ABSTRACT

Title of Dissertation: THE REVERBERATING INFLUENCE OF HISTORICAL TRAUMA ON THE HEALTH OF AFRICAN AMERICANS IN BALTIMORE CITY

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History details that Black residents of Baltimore City experienced historical trauma over multiple generations of segregation, forced displacement, physical and psychological violence, economic deprivation, and cultural loss. The Black community in Baltimore City has battled policies and practices that created many barriers to equality in education, housing, health care access, and delivery. In the past century, it would appear that Blacks have advanced to overcome social, political, and economic. However, a deeper look at these advances reveals a fractured Black community. The effects from centuries of trauma are present in the Black family, community, and culture. This research presents a qualitative analysis of how living during segregation and integration policy transition influenced the health of Blacks in Baltimore City.

Using phenomenological research to understand the lived experiences of the research participants, nine themes emerged from in depth interviews. The themes revealed that segregation, inequality, and systemic racism are prevalent in the trauma

experiences of Black Baltimore residents, even to the present day. Four themes emerged from the negative influence of trauma, while an additional five themes revealed resilience protective factors that Blacks used to counter the trauma of segregation and systemic racism. Michelle Sotero's (2006) Conceptual Model of Historical Trauma is modified with specificity of the history, trauma, lived experiences, and trauma response of African Americans that live in Baltimore City.

Recommendations include adding race-based historical trauma to public health research and interventions. This research suggests that future research should include the phenomenon of segregation's influence on Black Baltimore residents' health to understand root causes of health disparities.

THE REVERBERATING INFLUENCE OF HISTORICAL TRAUMA ON THE HEALTH OF AFRICAN AMERICANS IN BALTIMORE CITY

by

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DEDICATION

To my family, your sacrifices in sharing me with my research and passion show how much you love and support me. To my wife, Sharhonda Henderson, I appreciate you encouraging me when the road seemed rough. To my sons, Hakeem and Nazeeh, you are awesome and give me a reason to work so hard. To my daughter, Markia, your smile and laughter are always refreshing. To Darius, you inspire me to keep working hard to overcome life's challenges.

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Background

In 2006, social scientist Sotero, developed the "Conceptual Model of Historical Trauma." She asserted that intergenerational transfers of trauma occur in individuals and communities enduring trauma. Trauma through oppression is more likely to cause social, mental, physical, and emotional symptoms of stress. History details that Blacks in Baltimore City experienced historical trauma over multiple generations of segregation, forced displacement, physical and psychological violence, economic deprivation, and cultural dispossession.

The Black community in Baltimore City has battled policies and practices that created many barriers to equality in education, housing, health care access, and delivery. Laveist (1993) states, research "has established that segregated Black urban communities are highly toxic environments, which are not as well served by city services, lack adequate medical services, and have higher housing costs, thus leading to an inflated cost of living" (p. 80). The study also states, "Segregation can be viewed primarily as an easily quantifiable summary measure of differences in the material living conditions of Black and White Americans" (Laveist, 1993, p. 80).

African history began many millennia before Africans arrived in America. From the 1619 to present, Africans in America have endured unspeakable pressures from institutions and systems that promoted chattel slavery, racism, discrimination, and exclusion. This unique group of Americans has historically been referred to as Negroes, Blacks, and African Americans. In the past century, it would appear that Blacks have

advanced to overcome social, political, and economic. However, a deeper look at these advances reveals a fractured Black community. The effects from centuries of trauma are present in the Black family, community, and culture. This analysis seeks to understand how living during segregation and integration policy transition influenced the health of Blacks in Baltimore City—social, economic, mental, and physical.

National policies of oppression. National policies of oppression set the stage for African American displacement, mostly from the South during the Great Migration, seeking to escape racial violence and communities that limited their advancement. There was no smooth ending to slavery that established Negro freedom. Abraham Lincoln, on January 1, 1863, declared that slaves of all persons in rebellion were "henceforth and forever free" (Dubois, 1998, p. 83). This quasi-freedom should have been jubilation, but subsequent policies and practices added trauma to previous years of trauma and stress. In his text, Sick from Freedom, Downs (2012) eloquently described freedom from slavery as a "process that was actually emancipation" (p. 23). Slavery did not suddenly end and give African Americans acceptance in society. In turn, African Americans began to seek new communities to settle in and call home (Dubois, 1998).

Between 1863 and 1865, during the final years of the Civil War "ex-slaves were constantly on the run; this sudden and severe dislocation often gave rise to illness" (Downs, 2012, p. 23). Neither Congress nor the president considered the legal, political, or social consequences of emancipation, "paying very little, if any, attention to the human consequences of emancipation" (Downs, 2012, p. 22). The institution of slavery ended

with the ratification of the Thirteenth Amendment on December 6, 1865 (Egerton, 2014); however, the trauma of slavery carried forward with the passing of time.

After two hundred plus years of slavery, Negroes were confronted with citizenship limbo after pseudo freedom from the institution of slavery (Egerton, 2014). The ending of slavery began a new era of trauma that was specific to being Negro. African Americans were unwelcome in neither the South nor the North. Despite the outcry from "a minority of the North that hated slavery with a perfect hatred," the North was "in favor of Negro slavery, so long as this did not interfere with Northern moneymaking" (Dubois, 1998, p. 83). Similarly, the South's attitude toward slavery can be summed up in an 1854 South Carolina grand jury declaration "that Federal law abolishing the slave trade is a public grievance" and the Negro slave trade "has been and would be, if reestablished, a blessing to the American people and a benefit to the African himself" (Dubois, 1998, p. 50). In short, White Southerners desired to "regain control over Blacks" and White Northerners wanted to keep Blacks from overrunning their communities (Leary, 2005).

Emancipation from slavery was now the law of the land. In 1865, slavery and segregation in transportation and education took on a new form through legislation. Newly freed Blacks sought to integrate themselves into the United States, which once held them in bondage. Egerton (2014) research disclosed facts that southern states, specifically Mississippi and Texas, "refused to ratify the Thirteenth Amendment, and most defeated states, including South Carolina, enacted a set of laws dubbed the Black Codes, which severely restricted the political rights of African Americans" (p.18).

Egerton also found, Black Codes were laws passed, in the eyes of White legislators, to control "the savage passions of people intoxicated with so called freedom" and to reestablish the "proper subordination of the laboring class" (p. 178). Egerton's analysis of the research revealed, additional restrictions came through state legislators unanimously voting down ordinances granting "the Negro rights of property and person, [and] to sue or be sued" (p. 178). Several examples of restrictive ordinances towards Negroes, uncovered by Egerton, included legislation in Texas that established fines of one dollar for "failing to obey reasonable orders, neglect of duty, leaving home without permission, impudence, [and] swearing [at] or [using] indecent language" (p. 178) to an employer. Basic rights were stripped. Persons of African ancestry were banned from owning firearms without a license, could not testify in court against White men, and punished for failure to show proper deference to Whites. Egerton explained, these restrictions and overreach came from President Andrew Johnson, "his governors and their assemblies" (p. 181). On July 9, 1868, Black Codes were nullified with the ratification of the 14th Amendment in the Constitution, "the amendment restricted states from depriving 'any person of life, liberty, or property, without due process of law' or denying 'to any person within its jurisdiction the equal protections of the laws'" (Egerton, 2014, p. 215). The trauma specific to the Negro during Reconstruction did not stop with the nullification of Black Codes.

The ending of slavery and Black Codes set the stage for additional forms of resistance to Negro equality. Leary (2005) summarized, resistance came in the form of Peonage and Jim Crow. Leary pointed out, while the institution of Peonage was not only

debt slavery on the farms and plantations; it was also being practiced in the legal system under the name "Convict Leasing." Historical research by Leary revealed, the roots of convict leasing date back to Alabama in 1846, but "spread throughout the ex-slave states soon after the war" (p. 85). Leary further describes that convict leasing was not originally designated for Blacks; however, the success of the system replaced other forms of hard labor for convicts, until 1928. Leary penned, after the legality of "separate but equal" was held in the 1896 ruling of the case Plessy v. Ferguson new life was born into segregation policies in the south. Leary restated these policies took on the name Jim Crow laws. Jim Crow laws continued for almost sixty years, from 1896 until the passage of the 1954 Brown v. Board of Education ruling that no longer allowed restrictive legislation based on race (Leary, 2005). After centuries of slavery and sixty years of Jim Crow, trauma for African Americans was embedded in the core of American society.

National housing policies supported the systems of segregation and discrimination at the federal legislative and judicial levels of policy. According to the research of Pietila (2010), in 1917, "covenants became the new instrument of race separation after the U.S. Supreme Court" (p. 48) banned racial zoning laws, including racial zoning laws, which were passed in Baltimore City on December 20, 1910. Afterwards, racial covenants barred homeowners from selling to various groups and races of people, including Jews and Blacks (Pietila, 2010).

Pietila (2010) described the federal government's involvement in "promoting racial segregation and fostering economic discrimination" (p. 61) through two specific policies "practiced by the lending and real estate industries" (p. 61). Pietila presented the

process involved color-coding a residential map that classified neighborhoods by four colors: green, blue, yellow, and red. Red colored communities, according to Pietila's research, were deemed "dangerous" and "hazardous," creating the term "redlining" (p. 62). Extensive research by Pietila revealed, from 1933 to the mid 1960s these secret maps were used to create a two tiered lending industry. Pietila's research also discovered that, in Baltimore City "all Black neighborhoods were redlined," (p. 72) except Wilson Park and Morgan Park. The maps set the standards for appraisals and lending based on uniform criteria of "racial, religious, and class concentrations in various cities" (Pietila, 2010, p. 64).

Subsequently, the Federal Housing Administration (FHA) became the "government's leading practitioner of ethnic, religious, and economic discrimination" (p. 72) with its practices of promoting homeownership in new neighborhoods "so long as they were White and not ethically or economically diverse" (Pietila, 2010, p. 73). Professor Amy E. Hiller, of the University of Pennsylvania, summarized the work of the FHA as doing "more to institutionalize redlining than any other agency by categorizing mortgages according to their risk levels and encouraging private lenders who wanted insurance for their mortgages to do the same," according to Pietila (2010, p. 73). Discrimination and segregation in housing added to existing decades and centuries of trauma that have created unresolved fear and grief. In addition, discrimination and segregation have created unequal distribution of resources in education, employment, and community development. The desire of Blacks to realize equality is rooted in the stability of health, wealth, and safe housing. Segregation inherently creates fear and trauma from

resulting physical and psychological violence, institutional racism, restrictive systems and practices, and disinvestment.

National policies of integration and civil rights. A fair historical account acknowledges the opportunities created for African Americans following the passage of key laws between 1954 and 1972. First, as shared by Baum (2010), the aforementioned Brown v. Board of Education integrated public schools in 1954. Baum (2010) further concluded, the Civil Rights Act of 1964 passed into law forbidding many forms of discrimination, specifically, employment discrimination on the basis of race. In 1965, one hundred years after the Civil War ended, helping to emancipate African Americans, the Voting Rights Act was passed (Pietila, 2010). Voting was to be the great equalizer for Blacks to build the political strength and will to cause change from the policy level.

As late as the 1960s, Blacks were limited in opportunities for housing and forced to live in race-based segregated neighborhoods. Pietila (2010) concluded, residential racial discrimination continued despite rulings, such as Buchanan v. Worley (1917) and Shelley v. Kraemer (1948), to end the discrimination by the Supreme Court. Separately, urban uprisings and the assassination of Martin Luther King Jr. prompted Congress to pass the Fair Housing Act, in 1968, prohibiting discrimination concerning the sale, rental and financing of housing based on race, religion, national origin and sex (Pietila, 2010). These integration policies were a pivotal point in segregation and integration policy change in the United States.

The aforementioned policies enacted at the federal level were not immediately implemented at the local levels. As the process of implementation took years, the

opportunities for inclusion were not distributed to all African Americans in all communities. Many African Americans that lived in segregated communities experienced persisting inequality while policy changes were taking effect in their cities. As a result, these policies and laws did not end historical trauma for the disenfranchised African Americans and all open historical wounds did not heal.

Black migration to Baltimore City. Negroes experienced unspeakable trauma in the most racist communities of the South. Negroes read, heard, and witnessed incidents of lynching without cause and collective punishment from White supremacist mob violence inflicted passed in the South during the period of Reconstruction, 1860-1880 (Dubois, 1998). Broussard (2011) surmised that, "the grisly horror of mob violence and lynching . . . reinforced white supremacy in the American South, the avowed purpose of which was to crush or stifle the aspirations of African Americans" (p. 72). Dubois (1998) text described, in South Carolina and other states, "any white man, whether an officer or not, could arrest a Negro" (p. 172). Florida prohibited Negroes from arming himself to protect his family. The law in Florida stated, it was "unlawful for any Negro, mulatto, or person of color to own, use, or keep in possession or under control any bowie knife, dirk, sword, firearms, or ammunition of any kind" (Dubois, 1998, p. 172). Once a practice used for punishment of Blacks and Whites, "lynching became a weapon used chiefly against African Americans: from 1886 to 1935, 3,282 Blacks were lynched, against 903 Whites" (Pietila, 2010, p. 8). According to the Equal Justice Initiative (2015), 4075 lynchings of Black people occurred between 1877 and 1959. The height of racial agitation, unemployment, racism, and fear "sparked race riots in twenty cities during the 'Red

Summer'" (p. 45) of 1919, which ended in thriving Black communities burned to the ground, murder of both races although disproportionately Black, and mob violence. Black economic district cities like Wilmington, Springfield, Atlanta, St. Louis, Rosewood, and Tulsa were destroyed or nearly destroyed by white supremacist racial mobs.

Seeking to escape violence and limited opportunities in the Deep South, Negroes moved en masse, after 1910, to more Northern communities that would offer economic, education, and residential opportunities. Baltimore City was a city that appealed to Black migrants. In 1924, Johns Hopkins University professor and author, William Travis Howard, M.D., described the population of Negro migrants having a strong attraction to Baltimore City and moving from other parts of Maryland and the states of Virginia, North Carolina, and Georgia (1924). Seeking better lives involved migration, but trauma that affects the psyche does not leave when a person moves. The trauma carried over from the previous communities and was compounded in Baltimore. Negro migrants settled in Baltimore City and found that Baltimore was also riddled with racism, discrimination, and inequality.

Maryland was a slave state, Baum's (2010) research revealed, with the largest free Black population of any state: seventy thousand in 1850 and somewhat fewer than the ninety thousand slaves. Baltimore City was not an established city until 1851, although Baltimore City became a part of Baltimore County in 1797 (Baum, 2010). Baltimore City's free Black population was over twenty five thousand at that point (Wheeler, 1925).

According to Howard (1924), before 1790, "there are no reliable figures for the negro population of Baltimore" (p. 184). Howard also stated, Negroes migrated to

Baltimore and accompanied their slave masters during the 18th and 19th centuries. Howard concluded, the demand for laborers and domestic servants drove the initial settlement of Negroes in Baltimore. Public health research by Howard revealed, forced migration to Baltimore led the growth of the Negro population, "since the birth-rate of the negro in Baltimore has probably never approached" (p. 184) the death rate. Howard (1924) surmises that, "conditions in Baltimore were not favorable to negro slavery" (p. 185). This did not provide any opportunities for creating wealth or building a strong Black community. Just the opposite was documented. Baum's (2010) research shows that, "of free Black populations in fourteen major American cities in 1850, Baltimore's was least likely to own property" (Baum, 2010, p. 24). In 1910, only 0.1 percent of the African-American population owned real estate, a total of 933 Blacks (Pietila, 2010).

The Black population, as described by Roberts (2009), ballooned in Baltimore after the Maryland legislature enacted emancipation by constitutional referendum in November 1864. At this time, Roberts reiterated, Maryland had a Black population of over two hundred thousand, in which more than half were free. Prior to emancipation, many Black Baltimoreans were already staking out a position in the free society. With opportunities for labor, free Blacks came to Baltimore seeking employment and housing. In 1904, this large influx of residents led the Maryland Bureau of Industrial Statistics to conclude that Black Baltimoreans, "unless properly directed industrially and educationally, will prove a menace in many respects" (Roberts, 2009, p. 9).

Blacks came to Baltimore with skill, desire, and thirst for opportunity. One statistic reveals the intellect and literacy among Blacks in Baltimore. For example,

Roberts (2009) wrote, between 1856 and 1900, “thirty-one newspapers were established in Baltimore” (p. 10). Accordingly, Roberts uncovered, in 1904, “fewer than 17 percent could neither read nor write” (p. 10). Blacks in Baltimore had access to national publications like the Chicago Defender, the Pittsburgh Courier, and the New York Age, alongside weekly local publications—Baltimore Ledger and Afro-American. Politically, Roberts concluded, Blacks in Baltimore established political will with support of the Republican Party in the 1870s and the ability to hold back voting reform, which would have required Blacks to prove their ability and preparedness to exercise the right to vote. With the assistance of European immigrants fearing their own disenfranchisement, collectively they were able to maintain their previously granted voting rights (Roberts, 2009). Blacks in Baltimore came with a promise of a better life and at every corner had to prove they deserved to enjoy the life they worked hard to build.

Baum (2010) stated, “a sizable Black population played an important role in the development of Baltimore’s economy and shaped its political culture” (p. 20). Blacks provided a labor force that supported the growing city. Baum shared in his research, “free Black laborers were an integral part of the city’s commercial economy—moving goods as stevedores, warehousemen, and haulers, working in the construction trades, and building ships, with a near-monopoly of ship caulking” (Baum, 2010, p. 21). Baltimore City was built and established with Black labor as integral part of the wealth and infrastructure that exists today.

Black Baltimore City employment and business infrastructure. The opportunity to build wealth was limited for Blacks in Baltimore. Employment

opportunities existed, but were limited. In turn, wealth through property ownership was almost non-existent. Up to the Civil War, some Blacks in Baltimore had labor employment opportunities and freedom for over a decade (Howard, 1924). After the Civil War, the freedman sought property and income, eagerly, according to W.E.B. Dubois (1998). During the nineteenth century, Baltimore Blacks did not have or develop their own bank (Baum, 2010). At the federal level, on March 3, 1865, the Freedmen's Savings and Trust Company was incorporated as a bank for freedmen, from roots of a military savings bank. The banks were located in Norfolk, Virginia, Beaufort, South Carolina, and along with a general bank for "Negroes at New Orleans in 1864" (Dubois, 1998, p. 599). Dubois research uncovered deposits in the Freedman's Bank once reach $57,000,000. Despite this success, Dubois stated, "the most promising effort to raise the financial status of the best and thriftiest of Negroes went down in the maelstrom of national corruption" (p. 600). Dubois penned, the Freedman Bank closed in June 1874, with liquidated assets that "paid depositors 30% and charged for their services $318,753" (p. 600). In response to the traumatic effect this had, Dubois (1998) expressed, "It is difficult to over-estimate the psychological effect of this failure upon Negro thrift" (p. 600). The infrastructure of economic equality, employment availability, home ownership, and wealth were non-existent amongst the average Black Baltimorean. The institutions that were needed to make loans and establish wealth were limited in Baltimore. These economic inadequacies weakened the Black Baltimore communities even further, as they worked toward equality in all aspects of American life.

In the Black business community, wealth creation was also stifled by centuries of restricted economic opportunities. One such example is the lack of financial and professional infrastructure needed to build viable businesses. Hammond (2002) divulged, in order for organizations to grow during industrialization, Certified Public Accountants (CPAs) were required to "strengthen investor confidence, enabling companies to raise the capital needed for the mammoth corporations that emerged in the decades after the Civil War" (p. 3). A CPA, according to Hammond, is "authorized to provide audits—external reviews of an organizations accounting records—certifying that these records comply with accounting regulations" (p. 3). Credibility from certification by a CPA was necessary for loans, investors, and capital formation. A businesses financial records certification by a CPA formed the foundation for integrity and credibility that the financial statements of a business could be trusted. African Americans were not allowed to practice as CPAs. Hammond research showed lack of opportunity was the greatest barrier for African American CPAs to help the African American community manage its money. This "resulted in few African American owned businesses large enough to require the services of a CPA" (Hammond, 2002, p. 22). The struggle to integrate the CPA profession represents the systemic issues of institutional racism and discrimination that limited opportunities for African American professionals.

The deficit of not having African American Certified Public Accountants that understood the African American culture and community created a major void in building sustainable wealth in Baltimore, and many other African American communities. Around the same time of national integration policies, African American professionals were

establishing footholds in professions that would benefit the larger African American community. It wasn't until 1957 that Maryland received its first African American CPA, Benjamin King (Hammond, 2002). Essentially, economic advantage and opportunity limited to White Americans and unavailable to African Americans aided in the fractured economic health of African American Baltimore communities.

Baltimore City segregated public health system. Due to Baltimore's rapid growth in population and politically embedded medical community, many medical schools and ill prepared practitioners "settled in Baltimore" in the late nineteenth century (Howard, 1924, p. 14). In 1924, author, physician, and historian, Howard penned that this group of new settlers in Baltimore included "a considerable group of physicians deficient not only in the knowledge of physiology and pathology and the natural history of disease, but in modern methods of diagnosis and particularly in the principles underlying protective vaccination and serum therapy, defects which have left a prey to the guile of pseudo scientific manufacturers of drugs and biological products" (p. 14). The medical community, Howard surmised, also suffered from "one of the most striking evils of medical education in Baltimore during this period" (p. 14) which was "a lack of practical teaching in obstetrics and in infant and child feeding" (p.14). Howard (1924) explained that schools "founded by physicians ambitious for fees" (p. 13) trained many of these physicians. This ill prepared medical workforce practiced in and around Baltimore communities, often times without the support of the medical societies.

Several schools in Baltimore have stood the test of time. In 1812, the University of Maryland was one such school that focused on public health training and was

"conducted with dignity and due sense of responsibility to the profession and to the community" (Howard, 1924, p. 12). Howard stated Johns Hopkins University was considered "the most profoundly important beneficial influence upon medicine in Baltimore" (p. 14). Historical accounts by Howard revealed Johns Hopkins University opened in 1876, the hospital in 1889, and the medical school in 1893. In 1916 Johns Hopkins University established the School of Hygiene and Public Health from a grant received by the Rockefeller Foundation (Greer & Health, n.d.). Johns Hopkins' training of physicians and nurses had a major impact on Baltimore City public health as "a beneficial effect upon nursing in the Baltimore hospitals and dispensaries" (Howard, 1924, p. 16). Johns Hopkins University was considered the best school that produced the best physicians with the highest standards. Howard (1924) wrote about Johns Hopkins University's influence as a boost to the confidence in the medical profession of Baltimore, "which always stood high [and], has outstripped all others" (p. 16).

The Baltimore City Health Department has had a very intimate relationship with the two major local health educational institutions, the University of Maryland and Johns Hopkins Hospital, since their inception. While these relationships were instrumental in the development of the Baltimore City health infrastructure, these relationships left little room for Black physicians to address their grievances of discrimination and segregation from being an acknowledged integral part of the health care system. An example of the relationship between the Baltimore City Health Department and Johns Hopkins Hospital is seen in the archives of the Commissioner of Health, Dr. Huntington Williams, on May 1, 1934. In a radio broadcast from station WFBR, Dr. Williams singled out the efforts of

Johns Hopkins Hospital for the "very large part in the public health picture of our city" (para. 1) that they played and how Johns Hopkins Hospital "does nearly 25 per cent of the free work of Baltimore's general hospitals and clinics, and 36 per cent of the free work done by all the private institutions in the city" (Williams, 1934, para. 5). In 1932, "the Baltimore City Health Department and the School of Hygiene and Public Health established the Eastern Health District, a one square mile model research and training area in the neighborhood surrounding the Hopkins medical campus" ("History of JHMI in East Baltimore," n.d., para. 1). Eales (1932) described the demographic in the one square mile as Blacks and poor immigrants from Europe. The Eastern Health District was research was confined to the original area of Wards 6 and 7, since its inception in 1932 (Fales, 1951). According to the Baltimore City Archives, Baltimore City Ward Map of 1918-Present (2017), Wards 6 and 7 have boundaries at on the south of East Baltimore Street, North Caroline Street to the west, Chase Street on the northern side, and Northeast Avenue which turns into Edison Highway on the eastern most boundary. After Dr. Williams gave an exhaustive breakdown of the services and needs of Johns Hopkins Hospital, he proceeded to lobby the listeners by asking for "every penny of $200,000 now sought by the Johns Hopkins Hospital" (Williams, 1934, para. 11). In 1938, continued efforts were made by the Commissioner and the School of Hygiene and Public Health (Johns Hopkins University) to convince "the city government to allocate $125,000 for a syphilis control program in Baltimore, including a syphilis clinic in the Eastern Health District" ("History of JHMI in East Baltimore," n.d., para. 2). The overreliance on Johns

Hopkins University led to a public private partnership that limited equal opportunity for all of the city public health practitioners.

While interrelationships with Johns Hopkins Hospital and University of Maryland were taking root, Provident Hospital, the "colored hospital" was not given the same prominence in the annual reports (Walden, 1949). Provident Hospital was first established as a project in 1894 (Shepperd, 1961). This project allowed physicians to practice medicine in the same facility. However, discrimination was the aim of the separate facilities, as it fostered discrimination via separate but unequal.

Unlike Johns Hopkins Hospital and University of Maryland, physicians from Provident Hospital were not given consulting or advisory opportunities in the Baltimore City Health Department. Oddly enough, a founder of the Provident Hospital, Dr. Cargill, became the "first Negro to win a seat on the City Council of Baltimore" (Shepperd, 1961, p. 627). Dr. Cargill was elected to the Baltimore City Council on November 5, 1895 to represent the predominantly Black district, the 11th Ward (Clark v. Maryland, 1897). "The medical profession would not accept the Colored doctors, but the politicians would" (Shepperd, 1961, p. 627). Negro doctors were not respected in the Baltimore City Health Department.

The "One Hundred and Twenty-Fifth Annual Report" (1939) details additional exclusivity in the relationships between the Baltimore City Health Department, the University of Maryland, and Johns Hopkins with all consultants and advisory committee members coming from these institutions. Their consultative relationships helped in decision-making, developing policy, and public health implementation throughout

Baltimore City. As the relationship between the Baltimore City Health Department, Johns Hopkins Hospital, and Johns Hopkins University developed the lines of demarcation became less evident.

Negro physicians came to Baltimore seeking career advancement and education. The assumed opportunity to study at a highly regarded institution, Johns Hopkins University, was a major attraction for Negro physicians seeking additional education in public health and specialized training. However, Shepperd (1961) shared, Negro physicians were denied many opportunities for advancement and education opportunities in Johns Hopkins University, simply because they were Negroes. Shepperd also concluded the combination of denial from local and state medical societies, along with not being associated with the "best physicians with the highest standards" (p. 627) strained the Negro physicians' ability to be added to the public health history and infrastructure in Baltimore City. Negro physicians were consistently faced with the "struggle for dignity and recognition and status" (Shepperd, 1961, p. 627).

While Black residents were battling to gain access to better communities and housing, Black physicians were battling the medical community in Baltimore City. Black physicians were drawn to Baltimore because of "the large colored population and the Johns Hopkins Medical School and Hospital which opened in 1889" (Shepperd, 1961, p. 627). By 1967, the health issues plaguing the Black community were more rampant and urgent. The National Medical Association, Swan (1967) wrote, called for more Black physicians in the inner city. Swan penned, "The health needs of the poor are real" (p. 378). His plea to the humanity of Black physicians highlights the needs to combat the

separate treatment amongst citizens based on race and income. Swan (1967) made the case, Blacks in the inner city "as well as the more fortunate members of our society, are entitled to competent, personalized, and dignified medical service." Prior to this call for more urban physicians, Negro physicians found that "the Negro population was trained to go to hospitals for free care, and the Hopkins hospital refused to admit colored physicians to the staff" (Shepperd, 1961, p. 627). Hospitals in Baltimore discriminated against Negro physicians.

Negro health professionals found strength in numbers by forming the Maryland Medical, Dental and Pharmaceutical Association in 1905 (Shepperd, 1961). The community formed by Negro physicians worked hard to be accepted, but found institutions plagued with discrimination forced decades of self-reliance before integration. An analysis of the American Medical Association found that "formal segregation of the medical profession into the White American Medical Association (AMA) and the Black National Medical Association (NMA) ended during the 1960s" (Bates & Edwards, 2013, p. 79).

The work of the Negro physician was established in the community through professional organization and public health. Shepperd (1961) discovered, in 1905, Negro physicians in Baltimore organized to form "The Maryland Medical, Dental, and Pharmaceutical Association" (p. 627). Over the next sixty years, Negro physicians would build a presence in Baltimore that demanded recognition and acceptance in the medical community. Not only did Negro physicians begin with volunteering in schools, but also they found issues in the Negro community and tackled them with strategy. Shepperd

unmasked, in 1915, Negro physicians met at Bethel Church, 1300 Druid Hill Avenue, to commemorate the "National Negro Health Week." Shepperd research acknowledges Negro physicians in Baltimore were meeting well before this time, in 1905. With the presence of the President of Tuskegee Institute, Booker T. Washington, and W.E.B DuBois, sociologist and orator, making appearances at different meetings in Baltimore the White community could not "turn a deaf ear to these organizations of colored citizens fighting for better health conditions" in Baltimore City (Shepperd, 1961, p. 629).

During the same time, Negro physicians were singled out and were not recognized as a community resource. In the 2008 apology to Black physicians, the American Medical Association acknowledged many of their policies of racism and segregation. The American Medical News article "established that the apology was intended to apologize for the organization's pre-1968 shortfalls: its history of excluding Black physicians from membership, for listing Black doctors as 'colored' in its national physician directory for decades, and for failing to speak against federal funding of segregated hospitals and in favor of civil rights legislation" (Bates & Edwards, 2013, p. 82). By identifying physicians as "colored" they were singled out from the collective body of physicians and linked back to the community that was incompetent, because of their race. A probe into the history of health progress in Maryland states, " . . . the leading White doctors did not concede that there was such a person as a qualified Negro physician" (Shepperd, 1961, p. 627). Seeking a qualified physician now had a new qualifier of race. These policies that created stigma and distrust within the Black community have been difficult to erase in the psyche of Black and White patients.

With the accumulation of misinformation and manufactured reports of Blacks being more susceptible to tuberculosis, Roberts (2009) reported, the Maryland General Assembly made appropriations for Henryton State Sanatorium for Colored Consumptives. According to Roberts' research, the construction of Henryton followed Virginia's Piedmont Sanatorium in 1918, the nation's first state facility for Black consumptives. Roberts stated, Henryton Sanatorium opened on September 20, 1923, with eighty-eight beds. The land for Henryton was located in Carroll County and appropriations were provided in 1918, Roberts' explained. The General Assembly did not consult Black physicians, but waited to seek support in lobbying the community for backing the segregated sanatorium. The Black community acquiesced to the idea of an exclusionary institution. The administration of Henryton promised the Black community inclusion in decision-making and care by Black physicians. The promise was never fulfilled. A year after Henryton opened, in 1924, Roberts explicated, Black physicians sought answers for their "exclusion from the state's medical community and officials' failure to make better user of Black medical talent" (p. 195). Henryton went through many scandals of abuse, maltreatment, poor medical practices, unsafe food preparation, and mismanagement, all at the hands of White leadership. The decline of tuberculosis had begun in 1922 with no help from Henryton. Black community members had another example that proved the inept ability of White leaders to establish, execute, or maintain public health strategies that were beneficial to the Black community.

Although the Baltimore City Health Department did not have consultants from the Provident Hospital, a Negro physician, Dr. Maceo Williams, served as the "director of

one of the four health Districts of the city" (Shepperd, 1961, p. 629). In 1939, Dr. Maceo Williams was the first Black director of a Baltimore City Health Center. Rasmussen (2011) reported, before Dr. Williams was appointed director of the Druid Hill Health Center, he had a private practice in his home. Rasmussen revealed Dr. Williams' daughter, Dr. Eugenia W. Collier, later described the environment Dr. Williams practiced in West Baltimore as being, "in racist Baltimore" (para. 8). Having lived in Baltimore City with her father, she had first hand experience in his struggles to keep a thriving medical practice. Her recollection, according to Rasmussen's research was, "In private practice he made very little money" since "his patients had hardly any money as the Great Depression approached and struck" (para. 8). Dr. Maceo Williams practiced medicine and public health in the Negro community. So much so that his daughter recalls "times when he not only did not get paid but actually left money for the patient's medicine" (Rasmussen, 2011, para. 9). In 1939, Dr. Maceo Williams left private practice and was appointed to the segregated "Druid Health District," located at 1313 Druid Hill Avenue, and was manned by a "dozen colored physicians" in the tuberculosis and venereal disease clinics in the building (Shepperd, 1961, p. 629).

Disenfranchisement of the Negro physician created renewed energies to seek excellence in practice and competence in training. Walden (1949) wrote, the Journal of the National Medical Association described Provident Hospital, as "fast becoming one of the most efficient voluntary hospitals of its size for the care of colored patients" (p. 42). Provident Hospital had all of the credentials including the status as an institution "registered and approved by the American Medical Association for internships,

residences, and fellowships," approval from the "American College of Surgeons as meeting its minimum requirement for general standardization," and "having a School of Nursing accredited by the State Board of nurse examiners" (Walden, 1949, p. 42). These accomplishments stood on their own under the limited resources availed to them; notwithstanding, Negro physicians had to work even harder to establish themselves as a resource in the Negro community.

Baltimore City segregated housing and illness. Housing has always been a contentious issue of where Blacks lived and how they lived. Howard (1924) stated that in year 1863 Negroes were always associated with "poor housing conditions" (p. 30). Housing for free Negroes was not always comparatively better than the slave Negro. As a consequence, housing had a major impact on the health and mortality of Negroes. Epidemiological data shows that "for a certain period the death rate was greatest" among free Negroes (Howard, 1924, p. 30). This was directly associated with the conditions in which they lived.

Blacks in Baltimore were the first in the nation to be restricted from buying homes in segregated communities, which influenced school composition and neighborhood integration. On December 20, 1910, Baltimore Mayor J. Barry Mahool passed the nation's first racial zoning law, which was declared unconstitutional in Buchanan v. Worley in 1917 by the U.S. Supreme Court (Power, 1983). As a second layer of protection from invading Blacks, Edward Bouton pioneered the use of racially restrictive covenants in 1912 as a part of his work with the Roland Park Corporation

(Dickinson, 2014). In these covenants, Blacks would be barred from owning or purchasing housing in Roland Park, and other exclusive communities (Dickinson, 2014).

Subsequent Mayors (Mahool, Preston, and Jackson) in Baltimore City supported "legislatively mandated residential segregation" (p. 136) and made their legality part of their political platforms, including Mayors Barry Mahool, James Preston, and Howard Jackson (Roberts, 2009). Mayor James Preston, Power (1983) shared, was a proponent of segregation ordinances and "conceded that it failed to protect the public health of the white middle-class" (p. 307). In 1934, according to Power, a Committee for Segregation, established by Mayor Howard Jackson, recommended that the "Blacks areas near the downtown commercial district" be replaced with "White housing or industry" (p. 317). The report further set the stage for redlining policies that followed and segregated public housing (Power, 1983). The leaders chose to use the stigma and fear of the Black constituency for their political gain and legislative records. Their leadership, or lack there of, continued and created segregation policies that continued beyond their tenure into the twentieth century.

Negro communities experienced overcrowding from segregation and discrimination. In 1910, the United States census reported that in Baltimore "there were 101,905 dwellings to 118,851 families and a population of 558,485" (Howard, 1924, p. 31). According to Howard's (1924) research into Baltimore City's housing, "overcrowding did not occur for any large section of the population, unlike certain sections and among certain race stocks" (p. 31). Negroes were forced to reside in communities based on race alone. The fear of living with Blacks created a community of

only Blacks. The limited opportunity to move and settle in new communities created overcrowding as Negro migrants settled with family and friends.

Housing in the Black community was rarely in the form of home ownership or quality homes. One study in 1933, as Power (1983) pointed out, found that "Baltimore's 'blighted' areas—areas in which the physical condition of dwellings is below the standard for rehabilitation, and with substantial health and sanitary problems—were predominately populated by Blacks" (p. 317). In these communities, trash was not collected, sewers were not always connected to the City's sewer system, and few municipal services were rendered (Power, 1983). Thus, contributing to the spread of tuberculosis and disease in Negro communities. In the same communities, by the early 1900s, there were reports that every Black home experienced a case of tuberculosis, because of the association of Black skin, filthy communities, and blighted housing. Baltimore City leaders, Powers (2002) explained, also labeled these communities "slums" and made public statements that tied the blight in the communities with being inhabited by "socially . . . inferior residents" (p. 52). In this context, Powers shared, "the foreign born and the Negroes…bore the badge of social inferiority" (p. 52). The Commissioner of Labor added to the fear of living too close to "Negroes" in his definition of the "slums of the city" as "dirty back streets, especially such streets as are inhabited by a squalid and criminal population; they are low and dangerous neighborhoods" (Powers, 2002, p. 52). According to the city leader, living in the only housing made available to "Negroes" was accompanied by stigma and shame. Black skin was an indictment of poverty and criminality.

Although studies documented “blighted” communities, some Blacks lived in well-kept communities. In the 1880s, middle class working Blacks inhabited the best communities. The largest community inhabited by Blacks was known as Biddle Alley, located in the Druid Hill District. This community was considered a “Negro district” that was highly stratified, “both economically and socially” (Power, 1983, p. 295). As Blacks began to look for better living conditions and housing, White residents maintained the invisible, but recognized, racially divided lines in the city. This division allowed for continued stigmatizing of the Black communities and their residents, despite their working status or wealth.

In the late nineteenth century, free Negroes in Baltimore did not live in alley residences for financial reasons, but social. In essence, Negroes moved to open housing and often lived where other Negroes lived. This created blocks and communities centered on the race of the inhabitant. When one or two Negro families succeeded in getting a house in a “street block” Whites would often move out, and the “whole block would in a short time be inhabited by Negroes” (Howard, 1924, p. 31).

Although housing in Baltimore was not always livable, some Negroes were able to acquire adequate housing in the newly vacated homes of fleeing Whites. Some Negroes were able to gain housing that was sanitary and well built. Consequently, up to the early 1900s, many Negroes lived in “well built, large houses, on wide streets, fully the equal of those of many of their white neighbors, and in every way superior to the crowded dwellings of many of the more recent white immigrants” (Howard, 1924, p. 31).

Social considerations began as the reason for locations of home selection. Within a short time, the opportunity to live in all Baltimore communities was limited to race.

Black skin became an "icon for contagion and susceptibility" through science, politics, and environment, as recorded in Roberts' (2009) research (p. 15). Adding to the segregation efforts, Roberts concluded, in the early 1900s, Baltimore's Lower Druid Hill neighborhood, large numbers of tuberculosis infection created fear that portrayed the Negro community as "a causal factor in the development of tuberculosis, and a place whose neglect at the hands of police and public health produced both vice and disease" (p. 15). Neither trained public safety officers nor public health professionals wanted to look beyond the blackness of the residents for a solution. The saving grace for Black residents was Black public health workers that galvanized a plan to reject the stigma, fight the indictment of neglect, and create ideals of community self help and care (Roberts, 2009).

The Negro community was energized. Shepperd (1961) extolled, it was during this time, in 1915, that "local organizations banded together to rid Baltimore of the dreaded Lung Block" (p. 630). The lung block, Shepperd (1961) reported, consisted of more than "half a mile of interior streets and alleys built up on both sides with old and ram shackled tiny brick and frame houses" (p. 630). In the Lung Block, Negroes experienced disparate numbers of tuberculosis infection that was tied to the community in which they lived (Roberts, 2009). One example, Shepperd (1961) shared, was a house that "harbored five or six cases of tuberculosis" (p. 630). In this one block – all Negroes – more than fifteen hundred people lived (Shepperd, 1961).

Overcrowding and bad sanitation caught the attention of the local news. On the fourth of February, year 1925, The Baltimore Sun (February 4, 1925) associated the ills of the Negro with poor housing, as Roberts (2009) quoted, “Poorly constructed houses of bad design, and in need of repair, streets and alleys with defective drainage, congested living conditions…are some of the factors which prevent the Negro from attaining the standards of health which the white race reaches without difficulty” (p. 19). Roberts (2009) concluded the ability to remedy these ills was beyond the power of the Negro. As a result of pressure from Negro physicians, the community, civic organizations, and health officials, the block was razed in 1925 (Shepperd, 1961). While the Negro physician was denied opportunities to participate in the mainstream medical community, they fought to improve the health of Negro Baltimore communities.

The “Lung Block,” Roberts (2009) wrote, was an example of the ills created by “the politics of Jim Crow public health and medical racism” (p. 7). In his prolific text, Infectious Fear, Roberts (2009) noted, “ ‘medical racism’ was inseparable from its social and economic frame” (p. 6). Tuberculosis in Baltimore City reflected the health impact of segregation and housing market discrimination, Roberts quoted, “the social and demographic profile of tuberculosis consisted largely of the urban poor, particularly those who suffered deleterious housing and working conditions” (p. 8). Moreover, the association of tuberculosis with Black skin created fear and stigma that yielded a deeper divide in segregated Baltimore. Roberts concluded Black suffering was not a coincidence of events, but as a result of “diseases and human endeavors” occurring “in political and social context” (p. 42). In Baltimore City, between 1900 and 1915, the population of

Blacks was roughly 16 percent, while the Black share of the tuberculosis mortality ranged from 31 percent to 37 percent (Roberts, 2009). Tuberculosis disparity was part of a larger systemic racism in the narrative about Blacks and disease history.

Two ideas prevailed in the understanding why their existed such disparity. In the U.S. South, Roberts (2009) declared, White physicians and commentators "argued that Blacks were best fit for plantation labor and attributed the intense class conflicts between Blacks and Whites to racial differences" (p. 43). Roberts explained, the other idea was known as "diathetical predispositions" (p. 43). Roberts detailed, diathetical predispositions were described as "inherited anatomical characteristics that in some environments proved useful but in other made individuals vulnerable to certain diseases" (p. 43). Roberts cited, Union army physicians prescribed to the diathetical predispositions and published their beliefs that "autopsies they conducted during the Civil War revealed Blacks on average to have smaller brains, lungs, small intestines, and spleens and larger livers" (p. 45). In essence, these positions were that Blacks were more prone to develop pulmonary diseases due to their "tropical, or smaller, lung" (Roberts, 2009, p. 45). While these assertions were the tip of the iceberg, the title of physician gave credence to these nonscientific claims.

The political stakes of tuberculosis were highest in Baltimore since the legislation passed created separation in communities based on race, 1910. In the Journal of the National Medical Association, Roberts (2009) detailed, African American physician Edward Mayfield Boyle described the segregation in Baltimore as creating "a shameless Ghetto system, forbidding Negroes from acquiring real estate property among white

residents" under the guise of "separation in the interest of peace" (p. 56). In 1913, George Edmund Haynes, African American "leading advocate and investigator of the Black urban condition who studied at Fisk and at the University of Chicago before earning a doctorate at Columbia in 1912 and had served as the first director of the National Urban League," explained his understanding of the link between "ghettoization and poor health" (public health), which were "undernourishment due to low pay, bad housing, poor sanitation, ignorant fear of "night air" and lack of understanding of the dangers of infection make Negroes the prey of diseases now clearly proven preventable" (Roberts, 2009, p. 57). Segregation and its association to the health outcomes of Black Baltimore were well known around the United States.

Baltimore City leaders demeaned alley residents, Blacks, in their efforts to enact policy. In 1901, Baltimore City Health Commissioner, James Bosley ask that the alleys be paved in the since the alley residents were generally the "most careless people" (Roberts, 2009, p. 81). In 1913, Mayor James Preston asked the City Council to focus its efforts on the commercial and manufacturing district and not on paving of the alley communities. The neglect of the Black community was necessary to protect the health of the Whites.

Neglect was part of a larger plan of segregation. Mayor James Preston showed his disregard for the Black community in his description of the Buchanan v. Worley ruling, in 1917. In this ruling, the Supreme Court invalidated residential segregation ordinances in Baltimore. Mayor Preston, Roberts (2009) attested, believed that the law's purpose was "to maintain a sanitary and healthful environment for ourselves and families"

preventing the movement of the "insidious influence of slum conditions into our very midst to defile and destroy" (p. 187). Overall, residential segregation was part of an explicit public health rationale that secured public health for the white community. The leadership in Baltimore carried forth the inhumane treatment of Black people by playing on the fears of Whites in the association of disease, tuberculosis, with Blacks.

Over the next thirty to forty years, Black communities continued to experience discrimination based on race, stigma, and social association. Roberts referenced, during the 1930s and 1940s, the slums were connected to low rent districts and these conditions linked Blacks to syphilis and tuberculosis. Even after years of science connecting illness to poor living and working conditions, the Baltimore City Health Department would not relent in its indictment of Blacks for linkages to tuberculosis. A January 1954 statement, Roberts proclaimed, from Baltimore City Health Department officials "conjectured that the long term decline in tuberculosis mortality among Blacks resulted from 'natural selection' and acknowledged that some was attributable to 'improved standards of living and better habits of personal hygiene'" (p. 219). Public health was part of the rationale for political fear mongering, despite the arrival of antimicrobial cures for various diseases (Roberts, 2009). In effect, Blackness is associated with civil disorder, disease, and declining property values.

Education in Baltimore was tied to racial status. The standards of education mirrored the housing conditions of the Negro students. This level of disregard was not coincidental in the schools or elsewhere in the lives of the Negro. Separate schools were not equal schools. Baum (2010) stated, The struggles to attain an equal education was not

attained until Brown vs. Board of Education made segregated schools unconstitutional on May 14, 1954. In 1956, Baltimore City schools were integrated under Brown v. Board of Education (Baum, 2010). The fight for integration held the hope that the same educational opportunities given to Whites would be afforded to Blacks. The result was White flight from having to live and educate their children with Black children.

Housing in Baltimore was tied to racial status. The conflicting claims that Negroes lived in poor conditions created stigma and the environment for racial zoning, racially restrictive covenants, redlining, and segregated public housing. On the other hand, research shows that all Negroes did not live in squalor and slums, although many did. The stories told by political leaders were a cover for deeper rationales for segregation. The three rationales for segregation, according to Power (1983), were reducing civil disturbance, public health and spread of disease, along with maintaining white property values. The political aim to create segregated communities allowed city leaders to make Negroes the cause for the discrimination.

Many years later, racially discriminatory restrictive covenants were declared unconstitutional in Shelley vs. Kraemer in 1948 (Power, 1996). The negative long term affects on communities and culture was established. Although, Shelley v. Kraemer was a setback for segregated housing, Power (1983) extracted, “de facto segregation” persisted for the next twenty years under the auspices of “peer pressure, redlining of mortgages, and professional sanctions” (p. 322). It wasn’t until the 1968 Federal Housing Law, “which prohibited discriminatory practices by real estate brokers, builders, and lenders,” that the “dual housing market” was “dismantled” (Power, 1983, p. 322).

Baltimore City slum removal and segregation. Slums were cleared in many Black communities, but the associations of Blacks to disease and a threat to public health, illness, filth, and ignorance could not be cleared. In the conclusion of Infectious Fear, Roberts (2009) penned, "the U.S. government's plan of urban renewal (enacted largely by the Public Housing Administration and the Urban Renewal Administration) bulldozed 2,500 neighborhoods in 993 cities, a large proportion of those neighborhoods inhabited by African Americans," (p. 221) between 1949 and 1973. While this seems like a move in the right direction, an article written by Williams (1943) Baltimore City Commissioner of Health, establishes the roots of the Baltimore City Health Department aiding in slum clearance. Williams recalled, in 1939, the HABC was building a new development that happened to be across the street from one of the worst slums in the city. This slum, Williams recited, was a "small cluster of one-story brick dwellings in the general vicinity of the city jail, with a very narrow and dark passage for the inner entrance and with no outside toilets nor even any inside running water" (para. 2). Without permission or legislation the Baltimore City Health Department demolished the slum (Williams, 1943). Slum removal aided in removing some dilapidated housing, but had no plan to restore the dignity to those that once lived there. Hence, slum removal helped clear the very condition segregation helped create by removing the threat to public health.

The worse slums were demolished at a steady pace until there was a test case in court. In this case, the description of the rats impressed the jury enough to find the landlord guilty of violating the general nuisance abatement section of the city health code. After this ruling, Williams (1943) recalled, a new health ordinance passed on

March 6, 1941, in essence, giving more power to the health department to enforce maintenance of sanitary dwellings on both the landlord and tenant. In addition, Williams recounted the powers in the ordinance expanded the staff from three inspectors to six, with a division chief in charge of a new Division of Housing. Baltimore's health ordinance was further tested in the Maryland Court of Appeals. In 1941, Judge Lindsay D. Sloan, as detailed by Williams, wrote the opinion that, "The only purpose of the ordinance is to protect and preserve the health of the people of Baltimore" (para. 4). His ruling further stated, "the city has the power under is charter 'to preserve the health of the city' and 'to prevent and remove nuisances'" (Williams, 1943, para. 4). The legislative and judicial victories removed many barriers that stood in the way of slum removal.

Removing the veil on years of covert segregation policies slowly began a process of more overt housing segregation. Gladora (2006) paraphrased, a history of public housing policies in Baltimore established that "beginning in the 1930's with federal 'slum clearance' and public housing programs" (p. 2). Blacks were directed into segregated communities. Before the 1930's, Gladora revealed, Blacks lived all over the city and surrounding counties, although a large concentration was in Druid Hill. Between 1937 and 1943, Gladora instanced, Baltimore City and the federal government built seven officially segregated public housing projects "that were explicitly selected to reinforce patterns of existing neighborhood segregation" (p. 2). The federal government later admitted that its purpose, Gladora excerpted, was "not slum clearance but rather using the projects to block the Negro from encroaching upon white territory" (p. 2). Between 1950 and 1964, Gladora quoted, "Baltimore embarked on an aggressive urban renewal

program that displaced more than 25,000 people, 85% of them African-American" (p. 2). In the 2005 ruling the action lawsuit Thompson v. U.S. Department of Housing and Urban Development (HUD) "found the department guilty of violating the 1968 Fair Housing Act by concentrating African-American public housing residents in poor, segregated areas of Baltimore City" (Gladora, 2006, p. 1). Disease, stigma, and isolation were constant reminders of separate but unequal living conditions.

All slums were not removed. Wilner (1962) et al. described a qualitative study was done during the "slum removal" that left Blacks in slums to compare and contrast the living environments for research. Although Blacks did not occupy all slums only and Blacks did not occupy all housing projects, the Johns Hopkins study used only Black residents. The study of housing's impact on health was done with Black families in Baltimore. Wilner et al. cited, March 1954 marked the beginning of "The Johns Hopkins Longitudinal Study of the Effects of Housing on Health and Social Adjustment" (p. xix). The Johns Hopkins study was prospective and well documented throughout. The three hundred plus page text describes the qualitative process and the preconceived notions these researchers brought to the study. Johns Hopkins researchers, Wilner et al. explained, had already concluded that this was a good thing for the Blacks that were being moved from the slums of Baltimore. Even when subjects expressed that they were not close enough to their churches, recreation, or relatives, the Johns Hopkins researchers stressed how these projects would be better for their health compared to the slums. More concerning, Wilner et al. described, was Johns Hopkins relationship with the Baltimore City Health Department and Housing Authority allowed for unethical treatment of

participants, without any checks or balances. Wilner et al. explicated, the participants were treated as test subjects while the Johns Hopkins researchers gained "experience in the conduct of the sort of systematic research on complex social variables" (p. 241). During the three years, 1955-1958, that the 1000 families were "measured," over 5000 persons was impacted. While leaving control subjects in "the slum environment," (p. 31) under agreement with Johns Hopkins, the Housing Authority withheld notification that a better apartment was being awarded "to avoid a possible euphoric effect" before the initial interviews (Wilner et. al, 1962, p. 38). Abuses by researchers (Johns Hopkins), policy makers (Baltimore City Government), and policy enforcers (Baltimore City Housing Authority and Health Department) places a microscope on the implicit relationship that negatively influenced the health of Blacks in Baltimore City.

These examples show that race in Baltimore is a social determinant of health. Being Black in Baltimore has negatively shaped how Blacks live, work, play, and interact in the community and with policy makers. This historical analysis seeks to understand the influence of policies and systems of discrimination on the health of Baltimore City residents that lived in a segregated community during the years of 1960 to 1970, the most pivotal years of change with passage of equality legislation in the United States.

Significance

Multiple layers of trauma impacted African Americans in Baltimore City. This research study of segregation and integration policies in years 1960 to 1970 elucidates the systemic forces that have plagued and continue to stifle opportunities for economic, education, and political inclusion in African American communities. Five decades have

passed since integration and equality policies have been enacted and enforced nationally and locally. While everyone did not experience the same level of trauma, it is important to understand the lived experiences passed down through generations of African Americans that lived in Baltimore City via policies and practices.

Problem Statement

As has been shown, racism in Baltimore City was and is a social determinant of health. This qualitative analysis compares the known history for Baltimore City African Americans with the lived experiences of African Americans that lived during the pivotal years of integration. How has being African American in segregated Baltimore City communities shaped how African Americans live, work, play, and interact in their communities? What influence did African American experiences of parents, friends, and ancestors, witnessed and shared through story telling, have on the health of Baltimore City residents that lived in a segregated community during the years of 1960 to 1970?

Purpose of the Study

Using qualitative analysis of in depth interviews, journaling, and historical artifacts, the educational, financial, family, community, and subjective experiences of segregated African Americans from Baltimore City were analyzed for common themes among participants age forty to eighty five years of age. The influences of historical trauma on an African American Baltimore City segregated community provides a foundation for the lived experiences of these residents to be clarified in context, leading to recommendations for policy, government, and community level change.

Chapter 2: Review of Literature

Before, during, and after slavery, Blacks in the United States have experienced trauma. Trauma extended beyond the individual to the individual, family, and community. Trauma is not limited to any geographic region or community. Neither is trauma limited to a specific time period.

Blacks in Baltimore have faced traumas over generations. The literature explaining how these traumas influence the health of individuals and communities range from individual models of Post Traumatic Stress Disorder to intergenerational models of Historical Trauma, along with race specific models of Race-Based Trauma, and Post Traumatic Slave Syndrome. While each of these models adds a unique discussion of how trauma influences individuals and communities of people, this research centers on the trauma and its pervasive ability to carry across generations. This synopsis sifts trauma specific models used to understand Black experiences of historical trauma in Baltimore.

Trauma

Trauma has impacted the health of people since the beginning of time. Loss, grief, fear, and insecurity are feelings that are not unique to one person or group of people. In its origin, trauma was described as "a traumatic neurosis representing subtle nerve damage without obvious injury, and symptoms of hysteria or nervous shock" (Nicolas, Wheatley, & Guillaume, 2015, p. 35). Trauma as a severe reaction to stress was introduced to the psychiatric diagnosis in the International Classification of Diseases, Ninth Revised Edition (ICD-9) in 1978 and the Diagnostic and Statistical Manual of Mental Disorders – III in 1980 (Nicolas et al., 2015).

Trauma is a personal emotional, behavioral, psychological, or cognitive response—which can result in a diagnosis of Post-Traumatic Stress Disorder (PTSD). Research recognizes that additional models must account for:

> Contexts in which trauma experience is embedded and from which it emerges are multiple, and include "biological processes of learning and memory; embodied experiences if injury, pain, and fear; narratives of personal biography; the knowledge and practice of cultural and social systems; and the power and positioning of political struggles enacted on individual, family, and community and national levels." (Nicolas et al., 2015, p. 36)

Trauma leads to a complex diagnosis that often does not capture the extent of the experience and the response of the affected individual.

Post traumatic stress disorder. According to the PTSD timeline, in the Diagnostic and Statistical Manual of Mental Disorders, PTSD can be acute or chronic. Piotrowski and Range (2015) defined PTSD as "an anxiety disorder resulting from direct or indirect exposure to actual or threatened death, serious injury, or sexual violence and characterized by persistent difficulties that negatively affect an individuals social interactions, capacity to work, or other areas of functioning" (p. 1). This event is experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury. Piotrowski and Range describe how acute diagnosis occurs when the nature of the trauma leads to acute stress disorder with less than three months of duration of symptoms, after exposure. Piotrowski and Range explained, PTSD is the chronic response to greater than three months of symptoms after initial trauma or

traumas exposure. In addition, Piotrowski and Range clarified, the threat can include "recurrent and intrusive thoughts…feeling as if the event is happening again," which occurs from "intense psychological distress at exposure to any reminders (internal or external) of the event" (p. 1). Long-term exposure to trauma leading to fear, helplessness, or horror is the basis for the Post Traumatic Stress Disorder. PTSD also includes the trauma related factors of community trauma, lack of social support, major loss of resources, and relationships with a distressed spouse (Piotrowski & Range, 2015). These factors correlate with the experience of the African American adult and child.

The link between trauma and culture of the community requires a more complex model and diagnosis beyond the individual and Post Traumatic Stress Disorder diagnosis. To elucidate this point, Nicolas uses the quote from Somasunduram's work stating, "we need to go beyond to the family, group, village, community and social levels if we are to more fully understand what is going on in the individual" (Nicolas et al., 2015, p. 38). An example of going beyond the individual to understand the social influences and impact can be achieved by delving into the collective trauma of the Black community. Trauma influencing the health of the Black community meets the textbook definitions for traumatic events and exposure; however, the underlying theme affecting the community surpasses the limited nature of a PTSD diagnosis.

Post-traumatic slave syndrome. Historical trauma that specifically focuses on the formidable trauma of slavery have been coined Post Traumatic Slave Syndrome (PTSS). Approximately 25 years ago, educator and author, Leary (2005), developed the theory of PTSS to "help explain the consequences of multigenerational oppression from

centuries of chattel slavery and institutionalized racism, and to identify the resulting adaptive survival behaviors" (George, 2015, p. 69). In 2005, Leary wrote the book *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing*. This text gives a concise, but thorough, detailed account of the traumas of Black Americans from slavery to present, with an explanation of PTSS and how to heal after acknowledging it.

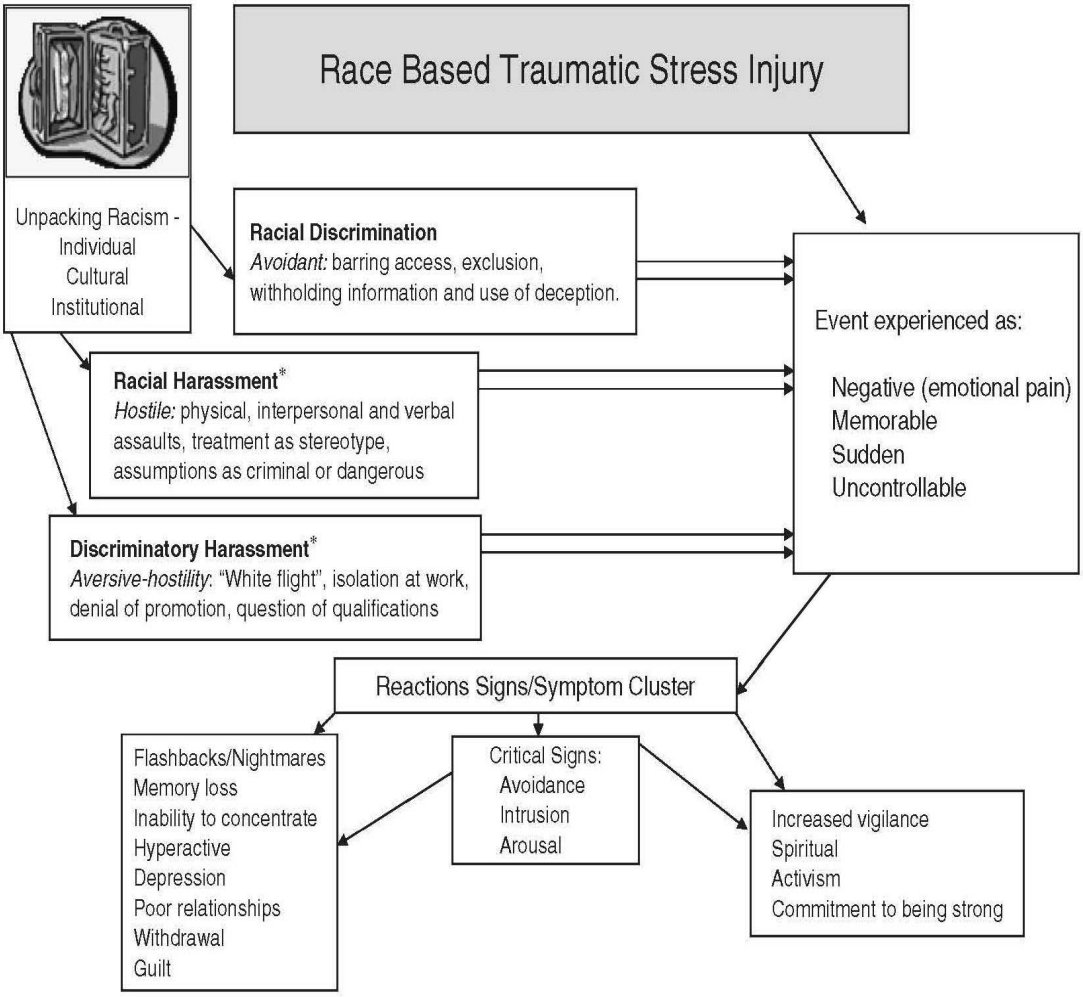
According to Leary (2005), PTSS exist when two conditions are met. First, PTSS "is a condition that exists when a population has experienced multigenerational trauma resulting from centuries of slavery and continues to experience oppression and institutionalized racism today" (p. 121). Leary states, there must be a "belief (real or imagined) that the benefits of the society in which they live are not accessible to them" (p. 121). The behaviors produced by PTSS fall under three categories: "Vacant Esteem, Ever Present Anger, and Racist Socialization" (Leary, 2005, p. 121). In essence, PTSS exists in the resulting behaviors produced by an ever-present pressure of not belonging fully to a society that has the opportunities and riches to share.

A review of the literature under the title "Post Traumatic Slave Syndrome" yields minimal research that supports or disproves her hypothesis. The key to PTSS is the cumulative effect of trauma over generations since slavery. Post Traumatic Slave Syndrome is important in the discussion of mental health and healing in the Black community. The slave experience for descendants of Africans enslaved in the United States is unique and cannot be compared to any other racial group's experiences of subjugation.

Race-based trauma. Race-based trauma, as proposed by Carter (2007), is an "emotional or physical pain or the threat of physical and emotional pain that results from racism in the forms of racial harassment (hostility), racial discrimination (avoidance), or discriminatory harassment (aversive hostility)" (p. 88). Fast and Collin-Vezina (2010) explained, race experiences can be "interpersonal, institutional, or through cultural racism" (p. 132). Fast and Collin-Vezina further echoed experiences of trauma may occur and can be determined by the "severity of the individual's reaction to the event" (p. 132). The reaction based on the single event is only part of "Race-based trauma." On the contrary, it is the accumulation of events and "effects of racism throughout the person's life" (Fast & Collin-Vezina, 2010, p. 132). In Carter's (see Figure 1) analysis, he asserts that race related stress has been studied, but racism is not considered in the diagnosis of Post-Traumatic Stress Disorder (PTSD).

Williams et al. (2014) research describes different responses to stress as they associate with race. To begin, Williams et al. describes PTSD as a "highly disabling disorder characterized by re-experiencing, avoidance, hyper arousal symptoms, and cognitive disturbances resulting from experiencing or witnessing as extremely frightening or life-threating event" (p. 103). Williams et al. research notes a link between racism and mental health outcomes, including depression, substance use, and psychological distress. Williams' et al. work describes the race-related traumatic experience of hate crimes, frequent ambiguous micro aggressions, and physical assault that lead to stress disorder symptoms manifestation. By definition, Williams et al. stated, race related micro aggressions are "subtle, yet pervasive acts of racial discrimination perpetuated against

African Americans and other groups" (p. 105). For example, one study of female veterans found that African Americans had higher scores on measures of ideas of "persecution and paranoia," which was attributed to an adaptive response to racism (Williams et al., 2014, p. 105). With mounting evidence in the literature and supporting research, the connection between race and PTSD are becoming more directly linked.



Note: Race-Based Traumatic Injury developed by Carter (2007). * May be harmful.

Figure 1. Race-Based Traumatic Injury Model

The Surgeon General's report *Mental Health: Culture, Race, and Ethnicity* states that mental health services and practices have been documented by extensive government research (U.S. Department of Health and Human Services [DHHS], 2001). The literature summarizes that, "people of Color have less access to and are less likely to receive needed care, and the care they ultimately receive is often of poor quality" (para. 2). In this report, DHHS stated, a number of barriers were identified that people of different ethnicities and races encountered in the mental health system including: "Clinicians' lack of awareness of cultural issues, bias, or inability to speak the client's language and the client's fear and mistrust of treatment" (p. 4). Trauma is compounded over more than one event. The Surgeon General's report states, "Disparities also stem from minorities' historical and present struggles with racism and discrimination, which affect their mental health and contribute to their lower economic, social, and political status" (DHHS, 2001, p. 4). The historical nature of the trauma is the most important aspect of race-based trauma as it is cumulative and not isolated from race.

Similar to race based trauma, racial battle fatigue results in the psychological stress responses of frustration, shock, anger, disappointment, resentment, anxiety, helplessness, and fear (Smith, Mustaffa, Jones, Curry, & Allen, 2016). Through focus groups and semi-structured interviews, thirty six Black male students attending seven elite historically White Research institutions expounded on their experiences of hypervisibility and hypersurveillance (Smith et al., 2016). As evidenced in Smith, Mustaffa, Jones, Curry, and Allen (2016) research, two themes emerged: "(a) anti-Black male stereotyping and marginality and (b) hypersurveillance and control directed at Black

men by Whites" (p. 1189). Prior research by Feagin (2013) stated that the, "aggregation of racial stereotypes, racial narratives, racial images, racial emotions, and 'inclinations to discriminatory action' make up a 'White Racial Frame' or lens through which Whites view society" (pp. 10-11). "The resultant racial microaggressive conditions produce emotional, psychological, and physiological distress, or racial battle fatigue" (Smith, Hung, and Franklin, 2011, p. 64). In brief, the mounting evidence summarizes that, "racism is omnipresent and therefore all racially subjugated people feel racial microaggressions, whether consciously or in a maladaptive state of denial" (Smith et al., 2011, p. 67).

Historical trauma. Trauma that is imparted on a collective group, race, or ethnicity has many names. When Maria Yellow Horse Brave Heart first applied the concepts of intergenerational trauma to the Lakota people, she began using the name historical trauma (Fast & Collin-Vezina, 2010). Elizabeth Fast and Delphine Collin-Vezina's (2010) literature review established that the terminology "intergenerational trauma" refers to the work "done with the offspring of survivors of the Holocaust" (p. 129).

Brave Heart (1998) defined historical trauma for its cumulative effects that are collective, compounding emotionally, and psychic wounding, "over the life span and across generations" (p. 288). Brave Heart (1998) further stated, "The historical trauma response involves the constellation of features identified in the literature on Post-Traumatic Stress Disorder (PTSD) and psychic trauma" (p. 288).

Brave Heart (1988) developed theoretical constructs that described historical unresolved grief, historical trauma, and historical trauma response (Heart, 1998). Since 1988, the construct of historical trauma has been used to describe the suffering of various ethnic groups, including, Aboriginal people subjected to colonialism, descendants of Holocaust survivors, descendants of a legacy of slavery or war trauma, descendants of the Japanese-American internment camps during World War II and descendants of the Khmer Rouge violence in Cambodia (Danieli et al., 2015, p. 230). During the 1970s, Holocaust survivors were the focus of literature that described the process of "transferring the characteristics of trauma experiences to subsequent generations" (Denham, 2008).

The literature describes the origin of historical trauma and the correlation of history with trauma. The trauma endured by Native Americans is linked to health disparities of alcoholism, suicide, high rates of coronary heart disease, hypertension, and accidental death (Heart, 1998). Although Blacks have a long history of subjugation and trauma, there has been minimal literature and analysis for the Black community, under the titles of historical trauma and intergenerational trauma.

Conceptual Model of Historical Trauma. Trauma is a constant threat to the health of the Black community and individuals. This analysis uses Sotero's Conceptual Model of Historical Trauma (2006) to understand the lived experience of segregated Black residents in Baltimore City during the legislative transitions to a more integrated society.

Historical trauma has been studied in context of "populations historically subjected to long-term, mass trauma—colonialism, slavery, war, genocide" (Sotero, 2006, p. 93). Sotero (2006) postulates that these populations "exhibit a higher prevalence of disease even several generations after the original trauma occurred" (p. 93).

The conceptual model illustrates how historical trauma "might play a role in disease prevalence and health disparities" (Sotero, 2006, p. 93). In addition, the literature clearly shows a link between subjugation of a population by a dominant group and historical trauma. Sotero's (2006) model identifies four distinct elements for successful subjugation: "(1) overwhelming physical and psychological violence, (2) segregation and/or displacement, (3) economic deprivation, and (4) cultural dispossession" (p. 99).

For African Americans, subjugation was enforced through various means including "military force, bio-warfare, national policies of genocide, ethnic cleansing, incarceration, enslavement, and/or laws that prohibit freedom of movement, economic development, and cultural expression" (Sotero, 2006, p. 99). Sotero (2006) makes a compelling case that legal and legitimized subjugation has been rescinded, but the legacy remains in the form of "racism, discrimination, and social and economic disadvantage" (p. 99).

Sotero (2006) theorizes that subjugation led to impairment in health, death from disease, poor housing, limited educational and employment opportunities, along with violence and grief from loss. Sotero asserts that the "trauma response in primary generations may include PTSD, depression, self-destructive behaviors, severe anxiety, guilt, hostility, and chronic bereavement" (p. 99). Via intergenerational transmission,

subsequent generations may experience the same trauma or other variations of the first generations experiences.

Primary generation experiences are passed down to subsequent generations through various means. Sotero (2006) list the modes of transmission as: psychological, environmental, psychosocial, social, economic, political systems, and legal and social discrimination. Another means is genetic. The study of how environmental influences, including stress, can interact with the genome to have long-term consequences for brain plasticity and behavior is called epigenetics (Roth, 2014). McGowan and Roth (2015) summarized, genes are responsive to environmental input and serve as biological pathways in behavioral development. For example, the body's stress settings, due to child abuse, are passed on epigenetically (McGowan & Roth, 2015). Epigenetic researcher Mehta et al. (2013), research reasserted an association between "maltreatment during childhood" (p. 8302) with fundamental biological processes that engrave long-lasting epigenetic marks, leading to adverse health outcomes in adulthood. Mehta et al. findings also link exposure to adverse life events in childhood with increased susceptibility for a number of psychiatric disorders, cardiovascular disease, diabetes, and chronic lung disease from potential long-term influence on the immune system. The research concludes that distinct changes in gene-expression and epigenetic profiles, in the brain and peripheral tissues, are associated with early life trauma (Mehta et al., 2013). Stress and trauma have a lasting impact on the primary generation and subsequent generations beyond the social and environmental contexts.

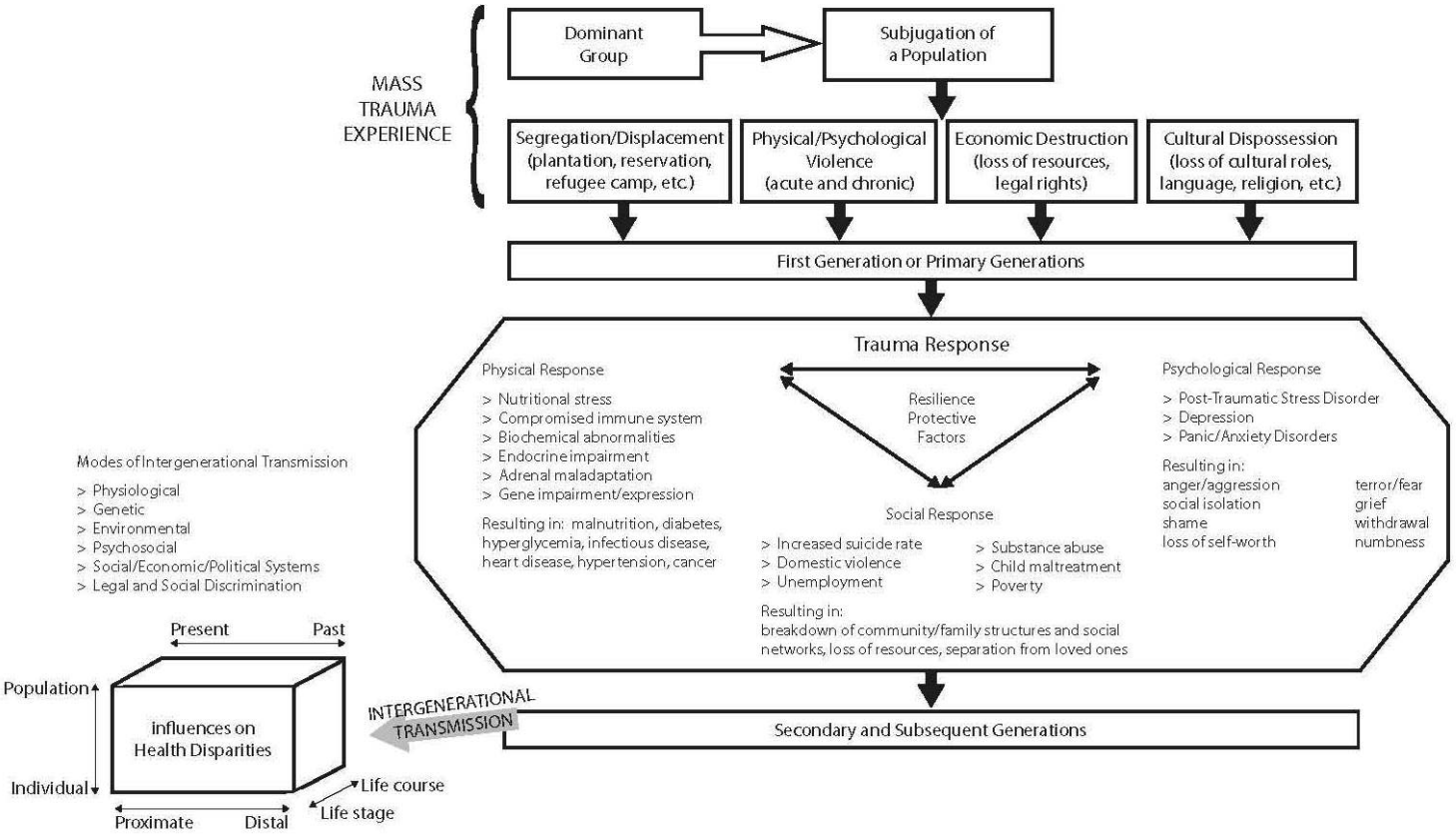
Fullilove (2001) describes the trauma of urban renewal and forced displacement, in the Black communities, as root shock. Whether the trauma is called historical trauma or root shock, the ending result in the community and individual is the same. Prior to urban renewal, Fullilove (2001) stated, "communities were engaged in the social and political climates of the Black communities and associated institutions" (p. 78). She describes consequences of root shock as a lasting impact on the community and individual. Fullilove (2001) theorized:

> After the displacement, the style of engagement was angrier and more individualistic. Instead of becoming stronger and more competent in politics, the communities became weaker and more heavily affected by negative forces, such as substance abuse and crime. The ethos of neighborliness faded (p. 78).

Root shock is a specific instance of historical trauma with similar outcomes that negatively impact the individual and community.

The four elements of subjugation imposed by a dominant group on vulnerable populations cause trauma responses in primary and subsequent generations. Trauma response results in three specific categories—physical, social, and psychological responses.

The combination and inter-relationship of physical, social, and psychological responses forms the trauma responses that continues the cycle of historical trauma, as it is passed down through the generations that are unable to break out of the oppression associated with subjugation by the dominant group in society.



Note: Conceptual Model of Historical Trauma, Sotero (2006), describes how trauma is transferred across generations and the trauma responses.

Figure 2. Conceptual Model of Historical Trauma

Summary

This research seeks to understand how the lived experiences of Baltimore City African Americans affected the health of the individual and community, within the framework of the Conceptual Model of Historical Trauma (Sotero, 2006). The model provides a basis for the start of the investigation. In addition, the models discussed inform this research by establishing a knowledge base in the literature and previous analyses.

The literature sheds light on opportunities for continued research and analysis. More importantly, heretofore, research has not provided evidence showing how African American health might be impacted by historical trauma. The gaps in the literature captures areas where this research will add to the body of research and literature pertaining to the lived experiences of African Americans during the transition from segregation policies to integration policies.

Research Questions

Three research questions arose out of the gaps in the literature. How has being African American in segregated Baltimore City communities shaped how African Americans live, work, play, and interact in their communities? What influence did African American experiences of parents, friends, and ancestors, witnessed and shared through story telling, have on the health of Baltimore City residents that lived in a segregated community during the years of 1960 to 1970?

Chapter 3: Methodology

Research Hypothesis

The lived experiences of segregated Baltimore City African American residents will emerge through in depth interviews and analysis of historical artifacts to provide positive perspectives on trauma that reveal coping through resilience.

Study Design

This section describes phenomenological research, qualitative analysis, and the importance of the lived experiences of the study participants. A comparison is used to justify the methodology of hermeneutics versus transcendental phenomenology.

Phenomenological approach. Phenomenological research requires many key strategies to understand lived experiences of participants' (van Manen, 1990). Through the phenomenon a rich, yet deep, acknowledgement is made about the participants' expressions about their experiences. These expressions are collected through interviews, journals, recordings, photos, and artifacts that identify significant aspects of the phenomenon. In this phenomenological research, historical analysis plays an important role in understanding meaning of lived experiences. In a description of hermeneutics, Moustakas (1994) elucidates, "history adds to the meaning of experience by reflecting on political and economic activities, settlements, and wars" (p. 9). The phenomenon of historical trauma is revealed when participants describe their life experiences, recollections, and perceptions related to being segregated in all aspects of their reality.

Phenomenology requires careful peeling back of layers to reveal hidden reflections that emerge through the data of the participants' lived experiences. This

process requires descriptions that surpass bias and embedded preconceptions that creep into the interviews, analysis, and results. Author Giorgi (1985) describes this descriptive process of data collections and interpretation through the interview of “open ended questions and dialogue,” along with “reflective analysis and interpretation of the research participants’ account or story” (p. 69). Moustakas (1994) states, “the aim is to determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it” (p. 13).

This qualitative analysis uses the research methodology of hermeneutic phenomenology. Kafle (2011) detailed, hermeneutic phenomenology comes from a departure in the original philosophy of phenomenology, developed in the 1800s by the researcher Edmund Husserl. In contrast, Kafle explained, Husserl developed "transcendental phenomenology" (p. 185) which suspends the personal prejudices and attempts to "reach the core or essence through a state of pure consciousness" (p. 185). In transcendental phenomenology, the phenomena can best be described without the personal experience attached and should focus on the "lived world," not the lived experiences (Kafle, 2011, p. 186). Moustakas (1994) shared, opposite transcendental phenomenology, hermeneutic phenomenology requires the focus to remain on the lived experiences, descriptions, beliefs, and perspectives of the participants. In 1984, Gadamer quoted Nietzsche exclamation that, “there are no moral phenomena, only moral interpretations of the phenomena” (Moustakas, 1994, p. 9). The participant has an experience and one seeks to uncover the description of that experience with a clear lens and without judgment.

Qualitative research is important in health and policy research. Johns Hopkins University qualitative researchers explored the perspectives, experiences and attitudes of Argentine health researchers regarding the use and impact of health research in policymaking in Argentina (Corluka, Hyder, Winch, & Segura, 2014). In this study, twenty semi-structured, in-depth qualitative interviews were conducted with researchers in Argentina's rural northwest and the capital of Buenes Aires. Corluka, Hyder, Winch, and Segura (2014) described, qualitative research was used to provide a deep understanding of the "researcher capacity and determinants of research availability" (p. ii40) with the role they play in contributing to evidence-informed policymaking. Through this research, themes emerged around lack of trust and the role of trust within a research system, finding that researchers' distrust towards policymakers (Corluka et al., 2014). Qualitative research provides a context at the individual level that clarifies the researchers role in policymaking.

Phenomenological research is an important methodology for understanding experiences. Understanding the lived experiences of men that are healing from childhood maltreatment was studied using a hermeneutic phenomenological approach (Willis, Rhodes, Dionne-Odom, Lee, & Terreri, 2014). In-depth interviews were conducted with fifty-two men enrolled in this study. Being grounded in the hermeneutic phenomenological approach "focused on adult male survivors' perceptions and expressions of healing from all forms of child maltreatment" (Willis et al., 2014, p. 47). Willis, Rhodes, Dionne-Odom, Lee, and Terreri (2014) presented, qualitative rigor came though the process o reflexively dwelling with the data, examining findings, writing for

publication, and member checking with eight participants to elicit their feedback on the study themes. Five themes emerged that described the lived experiences of the men interviewed. Conclusions were gleaned from the interviews that provide an understanding of the phenomenon. The essence of the lived experiences was, "men who survived childhood maltreatment have needs to health holistically mind, body, and spirit" (Willis et al., 2014, p. 46). The hermeneutic phenomenological approach is an important research methodology for understanding the lived experiences of individuals for health solutions that incorporate personal perspectives.

This study explores the lived experiences of segregated Black residents in Baltimore City during the legislative transition to a integrated society informed by the framework of Sotero's Conceptual Model of Historical Trauma (2006). Understanding how individuals and communities navigated these experiences provides a voice to the participant. Researchers use phenomenological research methods to gain deeper insight into lived experiences from study participants.

Study Sample

Using phenomenological in depth interviews, eight participants and one key informant were interviewed in this study. The process of interviews and sampling strategies are discussed to provide validity in the sample of participants chosen for the interviews.

In depth interviews. It is well documented that the limited opportunities for safety, protection from harm, social integration, and economic inclusion influenced the health outcomes of Black residents. To better understand the relationship between Black

residents and Baltimore City, one key informant interview and eight in depth interviews were employed.

The key informant interview is an integral part of the qualitative research, as "they are not independent observers but rather 'the voice of the people of concern'" (Ulin, Robinson, & Tolley, 2012, p. 78). Gilchrist (1992) concluded that, "key informants are insiders with special knowledge, status, or communication skills, who are willing to share what they know with the researcher" (p. 71). While protecting the privacy of the key informant, it is important to note that the key informant was selected for their in depth knowledge about Baltimore City history from the mid nineteenth century to the present twenty first century. The key informants connections and roots stemming from living, working, and being a resource to the Baltimore City communities was invaluable in developing the interview guide.

The key informant interview was scheduled immediately following the approval of the Morgan State Institutional Review Board application. Initial introduction of the key informant was made from a community organizer that learned of the research around historical trauma. After the initial introduction, I was able to leave a message with the key informants secretary and gained the key informant's email. At this time, the key informant and I communicated through email and eventually text message. Within three weeks of our introduction we were able to meet for a face to face in depth interview. The interview was recorded with the key informants consent. The in depth interview lasted fifty-two minutes and thirty seven seconds. The key informant reviewed Michelle Sotero's Historical Trauma model and offered advice for recruiting participants. The key

informant interview added historical context and cultural understanding that improved the interview questions and the semi-structured interview.

In depth interviews were completed at the convenience of the participant. This process required coordination of multiple individuals to complete the interviews. Potential participants were recruited and included based on specific inclusion criteria (detailed in the inclusion and exclusion criteria section). Participants that met the inclusion criterion were scheduled for an interview. Interviews were conducted at participants' homes and over the telephone, at the participants' convenience. Five interviews took place at the home of the participants. Three interviews were conducted over the telephone—with the participants' approval and acknowledgement that the interview was being recorded. Participants were read the informed consent form and asked for acceptance, by signing (written or verbal) the document, before the interview began (see Appendix A). Participants were also allowed to review and discuss the informed consent form before the interview began. Participants were informed that they were able to stop the interview at any time and allowed to skip any question that they chose not to respond to. All participants recruited consented to participation. After consent, participants were asked demographic questions for age verification and gender stratification (see Appendix B). The interview guide was use in a semi-structured in depth interview as a guide for questions, and their order, to emerge based on participants' responses (see Appendix C). Participants were asked to journal for five days following the interviews and provided a structured journal entry form (see Appendix D). In addition to journal entries, participants were encouraged to provide artifacts like photos,

documents, and recordings for use in triangulating the in depth interview responses (see Appendix E). All forms were provided for participants to read and sign, except for the telephone interviews. These participants were read the forms and agreements, along with electronic transmission of the forms.

Inclusion and exclusion criteria. Upon completion of the key informant interview, recruitment of the in depth interview participants began. Three recruitment strategies were used to identify participants for potential eligibility. Purposeful sampling was the key strategy used for recruitment. Creswell (2007) describes purposeful sampling as the inquirer selection of "individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in the study" (p. 125). Within the stratified sampling, criterion based recruiting allowed for the participants to meet a specific criterion. Participant criterion was selected based on the ability to provide answers and insight into the research questions. The criterion sought were:

1. African American
2. Age 40 – 85
3. Baltimore City resident 1960 – 1970
4. Parents lived in Baltimore City years 1960 – 1970
5. Able to recall events from the past

When recruiting was not yielding participants, additional recruitment techniques included snowball sampling and piggy backing. Snowball sampling allowed individuals to refer potential participants based on their relationship and proximity to the existing

participants. Piggy backing captured the most participants after a prescheduled community event. Recruiting at community and church events allowed for a large pool of potential participants; although, many participants did not meet the criterion or declined. As part of the recruitment process, the in depth interview participants were given an incentive of a $20 Wal-Mart gift card.

Data Collection Process

The research results are trusted when specific methods and processes are used to ensure reliability and validity. In addition, the process of data collection and verification of the data collected and analyzed are important to the credibility of the findings. This section describes the techniques and methods employed.

Institutional review board approval. The Morgan State University Institutional Review Board approved the application for approval of investigation involving human participants in September 2016.

Reliability and validity. Phenomenology is one of many qualitative methodologies that adds rigor to research and has similarities to quantitative methods. Validation of the research is important in certifying the authenticity and credibility of the research findings (Creswell, 2007). While there are many types of qualitative validation, this research focused on six specific techniques. The six techniques and strategies employed were clarifying researcher bias, prolonged engagement and persistent observation, triangulation, peer review, member checking, and rich descriptions of the participants under study (Creswell, 2007).

To get to reliability the researcher must maintain distance between the observer and the observed, which is quantitative objectivity and qualitative confirmability (Ulin et al., 2012). Clarifying researcher bias is important in maintaining the objectivity (Creswell, 2007). The bracketing of personal experience and bias started with an understanding of personal feelings toward segregation. As an African American male born in Baltimore City the research was more than interest. The dissertation research began as a desire to find proof that institutional racism and discrimination was in a documented record that only needed to be found in the archives and brought to light. After researching in the archives and not finding the damning evidence, the research turned to understanding the lived experiences of the African Americans and the influence on their health. Sotero's (2006) Conceptual Model of Historical Trauma will be used to validate the codes, generated from research participants' responses, assignment into the themes that emerge. Validation with a theory provides theoretical triangulation. Continued research and analysis of qualitative research allowed for the researcher to acknowledge these bias and resist the temptation to manufacture facts by leading participants to answer questions in specific manners. Creswell (2007) describes the epoche as, "the first step in coming to know things, in being inclined toward seeing things as they appear" (p. 235). Looking at the research, the literature, and the methodology required self-reflection. The researcher is the instrument that controls the validity of the research by removing personal perspectives and understandings while allowing the participants lived experience to remain the focus of the research.

Building trust with participants required learning the culture and persistent observation in the field (Creswell, 2007). Creswell (2007) explained that an additional benefit of prolonged engagement was that distortions in the research would be checked against the researcher and informant's misinformation. This research used prolonged engagement and persistent observation through community engagement and building trusting relationships within the community. Understanding the culture derived from racial segregation and understanding Baltimore's history was vital in recognizing distortions in research and analysis. The time spent in field helped in discerning what was most important to the research and what was most relevant to the purpose of the study. Consistent analysis was necessary to remove distractions and erroneous information that shifted the focus of the research.

Triangulation proved to be a key technique in corroborating evidence. Creswell (2007) defines triangulation as "multiple and different sources, methods, investigators, and theories to provide corroborating evidence" (p. 208). After the participant signed or agreed to the informed consent, they were asked demographic questions. The interview began with the participant describing their community during 1960 – 1970. The interview was conducted using a semi-structured interview guide that allowed for conversation and emerging questions based on the comments and responses of the participants. At the end of the interview, participants were asked to journal their thoughts and ideas for the following five days. In addition, a consent form for collection and displaying artifacts that would add to the responses was provided for voluntary participation. All participants signed and agreed to provide artifacts. Corroborating

evidence came through analysis of recorded and transcribed interviews, journal entries, and analysis of historical artifacts.

Peer review is a debriefing that exists between the researcher and the peer for ensuring the researching process was honest and reliable (Creswell, 2007). Lincoln and Guba (1985), as described in Creswell's (2007) text, state that the job of the peer reviewer is to "ask hard questions about methods, meanings, and interpretations" (p. 208). Peer review took place within the dissertation committee from a peer qualitative researcher and within the Morgan State University School of Public Health dissertation defense process. Review of the process, research, and analysis was critically reviewed for accuracy and reliability.

The credibility of the findings and interpretations are essential to the research accuracy and perceived truth. Member checking, as described by Lincoln and Guba (1985) in Creswell's (2007) text, describes member checking to be "the most critical technique for establishing credibility" (p. 208). Creswell explained, the process entails taking the data, analyses, interpretations, and conclusions back to the participants. The participant then judges the accuracy and credibility of the account and record (Creswell, 2007). This research allowed the participants the opportunity to add to and edit the research analysis for missing or incorrect information.

Creswell detailed, transferability allows readers to transfer "information to other settings and to determine whether the findings can be transferred 'because of shared characteristics'" (p. 209). The descriptions used in the research must give detail that is rich and specific in describing the participants and settings under study (Creswell, 2007).

Transcribed interviews and introductory analysis give a background describing the environment of the segregated Baltimore City African American residents, the timeframe they lived in Baltimore City, the communities they lived in, and the conditions they lived through. These descriptions will aid the reader in understanding how this research relates to communities and persons that have lived and currently live in similar conditions.

Data analysis plan. All interviews were recorded using a model H1 Zoom handheld bidirectional recorder. The recordings were saved in a secure password protected folder on a desktop Apple Macintosh. Once all recordings were completed, they were transferred through an online file transfer protocol website, www.sendthisfile.com, to the transcriptionist. The transcription was compared against the audio file by the researcher and transcriptionist before final transmission of the transcripts. Transcripts of nine interviews were received in Microsoft word format.

Data organization began with the primary researcher. The transcriptions were imported into ATLAS.ti version 1.0.51. The materials were studied using phenomenological research analysis. First, Creswell (2007) states, all statements relevant to the questions and topic were given equal value. Next, the meanings and meaning units were listed. From these codes, as described by Creswell, the clusters were placed into common categories or themes, "removing overlapping and repetitive statements" (p. 235). As Creswell describes clustered themes and meanings are used to develop the textural descriptions of the experience. The textural descriptions provide the structures into the meanings and essences of the phenomenon and lived experiences of the participants (Creswell, 2007).

As part of triangulation, multiple and different sources were analyzed in the research. In addition to the transcripts of the interviews, historical artifacts of pictures and journal entries were analyzed for themes that confirmed the themes from the interviews.

Chapter 4: Results

Introduction

In this chapter, the results from the analysis of the in depth interviews are presented. The lived experiences of Black Baltimore residents emerged to reveal the essence of living during the transition from segregation to integration policies. Participants described segregation as a major influence in their lives and their parent's lives. Participants' learned through the intergenerational transfer of knowledge by modes of story telling, modeling, and direct exposure.

Lived Experiences of Black Baltimore Residents

The phenomena of this research were the lived experiences of Blacks that lived in Baltimore City during the transition from segregation to integration policy. The research questions are, "What are the lived experiences of Black Baltimore residents that lived through the transition from segregation to integration policy? What aspects of the lived experiences of segregated African American Baltimore City residents impacted their health? How were the experiences of segregation and integration transferred in the home and community?"

Phenomenological research methods were employed using in depth interviews of eight participants, ages forty to eighty-five. Prior to the in depth interviews, one in depth interview was completed with a community leader. The nine interviews resulted in seven hours and thirty-two minutes of audio recordings. The transcription of these interviews totaled two hundred and sixteen pages of double spaced text in Microsoft word. While the interviews were being transcribed, I listened to the recordings several times before

reading the transcriptions. The transcriptions were read for relevant experiences that explicated the experiences of the participants. A total of one hundred fifty five codes were gleaned from the nine interviews. The codes were grouped into nine groups, themes, which described the lived experiences of the participants. As the experiences emerged through the interviews, each response was given equal weight to give a complete picture of the participants lived experiences (Moustakas, 1994).

Table 1

In Depth Interview Participant Demographics

Participant #	Race	Sex	Age	Income
Key Informant	Black	Male	65	< $100K
Participant 1	Black	Male	83	$51K - $100K
Participant 2	Black	Male	65	< $100K
Participant 3	Black	Female	72	$51K - $100K
Participant 4	Black	Female	71	$21K - $50K
Participant 5	Black	Female	51	< $100K
Participant 6	Black	Male	45	$21K - $50K
Participant 7	Black	Male	45	$51K - $100K
Participant 8	Black	Male	45	< $100K

Note: Participants were recruited based on having lived in Baltimore City during the transition from segregation to integration or having parents that lived in Baltimore City during that same time period. Participants were grouped into age 40 – 59 or age 60 – 85. In the income column, K is representation for 1,000.

The themes categorized the experiences of the research participants into data with meanings for summarizing the participants' lived experiences (Moustakas, 1994). The nine themes described an overarching influence of segregation on the lived experiences of Black Baltimore residents. Four of the nine themes emerged as a direct result of subjugation and segregation. The five themes emerged as resilience factors under the theme "Black Don't Crack." Despite many stories and recollections of trauma, the Black Baltimore community developed resilience and coping mechanisms to overcome systemic racism and poverty. Four themes emerged as negative events resulting from segregation, inequality, and systemic racism:

1. Two sides of the street
2. The Problem with inequality
3. Whites have the benefits
4. Hurt people hurt communities

Second, participants described the lived experiences under segregation through family and community resilience factors within five themes of:

5. Blacks learned to make do
6. Not just church but spirit
7. Walk the walk and talk the talk
8. More than a job
9. Integration is a process

Two sides of the street. In Baltimore City, Black residents experienced segregation that divided the city into two cities. The interview with the key informant

described the "steering" of Blacks as a forced exodus. He stated, "they moved here to Druid Hill Avenue, built the church here in 1905, and that was the exodus of African Americans from downtown Baltimore City, being steered to Druid Hill Avenue, Myrtle, going to Pennsylvania and parts west . . ." This movement was part of the forced segregation that Blacks in Baltimore City experienced. Forced segregation emerged as a common code in the interview of the key informant and seven participants.

Segregation was not limited to Baltimore City, but was similar to the segregation in the South. Participant 6 remembers hearing that his father describe, " . . .his upbringing in Tennessee, it sounds like . . . it was so separate, like the Black community and the White community was so separate, they didn't even overlap that much . . ." Segregation did not only occur in the housing arrangements, but also in the shopping district. Participant 2 shared a story that his mother passed down. Participant 2 shared, "the fair-skinned people would shop for them, because they could pass for White, where the darker-skinned folks didn't even attempt to go shopping because they were going to be turned away." Several participants described stories of Blacks not being allowed to shop in Downtown Baltimore, unless you could pass for White. The feeling in the Black community was summed up by participant 3 as, "I knew they didn't want us there," when she described segregated Ocean City. Participants described the segregated Black Baltimore City and White Baltimore City.

The Black Baltimore City was sometimes across the street from the White Baltimore City. The Black Baltimore City was limited by invisible boundaries that were not to be crossed. Participant 4 described growing up in Baltimore City as, "we kind of

knew our boundaries, so we didn't cross, and it was really strange that . . .we lived on one side of Hanover Street, and on that side of the street was where the Blacks lived, and across the street was where the Whites lived." The "strange" living conditions were a part of being Black in Baltimore City. The key informant explained that, "public policy actions had tremendous and traumatic impact on African Americans who find themselves trapped by it." Participant 3 mentioned how her mother worked for two white families in an area that was "all White up in there, Northwood." Black Baltimore City residents were trapped by public policy.

Segregation had many negative effects. Participants described the barriers placed on Blacks in Baltimore City. Participant 1 expressed how at five years old he had to walk past a school "200 feet" from his home to walk "8 blocks" to his school on "Orleans Street" because he had to go to the Black elementary school. Black residents had to be "content" with limited amenities in the community until "they built a playground, . . .as a recreation, . . . in the late 50's, '60's in South Baltimore," explained by participant 4. In addition to being content with community resources, Blacks had to learn to accept segregation at work. Participant 6 shared that his mother told him a story about when, "she was a nurse in the 50's and 60's where some White patients didn't want her touching them, . . . don't want no nigger touching me, somebody on their death bed coming out their mouth with that." Being content with the conditions in the community and work place was a fact of life that was passed down as a negative effect of segregation.

Segregation divided the family and fractured the family structure. Participant 1 spoke of broken families when husbands seeking work came north to get established and

then sent "for the family, . . . because, . . . the southern Black didn't have the money to bring his whole family, entire family, north." While this seems like protecting the family, the travel, and opportunities broke the family. Participant 1 further described the negative side of migration for employment as:

> Many of the men who migrated north forgot about their families. Some of them became nonexistent. They just vanished, . . . they may have made a stop in Baltimore, but ended up in Philadelphia. They may have informed their families that they were going to Baltimore to seek work, but end up in New York, and because there were no means of . . . locating these people, they would just disappear.

Segregation was the bane of the Community that fractured many families seeking better lives.

The problem with inequality. Inequality in Baltimore City presented many challenges. Of the many challenges, many participants had to move to many different homes and communities in West Baltimore, Southwest, and South Baltimore. In addition to moving often, Blacks lived in crowded housing conditions with shared facilities. Participant 4 experience was:

> I lived with my brother from 1950 to 1966, and in the house that we lived in, they were apartments, 3-story apartments, and we lived on the 3rd floor, and there was two rooms, and he had five children, and the rooms were, I guess because the furniture was small, we had a living room set and a bedroom set in what we called the front room. And then in the kitchen, where there was an oil stove, and kitchen

> cabinets, a refrigerator, a crib, and we had roll-up beds that we would, you know, roll out, there was like three of them, in the mornings. And then there was a little kitchen area where my sister-in-law . . . had a . . . sink, a table, and a stove in there. We had to go all the way down to the first floor to the bathroom, and in that was just a commode. We didn't have . . . a shower or anything down there. That was down on the first floor. The people that lived on the second floor, their apartment was split, meaning that they had what we'd call a front room, then they had the bedrooms, and the kitchen was on the other side of the stairway, the hallway. They had a tub and a bathroom in there. And we lived there for . . . I was in junior school, up until high school that we lived in . . . those conditions. You had to go downstairs, and I don't remember too many nights using the night potty, but we had to. And to go downstairs, you had to go downstairs to hang clothes out in the backyard and . . . take the trash . . . the trashcans downstairs. And we had what they called an alleyway where we'd have to come in, and we would come in the back way and go upstairs. I guess there were people on the first floor. Theirs was split too, but they had . . . kitchen and everything. But the third floor didn't have any—any bathroom facility. We had to go downstairs.

Moving a lot with multiple families living in one home was a common occurrence in the Black Baltimore communities.

Poverty in the Black Baltimore community was a product of segregation. Poverty had many negative effects. Some participants in poverty did illegal things to survive.

Participant 2 stole coal off of the rail cars so they could have heat. He described the differences between soft coal and hard coal:

> Soft coal has sulfur in it, and sulfur . . . when it burned, out of your vents came . . . so you inhaled all this smoke because of the—the heating, . . . but you had to live in that because -- so when we had hard coal, man, that was a like a . . . that was almost like a Christmas . . .

Poverty wasn't an intangible thing, but something you had to wear as a reminder when you had soot in your clothes and " . . . you had soot under your nose, and you slept in that kind of environment . . ." In describing the poverty of her mother, participant 3 shared that they received medical assistance and " . . . the government cheese, and all that kind of stuff." Assistance was also given to participant 3 from the White families her mother worked for. She said, "I benefited from hand-me-downs from these wealthy White people. So I was blessed that I always had good stuff." Poverty came in material and economic forms resulting in families using many survival mechanisms to overcome.

The key informant described inequality as, "public policy, redlining, steering segregation, the housing, not the fulfillment of separate, but equal, but you're having an unequally resources allocated allowing access of White people to have access to mortgages and to move into other communities, and having the African American basically trapped . . ." Participant 3 described moving, in 1958, to "West Baltimore, the McCullough Homes they were called, which were projects." Participant 3 shared that these community members were often hard working Blacks.

> They were nice family homes, nice families. So, actually, even though it was the projects, and you hear of the projects now, you know, you basically think of bad, but the McCullough Homes were very, very . . . the families were church families. We did community things. We kept . . . the area clean, and there . . . the income was not . . . these weren't all like poor welfare people, as you might say. I mean, these people worked. You had people in there that, you know, had a little bit of money, but overall it was very good . . . I had no problems growing up there.

Participant 3 described the inequality of moving into projects with working Blacks that were not able to purchase homes, but instead lived in public housing. Participant 4 described additional inequality in a daily school scenario at lunchtime when "White students could sit down in the stores and each lunch, while the Black students could go in and order food, you know, like hotdogs and stuff." Participant 4 shared stories of discrimination and inequality of not being able to eat in the store with Whites. Inequality was prevalent in the community along side institutional policies supporting discrimination in housing and schools.

Inequality was not only seen during the time of segregation, but also carried forward with integration. Participant 6, a Black forty five year old male, described his feelings about inequality:

> So I feel unfairly hated and it's systemic. It affects your ability to even get a job. We've been denied jobs, promotions, raises. I mean it just its so embedded in American culture, kind of like how my parents were telling me when they were younger, it's like it is what it is, it's just what it is. And sometimes it doesn't

> even matter how—how educated you are, how articulate you are. It's like your education and your ability to articulate won't derail the system.

Participant 8, a Black forty five year old male, described his feeling about the impact of inequality:

> Kind of feel like White people still feel entitled, and I feel like, for the most part, White people, they expect—they expect a certain level of, I wouldn't say success, but they expect a certain level of comfort in this country, whereas, on a whole, as—as a community, Black people don't have an expectation of much. As a community, I feel like we're—we take what we can get.

Participant 6 talked about his present feelings about inequality in the workplace compared to times when segregation was the law of the land and he shared that, "if you work on a job, you can't get away with stuff that the white folks can get away with, and it's still applicable right now as I'm in my 40's." Participant 1, a Black eighty four year old male, shared that when he worked at Social Security many Black coworkers were stuck in their position for decades without promotion. He described what he called a "plantation culture" in the office that remained after integration. While integration policy took place before the birth of participant 6 and participant 8, the feelings of trauma associated with inequality, maltreatment, and segregation passed through intergenerational modalities.

Whites have the benefits. By definition, subjugation gives the dominant group advantages over the minority population. In Baltimore City, as well as most if not all cities in the United States, the dominant group was Whites. During the in depth

interviews five themes emerged that illuminated the recognition of inequality by the participants, in essence Whites have the benefits.

Several participants spoke about Black women working as key to the financial stability of the family. Part of the theme "Whites Have the Benefits" emphasized that Black women worked for White families. Participant 3 described her mother's employment "as they would say now, a domestic engineer, but she worked for white families." Her recollection was:

> My mother worked for two white families, and they were—one was the Williams, and, in fact, they worked—they lived in the Northwood area, she worked for another family that lived on Oregon Drive. They were . . . rich—he was a lawyer, and they a couple kids as well.

Participant 3 remembered her mother working for the "rich" White family, while she lived in the "all Black" McCullough Homes in Druid Hill. Participant 4 described how she saw the opportunities available to Black women when she stated, " . . . the jobs that they had was working for families, . . . for the White families." When she spoke about individuals coming to Baltimore City from "down South" she said, " . . . they could come up, and then they would get a job because, . . . cousin so-and-so know . . . this family, that needed somebody to take care of them, and so that was the women, . . . their jobs." Participant 2 learned "five years ago," in 2011, that his mother, on Park Heights Avenue in Baltimore City, babysat "White folks" when she was a teenager. Working for "White folks" reinforced economic inequality and the dominance of the subjugating group.

Disrespect from Whites to Blacks was gleaned as a form of inequality, during the interviews. Several participants described being called a "nigger" by Whites. Participant 6 compared how the word "nigger" is received "amicably" by other Blacks versus, "a sting let's say when a White person would use it just because it has a history attached to it, and it could be used in aggression." Participant 6 described an incident while he was a student at Frostburg State University. He related the experience to growing up in Baltimore City to his college experience and the teachings passed down from the previous generation during the "Civil Rights Movement." His intense description was:

> I'll give you an example of I was walking out in the town, just on the main street outside the campus. There would be school buses of kids maybe eight, nine, ten. Whenever they saw a Black person, they would yell out the window and stick their fingers out and call us nigger. Nigger! Nigger! And give us the middle finger. It was amazing because the White folks that you saw in the town, they wouldn't talk to you like that. So it was a revelation, like they were taught to hate me, you don't even know me, I'm just walking down the street, you're eight years old. A lot of these people never even saw Black people, but they were taught to hate, and I learned it. I learned that that's what they were taught, and it hurt because I didn't experience bus fulls of White people nigger in Baltimore, and so young, eight—eight years old and the whole bus, you know, like wow. You know, and now that I'm talking about it, I'm like connecting my experience at the arcade at White Marsh to a whole busload of those types of folks. Like, they were taught to hate, but the thing about American racism that I learned is the prejudice

> after the Civil Rights era became cloaked and masked, and I learned that at Frostburg too. (see Appendix F)

The experience of participant 6 showed how experiences of pain and confusion of being hated for being Black pass down through time.

Similar to the trauma of racism, White flight emerged from the in depth interviews of Black residents of Baltimore City. After integration, participants shared that Blacks lived harmoniously with Whites and then, as participant 8 stated, "White people was like, 'we outta here.'" He described that in the 1980s, when Blacks moved into communities that were previously occupied by Whites, those communities "started getting all Black." Ironically, as a child, participant 8 moved in the Northwood Community that participant 3 previously described as being occupied by "rich" White families. Participant 4 also told a story of White flight when she described moving into her home, "it was a Black family that lived there when I first moved there, and I was—it was just the two of us, and then I think it was one over there." Now the neighborhood has "more Blacks" that are "coming in to this area." Like participant 8 stated, "It started getting all Black." Participant 7 described how his family was the first Black family to move on their block. He recalls being told that, "a lot of Whites were there, but they started moving out." He summed up his feeling that, "a lot of them it just wasn't cool with the idea of having Blacks living next door to them." White flight was a result of fear that left behind communities of Blacks that were unwanted as members of the community and unwanted as neighbors.

Whites appeared to have more material possessions. This perception emerged as a reality during the in depth interviews. Several participants shared examples that wealth was one sided. One example was a Black child given previously worn clothing from White families that her Black mother worked for. Participant 3 stated that she " . . . benefited from hand-me-downs from these wealthy White people." She described the "hand-me-downs" as a blessing. Despite the fact that her mother went to work for "White people," participant 3 linked her mother's ability to work with the blessing of material stability. She further stated, " . . . I was blessed that I always had good stuff, and even if my mother wanted to buy me something, she—well, at that time you couldn't even go into the department stores downtown." Participant 2 described a similar story of Whites appearing to have more material possessions:

> We would walk from our community over to Southwestern Police Station where they had a big, beautiful knoll, grass, [and] basketball court. You thought you were in a totally different arena. And we would go over there and play them. They would be suited up with pads and helmets, and we'd be in our little—sometimes we would stuff clothes in our pants to give us a little padding, but we wind up . . . we would generally beat them.

There was pride in being able to "beat" Whites while having access to fewer resources. The overarching lesson Blacks learned was how to use what was available to succeed, whether it was "hand-me downs" or stuffing their "pants" to add padding in a football game. The benefit of being White was obvious to the participants, but it did not deter the will to live a full life.

Participant 2 shared a story of Whites having the benefits. He shared his view of the privilege given to Whites and the impact it had on him to this day:

> But the one thing that really shocked me was, after I got out of school and I was sitting—I was at IBM on—they were right off of North and Charles Street, but two blocks up across of North Avenue, and it was two white boys sitting on one side for the interview, and I was sitting on the side. And I was interviewing for the job because I had data processing in high school, and I forget what the job was, but I guess it was along those lines some how, and I didn't get the job, but I—I internalized they got the job because they're white, and that they had attended Polytechnic High School, and I felt that—I believe it was that experience that says, you know, what? You're education—you may be inadequately prepared because you went to a vocational technical high school. Even though I graduated Outstanding Male Student in my class, even though I aced a course.

He had done everything he was taught to do and still could not compete with Whites in the same city under the same education system. He was able to get a job through his guidance counselor, but described how he learned that his new employer, a successful Black accountant, had a similar story of discrimination, racism, and inequality.

> My guidance counselor got me a job with a CPA firm, which I worked for, the first African American CPA in the State of Maryland, who had to petition their legislature in order to sit for the CPA exam because Blacks weren't allowed to just take an application, fill it out, and then go sit for the exam. You had to petition the legislature.

The Black experience was not unique to one individual and taught him that White benefits were embedded in the system. The experiences from over forty years ago were shared with clarity that the experience was still fresh in his mind. Decades could not erase the stories, experiences, or intergenerational lessons passed down.

The participants shared many stories of seeing excess in the White community, while their families learned to survive with fewer resources and creativity in their poverty. Whites had Black women doing their daily task that was still a responsibility of the Black woman when she arrived back to her own home. Not all Whites had more wealth despite perceptions of the participants that Whites had the benefits. Often, Whites had the privilege of sharing their hatred of Blacks with no consequences for spewing hate.

Hurt people hurt communities. The Black community has suffered from many ills associated with limited resources from segregation and systematic racism. This began and continued the breakdown of the village. Participants described alcohol dependence and drug abuse as two factors that damaged the individual, family, and community. Additionally, the inability of Blacks to describe their genealogy beyond the grandparents left a gap in self-identification. Participants described the secretive nature of the Black family as damaging internal family relations. Cultural dispossession was gleaned as relating back to the Conceptual Model of Historical Trauma (Sotero, 2006). These family and community ills are collateral damage from segregation and inequality.

Alcohol dependence and drug abuse was referenced fourteen times in the interviews. From the references emerged the theme that hurt people hurt communities.

The responses to the in depth interview revealed the damage caused by alcohol and drugs in the Black community. Family breakdown and substance abuse is part of the trauma response of the Conceptual Model of Historical Trauma (Sotero, 2006). Participant 8 shared that his uncle and grandfather had issues with addiction. He spoke of how onlookers described them with terms like, "Oh, he's drunk" or "His drunk ass." There was a general acceptance that these behaviors were "negative" and resulted in being ostracized by the family. Participant 1 also explained that his brother had a lot of talent and " . . . he had a very, very negative side of him, and that was he didn't want to sacrifice for nothing." In turn, he linked the negative side of his brother with being " . . . one of the heavy drinkers in the family." He expressed his despair that his brother "had unbelievable talent, but it all went to waste." Alcohol was the culprit. Participant 5 said that her family abused drugs, also. She spoke of her cousin's drug abuse and how she witnessed, " . . . seeing him shoot up." Alcohol was as abused by her aunts, uncles, and cousins. Similar to participant 5, participant 7 saw drugs ravage his family.

> I think it started from my parents. My parent's always told me don't mess with drugs, be your own man, don't be a follower, be a leader. And plus I had two cousins when they were like in their mid—I mean, like mid to late twenties, these guys were on drugs and—and using alcohol on a daily basis. They looked like they were in their 60s when they was just on their late 20s, early 30s, you know, and I mean—it's no jokes. To really be strung out like that can just ruin your life, . . . not just, you know, not just your life, but your family, . . . it can effect so much, and I guess it was like a scared straight. I'll never forget it.

These experiences destroyed the community by destroying families and individuals that were part of the fabric of the community. The experiences could not be forgotten and were not. The community suffered and is still experiencing the trauma of drug and alcohol abuse.

Genealogy is very important in connecting the past with the present. The key informant expressed, " . . . not being able to connect your genealogy line is . . . some of the deepest psychological trauma, and I think it's spiritual as well." The in depth interviews revealed that the participants lacked knowledge about their heritage, beyond their parents and grandparents. The gap in genealogy knowledge relates to the secretive nature of the Black family. For instance, participant 2 shared a story that illuminated the gaps in knowledge and family secrets. He shared:

> My father was born in Franklinton, North Carolina. He was one of 17 children. His mother died when he was three years old, and they all worked on a farm. They all hated it, so they couldn't wait till they got to the age of majority to migrate to the north. So my father, he didn't talk much about his experience as a child. What I learned about my father, I learned from my mother, and she told some stories, you know, how they met here in Baltimore.

He continued to share that his mother told him stories about his maternal grandmother and that, "she was married to a preacher, and I think she had a second husband as well, if I'm not mistaken." When describing his lighter skin tone, participant 1 made reference to his genealogy:

> Look at me. Look at the color, okay? I have been informed that my great-great grandfather was white. I know where most of my families were born. I have uncles who were born in the 1890's. I have knowledge of my birth of some of my aunts. That's on my maternal side of the family. Both sides of the family migrated from Virginia. As a matter of fact, one was on one side of the river, and the other was on the other side of the river. They never knew each other, and there's still a remnant in Virginia that I don't know about. My mother's, my maternal side of the family, most all of them migrated to Baltimore, and then transitioned to New York, and that's where the majority of the maternal side of my family lived until they died.

Participant 1 was emphatic in stating that genealogy is "very important." His exact words were, "I think it's very important, and I think it's important because you need to know about your family history." With a serious demeanor, but joking tone he quipped, "You don't want to date and marry somebody, and find out that's your cousin." When asked about his family history, participant 6 also lacked genealogy information by answering:

> I would say no, not in detail. I think with—with my upbringing, some of the negatives that were in my family, they weren't spoken of. Like my mother never knew her father. So, for example I don't know my grandfather on my mother's side.

The combination of family secrets and trauma created additional collateral damage by disconnecting family stories and history from the present generation resulting in another form of cultural dispossession.

Black families are secretive, but the secrets start at a deeper level from individual experiences that are too painful to share. As participant 1 says, " . . . that's part of the secretiveness of Black families. They don't tell you anything. Many of my friends say the same thing. They don't know anything." All of the participants stated that their parents were very secretive. When probed about his father's employment, participant 2 said:

> I think my father—they said my father—my father was accused of something, . . . he said he had been discriminated against, but he never really expounded on the specifics. Even though I helped my father with his case as, I guess, an administrative assistant, typing up briefs and documents, and things of that nature, I still today don't know all the specifics.

The missing information leaves room for speculation and fear about the unknown. With so much movement, migration, displacement, and diffusion there are more lost connections. Consequently, there's less generational and genealogical memory and history that is transmitted.

Participant 1 eloquently stated, "My father was slick in his old days, and like I told him one day, I said, 'You know, your problem is you think all these people that you slick will come back and haunt you.'" In essence, the secrets of the past will reveal a

complete and true story. One example of the secrets coming back was revealed in the interview with participant 3. She spoke of:

> People back then, things happened, and they covered up . . . somebody would get pregnant and . . . they'd go away for the summer, then they'd come back, but the child was somewhere else . . . their child becomes something else to them . . .

Participants expressed their concern for why their parents were secretive; they never spoke of pressing their parents to reveal secrets. Secrets in the Black family added to the concept of hurt people hurt communities. Whether it was knowingly or not, trauma that is embedded in the person comes out in different means that can carry the trauma and secrets forward.

Hurt people do hurt communities. Fractured individuals and families are unable to assist in supporting the foundation of a strong vibrant community. Alcohol and drug abuse require resources from the family and community that limit the growth of the community. The participants describe how these community ills negatively impacted their lives and family. In addition, the inability to describe family genealogy divides the family into smaller units with no connection to the large family and village. Consequently, smaller families have fewer connections to resources and have to work harder to rebuild supportive social networks. Segregation had the ability to displace communities and fracture Black families. Survival came with collateral damage in the form of family secrets. Participants described family secrets as damaging to the family structure and their ability to fully understand decisions made in their lives. Secrets could be interpreted as protective and destructive. However, the lived experiences of the

participants described family secrets as destructive to family cohesiveness. Overall, these ills were a result of multiple waves of displacement on the Black community and the collateral damage that hurt people resulting in hurt communities.

Resilience Factors

Five themes emerged that describe how Blacks were able to survive and excel in disinvested segregated communities. Each theme is described with examples in the voice of the participants.

Black don't crack. The rigid structure of segregation was intentional in limiting resources of the Black community. Oppositely, the Black community adapted with resilience in the family and community. Five themes of resilience emerged from the in depth interviews. The themes are: (1) Blacks learned to make do; (2) walk the walk and talk the talk; (3) not just church but also spirit; (4) more than a job; (5) integration is a process. Participants described how they adjusted without cracking under the pressures of being Black in Baltimore City.

Blacks learned to make do. Making do is the result of traumatic situations that are overcome by the desire to survive. Participants described watching their parents struggle to survive. Participant 5 shared, "Oh definitely family—family level trauma. It could have also been, you know, financial, you know, they—they weren't where they wanted to be. They struggled." She described the struggle as traumatic. Many participants described similar experiences. Participant 1 summed up the poverty as, "We were poor, but we didn't realize we were poor." Poverty wasn't isolated in the segregated communities. Participant 3 expressed how she viewed poverty in her home:

> We were never hungry. We lived in the projects, but we had oriental rugs on the floor because of what was given to my mother from the family that she worked for. Our first TV actually was given to us by the lady that she worked for, our telephone. So we lived in the projects, but—and we were considered, probably—we were considered poor, but we didn't know it. I didn't know it. I never went without.

According to participant 4, a large portion of the community had similar financial struggles when she stated:

> We only had—when you went back to school, you had the one pair of shoes and two outfits, and you wore—you came home, and you would change because you were going to wear that dress the next day. You're not going to . . . oh, like I don't want to wear that. You wore that two days in a row, and nobody . . . teased you about anything or . . . anything, . . . so we didn't know that we didn't have.

Participant 4 described how they made do by going through the struggle together. She also spoke about how friends would share their resources to make sure everyone enjoyed what they could. She further shared:

> I have a friend of mine, we're still friends today . . . her grandmother would get up and cook her fried chicken breasts and butter roll and bring it to school for lunch. And we would wait for her, because our baloney and peanut butter, jelly wasn't getting it because we knew that she was going to take piece off of it, and bite, and then she would just like, I don't want this. So everybody know that we would get a nice big, hot chicken breast and a buttered roll . . .

For some of the participants trauma was best tucked away. Participant 2 shared his coping mechanism for handling the hurt from poverty:

> I kind of moved away from expectations of . . . somebody was going to give me something . . . because my father . . . would promise and never come through. So the way to deal with that hurt or not getting what you thought . . . I didn't get excited about any gifts, and that way I could deal with not looking forward to something. So if I got something, I was happy, but I didn't have an expectation that on a birthday or what have you . . . birthdays . . . wasn't a big thing in our house. So my mother did the best she could. She would bake a box cake and . . . we would sing Happy Birthday, and . . . that was pretty much the extent of it . . . Christmas wasn't a . . . big thing, because we didn't have it.

Despite his lack of wealth, he accepted his responsibilities as the eldest son:

> My job was come home from school and get on the wash board, and all the diapers would be in the tub after . . . they would take them and dish in the toilet, . . . my father said, "Make sure there's no yellow in those when I come home." So you didn't have a choice to say, "Oh, Dad, I don't feel like it. I got homework." You got on that scrub board, and I'd make music on it as I was scrubbing (makes sounds), and then hang them up, rinse them out, hang them up, . . . because I had younger sisters . . . younger siblings, and my job was to help out.

The responsibilities of the family were shared and there was no backing out of the life that was handed to you. All participants shared that making do was part of being Black and working through it.

Several participants described how turning the other cheek was not an option. They spoke of fighting back and making sure their respect was earned. Participant 1 was in the military during segregation. He spoke about the disrespect many endured, but he made it a point to fight. He shared an incident that happened in the Marine Corp:

> There was—there were two whites—to this day they are two individuals that I hate, and I haven't seen either one of them since 1953, but still hate them. There was one person from New York, and all he talked about was how he beat up on coons, [White male talking] "Coons doesn't come in to my . . . neighborhood. We'll run his little nigger ass on back up to Harlem." I'm taking all this in, and in taking this in, I'm sizing this dude up, okay? Because we're going—we're going to have a confrontation. I don't know when, but we're going to have a confrontation . . . he grabbed me, [White male talking] "Where you going?" [Participant 1 talking] "Blackie, take your hands off me." [White male talking] "Where you're going? Nigger, I said where are you going?" [Participant 1 talking] "Take your hands off of me." So I had to pee. Now, I shoved him aside, and I just pissed on the ground. He grabbed me, and said, "You're going to lick up every bit of that piss on the ground." Well, the fight was on, and when we had roll call in the morning, everybody wanted to know what happened to Blackie. Well, Blackie wasn't about to say that a nigger whipped his butt . . . There were—of the 75 in our platoon, there were only six Blacks. The other five Blacks had an idea I had something to do with it, but they didn't want to say anything. That was one person.

Participant 6 had similar situation almost 30 years later. He shared how he fought back:

> I had this little white dude kept calling me a nigger; . . . you're a stupid nigger. You're a stupid nigger. You're a stupid nigger. I might have been . . . like ten years old, and someone called me a stupid nigger. I'm like golly! So it got physical.

While physically fighting back was one option, others chose to fight back without fists. Participant 7 spoke about how he fought back:

> I've seen, you know, peers that were my teenage, you know, the same age as me, experimenting with drugs, and I didn't feel comfortable with it so I would get up and leave, and I would also get picked on about it too, you know, I didn't smoke reefer or marijuana, if you wanna use the technical terms, you know, I didn't do it and I didn't practice it or anything.

Fighting back is one mechanism that many Blacks used to survive physical and psychological abuse.

While everyone didn't "get physical," all forms of fighting back were important in building individual and community resilience. Blacks had to band together to overcome issues that plagued the community. One mechanism devised in the Black community was collective parenting. Participant 7 articulated this:

> I feel like the community that I grew up in was a strong-knit community. I mean, during that time, like say . . . if an adult caught a child doing something wrong, they wouldn't necessarily rip on you, but they would go and say something like,

> hey look, Jimmy's doing this and this and that, and my parents would correct me . . .

He also said that, "grandparents from my mother's side . . . put in a hand with raising me and my sisters" by watching them while their parents were at work. Participant 1 spoke of communities sticking together by keeping the neighbor nice and clean. He said that they "were all out there cleaning, sweeping the streets, holding it down, making sure there's no trash, whitewashing the fences in the back." To protect each other, the key informant described how Blacks stuck together during his childhood:

> So this is like '58, '59. I go to an elementary school, the Betsy Ross Elementary School that was across Frederick Avenue, and that was a—we were a minority group African Americans in this majority white school. We had to literally band together, walk together, because of all of the issues of taunting . . . and verbal abuse that we would get going to school.

Blacks sticking together were prevalent throughout the interviews. Also, it should be noted that Blacks spoke of positive interactions with some Whites. Participant 3 experienced protections when she went to the store with the child of the White family her mother worked for:

> They were the—they were rich—he was a lawyer, and they a couple kids as well. And so sometimes my mother would take me to work with her in the summertime or if I was out of school, and they had a daughter. Her name was Little—they called her Little Red. So we walked up to Northwood Shopping Center one day to a place called Arundels. It was just like a little ice cream place, and they had a

> little counter where you can—and we walked in there and sat down at the counter, and Little Red ordered two tuna fish sandwiches, one for her and one for me, and the lady said, "Honey, I'm sorry. You can eat yours here, but she can't." She said, "Okay. She can't eat here, neither can I." And we left. I was young.

That experience left a positive view of Whites on her; however, she did not like the experience of being discriminated against. She shared that she really didn't remember any other stories like that, but she did join "the NAACP" and became active with volunteering. She said that she "actually went to the Martin Luther King March" on Washington. Segregation created a community effect of poverty and inequality that made sticking together paramount for survival.

Walk the walk and talk the talk. Resilience in the community is built and shared when mentors model positive behaviors. Participant 7 talked about seeing other Blacks working and taking care of their families when he said:

> I got up every day and saw my neighbors working, you know. Nobody was like staying home . . . the older generation. No one was just staying home and getting high, and . . . bragging about being, . . . a nobody . . . Even if it was just a blue-collar job, they took pride in it and . . . it would take care of their families.

Something as simple as being invited to dinner by a different family made a big difference in how participant 4 saw the world. She remembered "a family, she had about eight children, and she would always invite me to the table to, you know, to eat, . . . and I learned how to eats different foods that I . . . didn't have it at home, but she seemed to have had it." Learning was taking place from mentors modeling positive behaviors. The

key informant described mentoring his son's friends. He was intentional in sharing his activism with his children. He shared that he took his children with him when he was voting and "when we protested in South Africa and Apartheid, you know, so they had those experiences because of my activism . . ." Modeling behaviors was a vital pillar in building resilience in the Black community.

Resilient Black families also required modeling. Family values taught to the next generation were the most prevalent codes. The way we see our parents and relatives shapes our worldview. Participant 8 talked about his father and said, " . . . he's a good father, good husband, good provider. He's a grandfather. He's . . . he's a professional in his profession. He's knowledgeable, very well read." Participant 8 graduated college and he has a Juris Doctorate. His view of his father influenced his personal outcomes. Participant 7 saw his family as "well off," but also mentioned that both of his parents worked. They worked, "middle class, blue collar working jobs, mostly everyone worked at Bethlehem Steel or General Motors." Participant 7 went to high school for the trade electrical construction. He is now a blue-collar worker and delivery driver for a trucking company in Maryland. He shared the importance of having a father modeling positive behaviors when he stated:

> I really think it starts at home. I really think it makes a difference having a father around. If the father isn't around in a child's life like—saying living in—in the household, he needs to be the part of a process of raising this child. I think that makes a big deal . . . I know I didn't always get along with my father, but I always saw him working and its instilled in me, hey look, I got to work, . . . whether I

> have my own business or work with somebody, I have to work. And, I think the other thing is, parents need to teach their kids how to be patient to get things. (see Appendix G)

Participant 6 spoke about money and where he learned how to manage his finances. He shared that he learned from his parents since his:

> Parents came from country areas with humble beginnings as well. Like, they would describe their upbringing as poor. So when they got those jobs, then the—what was that, like maybe 50's and 60's, they kept them, and they spent their money kind of—they still had the mentality of, well, we're just used to going without . . .

To this day participant 6 is frugal and conscious of how he spends his money. The children and family members mimicked the lifestyle and behaviors of the adults modeling in the Black family.

The response to stimuli will be negative or positive based on the behaviors modeled in the home and community. Many of the participants shared that they were taught to be successful through story telling and through direct observation. Participant 8 described what he learned about being Black by stating, " . . . what makes Black people Black people is that we'll tend to make it happen for the most part by hook or by crook." His teaching came from watching his parents and mentors devise ways to provide for the family. Participant 6 defined this process as, "it was like survival, survival teaching." To learn how to avoid situations that would result in setbacks, participant 6 recalled being taught "survival tips" by his parents. His parents would say things like:

> So this is what you got to do when you get out there. You can't do everything they do on the job. They might do this. You can't do what everybody else does. They can get away with stuff, you can't get away with. When you get pulled over by the cops, this is what you got to do.

He said that the lessons were taught in "narrative . . . I didn't hear any anger in the stories." Instead, the narrative was shared, "kind of was a very matter-of-fact, like that's just how it was, that's just what happened." He shared that his father told him how he was called a "nigger" often, but despite that he said, in his home "no racial slurs are used to refer to White folk or anybody . . . we don't talk like that." Participant 6 response summed up the responses that emerged through the in depth interviews by stating:

> I was kind of brought up with that Martin Luther King style of teaching, real, real rooted in the followings of Christ, not exchanging hate to hate. Just kind of operating like your strength is in—your strength is in your ability to still extend courtesy and love to folk.

Being taught survival techniques through narrative and direct observation was instrumental in having role models walk the walk and talk the talk.

Walking the walk meant that there was modeling of behavior that others wanted to follow. Whites, as a group, emerged as a topic during the interviews. To allow participants the opportunity to express their feelings about the dominant race, I asked, "How do you feel about Whites today?" Overwhelmingly, the response was neighborly. Participant 3 urged that:

> Actually, one of my best friends is White, and I never did that—you know, like I don't care about Whites. It's people. I don't care what color they are. It's how they treat me, you know . . . I don't have a thing against White people.

Participant 3 shared that she "never went to them. They would always, for some reason, flock to me." She was a leader and inviting in her persona. Participant 7 also learned similar lessons from his parents. He shared:

> My parents never gave me that talk like, don't trust Whitey, you know, they never said anything like to me. They more so just told me, just, you know, get to know somebody and the truth of the—who they really are will come out no matter what race they are.

The majority of participants stated that there way of judging people was not by race, but was "If you treat me right, I treat you right." Walking the walk and talking the talk is best summed up as participant 6 said, "your strength is in your ability to still extend courtesy and love to folk." Despite centuries of trauma, direct exposure to segregation, and systemic racism, the lessons taught were love and forgiveness.

Not just church but spirit. The Black church was a key institution in the community. There were many churches in the community and many denominations of the Black church. Participant 4 described the Black church denominations as, "Either you were Baptist or Methodist, and then they had what we used to call the Holiness Church, they're Pentecostal . . . church. We had quite a few of them in the community . . ." Participant 8 mentioned that church was a requirement and "church was something that most people did. It was an activity." The requirement to attend church was confirmed by

participant 1 that, “Back in the day, and up to, I would say the '70's, religion played a very important part in the Black family. In my family, you were required to go to church. There were no choices.” The requirement to attend church emerged through the interviews with an understanding that the community benefited from having spiritual institutions that taught morals and community norms.

As the key informant stated, “ . . . church community was seen as places of sanctuary. They were places that you would go. They were places in which you would have arts and crafts, a social experience, etc. The YMCA, which was a central part and extension of the faith community started by the faith community.” Participant 3 remembers the social events in the church, “that's where you met people . . . and let's say little girls . . . you got a little crush on a guy or a guy got a crush on you, and that's where you would go to . . . meet these people, because there wasn't a dating thing or any of that. You go there to socialize with these people at church.” Participant 2 recalled when the Black church was a sanctuary of peace for him:

> Because, I says there was a time when I was strung out on drugs. I didn't know where I was, and it was that church where I walked in, and I still probably was tripping or whatever you want to call it, what have you, but that was a saving grace for me. Because going home wasn't going to help me, because I knew what I was going to hear there, but to go into God's house and . . . the song that talks about in the arms of safety, where you could sit there and just say, I don't have to say anything, . . . because when you took LSD and stuff like that, . . . I had an

> opportunity just to sit and talk to God, and I felt safe in there, even though I still was probably either coming down off a high . . .

The Black church was a place of refuge and safety through a relationship with God. The Black community was centered on the Black church.

Everyone did not stay in the church, but the spiritual teachings stayed with them when they left. Participant 8 said that his parents, "didn't leave the relationship with Christ, but they left this organized thing called church." Participant 7 spoke in more detail about his parent's relationship with God despite not attending a church, as he said:

> We had bibles, and you know, my mother would read certain things or . . . have certain prayers she would write out, certain segments of the bible she would hand to me to carry, and you know, whenever we were having a hard time, she'd just tell me, hey look, just pray . . . And praying, it, to me, it does help . . .

Spiritual protection emerged as a consistent code throughout the in depth interviews. Participant 1 recognized that his grandparent's prayers kept him safe and from crossing "certain unseen barriers." Participant 2 also believed in spiritual protection although he was not attending church regularly as a child. His recollection was, "We were taught to pray. In my household, we said our Grace, and we learned the, I guess, the Children's Prayer. I always prayed when I was going through school. I never wanted to fail. I mean, I just said, Lord." As participant 7 shared his parent's statement to him about God, " . . . have your own relationship with God, pray." And for that reason, he said, "I'm not really a big church goer." Whether participants went to church or worshipped in their

homes, they felt a level of spiritual protection from reading the Bible, praying, and believing in a higher being.

More than a job. Coming out of times of segregation into policies of quasi-integration took more than a job. There were policies that helped Blacks attain opportunities that were previously not available. Participant 3 was a recipient of, as she described, "Affirmative Action. For some reason, I mean, I have never had to fight for any job. Every single promotion that I got during the time that I was in the government, it was because someone approached me." She considered it " . . . an absolute blessing." Participant 2 described how the Civil Rights Movement was instrumental in the Black community:

> . . . you was hearing stories about how we were being treated, and then you saw the Civil Rights Movement on TV. I'll never forget one day I was watching TV, and Dr. King was speaking, and I—it shocked me. I was like, oh my God. Because we were . . . told that we were dumb, stupid . . . folks would say you're not going to . . . your parent—said you're not going to amount to anything. So here you hear this African American articulating about, you know, fighting for our rights.

For some families, participant 1 said,

> . . . it was important to a lot of families to get everybody out in the job market so more income could come in, and as a result, many did not complete high school, but many of those who didn't complete high school were making good money.

In these cases it was more than a job. It was family stability, economic opportunity, and important the structure of the community culture that men worked. Black resilience came about through legislative change and economic opportunity.

Education added to the resilience of the Black community, as participant 1 stated, "We saw more and more Black people were being educated." It wasn't one Black person getting a college education. It was becoming a normal pathway to go to college instead of working directly out of high school. Participant 1 describes the tool of education that, "In the '50's there was an explosion of more and more blacks going to college. Many, including myself, were first time college graduates because the opportunity was there, families had money to send their kids to college." Participant 1 went to Morgan College on a scholarship for baseball and track. He ran track in high school and used athletics to get an education (see Appendix H). A college education was important to many of the participants, but the importance of education was formed before college. Participant 8 was bused from an all Black community in West Baltimore to East Baltimore, once a White community, "to Hartford Heights, they had a gifted and talented education program, and my parents let me go, and that school was definitely very mixed. It was like even the white kids' parents saw the benefit in sending their kids to that school and they took advantage of whatever program was being offered." From the experience he surmised that, "we had one of the best educations you could get on this side of—this side of the country." He loved school and continued pursuing education until he received his juris doctorate.

Many stories of education emerged as a key to employment and advancement. Participant 2 believed that the importance of education began for him when he noted that his teachers took pride in their jobs as educators. To them, it was more than a job, it was a responsibility to model behaviors that students would mimic. Participant 2 connected his experiences in school with his success when he stated:

> Well, I believe what I—what I'm experiencing today, or whatever I experienced since I left high school, is that the teachers in the Business Department, walked the walk, talked the talk, and demonstrated through dress, articulation and speech, and more so what it takes to be a good worker. We—we were taught that we're going to go work in somebody's office as a clerk, typist, maybe a bookkeeper, . . . and they demonstrated with the—the behavior that they expected for us, they—in other words, they didn't give us anything, we had to work for it.

Education in the classroom and education through observational learning was key to the Black community attaining success during integration. Nothing was going to be given to the Black community; you "had to work for it."

You did have to work for it, literally. Once you began to work for it then you saw fruits of your labor. Several participants described stories of the men in the family driving trucks and doing construction. In many instances, women provided for the family and supplemented the income by working for White families. As policy changed segregation to integration, Black communities found employment working for " . . . General Motors, Sparrows Point, Western Electric," because they "were paying the high

salaries, even more than some of your professionals." Participant 1 further described the formula for how Blacks were able to save money and purchase homes by stating:

> The people who worked in the steel industry, worked for General Motors, worked for Western Electric, were making more than teachers, and when you're living in a community where your rent is under $40 a month, you're now making $100 a week, it didn't take long before you saw money accumulating. In many of the communities, the rent included gas and electric. You didn't have a gas and electric bill. Only a few people had a telephone. A few people had automobiles, but as the income began to generate more and more savings, they were able to accumulate money, and then they suddenly discovered, I have enough money to buy a house, and then the search was on to buy a house.

There was work in Baltimore for Blacks that wanted work. Many participants described how their parents moved to Baltimore specifically for employment. Once you had the job it wasn't hard to get another for your family. Participant 1 described the referral process for jobs:

> At Sparrows Point, the opportunity for employment among Blacks was great because it was paternal. If your father or your uncle worked there, you automatically had a job. They didn't have to do a background check on you because they were able to look at your father or your grandfather or your uncle's work history, and determine the children must be a chip off the old block, okay? Daddy never missed any time. Daddy was a good worker. Daddy was

> dependable. Daddy did this. So in my particular case, two of my brothers went to work at Sparrows Point.

Once word about these opportunities spread many Blacks migrated to Baltimore for employment. Every participant interviewed had at least one parent migrate to Baltimore for employment from Virginia, North Carolina, Eastern Shore Maryland, and many communities around Baltimore.

Opportunity was more than a job. Opportunity came through education, observational learning, migration for employment, employment through association, and hard work. Black resilience endured the experiences that accompanied the search for opportunity to provide a better lifestyle for their families.

Integration is a process. Segregation did not end and integration began with a clear dividing line between the two. During integration, the key informant shared that Blacks, " . . . had to literally band together, walk together, because of all of the issues of taunting . . . and verbal abuse that we would get going to school." He shared that:

> . . . Brown versus Board of Education decision where . . . the whole idea of separate but equal now allowed for the African American middle and upper middle class to begin to move outside of its historical districts into other communities. And what that did was that left the kind of a brain drain, kind of an economic exodus of resources from an African American community so that now when you look across, literally across, America, particularly in Baltimore, you cannot put your finger on what is the African American community.

The process of integration included legislative change like Brown versus Board of Education. Change was constant during that time. The Black community was enduring trauma and responding with survival. As described earlier, participant 6 shared that, "the knowledge . . . was like survival, survival teaching." Participant 4 also learned to survive during this transition. She spoke about " . . . the '50's when the schools, you know, was integrated" (see Appendix I). She went " . . . to Southern in the late '50's, and . . . experienced discrimination . . ." Participant 3 felt compelled to share that Blacks were not rebelling, but acting out of rage:

> . . . during the assassination of Martin Luther King, and this White man didn't understand why we were rebelling, and why we were tearing down our own communities. And I said, well, you know, people, you know, out of rage, and they just—this is how they respond, because they felt like, you know, something was taken away from them, and that they—you know, they just went out and rebelled . . .

Integration was a process that included trauma, rage, and rebellion. Communities were being torn apart with the imbalance on the side of the Black community. Despite the desire to move into integrated communities, several participants spoke of the integrated communities "getting all Black," as participant 8, stated. The communities did not remain mixed. Participant 1 shared that Blacks could only buy homes in "limited areas" and they moved into White communities. Participant 7 even stated that his "family was the first Black family to move on to the particular block." Shortly thereafter, "White people was like, 'we outta here.'" All participants, ages forty to eighty five, shared that

"change was gradual." Integration was a process from segregation and in many instances integration was not realized. In turn, the allure of integration creates a period of quasi-integration that is still present today. From home ownership to education, communities are experiencing trauma from the "brain drain" that took resources and opportunity with it.

Summary

Segregation in Baltimore City yielded negative on the Black community. However, community solidarity and economic mixture in the community created the positive balance. Youth were able to see professionals, white collar and blue-collar workers, daily. They had access to resources in the community and church that made striving for success a little easier, as you could see, feel, and talk to people that you considered role models. Through the intergenerational transfer of knowledge by modes of story telling, modeling, and direct exposure, Blacks learned to cope with the negatives and create positive mechanisms for survival. The survival techniques included physical, emotional, and spiritual resilience practices. During the interviews, it was gleaned that the perception of the participant was instrumental in surviving experiences of varying level. From one key informant interview and eight in depth interviews, nine themes emerged. Integration emerged as a process that included new covert threats of psychological abuse and inequality that were overt in segregation. The participants agreed that integration created new opportunities in education and economic advancement, despite the Civil Rights fight to be acknowledged as equal. In conclusion,

resilience through trauma is built from the individual responses to story telling, modeling, and direct exposure to character building behaviors.

Chapter 5: Discussion and Conclusion

Introduction

This chapter connects the results and literature, clarifies the Conceptual Model of Historical Trauma (Sotero, 2006) and its utility in understanding trauma experienced by Black Baltimore residents, addresses the themes' larger implications, highlights limitations of this study, and proposes recommendations and further research at it relates to historical trauma's impacts on Blacks in Baltimore.

Trauma has been a constant theme of Black life in the United States. From the inception of the Americas, slavery, violence, racism, and inequality have limited true integration and assimilation of Black Americans with mainstream White America. After emancipation, "people of African descent have suffered from the cumulative impact of Jim Crow policies" (Brown, 2015, p. 71). Suffering and resisting is a never-ending cycle for many Black Americans. In Baltimore City, Blacks have had to survive segregation, serial forced displacement, racism, restrictive covenants, redlining, and disinvestment (Pietila, 2010). The historical record reveals that White Baltimore City officials, bankers, and real estate agents engaged in racist practices and policies that established and maintained the dominance of the rich White class.

Black communities have been traumatized by over a century's worth of policies and practices designed to isolate and subjugate Blacks. Massey and Denton (1993) summed up the damage of racial segregation by stating:

> Residential segregation is not a neutral fact; it systematically undermines the social and economic well being of Blacks in the United States. Because of racial

> segregation, a significant share of Black America is condemned to experience a social environment where poverty and joblessness are the norm, where a majority of children are born out of wedlock, where most families are on welfare, where educational failure prevails, and where social and physical deterioration abound. Through prolonged exposure to such an environment, Black chances for social and economic success are drastically reduced (p. 71).

The interviews revealed that Baltimore City was a hub for Black migrants seeking employment and opportunity that was less prevalent in the southern states like Virginia, North Carolina, South Carolina, Tennessee, and rural Maryland. It was also noted that the travel and settlement in segregated Baltimore provided its own trauma. The trauma of settling in Baltimore City was grief from broken families, insecurity in seeking employment, and loss of dignity when having to work for White families to provide for their families. Historical trauma is manifest in the health of the traumatized. Segregation by its nature does not share resources equitably.

In his text, *Down to the Wire: Displacement and Disinvestment in Baltimore City*, Brown (2015) states, "racial segregation—along with subsequent disinvestment—increases risk to health-negating factors and decreases access to health-enhancing factors" (p. 72). Likewise, Marisela Gomez (2013) explained how inequality in laws and policies affected Black communities:

> The unequal and discriminatory laws and policies resulted in disinvestment and marginalization of communities in which majority African Americans lived leading to unhealthy physical environments of unsanitary, abandoned, and run-

> down streets, schools, parks, health clinics, recreation centers, stores, and houses, and high crime. The consequences of living in such disinvested neighborhoods help to determine exposure to different levels of stress faced daily by individuals living, playing, working, and learning in these communities as well the internal and external resources to address these stressors in a healthy way (p. 72).

During the in depth interviews, research participants described the education, economic, and structural foundations in the community as unequal. They too had minimal resources to address the stressors in the community. Despite inequality, participants described how they learned to cope with the situation at hand. Coping was gleaned to not mean succeeding, but acknowledges adaptation within circumstances. In addition to coping, participants spoke frequently of survival. Participants described survival as a struggle of balancing acceptance and resistance. Resilience was an important theme, also. Resilience meant not accepting the norm, while resisting with insistent demands for opportunity and resources. From the participant that spoke of how he viewed his education as inferior to the participant that described Blacks making it by any means necessary, coping and resistance were woven into the lived experiences of the participants. Resilience that supported survival emerged through the in depth interviews as internal family and community mechanisms to counter external forces of segregation, racism, and poverty.

This research expands the understanding of the participants that lived during the promise of integration by asking them about their retrospective personal experiences during the shift in policy.

Conclusions

The literature was instrumental in asking the right questions to participants in understanding their experience of trauma. When asked, none of the participants stated that they had a clinical diagnosis of posttraumatic stress disorder (PTSD). While participants were able to describe experiences that would trigger acute PTSD, the retrospective nature of the interviews could not capture the feelings or response at the time of the incident. For example, participant 5 described witnessing her family member using drugs intravenously. The direct exposure to this event had a negative effect on how she viewed drugs. She was unable to describe the feelings she had at that time, but based on the definition of PTSD that event would have been a potential trigger for anxiety and stress. Piotrowski and Range (2015) defined PTSD as, "an anxiety disorder resulting from direct or indirect exposure to actual or threatened death, serious injury, or sexual violence and characterized by persistent difficulties that negatively affect an individuals' social interactions, capacity to work, or other areas of functioning" (p. 1).

The Black experience, as described by participants, featured several instances of violence and fighting back that affected their social interactions. The essence of trauma is loss, grief, fear, and insecurity. All participants described loss, grief, fear, and insecurity that were associated with segregation and the policies that limited access to resources for Blacks. Overall, the Black Baltimore experience was traumatic by definition as it relates to historical trauma.

Posttraumatic slave syndrome produces three distinct behaviors: "Vacant Esteem, Present Anger, and Racial Socialization" (Leary, 2005, p. 121). Participants spoke of

feelings and experiences consistent with posttraumatic slave syndrome. While participants described their ability to cope in Baltimore, they also expressed anger with the inability to be recognized as equal in society. Participants described lacking self-esteem, because they were unable to express themselves without severe consequences from parents and society. The harsh response for being too forward was preparation for future interactions in a hostile society. Blacks were not accustomed to speaking openly or outright about their frustrations. Perhaps these and other aversive behaviors are a manifestation of the "plantation culture" that one participant discussed.

The fight for equality through integration resulted in a split and fracturing of cohesive Black neighborhoods as many upper and middle class Black families migrated to suburbs after 1968. This upper and middle class Black suburban exodus created a new spatial division within the Black community, the fortunate and the less fortunate. The fortunate were able to move out of disinvested communities, purchase homes, and obtain an education and jobs. The less fortunate, on the other hand, were left in communities that received little to no investment, educational institutions that did not prepare the youth for life's challenges, and low paying employment when a job could be found. Posttraumatic slave syndrome is seen in the current state of the participants and community, with resulting behaviors produced by an ever-present pressure of not belonging fully to a society that has an abundance of resources they choose to limit for Black communities (Leary, 2005).

Race based trauma was also present in the experiences of the participants. Carter (2007) describes race based trauma as an, "emotional or physical pain or threat of

physical and emotional pain that results from racism in the forms of racial harassment (hostility), racial discrimination (avoidance), or discriminatory harassment (aversive hostility)" (p. 88). Participants described past and present experiences of hostility by Whites in physical and verbal form. Participant 1 and participant 6 described fighting Whites that were physically and verbally hostile toward them. They had been confronted by discriminatory instances of intimidation and hostility and in turn refused to take the abuse without fighting back. Participant 2 described his father's maltreatment from discrimination and the impact it had on the family in the form of extreme poverty.

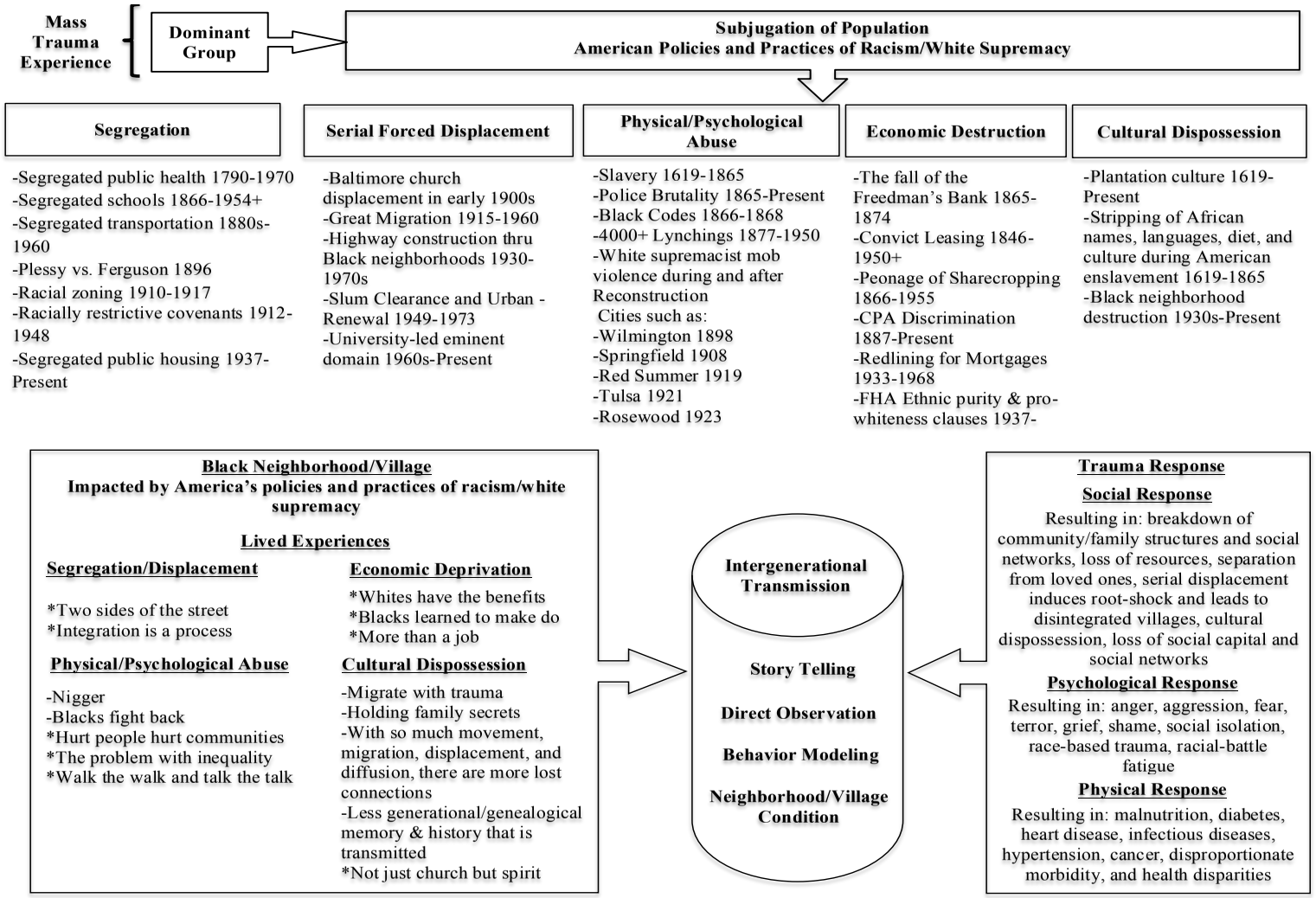
Integration was a promise that created a false sense of equality and balance in communities with Whites and Blacks living harmoniously. Actually, the attempt to create residential integration revealed a tangible form of racial discrimination. When Blacks moved into White neighborhoods, Whites moved out. Participants described other forms of avoidance by Whites. Blacks were told not to cross the street, because that was the White side. Blacks could not eat with Whites in the same school, even after integration. The practice of aversive hostility arose through rejection of employment opportunities, inequality on the job, inequality in schools, and inequality in the community. Blacks desired to purchase homes, but described their inability to move in the communities of their choosing.

Participants' descriptions of aversive hostility emerged when asked about how Blacks feel about Whites presently. The responses were neighborly, while describing Whites' actions and feelings of self-righteous access to resources due to their superiority from belonging to the White race. Participants often exhibited behaviors of forgiveness

and passive aggression from the Civil Rights movement, despite the acknowledgement of threats from racism. Race based trauma captures the emotions and experiences of participants, but does not account for the resilience factors that countered trauma.

The history of racist American policies and practices combined with the lived experiences of the participants aided in adding specificity to the Conceptual Model of Historical Trauma (Sotero, 2006). The resulting model is the Black Baltimore City Residents Model of Race Based Historical Trauma. Figure 3 clearly shows the historical trauma in the categories of segregation, serial forced displacement, physical/psychological violence, economic destruction, and cultural dispossession. Participants' responses described the essence of the lived experiences through themes captured in the Black neighborhood/village responses to trauma. Finally, the trauma responses are explained through the lenses of Blacks that lived in Baltimore City during segregation into quasi-integration. Each of the modes of intergenerational transmission is included in the model to conclude how trauma is transferred through the neighborhood/village and trauma responses.

Historical trauma affected Blacks at the individual and community levels. The collective nature of trauma was not limited to one event or time period, but compounded over time with systemic racism, segregation, restrictive covenants, redlining, and disinvestment (see Figure 3). The promise of integration was revealed as another trauma, as it appeared that equality was on the horizon, but did not offer opportunities to the entire Black community.



Note: *Themes that emerged from in depth interviews of Black Baltimore City residents that lived during the transition of segregation to integration.

Figure 3. Black Baltimore City Residents Conceptual Model of Race Based Historical Trauma

As new generations experienced historical trauma through story telling, behavior modeling, and direct exposure they carried forward the historical trauma of the previous generation when the promises of integration were not realized. Historical trauma was a reality for the participants. Parents and mentors purposed to provide better lives for their families. The embedded nature of segregation and subjugation taught lessons of trauma that Blacks could not escape.

Limitations

This study used qualitative research methods of in depth interviews to understand the phenomenon of lived experiences of eight Black Baltimore residents during the transition from segregation to integration policy. A key informant interview helped to develop the interview guide and understand the historical context of Black Baltimore City communities. With only eight in depth interviews the perspectives of participants is limited in understanding the experiences of a large diverse section of Baltimore residents. The model provides a historical basis for these results, but do not yet have an empirical basis.

Participants were limited in the ability to remember and recall specific events from three to four decades in the past. This inability to describe specifics in detail limited the connection of the results with particular emotions and feelings that would be helpful in understanding trauma. The mobility of Baltimore City Blacks was a major limitation in recruiting participants that lived in Baltimore City during the time period of the research. Blacks described moving to many different communities due to poverty, forced

movement, eviction, and their parent's migration for employment. Constant movement makes remembering specifics difficult as participants often confused times and locations.

As emotions flared in discussing traumatic events in participants' lives, the tendency overemphasize responses to trauma was another potential limitation. On the opposite end, participants could alter their stories to describe sensational or disparate events to feel that they were aiding the researcher. Participants could try to appear more or less traumatized than they actually were.

Mental Health Implications

Culture and society influence mental health and mental illness. Culture is defined by the shared beliefs, norms, and values of a particular group (DHHS, 2001). According to the *Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General (2001)*, "Cultural misunderstandings between patient and clinician, clinician bias, and the fragmentation of mental health services deter minorities from accessing and utilizing care and prevent them from receiving appropriate care" (p. 25).

This study's results highlight the importance of family communication to counter family secrets and the resilience factors of families making do with the resources they have. While participants noted the stress of racism, discrimination, and segregation as contributors to trauma, they also noted the importance of strong communities and families as building blocks of resilience. Supportively, research shows that family factors can protect against, or contribute to, the risk of developing a mental illness (DHHS, 2001). Participants provided examples of supportive families and healthy community

relationships that protected against the onset of mental illness. Research by DHHS (2001) states that a family environment marked by severe marital discord, overcrowding, and social disadvantage can contribute to the onset of mental illness.

Segregation created disinvested Black communities that experienced economic destruction from unemployment, unequal educational opportunities, redlining, predatory home tax sales, and others layers of deprivation. Poverty is a key driver of mental health illness and stress. In a study of social class and assets, researcher results concluded that people in the lowest strata of income, education, and occupation were more likely to experience psychiatric disorders of mood, anxiety, alcohol, and drug use disorders (Muntaner, Eaton, Diala, Kessler, & Sorlie, 1998). In essence, poverty is a precursor to poor mental health resulting in behaviors that damage the people and their communities. DHHS (2001) research states, "Poor neighborhoods have few resources and suffer from considerable distress and disadvantage in terms of high unemployment rates, homelessness, substance abuse, and crime" (p. 39).

Research documents the disparity associated with mental health treatment and African Americans (Alegria et al., 2008). The disparity is also evident in the length of treatment and source of treatment. Peifer, Hu, and Vega (2000) reveal that African Americans sought informal sources of care such as clergy, traditional healers, and family and friends. Levin's (1986) research exposed the specific relationship of African Americans with their church, stating that African Americans often rely on ministers, who may play various mental health roles as counselor, diagnostician, or referral agent. In the in depth interviews, participants described stronger relationships with the Black Church

during times of forced segregation. During quasi-integration, mass movement from segregated communities weakened the African American community and the African American relationship with the Black Church. Disparities in mental health are directly associated with inequality in treatment and seeking the proper source of treatment.

The results from the phenomenological research provide specificity in the inability of participants to establish strong community culture and norms after quasi-integration. Participants described family secrets, continual movement to find employment, and serial forced displacement of Blacks in Baltimore City communities. These missed connections and lost linkages appear to be the basis for weakened family structures and fractured communities. As a result, the individuals in these communities are more susceptible to mental health illness compared to those that are supported by their family, community, and church. In conclusion, poor mental health is a complex illness that needs many explanations and solutions for treatment. The transition of Blacks from segregation to quasi-integration is one explanation for fractured family supports, poverty, and weakened community supports.

Community Intervention Recommendations

The Black community has survived years of trauma, racism, inequality, and displacement. Battling these systemic forces has left scars on the individual and community. In the case of mental health, many of the scars are not clearly visible. Participants described the influence of segregation and integration on their health. Participants expressed the loss of strong family and community connections as a loss of culture that was rooted in history. Every move, community, and experience was met with

re-establishing the norms, beliefs, and values associated with their settlement. With a lack of strong social networks and cohesive social capital, communities are less equipped to support itself and the needs of the individuals. As a result, interventions are needed to help heal the pain of trauma, restore social networks, rebuild social capital, re-establish lost connections from the past and present, and to strengthen to community based on the specific experiences of African Americans in Baltimore City.

Violence in the Black community is a major barrier to healing from trauma. Violence victimizes people of all races. Independent evaluations have proven that violence reduction is possible through shifting cultural norms and working with the community. Through the Cure Violence program, Baltimore Safe Streets has been able to work in the community by educating on the science of violence and the cultural norms that need to be shifted (Cure Violence, 2014). Elijah Anderson (2000) summarizes the problem as:

> The inclination to violence springs from the circumstances of life among the ghetto poor—lack of jobs that pay a living wage, limited basic public services (police response in emergencies, building maintenance, trash pickup, lighting, and other services that middle class neighborhoods take for granted), the stigma of race, the fallout from rampant drug use and drug trafficking, and the resulting alientation and absence of hope for the future (p. 32).

In Baltimore City, there has been as much as 44% fewer shootings and 58% fewer killings since Safe Streets began implementing the Cure Violence program (Cure Violence, 2014, p. 1). The Cure Violence model uses three key strategies to treat the

disease of violence. First, “trained staff from the community, known as Violence Interrupters, prevent shootings and killings by detecting and interrupting potentially lethal conflicts in the community and mediating them to a peaceful end” (Cure Violence, 2014, p. 1). The first strategy requires community communication, relationships, and consistent engagement. After community engagement, behavior change occurs when, “Outreach workers identify people at the highest risk for violence and work side by side with them to reach and maintain a non-violent path to conflict resolution” (Cure Violence, 2014). Finally, community norms must begin to shift with the entire community, including local partners, workers, residents, business owners, faith leaders, social service providers, and the people at “highest risk to reject the idea of violence as an acceptable behavior to resolve conflict in their neighborhood” (Cure Violence, 2014, p. 1). No stone is left unturned in the community. For a successful intervention, the community must be included at all levels and culture must be at the center of the discussion.

The needs of the Black community extend beyond violence, but start with healing. The Association of Black Psychologists (2014) recognizes the therapeutic power of sharing stories of trauma and hope with people that have had similar experiences. To create the dialogue and safe atmosphere, ABPsi (2014) created a healing process designed to break down the social and psychological fences that separate us. The goal of the dialogue is to create the individual and collective emotional emancipation, healing, and wellness that once accompanied the Black community. ABPsi (2014) labeled these dialogues Emotional Emancipation Circles (EE Circles). The Black community benefits

from strong families and communities. In turn, EE Circles lay the groundwork for a much-needed rebuilding of family and community relational ties and mutual support, and can pave the way to ending a host of social problems and disparities (ABPsi, 2014). While the EE Circles are important to the communities that have begun to use them, it is important to note that the outcomes from these EE Circles are structured to lay the foundation needed to deliver measurable positive outcomes. According to ABPsi (2014) research, EE Circles will benefit the community by increasing:

1. Cultural and emotional awareness and racial identity (with greater inoculation against the negative physical and psychological effects of racism and stress),
2. Appreciation of our place in history and our contribution to it,
3. Community support networks,
4. Sense of community and civic mindedness,
5. Resilience in youth and families and increased general well being,
6. Peace of mind, heart and spirit,
7. An opportunity to exhale enlivened by the reality that the lie is just that—a lie—and that what lay ahead is what we envision and what we command into existence,
8. In the long term, the process of emotional emancipation can contribute to decreases in: Community detachment and stress; Crime; and Youth academic underachievement, loss of hope, and dreams deferred and more.

Black Baltimore communities will benefit from collective healing. Historical trauma has broken communities and families. The in depth interviews performed in the historical

trauma research of Black Baltimore residents confirms the need for all eight outcomes outlined in the EE Circles strategies.

There are many organizations in Baltimore City doing work at the grassroots level, such as the Black Mental Health Alliance and the Community Healing Network. Highlighting these two interventions (Cure Violence and EE Circles) show the importance of culture in the discussion with the community, whether the discussion is the trauma of violence or system racism. To reverse the destruction and deprivation of Black Baltimore City communities, local and state legislators need to fund, recognize, implement, and promote programs that are strengthening the communities. Black Baltimore City communities have been disenfranchised, disinvested, and displaced since the 18th century. While it is a travesty that communities are mistreated based on the color of their skin, it adds insult to injury that policy leaders provide a mediocre attempt to right the wrongs of historical trauma. Funding for these interventions should be annual appropriation as an acknowledgement that Black communities deserve tangible solutions that create internal community resilience. The Association of Black Psychologists (2014) research clarifies the case for Emotional Emancipation Circles by summarizing the trauma research, "If you keep repeating or are repeatedly exposed to a particular message—neuroscience is suggesting that eventually your brain physically creates a space for that message; a deep memory for that message that reacts quickly to anything that requires you to assess your self, your value, your worth, your capacity or your life chances" (p. 6). The Black community is working hard to add positive and resilient memories to the historical trauma imparted on their ancestors and them. The Baltimore

City legislators and purse holders need to partner with the communities to reverse the traumatic history that reverberates through story telling, behavior modeling, direct exposure, and neighborhood conditions.

Policy Recommendations

Baltimore City policies and practices have been detrimental to the health of Blacks since they first arrived in Baltimore, whether free or enslaved. City administrators and political leaders have created policies that segregated and displaced Black communities, ignored poverty stricken neighborhoods, undermined the public health needs of Black residents, and underfunded resources that would increase Black community social capital and economic independence.

Poverty and housing are inextricably linked to health. Policy should have a focus to attack all three by creating communities that support health, employment, and healthy housing. Poverty is a precursor to poor physical and mental health.

The Baltimore City administration must restructure the arrangement of the Baltimore City Health Department (BCHD) and Johns Hopkins University, along with other predominantly White institutions. The BCHD has leaned heavily on Johns Hopkins University, resulting in racism in public health education and practice becoming the foundation for the BCHD as described in Chapter 1. Black doctors were kept from the decision making process for Black communities and the health of Black patients as directed by the BCHD. Black residents were studied and examined with unethical practices, while dismissing the humanity and culture of the participants. Funding allocations and community resources should incorporate historically Black colleges and

universities in Baltimore City—Morgan State University and Coppin State University. The practitioners at these institutions are best equipped to understanding the lived experiences of Blacks in Baltimore City. The BCHD has always relied heavily on Johns Hopkins University for funding, talent, and recommendations. All academic stakeholders in Baltimore City should be at the table of planning, preparing, and executing solutions for the public health needs of the community.

The Baltimore City Health Department (BCHD) is in a great position to change policy in the city. The BCHD has a college or university in every sector of the city. Through coordinated efforts and funding, the communities can be adopted to create healthy zones. These healthy zones will include opportunities for educating, training, and developing community health workers. The BCHD must work directly with the community to create advocacy around public health initiatives that create healthy food policy and healthy food initiatives. The communities in Baltimore have less healthy food options and less walkable communities which both result in obesity, heart disease, and diabetes. With high unemployment in Baltimore City, the upside is that a partnership approach would train and hire unemployed African American individuals as community health workers in efforts that promote healthy communities. Black men and women can be hired to maintain, build, and restore their communities through construction and home improvement training programs. Black men and women working decrease unemployment immediately, decreases crime, and provides self-esteem building activities for the invididual and family. The BCHD should refocus their resources and research to educate

policy makers about the detrimental effects of Black male and female mass incarceration on the individual, family, and community.

Infant mortality can be tackled with community health workers trained to partner in the community. Unemployed Black men and women can be given skills relevant to health care and education related to caring for their community health and their individual health. Addressing underlying racism and discrimination will begin to reverse the adverse effects on the health of Black women and the men. The BCHD needs innovative approaches to create opportunities that make their programs and efforts more culturally-responsive and congruent with the historical trauma experienced by African American neighborhoods. Currently, the BCHD has a funding structure that creates an unsustainable reliance on grants, outside organizations, and universities to meet the health needs of Baltimore City constituents. In turn, the BCHD allegiance will be focused on the needs of the organizations that support them financially and not the needs of the residents. At a minimum, Black Baltimore City is overdue culturally-responsive policies and program from the city leaders and universities that have used them as research subjects to advance the knowledge base and their personal careers. In essence, the BCHD must create a grassroots campaign that strengthens the community to be self sufficient in caring for itself, creating healthy neighborhoods, demanding healthy food and resources, and lobbying for policies that promote public health.

The Mayor and the Baltimore City Council should give balanced resources and opportunity to small businesses, as it does with large corporations that promise large job growth and opportunity. On the contrary, research suggests that the most job creation

comes from young businesses under five years old (Haltiwanger, Jarmin, & Miranda, 2010). Haltiwanger, Jarmin, and Miranda (2010), "findings show that small, mature businesses have negative net job creation and economic theory suggests this is not where job growth is likely to come from" (p. 3). Oppositely, Haltiwanger et al. (2010), "findings show that startups and young firms are important sources of job creation," (p. 3) but need policy intervention to stabilize the opportunities they seek to create. The mayor and city council must revive and pass the $15/hour minimum wage bill to ensure Black workers have livable wages (Wenger, 2017).

Despite research that supports resourcing young start up businesses Baltimore City leaders buckle to the pressure of large corporations, developers, and the wealthy. Baltimore City leadership has subsidized the newest developments in the wealthiest areas of downtown Baltimore City (Connors, Huber, & Miles, 2015), the Inner Harbor, Harbor East, and in the future Port Covington. In the past, the mayor and city council have acquiesced to the needs of the rich and ignored the plight of Black neighborhoods that have been traumatized for generations by Baltimore City policies and practices. One example is found in the tax breaks given to the Harbor East developer, John Paterakis Sr., who pockets $9.4 million in tax breaks every year (Connors et al., 2015). During the interview, Mr. Paterakis told the interviewer "he needed the tax breaks to provide for his grandchildren's legacy" (Connors et al., 2015, para. 5). Even more disturbing are policies that counter evidence of success to give more of the city's tax potential away. In 2016, the Baltimore City Council gave preliminary approval to legislation sponsored by City Council President Bernard C. "Jack" Young that "would exempt some performances

from paying the city's 10 percent admissions and amusement tax on every ticket," if the gross sales for a single event exceeded $500,000 (Broadwater & Wenger, 2016, para. 2). The event would have to take place at the Royal Farms Arena in downtown Baltimore City. In 2015, the Billboard Magazine awarded the Royal Farms Arena as the "top-grossing venue of its size in the U.S." (Broadwater & Wenger, 2016, para. 19). Baltimore City is suffering from a myriad of issues that require tax revenue and these attempts to attract the wealthy continually ignore the needs of the people the policy makers represent. Investment in the community requires a commitment by all members of the City Council to recognize the dire health need of the individuals and families in the communities.

Racial discrimination and segregation has forced Blacks into disinvested, redlined segregated communities. Community leaders and political leaders need to realign the culture in the communities to counter the effects of centuries of trauma. Creating dialogues that highlight the unique experiences and history of Blacks in Baltimore through interracial discussion will begin to change the miscommunications that occur as a result of not communicating. Communities that see the humanity of individuals tap into areas of healing that address both overt and structural racism. As the structures of racism and segregation are undone it becomes possible to create mixed communities of race, income, and social networks.

Housing requires an approach that brings together many stakeholders, including the community members, policy makers, entrepreneurs, employers, educators, government, and the police. Affordable and fair housing will counter concentrated poverty and segregation. Policy makers will also have to be to be focused on the needs of

the community and not the competition of trying to outpace other cities in development. The long-term gains from steady progress toward strong communities will outweigh the ebbs and flows of large corporations.

Community land trusts are important in ensuring that affordable housing is available, sanitary, and safe for all income levels. The Community land trusts network describes the benefits of community land trusts as:

> CLTs are nonprofit organizations—governed by a board of CLT residents, community residents and public representatives—that provide lasting community assets and permanently affordable housing opportunities for families and communities. CLTs develop rural and urban agriculture projects, commercial spaces to serve local communities, affordable rental and cooperative housing projects, and conserve land or urban green spaces. However, the heart of their work is the creation homes that remain permanently affordable, providing successful homeownership opportunities for generations of lower income families (p. 4).

Community land trusts will incorporate long-term community needs. Cho, Li, and Salzman (2016) present an analysis of strategies that support community partnerships with policy makers. Cho et al. (2016) use the Dudley Street Neighborhood Initiative as an partnership that empowers the community to organize, plan, and control the resources made available to the community, including the land, housing, and people. Public facilities and services must accompany strong communities so that residents have places to meet and intermingle. Baltimore City can provide employment opportunities and food

stability through use of agricultural land that is zone for growing the necessary foods that residents will eat and share through co-operation agreements. All Baltimore City residents do not have cars, nor can they afford long distance private transportation (i.e. hackney cab, Uber, taxi). Job centers should be accessible to transportation in both directions. A coordinated effort in transportation, housing, and community development will increase the health outcomes of all residents.

Community building has to include dispersing affordable housing throughout all communities so that segregation does not continue to be the norm for housing and living arrangements. This can be achieved by strengthening the city's inclusionary zoning ordinance. During slum clearance and the building of publc housing, Blacks were forced to live in specific communities that were designated for them. Additionally, segregation allowed entire communities of color to be kept from receiving loans for purchasing a home. The communities should be given the right of return to the communities that they were displaced from.

The policy recommendations listed above are only a few that deal with reversing historically traumatic structural failures of policies and practices of Baltimore City, particularly in the Black community. First, the Black community has suffered from economic loss due to the death and loss of productivity from maltreatment and mishandling of tuberculosis in the early 1900s (Roberts, 2009). Second, the public health system was unwilling to respect Black residents, Black doctors, or Black community leaders. Third, housing movement and displacement due to slum clearance, urban renewal, highway construction, and Johns Hopkins sponsored eminent domain led to

broken commuity culture and loss social capital. Fourth, Blacks in Baltimore were unable to purchase homes or move in communities that the federal government deemed appropriate for insuring home loans. The loss of equity and wealth through real estate exacerbated poverty in many communities and families. Finally, communities that lost business, economic wealth, opportunity, and educated role models through quasi-integration were continually disinvested, displaced, and continually disinfranchised. Policy leaders must know the history of Baltimore City to effectively reverse the damaging influence of historical trauma on the health of past and future generations.

Future Research

Figure 3 is a detailed overview of the trauma reverberating through Black Baltimore City individuals, families, and neighborhoods. This model points to the potential of developing more models that are specific to lived experiences of subjugated peoples. This research advances our understanding of historical trauma by using phenomenological hermeutical qualitative research to highlight the lived experiences of African Americans living in Baltimore City from 1960 to 1970, thereby allowing future research on historical trauma to move beyond broad policy generalizations. I have outlined specific racist policies, identified methods of intergenerational transmission of historical trauma, specified the impact of racist policies and practices on Black communities, and highlighted more race-specific impacts of historical trauma for African Americans. Future research should continue to develop more detailed models that give community members culturally-centered and historically-grounded interventions, programs, and policies for healing and reversing the root cause of their trauma.

Quantitative methods should be employed using surveys to establish generalizability (Ulin et al., 2012). Quantitative data will also be helpful in highlighting important subgroup differences (Ulin et al., 2012), potentially comparing the first generation with subsequent generations that experienced trauma from segregation. Dividing age groups into cohorts will allow intergenerational comparisons that will help us understand if the trauma responses are getter better or worse. Survey development informed by the qualitative work that has been done and still needs to be done to sharpen the themes. Surveys can then be administered more broadly with large samples. The large samples will add validity to the data through the responses to the surveys and by comparisons of income, social economic status, neighborhood, and other variables. The solutions and resilience to overcome health disparities can be derived once we properly theorize and empirically test the impact of historical trauma.

Moustakas (1994) defined perception in phenomenology as, "the primary source of knowledge, the source that cannot be doubted" (p. 52). In essence, the perceptions and experiences of the participants are their experiences that should be taken as they are stated. With the richness and salience of phenomenological research, the results and conclusions found here can be used to inform future research and survey development.

Future research should continue investigating the resilience factors associated with historical trauma of Blacks that lived in Baltimore City during the transition of segregation to integration. In addition, adding participants from the two generations that follow the 40 to 59 year olds will enhance the research. The trauma experienced in the younger generations will describe the influence of quasi-integration on Black youth. How

did they learn to cope with trauma? What influence did quasi-integration have on the health of young African Americans? Additionally, Blacks in Baltimore should be asked, "How has integration changed their lives?" along with "What differences exist between segregation and integration in where they live, work, play, and pray?"

Summary

The Black experience in Baltimore is unique. Participants validated the understanding that oppression is more likely to cause social, mental, physical, and emotional symptoms of stress in the family and village. History details that Blacks in Baltimore City experienced historical trauma over multiple generations of segregation, forced displacement, physical and psychological violence, economic deprivation, and cultural loss.

The Black community in Baltimore City has battled policies and practices that created many barriers to equality in education, housing, health care access, and delivery. Policies of racism and white supremacy influenced the health of Black Baltimore City families and neighborhoods. Historical trauma still impacts Black families and communities. Qualitative research methods provided a rich detailed understanding of how living during segregation and integration policy transition influenced the health of Blacks in Baltimore City—socially, economically, mentally, and physically. Asking community members about their lived experiences provided a therapeutic format for describing the trauma and resilience the community lives with daily. The Black experience must be specified in the context of history and incorporate analyses of lived

experiences by directly speaking to the participants for developing solutions that will foster healing from historical trauma.

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Appendix A: Interview Consent Form

Researcher(s): Corey Henderson, MPA, DrPHc
Lawrence Brown, PhD
Anne Marie O'Keefe, PhD, JD
Tajah Gross, PhD
Moses Hammett, MSHS

Study Title: THE REVERBERATING INFLUENCE OF HISTORICAL TRAUMA ON THE HEALTH OF AFRICAN AMERICANS IN BALTIMORE CITY

1. WHAT IS THIS FORM?

This form is called a Consent Form. It will give you information about the study so you can make an informed decision about participation in this research.

This consent form will give you the information you will need to understand why this study is being done and why you are being invited to participate. It will also describe what you will need to do to participate and any known risks, inconveniences or discomforts that you may have while participating. We encourage you to take some time to think this over and ask questions now and at any other time. If you decide to participate, you will be asked to sign this form and you will be given a copy for your records.

2. WHO IS ELIGIBLE TO PARTICIPATE?

Subjects must be at least 46 - 85 years old to participate. Criteria for participation include living in Baltimore City between 1960 and 1980.

3. WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this research study is to understand how living during desegregation in a segregated community impacted your health. Specifically, we seek to learn how living in Baltimore City impacted your overall health. We are conducting this research to understand what impact segregation and integration had on your physical, mental, and social health.

4. WHERE WILL THE STUDY TAKE PLACE AND HOW LONG WILL IT LAST?

One on one-interview participants will meet at the Center for Urban Families in a closed conference room. The in depth interviews will last no more than 60 minutes. There will be 10 interview participants. The interviews will be one at a time. There will be 4 interviews from the 1960-1970 years and 4 interviews from the 1970-1980 years.

We have asked for a commitment of 2-3 hours for these discussions over the course of two meetings. The first meeting will be to review and complete this consent form. In addition, the interviews will take place during this meeting. We expect the first meeting to not exceed 1 hour and 30 minutes. The second meeting will be approximately 30-45 days later. This meeting will be to verify the information gleaned from the in depth interviews. The meeting will be a check in to ensure the information and ideas mirror the participants' responses. This discussion will be no more than 45 – 60 minutes.

5. WHAT WILL I BE ASKED TO DO?

To begin, you will be asked to describe your residency in Baltimore City. As part of the description, we seek to ensure you lived in this community during the years 1960 – 1970 and 1970-1980. An offer of participation in the one on one interview will follow the initial screening of potential participants.

If you agree to take part in this study, you will be asked to participate in one on one interview. In this discussion, you will be asked questions that require recollection of past events, feelings, and perceptions. These questions will allow for open commentary with no restriction on your responses.

Participation in the discussion is encouraged, but will not be forced. At any time, you may skip any question you feel uncomfortable answering.

6. WHAT ARE MY BENEFITS OF BEING IN THIS STUDY?

Participation in this study has many benefits. An individual that has experienced issues related to living in a segregated community will be able to educate fellow citizens about their personal experiences. This ability to explain the positives and negatives of living during these times and in these conditions could relieve stress while giving a voice to the average citizen. Additionally, your input will provide a basis for potential policies that benefit current and future generations, nationally and internationally.

7. WHAT ARE MY RISKS OF BEING IN THIS STUDY?

We project a total time commitment of 2 - 3 hours. This time includes time for the interview, along with a follow up discussion to ensure our findings coincide with what you stated during the interview.

We believe there are no known risks associated with this research study; however, a possible inconvenience may be the time it takes to complete the study.

8. HOW WILL MY PERSONAL INFORMATION BE PROTECTED?

The following procedures will be used to protect the confidentiality of your study records. This study will record the interviews in audio format. There will not be video recording. For confidentiality and privacy, each participant will be given a code identifying the participants in the transcription. The researchers will keep all study records, including any codes to your data, in a secure location. All files, recordings, and transcriptions will be stored in a locked file safe. Research records will be labeled with a code. A master key that links names and codes will be maintained in a separate and secure location. The master key and audiotapes will be destroyed 3 years after the close of the study. All electronic files, in databases and spreadsheets, containing identifiable information will be password protected. Any computer hosting such files will also have password protection to prevent access by unauthorized users. Only the members of the research staff will have access to the passwords. At the conclusion of this study, the researchers may publish their findings. Information will be presented in summary format and you will not be identified in any publications or presentations.

9. WILL I RECEIVE ANY PAYMENT FOR TAKING PART IN THE STUDY?

Participants will receive compensation for taking part in the study. All participants will be given a $20 gift card for your participation. This payment will be given at the conclusion of the interview. Payment will be given to interview participants only. Key informants will not be given any payment.

10. WHAT IF I HAVE QUESTIONS?

Take as long as you like before you make a decision. We will be happy to answer any question you have about this study. If you have further questions about this project or if you have a research-related problem, you may contact the researcher(s), Corey Henderson (xxx) xxx-xxxx. If you have any questions concerning your rights as a research subject, you may contact the Morgan State University Human Research Protection Office (HRPO).

11. CAN I STOP BEING IN THE STUDY?

You do not have to be in this study if you do not want to. If you agree to be in the study, but later change your mind, you may drop out at any time. There are no penalties or consequences of any kind if you decide that you do not want to participate.

12. WHAT IF I AM INJURED?

Morgan State University does not have a program for compensating subjects for injury or complications related to human subjects research, but the study personnel will assist you in getting treatment.

13. SUBJECT STATEMENT OF VOLUNTARY CONSENT

When signing this form I am agreeing to voluntarily enter this study. I have had a chance to read this consent form, and it was explained to me in a language, which I use and understand. I have had the opportunity to ask questions and have received satisfactory answers. I understand that I can withdraw at any time. A copy of this signed Informed Consent Form has been given to me.

☐ **I agree to maintain the confidentiality of the information discussed by all participants and researchers during the one on one interview.**

If you cannot agree to the above stipulation please see the researcher(s) as you may be ineligible to participate in this study.

_____	_____	_____
Participant Signature:	Print Name:	Date:

By signing below I indicate that the participant has read and, to the best of my knowledge, understands the details contained in this document and has been given a copy.

_____	_____	_____
Signature of Person Obtaining Consent	Print Name:	Date:

Appendix B: Demographic Questionnaire

Participant # _____

Age (40 – 59) (60-85)

Gender (Male) (Female)

Yearly Family Income (> 20K) (21K – 50K) (51K – 100K) (<100K)

Marital Status (Married) (Not Married)

Is there a Family History of Alcohol Dependence (Family History) (No Family History)

Have you had any Alcohol Dependence Previous or Now (Alcohol Dependence) (No Alcohol Dependence)

Have you had any Drug Dependence (Any Drug) (No Drug)

Do you suffer from Post Traumatic Stress Disorder (PTSD) (No PTSD)

Have you been diagnosed with any Anxiety Disorder (Any Anxiety Disorder) (No Anxiety Disorder)

Appendix C: Interview Guide

In Depth Interview Questions

Where did you grow up in Baltimore City?
Can you describe the community you lived in?
What was the makeup of your family in your home?
Where did the adults in the family work?
What was your feeling of your family's wealth when you grew up?

Were opportunities for employment ever denied to you because of your race?
What was the change in the neighborhood after the passage of the Fair Housing Act of 1968?
What was living in Baltimore City like before and after 1964 Civil Rights Act?
What were the races of the your neighbors?

What did your family do when someone was sick?
Where did you go when you experienced an illness or health concern?
Any interactions with the Baltimore City Health department in the school?
Did you feel respected by your healthcare professional?
Did you have a relationship with your doctor or nurse?
What was the race of your doctor and nurse?
Describe any interactions you had with the Baltimore City Health department?

What was school like before schools were integrated by Brown versus Board of Education (1954)?
What was school like after school were integrated by Brown versus Board of Education (1954)?
What was the racial makeup of your teachers and administrators?
How did you feel about the educators in your school generally cared about you and your education?
What is your highest level of education?

Do you recall any violence that you experienced or witnessed in the community?
What brought about the altercation or encounter?
Was violence in the home a common occurrence in the home or community?
Did the community police itself or rely on the police for safety?

Would you describe alcohol or drug use as abuse or recreational use?
Why would you describe it as _____?

How far back do you know your family genealogy?
Are you able to provide the family genealogy on both paternal and maternal sides of the family?
How did you learn about your family genealogy?

Did your elders or parents share stories about being Black in their childhood?
Have you told your children or other youth stories about being Black in Baltimore?
Describe one story that you have told your children about being Black in Baltimore?

What were terms used to describe other Blacks in the community?
What were terms used to describe whites in the community?
What was your view of Whites during the civil rights movement?
What is your view of Whites today?

What feeling do you have when you think of being Black?

Describe the relevance of religion/spirituality in your community?

Appendix D: Journal Entry Form

Participant #_____

Please write down any thoughts you have after our interview. Feel free to include any thoughts or ideas that you remember or want to elaborate on from our discussion.

Day (1) (2) (3) (4) (5)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date Logged_____

Appendix E: Artifacts Agreement Form

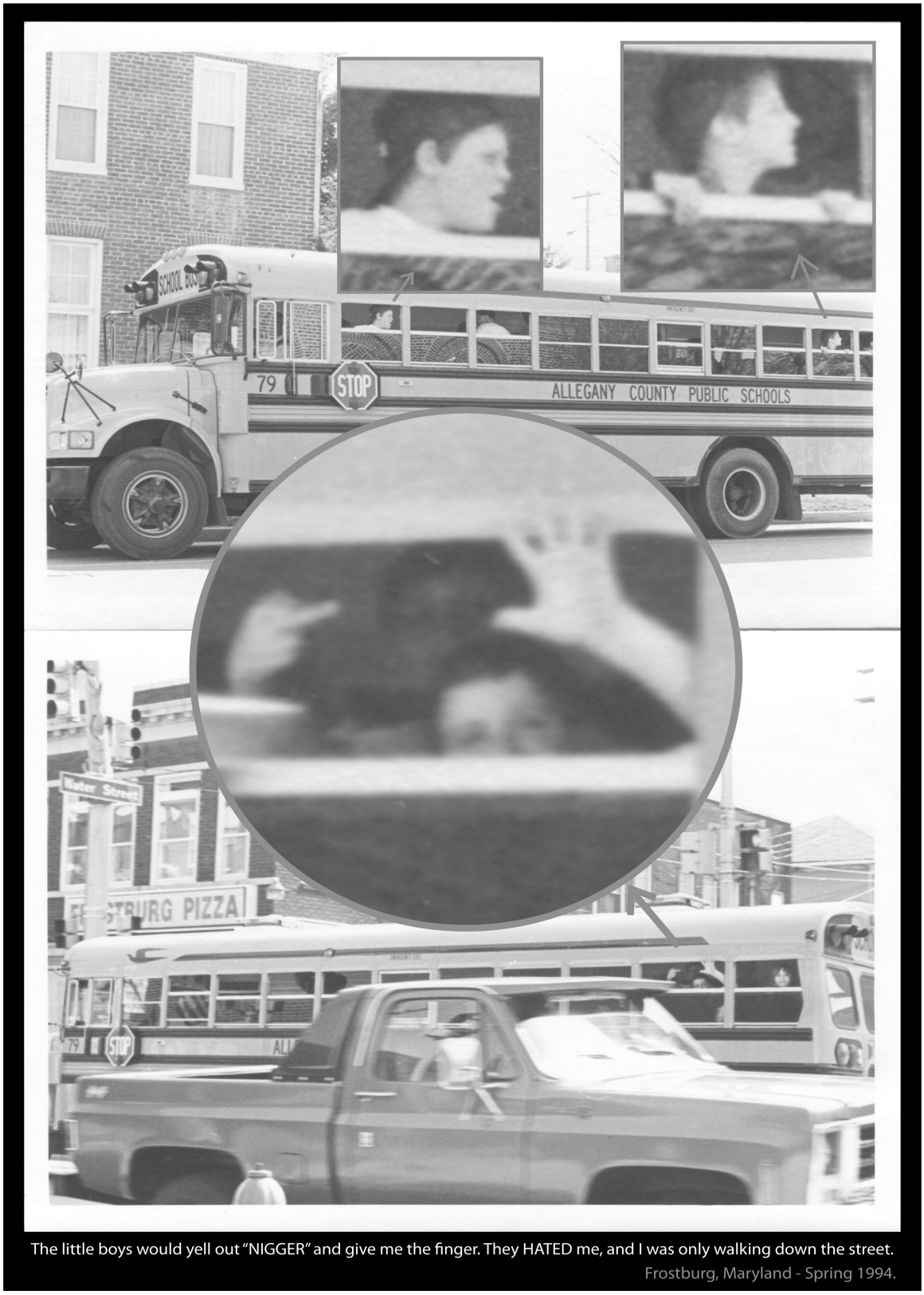
As part of the research and data collection I would like to provide artifacts that explain your story as it relates to segregation and integration in Baltimore City. Any document, picture, or artifact that describes your experiences would help support the information that you provided today. When I return to pick up the journal entries, I would like for you to share any of these products that give a visual depiction of your lived experiences during these times.

With your permission I would like to document these artifacts and return them to you. I would also ask your permission to use these documents, pictures, and any other product in conjunction with my research.

By signing below I indicate that the participant has read and, to the best of my knowledge, understands the details contained in this document and has been given a copy.

_____	_____	_____
Participant Signature:	Print Name:	Date:
_____	_____	_____
Signature of Person Obtaining Consent	Print Name:	Date:

Appendix F: Participant #6 Photo Describing Experience of Racism in 1994



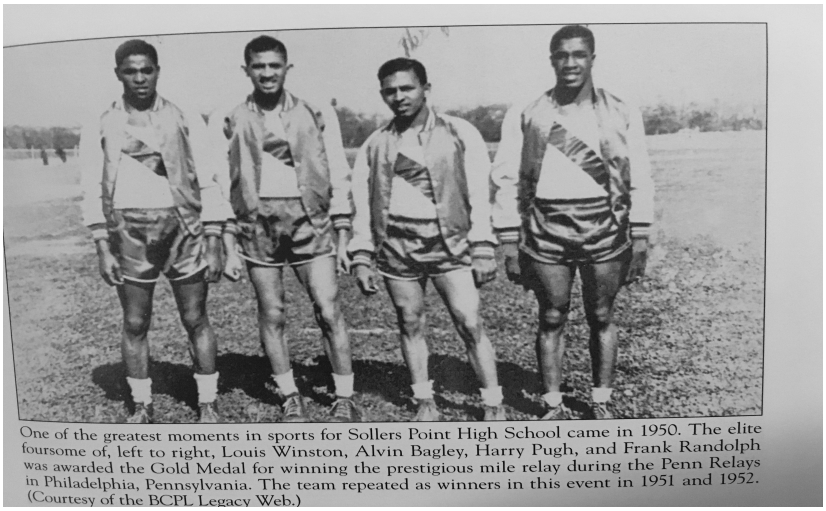
The little boys would yell out "NIGGER" and give me the finger. They HATED me, and I was only walking down the street.

Frostburg, Maryland - Spring 1994.

Appendix G: Participant #7 Photo of Perceived Happiness in Family

Appendix I: Participant #1 Photo of Black High School Athletes

Participant #1 shared this photo of being part of an all Black track team that won the Penn Relays in Philadelphia, years 1951 and 1952. He shared that this was one of the only races that they were able to race White students as schools and sports were segregated during this time.



One of the greatest moments in sports for Sollers Point High School came in 1950. The elite foursome of, left to right, Louis Winston, Alvin Bagley, Harry Pugh, and Frank Randolph was awarded the Gold Medal for winning the prestigious mile relay during the Penn Relays in Philadelphia, Pennsylvania. The team repeated as winners in this event in 1951 and 1952. (Courtesy of the BCPL Legacy Web.)

Appendix H: Participant #4 Photo 1963 High School Year Book Photos of Integrated School