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Blood splattered on the operation table. Agonizing screams and pungent odors permeated throughout the crude backyard hospital walls. The history of medicine and the progression of current scientific achievements was built upon the downfall of the black race. In Malcom X's words, "The most disrespected person in America, is the black woman. The most unprotected person in America is the black woman. The most neglected person in America is the black woman." J. Marion Sims, the most famous American surgeon of the 19th century, used black female slaves as test subjects to further his knowledge on women's gynecology between 1845 and 1849. In history's perspective, he is acknowledged as "the founder of modern surgical gynecology" who developed the first consistently successful operation for the cure of vesicovaginal fistula, a catastrophic complication of childbirth. While that information is accurate, the gruesome reality of his business practices reflects the highly disturbing attributes of the American patriarchal health system today.

Sims is a prime example of the unethical experimentation on black people. His primary interest was not healing the woman he experimented on, but in building his reputation as a doctor. Without their consent, he conducted experiments on enslaved women as if they were animals. To accomplish this, he often addicted them to morphine instead of giving them anesthesia (a medicine used to prevent pain during surgery and other procedures) which he only used while operating on white women whom he and others believed "experienced more pain than black women." The non-fiction novel *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* vividly narrates Sims' heinous crimes through a painting created by Robert Thom called *Gynecologic Surgeon* (apart of the thematic collection *Great Moments in Medicine*, produced between 1948 and 1964.) The

author, Harriet A. Washington, depicts how he "stands aloof, arms folded, arms folded, one hand holding a metro scope as he regards the kneeling woman in a coolly evaluative medical gaze; this innocuous tableau could hardly differ more from the gruesome reality in which 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 other physicians through her shrieks of agony as Sims determinedly sliced, the 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 the women to restrain one another." It is completely evident that the suffering of those black women was not of any relevance to him, and this vile assault on the black woman's body expectantly went unpunished. Furthermore, doubled black infant mortality and overall life expectancy of African Americans ties into the racial health disparity.

The number of lives that were sacrificed to make certain medical advancements is utterly sickening, and it does not end at the slavery periods. Eugenics is the catalyst of the mistreatment of black people in medical environments. The National Human Genome Research Institute supports this undeniable fact in the article "Eugenics and Scientific Racism" that "the scientifically inaccurate theory [coined by Charles Darwin in 1883] that humans can be improved through selective breeding of populations. The implementation of eugenics practices has caused widespread harm, particularly to populations that are being marginalized. Starting in the late 1800s, leaders and intellectuals worldwide perpetuated eugenic beliefs and policies based on common racist and xenophobic attitudes. Many of these beliefs and policies still exist in the United States." This form of scientific racism appropriated the notion that African Americans are 'a different breed' and therefore undeserving of proper treatment when we are painfully and perfectly human like everyone else.

As a Training Nurse Assistant and Active BLS Provider (Basic Life Support), it is absolutely infuriating to me how these so-called medical professionals could treat their patients with such injustice that is *purely* constructed on white supremacy. The definition of health care is the restoration and maintenance of physical, mental, or emotional well-being. Another representative case of the extremely hypocritical health care system is the Tuskegee Syphilis Study in 1932, originally termed the "Tuskegee Study of Untreated Syphilis in the Negro Male." A C.D.C (Centers for Disease Control) article specifies the truth behind this study that "initially involved 600 Black men - 399 with syphilis, 201 who did not have the disease. Participants' informed consent was not collected. Researchers told the men they were being treated for "bad blood," a local term used to describe several ailments, including syphilis, anemia, and fatigue. In exchange for taking part in the study, the men received free medical exams, free meals, and burial insurance. By 1943, penicillin was the treatment of choice for syphilis and becoming widely available, but the participants in the study were not offered treatment." The blatant divide between races makes the ignorance and disregard of black pain evident, reinforced by the troubling number of black people dying from poorly understood illnesses that are prevented and treated among whites.

Expressing how African Americans are wary of health organizations that have a history of killing us for research purposes is an understatement. Older generations are rightfully distrustful of nursing homes and hospitals for that very reason. The account of my greatgrandmother who has dementia is relevant when covering discrepancy between black and white communities. Interestingly, it is not only a matter of not having the proper finances to afford assisted living. She strongly prefers to be taken care of by her family members, who alter shifts respecting her wishes. "Black-white disparities in moves to assisted living and nursing homes are multifaceted and not only the result of racial differences in individual preferences, enabling factors, and need factors. Other factors related to systemic racism, such as residential racial segregation, also may influence black-white disparities in LTC use." An in-depth exploration of this complicated generational mindset traces back to systematic racism, and how it is difficult for black people to access to health care.

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