

The Violence Epidemic in the African American Community: A Call by the National Medical Association for Comprehensive Reform

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Abstract: While much progress has occurred since the civil rights act of 1964, minorities have continued to suffer disparate and discriminatory access to economic opportunities, education, housing, health care and criminal justice. The latest challenge faced by the physicians and public health providers who serve the African American community is the detrimental, and seemingly insurmountable, causes and effects of violence in impoverished communities of color. According to statistics from the Centers for Disease Control (CDC), the number one killer of black males ages 10–35 is homicide, indicating a higher rate of violence than any other group. Black females are four times more likely to be murdered by a boyfriend or girlfriend than their white counterparts, and although intimate partner violence has declined for both black and white females, black women are still disproportionately killed. In addition, anxiety and depression that can lead to suicide is on the rise among African American adolescents and adults. Through an examination of the role of racism in the perpetuation of the violent environment and an exploration of the effects of gang violence, intimate partner violence/child maltreatment and police use of excessive force, this work attempts to highlight the repercussions of violence in the African American community. The members of the National Medical Association have served the African American community since 1895 and have been advocates for the patients they serve for more than a century. This paper, while not intended to be a comprehensive literature review, has been written to reinforce the need to treat violence as a public health issue, to emphasize the effect of particular forms of violence in the African American community and to advocate for comprehensive policy reforms that can lead to the eradication of this epidemic. The community of African American physicians must play a vital role in the treatment and prevention of violence as well as advocating for our patients, family members and neighbors who suffer from the preventable effects of violence.

Keywords: Violence ■ Police use of force ■ Public health ■ Racism ■ Social determinants

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INTRODUCTION

Over the last 122 years, the NMA has advocated for health equity across all disciplines by promoting health policy positions on issues such as Women and Minorities in Clinical Trials, the Paris Climate Agreement and equity in the Affordable Health Care Act. Most recently, the NMA has taken a position against Police Use of Excessive and Unnecessary Force.¹ At the NMA 2015 Annual Convention & Scientific Assembly, in response to the killings of unarmed African American men, in particular, Eric Garner, Michael Brown and Freddie Gray, a resolution was passed by the House of Delegates regarding lethal and sub-lethal injury resulting from law enforcement altercations. This resolution called for law enforcement agents to end the police practice of subjecting unarmed suspects to physical force that includes a ‘chokehold’ or placing the knees or body weight on a person’s chest, neck or head, which can result in debilitating or deadly injury. In July 2016, the NMA Statement on Police Use of Force² was released in recognition of the continuing and growing number of killings of unarmed African Americans by police officers. The NMA further established the Working Group on Gun Violence and Police Use of Force, which was charged with advocating for a public health approach in addressing the broad topic of gun violence as well as confronting the ongoing problem of excessive and unnecessary use of force by police officers within communities of color. To facilitate these efforts, the NMA joined the Movement towards Violence as a Health Issue and endorses their recently released Framework for Action.³

Of equal importance is the continuing work to eradicate policies and social norms that create barriers for African Americans to achieve health equity in the United States. The paradigm, defined as the ‘Social Determinants of Health’, makes clear that understanding where one lives, works, plays and builds relationships will affect an

individual's ability to achieve healthy outcomes. This paradigm has enormous consequences for the health and well-being of our patients.

It is impossible for medical and public health communities to have a conversation about health equity without speaking about violence. Overall rates of homicide have decreased in the United States since 1999. Despite this decline, a significant increase in the homicide rate continues to be observed in the African American community and is a major concern for the NMA.⁴ The July 2016 U.S. Census data reports that white Americans are 61.3% of the population while African Americans represent 13.3% of the U.S. population.⁵ In 2016, 15,070 homicides were recorded in the United States of which 7881 were African American victims and 6576 were white victims.⁶ In many communities of color, homicidal violence is one of the leading manners of death. This type of violence has a 'ripple effect', adversely affecting a community's ability to gain equitable access to education, economics, housing and health care. Whether it takes the form of youth/gang, intimate partner/domestic, child abuse/maltreatment or police use of excessive force/legal intervention, violence can cause deadly and debilitating injuries for the individual as well as long lasting adverse effects on the community.

The purpose of this paper is to reinforce the need to treat violence as a public health issue, to highlight the effect of particular forms of violence in the African American Community and to advocate for comprehensive policy reforms that can lead to the eradication of this epidemic.

HISTORY OF THE NATIONAL MEDICAL ASSOCIATION

"The National Medical Association (NMA) is the nation's oldest and largest organization representing African American physicians and health professionals in the United States. Established in 1895, the NMA is the collective voice of more than 30,000 African American physicians and the patients they serve.

The NMA was founded in 1895, during an era in US history when the majority of African Americans were disenfranchised. The segregated policy of "separate but equal" dictated virtually every aspect of society. Racially exclusive "Jim Crow" laws dominated employment, housing, transportation, recreation, education, and medicine. Black Americans were subjected to all of the injustices inherent in a dual medical care system.

Under the backdrop of racial exclusivity, membership in America's professional organizations, including the American Medical Association (AMA), was restricted to whites only. The AMA determined medical policy for the country and played an influential role in broadening the expertise of physicians. When a group of black doctors sought membership into the AMA, they were repeatedly denied admission. Subsequently, the NMA was created for black doctors and health professionals who found it necessary to establish their own medical societies and hospitals.

"Conceived in no spirit of racial exclusiveness, fostering no ethnic antagonisms, but born out of the exigency of the American environment ..." the NMA extended equal rights and privileges to all physicians. Although the NMA has led the fight for better medical care and opportunities for all Americans, its primary focus targets health issues related to minority populations and the medically underserved. The NMA remains committed to improving the health status and outcomes of African Americans and the disadvantaged."⁵³

VIOLENCE AS A PUBLIC HEALTH ISSUE

The World Health Organization (WHO) defines violence as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.⁷ In 1986, US Surgeon General C. Everett Koop presented findings from the *Workshop on Violence and Public Health* which highlighted the need for cooperative and collaborative efforts among health and health-related professions and institutions to address violence.⁸ This mandate was further developed by US Surgeon General David Satcher in the article, "Violence as a Public Health Issue" presented during the Annual Meeting of the Institute of Medicine in October 1994. Dr. Satcher, in his 1994 report, stated "we have identified violence as an important threat to the public's health and we have developed a program in violence prevention that applies a problem-solving approach to the issue."⁹

According to the Centers for Disease Control (CDC), homicide is the leading manner of death for African American males ages 10–35 and the second leading manner of death for Hispanic males of this same age group. A review of data from 2012 to 2014, regarding fatal gun deaths, reports that guns are the third leading cause of deaths for children under the age of 17.¹⁰ Nearly 80% of all

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