as a result of losing their jobs. These areas are continuously found to have greater levels of lead contamination in the soil and water, which Yeter et al. (2020:14) cite to be related to “unequal enforcement of environmental laws [and] emission standards.” Lead exposure can lead to many adverse health effects that only further the marginalisation of non white residents. According to the CDC (2022), exposure to lead can lead to “damage to the brain and nervous system; slowed growth and development; learning and behaviour problems; [and] hearing and speech problems,” all of which can cause a “lower IQ; decreased ability to pay attention; [and] underperformance in school.” The CDC also found that there is “evidence that childhood exposure to lead can cause long-term harm,” meaning that even if these children were able to move up and out of these neighbourhoods, they would likely be impacted by the lead in their blood as children for the rest of their lives. Spivey explains how “much of the worry is about lead’s health effects over the long haul” (2007:1) and that “scientists haven’t yet found a concentration of lead below which no effect occurs” (2007:6). She notes that lead can lead to adverse effects relating

to the cardiovascular system, hypertension, and kidney function, along with cognitive function.

## RACIST POLICIES AND DISTRUST

Although there have been laws enacted over the past 60 years to attempt to fight redlining, like the Fair Housing Act of 1968 and the Equal Credit Opportunity Act of 1974, the reality is that black populations across the United States continue to be impacted by redlining to this day. Redlining “is the institutional practice in which banks and other financial institutions deny loans to communities and individuals based on race” (Mendez, Hogan, and Culhane, 2011:103). While redlining played a significant role in encouraging segregation, it also led to the fact that “black households are twice as likely to rent compared to white households” (pg. 15). The reality is that redlining prevented black families from purchasing housing historically, but the communities are still feeling the effects of it to this day as it prevented them from building wealth. Practices like redlining have also created a distrust between black communities and financial institutions. According to Desmond, in an article from the New York Times, “compared with white families, Black and Hispanic families were nearly five times as likely to lack a bank account” (2023:7-8). Additionally, Jennings et al. theorise that segregation has led to less green infrastructure being available to and constructed in non-white areas, which undoubtedly contributes to disparate health outcomes. In their article, they say that “[redlining] has been linked to disparate air pollution exposures, health disparities, and inequitable access to green infrastructure” (2021:2). They go on to explain “how

redlined neighbourhoods have on average twenty-one percent less tree canopy compared to other communities” (2021:2). Another important aspect associated with racial disparities is noise pollution. In an article from Casey et al. (2017), they found that there were “higher [levels of] noise exposures in census block groups characterised by lower [socioeconomic status] and higher proportions of American Indian, Asian, black and Hispanic residents” and that “these associations were stronger in more racially segregated communities” (9). We can link this with redlining, as redlining policies allowed entities to force non white people to live in certain areas; areas closer to highways or train stations, for example, and with little access to public green spaces, as mentioned by Jennings et al., which are able to help decrease the effects of noise pollution.

Another important aspect to be considered in the conversation around race and health disparities, is the fact that all of the health concerns that black communities face as a result of these practices and policies are amplified. This is a result of a variety of factors including implicit bias. This can be seen in multiple studies including one from Wasmuth et al. In this article they discuss how there is “implicit bias in healthcare” and that there is overwhelming literature showing that this “impacts health outcomes for Black women in many areas” (Wasmuth et al. 2020:2). The reality is that these biases lead to a distrust between black communities and healthcare providers. Additional factors include a lack of access to health insurance and healthcare providers, and institutional racism.

While indigenous communities were not directly impacted by redlining or many of the other policies that negatively impacted black residents, there is a long

history of directly racist policies passed against indigenous communities all across the world. In America these policies include the Indian Civilization Act Fund of 1819 and the Peace Policy of 1869, followed by the Indian Boarding School Policy Act, all of which, according to the United States congress (2020) “was adopted by the United States Government to strip American Indian and Alaska Native children of their indigenous identities, beliefs, and traditional languages to assimilate them into White American culture [...] which has the effect of cultural genocide” (Sec. 2).

These children were provided with “harsh living conditions, abuse, and/or substandard health care” which led to “many of the children [being] buried in unmarked graves or off-campus cemeteries,” much of this done without their families being informed of anything. In this same house bill, they present that the CDC and Kaiser Permanente found that the trauma associated with this cultural genocide “disrupts brain development leading to a higher likelihood of negative health outcomes as adults including [...] heart disease, obesity, diabetes, and autoimmune diseases” (United States Congress 2020). We can see through countless research that the indigenous communities face these diseases at disproportionate rates. Additionally, due to the trauma endured by the community at the hands of western authority, indigenous communities face countless additional barriers to receiving adequate care. Indigenous people are less likely to have health coverage and have a life expectancy of 65.2 years, compared to the life expectancy of a white American being 76.4. Similarly to black women, indigenous women have higher rates of maternal mortality, and face many of the same barriers to care



including access to healthcare providers along with institutional racism and implicit bias.

## POLLUTION

While data associated with green infrastructures' direct impact on health is not readily available, there is indisputable data explaining the impacts on health as a result of air and noise pollution. However, it is only logical to understand the connection between green infrastructure and a reduction in air pollution, as green infrastructure can directly clean the air and reduce the space that is used by pollution-creating corporations and waste disposal sites. According to the National Institute of Environmental Health Sciences (N.d.), air pollution can be linked to higher rates of cancers including breast, lung, and leukemia. Additionally, air pollution, by which “lower-[socio economic status] individuals and communities,” and by extension, more non-white people, “are exposed to higher concentrations of” (Hajat, Hsia, and Marie, 2015:441), can also lead to cardiovascular disease (Tibuakuu, 2018) and stroke along with a variety of other respiratory diseases including asthma, chronic obstructive pulmonary disease (COPD), and chronic bronchitis. According to an interview with Eulalia Peris, published by the European Environment Agency (2021), long-term exposure to noise pollution can lead to “negative effects on the cardiovascular and metabolic system[s]” and “cognitive impairment in children.” The reality is that while white communities do face similar issues with air and noise pollution, the effects are compounded for nonwhite individuals.

Furthermore, Cushing et al. found that pollution related to “pesticide use, toxic releases from industry, cleanup sites, hazardous waste, and diesel PM” were “inequally distributed with regard to race/ethnicity” (2015:2347). This is notable because there are indisputable health outcomes related to this pollution. Some of these health outcomes include a higher risk of developing cancer (United States Environmental Protection Agency, 2022), thyroid toxicity (Richards, 2022), asthma (Morello-Frosch and Lopez, 2007), lower respiratory tract infections (which can be deadly in children under 5), genetic mutations (United States Environmental Protection Agency, 2023), physiological malfunctions, birth defects, and developmental disabilities (Taylor, 2022).

Looking towards indigenous communities, in their article, Lewis et al. discuss how mining has created disproportionate health impacts for indigenous communities across America. They discuss how there is a “contamination of soil and water by waste from more than 160,000 abandoned hard rock mines” (Lewis, Hoover, and Mackenzie 2017:130) and how the exposure to these metal mixtures result in a host of health issues. Some of these health issues include kidney disease, cardiovascular disease, neurocognitive disorders, and cancer. Lewis et al. describe how exemptions have been made from Clean Water Act regulations, supported by the 1872 Mining Law to allow for untreated mine waste to be released into surface water, contaminating “40% of the headwaters of Western US watersheds, water sources still relied on by virtually all Native American Tribes” (2017:133). This is the first of many policies that allow for and directly contribute to creating health disparities among indigenous people.

## SOLUTIONS

Solutions to an issue like this can be hard to implement when it comes to policies and practices that are so ingrained into the functioning of the country. Many articles simply propose more research. It is undeniable that more research needs to be done because without research, there is little acceptance that there is a problem. While issues surrounding the black community and injustices are underway, depending on the news cycle and outlet, there is almost no research surrounding the American indigenous community. Lewis et al talk about the importance of providing the indigenous community with the power to advocate and fight for themselves which is an important aspect of bringing awareness to an issue. Due to the cultural genocide that indigenous communities around the world have faced, there are so few left to advocate for themselves, and those who remain are often left with few resources or capabilities to fight in the way that other communities can. Therefore, one solution lies in empowering the indigenous communities. Another aspect of this is providing resources to help strengthen the political power of minority groups so that they too are encouraged to vote and run for elected positions. The truth is that people are most likely to fight for people like them, so this is a key part of the solution. Larger organisations can mobilise their resources in a way to provide capital for black and indigenous communities and aid them in both defending their rights along with making their way into positions of power. It is also important for US based research institutions to put more funding towards the research of environmental injustices and black and indigenous communities. The reality is that there is so little American research on indigenous communities,

especially when compared with similar countries like Canada, Australia, and New Zealand. Another solution lies towards more meaningful data collection. Much of the research done involving environmental injustice with black and indigenous communities is quite surface level. Jennings et al discuss the importance of allowing local communities to be placed at the forefront of environmental development. It is undeniable that for real change to be made “access to inventories of emissions data and ambient air quality monitoring” (Jennings et al. 2021:2) needs to be easily accessible; without the knowledge of what is going on, community members are powerless. Jennings et al. also talks about how the dismantling of these racist policies and practices with discriminatory intent is necessary for any real change to be made. We cannot make progress while the history of the issue is still a problem. One final solution, albeit likely the most controversial, involves passing policies promoting restitution for those who have been disproportionately impacted by government decisions. The specifics of this solution ranges from simply covering the medical costs of those impacted by contaminated areas, all the way to the traditional idea of reparations.

## CONCLUSIONS

An issue like this can be difficult to address because it requires systemic change - something that is so complicated to achieve. This difficulty is coupled with the fact that there is limited research on much of this content and the fact that those who are doing the research do not have connections to truly make change as a result of the findings. To truly make an impact, it is likely that think-tank type

organisations would need to get involved, as they often have one of the strongest hands in policy change. Additionally, programs to aid in advocacy and access to resources can be instrumental in providing populations with the capital needed to fight for themselves.

Further, there are important steps that the average consumer can take to aid in creating change. One important step is simply making an effort to be more aware of the issues that affect different populations. Oftentimes, indigenous issues are overlooked or left out of conversations around environmental issues because they do not have the numbers nor the capital to make a significant impact on their own. By paying attention to indigenous issues, the average person can be helpful because it provides more awareness to them. For real change to be made, governments need to be made aware that people care and that people will fight for those most vulnerable. Another important step for consumers to take resides in the idea that the most important voting tool of the middle class is within their purchasing. Consumers who have the privilege of choice need to be aware of who they purchase from and the involvement that those corporations have with these issues.

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