Applicant: Simone Matecna
Proposal Title: The Lasting Consequences of Crack Cocaine on Black-White Inequities in Health, Trust, and Civic Participation

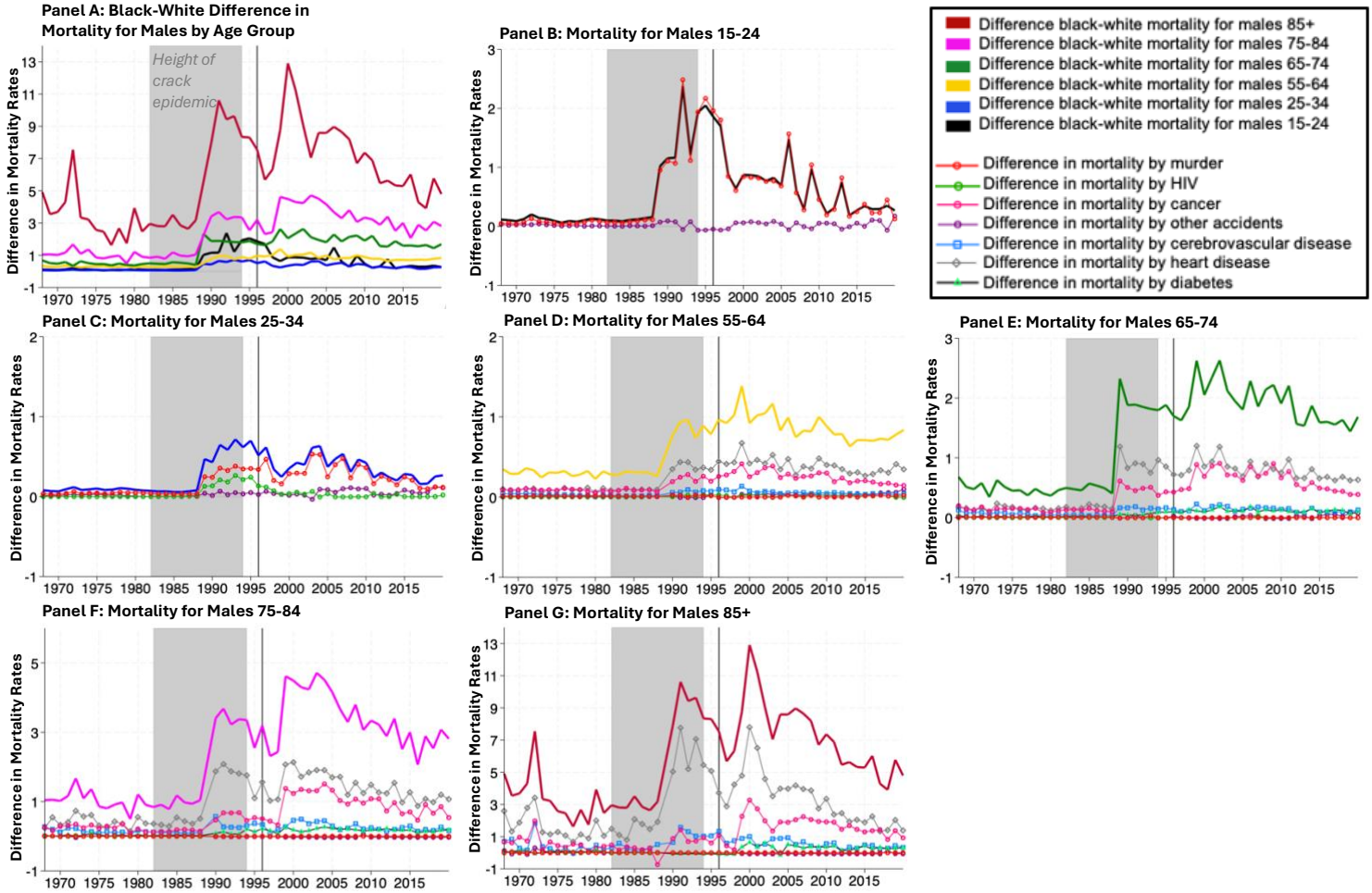
Background The 1980s and early 1990s fundamentally compounded disadvantage in the United States as the connection between poverty and drugs precipitated an extreme rise in organized crime, murder, and the militarization of police departments across major U.S. cities. Crack cocaine ("crack"), a more potent and affordable form of powder cocaine, emerged in urban centers in the early 1980s amidst political attacks on the social safety net,[1] recession and double-digit unemployment rates.[2] The nature of crack, which produces an intense, short-lived high, led to huge demand for selling locations that were defended with violence.
Contribution to Literature Evans, Garthwaite & Moore (2021) demonstrate that crack markets permanently altered the lives of young black males living in these urban centers. With the establishment of organized crime and need for personal protection, they argue, crack markets have led to persistently higher rates of gun possession and homicide among successive cohorts of black men, with murder rates that remain 70 percent higher for young black males in these areas even as crack use and associated violence declined.[3] Further, incarceration rates for black males greatly increased during the peak of the crack drug crisis in the mid-80s and early 90s,[4] as large federal investments were made in infrastructure for community policing and prisons.[5] Fryer et. al. (2013) investigate the lasting consequences of exposure to crack markets on a limited set of health outcomes and find that increased exposure led to lower fetal birth weight and higher Black child mortality through the late 1990s.[6] Evans, Garthwaite and Moore (2016) show that between 40% - 70% of the fall in black male high school completion rates in the late 1990s can be explained by crack cocaine markets.[7]
Proposed Study I build on literature demonstrating the effects of crack-market exposure on gun ownership and organized crime, mass incarceration, and stalled educational progress by investigating whether the crack epidemic had lingering effects on present-day health and life expectancy of black men, due to compounding mistrust in the U.S. government and systems. I will study the effects of a news frenzy implicating the Central Intelligence Agency (CIA) in facilitating the crack epidemic through its involvement with the Nicaraguan Contra army and the Iran-Contra Affair. A 1996 exposé alleged that the Central Intelligence Agency (CIA) had been "funneled millions in drug profits" from "tons of cocaine [sold] to the Crips and Bloods street gangs of Los Angeles."[8] This 1996 San Jose Mercury series precipitated a media surge,[a] such that the director of the CIA attended a Los Angeles town hall meeting in November of 1996 to respond to allegations. Video of the townhall meeting reveals that in 29:03 a participant asks: "Sir, I'd like to know how this differs from what happened at…Tuskegee University." This comparison to the Tuskegee Syphilis Study, robustly shown to have harmed the health of older black men by affecting trust in the medical system and take-up of preventative health care,[9] motivates investigating whether the 1996 disclosure had similar effects on trust and health in the Black community. If individuals believed that the U.S. government played a role in the crack drug crisis, there may be increased mistrust in government and medical systems, particularly for those exposed to previous abuses like the Tuskegee trials, or for those in geographic proximity to urban centers where the effects of crack were most evident. Alsan (2018) documents that mistrust following disclosure of the Tuskegee trials led to decreased preventative and non-emergent medical care among older black men. To assess the salience of the 1996 exposé, **Figure 1** (below) plots relative mortality differences (black – white) by age group and underlying cause of death across time for males residing in Los Angeles (LA). LA is considered to have been the "epicenter of crack use and distribution."[10] Further, the 1996 series explicitly mentions the CIA collaborating with organized crime in LA, and Alsan (2018) shows that trust is more affected by injustices in closer "proximity" to oneself.[9] **Figure 1** reveals a clear pattern. Panel A, which plots mortality differences (black – white) among males in Los Angeles by age group, demonstrates that older cohorts had the largest mortality differences both during the height of the crack epidemic and following 1996. Analyzing these disparities by cause of death, young males aged 15 – 24, (Panel B), have differences driven almost exclusively by murders, with no clear spike after 1996. Assessing older age groups, however, reveals a spike following the 1996 disclosure driven by differences in death by chronic conditions. The largest disparity, both in change and persistence, is among black men aged 85+ in 1996 – precisely the birth cohorts that Alsan (2018) identifies as most affected by disclosure of the Tuskegee trails.[b] This preliminary evidence aligns with a hypothesis that

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[a] Associated Press - (August 20, 1996) "*Newspaper Alleges that CIA Helped Spark Crack Cocaine Plague*. "Palm Beach Post (September 14, 1996): "*CIA's War Against America*," the Boston Globe (September 11, 1996): "*The U.S. Government Was the First Big Crack Pusher,"* the Pittsburgh Post Gazette (September 16, 1996): "*Thanks to the U.S. Government, Oscar Blandon Reyes is Free and Prosperous Today; One Man is Behind L.A. Tide of Crack*."[8]
[b] This references black men born between 1908 and 1917.

black men residing in LA cut back on preventative health services after the 1996 exposé and saw subsequent increases in mortality. Further, exposure to previous injustices, such as exposure to Tuskegee University or association with black men who were victims, may be compounding mistrust following the 1996 disclosure.

Figure 2: Black-White Mortality Differences Among Males in Los Angeles, by Age and Cause of Death



NOTES: *The data are from CDC Wonder Multiple Cause of Death for years 1968 – 2020 and represent the black-white difference in all-cause mortality rates for males, split by age group. Panel A contains estimates for males split by six distinct age groups. Panel B contains estimates for males aged 15-24, split by cause of death. Panel C contains estimates for males aged 25-34, split by cause of death. Each mortality rate is calculated by dividing the number of deaths in the relevant population by the at-risk population (in thousands). Death rates by select cause of death are out of the total deaths among males in that age group in Los Angeles (thus all causes of death would add to the top, colored line for that age group). The shaded gray region represents the height of the Crack epidemic. The solid vertical line in 1996 represents the year that the San Jose Mercury News published the first installment of a 3-part series accusing the CIA of working with drug networks in Los Angeles.*

Empirical Strategy I estimate whether mistrust could be driving Black-White differential mortality by assessing confidence in institutions using an interacted difference-in-differences model as done in Alsan (2018). I am applying for access to the General Social Survey (GSS) data with geographic identifiers to gauge self-reported trust in government and medical systems. Evidence from the 1% GSS survey data shows that rates for black and white males broadly trend together for years prior to 1998, after which point the share of black males reporting great confidence in the medical system diverges. Finally, I will look at voter turnout among eligible voters using voting data from the Electoral Data for Counties in the United States: Presidential and Congressional Races, distributed by ICPSR, as is done in Alsan (2018). This serves a proxy for mistrust, and civic participation has been robustly linked to gains in health[11] and civil rights.[12] Finally, I will investigate health utilization for older black males living in counties most affected by crack using Medicare data, to assess rates of preventative care use and mortality following the 1996 disclosure. In tandem, I will compare outcomes among older black and white men, before and after the release of the 1996 article, among those near vs. far from Tuskegee University to assess compounding effects of mistrust. I am mentored in this work by Professors Jessica Cohen, Marcella Alsan, and David Cutler.

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