How legacy of medical racism shapes U.S. health care today

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It’s no secret: The medical profession has contributed to numerous injustices inflicted on historically marginalized racial and ethnic groups in the U.S.

In one effort to help right these wrongs, the AMA has released a strategic plan to embed racial justice and advance health equity. The plan recognizes the harmful effects of the AMA’s past, details the systemic inequities in the health care system and other social institutions, and charts a path toward a more promising and equitable future for patients and physicians alike.

Still, many doctors, patients and other stakeholders wonder what that might look like in practice. During a session at the Social Determinants of Health Symposium, produced by the trade publication Modern Healthcare, a panel of experts discussed how durable the denial of the medical profession’s past remains and what has to happen to start creating a more equitable future.

Why history matters today

Harriet A. Washington, MA, is a fellow in ethics at Harvard Medical School. The importance of facing up to health care’s past crystalized for her in 2001, when she presented a paper at conference on the history of medicine, in Germany.

“There were 20 people there, most from Germany and also a few from the U.S. and Russia,” said Washington, author of the 2007 book, Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present. Each person she spoke with at the conference said that the U.S. Public Health Service Syphilis Study at Tuskegee was the singular example of medical mistreatment of Black Americans.

“These are the global experts and they were—to a man—adamant that nothing had happened,” Washington said, apparently forgetting or never knowing, for example, about studies that claimed...
African Americans don’t feel pain as much as whites do.

Numerous historically marginalized racial and ethnic groups have suffered under the U.S. medical system. Native American women, as a case in point, were subjected to forced sterilization by the Indian Health Service in the 1960s and 1970s.

This resistance to the historical reality of health care injustice in the U.S. has caused some in the medical profession to think of equity in the abstract, the expert panelists noted. But it remains a concrete issue for many people, said Abigail Echo-Hawk, MA, a member of the Pawnee Nation and chief research officer of Seattle Indian Health Board, a federally qualified health center in King County, Washington.

At the time of the conference, three of her family members had died in the previous three weeks, she noted. All told, 10 of her relatives had died in the last year.

It’s time to move beyond conversation to action, Echo-Hawk said, or else “my people are going to continue to die” prematurely.

Watch and learn how to prioritize equity in health care.

COVID-19 has made it obvious

The pandemic has been a clarion call to the health equity movement because of how it has so disproportionately affected historically marginalized racial and ethnic groups.

In that way, though, it’s not much different from other recent public health emergencies, said Rupa Marya, MD, associate professor of Medicine at University of California, San Francisco, School of Medicine and faculty director of the Do No Harm Coalition, an organization of over 450 health workers committed to structural change to address health problems.

“The entire history of the last 600 years is playing out in the last 20 months through the movement of this virus,” Dr. Marya said.

Washington echoed the point, noting, “It’s no accident that, in 2016, the University of Virginia found that half of all medical students thought that African Americans don’t feel pain the way whites do ... making a case that African Americans were not fully human.”
“We talk about history, but I always want to remind people: It’s not history. It’s not dead,” she added. “It’s happening right now—partly because we have not appropriately addressed what happened in the past.”

Watch a recent “Prioritizing Equity” panel discussion with leaders from the AMA, American Academy of Pediatrics and the American Psychiatric Association on moving beyond apology toward restorative justice.