



# Impacts of Racism on Health and Intergenerational Trauma

Racism and trauma have a profound effect on one's physical and mental health. This article discusses ways in which racism can impact health both directly and indirectly, and over generations.

## How can racism impact health?

Racism impacts Black, Indigenous and people of colour (BIPOC) directly by impacting their ability to access healthcare, and accessing healthcare at the level that it's provided to White people. Currently in Canada, healthcare for Indigenous people falls into a patchwork divided between the provinces, territories, federally-funded Non-Insured Health Benefits program for First Nations and Inuit, and Métis programs delivered via Indigenous Services Canada.(1) This patchwork has created bureaucratic delays leaving Indigenous peoples waiting for care or medications readily available to non-Indigenous Canadians. It's created gaps in care between Indigenous and non-status and First Nations people living off-reserve. Additionally, the historical trauma that Indigenous people faced has led to mistrust of the health care system, in turn leaving Indigenous people less likely to seek timely care and less likely to trust or access prevention programming, diagnostic tools or treatment options.(2)

Blatant acts of racism against Indigenous people seeking care in hospitals continue to occur,(3)(4)and BIPOC patients may receive below average care when compared to White patients. Doctors and nurses may think that BIPOC are faking their pain or that they don't feel pain the same way as White people.(5)

## Where did these false ideas come from?

The false pain tolerance assumption is directly related to Slavery. The myth was initiated by Dr. Thomas Hamilton, who was obsessed with proving his theory that Black people have thicker skin and less sensitive nerves than White people. He performed a number of painful medical experiments on enslaved people, including one slave named John Brown, who was subjected to painful experiments for months. Even though Hamilton's experiments didn't justify this theory, he spread the myth that Black people felt no pain.(6) Many doctors believed this myth and used enslaved people in experimental research.

Dr. Samuel Cartwright also promoted the racist idea that Black people were less sensitive to pain. He believed that the sensibilities of the Black mind were far more primitive than that of White people and that Black people were able to endure 'with few expressions of pain, the accidents of nature, which agonize white people.'(7)

James Marion Sims, known as the 'father of gynecology,' used enslaved women in a number of experiments. He practiced surgical techniques on an unknown number of women, all without anaesthesia (although not widely available at the time, he did use anaesthesia on White women). While many in the medical field have come to Sims' defense because his experimental surgeries helped establish modern gynecology, the fact that the institutions of enslaved women (and later poor Irish women in New York) existed allowed Sims unquestioning and easy access to perform experiments on powerless enslaved women.(8)

### **How else does racism lead to health problems?**

Living with acute and chronic stress caused by racist experiences negatively impact health in a number of ways. When we experience stress, an infection or an injury, our bodies respond with an immune system response. A number of genes in our body are responsible for this immune response and inflammation is a sign that those genes are working to counter the stress or repair the damage caused by the injury. Inflammation does protect us from a health threat; however, if a person feels under threat for extended periods, their health may suffer with chronic inflammation. If those genes responsible for inflammation stay "turned on" for extended periods of time, it can promote chronic inflammation, heart attacks, neurodegenerative diseases and metastatic cancers.(9) Researchers have found that racism may account for as much as 50% of the increased inflammation among African Americans.

### **How does intergenerational trauma impact health?**

When people are constantly worried about their well-being, safety, their security and their future, they experience stress and anxiety. This impacts not only the individual experiencing the stress, but their children, family members, and even unborn children.

Stress that a mother experiences while pregnant can affect the baby before it's even born.(10) As we've learned above, stress can affect the way an individual's genes work. Some of these stress-related changes can be inherited, leading to intergenerational effects.(11)

Dr Vivian M. Rakoff was the first to write about intergenerational trauma in 1966, noting high rates of psychological distress among children of Holocaust survivors.

While living in Ukraine in the mid-late 2000s, Brent Bezo noticed subtle mistrust and hostility in the population there. He began a study on three generations of Ukrainian families: first-generation survivors of the Holodomor genocide in 1932-33, second-generation adult children and third-generation adult grandchildren. Bezo noted substantial effects on generations born decades later, described as living in “survival mode.” This included living in fear, mistrust, sadness, shame, anger, stress and anxiety, stockpiling of food, overemphasis on food and overeating, inability to throw away unneeded items, an indifference toward others, social hostility and risky health behaviors. [12]

Researchers have shown that children and grandchildren of survivors of Indigenous residential schools are more likely to report psychological distress and suicide attempts, have learning difficulties and have higher drug use than children whose parents did not attend residential schools. (13) (14)

### **What can we do about this?**

As a society, we all have the responsibility to break down these barriers to healthcare for BIPOC. We must educate ourselves on the oppression that BIPOC face and incorporate the knowledge into our healthcare and education systems. In other words, we need to become allies, and support, empower and stand up for BIPOC.

We must continue to learn about other cultures and histories, and acknowledge and examine our own privileges, prejudices and biases, especially those in the medical profession.

By supporting our BIPOC colleagues in the workplace, our friends and members of our communities, we can help them address and manage acute and chronic stress by encouraging the use tools such as mindfulness, exercise or other self-care practices. We can build trusted relationships to offer support and lend a compassionate and listening ear.

For those who are suffering from the chronic stress of racism, avoid triggers such as news and social media feeds and look to your trusted network for support. Seek professional support to help work through difficult or negative thoughts and feelings.

### **References:**

1. Gouldhawke, M. (2021, February 4) The failure of federal Indigenous healthcare policy in Canada. Yellowhead Institute. Retrieved on April 28, 2021 from <https://yellowheadinstitute.org/2021/02/04/the-fai...>
2. Palmer, K., J. Tepper, M. Nolan (2017, September 21) Indigenous health services often hampered by legislative confusion. healthydebate. Retrieved on April 28, 2021 from <https://healthydebate.ca/2017/09/topic/indigenous-...>
3. BC Gov News. (2020, November 30) Review recommends steps to solve widespread racism in B.C. health care. Retrieved on April 28, 2021 from <https://news.gov.bc.ca/releases/2020HLTH0330-00197...>
4. Lowrie, M. and K. Geraldine Malone (2020, October 4) Joyce Echaquan's death highlights systemic racism in health care, experts say. CTV News. Retrieved on April 28, 2021 from <https://www.ctvnews.ca/health/joyce-echaquan-s-dea...>
5. Iroanyah, N. and M. Cyr. (2020, July 13) Navigating systemic racism in Canadian healthcare. healthydebate. Retrieved on April 28, 2021 from <https://healthydebate.ca/2020/07/topic/navigating-...>
6. Tapalaga, A. (2020, November 27) The myth of black people not feeling pain is still believed to this day. History of Yesterday. Retrieved on April 28, 2021 from <https://historyofyesterday.com/the-myth-of-black-p...>

7. Haller, J.S. (1972). The Negro and the southern physician: a study of medical and racial attitudes 1800-1860. *Medical History* 16:238-253. Retrieved on May 4, 2021 from <https://www.cambridge.org/core/journals/medical-hi...>
8. Zhang, S. (2018, April 18) The surgeon who experimented on slaves. *The Atlantic*. Retrieved on April 30, 2021 from <https://www.theatlantic.com/health/archive/2018/04...>
9. University of Southern California. (2019, May 31) Racism has a toxic effect: study may explain how racial discrimination raises the risks of disease among African Americans. *ScienceDaily*. Retrieved on April 26, 2021 from <https://www.sciencedaily.com/releases/2019/05/1905...>
10. McCarthy, C. (2019, September 14) How racism harms children. *Harvard Health Publishing*. Retrieved on April 26, 2021 from <https://www.health.harvard.edu/blog/how-racism-har...>
11. Jablonski, N.G. (2021, January 31) Racism has a physical impact on the body – here’s how. *The Conversation*. Retrieved on April 26, 2021 from <https://theconversation.com/racism-has-a-physical-...>
12. Bezo, B., S. Maggi. (2015). Living in “survival mode:” intergenerational transmission of trauma from the Holodomor genocide of 1932–1933 in Ukraine. *Social Science & Medicine*. 134:87-94
13. DeAngelis, T. (2019) The legacy of trauma. *American Psychological Association*. Retrieved on April 28, 2021 from <https://www.apa.org/monitor/2019/02/legacy-trauma>
14. Bombay, A., K. Matheson, H. Anisman. (2013, September 24). The intergenerational effects of Indian Residential Schools: implications for the concept of historical trauma. *Transcultural Psychiatry*. Retrieved on April 28, 2021 from <https://journals.sagepub.com/doi/full/10.1177/1363...>

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