

400 Years of Inequality Since Jamestown of 1619

The year 2019 will mark the 400th anniversary of a pivotal event that shaped the United States for centuries. According to the most commonly reported account, approximately 20 Africans arrived in Virginia at Old Point Comfort in the Jamestown settlement in 1619.¹ Most likely, the Africans were “indentured servants” rather than slaves, meaning that they would work the tobacco fields for a specified period of time, typically four to seven years, but after that they would be free. Indentured servitude was common at the time. It was the process by which many Whites traveled from Europe to the colonies. Not to suggest that this was a racial utopia, but Black and White indentured servants often worked side by side.^{2,3} Over time, customs, norms, and laws changed, and by the 1660s race-based slavery had taken root throughout the colonies.

The racial inequalities created during the colonial period influenced the founding of the nation. The Constitution of the United States codified slavery in three articles. Article I, Section 2 established the infamous three-fifths clause, which determined that a census of the US population for purposes of representation and taxation would be based on counting “free persons” and “three-fifths of all other persons.” Article I, Section 9 concerned the regulation and taxation of the slave trade, and Article IV, Section 2, was known

as the fugitive slave clause. The Constitution did more than sanction the existence of slavery; it established the logical framework—a veritable ecology of inequality.

When juxtaposed with the core principle of the nation’s Declaration of Independence—“We hold these truths to be self-evident, that all men are created equal”—we see a striking paradox. The founding documents of the nation both challenged and embraced inequity. The 400th anniversary of the arrival of Africans on the shores of Virginia should motivate reflection on the degree to which humans can tolerate hypocrisy. What forms of oppression are we ignoring today? Those involving immigrants? Sexual minorities? Religious minorities? Incarcerated individuals? What is our capacity to endure the cognitive dissonances of our era?

Although 1619 is a critical year in our nation’s history, few public acknowledgments have been publicized. Nor is it widely known that in 2017 Congress passed the 400 Years of African-American History Commission Act (HR 1242), which established a commission to commemorate the African presence in the United States. The aims of the commission are as follows:

plan programs to acknowledge the impact that slavery and laws that enforced racial discrimination

had on the United States; encourage civic, patriotic, historical, educational, artistic, religious, and economic organizations to organize and participate in anniversary activities; assist states, localities, and nonprofit organizations to further the commemoration; and coordinate for the public scholarly research on the arrival of Africans in the United States and their contributions to this country.⁴

This anniversary has significance for public health.

The unequal social status of African Americans begins with the 246-year period from 1619 to 1865, when slavery was a critically important economic and social institution in American life. The cultural norms formed during the period of chattel slavery would evolve into a set of laws that enforced racial oppression long after legal slavery ended. These so-called “Jim Crow” laws would govern the nation for the next 99 years, until the passage of the Civil Rights Act and the Voting Rights Act in the 1960s. However, although the laws have changed, racial inequalities persist in the form of significant disparities in health

and health care. These disparities were dramatically highlighted in the 1985 report of the Secretary’s Task Force on Black and Minority Health, often called the Heckler report (in reference to Margaret Heckler, secretary of health and human services from 1983 to 1985).⁵

In the report’s forward, Secretary Heckler noted that the overall picture of the health of the American public showed almost uniform improvement, but with one major exception: “there was a continuing disparity in the burden of death and illness experienced by Blacks and other minority Americans as compared with our nation’s population as a whole.”⁵ In response to the report, the Department of Health and Human Services established the Office of Minority Health in 1986 and the Office of Minority Health Resource Center in 1987. The department also established health objectives for the nation that would become the “Healthy People” goals, which have been updated every 10 years. The latest of these objectives pledges “to achieve health equity, eliminate disparities, and improve the health of all groups.”⁶

It can be argued, of course, that health and social inequities are universal; no nation on earth is free of them. However, we in the United States have a loudly

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articulated belief that we are the leaders of the free world—an exceptional and indispensable nation. If we are true to that worldview, then the existence of an ecology of inequality commits us to do better and to be better. As a nation, and especially as public health practitioners, we cannot accept inequities as an inevitable element of the human condition. Importantly, 2019 represents a unique moment in US history to reflect on the lessons of the past and to commit to envisioning the next period in the nation's evolution free of the inequality burdens forged in past years.

Envisioning 1619 to 2019 as 400 years of inequality, not simply the consequences of slavery for African Americans, is an important first step. The establishment of the 400 Years of African-American History Commission invites the nation to acknowledge the impact of slavery on the United States. We are invited as a nation to reflect on history and to participate in activities designed to promote understanding and awareness.

Public health institutions are poised to provide the leadership for such commemorations. Municipal and state departments of health, along with schools of public health, can be important partners in these events. Many engage health care providers, programs, students, faculty, staff, and community partners in collaborative efforts to confront health disparities. At a moment in US history when the role of government in health care and in public health in general is being hotly debated, public reflection on our history can bring substantial benefits as we chart our future. We can acknowledge the errors, the missteps, and the tragedies as well as the triumphs of our nation's past while committing ourselves to a future that

fulfills our national aspiration for equality. The year 2019 can be an inflection point in the struggle for health equity.

Several schools of public health have committed to holding community events during October 2019 to commemorate the 400th anniversary of the arrival of Africans in Virginia. We invite the entire public health community to join this effort. Promoting a public health agenda that begins with a national, public acknowledgment of 400 years of inequality in October 2019 is an essential first step. **AJPH**

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CONFLICTS OF INTEREST

No conflicts of interest.

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