

*The Legacy of The Crossing, Life, Death and Triumph Among Descendants of The World's Greatest Forced Migration* is a compilation of research and teaching, edited by Thomas A. LaVeist Ph.D. which came about as a product of the International Conference on Health in the African Diaspora (ICHAD). The purpose of this conference was to bring together scholars, health workers, and community activists to build a body of knowledge that is presented on both a web-based platform as well as this book.

Each chapter, written by a conference attendee, has a different focus both in terms of country of study and premise followed by a well-developed bibliography. In the first section of the book, Kwasi Konadu and Michael Hanchard discuss the origins of the Transatlantic Slave System and the use of color to categorize races. Both authors write in a concise, informative style. They both write from multiple perspectives on their given theme, and as researchers are careful to present the data supporting the pros and cons of each perspective. Key points from this section include: the importance of correct usage of terminology and that genetic differences between races are unable to explain the health disparities that are seen. First, because these genetic differences account for less than one percent of the genetic code and secondly because the genetic difference between members of the same racial group is greater than between groups, leading to their conclusion that it is racism that is the risk factor for a poor health outcome, not race.

The second section of the book looks at comparative studies in Latin America, the Caribbean, and the United States. The first comparative study was the *Survey on Health, Well-Being, and Aging in Latin America and the Caribbean*. Key findings were that the Afro-descendants had fewer opportunities for education, which had long-term employment and financial outcomes and that European descendants had significantly more disease symptoms, problems with physical function and disability, and early childhood diseases than Afro-descendants. The authors note that this second finding may be due to a greater willingness to report health issues in the European descendants as well as access to health care. The age of the surveyed participants may also be past the age point, where the greatest health disparities may have been seen. Other studies presented and discussed the social determinants of health in multiple regions and considered possible explanations for the range of chronic diseases present, areas of research, and preventative measures that may have the greatest impact. Several chapters of this section were devoted to diet and its effect on the descendants of the African diaspora as well as the marked overrepresentation of HIV/AIDS in the Afro population. Possibilities for this increased risk include servitude, poor diet, economics, and lack of access to health care.

Racial, cultural, and gender dimensions of health were examined as well. After a review of the usage of genetic single nucleotide polymorphisms to look at both country of origin, race, and disease. Rick Kittles concluded, "At the individual level, the response to racism and discrimination is a complex social determinant of health and is mediated by skin color." He also said that the present health disparities in the Americas are likely due to a complex interaction of genetics, environmental factors, and health-related behaviors. In addition, the discriminatory factors, income, and education are strong predictors of health outcomes.

The author's recommendations included: a better definition of terms to make sure the research and results were adequately communicated, populations must be clearly defined instead of lumping together all minority populations, research and recommendations must be focused on inequities that are found between populations, and results must be reported in terms of percent gain or improvement.