

## **9. Significance for African-American Learners**

Socioeconomic factors make health care difficult to access for many low-income African American adults in the United States. However, cultural mistrust significantly affects African American use of health care as well. Adult education classes can provide a forum in which African American students can express views on the mainstream U.S. health care system and apprehensions about using it. Education about conditions that affect African Americans at a higher rate than other ethnic groups such as hypertension or diabetes might help some students to increase awareness of preventive measures they can take for their own health.

Some African American adult learners may hold traditional cultural views and use culturally-specific terms and remedies for some health conditions. For example, some African Americans refer to hypertension as “pressure,” “high blood” or “high-pertension.” The illnesses are seen as related to heredity, poor diet, heat, the level of blood in the body, stress or an anxious personality, not altogether unrelated to the biomedical understanding of hypertension. Diabetes is sometimes referred to as “the sugar.” When discussing such conditions in an adult literacy class, the instructor might want to ask learners for their perception of the illnesses. If learners hold traditional beliefs, the class could compare the traditional and biomedical understandings and treatments, clarifying what terminology and explanation one is likely to hear when visiting a health care provider for one of the conditions.

### **The Tuskegee Experiment Legacy**

The “Tuskegee Study of Untreated Syphilis in the Negro Male” lasted from 1932 to 1972 under the direction of the U.S. Public Health Service and the Tuskegee Institute in Alabama. In the course of the experiment, 399 African American men who had syphilis were told they were being treated for their symptoms, when in fact they were not. The aim of the study was to discover the course of untreated syphilis to support the claim that treatment was needed. In 1945 penicillin was recognized as the treatment of choice for syphilis, but the men did not receive any. For 40 years study participants were denied treatment. The experiment was taken to such an extreme that the draft board was told not to treat the participants who served in World War II.

Some safeguards have developed as a result of the Tuskegee Study, such as the use of informed consent forms for research participants, and the existence of institutional review boards to assess the ethics of proposed research, but much

cultural mistrust of U.S. medicine remains within the African American community. Consequently, many African Americans avoid medical care, and many people are uninformed about conditions for which African Americans are at increased risk. Another not too surprising consequence of the Tuskegee Study and other historical mistreatment of African Americans in medical research is the shortage of clinical trial data on African Americans with various health conditions, such as different forms of cancer. The medical community is making efforts to improve relations with the African American community. An opportunity to learn more about health in class could help some African American students to feel more empowered in communication with health care providers, more comfortable about seeking preventive care and needed medical treatment, and more aware of the need for more clinical data on African American health.

#### Sources

Centers for Disease Control and Prevention. Timeline of the Tuskegee Syphilis Study [Online]. Available: <http://www.cdc.gov/nchstp/od/tuskegee/time.htm>.

Heurtin-Roberts, S., & Reisin, E. (1990). Health beliefs, compliance – hypertension. *JAMA, the Journal of the American Medical Association*, 264 (22), p. 2864.

Smiley, T. (Host). (2002, January 30). The legacy of Tuskegee. In *The Tavis Smiley show* [Online broadcast]. Available: <http://www.npr.org/programs/tavis/>