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The History of Health Inequities among African Americans

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California Task Force to Study and Develop Reparations Proposals for African Americans
State of California, Department of Justice

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This afternoon, I will be discussing the broken relationship between African Americans and the U.S. healthcare system from an historical perspective. Many critical issues that we are wrestling with today have long, old, and deep historical roots. These include racial bias and disparate treatment in medicine, race-based medicine, and medical exploitation. We must consider not only American slavery and its afterlives but the transatlantic slave trade.

Next slide

The transatlantic slave trade was the largest forced oceanic migration in human history. And it presented a healthcare challenge that had never existed before. How can you traffick millions of enslaved Africans across the Atlantic, so that they arrive alive and in vendible condition?

Next slide

The British slave trade is important for us gathered here, today, because the majority of enslaved people who arrived in the United States, arrived on board British slave ships. British slave ship medicine was based on systemic violence and dehumanization.

Next slide

Doctors, such as Thomas Trotter, were hired to work on board British slave ships. They performed invasive forced medical inspections. Captives were beaten, kicked, whipped, and punched if they didn't comply. Women and girls were pinned down, their legs were held open, so doctors could check to see if they had previously born children. One observer noted that the women and girls wept uncontrollably.

Next slide

On board thousands of slave ships, doctors whipped African captives who refused to eat, lacerating their flesh to preserve them for sale. Then, doctors treated the wounds they had just inflicted upon their patients. Medical practitioners were equipped with bolus knives, thumb screws, and the *speculum oris* to force feed the enslaved, which broke off their teeth in the process. Medical practitioners administered drugs with whips and pistols nearby to force compliance. They were expected to compel life by any means necessary.

Next slide

And so a new form of healthcare management entered the world. This was a form of healthcare where medical violence against African and African-descended people became an acceptable, normative, and institutionalized practice for over a century in the context of the British slave trade. This forced Black people into a unique and troubling relationship with Western medicine before even setting foot in the United States. It characterized the kind of medical care that was deemed appropriate for Black people. It also created a new understanding of the doctor-patient relationship – a relationship that was violent and depersonalized, extractive, and exploitative.

Next slide

Upon arrival in the United States, enslaved people were already trying to heal from the trauma, violence, and abuse they experienced in slave trade healthcare. And throughout the Americas, enslaved people tried to give medical care to one another. They developed their own medical systems. They blended medical knowledge from Africa with new medicinal plants in the Americas. However, they could not avoid white doctors who began to use their bodies to advance medical science.

Next slide

Newspapers contained advertisements like this one, offering cash for sick enslaved people to be medical specimens. During the 19th century, scientific medicine was beginning to take root in the United States. Doctors needed bodies, both alive and dead, to understand more about how organs and tissues were impacted by disease. There was an enormous demand for sick patients and cadavers for study. Yet the white population would not tolerate their bodies to be used in this manner. Slavery created a population of people who were forced to comply.

Next slide

This is a slave narrative written by an enslaved man named John Brown who was subjected to painful medical experiments. Yet John Brown was not alone. A slave named Sam was pinned down into a chair by five physicians so that his lower jawbone could be removed without anaesthesia. Dr. Walter Jones in Virginia, poured boiling water on naked enslaved pneumonia patients at four-hour intervals. Dr. John Harden, stripped blood vessels from the limbs of an enslaved man and from three hogs to measure the arteries for comparison. Dr. James Dugas performed experimental eye surgeries on black subjects.

Next slide

One of the most important legacies of medical exploitation during slavery concerns the legacy of Black women as the mothers of gynecology. As one British surgeon noted, you

could cut into the bodies of negresses like you did rabbits or dogs. J. Marion Sims, who is pictured at the far right, did just that. He conducted experimental surgeries on enslaved women to cure vesico-vaginal fistula. Enslaved women like Anarcha who is pictured at center was operated upon thirty times over a period of five years without anesthesia although ether was available. Sims believed black women didn't feel as much pain as white women. Over and over again he scarified, sutured, and resutured the vagina. When the surgery was finally perfected with silver sutures, rather than lead, Sims treated the white women of Montgomery, and properly administered anesthesia.

Next slide

Sims remains a part of our lives today. His vaginal speculum is still used during gynecological exams.

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By utilizing the bodies of Black women doctors advanced their understanding of:

- The surgical cure for vesico-vaginal fistula
- How to remove burst ovaries
- Deliver stillborn children
- Stop intra-uterine bleeding
- Fix fused labias
- Repair obstetrical fistulae
- Remove ovarian tumors
- First full uterine removal (Dr. Paul Eve)
- Caesarean sections: 30 of 37 experimental Caesarean sections were performed on Black women in 1830

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But it wasn't just medical experimentation on the living. Enslaved people's dead bodies were dissected to advance medical science. This is an image of human remains that were found in a well at Virginia Commonwealth University. In 2019, the remains were formally memorialized. Human remains of African Americans have been found at numerous medical school sites throughout the country.

Next slide

Here's another advertisement from the Charleston Mercury: "No place in the United States offers as great opportunities for the acquisition of anatomical knowledge. Subjects being obtained from among the coloured population in sufficient numbers *for every purpose* and proper dissections carried on *without offending any individuals in the community!*"

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Harriet Martineau visited Baltimore and noted similarly, “The bodies of coloured people exclusively are taken for dissection because the whites do not like it and the coloured people cannot resist.” Enslaved people’s bodies became part of a lucrative national cadaver trade that shuttled Black people’s bodies from Texas to New Hampshire. As historian Dinah Ramey Berry writes, “Few enslaved people rested in peace. Death did not end their commodification.”

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I will now show one photograph of a dissection of an African American during this period. The image, however, is gruesome. So please avert your eyes as necessary.

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While Black people’s bodies were being used to advance medical science, there was another powerful discourse operative that claimed Black people were biologically inferior and innately different as a species. Race-based medicine took root in the United States. False ideas about Black disease immunity and disease susceptibility circulated widely. Many today still believe false notions concerning medical and biological differences between blacks and whites that developed during slavery – that Blacks feel less pain than whites, that blacks have poorer pulmonary function, smaller skulls, weaker brains, thicker skin, and less prone to depression. Science simply does not support this. Yet false notions of racial difference continue to impact health outcomes for African Americans today.

Next slide

In fact, one of our founding fathers helped promote the idea that Black people don’t feel the same level of physical pain as white people.

Next slide

Dr. Benjamin Rush was the first professor of chemistry in the US, and also published the first psychiatric textbook in the US, wrote the following in 17 : He believed black skin was a form of leprosy, and he wrote, that it caused “morbid insensibility in the nerves.” Meaning that black people were less sensitive to physical pain than white people.

Next slide

Today these ideas endure and they have evolved. “Some medical students still think black patients feel less pain than whites”

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“Racial disparities seen in how doctors treat pain, even among children.”

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“This is now black people get killed.”

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Slavery and the slave trade are crucial centuries for understanding this history of harm where racial bias, disparate medical treatment, race-based medicine, and medical exploitation began to take root. Many who are listening now know how the story would continue into the 20th century and beyond. It's part of your own family histories. Some of you experienced segregated healthcare – in various parts of the country – whether by Jim Crow law or Jim Crow custom. Some of you may have been subjected to state sanctioned sterilization. Some of you may know of Tuskegee, grave robbing, Henrietta Lax, and so much more. And on the flip side, some of you may be among the African American healthcare providers and research scientists who have stepped into the breach for over one hundred years seeking to give equitable, compassionate care. You see, we have always fought back mightily.

We can travel across time, through history and recognize a troubling continuity of racial bias, disparate treatment, race-based medicine, and medical exploitation. If we are honest, we will acknowledge that when it comes to African Americans and the U.S. healthcare system, the relationship was broken from the very beginning. African American health has been compromised and under assault from many aspects of our society, but we must have the courage to look directly at our healthcare system as being complicit in this long history of harm. Ideas of Black inferiority continue to shape the medical care that African Americans receive. Biases and stereotypes continue to result in disparate treatment. Black women die because we are not listened to, our pain is not taken seriously, our symptoms are not believed.

When I discuss this history with doctors, medical school students, residents, and frontline healthcare workers – I am always asked the same two questions – why didn't I know this before? Why isn't this taught in medical school? Understanding the system we've inherited and the legacies it has produced are crucial in making change happen. As an historian of medicine, science and health, I don't believe we can intelligently solve our problems if we don't know how long the problem has endured.

Thank you for listening.