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Systemic Medical Racism: The Reconstruction of Whiteness Through the Destruction of Black Bodies.

An Honors Thesis submitted in partial fulfillment of the requirements for Honors in History.

By

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Under the mentorship of Dr. Jonathan Bryant

Abstract

The Tuskegee Syphilis Study was a non-therapeutic medical study on the effects of untreated syphilis on African American men. From 1932-1972 the Public Health Service of the United States, with the aid of various local doctors, conducted the study on 400 black men of Macon County in Tuskegee, Alabama. The black subjects of the study were not aware that treatment would be withheld nor the purpose of their examination. The legacy of the study has led to discussions on the influence of white authority in medicine and the use of black bodies for intellectual advancement. This thesis will explore the influence of experiments like Tuskegee and their correlation to medical distrust among African Americans, the medical myth of racial difference that led to the creation and maintenance of the Tuskegee study, and class dynamics that influenced the formation and preservation of the study.

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Science involves the process of building knowledge of the physical and natural world through observation and experimentation. Science, by this definition, is useful and necessary to any society. This importance is emphasized heavily in United States culture; the constitution itself promotes scientific creativity. The Copyright Clause states that Congress has the power to encourage the progress of science. Despite this positive enforcement of science and research, United States science is notorious in its use to justify and promote the legislation of racist policies. These policies are notably issued with the exploitation and destruction of African American bodies. The concept of destruction to promote creation is present in various studies but specifically in the Tuskegee Syphilis Study. This thesis will argue two points; the experiment has correlation with the mistrust of the U.S. healthcare system that is prevalent among black people. The second point, the study had no relation to science because a notable factor in its creation was to prove that the two races, black and white, were separate species. The history of dividing the two races into two species with science and class dynamics of the study will be explored as well due to its importance in the creation of the Tuskegee Syphilis Study.

Chapter 1: The Origins of the Tuskegee Syphilis Study, A Study with Good Intentions or not?

Prior to the start of the Tuskegee study in 1932, syphilis was well known along with other venereal diseases for its devastating effects. Various physicians and medical figures studied syphilis strenuously leading to a great understanding of the disease. The South in the early 1900s was a breeding ground for the spread of syphilis due to its underdeveloped and rural nature and fewer opportunities for big businesses that promoted

large profits. For the black population in the South, their conditions were egregious as poverty and poor health was common for many black households. Many suffered from various diseases like tuberculosis, hookworm, and the most common, syphilis. Most black people were sharecroppers and as a result could not afford medical care as a doctor visit could cost \$12 and for those few who could afford a doctor, many white physicians didn't serve black patients. The federal government attempted to put an end to widespread epidemics by uniting its health advocacy under the Public Health Service in 1912.

Syphilis was the focus of attention due to its severe symptoms as the disease progressed into its advanced stages. A division that focused specifically on venereal diseases was created in 1918 with a special focus on syphilis. For these men, prioritizing public health against syphilis was the main priority. Their efforts resulted in the creation of hundreds of health clinics that treated thousands of patients who didn't have access to healthcare prior to the division. The PHS focused on black communities as well since syphilis was high among this population. The PHS joined with the Rosenwald fund in 1928 and developed a syphilis control program specifically for African Americans. The PHS introduced the physician, Taliaferro Clark, to the Rosenwald Fund. Clark's job was to help the fund develop programs that would improve the health of African Americans across the South. It was under Clark's recommendation that a syphilis control program was developed in the South.

Prior to the PHS' efforts to improve black health in the South, there was a consensus among physicians that the black population was promiscuous by nature and as a result, they had higher syphilis infection rates due to their promiscuity. The PHS worked hard to reverse this idea and acknowledged that syphilis is rampant in the black

south due to lack of education and poor living standards. The money from the Rosenwald fund helped the PHS start a health study across various states in the South to learn if syphilis treatment would be successful for African Americans. 6 southern states were chosen, and health officials went to each state to garner the population of syphilis and administer free treatment to those infected. Macon County in Tuskegee, Alabama had the highest instance of syphilis with 36%. Unfortunately, the 1929 stock market crash ended the program as the Rosenwald fund withdrew its support, the PHS now without funds had to halt its programs.



Tuskegee-syphilis-study doctor withdraws the blood of one of the participants¹

Despite its abrupt end, the PHS refused to leave the case in Macon County, its high percentage of syphilis was an opportunity to study the venereal disease. Macon

¹ *Tuskegee syphilis study doctor injects subject with placebo*, Tuskegee Syphilis Study Administrative Records, compiled 1929 – 1972, accessed October 10, 2018, https://commons.wikimedia.org/wiki/File:Tuskegee-syphilis-study_doctor_injects_subject_with_placebo.gif

County, with its high rates of poverty and syphilis, was a natural laboratory for the men of the PHS. In 1932, the PHS with Dr. Clark as the head of the Venereal Division returned to Macon with the intent to study the damage of untreated syphilis on black men due to the lack of funds to treat the disease. The original intent of the study was to pressure state legislatures in the South to provide funds for syphilis control programs in the South and disapprove the consensus among white physicians that black people had a higher tolerance to the severities of the disease. To the PHS, withholding treatment for these men would hopefully secure treatment for the black population in the South.

The overall makeup of the study featured Dr. Clark as the head of the study and the Venereal Division of the PHS. Dr. Clark sent two members from the Venereal Division to manage the study, Oscar C. Wenger and Raymond Vonderlehr. These two men gained the cooperation and support from state health officials, the chief administrators and medical officials at the Tuskegee Institute, and local doctors in the region. Both men enlisted 400 African American men who already had syphilis from Tuskegee, Alabama. The white doctors from the PHS were able to lure these men to the study with the promise of free healthcare, a necessity that wasn't common among the black men of Tuskegee. Although the study was supposed to last 6 months, Dr. Vonderlehr became interested in the high amounts of cardiovascular problems he believed he examined in the black patients. Dr. Clark's retirement allowed Dr. Vonderlehr to extend the study allowing the study to continue without a due date. Dr. Vonderlehr and other doctors from the PHS were interested in how these black patients reacted to the disease over time and had an interest specifically in their deaths. As a result, secrecy was important as the patients couldn't be aware that these doctors were allowing them to die

to gain right to autopsy their bodies. All the treatment given to the black patients were placebos. Tonic and aspirin were often distributed to aid what the PHS called "bad blood" among the black men. Among the 400 syphilis patients were 200 hundred controls, all African American men, who received the same treatment as the 400. The study extended to the county health department as doctors and nurses from the Tuskegee Institute and the Tuskegee Veterans' Administration were involved in the examination, transportation, and autopsy of these patients. The lifespan of the study is crucial as it spanned from the Depression to the Civil Rights era, through the influence of U.S. administration and Dr. Vondelehr. The study began when treatment, albeit poor treatment, for syphilis was available and lasted through the development of penicillin in 1942.

Chapter 2: Racist medicine and its devious intentions revealed

The participants of the study and those who conducted the study are important to examine as it shows its racial implications. As stated above, the subjects were all black while those performing the experiments featured a staff of mostly white individuals. The racist implications of the experiment were clear as Peter Buxtun, a former employee of the PHS and whistleblower responsible for exposing the study, stated "the group is 100 percent Negro, this in itself is political dynamite."² The selection of Macon County in Tuskegee and its black men also have associations with the deception used by the PHS doctors to lure black men into the study. Macon County was reported to have a high rate of syphilis to the degree that a local outbreak occurred. Fred D. Gray, a civil right activist, stated that by 1930 Macon County had a population of 27, 103 and African

² James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (Free Press, 1981), 193.

Americans made up 22, 220 of that overall population. The extreme poverty of Macon County was an advantage for the PHS doctors as the average income was \$2 a day and in 1940 nearly all the farm dwellings lacked in running water, electricity, and toilets. These socio-economic factors meant that almost all the black population couldn't afford doctor's visits, as a result, many were desperate for the treatment that the Public Health Service promised to offer. As Susan M. Reverby explains in her book *Examining Tuskegee* "Dr. Murraray Smith, Macon County Health Department head, along with the PHS researchers, devised a letter promising that they will be given a special treatment if it is believed you are in condition to stand it."³ The use of incentives to lure in the Black men from Macon County is also seen in Dr. Schuman's letter to Dr. Olansky, Director of CDC Venereal Disease Research Laboratory, in January 29, 1952, "in the fall they all look forward to "the coming of the doctor from Washington" with medicine. etc. Then I am sure, we can expect a good patient turn out. In conclusion, we all feel strongly here that the project is going well only because we are winning the goodwill of our patients"⁴

The purpose of the study is further explained by Dr. Taliaferro Clark, Head of the Venereal Disease Division at the PHS who stated that "it is an unparalleled opportunity of studying the effect of untreated syphilis on the human economy."⁵ Dr. Schuman also iterated this same sentiment, "As far as I am concerned, this Tuskegee project is only half-realized. Its possibilities are only developing. It's conclusions will probably shed as much light on our understanding of the factors in aging and heart disease as in the

³ Susan M. Reverby, *Examining Tuskegee The Infamous Syphilis Study and Its Legacy* (Chapel Hill: University of North Carolina Press, 2013), 45.

⁴ United States government, *Office Memorandum*, Stanley Schuman. (Washington, DC, Jan. 29, 1952), 1.

⁵ Susan M. Reverby, *Examining Tuskegee the Infamous Syphilis Study and Its Legacy* (Chapel Hill: University of North Carolina Press, 2013), 38.

problem of syphilis."⁶ The Tuskegee study was a clear example of racist research using science as a cover. This point can be supported by the use of only African Americans to study although Macon County had a White population who were sick as well. Physicians of Macon County reported that there was considerable syphilis in the entire community and blacks and whites living together wasn't at all uncommon. Despite these points, the PHS doctors had an obvious focus on the black men of Macon.

Prior to the Tuskegee study, there was a consensus among White physicians that black and white individuals were inherently different biologically. Raymond A. Vonderlehr, PHS physician and successor to Dr. Clark for the study, stated in 1938 " Our present information indicates definite biologic differences in the disease in Negroes and whites."⁷ The eugenics movement grew in the 20th from the long history of scientific racism and had its influence on Nazi racial policies and the United States sterilization policies. The influence of scientific racism and eugenics is seen in the U.S. supreme court case *Buck vs. Bell* in 1927, which permitted involuntary sterilization. Due to this extensive history of scientific racism, it isn't inconceivable to argue that white physicians of and outside of Macon County would have similar ideas of racial differences. This belief of biological differences between the races was important in establishing the protocol and the procedures that were in place for the study.

The difference in how syphilis caused variations in symptoms according to race was a common assumption in medical literature. Specifically, it was believed that syphilis affected the neurological system of white patients and the cardiovascular system of black

⁶ United States government, *Office Memorandum*, Stanley Schuman. (Washington, DC, Jan. 29, 1952), 1.

⁷ Susan M. Reverby, *Examining Tuskegee the Infamous Syphilis Study and Its Legacy* (Chapel Hill: University of North Carolina Press, 2013), 26.

patients. The Oslo study in 1890's Norway studied the effects of untreated syphilis on white people and propelled the start of the Tuskegee study. The Oslo study provided to the medical field a controlled study of untreated syphilis on whites and the Public Health Service desired to have a study like it (see table 1).

Table 1: Public Health Service: Comparison of Patients with Untreated Syphilis Studied by Brunsgaard and Gjestland, and by USPHS.

PHS	Brunsgaard
1. Rural Alabama Negroes	Norwegians, chiefly from Oslo Area
2. All men	2/1 women, as well as men
3. Controls	None
4. Autopsy rate 70%	Rate - 24.7%
5. Pts. volunteer for examination with chiefly social incentives	Sickness and disability were chief motives in patients coming to clinics
6. Small amounts of treatment, especially for younger men.	Less treatment available, especially in early years.
7. Newer X-ray, EKG, EKV, newer serology techniques.	Excellent medical facilities and clinical diagnosis for that time.
8. All syphilis had L.F.'s done.	No L.F.'s reported.
9. Acute and younger cases were omitted from study and given benefit of treatment, remainder of cases are chiefly early and late latent cases.	Study included all phases of infection; acute cases, (primary and secondary phases, etc.)

Source: The Public Health Service, "Comparison of Patients with Untreated Syphilis Studied by Brunsgaard and Gjestland, and by USPHS."⁸

The Tuskegee study was to be a black counterpart of the Oslo study that would allow scientists to study the assumption that untreated syphilis affected black and white patients differently. This belief led to the spinal tap procedures that Dr. Vonderlehr thought was imperative to prove that neurological complications rarely occurred in African Americans. There is a heavy emphasis on the reaction black patients had when

⁸ U.S. Public Health Service, *Comparison of Patients with Untreated Syphilis Studied by Brunsgaard and Gjestland, and by USPHS*. (Washington, DC), 1.

syphilis progressed as seen in the administrative documents like the *AD HOC Committee--Tuskegee study*, "of three hundred and ninety-nine untreated syphilitics, 7.8% had clinical evidence of neurosyphilis. An additional 18.3 had reactive spinal fluid serologic tests. Thus 26.1% showed clinical or laboratory evidence of neurosyphilis."⁹ In fact, the presence of neurosyphilis among black patients continued past Dr. Vonderlehr's time with the Public Health Service (see table 2).

Table 2. Public Health Service: Evidence of Syphilis Found at Autopsy

Evidence of Syphilis at Autopsy	Total cases	Syphilis Primary Cause Findings	
		Number	
Total with evidence of syphilis at autopsy	83	7	
Cardiovascular	63	6	
Microscopic	29	0	
Gross & microscopic	34	6	2 Ruptured aneurysm 4 Aneurysm & aortic insufficiency
Cardiovascular & central nervous system	10	1	
Asymptomatic CNS	8	0	
Tabes & optic atrophy	2	1	1 Tabes & aortic insufficiency
Central nervous system	10	0	
Optic atrophy	2	0	
Tabes & optic atrophy	6	0	
Asymptomatic CNS	2	0	

Source: The Public Health Service, "Evidence of Syphilis at Autopsy", February 1969.¹⁰

Despite Dr. Vonderlehr's and past medical literature's beliefs that neurosyphilis would be uncommon in the black patients, neurosyphilis was present in the black subjects. The prevalence of neurosyphilis as shown from the spinal taps proved that Dr. Vonderlehr's assumptions of "definitive biological differences in the disease in Negroes

⁹ *Ad hoc committee--Tuskegee Study*, Raymond H. Vonderlehr. (Washington, DC, Feb. 6, 1969), 1.

¹⁰ U.S. Public Health Service, *Evidence of Syphilis Found at Autopsy*. (Washington, DC, Feb. 4, 1969), 1.

and whites" was based on the lack of scientific evidence and a history of scientific racism within white medicine.

Chapter 3: Scientific and medical racism past and present

The Tuskegee Syphilis study is not remarkable in its nature it is one of many examples of the use of science to differentiate races and justify racial inferiority. Nicolas Wade's work *A Troublesome Inheritance: Genes, Race and Human History* published in 2014 is one of the many examples of modern scientific racism, a practice that spans 250 years. Wade argues that the different races are predisposed to certain mental traits, some that have evolved over hundreds of years. For example, Wade argues that the Chinese are predisposed to be more obedient than others while Europeans are more prone to become thoughtful and therefore prosperous. Another example of the use of science to separate races is Charles Murray's and Richard Herrnstein's *The Bell Curve* published in 1994. *The Bell Curve* has gained popularity with the alt-right as it studied the link between race and IQ. Both authors argued that IQ was inherited and therefore unchangeable and had correlations to race and deviant social behavior. Specifically, both authors argued that low IQ causes poverty and crime and low IQ individuals are found mostly in non-white groups and policy should be in place to prevent this reality. Murray and Herrnstein's final argument that social policy should be in place to correct his accounts of low IQ has similarities to eugenics.

Medical racism has a history of 200 years. The importance of examining earlier attempts to define racial difference within the medical field is due to the definite influence that it has had on present day United States medicine. Benjamin Rush, a signer

of the Declaration of Independence and medical professor at the University of Pennsylvania, introduced ideas of racial difference into the school curriculum of the United States medical institutions. Rush coined the term "Negritude" a disorder that black individuals had due to their dark skin. Rush described the condition as a form of leprosy that whiteness could only cure. Although Rush didn't necessarily argue that black and white individuals are of different species, this belief caught on in the mid-1800s.

The 1800s featured theorists who subscribed to the idea of polygenesis, a theory of human origins which argues that the races have different origins. Famous supporters of scientific racism and differentiating black from white individuals were the French naturalist and zoologist, Georges Cuvier, and physician and racial scientist, Josiah Nott. Cuvier argued there were three different races, white, black, and Mongolian. Each race was categorized based on skull and civilization quality, therefore to Cuvier the White race was at the top of the hierarchy while the Black race was ranked at the bottom. In Cuvier's 1834 book, *The Animal Kingdom, arranged in conformity with its organization*, he argued that "The Negro race... is marked by black complexion, crisped or woolly hair, compressed cranium and a flat nose, The projection of the lower parts of the face, and the thick lips, evidently approximate it to the monkey tribe: the hordes of which it consists have always remained in the most complete state of barbarism."¹¹ Nott's racial theories and others similar to his has led to present day physicians treating African American patients different from whites, most notably in the ability to tolerate pain. An example of

¹¹ Georges Cuvier and Edward Griffith, *The Animal Kingdom Arranged in Conformity with Its Organization* (London: G.B. Whittaker, 1827), 50.

this theory is Nott's belief that African Americans were immune to the worst diseases of tropical climates such as malaria and yellow fever.

It is unconceivable to deny that the theories of Nott and Cuvier have had an impact on the practice of scientific racism. Most notably, on the use of black bodies to perform experiments due to beliefs of immense tolerance to pain and stress emphasized by Nott and his counterparts or the belief that blacks are inferior and therefore basic rules of humanity don't apply to that race. The influence of these theories can be seen in modern medical experiments held by the United States. These two experiments, Guatemala syphilis study and the Holmesberg prison experiment, will be explored and compared to the Tuskegee study.



The testing of pharmaceuticals on inmates at Holmesburg prison in Philadelphia¹²

The Holmesburg prison experiments were various experiments performed on mostly black inmates from 1950-1974 in Holmesburg, Pennsylvania. The experiments

¹² *Several government agencies and private companies tested pharmaceuticals on inmates at Holmesburg prison in Philadelphia from 1951 to 1974*, Urban Archives/Temple University, Philadelphia, accessed October 12, 2018, <https://www.nytimes.com/2006/08/13/us/13inmates.html>

featured testing cosmetic products such as shampoo, foot powder, deodorant, and later, mind-altering drugs and dioxin on the skin of involuntary black inmates. The dermatologist of the University of Pennsylvania, Dr. Albert M. Kligman, was the head of the experiments and enlisted the help of other doctors in the university as well. Kligman's name became popular in the world of dermatology due to the invention of Retin-A, the acne cream and wrinkle-remover. Early versions of Retin-A were used on the skin of the black inmates of Holmesburg prison. Kligman's argument in support of his experiment mimics the arguments of Dr. Vonderlehr from the Tuskegee study, "the result of those experiments advanced our knowledge of the pathogenesis skin disease."¹³ The study is justified due to its advancement of science and knowledge, according to Kligman and Vondlehur. It's important to note those who were chosen to be used as lab rats mimics the socio-demographic of the Tuskegee experiment. Author Allen M. Hornblum adds that "the prison was about 85 percent black and there were very few high school graduates - to see all these people involved in some medical experiment about which they had a minimal amount of information." Hornblum's account of the experiment notes that the inmates knew little about the tests performed on their bodies but were enticed to participate with the incentive of pay. The experiment determined what pay would be given. The rates varied from \$10 to \$300, a definite upgrade as the average pay for a prisoner was ¢15 a day. Prisoners' accounts of the experiments explain how various procedures continued without the use of proper anesthetic and knowledge of the purpose of the procedures. Another inmate, Johnnie Williams, who was involved in the mind-

¹³ Howard Goodman, "Studying Prison Experiments Research," *Tribunedigital-baltimoresun*, July 21, 1998, accessed October 10, 2018, http://articles.baltimoresun.com/1998-07-21/news/1998202099_1_holmesburg-prison-kligman-philadelphia.

altering drugs has a fear of doctors, stating " "I'm paranoid about doctors," he told Hornblum. "I'm scared of 'em."¹⁴

The Tuskegee study and the Holmesburg prison experiments are similar in their use of black subjects as an opportunity to advance white science and technology. The most obvious comparison between the two studies is the demographic of those studied. Both experiments featured mostly black patients with low forms of education and occupation, sharecroppers for Tuskegee and lower than high school education for Holmesburg. Another similarity between the two cases is the obvious withholding of information regarding what exactly is being tested. The Public Health Service deceived the men of Macon County while Holmesburg simply didn't inform the inmates of anything regarding the experiments. Both studies also used similar incentives to lure the subjects to the study, higher pay as the incentive for the inmates of Holmesburg and free healthcare for the men of Macon County. Lastly, the quest for knowledge is an overarching theme for the heads of both studies. Vonderlehr, Clark, and various other physicians saw Tuskegee as an unparalleled opportunity to study how untreated syphilis kills those infected. Dr. Kligman viewed his experiments similarly, as a method to advance the knowledge of dermatology. Both studies share obvious influence from previous medical theories on the beliefs of black bodies. It cannot be argued that both studies were not inherently racist from the start, they both saw an opportunity to study and advance knowledge with the use of black bodies. Black bodies that have been degraded and deemed inferior prior to the antebellum era. These beliefs of racial

¹⁴ Ibid.

superiority embedded in the history of the U.S. medical field make it clear that these black men were chosen because of racial inferiority that is a part of medical history.



Female patients from the Guatemalan psychiatric hospital who were exposed to syphilis as part of the experiments conducted by the Public Health Service¹⁵

The Guatemala syphilis study began in 1946 and lasted through the year led by the United States Public Health Service. The study featured nearly 5,000 uninformed patients, including children, from Guatemala who were intentionally infected with various STDs. The cooperation of Guatemala with the Public Health Service allowed the intentional infection of children, prostitutes, mental patients, and others with syphilis, gonorrhea, and chancroids. The intent of the study was to find different medications

¹⁵ *Female patients from the Guatemalan psychiatric hospital who were exposed to syphilis as part of the experiments conducted by Cutler between 1946 and 1948*, National Archives and Records Administration, Washington, DC, accessed October 10, 2018, http://www.slate.com/articles/health_and_science/cover_story/2017/02/guatemala_syphilis_experiments_worse_than_tuskegee.html

besides penicillin that could cure various venereal diseases. The Guatemalan report of the study argues that overt racism and discrimination was important in choosing Guatemala as the location for the experiments and throughout the experiment in its totality. It's important to note that the experiment was exclusive to non-consenting Guatemalan citizens and this study is one of many acts of discrimination by the United States against the country.

The injustices of the Tuskegee Syphilis Study and the Guatemalan study are linked as both studies feature the U.S. Public Health Service conducting nonconsensual human experiments without treatment onto minority groups. The differences between the two studies are small as the Guatemalans were intentionally infected with various venereal diseases while those in Tuskegee were infected prior to the study. A large commonality between the two experiments is the presence of the Public Health Service using minority groups as patients for experiments that violate human rights. The end results are still the same as both groups were left either without treatment or little treatment. Both studies also compare as they feature white physicians deeming minority groups as clear choices to test out immoral experiments for the pursuit of scientific research. It is hard to ignore the obvious, minority groups are overrepresented in the dark history of scientific racism. It isn't difficult to make the connection that the medical history of differentiating races has had an influence on what groups are picked to be immorally experimented on.

Racism in medicine is a constant that has historically and continues to affect the way African Americans receive healthcare. Racist thoughts and policies are fully responsible for the history of subpar to unfathomable healthcare conditions. Famous

doctors and other medical theorists of every era have a part in creating and sustaining racial inferiority and stereotypes. The environment created by these theories of racial inferiority includes over 200 years of slavery, inferior education, and medical and scientific abuse with immoral experimentation such as the Tuskegee study. The American Public Health Association follows a policy "to protect all Americans and their communities from preventable, serious health threats."¹⁶ Despite this policy racism and discrimination pervade the American health system. Due to this reality, it's imperative to examine how the history of racism in medicine has affected African Americans and the healthcare system.

Since the creation of the American Healthcare system race continues to be an omnipresent issue. Despite the American health system claims of promoting and protecting the health of all people, race is directly related in clinical decision-making regarding patients such as white indifference to African American health and racial bias in pain assessment and treatment. These clinical decisions all stem from false beliefs of biological differences between black and white individuals. The theory of biological difference, a difference present in the Tuskegee study and heavily studied in the 18th and 19th century, shapes the way black people are seen and medically treated. Therefore, African Americans and the prevalence of undertreatment in comparison to white patients will be examined first and reconnected to the theories of polygenism examined earlier and the Tuskegee study.

¹⁶ "Student Resources," American Association of Colleges of Nursing (AACN), <https://www.aacnnursing.org/Population-Health-Nursing/Student-Resources>.

The study by the Proceedings of the National Academy of Sciences of the United States of America examined and documented the beliefs of racial difference. It was revealed that participants who strongly supported false beliefs of biological differences between races reported lower pain ratings for black, vs. white, targets. The study recruited 121 individuals, 92 of the group were white, native English speakers, and born in the United States. "The Participants reported the amount of pain they would feel across 18 scenarios and were then randomly assigned to rate the pain of a gender-matched black or white target across the same scenarios."¹⁷ The participants also rated to what extent were 15 biological differences between black and white individuals either true or untrue. The study shows that white adults with no medical background have some beliefs of biological difference between the races, " On average, participants endorsed 23.82% of the biological beliefs and 22.43% of the false beliefs specifically. About 73% of the sample endorsed at least one of the false items, indicated that an item was possibly, probably, or definitely true."¹⁸ Some of the 15 biological differences questioned were do blacks' nerve endings were less sensitive than whites, blacks' skin is thicker than whites, and blacks have a stronger immune system than whites?

This study was then redone but examined if those with some medical training support these beliefs of racial difference as well. The second study was more detailed than the first as it "examines racial bias in a relevant context—medicine— it considers a critical downstream outcome—racial bias in pain treatment recommendations."¹⁹ The

¹⁷ Kelly M. Hoffman et al., "Racial Bias in Pain Assessment and Treatment Recommendations, and False Beliefs about Biological Differences between Blacks and Whites," *Proceedings of the National Academy of Sciences* 113, no. 16 (2016) 4296-4301; doi:10.1073/pnas.1516047113.

¹⁸ Ibid

¹⁹ Ibid

results of the study for those with medical training were lower than those without but still high for supporting false beliefs, "On average, participants endorsed 11.55% of the false beliefs. About 50% reported that at least one of the false belief items was possibly, probably, or definitely true."²⁰ The conclusion of the study is that those who believed false beliefs of biological difference between the races showed racial bias towards pain perception in black patients and less accuracy in their treatment recommendations for black patients. This study demonstrated that a substantial number of white people with and without medical training endorse beliefs of biological difference between the two races, it can be theorized from the influence of previous medical theories that span back to the 18th century.

Chapter 4: African Americans and Medical Distrust

Trust is a component that is heavily stressed between physician and patient. Typically, patients trust that their physicians will act in their best interest and this trust is important in treatment recommendation and general quality of healthcare. It has been studied that trust in healthcare providers has declined in the last 40 years in the United States. One of the components of this distrust is due to disclosures of previous unethical medical research. It is important to recognize that this component of distrust is common among racial and ethnic minorities, most notably African Americans. This fact is high among the black population due to adverse treatment of black patients by the American healthcare service that spans back to slave experimentations, medical experimentations like the Tuskegee Syphilis Study, and proof of racial disparities in healthcare.

²⁰ Ibid

There have been several studies that highlight racial differences in physician trust across various cities in the United States. One of these studies was carried out by Katrina Armstrong, Karima L. Ravenell, and Suzanne McMurphy, both apart of the Department of Medicine and Leonard Davis Institute of Health Economics at the University of Pennsylvania, Philadelphia. The study utilized data from the 1998-1999 Community Tracking Study, a population-based survey of health care conducted by the Center for Health System Change. "The response rate for the 1998–1999 survey was 63%. In the Community Tracking Study, questions about physician trust were restricted to respondents who reported having seen a doctor in the past year or reported having a physician as their usual source of care."²¹ The study confirmed that racial minorities had higher levels of distrust towards their physicians than their white counterparts.

Other studies that examined the levels of distrust according to race are L. Ebony Boulware of the Department of Medicine, Johns Hopkins University School of Medicine, Corbie-Smith G who works at the Department of Social Medicine at the University of North Carolina, and Boulware, LE of the Department of Medicine at Johns Hopkins University School of Medicine. Dr. Boulware's study *Race and Trust in the Health Care System* featured non-Hispanic black and white respondents from age 18-75 who were asked to rate their trust in physicians, health insurance, and hospitals. The results of her study summarized that "non-Hispanic black respondents were less likely to trust their physicians than non-Hispanic white respondents and more likely to trust their health

²¹ Elizabeth N. Chapman, Anna Kaatz, and Molly Carnes, "Physicians and Implicit Bias: How Doctors May Unwittingly Perpetuate Health Care Disparities," *Current Neurology and Neuroscience Reports.*, November 2013, accessed October 09, 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3797360/#CR2>.

insurance plans"²² Dr. Boulware also stated that the black respondents were more likely than white respondents to be concerned about the possibilities for medical experimentations in hospitals. The study also noted that African Americans have a greater awareness of the history of racial discrimination and experimentation in the American healthcare system than their white counterparts and this awareness leads to the lower levels of trust in clinical institutions.

Dr. Smith's study *Distrust, Race, and Research* had results that were similar to those of Dr. Boulware, "African American respondents were more likely than White respondents not to trust that their physicians would fully explain research participation and to state that they believed their physicians exposed them to unnecessary risks."²³ Dr. Smith concluded that race is strongly correlated with a higher distrust in physicians rating regardless of social class.

Nneka O. Mokwunye MA at the Washington Hospital Center reports in her work *African Americans' Trust and the Medical Research Community* that "it is well established that African Americans are less likely to enroll in research protocols and have more distrust of the medical field than any other ethnic group due to the Tuskegee Syphilis Study."²⁴ Dr. Mokwunye states that in regard to enrollment and retention in clinical trials participants that withdrew from the program stated, "cited concerns about

²² Frank Otto, "Doctors' Biases Mean Black Men Don't Get the Same Treatment in Healthcare - DrexelNow," *Drexel Now*, February 20, 2017, accessed October 09, 2018, <http://drexel.edu/now/archive/2017/February/Doctors-biases-effect-black-patients-treatment/>.

²³ G. Corbie-Smith, S. B. Thomas, and D. M. St, "Distrust, Race, and Research.," *Current Neurology and Neuroscience Reports.*, November 25, 2002 , accessed October 09, 2018, <https://www.ncbi.nlm.nih.gov/pubmed/12437405>.

²⁴ Nneka O. Mokwunye, "African Americans' Trust and the Medical Research Community," *Online Journal of Health Ethics* 3 (2006): , doi:10.18785/ojhe.0301.03, 1.

being experimented on and because their families did not trust the research environment. Finally, those who chose to not participate at all claimed their reasons were based on not wanting to be a guinea pig, not trusting the researcher community, and because their families were concerned with being used."²⁵ Dr. Mokwunye also states that there are few researchers who have reported high numbers of enrollment in clinical trials without the use of deliberate minority recruitment.

The study *Minority ethnicity patient satisfaction and experience: results of the National Cancer Patient Experience Survey in England* by Richard J Pinder, Jamie Ferguson, and Henrik Møller explored the difference in patient satisfaction from patients with cancer from various ethnic minorities. The results follow the same trend as the results explained earlier, ethnic minorities reported lower levels of satisfaction and less positive experiences with general healthcare than the white British group. "Among Black African and Black Caribbean groups, excellent care was reported by 37.7% and 37.3%, respectively. The proportion of the White British group describing their care as excellent was 57.4%"²⁶ Although the study was based in England, the results are similar to the studies used in the United States. The consensus is the same among black people internationally because theorists of scientific racism and medical experiments on black subjects aren't native to the United States but present across the globe.

Chapter 5: Class Dimensions in the Tuskegee study: Coincidence or Intentional?

²⁵ Ibid, 8.

²⁶ Richard J. Pinder, Jamie Ferguson, and Henrik Møller, "Minority Ethnicity Patient Satisfaction and Experience: Results of the National Cancer Patient Experience Survey in England," *BMJ Open* 6, no. 6 (2016): 3, doi:10.1136/bmjopen-2016-011938.

Racism is a clear theme in various human experimentations as many historical experimentations feature people of color as the focus of study. This statement is reaffirmed with the Tuskegee Syphilis study as all the 600 subjects were black, while the creators and directors of the study were white. Although racism is an important factor that requires continued discussion, the topic of class dimension holds similar importance as well since classism is rarely discussed regarding Tuskegee and human experimentation.

The demographics of the men chosen for the Tuskegee study is telling in the discussion of class dimension. The socio-demographic of the men chosen for the study is explored deeply in Fred. D Gray's book *The Tuskegee Syphilis Study*. Gray explains that "most people did not have plumbing, electricity, television, cars, all of which are considered necessities now."²⁷ Gray also states that most of the men of Tuskegee were sharecroppers who averaged an income of 2 dollars a day and day and in 1940 4,500 out of 5, 205 farm dwellings were lacking in running water, electricity, and toilets. It is not a coincidence that all the men selected for Tuskegee were not only black but poor and lacking access to medical care. The Public Health Service officials used the men's poverty and lack of health care to ensure their participation in the study, an incentive that included the ability to have access to medical care that these men of Tuskegee lacked. This incentive is reaffirmed in the administrative document *Alabama Untreated Syphilis Study*, "incentives in the form of free hot lunches, and free medicals were necessary stimulants."²⁸

²⁷ Fred D. Gray, *The Tuskegee Syphilis Study: The Real Story and beyond* (Montgomery, AL: NewSouth Books, 2013), 4.

²⁸ The National Archives at Atlanta, *Alabama Untreated Syphilis Study*, 1949, 3.



Nurse Eunice Verdell Rivers Laurie²⁹

The black staff who assisted the study is also important in the discussion of classism involved with the Tuskegee study as most if not all were middle-class African Americans. Although the test was obviously racist, there were black participants in the study who were vital in its continuance. One of these participants was the black nurse, Eunice Rivers. Rivers' job was to recruit the black men to the study and encourage their stay, escort them to and from the hospital for "treatment", and to ensure the rights of the men's bodies for autopsy. Rivers' role in the study is an interesting one because she was selected specifically for her race because the officials believed the men of the study would be more comfortable with a black official, a solid assumption as the men trusted Rivers completely. There is controversy involved with Rivers' participation because she

²⁹ Susan M. Reverby, *Nurse Eunice Verdell Rivers Laurie, ca. 1953*, Examining Tuskegee, accessed October 10, 2018, http://www.examiningtuskegee.com/gallery_nurserivers.html

participated in the untreated study of African American men while she was an African American woman. Dr. Reuben Warren's, director of bioethics at the National Center for Bioethics and Health Care at Tuskegee University, statement is telling on the issue of classism. Dr. Warren stated, " "I think she made some decisions based upon her situation financially."³⁰ It is possible that Rivers, concerned with her financial status decided participating in this government study was necessary for financial and social growth.

Although nurse Rivers was a member of a subordinated group due to her race, exactly like the men who were studied, her class and social standing put her in a higher social position than those men. Race is a social creation that affects all aspects of life, especially in the United States, but class also determines the quality of life. Nurse Rivers, now a part of the middle class due to her education, was selected to participate in the study and she did, probably because of financial obligations as mentioned by Dr. Warren. Despite the reasoning for Rivers' participation in the study, her involvement is another example of classism that was important in the creation and maintenance of the experiment.

Eugene H. Dibble was an African American psychiatrist from a prosperous African American family and an important figure in the participation and encouragement of the Tuskegee study. Dr. Dibble was the head of the John Andrew Hospital at the Tuskegee Institute, where all the studies took place. Dr. Dibble described the Tuskegee study as, "very valuable training for our students as well as for the interns.... our own

³⁰ Ethan Bernal, "Rivers' Role: A Deeper Look into Nurse Eunice Rivers Laurie," *The Tuskegee News*, March 14, 2013, http://www.thetuskegeenews.com/news/rivers-role-a-deeper-look-into-nurse-eunice-rivers-laurie/article_47f97284-7a37-5b4b-b2e9-9566570b4dae.html.

hospital and the Tuskegee Institute would get credit for this piece of research work."³¹

Dr. Dibble's participation in the study features controversy because he was a black physician involved in the study of untreated syphilis in black men. There are historical class divisions that had an influence on Dr. Dibble's and various black physicians' participation with the Tuskegee study, specifically class divisions between black physicians/upper class and the black community. It wasn't uncommon for the black upper class to not identify themselves with the poor lower-class blacks. As a result of this sentiment, it is not farfetched to argue that the upper-class blacks were able to distance and disconnect from the racial implications of the study because they did not identify with the lower-class African Americans. Another fact associated with class divisions that influenced Dr. Dibble's participation in the study is the attempt of prominent middle-class African Americans and prominent institutions such as the Tuskegee institute depending on white acts of generosity to fund their institutions and occupations. It would have been self-destructive for these institutions and individuals to oppose the U.S. government and their experimentations as they would lose their funding.

Racism is a definite factor of the legacy of the Tuskegee study, it cannot be denied that the study was inherently racist from the start, from its purpose to the protocol of the study, but racism is not the only legacy of Tuskegee. Classism is just as important as the officials of Tuskegee were not only racists but classists as well. All the subjects were African American and poor while the officials and other physicians were mostly white, but the participation of African American nurses, doctors, and medical researchers

³¹ "Tuskegee," Reconstructed Memory Experiment – War of the Ghosts, accessed October 09, 2018, <https://msu.edu/course/hm/546/tuskegee.htm>.

highlights the importance of class within the study. As all the participants were lower class while in contrast, the black physicians were of the middle class. Regarding Tuskegee and the black physicians who contributed to the experimentation, class eclipsed racial identity. It is interesting to study how these African Americans were able to conform to the status quo and allow their education, wealth, and professionalism to separate themselves from the black subjects of Tuskegee. It is also important to stress how race played its part in the medical field, these black physicians were a part of a field dominated heavily by White individuals. It is curious to wonder even if these black people were aware of what exactly they were participating in and if so, would they leave the program or continue to increase their social standings and success in a white dominated medical field?

Chapter 6: A Local study on Racial Trust in Physicians and Knowledge of Past Medical Experimentations on Black Patients.

Purpose

This is a qualitative study which explored various opinions and levels of physician trust and knowledge of past medical experimentations that specifically used black subjects. The goal of the study is to determine if each race has a distinct level of physician trust, it is also to explore how socioeconomic status can affect physician trust.

Methods

This study used the neighborhood McCart Landing in Conyers, Georgia. The neighborhood has a median listing price of 365K and is a neighborhood with mostly black residents. I personally surveyed 13 households in the subdivision, asking questions

of race, age, and various level of physician trust on a scale of 1: not at all, to 5: absolutely.

Results

Most of the black and white participants listed that they had average trust in the American Healthcare system with an average of 3. The participants averaged a score of 4 in expectation of physician to put medical needs as a top priority when treating medical ailments. For the statement "I trust hospitals" the participants averaged a 3. The participants averaged a score of 3.4 for the statement "I know someone who has a fear/suspicion of hospitals," regarding this statement most of the Black participants scored 4 or 5.

As mentioned earlier the discussion of class and its effects on the participation of black doctors in the creation and maintenance of the study is important. This survey shows interesting results regarding survey response and its link with class and income standing. An example is one of the participants who was 65 years old and African American who came from middle class background. For the following statements, "Race can determine the quality of treatment patients receive from their physicians" and "Hospitals have a history of using minority groups for medical experimentation." an average of 1 was scored. The answers from this participant were shocking, as I was surprised that the participant denied something that a white participant averaged a score of 4 and the other black participants averaged a score of 4. I was and continue to be curious about how his occupation and yearly income influences his responses. Regarding the statements "I know what the Tuskegee Syphilis study is, and I am aware of racial

disparities that affect American healthcare" a majority of all the participants answered with yes. Regarding the participant mentioned earlier, their response was the most interesting, to the first statement the participants answered with yes, but to the next statement the answer "false" was given. In the participant's words "money has no color to it. If you are poor and white, you will get poor healthcare."

Limitations

My study had several limitations. The sample size of my survey of 13 participants makes that responses are tunneled to a small group of individuals. Another limitation is the demographics of the neighborhood that I used, as mentioned earlier the listing prices of the houses are nearly 400k. It is safe to assume that everyone in the neighborhood fits in the middle to upper class category and as a result will affect their responses. This limitation is further inflated when I was not able to do another survey in another neighborhood, particularly one of lower income status, to compare their responses and study how class standings can affect physician trust. The last limitation of my study is the lack of many white participants, McCart Landing is a neighborhood of mainly black residents and as a result, I didn't receive as many White participants as I would have liked. Despite these limitations, the study contributes to the discussion of how race and class affect patient trust. Race and class variation certainly influence the level of physician trust and can reflect the variations of cultural experiences that affect medical trust.

Tuskegee's Legacy

The legacy of the Tuskegee study continues to influence the collective memory of African Americans. As the truth of Tuskegee was disclosed, African American communities and the United States learned how American "scientific" aims can violate human rights. The study spawned a legacy of medical distrust that is still a reality for modern day black Americans. Tuskegee's disclosure passed through newspapers, television, radio, and most importantly word of mouth. As Tuskegee was passed through oral tradition various distortions carried with it, including the belief that the American government deliberately injected these men with syphilis, a belief that is still common today. Despite the medium that was used to inform many blacks and whites of the secrets of Tuskegee the effects remain the same, a general mistrust of American medicine and its healthcare system. The history of Tuskegee and the medical history of the use of African Americans as unwilling research subjects that began in the 17th century is America's history as much as it is black history. The legacy of Tuskegee is a legitimate mistrust of a healthcare system that influences African American's reluctance to take their medication, visit their doctors, and label themselves as organ donors. For many African Americans Tuskegee's disclosure is a reminder to not trust public health and to not participate in medical research, a reality that is reflected in the low percentage of black blood donors, high skepticism of organ donation, and hesitancy for vaccinations. Tuskegee will continue to be a maleficent presence in the mindset of African Americans, a presence that brings anxiety and towards a medical system that promotes itself as beneficent. Beneficence was not granted to the men of Macon County and its effects are clear today.

A vow to adhere to ethical codes doesn't guarantee a dedication to basic principles of healthcare ethics, simply refer to the men of Tuskegee.

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