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Silence hangs heavily, pervading both homes and healthcare institutions, concealing the pressing issues confronting African immigrant communities. Within the clinical confines of hospitals, their voices frequently go unheard, their struggles brushed aside by miscommunication and misinformation. Even within one's own home, silence arises from discomfort or neglect due to some health topics being such taboo subjects, perpetuating a cycle of inequality. It is time to shatter this silence. By starting discourse and amplifying these voices, we can begin breaking down barriers and forging a path toward a healthcare system that is more inclusive and fair for African immigrants. I believe we must set a foundation of cultural awareness in order to meet the needs of such a growing population.

With over 3,000 languages spoken within Africa, it is unusual for healthcare providers in the US and African immigrant patients to share the same first language during most clinical encounters. Language thus becomes a significant barrier to clear communication between the parties, necessitating the use of an interpreter. Additionally, the Black immigrant population in the US has increased by a notable 23.5%, from 3.5 million in 2012 to 4.3 million in 2022, and is projected to rise to 9.5 million in 2060 (American Immigrant Council Staff 2024). So, with the increase of foreign-born African residents, the need for interpreters in healthcare is more necessary than ever.

A study done by Harvard & MIT concluded that before the age of 10 years old is the most ideal time to acquire a new language, as children's brains are adept at learning the grammatical rules and pronunciation of new languages. In the US, most Black immigrants are adults, with a median age of 42 years old (Boundless). In addition, many children who immigrate are often surrounded by language within schools. Thus, adults who have immigrated are left in the grey area where it is harder to learn a new language, and they are not as likely to be surrounded by language. When patients are discharged from the hospital, less English-proficient patients are more likely than English-speaking patients to be readmitted. The reason for their readmission is not an illness but rather poor communication. Even if given papers that are directly translated through a translator, the wording is often confusing in itself, complicating the doctor's message. Moreover, enhancing the availability of interpreter services, simplifying routes for international medical graduates to work in the United States, and prioritizing cultural sensitivity in medical training programs could enhance the healthcare system's capacity to deliver quality care to individuals from Africa.

Another issue, specifically in African communities, is the taboo surrounding certain health topics, like cancer. This taboo around certain health topics, like cancer, within African communities further exacerbates the challenges they face in accessing adequate healthcare. Due to cultural stigmas and fear of judgment, individuals may delay seeking medical help until their conditions have progressed to advanced stages, reducing their chances of successful treatment. Additionally, cultural beliefs and practices surrounding illness may conflict with Western medical approaches, leading to further barriers in healthcare delivery.

While there is cultural taboo in homes, there is also medical mistrust within African American communities due to deep historical roots that intertwine with the legacy of slavery and systemic racism. Historians have often overlooked the role of medical institutions in perpetuating oppression, focusing instead on other aspects of slavery's impact. However, the relationship between medicine and slavery cannot be ignored, as evidenced by the Tuskegee Syphilis Experiment and other instances of medical exploitation. The Tuskegee study, in particular, exposed broader patterns of racism within medical research, revealing how African Americans have been disproportionately targeted and mistreated. This

**WEEKLY QUESTION:** Structural racism is imbedded in the payment landscape through exclusionary practices and exacerbates existing health disparities driven by medical racism, bias, mistreatment, and marginalization. Disparities will continue to widen without structural shifts in the payment landscape. What must we do to rectify this?

history of exploitation has led to an enduring distrust of the healthcare system among African Americans, impacting their willingness to participate in medical studies and seek necessary care. Efforts to address this issue must involve acknowledging past abuses, rebuilding trust, and amplifying the voices of those who have been marginalized. Only through these actions can we begin to dismantle the systemic barriers that perpetuate medical mistrust and ensure equitable access to healthcare for all communities.

The pressing issues confronting African immigrant communities exist but, hopefully, are no longer concealed. Language barriers, exacerbated by the multitude of languages spoken across Africa, hinder effective communication in clinical settings, while cultural taboos surrounding certain health topics further impede access to necessary care. The historical legacy of medical exploitation, exemplified by atrocities such as the Tuskegee Syphilis Experiment, has fostered deep-seated mistrust within African American communities, perpetuating disparities in healthcare access and outcomes. To break this cycle of silence and inequity, we must prioritize efforts to provide linguistic support, challenge cultural stigmas, and address historical injustices, amplifying the voices of immigrant communities and forging a path toward a healthcare system that is truly inclusive and just for all.

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## EVENTS THIS WEEK

Speaker [Shanise Owens, PhD](#), University of Washington (UW), School of Public Health (SPH) within the Department of Health Systems and Population Health:

*Beyond Redlines: Unveiling the Intersection of Structural Racism, Wealth, and Health Across Generations*

Wednesday

12:00PM

ZOOM

**Prize from Emails**

Announced every Friday!