

**CONFRONTING THE HISTORICAL EXPLOITATION AND RACIAL
DISPARITIES PRESENT WITHIN HEALTHCARE**

BY K. A., S. H. AND B.O.

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Concerns about ongoing misconduct, skepticism about researcher accountability and the belief healthcare providers are less likely to give advanced treatments to blacks. These are a few of the many negative sentiments the majority of Black people had about healthcare, from a recent survey conducted by the Pew Research Center. But what caused this? Well, the deep-rooted mistrust Black Americans have toward the healthcare system is not unfounded—it is the result of centuries of medical exploitation, systemic racial disparities, and ongoing biases in treatment.

Perhaps the most infamous case of medical exploitation is the Tuskegee Syphilis Experiment. Beginning in 1932, the U.S. Public Health Service enlisted 600 Black men (399 of them with syphilis) promising them medical care while secretly studying the progression of untreated syphilis. Even after penicillin was identified as an effective treatment in 1947, researchers denied participants access, prioritizing data collection over human lives. By the time the experiment was exposed and shut down in 1972, more than 100 men had died, while their families suffered from lasting health consequences.

This decades-long betrayal shattered trust in medical institutions, reinforcing a legacy of skepticism that persists today. The experiment serves as a painful reminder of how systemic racism in healthcare is not just a relic of the past but a force that continues to shape Black Americans' perceptions of medicine.

Historical Exploitation in Medical Research

Medical advancements have often come at the cost of ethical violations, especially affecting Black individuals. In the 19th century, Dr. J. Marion Sims, known as the "Father of Modern Gynecology," conducted painful surgical experiments on enslaved Black women without anesthesia. From 1845 to 1849, Sims operated on women like Anarcha, Lucy, and Betsy to find a treatment for vesicovaginal fistulas, a childbirth complication. These women endured multiple procedures without pain relief, as Sims believed Black people experienced pain differently and could tolerate more discomfort (EJI). They were unable to provide consent, as they were legally regarded as property, highlighting the severe racial and ethical injustices embedded in early medical practices.

Another notable case is the story of Henrietta Lacks, whose cancer cells were taken without her knowledge or consent at Johns Hopkins Hospital in 1951. These cells, known as HeLa cells, became the first immortal human cell line, leading to groundbreaking medical advancements, including the polio vaccine, cancer research, and COVID-19 treatments. Despite their invaluable contributions to science, her family hadn't received any recognition or financial compensation for decades (Nature).

In 2021, the Lacks family filed a lawsuit against Thermo Fisher Scientific, a company that profited from HeLa cells. The case was settled in August 2023, though the terms of the settlement were not disclosed. The family has since pursued additional lawsuits against other corporations using HeLa cells without consent. This case shows how Black individuals were historically exploited for medical research without consent or acknowledgment, and how the fight for justice continues today.

Racial Disparities in Pain Management

The legacy of historical exploitation continues to affect modern medical practices, especially in pain management. Studies have consistently shown that Black patients receive inadequate pain treatment compared to their white counterparts. A 2016 study revealed that nearly 40% of medical students and residents believed in false biological differences, such as Black people having thicker skin or less sensitive nerve endings than white people (NIH). These misconceptions contribute to the

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undertreatment of pain in Black patients, reflecting deeply ingrained racial biases within medical education and practice.

Further research published in JAMA Network Open indicates that these biases result in Black patients being 50% less likely to receive pain medication than white patients, even when presenting with the same symptoms. The study emphasizes that these disparities are not solely due to socioeconomic factors but are significantly influenced by racial stereotypes and implicit biases (JAMA Network). This demonstrates how historical myths continue to shape contemporary healthcare experiences for Black individuals.

Racial Disparities in Autism Diagnosis

Racial biases in medical assessment also impact the diagnosis and treatment of developmental disorders, including autism. Research shows that Black children are less likely to be diagnosed with autism compared to white children and, when they are diagnosed, it often occurs at a later age. A study published in the Journal of Autism and Developmental Disorders found that Black children are nearly three times more likely to be misdiagnosed with behavioral disorders before receiving an autism diagnosis. This delay is partly due to racial stereotypes that perceive Black children's behaviors as aggressive or defiant rather than as symptoms of a developmental disorder (Journal of Autism). Moreover, a 2020 CDC study revealed that Black and Hispanic children with autism are less likely to receive early intervention services compared to their white counterparts. This gap in early diagnosis and intervention leads to significant disparities in educational and social outcomes (CDC). Just as racial biases affect pain management, they also influence how developmental disorders like autism are recognized and treated in Black communities. These disparities highlight the need for culturally competent diagnostic practices and better training for healthcare professionals to recognize symptoms without racial prejudice.

What needs to Change?

Some important contributions to research and the healthcare field have been at the expense of Black people such as the enslaved women Dr. J. Marion Sims experimented on, and the HeLa cells that are still being used for research purposes. There's no good reason why racial disparities in healthcare should exist today, and thus immediate action should be taken to prevent it. In order to make significant changes within healthcare, both historical and current racial disparities have to be addressed because it's crucial to understand why some of the discrimination, implicit biases, and disparities are perpetuated by healthcare workers. In addition, medical students and residents should be given additional training on recognizing discrimination and implicit biases, which could translate into providing excellent care to all their patients regardless of race.

Furthermore, medical schools should take the initiative in teaching students about common misconceptions about Black people that hinder them from receiving pain medication when it's necessary, proper diagnoses, and overall adequate care. Once the medical students become practicing physicians, it may potentially lead to them being more equitable in the care they provide because they are more aware of misinformation and stereotypes and can take steps to actively avoid it.

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