Medical Discrimination Series #1:
The Racist History of Medicine

Welcome!

What is Medical Discrimination?

Prejudice and discrimination in medicine and within the medical and healthcare systems based upon perceived race, gender, religion, or ethnicity.

Manifest itself in four different ways:

- Conceptual ideas of identity
- Discrimination result in differential medical treatment
- The experience of identity negatively impacting one’s health
- Institutional discrimination

How did Medical Discrimination start?

Darwinism promoted the ideology of racism and perceiving Eurocentric features as “superior” and more “advanced” than any other race.

The idea of race as a biological construct started with the founding of the US to justify oppression of minority groups. For decades, BIPOC (esp. Black people) were viewed as biologically inferior to whites, a belief that reverberates through the health care system in the US to this day.

A Brief History of Medical Discrimination

1830 Crania Americana

In the 1830s, Samuel George Morton wrote "Crania Americana: Or a Comparative View of the Skulls of Various Aboriginal Nations of North and South America," in which he **claimed that Native Americans and Black people had smaller skulls than white people and thus smaller brains**. Experts contend this work provided the **foundation of scientific racism**.

This later led to the comprehensive study in the 20th century to compare all skulls from different races (including European, African, Native American, Asian, and more) in favor of the “larger, more intellectual” European skulls.

Overall, this study solidified the idea that **BIPOCs were a separate set of species that were biologically, mentally, and morally inferior to white people**. Therefore, they were considered appropriate subjects for experimentation

1840s Spirometer & Medicine with Race Corrections

Invented in the 1840s by John Hutchinson, a spirometer is a tool used to measure lung function and help diagnose lung diseases. This machine was used globally, and in the US, Thomas Jefferson's notes on the state of virginia in 1832 wrote that **Black people have inferior lung capacity than white people**.

Today, **spirometer software has "race correction" built in: 10-15% for Black people and 4-6% for Asian people**. More studies have stated that white people have the best lung function of all races without taking into account that more minorities tend to live in areas with higher pollution, directly linked to lung function.

If a patient is Black or Asian, even if they have the same lung function as a white person, it will be **harder for the BIPOC to get a diagnosis for a lung disease because it is already assumed that the BIPOC naturally has worse lungs.**

1913 Sterilization Laws & Eugenics

In 1913, Sterilization laws were centered towards people with mental illnesses but expanded to a list of different medical conditions and extreme circumstances that **gave doctors leeway in choosing who to sterilize.** These laws drastically affected BIPOC. For example, **African Americans were four times more likely to be sterilized than their white counterparts**.

These American practices were extended to other groups including African Americans, Native Americans, and more. American eugenics was later adopted by Nazi Germany and other European countries targeting especially the Jewish population during the Holocaust.

1906 Philippine Cholera Study

In 1906, Professor **Richard Strong of Harvard University intentionally inoculated 24 Filipino prisoners with cholera, contaminated with plague**. He did this without the consent of the patients and without informing them of what he was doing. All of the subjects became sick and 13 died.

Despite his taking advantage of the Filipino population, Strong later became a noteworthy scientist in American tropical medicine. A general committee appointed by the governor general of the Philippines recognized and condemned the shortcomings and urged reform but no further steps were made.

1930 Tuskegee Syphilis Experiment

The **Tuskegee Syphilis Experiment**, sponsored by the US public health service and led by John Charles Cutler, took place from 1932-1972. In the study, **Black males were told they were being given free healthcare**, but in reality they were enrolled in a study looking at the natural course of untreated syphilis. During the study, **information was withheld from the participants and none of the infected were treated with penicillin** (by 1947, penicillin was a standard treatment for the disease). As a result, 28 of the 399 participants died of syphilis, 100 died of related complications, 40 had infected their spouses, and 19 children were born with congenital syphilis. **The study went on for forty years and only stopped when it was leaked to the press.**

1940 Guatemalan Syphilis Study

In a 1946 to 1948 study in Guatemala, **U.S. researchers infected prison inmates, insane asylum patients, and Guatemalan soldiers with syphilis and other STDs to test the effectiveness of penicillin**. Approximately 700 people were infected as part of the study (including orphan children). The study was sponsored by the Public Health Service, the National Institutes of Health, the Pan American Health Sanitary Bureau (now the World Health Organization's Pan American Health Organization) and the Guatemalan government. The team was **led by John Charles Cutler**, who participated in the Tuskegee syphilis experiments. **Cutler chose to do the study in Guatemala because he would not have been permitted to do it in the United States**. In 2010 when the research was revealed, the U.S. officially apologized to Guatemala for the studies.

How have these events influenced minority patient and physician relationships today?

The Result: Barriers to Equal Care

1. Physical and Monetary Barriers: Alongside physician distrust, the wage gap pushes BIPOC into lower income communities with overall lower access to healthcare and lower rates of job stability (insurance & time off). BIPOC lose preventative care opportunities as well as care for chronic illnesses.

2. Chronic distrust of medical providers: These inhumane studies among many more have perpetuated serotypes and have contributed to the unequal physician-patient power dynamic.

- EX. 15% of Native Americans avoid seeking health care for themselves or family members due to anticipated discrimination.

3. Provider implicit bias: Because of this racial weathering, BIPOCs face higher risks of chronic illness, infection, and injuries but receive inadequate and unequal care due to provider implicit bias.

What is Provider Implicit Bias?

Implicit Bias is a prejudice that is deep-seated within the brain, below the conscious level. Studies have demonstrated implicit bias against racial groups, genders, sexualities, and other marginalized groups. We may even be prejudiced against our own group, although we tend to favor our in-group with positive stereotypes and disfavor out-groups with negative stereotypes.

In a hospital setting, this can look like **a physician favoring English-speaking, white, cisgender patients (male or female)** over BIPOC, LGBTQIA+, and/or non-English speaking patients.

Results of Provider Implicit Bias on BIPOC Patients

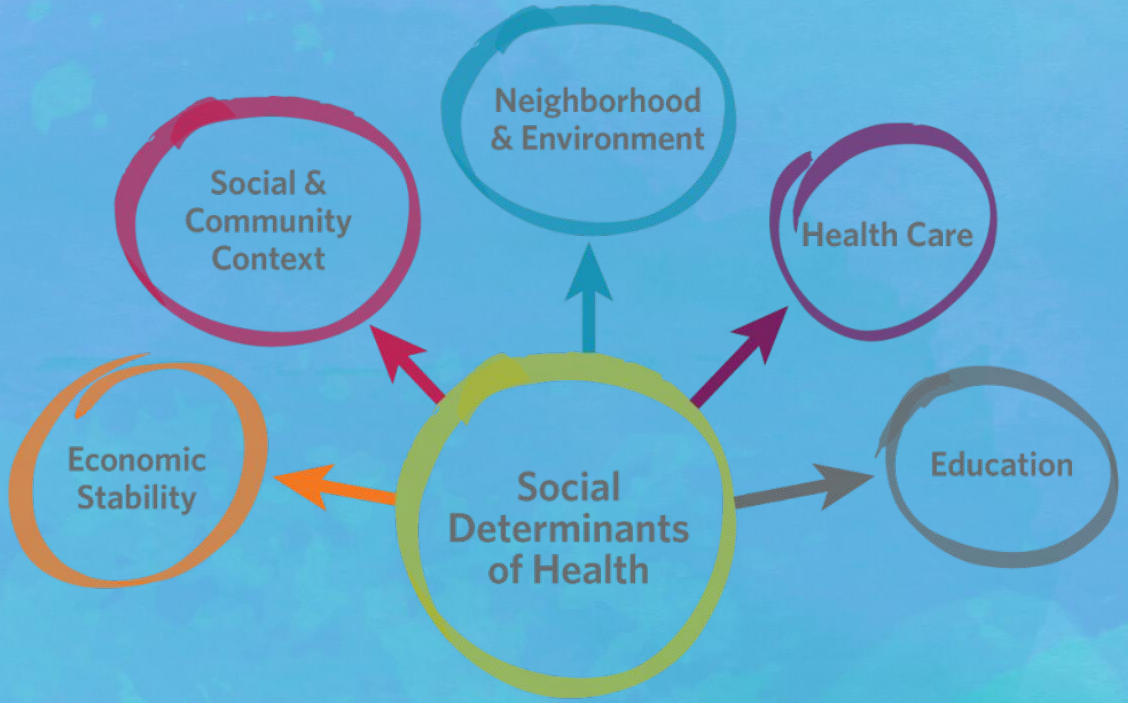
- Black patients are 50% less likely to receive pain medication than white patients
- Black females are less likely to have breast cancer than white females, but 40% more likely to die from the disease.
- A Black female is 22% more likely to die from heart disease than a white female.
- A Black female is 71% more likely to die from cervical cancer than her white counterpart.
- A Black females is 243% more likely to die from pregnancy or childbirth related causes than a white female.
- Females (esp. non-white females) are 30% more likely to be misdiagnosed with a stroke.

Results of Provider Implicit Bias on BIPOC Patients

- Asian or Asian-American patients are overdiagnosed with mood disorders (such as depression) while Black patients are overdiagnosed with psychotic and manic disorders (such as schizophrenia).
- Invasive cardiovascular procedure rates are lower among Black, Asian, and non-white LatinX patients compared to white patients.
- Black, LatinX, Native American, and Asian patients who were less educated or with fewer financial resources were less likely to receive an organ transplant.
- LatinX compared to white patients in California, Florida and New York were less likely to undergo major procedures in 38% of 63 different disease categories.

Many physicians and people today still believe that race is something biological. Rather, it is the embodied effects of living as a BIPOC in a racist society that produces health inequalities (chronic stress, physical illness, mental disorders and injury.)

Biological Effect of Race vs. Biological Effect of Racism



So what do we do now?

1. Identify, understand, and combat our implicit biases.
2. Keep educating yourself on medical discrimination.
3. Be involved in anti-racist patient advocacy programs.
4. Promote increased cultural competency and diversity training programs for medical professionals.
5. Make active allyship a lifestyle and not just a reactive mindset.
6. Understand that medical practice and science has never been “neutral.” Science is an institution that has carried and normalized biases and discrimination from its founding.

Specific Resources for Minorities

1. Keep educating yourself on medical discrimination.
2. Engage in BIPOC-owned programs that specialize in minority patient care.
3. If you request testing or medication and a doctor says no, ask them to document refusal in the chart.
4. Ask your healthcare provider if they are aware of discrimination in medicine and if they are actively anti-racist (or other) in their patient care. This is helpful to determine if you need to find a new provider.
5. If you feel that one of your healthcare providers is racist, file a formal complaint. Most healthcare organizations have patient relations departments that are equipped to address these types of concerns.

Next in the MD Series?

The Discriminatory Roots of Women's Health

Contact us for any more questions or comments!

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Any Questions?