

Medical Apartheid

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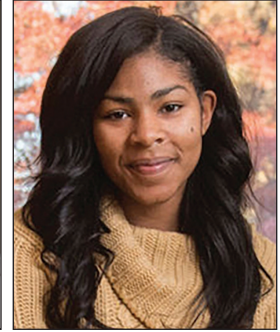
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Editor's note: We also welcome this column from Dr. Cherise Hamblin, who works with the LG Health Family Medicine Residency Program and leads a health equity book club through Patients R Waiting. For more information, visit PatientsRWaiting.com.

Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present by Harriet A. Washington is a journey through the history of medicine that should be required reading for every health professional, from students to seasoned clinicians. Professor Washington takes readers through the history of the medical profession and its advancements, accounting for the inextricable links between the profession and Black people in America from the time of enslavement to the present day.

As we look back on our own pre-medical and medical education, we both realize that we have had no formal course regarding the history of medicine, although context has occasionally been interwoven into didactic lectures. We came to read this work in early 2021 through a community book club and felt like we had stumbled onto a secret.

Professor Washington takes a methodical and unemotional approach to chronicling the long history of medical experimentation and misadventure of Black people in America from before the Tuskegee syphilis study to the present day. She begins in the 1700s in colonial America and asserts early on, on page 26, that “enslavement could not have existed and ... persisted without medical science.” Physicians were dependent upon slavery, both for economic security and for the enslaved “clinical material” that fed American medical research; enslaved Africans bolstered physicians’ professional advancement.

Further, in the antebellum South, physicians were complicit during their evaluation of enslaved people,

deeming them fit for duty or too sick to work. Washington describes the ethical dilemma of the patient – the enslaved African – who was the legal property of the owner; the physician-client relationship was not with the patient but rather between the doctor and the slave owner. Owners and physicians blurred the therapeutic line by referring to whipping as medicine for malingering slaves; physicians actually prescribed “essence of rawhide” as treatment.

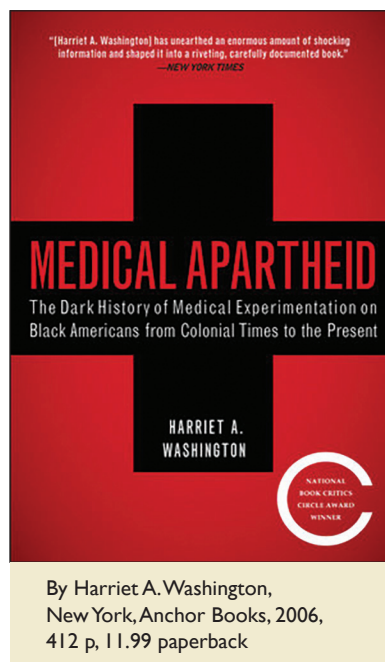
The origins of several medical advancements are depicted through the text, and as the history of medicine is not routinely taught in medical school, this is indeed

a highlight. In the early 18th century, an enslaved African named Onesimus saved the city of Boston from a smallpox epidemic by teaching his owner, Cotton Mather – puritan preacher and amateur scientist – about the preventive measure of inoculation. This was a procedure Onesimus had undergone while still in Africa. Mather managed to convince one area physician to embrace and test the concept, ultimately subjecting 250 slaves and his own six-year-old son to the procedure.

When a smallpox epidemic revisited Boston in the summer of 1721, approximately 8,000 Bostonians became ill and 844 died. Remarkably, while one in nine untreated patients succumbed to their illness, only one in 48 of those who were inoculated died.¹ Mather

made a scientific report to the Royal Society in 1722, and by 1750, inoculation, long practiced in Africa, had become a standard of care in America and Europe as well.

Today, vaccination is a hallmark of disease prevention, and while the COVID-19 pandemic has seen vaccination again become a hot-button topic, doubtless it can be said we owe untold millions of lives saved to the insight of Onesimus and Mather. This bit of history and context, as well as a litany that followed, are part of what made this reading so rich and compelling.



We took particular interest in the accounting of the work of James Marion Sims, frequently referred to as the Father of Gynecology. Dr. Sims developed surgical instruments and techniques for the repair of vesicovaginal fistulas and is world renowned for his contributions to the field. Yet in recent years, opinion of him has soured as the circumstances of his discoveries have become clear. Sims attended South Carolina Medical College and then Jefferson Medical College in Philadelphia, at a time when medical education consisted of a year and a half of instruction. He then embarked on a career as a plantation doctor in Alabama; the experimentation on the enslaved patients he “treated” has been described in his autobiography and other medical journals and accounts. What is now apparent is that to acquire subjects for his experimentation, he offered the owners of infirm slaves “trial and error” treatments, housing and feeding the subjects under his care.

The best known of these captive subjects were Anarcha, Betsy, and Lucy, three enslaved girls who suffered birth trauma that resulted in fistulas. Anarcha, 17, was attended by Sims, who conducted a forceps delivery that

“A closer look at the troubling numbers reveals that Blacks are dying not of exotic, incurable, poorly understood illnesses nor of genetic diseases that target only them, but rather from common ailments that are more often prevented and treated among whites than among Blacks.”

While reading Medical Apartheid, the quote above jumped out at me; I immediately shut the book. In that moment I was no longer reading for pleasure, but was having vivid flashbacks to my childhood.

I was born and raised in New York City, in the Bronx and Spanish Harlem — two historically underserved communities stricken by economic, educational, and medical disadvantages. Crime rates are high in both areas, often deemed unsafe, but I have always found a sense of safety in my community. As a little girl, I remember coming together during cookouts and block parties filled with loud music, dancing, and delicious food. My neighborhood taught me how love and unity can bring about tangible change when we work together and uplift one another. Unfortunately, I also remember how members of my community had limited access to health care, and how both my grandmothers suffered from diabetes and hypertension.

Professor Washington sheds light on experiences that many Americans face, and couples their stories with facts and history. I truly believe that any individual pursuing health should read this book — to better understand, connect, and relate. Knowledge is power, and I believe that literature like this helps create better students, better physicians, and better human beings. — Khyla Hill

resulted in the death of her child and the formation of chronic unhealed tracts between her bladder, vagina, and rectum. For years, these girls, among others, were housed, drugged, and the subjects of experimentation without anesthesia. After the surgeries and instruments were developed and perfected, Sims toured the world with his discoveries, gaining acclaim and fortune, not conveying the torture he’d inflicted and the debt he owed to these three young women.

In our own time, the confluence of the murder of George Floyd in 2020, the COVID-19 pandemic’s exacerbation of racial health disparities, and the widespread recognition that racism is an affront to our population’s health has left many of us in emotional turmoil and searching for insight. Like others, we have turned to reading as a way to process feelings and understand where we can be most effective in practice and in our community.

Whether you are a history buff, a medical professional, an activist, or a learner of any sort, this text is a must-read. It is available as an audiobook, but having a physical copy is preferable, in our opinion. With our growing understanding of how racism is baked into our medical decision-making — through race-based calculations, through algorithms, and even in race-based cutoffs — it is imperative that we search for sufficient context to understand our own history. Reading *Medical Apartheid* is a fine first step; it brought us feelings of grief and anger, but ultimately left us feeling informed and renewed. Through over 800 citations, Professor Washington’s account of American medical history is one to be read, re-read, and referenced by medical professionals, lest we forget from whence we came.

REFERENCE

1. Fowler WM. Boston’s bouts with smallpox. *Boston Globe*. December 2, 2001:7.

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