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The Systemic Plague:

Racism in the American Health Care System

Imagine being a man named John Brown in 1847. Brown was a former slave who was subjected to experimentation under a physician named Dr. Thomas Hamilton after his master became sick (Washington 52-53). After Dr. Hamilton helped to heal Brown's master, Brown was gifted to Hamilton to help with his research on how to heal sun-strokes. To help come up with remedies for this problem, Hamilton was struck with inhumane actions and humiliation. He was forced to sit naked on a stool, placed in a pit, and surrounded by fire that reached temperatures over one hundred degrees (Washington 53). No matter how many times he fainted, he was revived, given strange test batches of potential remedies, and then forced into more experiments. Brown tells a story of how Hamilton wanted to experiment on him to find out "'how deep [his] black skin went'" (Washington 54). He was bled every other day, burned, and whipped; his hands were scarred and his body weakened almost to the point of no return.

Imagine being Black in the early 1600s until the late 1800s: a time when Black indentured servants were being forced into unending slavery and experienced a lack of proper nutrients and care. "Physicians were dependent upon slavery, both for economic activity and for the enslaved 'clinical material' that fed the American medical research and medical training that bolstered physicians' professional advancement" (Washington 26). What happened to John Brown happened to many other Black Americans in the United States. Their lives were treated as

expendable and, sadly, many didn't live to tell their story. Although scientific experiments on these Black men and women helped to pave the way for modern medicine, the pain, humiliation, and violence towards these humans were, nevertheless, inhumane.

While health care for Blacks in modern America has improved since colonial times, there are still underlying systemic problems of racism in our health care system. In this paper, I discuss how health care for Blacks in America since colonial times form the present health care system and how those very instances shape the quality of health care that Blacks receive in today's American society. I argue that the quality of health care for men and women not only significantly varies between races, but also according to the location of the hospitals. Many deaths that Black men and women experience are preventable if proper care is taken to preserve their health. The morbidity disparities shown between White and Black women during childbirth, for example, are prevalent even in other aspects of health care, such as with the number of individuals dying from COVID-19 cases in "White" hospitals when compared to those in "Black" hospitals. Black men and women between the ages of 18 and 55 are more likely to die than White men and women between the ages 18 to 55, because of experiencing inadequate care in hospitals due to the systemic racism that has shaped the quality of health care that can be received by Blacks in America.

Many men and women in America that are used to having higher quality health care tend to believe that in the twenty-first century, diversity, or a lack-there-of, is not a main concern. Walter Benn Michaels, an English professor at The University of Illinois, stated in his book *The Trouble with Diversity: How We Learned to Love Identity and Ignore Inequality* that the purpose of his book is to "move beyond diversity – to make it clear that the commitment to diversity is at best a distraction and at worst an essentially reactionary position" (Michaels 16). Many other

individuals share this philosophy that the racial issues that many Americans are focusing on is a distraction from the true national crisis: the increasing divide between the poor and the rich. Michaels believes that discrimination and racism should be looked down upon, which is true, but the problem is that people who are not affected by racism or discrimination on a daily basis do not realize the true impact it has on the quality of life for specific individuals.

The idea that White individuals are superior to Blacks in America is a generational idea that still lingers in the minds of some White Americans in today's modern world. Important leaders in America even backed this idea of White supremacy; President Woodrow Wilson, in 1912, once told Black leaders that "Segregation is not a humiliation but a benefit, and ought to be so regarded by you gentlemen. If your organization goes out and tells the colored people of the country that it is a humiliation, they will so regard it … The only harm that will come will be if you cause them to think it is a humiliation" (The Conversation). Many thinkers, like President Wilson, wanted to keep the Black community ignorant of the freedoms they should have in order to keep them under their control, because they knew that knowledge is power. This thinking dates back even farther to a time when systemic racism began to make its mark on America.

The experiments performed on slaves, that was documented, is a ghastly image to perceive. *Medical Apartheid* describes the scene of a slave girl named Betsey who, by her master, James Marion Sims, MD, is being butchered in order to examine her vaginal area: "each surgical scene was a violent struggle between the slaves and physicians and each woman's body was a bloodied battleground. Each naked, unanesthetized slave woman had to be forcibly restrained by the other physicians through her shrieks of agony as Sims determinedly sliced, then sutured her genitalia. The other doctors, who could, fled when they could bear the horrific scenes no longer. It then fell to the women to restrain one another" (Washington 2). These experiments,

although most are not as gruesome, are still prevalent in the United States. *Bad Blood: the Tuskegee Syphilis Experiment*, by James H. Jones, PhD, tells of a non-therapeutic experiment performed by the United States Public Health Service that experimented, without consent, on Black males from 1932 to 1972 in order to study how syphilis affected Black subjects. These men, who believed they were being treated for "bad blood," known as syphilis, were being used to try to find a treatment for the disease. After the cure was found, the study changed. The men were withheld from the cure and the experimenters began testing the men to see what untreated syphilis did to the body. Even after they died, their bodies were not put to rest as they should have been, but instead, many were used as cadavers for further research ventures. Jones, in *Bad Blood*, quoted the editor of the *Atlanta Constitution* in saying that "'Sometimes, with the best of intentions, scientists and public officials and others involved in working for the benefit of us all, forget that people are people... They concentrate so totally on plans and programs, experiments, statistics... that people become objects, symbols on paper, figures in a mathematical formula, or impersonal 'subjects' in a scientific study'" (Jones 14). These men were not looked at as humans. Their choices for treatment and right for knowledge were taken away from them. Their lives were unknowingly placed in the hands of these experimenters.

The societal effects of the Tuskegee Experiment have made a lasting impact on Black Americans. "Under the Shadow of Tuskegee: African Americans and Health Care," written by Vanessa Northington Gamble, MD, PhD, connects the national effect the Tuskegee Syphilis Experiment had on Black Americans to the distrust that many Blacks have towards medical institutions in the modern world. Gamble gives the example of how Blacks after the Civil War had a fear of being taken by "Night Doctors" who, "According to folk belief… would kidnap Black people, usually at night and in urban areas, and take them to hospitals to be killed and used

in experiments" (Gamble 1774). It was also discovered in 1892 that in Philadelphia, a group of grave robbers would plunder the graves at Black cemeteries in order to provide bodies for the medical schools of that city (Gamble 1774). The distrust Blacks feel towards medical institutions is understandable due to the hardships that many faced personally or heard of from their families. This problem of racism and the sense that Blacks feel their lives and problems are devalued in the American health care system does not come without reason. Gamble used this story as an example of how Black lives are undervalued in health care: "the following story from the Los Angeles Times shows how racism can affect the practice of medicine: 'When Althea Alexander broke her arm, the attending resident at Los Angeles County-USC Medical Center told her to 'hold your arm like you usually hold your can of beer on Saturday night.' Alexander who is Black, exploded. 'What are you talking about? Do you think I'm a welfare mother?' The White resident shrugged: 'Well aren't you?' Turned out she was an administrator at USC medical school. This example graphically illustrates that health care providers are not immune to the beliefs and misconceptions of the wider community. They carry with them stereotypes about various groups of people" (Gamble 1776). These kinds of stereotypes are placed on many Blacks the very second they walk into hospitals or other medical facilities. The assumptions made about underlying factors that could have caused an injury or disease replace what should be the original thought of "What can I do to help this patient feel better?"

A study done asked a group of ten nurses if they have ever experienced or witnessed racial discrimination in the hospital. This study was used in order to gain knowledge about the current status of racism in American hospitals. The following questions were asked: How often do you witness discrimination in the hospital from a health care worker towards a patient, have you ever allowed a stereotype about a certain race change the quality of care you have given,

what areas in the hospital do you tend to hear more racial stereotypes spoken, and what are some examples of racial slurs, stereotypes, or lack of care you have witnessed in the hospital setting because of someone's ethnicity or race? 80 percent of the nurses said that they witnessed discrimination in the hospital sometimes and the other 20 percent said they witnessed it often. 100 percent of the nurses said that they have never allowed a stereotype about a certain race change the quality of care they give. When asked about the most common areas in the hospital that racial stereotypes are heard, majority of the nurses said that the obstetrics (OB) unit is one of the main places. One of the nurses stated that Hispanic and African patients are the ones that they tend to hear the most stereotypes about. One of the nurses, identified as MP, stated that "They have certain beliefs that aren't necessarily the best practice. I think as health care workers, we just see it as their culture and fail to really educate them. Sometimes that may be because we don't have the best resources to combat the language barrier and, sometimes, I think we think that's the way it is and we don't believe they are teachable." Stereotypes about certain ethnicities can lead to patients receiving a lack of care, whether intentional or not. Becoming more knowledgeable about varying cultures and providing better ways in the health care system to educate those who are not used to American practices can allow the patients to understand their personal role in maintaining proper health and create a better sense of communication and understanding between the patient and nurse. By doing this, quality of care for the patient will be improved.

Peter Cahn, PhD, stated that the consistent pattern of a group of people being historically marginalized, causing them to have negative health consequences, "indicates that systemic racism and not just individual biology plays a determinative role in health" (Cahn 443). Systemic racism, as defined by the NAACP President Derrick Johnson, is "systems and structures that

have procedures or processes that disadvantage African Americans" (USA Today). Racism in health care is shown through the type, quality, and location of proper health care in America and these discrepancies were even more prominent back in the early 1800s. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*, by Harriet Washington, discusses how Black people in America have been abused and exploited by racist medical professionals from colonial times to the modern world. Washington believes that systemic racism is a primary reason why Black Americans tend to have a negative view about and are reluctant to receive care from medical institutions. She believes that "The history of medicine has been written by medical professionals and so reflects their points of view. The experimental suffering of black Americans has taken many forms: fear, profound deception, psychological trauma, pain, injection with deadly agents, disfigurement, crippling, chronic illness, undignified display, intractable pain, stolen fertility, and death" (Washington 8). Fear, disfigurement, and stolen fertility, for example, were present in the life of a seventeen-year-old slave girl named Anarcha. In 1845, she was subjected to danger through care by Dr. Sims. While Anarcha gave birth, Dr. Sims decided to try out a new instrument: obstetrical forceps. The baby ended up dying and "she was left with openings between the remains of her vagina and her bladder and rectum" (Washington 63) causing her to become incontinent, have inflamed tissues, develop recurrent infections, have intense pain, and foul odors. Anarcha's condition, vesicovaginal fistula, affected both Black and White woman, but the level of care given to each was drastically different, causing White woman to survive this condition at a better rate than Black women. Washington strived through this book to show the true and all-encompassing history of apartheid in America. The apartheid, according to the Oxford English Dictionary, is a

name that originated in South Africa that described “the segregation of the inhabitants of European descent from the... colored or mixed.”

Many medical professionals, even in the late-1900s, still support this idea of a medical apartheid. A specific supporter of this idea, a physician named Thomas Murrell, made this statement in the 1940s; he said “‘The future of the Negro lies more in the research laboratory than in the schools... When diseased, he should be registered and forced to take treatment before he offers his diseased mind and body on the altar of academic and professional education’” (Washington 10). The attitudes towards Blacks in health care have not improved much since this statement. A neurosurgeon named Harry Bailey, M.D., reminisced during a speech he delivered to a school in the 1960s saying, “‘[It was] cheaper to use N**gers than cats because they were everywhere and cheap experimental animals’” (Washington 10). Many more inconsiderate responses like that are made even in the twenty-first-century, a time when many want to say that “We are all the same and equal.” Blacks in America still have to put up with these injustices and the racism present in our American health care system in aspects such as the quality of care they receive, in the quality of the hospitals around them, and in the stereotypes and assumptions made about them.

These injustices can be seen in the discrepancies of the mortality and morbidity rates between Black and White women. "Site of Delivery Contribution to Black-White Severe Maternal Morbidity Disparity" by Elizabeth A. Howell discusses a study that was focused on the hospitals in the New York area. Through this study, the statistics that "Black women are 12 times more likely to suffer a pregnancy-related death than are white women" (Howell et al. 2), “Black women are more likely to deliver in ... hospitals with higher risk-adjusted severe morbidity rates" (Howell et al. 5), and that "A significant portion of maternal morbidity and mortality is

preventable" (Howell et al. 2) were discovered. William M. Callaghan wrote in a journal called "Foreword: Maternal Mortality and Severe Maternal Morbidity" that "it is clear that US maternal mortality is not headed in the desired direction; our best estimates indicate that about 700 women die each year during or shortly after the end of pregnancy due to causes specific to or aggravated by the physiology of pregnancy" (Callaghan 1). Black women should not have a higher chance of dying from the natural aspects of childbirth than a White woman. Howell also came to the understanding that hospitals in predominately Black areas lack proper team building skills, good communication, and certain clinical protocols (Howell et al. 6) that hospitals in predominately White areas have. Simple improvements like those mentioned could help decrease the amount of maternal deaths during childbirth. Howell also mentioned that patterns of racial segregation in communities could also be contributing to reasons why women only deliver at specific hospitals (Howell et al. 6). Their "results highlight the need to address quality of care as an additional means to reduce racial disparities" (Howell et al. 6) and brought to light that "If black mothers delivered in the same hospitals as white women ... they would experience 940 fewer severe morbid events" (Howell et al. 5). In the journal "The contribution of geography to black/white differences in the use of low neonatal mortality hospitals in New York City," Paul L. Herbert, PhD, found that "The majority of Blacks in the United States reside in residentially segregated communities, and this segregation has significant economic, political, social, and health consequences" (Herbert et al. 203).

Care between all races and ethnicities should be held to the same standard. Hospitals and health care professionals should all strive to increase their level of care, education, and communication skills in order to provide every patient with the finest care and comfort. Many minorities believe that the system has placed Blacks and other minorities in locations and

positions that keep them from achieving goals that a White individual might be able to obtain easier. If hospitals in predominately Black areas enact simple improvements in basic skills, such as communication or teamwork, then the health of those Black patients will be positively impacted, in this case, mothers during childbirth. Why care is better in White-localized hospitals and not in Black-localized hospitals is a concerning factor for many and stems from the racial segregation that is still prevalent in America.

COVID-19 in America is another aspect in health care where the discrepancies of the numbers of those getting the disease is far more for the minority groups than for the majority. "Reopening the United States: Black and Hispanic Workers Are Essential and Expendable Again" argues how minorities, primarily those in Black communities, are being hit the hardest by COVID-19, because of not only working in more jobs that are considered essential, but also because of the underlying paradox of Black lives in America that treats Blacks as expendable. J. Corey Williams, MD, MA, argued that "Black and Hispanic people have been cast in this paradoxical role as both essential and expendable up to the present day. This paradox has been reflected in the ways that Black and Hispanic people were and are subjected to exploitive medical experiments and research, including experimental gynecological surgeries on enslaved women, the US Public Health Service's syphilis studies in both the United States and Guatemala, and more recent lead poisoning studies" (Williams et al. 1507). Because of this, "Understanding COVID-19 Risks and Vulnerabilities among Black Communities in America: The Lethal Force of Syndemics," by Tonia Poteat, PhD, MPH, PA-C, believes that Black Americans are more likely to experience the effects of COVID-19 due to overrepresentation in essential service industries and being racially segregated in primarily crowded areas. Poteat claimed that "The preponderance of black Americans in occupations, environments, and situations that increase

exposure to the novel coronavirus is not accidental but grounded in the historical and modern-day structural violence of racism. Racism is a form of structural violence because it produces socially unjust conditions that predispose black communities to disability and death - a reality that is both normalized and reproduced within the practices and policies of enduring public and private institutions" (Poteat et al. 2). According to the Center for Disease Control and Prevention (CDC), Blacks are 2.6 times more likely and Hispanics 2.8 times more likely, when compared to White individuals, to end up getting the Coronavirus. Blacks are 4.7 times more likely and Hispanics 4.6 times more likely of being hospitalized by the virus. It is also shown that Blacks are 2.1 times more likely to die from the virus, and Hispanics 1.1 times more, in comparison to that of a White person (CDC). The CDC even states that the factors that lead to the increase of COVID-19 in these minority groups is due to crowded situations, close/physical contact, enclosed spaces, and long durations of exposure.

These discrepancies in the quality of health care given to Blacks in America, in comparison to that for Whites in America, should not exist. True equality is still a work in progress in America but can be made better with simple improvements. Peter Cahn, PhD, wrote "How Interprofessional Collaborative Practice Can Help Dismantle Systemic Racism," which discusses how interprofessional collaborative practices, or "an overarching view of the system in which everyone operates" (Cahn 432), should be integrated with cultural competency, a "team [that] consists of members from groups with different preparations, statuses, and ethnocultural backgrounds" (Cahn 431), in order for systemic racism to become dismantled in the United States. Being knowledgeable about why certain cultures may act, say, or believe something can tell a lot about them. By not allowing ignorance to be a reason for not knowing the history of discrimination and racism for a race allows one to begin to gain that understanding of why.

Being open to and allowing those that do not resemble yourself tell their stories can help to integrate that cultural competency into even the personal lives of people. This is only the beginning. If you are a boss or someone in charge of hiring, choose people from different ethnicities and backgrounds to help share their experiences; if you are not in that position, advocate for and stress the need for differing, and possibly challenging, views that minorities have that can be added to the team. Try to avoid, though, just adding Blacks or other minorities in your life or workplace just for the sole benefit of making yourself or the company look better. Black individuals in America can add so much to the lives of so many. There is an immense problem with the lack of research on this topic of racism in health care, which indicates how pertinent this topic truly is in the modern American society. By following the money and finding out why research in this field is lacking, the hidden truth about the American health care system and its treatment of Black, working-class Americans can be found.

Do you remember John Brown from the beginning? Well, through all the forced experimentation, torture, and humiliation he went through in order to help further medicine, he eventually couldn't take the surgical torture anymore and knew he had to do something. (Washington 54). He sailed to England in 1850 after the Fugitive Slave Laws passed, which increased enforcement against fugitive slaves in both the North and South. He later wrote a book called *Slave Life in Georgia: A Narrative of the Life, Sufferings, and Escape of John Brown, a Fugitive Slave, Now in England* in which told of his childhood, his life as a slave, an how he escaped from the cruelty of his master. He chose to devote his life to help bring down the institution of slavery. Brown said, "I am quite convinced that if slavery is to be put down, one of the most certain means – if it is not, indeed, the only one – is to reduce the value of its products in the markets, by bringing into them as much cotton, sugar, rice, &c. – but especially cotton – as

can be raised by free-labour" (Brown 207). He lived life the only way he knew: laboriously. He worked hard for the rest of his life and proved that anyone can take the worst situation and turn it around for the good.

Washington believed that "physicians had every motive to skew narratives against their black subjects, not because they were especially racist or unfair (although many were) but because the culture of American medicine has mirrored the larger culture that encompassed enslavement, segregation, in less dramatic forms of racial inequity" (Washington 9). Whether this is to be believed or not, systemic racism has proved to be enveloped into all aspects of health care. It dictates where the good, high quality care hospitals are, the number of Black women who die during childbirth, and even the number of COVID-19 cases that affect primarily the minorities in America. The experimentation on Blacks for the furtherment of medicine was horrific for those who were forced to be cut open and treated inhumanely by physicians. Although the times have improved since that, nonconsensual experimentation, such as with the Tuskegee Experiment, still occurs and targets Black individuals. At what point will these discriminatory acts of racism in the health care system begin to become the standard for no one?

Works Cited

Brown, DeNeen L. *'You've Got Bad Blood': The Horror of the Tuskegee Syphilis Experiment*. 12 June 2020, www.washingtonpost.com/news/retropolis/wp/2017/05/16/youve-got-bad-blood-the-horror-of-the-tuskegee-syphilis-experiment/.

Brown, John, and Louis Alexis. Chamerovzow. Slave Life in Georgia: a Narrative of the Life, Sufferings, and Escape of John Brown, a Fugitive Slave, Now in England. CreateSpace Independent Publishing Platform, 2014, play.google.com/books/reader?id=-KkyAQAAMAAJ&hl=en&pg=GBS.PA5.

Callaghan, William M. "Foreword: Maternal Mortality and Severe Maternal Morbidity." *Clinical Obstetrics and Gynecology*, vol. 61,2 (2018): 294-2 95.doi:10.1097/GRF.0000000000000376

Center for Disease Control and Prevention. *COVID-19 Hospitalization and Death by Race/Ethnicity*. 18 Aug. 2020, www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html.

Gamble, Vanessa Northington. *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945*. 23 Mar. 1995, books.google.com/books/about/Making_a_Place_for_Ourselves.html?id=2ruUbLwWF3UC.

Gamble, Vanessa Northington. "Under the Shadow of Tuskegee: African Americans and Health Care." *American Journal of Public Health*, vol. 87, no. 11, 1997, pp. 1773–1778., doi:10.2105/ajph.87.11.1773.

Hebert, Paul L et al. “The contribution of geography to black/white differences in the use of low neonatal mortality hospitals in New York City.” *Medical Care*, vol. 49,2 (2011): 200 6.doi:10.1097/MLR.0b013e3182019144

Howell, Elizabeth A., et al. "Site of Delivery Contribution to Black-White Severe Maternal Morbidity Disparity." *American Journal of Obstetrics and Gynecology*, no. 2, 2016, P~ , 143. EBSCOhost, doi:10.1016/j.ajog.2016.05.007.

Jones, James H. *Bad Blood: the Tuskegee Syphilis Experiment*. Free Press, 1993, www.google.com/books/edition/Bad_Blood/d_nENw_XPdMC?hl=en&gbpv=1&a;printsec=frontcover.

Jones, Stephen A, and Eric Freedman. *Presidents Have a Long History of Condescension, Indifference and Outright Racism towards Black Americans*. 26 Aug. 2020, theconversation.com/presidents-have-a-long-history-of-condescension-indifference-and-Cahn, outright-racism-towards-black-americans-143166.

Michaels, Walter Benn. *The Trouble with Diversity: How We Learned to Love Identity and Ignore Inequality*. New York: Picador, 2016. Web. 11 Nov. 2020.

Peter S. “How Interprofessional Collaborative Practice Can Help Dismantle Systemic Racism.” *Journal of Interprofessional Care*, vol. 34, no. 4, 2020, pp. 431–434., doi:10.1080/13561820.2020.1790224.

Poteat, Tonia, et al. “Understanding COVID-19 Risks and Vulnerabilities among Black Communities in America: The Lethal Force of Syndemics.” *Annals of Epidemiology*, 2020. EBSCOhost, doi:10.1016/j.annepidem.2020.05.004.

Washington, Harriet A. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. Paw Prints, 2010.

Williams, J.Corey, et al. “Reopening the United States: Black and Hispanic Workers Are Essential and Expendable Again.” *American Journal of Public Health*, vol. 110, no. 10, Oct. 2020, pp. 1506–1508. EBSCOhost, doi:10.2105/AJPH.2020.305879.