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Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present

By Harriet A. Washington
New York: Doubleday, 2006.

After three days of difficult labor, 17-year-old Anarcha, a slave on an Alabama plantation in 1845, became one of Dr James Marion Sims's patients. She, along with 10 other women slaves, served the doctor's test subjects as they underwent painful gynecological surgeries, without anesthetics, for four years. Known as the "father of American gynecology," Dr Sims's conducted more than 30 surgeries on Anarcha, leaving her vaginal tissue ravaged, infected and odorous – her condition defined by incontinence, pain and suffering.

In her book *Medical Apartheid*, Harriet A. Washington tells personal stories like those of Anarcha and these women. Washington gives faces to many of the black victims of violent medical experimentation and racially biased investigations, while also portraying the doctors inflicting the abuse. Doctors tortured and abused African American subjects to further scientific knowledge and propagate racist, social and economic motives. The historical events Washington catalogues extend from the time of slavery to the present day. In her introduction, Washington summarizes some of the abuses that she details throughout the book.

> These subjects were given experimental vaccines known to have unacceptably high lethality, were enrolled in experiments without their consent or knowledge, were subjected to surreptitious surgical and medical procedures while unconscious, injected with toxic substances, deliberately monitored rather than treated from deadly ailments, excluded from lifesaving treatments, or secretly farmed for sera or tissue that were used to perfect technologies such as infectious-disease tests. (p. 6)

The medical profession is guilty of these atrocious acts. In addition to bodily harm, this profession has propagated racist social tenets by stripping black patients of their dignity. It exploited African Americans' bodies in public arenas, blamed them for getting sick and defined specifically black diseases with derogatory implications about the inherent value of the black race.

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This is the profession I have spent a significant portion of my life working to become a part of. As a fourth year medical student I have invested a huge amount of time, effort and money into developing a physician's identity, an identity shared by people like Dr Sims. Of course I want to be nothing like Sims and cringe at the thought of harming anybody. I believe I am on this path for the exact opposite reasons: to help those in need, to alleviate suffering and to heal. The medical community has this power. But it also has an equal ability to commit the most horrific assaults on human beings and, as Washington details, it already has.

Raised as an American Jew, I tend to sympathize with a culture that has a traumatic past. The maxim "never forget" was carved in my consciousness during childhood. In an article about applying a psychoanalytic approach to racism, Paul Wachtel says, "understanding of the history is of great importance; how can anyone appreciate the meaning of our patterns of racial division without taking into account the brute facts of slavery and segregation" (Wachtel, 2002, p. 657). In order to become an empathetic physician working with African Americans, it is necessary to understand the events that serve as objects of cultural memories. The information revealed in *Medical Apartheid* is helpful for such a task because Washington intends for her book to serve as an alternative account of history than that written by medical professionals (p. 7). In addition to chronologically contextualizing events since slavery, Washington's research uncovers original historical evidence, such as information about a government cover-up during investigations into the Tuskegee Syphilis Study, and reveals information about modern day issues, such as racist attitudes surrounding the epidemiology of infectious diseases. The historical record created with this data and the vivid personal anecdotes help strengthen an African American identity. Such a narrative could be used to explore persistent psychological conflicts from the trans-generational transmission of this trauma.

"But here as well, accounts that explain the present in terms of the history *directly*, without understanding the countless mediating events between 'then' and 'now,' are misleading and are likely to lead us to overlook crucial factors in the perpetuation of the pattern," says Wachtel (2002, p. 657). The "cyclical psychodynamic" perspective Wachtel proposes suggests the processes in which patterns created by early impactful events actively perpetuate themselves in the present are more critical for growth than the original events (2002, p. 655). *Medical Apartheid* is more than a record of historical data. It is a social history offering insight into the dynamics of today's medical community.

In the chapter "The Surgical Theater," Washington describes the evolution of medical education as it began to emphasize clinical experience, what she refers to as the "hospital movement" (p. 104). Teaching hospital wards and free clinics replaced single classroom experience. The reason for such a change was recently popularized by Atwal Gawande when he said, "In medicine, we have long faced a conflict between the imperative to give patients the best care and the need to provide novices with experience" (Gawande, 2002, p. 24). In the nineteenth century, society's primary concern was that *Whites* expected the best care. This

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was less of a conflict then because the overtly racist society in America appealed to a distorted principle of justice, which did not necessitate that everybody receive equal quality of care. When slaves were freed but helplessly impoverished and still regarded by many as less than human, Southern medical schools happily offered them care. Washington explains that the patient population of teaching hospitals and free clinics were disproportionately black and many Southern institutions only treated blacks. The primary intent at such institutions was not to heal the patients but to use them for *practice*.

In addition to grossly violating the medical principle of benevolence, teaching and research institutions were studying a population over represented by African American patients. Consequently, this sampling bias gave way to false beliefs about inherent racial differences in physiology and intelligence. "When a black American exhibited an unusual condition, physicians often took a leap of faith and racialized the condition, assigning it to all blacks or only to blacks" (p. 112). For this reason alone, the medical community is guilty of reinforcing racial biases.

The overrepresentation of African American research subjects is a recurrent theme in *Medical Apartheid*, which unfolds a critical history of science. Washington reveals an example of scientific error from recent history by discussing investigations into genetic causes of aggression that analyzed the levels of serotonin metabolites in a sampling of mostly black adolescent labeled "at risk" for violent behaviors. She writes, "When only one ethnicity is considered in an experiment to elicit general information about a heterogeneous population, an unacknowledged set of socieoeconomic variables are introduced. . . . This distortion is magnified when the majority group is excluded" (p. 276). Washington's analysis of scientific theory traces the evolution of scientific thought through paradigms such as taxonomy and ethnology, exposes logic and design errors in honest attempts at objective research misguided by racial biases, and confronts beliefs of "scientific racism" (p. 33) that suggest "blacks' inferiorities" (p. 125).

While she reports a significant amount of scientific research, it seems that at times the history of science falls short, as if it is skewed specifically to make her case against physician-scientists rather than support a comprehensive social history. For example, her discussion of birth-control research and the development of the intrauterine device (IUD) is misleading. She writes, "Initially, researchers were not sure how it worked, but after several years, they speculated that it continually irritated the uterine lining, creating an inhospitable environment that prevented the implantation of a fertilized egg. This discovery enraged many black women, because it seemed like murdering an unborn child" (p. 201). But unlike her treatment of scientific racism in which she dispels invalid logic and biased beliefs of the past, she never goes on to explain that in fact there is no evidence suggesting IUDs cause fetal demise (Ortiz & Croxatto, 2007, p. 28). While she makes her point about the attitudes of those black women, the overall completeness of the historical work is compromised.

Moreover, her selective use of certain scientific information has a dramatic effect that, at times, appears manipulative. She elaborates on the adverse reac-

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tions of many drugs developed with trials involving African Americans, even when those medications are currently prescribed to patients of all races. She also presents gory details about the signs and symptoms of various diseases, which evoke shock and sympathy, yet contribute little to the racism surrounding those diseases. Washington says, "I was determined that *Medical Apartheid* not be a simplistic "black hats, white hats" story in which African Americans are passive victims and researchers are always villains" (p. 17). Such intention is admirable, especially in reporting a history of victimization. Nonetheless, objectivity remains an unrealistic goal.

Perhaps I perceived this cognitive splitting because it was actually my own. While reading *Medical Apartheid* my desire to empathize with the victims was continuously interrupted by the dissonant concern that I might be one of the victimizers. After all, I will be a doctor who is also white. It was not easy for me to read this book. At times it was frustrating. I was bothered by the notes of anger I perceived in Washington's voice. I found myself getting caught up in the anger, thinking defensive thoughts like, "Come on, that's not how it really is." In a monumental speech at the Constitution Center in Philadelphia, President Obama addressed the resistance felt by African American and white communities alike. He says, "the anger is real, it is powerful, and to simply wish it away, to condemn it without understanding its roots only serves to widen the chasm of misunderstanding that exists between the races" (Obama, 2008, p. 716). The anger we feel is elemental in our history.

Narrowing the "chasm of misunderstanding" is Washington's ultimate goal because the tensions between the African American and medical communities remain unresolved. "This volume's frankness is an essential prerequisite for asking African Americans to consider participating in medical research . . . we must acknowledge the past in order to regain trust and to seize the future" (p. 386). *Medical Apartheid* confronts "black iatrophobia" (p. 21). One of the ways Washington does this is by explaining mechanisms within African American culture contributing to mistrust. Regarding the Tuskegee Syphilis Study, she attributes "a rich oral tradition" to "the sustained remembrances of pain, abuse, and humiliation" (p. 179). However, the impact of these memories is limited by the depth of misunderstanding. Washington cautions the reader not to assume memories of Tuskegee are the only cause of iatrophobia, because doing so would make it too easy to suggest a simple overreaction to a single event. Wachtel says, "in a host of ways, powerful motivational forces, rooted in the experience of marginalization, neglect, and oppression, may lead African Americans and other stigmatized minorities to resist efforts to become fully participatory members of the larger society" (2002, p. 664).

Cyclical psychodynamic patterns of racism persist for the descendants of victims and victimizers alike. The chapter "Circus Africanus" sets the groundwork for Washington's account of the exploitative use of African Americans on "medical display" in teaching hospitals. In this chapter Washington describes the cultural practice of observing black people in places like fairs, circuses and

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even zoos. She begins this chapter by quoting Dr James McCune Smith who said, "The Negro 'with us' is not an actual physical being of flesh and bones and blood, but a hideous monster of the mind, ugly beyond all physical portraying, so utterly and ineffably monstrous as to frighten reason from its throne. . . ." (p. 75). This racist system of values and representations is what Frantz Fanon called "The Negro Myth" (Hook, 2004, p. 124).

P. T. Barnum exploited these racist neuroses by exhibiting many blacks in his circus. One such character was Joice Heth, a frail emaciated woman who suffered deforming aliments, who Barnum claimed was the 161 year "mammy" of President George Washington. "Confronted with this grotesque sight, even lay spectators indulged in a medical gaze, touching her systematically, feeling the depth of her wrinkles, and taking her pulse" (p. 86). This scene is disturbingly similar to my experience of teaching rounds during third year clerkships. We stand around patients and systematically observe their medical anomalies. My first real impressions of disease are made on these rounds. I wonder how the visceral experiences of observing grotesque disease states impact my conceptions of the patients themselves, especially in teaching hospitals overrepresented by minority populations.

Washington says, "Those doctors who viewed blacks as persons rather than 'clinical material' were often those least able to help them and least likely to record their opinions in medical journals – beginning medical students. The dehumanizing effects of their training might easily have deformed their altruism. . . . Eventually, students absorbed the racist values that informed their education at every turn" (p. 113). Just as Washington suggests *Medical Apartheid* is an essential prerequisite for African Americans before participating in medical research, I believe it is an essential prerequisite for medical professionals before practicing medicine because it sensitizes us to the possibility that this history continues.

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