

Medical Mistrust: How it plays a role in why the Black community lacks certainty in medical professions.

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Irvin 1

Introduction

Imagine you are in a doctor's office. You feel anxiety and suspense. But what if you also have been the recipient of years of criticism, even of systemic discrimination and abuse? While racial biases encourage harm upon a community of people, it suddenly causes Black people to question if these medical establishments were safe for them overall. After experiencing and witnessing medical mistreatment for many years you start to lose trust in medical professions due to the fear of being dehumanized while being another test subject and or receiving ill intended treatment. Decades later, ancestors of the ill treated culture begin to be educated on the fact that medical milestones and discoveries were achieved by testing on people of color. The question then becomes, How did this incline and how does the Black community move forward with this issue?

Racial disparities are key components as to why African Americans struggle as badly as they do. The disparities influence the communities ability to be poor, accessibility to health care and quality treatment to keep black people healthy. Emily R. Schiller in, "To Give Medical Back To The People: Community Health Activism Of The Black Panther Party," Chapter 1: Tactics for Survival, mentions two situations, both from the middle of the Twentieth Century, in which these disparities had an effect on black people. One describes an elderly white man that needed assistance from medical professionals due to being hit by a vehicle and was rushed to the hospital. At first the doctors were going to make sure the man didn't die until one of the immediate family members that had been called was present in the hospital. The family member was black and because of that the medical professionals sent the patient to a black hospital which sadly he later died at. To have hope for a family member that receives the best care they could receive and then later to be kicked out on the verge of death is not appealing to experience. The other situation was also a car crash incident where a woman was injured and rushed to the closest advertised facility that provides medical help to black patients. Unfortunately, the closest one was 66 miles away from where it had happened which she later died that evening (Schiller, 2008). Both examples provide

Irvin 2

some of the main reasons as to why black people are so hesitant in putting trust into medical systems.

Medical mistrust came from deeply rooted racism stemming from historical incidents like using black people as unaware test subjects in medical studies and slavery, and because of this racism, it is hard to put trust in the systems that have been made to harm and demean the black community. This paper explores the origins and persistence of black mistrust of the medical field.

Section 1: Slavery and the misconception of black pain

“Racism takes a huge toll on health and wellbeing, with documented physical, behavioral, and emotional effects,” (Zulqarnain 2022). America’s history has always involved mistreatment against the black community. African Americans have a long history of resisting the oppression America has waged against them. A prime example of this is slavery, which started in the 17th century and didn’t end until the 19th century. Slaves often made for ideal experimental subjects, since they didn’t have a choice as to whether they would consent to medical testing.

John Brown who was an enslaved man in Baldwin County, GA plantation that was experimented on by Thomas Hamilton. John Brown wrote a book about what Hamilton had put him through. Thomas Hamilton was a physician in the 1820s & 30s who was more than willing to prove the physiological differences between black people and white people. Hamilton had used John brown to figure out how deep black skin is and how it’s completely different from white people. In a book John Brown wrote he said, “Blisters to my hands, legs and feet, which bear the scars to this day. He continued until he drew up the dark skin from the upper and the under one. He used to blister me at intervals of about two weeks.” (Villarosa Aug 18, 2022) He then says that, “the Doctor’s experiment’s had so reduced me that I was useless in the field.” (Villarosa 2022)

Physicians during the slavery period of history believed that black people were physically different from white people. Physician ideologies were that black people have small sex organs, small skulls, that they are immune to pain/ have a higher pain tolerance, and that they had weak lungs compared to white people. They used the lung

Irvin 3

myth as their excuse as to why slavery is appropriate for black people. Physiological myths that were created during slavery remain in recent medical education and practices. Science racism was a way used to help justify the African Slave trade (McVean Dec 20, 2020). US culture and medical upcomings stemmed from racist concepts, such as the idea that black people were made for slavery because of incompetence and physical strength (McVean 2020).

In medical history, it is very evident that there are physiological myths towards Black Americans with their pain levels. A prime example would be pregnant black women and the lack of care for the pain level. J Marions Sims was seen as the “father of modern gynecology,” he used black enslaved women as test subjects to trial painful operations (Villarosa 2022). Learning that doctors used to mistreat the human body for their own ideals does not bring certainty to patients. Sims explained the discomfort the women had expressed during the procedures when he would cut their genitals repeatedly to restore vesico- vaginal fistula which comes with big risk due to its connection to childbirth (Villarosa 2022).

Thomas Jefferson, who is known to be the third president of the United States but also for being an author of the Declaration of Independence believed that black people had different lung capacities compared to white people. This shows that this deceptive idea has existed even in the early republic period and isn't new to the systems. There was a survey held in 2016 that involved 222 white medical students. They had expressed that they were taught at least one physiological myth between white and black people such as black people's “nerve endings” aren't as sensitive as white peoples (Villarosa 2022). Based on what they've learned overall when asked about the difference between black and white people, their main points were that Black people feel less pain and that the John Brown experiment proved how thick African American skin is compared to white people (Villarosa 2022). But they failed to have the actual proof to back up the claims they made.

Samuel Cartwright who is a physician and a professor is the man to use a spirometer, which is a medical instrument that is made to diagnose and monitor respiratory sickness but based on the “race correcting” program within this item (Villarosa 2022) This instrument is being used commonly to help diagnose patients

Irvin 4

faulty ultimately giving them an inaccurate diagnostic that could possibly kill them. It has been proven by Lundy Braun a professor in medical science and africana studies that “race correction,” is still being taught in recent medical establishments (Villarosa 2022). Just like John Brown, Harriet Tubman and probably more slaves were beaten senselessly until they were basically useless to endeavor (Maranzani 2013).

Tubman and her own at the time in her teenage years had gotten into an altercation resulting in Tubman getting hit in the head, and received little to less attention to the targeted area while being sent right back into work a little later (Manazani 2013). Lack of attention towards the struck area caused her to experience seizures that progressively became a form of epilepsy (Maranzani 2013).

Section 2 : Medical mistrust since slavery

The Tuskegee syphilis experiment was held in Macon County, Alabama and was conducted on 600 black males, choosing males between the ages of 25 and 60. The United States Public Health Service (USPHS), were the ones to conduct the experiment. The goal of the experiment was to see how syphilis affects the human body when it's been untreated. This experiment is a great example of harmful experimentation that caused African Americans to fear the medical systems.

USPHS throughout the study, kept tabs with these black men by telling them they are being treated for bad blood, meanwhile they were giving them placebos so they can observe how syphilis is infecting their bodies. Doctors believed that black people had many things that made them different from white people. They believed that black people had under-evolved minds and genitals which made them inherently immoral (McVean 2020). USPHS did everything they could to make sure they wouldn't lose any patients. In 1934, USPHS made sure patients didn't receive treatment by giving doctors a list of which patients they can and cannot give treatment to.

The goal of the Tuskegee Study became more suspicious as time went on; it seems that they just wanted the patients to die to see the full effect of syphilis. They had no sympathy for the patients as they were dying in front of their eyes while they had the cure for the syphilis. Men a part of the experiment had been drafted and learned that they got syphilis and USPHS had only pulled them from the army but not given them

Irvin 5

treatment in 1941 (McVean 2020). As deadly as syphilis was although the black men didn't receive the cure, in 1947 penicillin was known as the main treatment. When this study was brought to the public this changed black people's views about doctors, causing them to lose trust in them and not be as open to seeing them anymore (Newkirk II 2016). The Tuskegee syphilis study is one of many reasons why the black community is so hesitant when it comes towards doctor's. Another example that encourages hesitancy is the HIV epidemic.

HIV is a disease that exists until this day and had a large effect on the black community. HIV is a human immunodeficiency virus which attacks the immune system especially CD4 cells. It can be spread through bodily fluids like blood, semen, vaginal fluids, anal fluids, and breast milk, but it can also be spread through condomless sex, shared needles or birth (History). The AIDS epidemic is one of the most-known killer diseases that exists in American history, and Black Americans were the most vulnerable to the disease. "Notably, viral suppression is lower among Black people with HIV (vs White), although the degree of inequity varies by region," . HIV was known to disproportionately affect the black community. One of the reasons was because the black community doesn't trust the medical system.

The way HIV functions is by breaking down the human body's immune system making it vulnerable and hard to survive against germs. HIV destroys the CD4 cells stopping the body from being able to fight infections and diseases. Infection acquired immunodeficiency syndrome or AIDS is the worst form of the HIV virus.

According to Dr. Lauren Bogart, in a national survey in a 2002-2003 study, 48% of Black African Americans believed that HIV was a man-made disease (Bogart 2019). There's history between the doctors and black people that makes black people not want to receive treatment or any help from them. In the Bogart article, historical and cultural context play a role in how mistrust manifests and affects behavior. Laura Bogart's definition of medical mistrust is, "As an absence of trust that health care providers and organizations genuinely care for patients' interests, are honest, practice confidentiality, and have the competence to produce the best possible results," Doshi. Mistrust encourages the idea of accepting death instead of seeing someone and getting treated.

Irvin 6

Many state and national governments have ignored the Black community and rejected the idea that they deserve equal treatment. For instance, the government in South Africa, didn't tell the people about the HIV/AIDS epidemic and the treatment and prevention advertisement was not so great. They could care less about the well being of the people due to lack of exposure to help them. For those people who did try to advertise help, struggled to provide the medicine needed to actually help the people. Situations like these create conspiracy theories like HIV being a form of genocide created by the government (Bogart 2019).

Section 3: What can government and medical professionals do to increase trust in the black community ?

To get more black patients comfortable with medical professionals and the government, it's important for them to acknowledge that this issue exists in our systems. Doing that gives recognition to the black community which will ultimately shed light to it and tells black people that they are trying to do things to address the issue. One way to acknowledge the issue is by using the Black Panther party's approach with free medical clinics.

The Black Panther Party was a political organization founded in 1966, that revolted against the government and racist systems which impacted the social, educational, and healthcare programs aspect within the black community (Walker 2021). Led by Huey P. Newton and Bobby Seale, the tactics of the organization were to dissent against capitalism and racism by teaching followers to fight back with nonviolence and knowledge. The Black Panther Party created programs in which to better black communities like providing free food for ones who were less fortunate like free health clinics. Although free medical clinics existed prior to this, the purpose of the Black Panther Party health clinics was to break the barrier making a point that healthcare is a human right (Schiller 2008). "Two years later the BPP started Peoples' Free Medical Clinics (PFMC) because of systemic discrimination against blacks in hospitals and private medical practices," Pien. The history of the Black Panther Party and what they did for the Black community shows that free medical clinics can work; they just have to be done better (Walker 2021).

Irvin 7

In 2022, interviews were conducted including ethnically, racially, religious, and anti-vax minority groups on how they feel about certain things involving the medical system. The Black interviewees believed that medicine was racist and was made to actually support white people (Ozduzen 2022). Based on past situations and current incidents, the pain of black patients is not as prioritized by White doctors (Ozduzen 2022). Because of this, Black people often would rather avoid medical help at all or look for people who have similar views or look similar to them to receive the treatment they seek. During the peak of COVID-19, the Centers for Disease Control and Prevention (CDC), a government agency advertising vaccines to help prevent catching diseases but later on kind of forced US citizens to get the vaccine by making it mandatory to be able to travel again once COVID cases went down. Instead of pushing vaccines and cures on people, medical professionals should try to help the curious patients understand what they are advertising so black patients feel more comfortable taking these treatments.

Racial disparities have caused African Americans to receive indigent treatment such as less helpful surgeries for life threatening diseases but more amputated limbs than white Americans (Kennedy). Less pain medications than whites within the facility of hospices but quicker discharges and hospital visits than white (Kennedy).. The definition of transformational development, according Dr. Kennedy, “is recognized as a model of community development which builds upon the foundation of community connectedness and to improve the economic, social, political, physical, and spiritual conditions of communities”. This can be medical professionals putting together events to connect to African Americans better by advertising it in reachable platforms, like having medical professionals teach the youth about things they've learned as doctors to encourage them to get in the medical field. Community empowerment theory promotes forming relationships through mutual sharing of knowledge, resources and opportunities (Kennedy). By using this strategy it forces both parties to explain the contradictions that are being faced following up with a mutual understanding and possible agreement on how things can work better moving forward.

According to Zhu, cultural competence is, “Congruent behaviors, attitudes and policies that facilitate effective communication, engagement, and work in cross-cultural

Irvin 8

settings (Zhu 2022). Cultural humility can enhance the quality of care and rebuild trust in the research enterprise among historically marginalized groups. Encouraging African Americans to explore medical careers could decrease racial disparities and increase patient diversity. In fact, racial diversity in medicine can improve science and research by introducing unique viewpoints into the scientific discourse (Johnson 2021). Not only but the increase in African American researchers can increase minority trust and participation improving how facilities can be empathetic towards their patients. “A diverse workforce enriches the environment for all members of the medical and academic communities,” Johnson.

Conclusion

To see change in medical establishments, both African Americans and healthcare providers have to make adjustments to how they address this issue. African Americans need to start addressing institutional racism by having leaders within the community fight for political and social changes to stop the internalized racism from doctors. “Internalized racism is when victims of antagonizing accept what’s being told to them, limiting them from their full potential,” (Kennedy). Getting involved in the political process is the key approach to be heard by the intended audience and to network their goals and ideas within other ethnic groups to have a bigger supportive community. The more people you connect to, the more voices your target audience listens to which makes it more probable that actions will be taken to assess these needs. “However, the African Americans’ communities need to get involved with policymakers in policy development for improving their health,” Dr. Kennedy.

Reparations are another good way to address and increase some type of trust with black communities. “Medical Reparations build on the longstanding call for slavery reparations by focusing on the specific debts owed to Black people in healthcare settings.” Darrell Gaskin, director of the Hopkins Center for Health Disparities Solutions, agrees by making this point, “I put that in the same category as if you went to a doctor, they made an egregious error, and you sued them for malpractice.” (Craven & Snipe 2022).

Irvin 9

Considering all this, it seems clear why mistrust exists in the Black community towards many aspects of the US healthcare system. As Craven and Snipe observe,, “Despite the government’s reparations effort, the [Tuskegee] experiment remains among the most infamous in American history, scarring Black patients, who have been left skeptical of the same medical system that abused their grandparents and continues to dismiss them. The trauma passed down generations partially explains why Black communities remain hesitant to engage in clinical research, where they are underrepresented, and why they’re wary of medical care in general. “

This historical scarring helps demonstrate that past incidents influence black people nowadays with their decisions to see medical professionals. The lack of addressing and solving the disconnection between the groups are reasons why mistrust in the Black community continues to persist over the decades.

To actually move forward, increased availability of free or low-cost medical clinics, educating black people on medical professions to encourage more diversity in health care, and medical reparations are encouraged because they admit the issue exists but also that medical professionals are attempting to actually do something about them.

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