N.J.: Prentice-Hall, 1967) 7.

[44]A key document that illustrates the new emphasis on health aid in U.S. and African foreign policy ties is Willard L. Thorp [Assistant Secretary of Economic Affairs]. "A Common Responsibility for Achieving Health Security." *The Department of State Bulletin.* Vol. 26, No. 667 (April 7, 1952) 541-544.

[45]Ann McElroy and P. K . Townsend. *Medical Anthropology in Ecological Perspective.* (Boulder, CO: Westview, 1985) 49.

[46]Michel S. Laguerre. *Afro-Caribbean Folk Medicine.* (South Hadley, MA: Bergin & Garvey, 1987) 86.

Critique

Theories about inherent racial characteristics, both those purporting to be scientifically (empirically) based and those emanating from the "soft" sciences, have changed dramatically over the past century and a half. As David McBride notes, the basis for research about the etiology of disease and the provision of health care in the United States has been and continues to be empirically questionable. McBride further argues that the American health care approach has been significantly influenced by cultural, social, and economic factors which had little or no relation to scientific truth.

This article progresses in a clear and easily understood fashion through three distinct and identifiable historical periods. McBride notes that the mid-nineteenth century was typified by the view that blacks were a specific racial group predisposed to certain illnesses and general poor health. In *The Red and the Black*, Hoover supports the view that American blacks were believed to be inferior because they were descendants of Africans, who, it was claimed, lacked civilization.[1] Black inferiority was substantiated in various ways. The Bible was frequently cited as the historical source for proof of the black race's baseness; the prevailing notion here was that blacks had been created prior to Adam, and therefore, were not of human origin, but rather were cousins, albeit higher functioning, of apes.[2] This notion, if believed, formed the basis for contending that blacks lacked a soul and was virulently racist. As McBride notes, the other commonly cited argument used to prove black inferiority was based on the works of Charles Darwin. Charles Brace, a reformer, employed Darwin's research which held that man had originated in one place, but had then migrated to various climatic areas which caused the evolution, through natural selection, of permanent, differing racial types. That these racial types were not equal was confirmed by Brace's argument that intermarriage between different

races would result in inferior offspring. In fact, one of the most common beliefs of that time was that the black race would eventually become extinct because blacks suffered inherent physical, intellectual, and cultural deficiencies.

By the time the First World War ended, it was clear that blacks had not become extinct. If anything, the racial issues became more problematic; blacks were more visible because of their service in the army and the post-war riots, and also because of the black migration that increased their number in northern cities.

At the turn of the century, anthropologist Franz Boas argued persuasively for cultural relativism at a time when native Americans, feeling threatened by the immense wave of European immigration, did not view blacks to be quite as equal as the other ethnic groups he studied. While he contended that blacks, specifically Africans, did indeed have a culture worthy of study, he nevertheless felt that blacks had primitive traits which he ascribed to random genetic inheritance. Thus, he left the door open to improvement of the racial group, primarily through intermarriage with southern European immigrants.[3] Others, however, believed that racial mixing would be bad for both races. The members of the Eugenics Movement, who were primarily biological scientists, subscribed to the theory that inferior races should be limited in their ability to reproduce and insisted that selective mating should occur. They were unabashedly opposed to racial mixing. In any case, as McBride points out, such ideas did nothing to encourage research aimed at preventing disease or alleviating public health problems in the black community since it was still believed that blacks were genetically and constitutionally inferior.

Post World War II was the final era discussed. McBride argues persuasively that changes in the political climate of the world, together with significantly more contact between Americans and Africans altered much of the racially biased thinking which had characterized the previous one hundred years. Political necessity, combined with a positive regard for cultural pluralism, has indeed encouraged the conduct of research and clinical practice relevant to non-whites. While McBride's historical analysis vividly and accurately chronicles the changing tide of scientific opinion, the conclusions that he draws raise questions of concern. His assertion that culture and environment should receive overwhelming precedence in the search for knowledge about illness and how best to approach its manifestations, ignores current empirical evidence. In his urgency to finally put racialism to rest, his philosophical beliefs raise the spectre of ignoring real racial differences because it is politically and socially expedient to do so. Such an approach would have us deny the existence of a genetic disorder such as sickle cell disease. It would *a priori* direct research in black health issues (such as their increased rates of diabetes and heart disease, higher mortality from cancer, and high incidence of hypertension) toward conclusions that

environment, culture, and economic deprivation, rather than possible genetic and biochemical factors, are the prime cause of black illness. It is more than likely that predisposition to illness and illness itself result from a combination of genetic, biochemical, and environmental factors. What we must guard against is a swing of the philosophical pendulum that causes those concerned with public health and, specifically, the health of minorities to ignore relevant evidence because it is not fashionable: such behavior would only constitute a new form of racism.

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Notes

[1]Dwight W. Hoover. *The Red and The Black.* (Chicago: Rand McNally, 1976) 173.
[2]*Ibid.*, 175.
[2]*Ibid.*, 233. See also Cary D. Wintz. *Black Culture and The Harlem Renaissance.* (Houston: Rice University Press, 1988) 10-11.

Critique

David McBride unravels an informative set of historical events linking blacks and the prevailing health care beliefs and practices during the 110 years between 1850 and 1960. That true and empirical medico-sociological research was unavailable in the late 1800s and early 1900s is well recognized, and one need only to review these dates and the literature available on this topic to find these major research limitations.

McBride also makes a case for the lack of holistic health care provided to blacks and the biased, misinformed approach used during this time frame. Mechanic (1975) and Bullough (1982) place clinical discoveries in the socio-cultural context so long deserved. Blacks are identified by McBride as being selected out of this context and victims of subsequent and sometimes erroneous research findings used to generalize inaccurately from these early pseudo-research studies. While this premise holds true for blacks, it also applies to other ethnic populations. These early research efforts have remained negative reminders of the research patchwork which has affected health care practices throughout the years. The unfortunate situation is that these same early mis-studies continue to surface and to be used as evidence by those who continue to misperceive the health care needs of blacks.

McBride uses an effective walk-through approach to three major time periods of racialism, anti-racialism and cultural relativism. One needs to note that this study focuses on medical practitioners and does not