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FROM THE EDITOR

Transgenerational Trauma and Health Inequity Today

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In the history of the United States, we have long dehumanized, otherized, and exploited people in the name of Manifest Destiny.¹ Contemporary structural violence normalizes inequity in resource and opportunity allocations and in distributions of benefits and burdens. Such inequity propagates harms rooted in ancestral traumas of slavery, internment, and trafficking among contemporary individuals and communities.² Trauma events experienced by ancestors are widely documented in the public health literature as **casting long shadows** with measurable legacies of cumulative, embodied risk to descendants that undermine their and their children's health status.^{3,4} Pervasive racial and ethnic health inequity is one consequence of exploitation perpetrated by individuals and institutions throughout several generations. Health equity research continues to reveal undertreatment of patients and populations with minoritized identities and inequity in their health outcomes.^{5,6}

Improving individual and collective capacity to think powerfully about relationships among transgenerational trauma, social equity, and **possibilities for healing**, particularly in US health care, is key to promoting equity. Health care is a public investment and must be held to account for historical and present conditions that affect patients' abilities to heal and to live well.^{7,8,9} This issue of the *AMA Journal of Ethics* offers personal, professional, and institutional perspectives on a range of topics in racial and ethnic transgenerational trauma. We have curated work that promotes an ethical shift toward accounting for how health inequity today is rooted in histories of trauma and violence. Discussions center on several minoritized racial and ethnic groups in the United States and evaluate influences of transgenerational trauma on the health care experiences of clinicians, patients, and communities.

The content in this issue aims to go beyond racial essentialism, which too often disregards human experiences in favor of reductionist understandings of illness manifestations and how disease or injury is experienced.¹⁰ Key to these explorations is how **mistrust**, cycles of displacement and exploitation, and poor health outcomes are legacies of transgenerational trauma that are situated in our shared histories of advantage and disadvantage. Contributors offer recommendations for best practices in how to adjust health policy, health professions education, and clinical practice to recognize and respond to medicine's complicity in domestic and international histories of dehumanization. Our hope is for journal audiences to engage with, reflect on, and think about how to enrich our understandings of the ethical weight of transgenerational trauma and its legacies in clinical practice and research.

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