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Racism's Infection within American Healthcare

Hospitals, doctors, nurses, and all other facets of healthcare have the obligation to instill an inherent sense of safety and security in its patients, but rampant racial health disparities prove that this feeling is not always able to be reciprocated among people of color. The ability to feel trustworthy of the American healthcare system is unquestionably a privilege of being white. Throughout history, healthcare has been shown to betray the confidence of people of color, and though this trend may originate as far back as the beginning of slavery, it is nevertheless an extremely current struggle. The ideologies of slavery, of the Black man being biologically different from the white man, have played a role in events like the Tuskegee Syphilis Study in the 1970s, and are seen through the effects of the COVID-19 pandemic on Black communities. This staggering health disparity between specifically Black Americans and their white counterparts will not be overcome until the ingrained and long-withstanding prejudice within America's healthcare system is systematically eradicated.

Racial health disparities throughout history can be traced back to the persisting of ignorance and misconceptions in medical fields. In the early 20th century, Darwinist ideas prevailed among medical professionals, leading to the accepted belief that emancipation had caused a deterioration on the welfare of the Black population and would precipitate the extinction of their race (Hammonds and Reverby 1348). These false ideologies would found the unethical experimentation exhibited in the Tuskegee Syphilis Study in 1932. This forty-year

experiment held by the United States Public Health Service (USPHS) was intended as an observation of untreated syphilis; the 400 Black Americans infected with syphilis involved in the study were not informed of this. Instead, the USPHS had promised them treatment for their “bad blood”, despite only ever administering them ineffective drugs or inadequate doses throughout the duration of the experiment (Brandt 24). Lies like this would continue to be perpetuated by the USPHS and resulted in a number of unnecessary and preventable fatalities. Even more disappointingly, the study would not be disputed and eventually put to an end until 1972 (Brandt 21) when its details were revealed to the press. Despite it not being open to the public until then, though, the study had always been reported and available to the medical community for its forty-year duration. This act of ignorance and turning a blind eye to racism within the medical community continues to be exhibited today.

With the knowledge of this experiment and multiple other medical atrocities throughout American history, a reasonable level of distrust has arisen among people of color towards healthcare, especially government-ordered healthcare. As Hammonds points out, “[the nation’s segregated health care system] evolved from a system of strict segregation to one riven with inequalities” (1348). The American healthcare system began, as most institutions in America do, with only the white man and the white body in mind, and this error has yet to be rectified. The United States’ white-centric view on public health has led to harmful, life-threatening consequences, evident through the racial health disparity occurring currently with the COVID-19 pandemic. A disproportionate number of people of color are being hospitalized and killed by this virus compared to white Americans. Though this health disparity can be attributed to a number of different factors resulting from systematic racism, one irrefutable facet is this aforementioned distrust of the American healthcare system felt by people of color. For instance, fewer people of

color are protected against COVID-19 due to their warranted hesitancy in trusting the safety and effectiveness of the vaccine (Golden). Additionally, this distrust likely results in less people of color being tested in the first place, meaning this health disparity occurring may be even greater than data represents it as. The United States government's negligence to account for this and the nuances of health within communities of color is what leads to these prevalent and recurring racial health disparities.

In order to overcome the multitude of racial health disparities occurring in America, the United States government needs to recognize how their mistakes and how systematic racism as a whole has ruptured the relationship between Americans of color and their nation's healthcare system. Mending this relationship will require the development of a healthcare system that resonates with people of color and intends to atone for the wrongs of the past in order to show that the medical community is worthy of being trusted. All health care professionals, but especially those that are white, should be required to learn of the American healthcare system's history of racism, of the distrust that people of color may experience, and of systematic racism's influence on the health of people of color. Additionally, a means for care that has the specific intent of making people of color feel comfortable and safe should be made available; in fact, the benefit of a service like this has already been recognized: "culturally adapted mental health services are more effective for people of color compared with standard services," (Webb Hooper, Nápoles, and Pérez-Stable 2467). Until changes like these are effectively implemented within the United States' historically prejudiced healthcare system, Americans of color will go unheard and untreated as their nation continues to ceaselessly prioritize the health of white Americans over their own.

This nation's lack of effort in remedying these faults is chronicled throughout media and art of the past century. Among this media prevails an unfortunate trend of glorifying white figures that had a direct contribution to today's ongoing racial health disparities. Robert Thom's painting *J. Marion Sims: Gynecological Surgeon* exemplifies this disappointing tendency in its portrayal of J. Marion Sims, a man revered as the "father of gynecology" despite his admitted maltreatment of enslaved women that took place as he developed his techniques (Carlton). Coming from a series of paintings titled *Great Moments in Medicine*, this depiction of him in such a positive and praiseworthy light is extremely reductive of the harm caused by his medical practices. Without properly researching his history, an unwitting viewer of this painting would be none the wiser to J. Marion Sims' consistent refusal to administer anesthesia to Black patients, his belief "that [B]lack people simply had higher pain tolerances than white people [...]" (Carlton), and his inhumane experimentation on Black children. Portrayals of this fashion only aid in worsening the state of Black health as they neglect to call to attention this pattern of abuse in healthcare that Black Americans have faced for generations. Anarcha, Lucy, and Betsey, the three enslaved women present in the painting, require recognition for the torture they endured in order for us to even attempt at overcoming the racism in medical fields that is still present today.

The persistence of racial health disparities comes as a result of preventable mistakes continuously being made by American healthcare due to racist misconceptions of the past being upheld. Events like the Tuskegee Syphilis Study and the ongoing COVID-19 pandemic put these faults on display and reveal how detrimental they can be to communities of color. The medical education of today lacks the teaching necessary to fully understand the racial contexts of health and how to properly account for them when treating a patient of color or when addressing

communities of color. Our nation and the health of its people cannot prosper until this negligence is adequately confronted and redressed.

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